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: LOS ANGELES **Date: 10/17/2013**

Name and Contact Information County Child Welfare Department Representative					
Name:	Jonathan Byers				
Title:	Division Chief				
County:	Los Angeles				
Agency Name:	Los Angeles County Department of Children and Family Services				
Address:	425 Shatto Place, Suite 503				
City:	Los Angeles County	State:	CA	Zip Code:	90020
Phone:	(213) 351-5737	E-mail:	byersj@dcfs.lacounty.gov		

Name and Contact Information County Mental Health Department Representative					
Name:	Greg Lecklitner, Ph.D.				
Title:	Mental Health Clinical District Chief				
County:	Los Angeles				
Agency Name:	Los Angeles County Department of Mental Health				
Address:	600 S. Commonwealth Avenue, Sixth Floor				
City:	Los Angeles	State:	CA	Zip Code:	90005
Phone:	(213) 739-5466	E-mail:	glecklitner@dmh.lacounty.gov		

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

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

County: LOS ANGELES **Date: 10/17/2013**

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).	5,460	
2	Receiving Intensive Care Coordination (ICC).	46	
3	Receiving Intensive Home Based Services (IHBS).	19	
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.*	Wrap-2,071	
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*	TBS-437 TFC-79	
6	Receiving services not reporting in 2, 3, 4, & 5 above.	2,808	
7	Not receiving SMHS.	808	
8	Declined ICC or IHBS.	Unknown	Currently not being tracked

County: LOS ANGELES **Date: 10/17/2013**

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	138	1. October - Issue update to DMH Organizational Providers Manual to instruct them to modify their Electronic Health Record system to provide for ICC and IHBS codes. 2. October – Site visit to Arizona to visit sites with history of providing ICC within context of JK litigation 3. October – March - Training and coaching to CFT process and Core Practice Model to Wraparound, TFC and Intensive Field Capable Clinical Services providers. 4. December – March - Preparation and monitoring of agency service delivery to Katie A. subclass members. 5. October – March - Ongoing Technical Assistance to ICC and IHBS providers.
2	IHBS	57	Same as above

County: LOS ANGELES **Reporting Period: May 15-August 31, 2013** **Date Completed: 10-17-2013**

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.*	Los Angeles County Departments of Children and Family Services (DCFS) and Mental Health (DMH) have been planning and implementing Katie A. activities since the County's settlement in 2003. The Los Angeles County Katie A. Strategic Plan adopted by the Court and Los Angeles County Board of Supervisors in 2008 represents an articulated and detailed set of strategies for collaborating across systems to support family-centered practices. This Strategic Plan will be updated to ensure alignment with the State's settlement agreement in 2013-2014. Agency leaders share responsibility and accountability for service implementation that is expressed in jointly prepared Katie A. reports to their Board of Supervisors. DCFS and DMH have a shared vision of family-centered care exemplified in our adopted Shared Core Practice Model. Implementation of the CPM is in process. Community advisory councils are present in the service areas of each DCFS regional office or are in development, as is a DCFS Director's Community Advisory Council. DCFS and DMH Directors and high level leaders meet regularly in a number of forums to discuss issues affecting access and quality of services.	N
Systems and Interagency Collaboration *How collaborative approaches are used when serving children and families.*	DMH and DCFS have established a joint management structure, a shared budgetary model, a shared data protocol, a joint problem solving approach to privacy, confidentiality and information sharing issues, a share quality improvement process, and a Core Practice Model to integrate service planning, delivery and tracking. DCFS and DMH collaborate in the planning, development and delivery of training across systems and to the provider community.	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Systems Capacity *The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.*	The County has invested significant resources to better meet the needs of Katie A. class and subclass members, including, for example, $120M mental health service dollars targeted to the class and subclass, the co-location of almost 200 DMH staff in DCFS regional offices and administrative units in both departments dedicated to support Katie A. efforts.	N
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.*	Los Angeles County operates the largest Wraparound program in the world and currently services approximately 2,200 children/youth each day. The County also has a treatment foster care program that includes ITFC and MTFC services as well as a large array of Evidence Based Practices, including significant capacity in Trauma-Focused CBT and Seeking Safety. Efforts to expand ICC and IHBS services consistent with the State's Katie A. settlement agreement continue.	N
Involvement of Children, Youth & Family *How Core Practice Model family-centered principles are reflected in current systems.*	DMH and DCFS have a shared Core Practice Model for which training and coaching is ongoing. The Shared Core Practice Model was heavily informed by parent, youth and community participation in its development, with an emphasis on the need to reduce racial disparity and disproportionality in the child welfare system. Both DCFS and DMH have parent support programs which also serve in an advisory capacity.	N
Cultural Responsiveness *Agency ability to work effectively in cross-cultural settings.*	The DCFS and DMH Strategic Plans address cultural humility issues and significant training is provided in this area.	N
Outcomes and Evaluation *The strength of current data collection practices, and how outcomes data is used to inform programs and practice.*	A set of safety and permanency data elements are monitored on an ongoing basis as part of the County's exit criteria from the County case. The Departments also conduct ongoing Quality Services Reviews which analyze the quality of the practice and children and family outcomes. Additionally, DCFS monitors and tracks a number of other significant data and outcome indicators and in monthly meetings with high level leadership reviews case specific practices directly related to these indicators for the purpose of program and practice improvement.	N
Fiscal Resources *How fiscal policies, practices, and expertise support family-centered services.*	The Departments have braided significant funding sources to provide many services, including wraparound, treatment foster care and the multi-disciplinary assessment teams for newly detained children. Monthly Katie A. budget meetings are held with program and finance staff from both departments along with the Chief Executive Office to plan and monitor budgetary matters.	N