

County: _____

Date: _____

- 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:					
Title:					
Agency Name:					
Address:					
City:		State:		Zip Code:	
Phone:		E-mail:			

Name and Contact Information County Mental Health Department Representative					
Name:					
Title:					
Agency Name:					
Address:					
City:		State:		Zip Code:	
Phone:		E-mail:			

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		
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.		
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.		
4	Potential subclass members who were unknown to the MHP during the reporting period.		

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		
2	Receiving Intensive Care Coordination (ICC).		
3	Receiving Intensive Home Based Services (IHBS).		
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. <i>Do not include youth already counted in 2 or 3 above.</i>		
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). <i>Do not include youth already counted in 2, 3, or 4</i>		
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).		
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).		
8	Declined to receive ICC or IHBS.		

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 31 st	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		
1 (b)	IHBS		

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.

County: _____

Reporting Period: _____

Date Completed: _____

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 <i>Leadership’s experience implementing family-centered services in a collaborative setting.</i>		
Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i>		
Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i>		
Service Array <i>Available services are culturally responsive and include trauma informed care, evidence based practices, promising practices, innovative practices, and culturally specific healing practices and traditions.</i>		

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p>Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i></p>		
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>		
<p>Outcomes and Evaluation <i>The strength of current data collection practices, and how outcomes data is used to inform programs and practice.</i></p>		
<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>		

Stanislaus County - May 1, 2014 for the Period September 1, 2013 through February 28, 2013.

Description of Activities from the Readiness Assessment Section of the Katie A. Semi-Annual Progress Report (Microsoft Word)

Agency Leadership

On-going

1. Co location of Behavioral Health and Recovery Services (BHRS) Children's System of Care (CSOC) Mental Health Professional at Community Services Agency provided a stronger partnership and has ensured that family centered services are provided in a collaborative setting. The Child Welfare staff and Mental Health Clinician collaboratively work with families and youth to address progress and areas for improvement.
2. The Inter-agency Community Committee that includes CWS and BHRS staff continues to be family centered and ensures that policies and practices are consistent with family centered principles of care.
3. Implementation Katie A. Committee has on-going meeting since January 2013. The committee is composed of BHRS and CWS staff. Leadership between BHRS and CWS is shared and collaborative.
4. Sub-committees on different focus areas of Katie A. implementation have on-going meeting with team members from both CWS and BHRS.
5. Core Leadership Committee –meets weekly attended by CWS managers and BHRS managers/coordinators.

Systems and Interagency Collaboration

On-going

1. Strong collaboration between Mental Health (BHRS) and Child Welfare. Mental Health professionals are co-located at Child Welfare and this enhances collaboration and communication about the progress and treatment plan of families, children and youth.

Developed and Implemented

1. Joint training provided for CWS and BHRS staff including mental health providers. Other trainings provided by both CWS and Mental Health committee members to and other community partners including the juvenile dependency court.
2. Screening tools for 0-5, 6-adults, and Non-Minor dependents and procedures were developed and implemented. These are joint effort by CWS and Mental Health and are utilized by both CWS and Mental Health.

3. Identification tool of sub-class members developed and implemented and utilized by both CWS and Mental Health.

In Development:

1. Confidentiality/sharing information protocol. The internal committee includes CWS social workers, Mental Health professionals and County Counsel representing both CWS and Mental Health.
2. Mental Health Progress Report for CWS social workers.
3. Information systems that support sharing of data

System Capacity

On-going

100% referrals of children open in CWS court unit to Children's Systems of Care (CSOC) for Mental Health assessment and referral to MH services.'

Developed the following:

CWS

1. Strategies to fill vacancies at CSA Child welfare Social Worker classification
 - * Continuous recruitment of SW IV classification - Ranking Interviews were held in March 2014.
 - * Open recruitment of SW IV Trainee - interviews of this classification has been completed and job offers were completed. One SW IV trainee has started in Family Reunification Unit and two more will start in May 2014.
 - * Open recruitment for SW III
2. Completed a request to the County for additional Social Workers for Family Maintenance, Family Reunification and Permanent Placement to meet the needs of Katie A. mandates. We will continue to evaluate the staffing needs.
3. On-going training on Katie A. Core Practice Model

BHRS (Mental Health)

1. Additional staff have been requested. Will continue to evaluate the staffing needs.
2. There is continuing training on Katie A. Practice Model.

Service Array

On-going

Stanislaus County's services are community based, delivered in the least restrictive setting and in the child's and family's own language. The county offers Family Maintenance, early intervention, Therapeutic Based Services (TBS), Home Based services, ITFC, Wraparound, and other community based services.

In Development

1. Trauma Informed Practice and Care training and implementation

* A CWS supervisor and a MH coordinator will be attending the Trauma Informed Care Training for trainers in May 2014 in Fresno.

* The goal is for the CWS supervisor and MH Coordinator to do T4T to selected CWS and MH staff. Then these trainers will provide joint training to CWS and MH staff.

Involvement of Children, Youth & Family

In Development

1. Child and Family Team (CFT) - a committee composed of CWS and MH are working together in completing the process and protocol. The process will ensure that the families, children and youth are involved in service delivery and developing plans.

2. Family and Youth survey (feedback)

Cultural Responsiveness

On-going

1. BHRS (MH) has on-going cultural competency training and cultural committee that meets 2nd Monday of the month.

Developed and Implemented:

2. A CWS representative to the BHRS cultural competency committee has been selected and has started attending the committee.

Outcomes and Evaluation

On-going

1. Both CWS and BHRS (MH) have each a data collection process and a mechanism to measure performance outcomes for individual programs.

2. A system of Identification of sub-class members using CIV and CMS. The MH Coordinator and CWS data Manager are in partnership in identifying the data.

In Development

1. Data and performance measures for Katie A.
2. A CWS program manager will partner with BHRS manager to develop a data collection process for the target population and a data base that both agencies can access for information. This will include IT managers from both agencies.
3. An internal committee and sub-committee to develop process on sharing information were organized and currently working on internal protocol. County counsels from CWS and Mental Health participate in the committees.

Fiscal Resources

In Development and under discussion

1. Fiscal policy
2. Cross system funding requirements
3. Tracking mechanism
4. Claiming and reimbursement process

By: Nenita Dean – CWS Manager and Shannyn McDonald- BHRS (Mental Health) Manager