

Katie A. Semi-Annual Progress Report Cover Page

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

- 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:	Glenn	Date:	October 18, 2013
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Name and Contact Information County Child Welfare Department Representative					
Name:	Cheryl Harrison				
Title:	Program Manager				
County:	Glenn				
Agency Name:	Human Resource Agency				
Address:	420 East Laurel Street				
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Phone:	(530) 934-6519	E-mail:	charrison@hra.co.glenn.ca.us		

Name and Contact Information County Mental Health Department Representative					
Name:	Amy Lindsey				
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County:	Glenn				
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Name and Contact Information (other stakeholders)					
Name:	Nancy Callahan				
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Name and Contact Information (Other stakeholder)					
Name:					
Title:					
County:					
Agency Name:					
Address:					
City:		State:		Zip Code:	
Phone:		E-mail:			

Katie A. Semi-Annual Progress Report

Enclosure 1

County:	Glenn	Date:	October 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).	104	
2	Receiving Intensive Care Coordination (ICC).	0	We will begin delivering ICC services in October 2013.
3	Receiving Intensive Home Based Services (IHBS).	0	We will begin delivering IHBS services in October 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. <i>Do not include youth already counted in 2 or 3 above.</i>	8	
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>	0	We currently do not have any children receiving TBS. We do not offer ITFC, or MTFC.
6	Receiving services not reporting in 2, 3, 4, & 5 above.	33	
7	Not receiving SMHS.	63	
8	Declined ICC or IHBS.	0	We have not yet begun offering ICC or IHBS services.

County:	Glenn	Date:	October 18, 2013
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PART B: Projected Services

Item #	Service	Projected number of subclass members to be served by 4/1/14	Strategy/Timeline Description
1	ICC	15	<p>Provide County action steps and timelines to be used to provide (and claim for) ICC and IHBS to:</p> <ol style="list-style-type: none"> 1. newly identified children/youth and 2. children/youth identified in Part A, Items 4, 5, 6, 7, and 8 as medically necessary <p>We have held Steering Committee Meetings to discuss planning and implementation of Katie A. at least monthly since May. Starting in October, we plan to meet bi-weekly. We have also had two staff trainings, one for mental health staff and one combined mental health and child welfare staff.</p> <p>We have identified 9 children to begin receiving ICC and IHBS services in October and plan to expand this number to 15 by April 1.</p> <p>Starting in October, we will continue to identify additional Katie A. subclass children during our meetings, as our staff are confident in delivering these new modes of service.</p>
2	IHBS	10	<p>Starting in October we will begin billing for ICC and IHBS, once we have the capacity in our Anasazi system.</p> <p>Two mental health clinicians have been identified to begin services for identified Katie A. subclass members.</p> <p>Starting in October, we will begin holding CFT meetings with identified Katie A. subclass members. We will offer training to staff in how to accurately code and document these new service functions.</p>

County: Glenn Reporting Period: May 15 – August 31, 2013 Date Completed: October 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)
<p>Agency Leadership <i>Leadership’s experience implementing family-centered services in a collaborative setting.</i></p>	<p>Glenn County Human Resource Agency (HRA) and the Health Services Agency (HSA)/Mental Health Services (MHS) are collaborating on developing a comprehensive service delivery system to meet the needs of children and youth who meet the criteria for the Katie A. subclass. HRA and HSA share one director which helps promote collaboration and coordination across these two agencies.</p> <p>Glenn County has been designated as one of the pilot counties, to work with the state to implement Katie A. early and to serve as mentors for other small counties. We also have been working together over the past two years to improve our coordination and collaboration in linking children in the Child Welfare System (CWS) to receive mental health services quickly and efficiently. We have meetings between the two agencies every two weeks, to identify children and youth, coordinate services, and address areas for improving services.</p> <p>In the next six months, we will work together to make sure our policies and practices are consistent with family-centered principles of care across both agencies.</p>	<p>N</p>
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<p>Glenn County has strong systems and interagency collaboration. We have a Multi-Disciplinary Team (MDT) that meets twice monthly, once in Willows and then in Orland. The MDT membership includes CWS, mental health, schools, law enforcement, and probation staff. The MDT is facilitated by a CWS supervisor and</p>	<p>Y</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	<p>the Children’s Interagency Coordinating Council (CICC) Coordinator. In addition, our CICC includes all child serving agencies in the county, including education, probation, Child Abuse Treatment (CHAT), network providers, mental health, substance abuse, CWS, law enforcement, tribes and Migrant Education Programs. We also have a Management and Planning Team (MAP) that serves as the county’s Interagency Placement Team. This group includes deputy to mid-level managers from the schools CWS, mental health, probation, and Far Northern Regional Center to coordinate services and approve placements for children at risk of group home placement RCL 10 and above.</p> <p>In the next six months we will utilize these interagency teams to review and implement policies and procedures to support family-centered practices. We will continue to develop strategies to share information across child welfare and mental health information technology systems.</p>	
<p>Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p>	<p>We did not identify any needs in terms of systems capacity. We co-locate a mental health clinician at CWS to provide early screening for CWS and to deliver counseling and referrals for children who do not have Medi-Cal. We have been working to improve the timeliness of referrals to mental health services for the past two years, and are able to link children and youth to services within a two week window or less.</p> <p>We are working to develop policies to support an effective referral process and linkage to service across multiple systems. We continue to develop strategies for recruiting and hiring staff, including bilingual Spanish and Hmong speakers, our two primary languages. When we completed the Readiness Assessment in May 2013, we had an adequate workforce in place for both CWS and MH Services. However, six months later, we have experienced a shortage in Mental Health Case Managers and are working to identify opportunities to expand our workforce.</p> <p>Historically, CWS has had a consistent rate of turnover in staff every two years. Currently, the majority of Child Welfare workers have been in their positions for less than two (2) years, several were hired over the summer. There is a need for additional training for staff to learn all aspects of their job, which takes about two years if they stay in the same position. This makes it challenging to implement new programs as the staff must learn their jobs at the same time things are changing. Currently, the CWS Deputy Director is retiring in October, while the Program Manager is planning to retire within the next year. This change in leadership creates additional challenges.</p>	<p>Y</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<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>	<p>Glenn County delivers culturally responsive services. Our mental health staff have the capacity to deliver services in English, Spanish, and Hmong. Staff have been trained in evidence-based services including Parent Child Interactive Therapy (PCIT), Cognitive Behavior Therapy (CBT), and trauma-informed CBT. Services are available at home, in the schools, in the clinic, and in other community locations, depending upon the needs of the child, youth, and/or family. Service activities support family-centered principles and promote implementation of ICC and IHBS services and are consistent with the Core Practice Manual (CPM). CWS uses Family to Family and Safety Organized Practice tools and processes that have been found to increase family engagement, promote client voice in decision making, and be culturally sensitive.</p>	<p>Y</p>
<p>Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i></p>	<p>We have a strong commitment to involving and hiring youth and families to work within our children’s service delivery system that are consistent with the Core Practice Model and family-centered principles. We have four part-time Youth Peer Mentor positions with Mental Health, to work at our Transition Age Youth Center. These youth provide advocacy and mentoring to other youth receiving mental health services. We plan to expand our capacity to involve youth in the Katie A. services, and participate in ICC and IHBS services, as appropriate.</p> <p>We are collaborating to identify a family member who has had experience with CWS, to participate in our planning meetings and support families as they enter the CWS system. We have identified a youth who has had experience with CWS to participate in our Katie A. planning meetings as well as support youth who are involved with CWS, to provide mentoring and advocacy.</p> <p>CWS has developed a parent satisfaction survey to help obtain feedback about the quality and effectiveness of services. We will review this as a group and implement this in the next six months, as well as administer it at least annually. We will also develop training and written information to help families learn how to become informed decision makers and support them identifying opportunities to make choices to achieve their goals. We will also involve families to be actively involved in the development of our evaluation activities, including defining, selecting, and measuring quality indicators of services, programs, and outcomes. We currently have a Parent Partner Support Group that involves CWS families and they have agreed to participate in these activities.</p>	<p>Y</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p>Glenn County strives to work effectively in cross-cultural settings. Our threshold language is Spanish. We also have a few Hmong/Laos families who receive mental health services. We have an active Cultural Competence Committee, which meets monthly and identifies opportunities to strengthen services and meet the needs of our Hispanic, Native American, and Hmong communities. We have several staff at HRA and HSA who are bicultural and bilingual Spanish. We also have a CWS supervisor who is a tribal member and has 15 years of experience as an Indian Expert Witness. We also have a mental health intern who speaks Hmong. Our written materials are available in Spanish.</p> <p>We also provide ongoing training to staff to strengthen their skills and develop an understanding how to deliver services to persons from these different cultures and be respectful of the cultural differences in customs and beliefs. We will continue to offer training and partner with culturally based community groups to ensure programs and services are culturally appropriate to meet the community's needs.</p>	Y
<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>We have a comprehensive evaluation system for measuring outcomes for children, youth, and families. The Mental Health Program measures key mental health outcomes, including: length of time in out-of-home placement, stability of living situation, education, and social connections. CWS has well defined outcomes for safety, permanency and wellbeing with about 15 years of data to define trends and patterns common to Glenn County. The County meets quarterly with stakeholders and the state to review the outcomes as quarterly reports are released. We write a five year System Improvement Plan and an annual report to adjust or add goals as needed. These outcomes are sufficient to use for the Katie A. subclass and have been approved by the California Department of Social Services and the Federal Government. We will work to increase stakeholder involvement in this process, as it has been challenging to implement and sustain. We will learn to merge both mental health and child welfare outcomes to make decisions and determine how to change our systems and practices. We could use training in this effort.</p>	Y
<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<p>Our shared leadership across HRA and HSA builds the foundation for strengthening opportunities to share fiscal resources as we develop our Katie A. family-centered services. In the next six months, we plan to develop strategies for developing fiscal agreements that commit funds to support the needs of children, youth, and families. This will include offering training on fiscal strategies for staff at HRA and HSA. Our interagency teams will include persons with fiscal expertise, to maximize our ability to share resources and promote healthy outcomes.</p>	Y