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:	Kings County	Date:	10/17/13

Name and Contact Information County Child Welfare Department Representative					
Name:	Tina Garcia, A.C.S.W				
Title:	Deputy Director, Children and Adult Services Division				
County:	Kings County				
Agency Name:	Kings County Human Services				
Address:	1400 West Lacey Blvd. Bldg. #8				
City:	Hanford	State:	Ca	Zip Code:	93230
Phone:	559-582-3211x2329	E-mail:	Tina.garcia@co.kings.ca.us		

Name and Contact Information County Mental Health Department Representative					
Name:	Kelly Baker, M.F.T.				
Title:	Deputy Director				
County:	Kings County				
Agency Name:	Behavioral Health				
Address:	450 Kings County Dr. Suite 104				
City:	Hanford	State:	Ca	Zip Code:	93230
Phone:	559-852-2434	E-mail:	Kelly.baker@co.kings.ca.us		

Name and Contact Information (other stakeholders)					
Name:	Marla Sekyora				
Title:	Program Manager				
County:	Kings				
Agency Name:	Kings View Counseling				
Address:	1393 Bailey St.				
City:	Hanford	State:	Ca	Zip Code:	93230
Phone:	559-584-4481	E-mail:	msekyora@kingsview.org		

Name and Contact Information (Other stakeholder)					
Name:					
Title:					
County:					
Agency Name:					
Address:					
City:		State:		Zip Code:	
Phone:		E-mail:			

County:	**Kings**	**Date:**	

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).	13	
2	Receiving Intensive Care Coordination (ICC).		
3	Receiving Intensive Home Based Services (IHBS).		
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.*	11	
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*	2	
6	Receiving services not reporting in 2, 3, 4, & 5 above.		
7	Not receiving SMHS.		
8	Declined ICC or IHBS.		

County:	Kings	Date:	

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	31	As of August 1, 2013, all children (0-5) with an open CWS case are identified and referred to Kings County Behavioral Health for a ASQ 3 and ASQ SE assessessment. All children (3-21) with an open CWS case are identified and referred to Kings View Counseling (Kings County Mental Health Plan) for an initial mental health screening. Children requiring mental health services beyond the screening are scheduled for a full mental health assessment. Based on the child's mental health needs, mental health services are provide. As of August 1, 2013, all newly identified Katie A subclass members are referred to the Wrap Around (WRAP) program or Therapeutic Behavior Services (TBS) and will be provided ICC and IHBS. As of August 31, 2013, Kings County had 13 children receiving WRAP or TBS. As of September 1, 2013, Kings County referred 13 Katie A subclass members to the WRAP and or TBS program. All are in various stages of the enrollment process. As of September 1, 2013, Kings County had 10 Katie A subclass members who are residing out of county in group home placements. These children are not eligible based on Medi-Cal requirements to receive ICC or IHBS services as they are not within 30 days of transitioning from group placement. After addressing software challenges with the Anasazi software, on August 22, 2013, Kings County became ready to bill Katie A services through the new Benefit Plan 100/9015. Kings County plan effective date was August 1, 2013. Kings County began billing for ICC and IHBS services provided to Katie A subclass members as of August 1, 2013. Kings County is still waiting for the Katie A Identifier DPR is delivered and loaded into the Anasazi system to attach to the Medi-Cal billing.
2	IHBS	31	

County: **Kings County** **Reporting Period:** **May 15-August 31, 2013** **Date Completed:** **10/17/13**

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.*	In Kings County, we have a very positive working relationship between the Human Services Agency, Behavioral Health, Family Builders FFA (contracted provider for wraparound services), and Kings View Counseling Services (contracted provider for County Mental Health Plan). Kelly Baker, Deputy Director of Behavioral Health, Tina Garcia, Deputy Director of Human Services Agency (HSA), Marla Seykora, Program Manager of Kings View Children System of Care and Chris Douglas, WRAP Supervisor, Family Builders have continued to meet weekly to collaborate on the Katie A implementation plan. All operate within a leadership roles with their perspective agencies and continue to demonstrate an invested interest in developing a shared vision to implement the Katie A. vs. Bonta lawsuit agreement provisions which includes the Core Practice Model in its entirety including all components, values and principles. We have utilized the weekly meetings as an opportunity to strengthen Kings County's children mental health system of care. Behavioral Health and Kings View continue to dial in to The Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS) technical assistance conference calls every Wednesday at 10 am. Tina Garcia is on the CDSS Core Practice Model Design Committee and CPM Communication Subcommittee. Both agencies have attended the Katie A Implementation Orientation meetings and other Katie A trainings.	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Systems and Interagency Collaboration *How collaborative approaches are used when serving children and families.*	Being a small county, HSA, Behavioral Health, Kings View and Family Builders already had an established working partnership that involved various program in Kings County. With the Katie A. vs. Bonta lawsuit agreement provisions, Kings County has taken this as an opportunity to improve on our existing partnerships. Through the planning process, we have established a Katie A Identification form to be utilized by HSA Social Workers. We have established protocols for HSA Social Workers to refer children to Behavioral Health and /or Kings View for developmental and/ or mental health screens. HSA, Behavioral Health and Kings View staff attended training in ASQ 3 and ASQ SE to learn how to utilize the screening tools. We have developed a plan and timeline to expand our existing wraparound program to provide all of the provisions identified in the Core Practice Model to not only children meeting the Katie A subclass but all children who meet the criteria for the wraparound program. We meet weekly as a team to collaborate on the Katie A implementation plan. Any issues, concerns or challenges are resolved within the weekly Katie A Implementation meetings. The process has been effective and has increased the communication between Behavioral Health, HSA, Kings View and Family Builders. Behavioral Health, HSA and Kings View staff attends training/conferences together and are navigating the process of becoming better collaborative partners.	N
Systems Capacity *The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.*	HSA Social Workers have completed the Katie A Identification form on all potential subclass members and this practice will continue as new children enter the foster care system or children already in the system display mental health issues that require specialty mental health services. All children either in or entering the foster care system ages 0-5 are referred to Behavioral Health for a developmental screen and ages 3-18 are referred to Kings View for a mental health screen. All referrals are inputted into the CWS/CMS Katie A page and additional date fields are expected to be dropped into CMS for Katie A in November. Kings View, as the County Mental Health Plan has been able to absorb the increase in referrals for mental health screening of all children with an open Child Welfare case. Marla Seykora, Program Manager for Kings View's Children Systems of Care is in constant communication with social workers from HSA to facilitate and strengthen the referral process from HSA to Kings View. We already have a non-CPS led wraparound program in place, which we are expanding to serve other children that are eligible. Our program is funded by the MHSA dollars and working together we anticipate all eligible children will be included, if we are unaware of any after identification of the subclass.	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	Kings County contracts with Family Builders Foster Care, Inc to provide wraparound services to Kings County children. Kings County made the decision to expand WRAP services to include specialty mental health services to Katie A subclass members. Family Builders, 2013-2014 Scope of Work (SOW) was amended to include all of the services, values and principles as articulated in the Core Practice Model. The yearly budget was increased to enable Family Builders to hire dedicated staff to provide WRAP services. 1 full time WRAP Supervisor (waivered or licensed clinician) to serve as the ICC, 3 full- time and 1 part- time WRAP counselors to provide IHBS, 1 full- time administrative assistant and a .33 FTE licensed therapist. The licensed therapist was add the WRAP program enhance quality assurance of services and Medi-cal billing. The SOW included Family Builders providing Kings County's Managed Care Director (Kings View) with all detailed claims showing names of Kings County beneficiaries of Katie A Subclass members, services provide to each subclass member, length of time services provided, original reports, notes and other documentation as requested by the Director for Medi-cal billing. Kings View Counseling as the Mental Health Plan and Managed Care will process all Medi-cal billing on the behalf of all Katie A subclass members. Expanding the WRAP contract has put Kings County in a better position to provide SMHS to all identified Katie A subclass members and to increase capacity as needed.	
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.*	HSA, Behavioral Health, Kings View and Family Builders staff have attended joint trainings together which have included ASQ 3 & ASQ SE, Culture Competency Summit, Katie A Implementation Orientation, California Mental Health Advocates for Children and Youth 2013 conference and, on October 30th mental health clinicians from all 4 agencies will be attending the Trauma-focused Therapy with trainer Jenae Holtz, LMFT (CWS sponsored Central CA Training Academy CSU, Fresno). HSA, Behavioral Health, Kings View and Family Builders require staff to attend training and conferences to ensuring staff are trained to provide high level services that are culturally competent using evidenced based treatment modalities. Behavioral Health, Family Builders and Kings View staff attended a Cultural Summit on October 2nd and 3rd of 2013. In addition, Behavioral Health has a Cultural Competency Committee that provides training to its staff, contracted providers and other county employees on specific cultures, how culture shapes and influences families and about mental illness problems/issues. Trainings have included working with veterans, seniors, local Native Americans, LGBTQ populations, Latinos, persons with disabilities, Mental Health First Aid, use of traditional healers, such as medicine men and Curanderas. Kings View staff are trained in Dialectical behavior therapy (DBT) and utilize DBT with consumers. DBT is evidenced based and is highly effective with adult and adolescent mental health consumers.	N

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.*	HSA, Behavioral Health, Kings View and Family Builders within their own agencies offer programs that are family-centered and strength based. As collaboration, HSA, Behavioral Health and other community stakeholders developed a our current non-CPS led wraparound program funded with Mental Health Service Acts (MHSA) dollars. Family Builders is the contracted provider for the wraparound program. The wraparound program was expanded to serve other children that are eligible. The wraparound program is community based; family centered and includes a Case Review Team (CRT) component. The wraparound CRT team meets bi-weekly to discuss progress and stability of the child's behavior and placement, as well as ways to improve service provision and/or the referral process. Family members and children when appropriate participate in the CRT and both formal and informal supports are invited to attend the CRT. Behavioral Health staff Recovery Support Coordinators were trained in the evidenced based Strengths Based Case Management Model and utilizes this model in case management services provide with consumers who have a serious mental illness. Strengths Based Model is evidenced based and family-centered. HSA utilizes Family Resource Meetings to: ensuring compliance with the Indian Child Welfare Act (ICWA), promoting a partnership with local Tribal Organizations in providing active efforts to their children and families, and utilizing best practice in service delivery to the Tribal Organizations as a party in Child Welfare cases as well as to their members.	N
Cultural Responsiveness *Agency ability to work effectively in cross-cultural settings.*	Behavioral Health and HSA have cultural competency policies that extend to contracted service providers in Kings County. Contracted providers are required to provide verification that staff has attended cultural competency training. All agencies have bilingual staff who speaks various languages and access to interpreting services such as Fox Interpreting service on an as needed basis. In addition, Behavioral Health has a Cultural Competency Committee that provides training to its staff, contracted providers and other county employees on specific cultures, how culture shapes and influences families and about mental illness problems/issues. Trainings have included working with veterans, seniors, local Native Americans, LGBTQ populations, Latinos, persons with disabilities, Mental Health First Aid, use of traditional healers, such as medicine men and Curanderas.	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	HSA provides ongoing training to its staff on cultural competency and specific cultures. HSA utilizes Family Resource Meeting to: ensuring compliance with the ICWA, promoting a partnership with local Tribal Organizations in providing active efforts to their children and families, and utilizing best practice in service delivery to the Tribal Organizations as a party in Child Welfare cases as well as to their members.	
Outcomes and Evaluation *The strength of current data collection practices, and how outcomes data is used to inform programs and practice.*	HSA utilizes the CWS/CMS computer system to capture data on children in the foster care system in addition to the Katie A subclass status on all of the foster children. The system will be utilized to ensure compliance with the referrals for mental health and or developmental screens and any needs for further mental health services. The CWS/CMS system has a Katie A page and it is anticipated more data fields will be dropped into the system in November, 2013. The Child Welfare Service Plans include assessments, outcomes of wraparound services that aim toward placement stabilization of foster children. Behavioral Health and Kings View utilize Anasazi computer system. Anasazi is utilized to process Medi-cal billing and to track all mental health services provided to Katie A subclass members. We are also working on a policy and procedure manual with Family Builders to capture data and measure outcomes for children and families receiving services in the wraparound program. An evaluation tool will also be included in the plan. The manual will be completed in January, 2014.	N
Fiscal Resources *How fiscal policies, practices, and expertise support family-centered services.*	This is an area that Kings County will continue to explore and expand. Behavioral Health utilizes MHSA dollars to provide wraparound services and other programs in children's mental health. In the wraparound program, stipends are provided to families to help with transportation cost to attend parent training or other identified needs. Behavioral Health also provides other assistance on as needed basis within the Full Service Partnership Program (FSP). Children enrolled in the wraparound program are enrolled in the FSP program as well. Through the Family Preservation, families are provided furniture, computers, clothing and other identified needs of the families. HSA also provides specialized care incentives/assistance and ILP funding for this like summer camp. HSA and Behavioral Health will continue to develop policies, practices and expertise in funding family-centered services. Behavioral Health staff will be attending the County Behavioral Health Fiscal Leadership Institute on November 5th and 6th, 2013 in Sacramento California and the Fiscal strategies for children in CWS on November 7th.	N