

County: TEHAMA

Date: 10/012014

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:	Sherry Wehbey				
Title:	DSS Program Manager				
Agency Name:	Tehama County Department of Social Services				
Address:	310 South Main Street				
City:	Red Bluff	State:	CA	Zip Code:	96080
Phone:	530-528-4020	E-mail:	swwhbey@tcdss.org		

Name and Contact Information County Mental Health Department Representative					
Name:	Betsy Gowan Ext #3026		Edith Burnett Ext# 3973		
Title:	Mental Health Director		Licensed Clinical Supervisor		
Agency Name:	Tehama County Health Services Agency Mental Health Division				
Address:	818 Main Street				
City:	Red Bluff	State:	CA	Zip Code:	96080
Phone:	530-527-8491	E-mail:	Betsy. Gowan @tchsa.net Edith.Burnett@tchsa.net		

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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	62	<p>62 CWD Katie A. Screen Referrals Submitted to TCMH To Determine Katie A Subclass.</p> <p>TCMH Provided Coordinated Schedule To Assess All 62 Youth @ CWD Site. Additionally, TCMH Reserved Scheduling Blocks @ TCMH Site for CWD Youth.</p> <p>CWD Coordinated 49 Youth w/ TCMH To Assess. Katie A. Subclass</p> <p>Balance of CWD Katie A. Screen Referrals, CWD Has Not Coordinated w/ TCMH To Assess =13 Less Than 1 year old=1; 2 year old=3; 3 year old=2; 5 year old=1; 6 year old=1; 7 year old=1; 11 year old=1 12 year old=1; 14 year old=1; 17 year old =1</p>
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	13	<p>Age 1=2; Age 2=2; Age 5 =3; Age 6=3; Age 7=1; Age 8=1; Age 10=2; Age 15=1</p>
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.	13	<p>Thirteen (13) CWD Katie A. Screen Referrals Have Not Been Coordinated w/ TCMH To Assess Medical Necessity Criteria..</p>

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

4	Potential subclass members who were unknown to the MHP during the reporting period.	7	Per CWD Report
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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	36	
2	Receiving Intensive Care Coordination (ICC).	4	Four (4) TCMH/CWD Coordinated CFTs Started During 03/01/-08/31/2014 Report.. TCMH Committing 40 Hours per Week to Facilitate CFTs, Pending CWD Commitment w/ Social Worker Attendance.
3	Receiving Intensive Home Based Services (IHBS).	0	Five (5) Continue To Be Projected Over Next Report Period
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>	6 Wraparound	Per CWD Report
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>	2 TBS	
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).	9	
7	Not receiving mental health services (neither through Medi-Cal nor through any	13	Unknown Status Due To Thirteen (13) CWD Katie A. Screen Referrals

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

	other program or funding source).		Un-Coordinated w/ TCMH To Assess Medical Necessity Criteria..
8	Declined to receive ICC or IHBS.	2	

PART C: Projected Services

Item #	Service	Projected number of subclass members to be receiving services by February 28th ¹	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	15	Coding Protocol Established
1 (b)	IHBS	5	Coding Protocol Established

Is your county experiencing the following implementation barriers?

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

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

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Tehama County MH committing 40 hours per week to support capacity for building CFT process, pending CWD commitment to schedule and coordinate Social Worker attendance for CFTs.

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)
<p>Agency Leadership <i>Leadership’s experience implementing family-centered services in a collaborative setting.</i></p>		
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>		
<p>Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p>		
<p>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></p>		

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>		