

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: Lake

Date: 10-18-13

Name and Contact Information County Child Welfare Department Representative					
Name:	Kathy Maes				
Title:	Deputy Director, Social Services				
County:	Lake				
Agency Name:	Lake County Department of Social Services				
Address:	PO Box 9000				
City:	Lower Lake	State:	CA	Zip Code:	95457
Phone:	707-262-4504	E-mail:	kmaes@dss.co.lake.ca.us		

Name and Contact Information County Mental Health Department Representative					
Name:	Linda Morris, MFT, MAC				
Title:	Deputy Director of Behavioral Health Clinical Services				
County:	Lake				
Agency Name:	Lake County Behavioral Health Department				
Address:	6302 Thirteenth Avenue				
City:	Lucerne	State:	CA	Zip Code:	95458-1024
Phone:	707-274-9101	E-mail:	Linda.Morris@lakecountyca.gov		

Name and Contact Information (other stakeholders)					
Name:	Camille Schraeder, MA				
Title:	Executive Director				
County:	Lake				
Agency Name:	Redwood Children's Services, Inc.				
Address:	780 South Dora Street				
City:	Ukiah	State:	CA	Zip Code:	95482
Phone:	707-467-2010	E-mail:	camille@rcs4kids.org		

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

County: Lake

Date: 10-18-13

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).	85	
2	Receiving Intensive Care Coordination (ICC).	0	0; working with CWS to develop process; start date 11-1-13
3	Receiving Intensive Home Based Services (IHBS).	0	0; working with CWS to develop process; start date 11-1-13
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>	7	
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>	16	
6	Receiving services not reporting in 2, 3, 4, & 5 above.	13	
7	Not receiving SMHS.	49	CWS to screen KATIE A eligibles and send appropriate referrals as intended
8	Declined ICC or IHBS.	0	No declines in this time frame

County: Lake

Date: 10-18-13

PART B: Projected Services			
Item #	Service	Projected number of subclass members to be served by 4/1/14	Strategy/Timeline Description
1	ICC		<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>LCBH Action Steps and Timelines:</p> <p>ACTION STEPS:</p> <p>1) Newly identified children/youth will be screened by CWS with the CANS screening tool, and then referred to LCBH where a full CANS assessment will be completed, and the case will either be assigned for treatment, or referred out to the Stakeholder for services.</p> <p>TIMELINE OF IMPLEMENTATION: November 1st, 2013</p> <p>ACTION STEPS:</p> <p>2) Children/youth identified in Part A, Items 4,5,6,7 and 8 as medically necessary will be screened by CWS with the CANS screening tool, and if it is identified that more intensive services are needed then CWS will forward the referral to LCBH for full CANS Assessment, and either assignment for treatment or referred out to Stakeholder for services.</p> <p>TIMELINE OF IMPLEMENTATION: December 1st, 2013</p>
2	IHBS		

County: Lake

Reporting Period: 5-15-13 to 8-31-13

Date Completed: 10-18-13

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)
<p>Agency Leadership <i>Leadership's experience implementing family-centered services in a collaborative setting.</i></p>	<p>LCBH has been working with CWS to develop a process that outlines streamlining access to mental health services for KATIE A eligibles. This process has helped us to identify specific challenges in regards to state mandates regarding compliance and privacy issues between both agencies. LCBH and CWS are working together to reach solutions in these areas to finalize the access process. Both LCBH and CWS have identified a barrier to full implementation which is the need to build capacity for service delivery; currently there is a lack of LCBH staff to serve the clients. The possible solutions discussed between the agencies are: a) Increasing wraparound services with our stakeholder as they have agreed to serve more children and families. b) CWS plans to contact US Davis to provide technical assistance and training for both agencies.</p>	<p><input checked="" type="checkbox"/></p>
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<p>Family Treatment Meetings (FTM's) are fully integrated within the CWS process, thus providing a tool for Interagency collaboration and ICC services. LCBH staff will meet with the CWS staff, children and families on a regular basis.</p>	<p><input type="checkbox"/></p>
<p>Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p>	<p>CWS and LCBH staff have completed the CANS training and CWS has begun screening of children using the CANS screening tool. Once a referral has been received from CWS, LCBH staff will complete the full CANS assessment tool. LCBH is looking at the possibility of adding a dedicated clinical staff for KATIE A cases.</p>	<p><input type="checkbox"/></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>	<p>LCBH currently provides an array of mental health services which include culturally responsive, trauma informed care, evidence based practices.</p>	<p><input type="checkbox"/></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>LCBH uses a client-centered approach in the development of all Treatment Plans, including Full-Service Partnership Plans.</p>	<input type="checkbox"/>
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p>LCBH has established with DHCS a Cultural Competency Plan and has implemented cultural wellness centers throughout the county.</p>	<input type="checkbox"/>
<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>LCBH has developed a tracking system for KATIE A referrals, cases and services through an electronic chart system. Bi-monthly, LCBH staff meet to discuss programs and practices, including services and programs delivered through contracted outside providers.</p>	<input type="checkbox"/>
<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<p>LCBH provides family-centered services a variety of funding sources including Medi-Cal FFP reimbursement, MHSA funds and realignment funds as necessary.</p>	<input type="checkbox"/>