

**County:** \_\_Stanislaus County

**Date:** \_\_\_\_October 1, 2014\_\_

May 1<sup>st</sup> Submission (September 1<sup>st</sup> through February 28<sup>th</sup> Reporting Period)

X October 1<sup>st</sup> Submission (March 1<sup>st</sup> through August 31<sup>st</sup> Reporting Period)

Name and Contact Information County Child Welfare Department Representative					
Name:	Nenita Dean, M.S.W.				
Title:	Manager IV				
Agency Name:	Community Services Agency- Adult, Child and Family Services Division				
Address:	P.O. Box 42,				
City:	Modesto	State:	CA	Zip Code:	95353
Phone:	209-558-2348	E-mail:	Deanne@stancounty.com		

Name and Contact Information County Mental Health Department Representative					
Name:	Shannyn McDonald, MA, LMFT				
Title:	Chief, Children’s System of Care and Transitional Age Youth				
Agency Name:	Behavioral Health and Recovery Services				
Address:	800 Scenic Drive,				
City:	Modesto	State:	CA	Zip Code:	95355
Phone:	209-525-6120	E-mail:	SMcDonald@stanbhrs.org		

County: Stanislaus County

Date: \_October 1, 2014

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

<b>PART A: Potential Subclass Members Identified During the Reporting Period</b>			
<b>Item #</b>	<b>Information Requested</b>	<b>Column 1 Beneficiary Count</b>	<b>Column 2 Next Steps/Timelines</b>
1	Potential Subclass Members	550	
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	112	
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.	12	
4	Potential subclass members who were unknown to the MHP during the reporting period.	0	All detained children are referred for assessment by mental health and all open voluntary child welfare children are screened for referral to mental health.

County: Stanislaus County

Date: \_October 1, 2014

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

<b>PART B: Services Provided to Identified Subclass Members at Any Time During the Reporting Period</b>			
<b>Item #</b>	<b>Information Requested</b>	<b>Column 1 Beneficiary Count</b>	<b>Column 2 Timelines</b>
1	Subclass Members	127	
2	Receiving Intensive Care Coordination (ICC).	0	The projected date for implementation is February, 2015.
3	Receiving Intensive Home Based Services (IHBS).	0	The projected date for implementation is February, 2015.
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>	14	
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>	44	
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).	62	
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	7	This includes 2 that cannot be located and 5 who refused services.
8	Declined to receive ICC or IHBS.	0	The projected date for implementation is February, 2015.

County: Stanislaus County

Date: \_October 1, 2014

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 <sup>st</sup>	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	0	In August, 2014, CSA Child Welfare and BHRS/Mental Health leaders collaborated in the planning and development of Request for Proposal (RFP) for implementation of CFT, ICC and IHBS. The projected date for implementation is February, 2015.
1 (b)	IHBS	0	In August, 2014, CSA Child Welfare and BHRS/Mental Health leaders collaborated in the planning and development of Request for Proposal (RFP) for implementation of CFT, ICC and IHBS. The projected date for implementation is February, 2015.

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.

During the process of implementation hiring has continued to be a challenge for both CSA and BHRS. CSA has approval for additional staff, but retention of qualified staff is a barrier. BHRS has requested additional positions.

Training of CSA and BHRS staff occurred in Trauma Informed Practice in September, 2014. This will be an ongoing mandatory training for new staff. Training has continued to be a barrier as far as the statewide effort to provide training to counties.

BHRS is currently providing Specialty Mental Health Services to sub-class members with a new projected date to provide ICC and IHBS by February 2015. In August, 2014, CSA Child Welfare and BHRS/Mental Health leaders collaborated in the planning and development of Request for Proposal (RFP) for implementation of CFT, ICC and IHBS.

**County: Stanislaus County**

**Date: \_October 1, 2014**

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

County: Stanislaus County

Reporting Period: March 1, 2014-August 31, 2014

Date Completed: October 1, 2014

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)
<p><b>Agency Leadership</b>  <i>Leadership’s experience implementing family-centered services in a collaborative setting.</i></p>	<p>On-going:</p> <ol style="list-style-type: none"> <li>1. Co-location of Behavioral Health and Recovery Services (BHRS) Children Systems of Care (CSOC) at Community Services Agency Child Welfare site provides a stronger partnership, effective communication, and ensures that family –centered principles and family/youth centered services are provided in a collaborative manner.</li> <li>2. Inter-Agency Resource Committee (includes Child Welfare, Mental Health, and other partners) meets regularly and continues to be family/youth centered and ensures that practices are consistent with family centered principles.</li> <li>3. Katie A. Implementation Team continues to meet monthly.</li> <li>4. Katie A. Core Leadership Team (CWS and BHRS/Mental Health) continues to meet every Wednesday.</li> </ol> <p>Developed:</p> <p>In August, 2014, CSA Child Welfare and BHRS/Mental Health leaders collaborated in the planning and development of Request for Proposal (RFP) for implementation of CFT, ICC and IHBS.</p> <p>CSA Child Welfare and BHRS/Mental Health leaders collaborated in planning the Trauma-Informed Care/Practice training for all CWS social workers and Mental Health professionals. Both agencies collaborated in funding the training and the trainer. This training was completed in September 2014.</p>	

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p><b>Systems and Interagency Collaboration</b>  <i>How collaborative approaches are used when serving children and families.</i></p>	<p>On-going:</p> <ol style="list-style-type: none"> <li>1. Strong collaboration between CWS and Mental Health. Co-location enhances partnership and communication regarding progress and treatment plan of families, children and youth.</li> </ol> <p>Developed and Implemented:</p> <ol style="list-style-type: none"> <li>1. Joint Training on the following topics:                             <ul style="list-style-type: none"> <li>• Katie A. Orientation</li> <li>• Trauma-Informed Care Practice for all CWS Social Workers, Mental Health professionals, and Mental Health providers</li> <li>• Screening Tools</li> <li>• Confidentiality/Information Sharing Training provided by AOC</li> </ul> </li> <li>2. Development of protocols/process/forms and Revisions                             <ul style="list-style-type: none"> <li>• Screening Tools – 0-5; 6-adults, Non-Minor Dependents</li> </ul> </li> <li>3. Progress Report (families, children and Youth) from Mental Health professional to Child Welfare social workers. This was completed by the Confidentiality sub-committee.</li> <li>4. Organized the Confidentiality Committee composed of Child Welfare and Mental Health leaders, staff and County Counsel.                              This committee has developed the Confidentiality grid as tools for social workers and mental health professionals. This is still being finalized.</li> </ol> <p>In Development:</p> <ol style="list-style-type: none"> <li>1. Confidentiality/Information sharing protocol</li> <li>2. Confidentiality/Information Sharing MOU between Child Welfare and Mental Health</li> <li>3. Training for Trainers (T4T) on Trauma Informed Practice (by CWS supervisor and Mental Health Coordinator)</li> <li>4. Joint Training on Trauma Informed Practice to other CWS and Mental Health staff, caregivers, and other identified partners</li> </ol>	
<p><b>Systems Capacity</b>  <i>The collective strength of administrative structures, workforce capacity, staff skills &amp; abilities, and operating resources.</i></p>	<p>On-going</p> <ol style="list-style-type: none"> <li>1. 100% referral of children open in CWS to Children’s Systems of Care (CSOC) for Mental Health assessment and referrals to Mental Health services.</li> </ol> <p>Developed:</p> <ol style="list-style-type: none"> <li>A. CSA/ Child Welfare</li> </ol>	

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	<ol style="list-style-type: none"> <li>1. Strategies to fill vacancies in CWS                             <ul style="list-style-type: none"> <li>• Continuous recruitment of SW IV classification</li> <li>• Continuous recruitment of SW IV trainee</li> <li>• Open recruitment for SW III</li> </ul> </li> <li>2. Request for four (4) social workers in CWS have been approved for Family Reunification, Permanent Placement and Family Maintenance to support the Katie A. implementation.</li> <li>3. Ongoing training on Katie A. for new staff</li> </ol> <p>B. BHRS/Mental Health</p> <ol style="list-style-type: none"> <li>1. Requested four (4) additional staff to support the Katie A. implementation.</li> <li>2. On-going training on Katie A. to new staff and mental health providers.</li> </ol>	
<p><b>Service Array</b></p> <p><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></p>	<p>On-going;</p> <ol style="list-style-type: none"> <li>1. 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, Specialty Mental Health Services and other community based services.</li> </ol> <p>Implemented:</p> <ol style="list-style-type: none"> <li>1. A CWS Supervisor and a MH Coordinator attended the Trauma Informed Care Training for Trainers in May 2014 in Fresno CA.</li> <li>2. Trauma Informed Care/Practice Training provided to all Child Welfare social workers and Mental Health professionals in September 2014 (two sessions) by an expert trainer in the field of Trauma-Informed Practice.</li> </ol> <p>In-Development:</p> <ol style="list-style-type: none"> <li>1. Training for Trainers (using the model from T4T training held in Fresno) to selected CWS and MH staff. These trainers will provide the training on Trauma Informed Care/Practice to the other CWS and MH staff including the caregivers and other identified partners.</li> <li>2. Training will also be provided to CWS and MH on incorporating trauma-informed practice in caseload management.</li> <li>3. Selection of coaches and training of coaches.</li> <li>4. Selection of providers via RFP for the provision of ICC and IHBS.</li> </ol>	
<p><b>Involvement of Children, Youth &amp; Family</b></p> <p><i>How Core Practice Model family-centered principles are reflected in current systems.</i></p>	<p>Implemented and on-going:</p> <ol style="list-style-type: none"> <li>1. Sub-Committee on Child and Family Team (CFT) to complete the process on teaming and CFT.</li> </ol>	

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	In Development: <ol style="list-style-type: none"> <li>1. Family and Youth survey</li> <li>2. CFT process</li> </ol>	
<b>Cultural Responsiveness</b> <i>Agency ability to work effectively in cross-cultural settings.</i>	On-going: <ol style="list-style-type: none"> <li>1. BHRS (MH) has an on-going cultural competency training and cultural committee that meets 2<sup>nd</sup> Monday of the month. CWS is represented by a CWS Supervisor.</li> <li>2. CWS and BHRS/MH) have list of interpreters to choose from if needed for home visits and assessment.</li> <li>3. CSA and Stanislaus County has annual cultural awareness training to all staff.</li> </ol>	
<b>Outcomes and Evaluation</b> <i>The strength of current data collection practices, and how outcomes data is used to inform programs and practice.</i>	On-going: <ol style="list-style-type: none"> <li>1. Both CWS and BHRS have each a data collection process and a mechanism to measure performance outcomes for individual programs. Both agencies shares data and outcomes on individual programs at managers and staff meeting. Data are also shared to the community during partners meeting and newsletters.</li> <li>2. Utilizing a system of identifying sub-class using CWS/CMS and CIV and data from MH. The MH Coordinator and CWS data Manager are partners in identifying the data.</li> </ol> Implemented and on-going: <ol style="list-style-type: none"> <li>1. An internal committee and sub-committee to develop process on sharing information. Protocol currently in development.</li> </ol> In Development: <ol style="list-style-type: none"> <li>1. Data and performance measures for Katie A.</li> <li>2. Data collection process/data base that both CWS and BHRS can access</li> <li>3. Enhancing the system of identifying sub-class members</li> </ol>	Yes, TA is needed
<b>Fiscal Resources</b> <i>How fiscal policies, practices, and expertise support family-centered services.</i>	In Development and under discussion: <ol style="list-style-type: none"> <li>1. Fiscal policy</li> <li>2. Cross system funding</li> <li>3. Tracking mechanism</li> <li>4. Claiming and reimbursement</li> </ol>	Yes, TA is needed