Katie A. Semi-Annual Progress Report
Cover Page

Reports are due April 1st and October 1st of each year. Please check the reporting period:

- [x] May 15, 2013 – August 31, 2013 (Initial reporting period) October 18th
- [ ] April 1st
- [ ] October 1st

Katie A. Semi-Annual Progress Report Instructions

The Katie A. semi-annual progress reports are required by the Implementation Plan and should include information on the delivery of services occurring during the six months immediately preceding the report. The first of these reports is due on October 18, 2013, and includes information about services delivered May 15, 2013 through August 31, 2013. Enclosures 1 and 2 provide templates for the semi-annual report to be jointly prepared by Mental Health and Child Welfare Departments and submitted electronically.

Enclosure 1, Part A

The Mental Health Plans (MHPs) and Child Welfare Departments (CWDs) are to provide the total unduplicated numbers of subclass members, along with a breakdown of those subclass members grouped by the services being provided during the reporting period using the attached template. If the above numbers are not available, MHPs and CWDs are to provide an explanation of why they are not available and an estimated date of when the numbers will be available for each template item in Column 2 of Enclosure 1. This section (see Enclosure 1, Part A) of the progress report should build on the information counties provided in Section I of their Service Delivery Plans regarding identification of subclass members and the process used to determine their needs.

Enclosure 1, Part B

The MHPs and CWDs are to provide an estimated projection of the number of subclass members that will be provided with Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) by April 1, 2014, along with strategies and timelines to ensure access to ICC and IHBS, when medically necessary, and consistent with the Core Practice Model (CPM). In the column on Enclosure 1, Part B that reads "Strategy/Timeline Description," MHPs and CWDs should describe their plans for the identification of subclass children and youth who are identified in Enclosure 1, Part A, 4, 5, 6, 7 and 8 using the identifier and claiming codes for ICC and IHBS services.

Enclosure 2

The CWDs and MHPs should 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 principles, and promote implementation of the ICC and IHBS using the CPM. 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, MHPs and CWDs should specify technical assistance or state support needed regarding implementation of CPM, ICC, and IHBS.

Submittal Instructions: Please submit electronically to the California Department of Health Care Services at: KatieA@dhcs.ca.gov, and the California Department of Social Services at: KatieA@dss.ca.gov. Reports are due on April 1st and October 1st of each year.

County: Del Norte Date: 10/18/2013

Name and Contact Information County Child Welfare Department Representative					
Name:	Crystal Markytan				
Title:	Program Manager				
County:	Del Norte				
Agency Name:	Department of Health and Human Services				
Address:	880 Northcrest Drive				
City:	Crescent City	State:	Cs	Zip Code:	95531
Phone:	707-464-3191	E-mail:	cmarkytan@co.del-norte.ca.us		

Name and Contact Information County Mental Health Department Representative					
Name:	Celia Perez				
Title:	Supervising MH Clinician				
County:	Del Norte				
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Name and Contact Information (other stakeholders)					
Name:	Stephanie Holmes				
Title:	Regional Director / Operations Manager				
County:	Del Norte				
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Name and Contact Information (Other stakeholder)					
Name:	Gary Blatnick				
Title:	Director				
County:	Del Norte				
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County: Del Norte Date: 10/18/2013

PART A: Services Provided at Any Point Within the Reporting Period			
Item #	**Information Requested**	**Column 1 10/18/13**	**Column 2 Timelines**
Instruction	For subclass members, provide the numerical count for the following:	Provide the number of children/youth per category	If Column 1 is blank, provide an explanation why the number is unavailable and an estimated date the number will be available
1	In Subclass (unduplicated).	6	
2	Receiving Intensive Care Coordination (ICC).	0	ICC services will begin through our contracted provider in November 2013
3	Receiving Intensive Home Based Services (IHBS).	0	IHBS services will begin through our contracted provider in December 2013
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	Due to being a small county we are in the process of hiring staff to expand the services in this particular area. We hope to have this program up and running by April 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*	0	Some of the identified sub-class are receiving these services currently but were not referred as Katie A until after the reporting period for this report. The number reported will change on the next report as we continue to implement this program.
6	Receiving services not reporting in 2, 3, 4, & 5 above.	0	Identified sub-class not referred to MH until after this reporting period.
7	Not receiving SMHS.	0	Identified sub-class not referred to MH until after this reporting period.
8	Declined ICC or IHBS.	0	Identified sub-class not referred to MH until after this reporting period.

County: Del Norte Date: 10/18/2013

PART B: Projected Services			
Item #	**Service**	**Projected number of subclass members to be served by 4/1/14**	**Strategy/Timeline Description** Provide County action steps and timelines to be used to provide (and claim for) ICC and IHBS to: 1.newly identified children/youth and 2.children/youth identified in Part A, Items 4, 5, 6, 7, and 8 as medically necessary
1	ICC	6	1. CWS will initiate a referral. This process began October 2013. 2. Within 30 days organizational provider and Mental Health Department will determine Katie A eligibility based on the referral. Organizational provider began receiving referrals in October 2013. 3. If eligibility is established and medical necessity is met client will be assigned and receive necessary services. All eligible client services will be reported as Katie A identifiable for identified clients. Reporting of services are estimated to begin in November 2013 based on software upgrades in the Anasazi reporting program.
2	IHBS	6	

County: Del Norte Reporting Period: May 15, 2013 - August 31, 2013 Date Completed: 10/18/2013

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.*	Long history of agency and county in implementing such practices and services beginning with wraparound in 2001	☐
Systems and Interagency Collaboration *How collaborative approaches are used when serving children and families.*	Through our county system collaborative systems are in place. The Health and Human Services agency is an integrated human services agency aligning public health, mental health, alcohol and drug, child welfare, public assistance, and employment and training to address the needs of children and their families. Routine system integration discussions and protocols are developed.	☐
Systems Capacity *The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.*	The county has many years of experience in creating a trained workforce and setting up administrative structures for service integration focus on family-centered services. Many innovations and resource development systems are already in place.	☐
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.*	Small and isolated counties such as ours, are always interested in training opportunities related to cultural responsiveness and trauma informed care. While we are always in a learning tract in these areas, we invite and take advantage of training opportunities we are able to access.	☑

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.*	Since 2001,Wraparound is the most clear example of how principles and practices are woven into the fabric of services to children and families.	☐
Cultural Responsiveness *Agency ability to work effectively in cross-cultural settings.*	Always interested in growing in this area.	☑
Outcomes and Evaluation *The strength of current data collection practices, and how outcomes data is used to inform programs and practice.*	Very good systems in place to evaluate outcomes using data and always interested in new ideas or methods.	☐
Fiscal Resources *How fiscal policies, practices, and expertise support family-centered services.*	Have system in place to empower case carrying staff to access resources when necessary. Maintain sophisticated fiscal systems to support integration of services for integrated agency.	☐