County: _Trinity_____ **Date: October 1, 2014**

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

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

Name and Contact Information County Child Welfare Department Representative					
Name:	Elizabeth Hamilton				
Title:	Social Worker Supervisor				
Agency Name:	Child Protective Services				
Address:	PO Box 1470				
City:	Weaverville	State:	CA	Zip Code:	96093
Phone:	(530) 623-8275	E-mail:	lhamilton@trinitycounty.org		

Name and Contact Information County Mental Health Department Representative					
Name:	Debra Klein, LMFT				
Title:	Mental Health Clinician III – Children's System of Care (CSOC) Coordinator				
Agency Name:	Trinity County Behavioral Health Services				
Address:	PO Box 1640				
City:	Weaverville	State:	CA	Zip Code:	96093
Phone:	(530) 623-1921	E-mail:	dklein@kingsview.org		

County: _Trinity_____ **Date: October 1, 2014**

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	Follow these individuals to ascertain whether or not they will become opened as subclass members
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	0	No further action necessary. Re-referral is always an option if symptoms become evident, change, or warrant intervention.
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	No subclass members identified have gone unevaluated as of this reporting.
4	Potential subclass members who were unknown to the MHP during the reporting period.	0	All possible subclass members open to CPS have been identified.

County: _Trinity_____ **Date: October 1, 2014**

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	Meet monthly with CPS staff to discuss cases, close those who have graduated, and evaluate possible shift in/out of services.
2	Receiving Intensive Care Coordination (ICC).	2	Meet monthly with CPS staff to discuss cases
3	Receiving Intensive Home Based Services (IHBS).	2	Meet monthly with CPS staff to discuss cases
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.*	0	None to 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). *Do not include youth already counted in 2, 3, or 4*	0	None to report
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).	1	Meet monthly with CPS staff to discuss cases
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	0	None to report
8	Declined to receive ICC or IHBS.	0	None to report

County: _Trinity_____ **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 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	6	Via monthly interactive meetings with CPS staff and TCBHS (Children's System of Care – CSOC) staff, subclass members are identified, referred and then assessed as indicated. This process is completed within 30 days of identification by CPS that the child is identified as needing evaluation using the LA Prescreening tool.
1 (b)	IHBS	6	Via monthly interactive meetings with CPS staff and TCBHS (Children's System of Care – CSOC) staff, subclass members are identified, referred and then assessed as indicated. This process is completed within 30 days of identification by CPS that the child is identified as needing evaluation using the LA Prescreening tool.

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.

For the Mental Health Providers: Given the extreme "ruralness" of Trinity County, recruitment and retainment is an ongoing difficulty. While we have had requests to supervise interns, they seldom make a long term commitment to this remote area. It is also true that salaries are not necessarily on par with more robust and income producing counties which limits the desire for clinical staff to relocate.
With regard to training, once again our remoteness tends to limit the ability for staff to attend trainings out of county and frequently a day's drive away to obtain up to date information. It is true that many of the Katie A. trainings have been brought closer (slightly more than an hour's drive away) so in this aspect, obtaining material and requirements for this program are in fact the exception.

County: _Trinity_____ **Date: October 1, 2014**

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

County: Trinity **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)
Agency Leadership *Leadership's experience implementing family-centered services in a collaborative setting.*	Trinity County Behavioral Health (TCBHS) and Child Protective Services (CPS) continue to tighten the monitoring progress of Katie A., individuals by holding monthly meetings to oversee progress, access to services and potential for the need to augment, change or discharge individuals from services.	Yes
Systems and Interagency Collaboration *How collaborative approaches are used when serving children and families.*	As indicated by need/concern, meetings with CPS staff and mental health providers, family, interested individuals such as other family or school personnel assist in establishing and monitor a working plan for the benefit of the youth(s) in services as well as input from the family as a whole.	Yes
Systems Capacity *The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.*	While our collective strength between agencies both TCBHS and CPS remains a cordial working relationship, both agencies remain stretched to capacity working beyond daily interactions and pushing to stay informed and compliant with required documentation.	Yes
Service Array *Available services are culturally responsive and include trauma informed care, evidence based practices, promising practices, innovative practices, and culturally specific healing practices and traditions.*	Service array includes appropriate levels of cultural competency via trainings though information regarding Eastern practices would benefit our growing population especially the Hmong subgroup. TCBHS is working to train all clinical staff in Trauma Focused CBT as a further effort to address children of trauma. Additionally, the evidence based practices of attachment theory (Ther-A-Play), Behavioral, and Incredible Years, along with Strategic family interventions contain sensitivity to multicultural issues.	Yes

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Involvement of Children, Youth & Family *How Core Practice Model family-centered principles are reflected in current systems.*	The Core Practice Model pushes for a more robust, comprehensive oversight/involvement between agencies and families engaged in the reunification process. Its strength is in focusing on sharing the load as well as the successes and makes room for families facing their future. The added oversight and communication has reduced instances to zero in which neither CPS nor TCBHS are not readily informed of needed changes or concerns.	Yes
Cultural Responsiveness *Agency ability to work effectively in cross-cultural settings.*	Due to the remote county constraints, we have few cross cultural issues. No known cases current involve cross culture families. However, both CPS and TCBHS receive trainings to reflect identification and sensitivity to cultural needs. The county accesses a language line to support individuals who may prefer or need to have interpretation so that they can receive information in their own language.	Yes
Outcomes and Evaluation *The strength of current data collection practices, and how outcomes data is used to inform programs and practice.*	CPS currently runs spreadsheets on the number of youth in services as a way of monitoring the number and assessing need. Outcomes for TCBHS are mainly in the adult population though we have begun to extend tracking services outcomes via “strength based recovery” practices to a broader clinical population.	Yes
Fiscal Resources *How fiscal policies, practices, and expertise support family-centered services.*	CPS provides physical/financial supports to families in need to help access: education and other services, maintain family contact through visitation and possibly relocation or augmentation of existing housing, bus tickets and often incentives for attending services. TCBHS provides transportation when necessary to scheduled sessions, has FSP dollars available to opened clients who meet mental health criteria for additional services, and support with family connection/communication.	Yes