County: San Francisco **Date: _____**

X May 1st Submission (September 1st through February 28th Reporting Period)

☐ October 1st Submission (March 1st through August 31st Reporting Period)

Name and Contact Information County Child Welfare Department Representative					
Name:	Liz Crudo				
Title:	Program manager				
Agency Name:	Human Sevices Agency				
Address:	170 Otis Street				
City:	SF	State:	CA	Zip Code:	
Phone:	415 557 6502	E-mail:	Liz.crudo@sfgov.org		

Name and Contact Information County Mental Health Department Representative					
Name:	Alison Lustbader				
Title:	Program Manager				
Agency Name:	Community Behavioral health				
Address:	1380 Howard Street				
City:	Sf	State:	CA	Zip Code:	
Phone:	415 225 7022	E-mail:	Alison.lustbader@sfdph.org		

County: _____ **Date: _____**

If your answer below is blank or zero, please provide an explanation.

PART A: Potential Subclass Members Identified During the Reporting Period			
Item #	**Information Requested**	**Column 1 Beneficiary Count**	**Column 2 Next Steps/Timelines**
1	Potential Subclass Members	414	We have a jointly funded position that is helping child welfare workers to review their potential subclass clients and ensure that they are presented to our interagency committee if they are in need of intensive mental health services. .
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	n/a	404 potential subclass members were registered in the mental system. 247 of them were currently receiving services during the timeline asked for. Going forward we will attempt to implement a system to track this.
3	Potential Subclass Members who have been referred to MHP for a full mental health assessment to determine medical necessity criteria for SMHS, and have not yet been assessed.	0	As we implement our new new system We are beginning to identify potential subclass clients who mayneed a mental health assessment; they are referred through our interagency committee for review and service authorization.
4	Potential subclass members who were unknown to the MHP during the reporting period.	n/a	The county is unclear how to track unknown clients. We would be very interested in knowing how other counties have addressed this. Our Mental Heatlh Department is increasing capacity to provide CANS assessments for all newly opened child welfare cases, although we have not reached capacity at this time. Once that happens we would expect there to be very few unknown clients to MHP.

County: _____ **Date: _____**

If your answer below is blank or zero, please provide an explanation.

PART B: Services Provided to Identified Subclass Members at Any Time During the Reporting Period			
Item #	**Information Requested**	**Column 1 Beneficiary Count**	**Column 2 Timelines**
1	Subclass Members	165	9/1/2013 through 2/28/2014
2	Receiving Intensive Care Coordination (ICC).	107	9/1/2013 through 2/28/2014
3	Receiving Intensive Home Based Services (IHBS).	107	9/1/2013 through 2/28/2014
4	Receiving intensive Specialty Mental Health Services (SMHS) through a Wraparound Program or Full Service Partnership Program consistent with the Core Practice Model (CPM), but not claimed as ICC and IHBS. *Do not include youth already counted in 2 or 3 above.*	3	9/1/2013 through 2/28/2014
5	Receiving other intensive SMHS, but not receiving ICC or IHBS. Examples of intensive SMHS may include: Therapeutic Behavioral Services (TBS), Intensive Treatment Foster Care (ITFC), or Multidimensional Treatment Foster Care (MTFC). *Do not include youth already counted in 2, 3, or 4*	25	9/1/2013 through 2/28/2014
6	Receiving mental health services not reported in 2, 3, 4, & 5 above (include children who are receiving mental health services outside of the Medi-Cal mental health system, i.e. services paid for by private insurance or other sources).	30	9/1/2013 through 2/28/2014
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	0	If we have identified them as subclass members they are receiving services through either DHS funding or the mental health plan
8	Declined to receive ICC or IHBS.	0	We are not aware of any denials of services

County: _____ **Date: _____**

If your answer below is blank or zero, please provide an explanation.

PART C: Projected Services			
Item #	**Service**	**Projected number of subclass members to be receiving services by August 31st**	**Strategy/Timeline Description** Provide County action steps and timelines to be used to provide (and claim for) ICC and IHBS to subclass members.
1 (a)	ICC	140	We are refining our system of working with child welfare workers to identify potential subclass members who may need SMHS and have them brought to the Interagency services team. We have identified providers to deliver ICC and IHBS services to potential subclass members. We are currently in the process of reviewing potential members so we anticipate this number will go up.
1 (b)	IHBS	140	See above

Is your county experiencing the following implementation barriers?

Hiring	Yes	No
Training	Yes	No
Service Availability	Yes	No
County Contracting Process	Yes	No

Please provide an explanation for any Yes responses above. Are there other barriers not listed above? Explain and add pages, as needed.

The county does have capacity issues with expanding the CANS assessment to all incoming cases. CBHS is working with designated contractors who are able to conduct the CANS on some children and thus help address this gap. The county is continuing to review staffing and contracting processes to allow for full capacity.

County: _San Francisco_ Reporting Period: _9/1/13-2/28/14 Completed: 4/30/14

Please provide an update to the Readiness Assessment Tool counties completed in May 2013. Describe activities related to each section during the reporting period, including actual or anticipated results. Include activities that support family-centered principals, and promote implementation of the ICC and IHBS using Core Practice Model. Identify activities that occur jointly and those that occur separately by child welfare and mental health agencies. Include information about barriers, as appropriate, and strategies to address them.

For each section, please indicate if training or technical assistance from the state is needed. When indicated, CDSS and DHCS will contact the county child welfare and mental health departments for further information. Please note that training and technical assistance needs will be addressed in a coordinated manner through each county's child welfare and mental health contacts.

Use additional pages, if necessary.

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Agency Leadership *Leadership's experience implementing family-centered services in a collaborative setting.*	We are continuing to assess our implementation of Child and Family teams. As part of a PDSA, Child welfare Team Decision Meeting (TDM) facilitators will begin to facilitate some Child and Family Team meetings. These meetings will also involve Parent Partners from both Mental Health and Child Welfare to help parents have more voice in the meetings and case plans.	N
Systems and Interagency Collaboration *How collaborative approaches are used when serving children and families.*	HSA and CBHS have a very collaborative relationship in planning and implementing services to children and families. Decisions for intensive services including wrap, ICC and IHBS are made at our weekly Multi Agency Services Team Meeting, an interagency meeting of public and private partners including SFHSA, CBHS, SFUSD, Juvenile Probation, and ITFC, FFA and residential 12 and 14 placement providers.	N
Systems Capacity *The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.*	This is a continuing challenge for both systems. Due to civil service restrictions it can be a lengthy process to staff positions. We are currently using our Community Based Organizations, including wrap provider Seneca and ITFC providers St. Vincent's and Alternative Family Services, all of have a long standing relationship with both agencies to fill the gap and provide ICC and/or CANS assessments as well as other interventions. We are also experiencing challenges in holding all the Child and Family Team meetings due to staff shortages.	N
Service Array *Available services are culturally responsive and include trauma informed care, evidence based practices, promising practices, innovative practices, and culturally specific healing*	Both Child Welfare and Community Behavioral Health are very committed to a system that reflects trauma informed care and practices as well as culturally sensitive practices and interventions. We are looking at some joint supervision/consultation/coaching models to continue to further our commitment to this process.	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
practices and traditions.		
Involvement of Children, Youth & Family *How Core Practice Model family-centered principles are reflected in current systems.*	Both CBHS and HSA have robust peer parent and youth support programs in place. These programs focus on helping both the parents and the child to be a part of the decision making progress. Children and parents are invited into Child and Family team meetings as well as subsequent planning meetings.	N
Cultural Responsiveness *Agency ability to work effectively in cross-cultural settings.*	Both systems have made and continue to make efforts to bring cultural awareness to service delivery. There are trainings and consultations available to staff. There is also ongoing recruitment efforts to hire staff that reflect the communities we work with. Many of the community-based agencies, including an extensive network of Family Resource Centers, provide culturally-appropriate services, such as language and therapeutic supports, for families in the child welfare system.	N
Outcomes and Evaluation *The strength of current data collection practices, and how outcomes data is used to inform programs and practice.*	This continues to be an ongoing challenge for both systems to figure out a way to streamline data collection. We can look at our CANS data to track progress, and are also in process of a program evaluation for wraparound that is being completed by an outside agency.	Y
Fiscal Resources *How fiscal policies, practices, and expertise support family-centered services.*	Child Welfare is currently looking at becoming a IV-E waiver county to access more flexible funding. The county has an extensive prevention network through blended funding from several public partners which supports work at Family Resource Centers. This includes evidence-based parent education, Differential Response, and community-based visitation for families in reunification status. Child welfare and Mental health work together to offer both AFDC and EPSDT funds to support various initiatives, such as wraparound and Residentially Based Services, as well as general fund and epsdt dollars for such programs as therapeutic visitation. However, some services, such as wraparound, are limited to children and families who are court dependents.	N