

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: Marin

Date: 10/15/13

Name and Contact Information County Child Welfare Department Representative					
Name:	Debi Moss/ Chua Chao				
Title:	Program Manager II/Program Manager I				
County:	Marin				
Agency Name:	Children and Family Services				
Address:	3250 Kerner Blvd.				
City:	San Rafael	State:	CA	Zip Code:	94901
Phone:	415-473-7125/5048	E-mail:	dmoss@marincounty.org/ cchao@marincounty.org		

Name and Contact Information County Mental Health Department Representative					
Name:	Ann Pring				
Title:	Program Manager II				
County:	Marin				
Agency Name:	Mental Health and Substance Use Services				
Address:	3230 Kerner Blvd.				
City:	San Rafael	State:	CA	Zip Code:	94901
Phone:	415-473-6476	E-mail:	apring@marincounty.org		

Name and Contact Information (other stakeholders)					
Name:	Katherine West, COO/ Ken Berrick, CEO /Katherine Schwartz, Division Director				
Title:					
County:	Marin				
Agency Name:	Seneca Family of Agencies				
Address:	2275 Arlington Drive				
City:	San Leandro	State:	CA	Zip Code:	94578
Phone:	510-317-1444	E-mail:	katherine.schwartz@senecacenter.org		

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

County: Marin

Date: 10/15/13

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).	1	All subclass children will be certified by January 1, 2014.
2	Receiving Intensive Care Coordination (ICC).	1	Subclass children will be assigned an ICC upon certification.
3	Receiving Intensive Home Based Services (IHBS).	1	IHBS services will be provided to certified subclass members as necessary.
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>	0	Children receiving Wrap services have been identified but not yet certified for subclass services. All subclass children receiving Wrap will be assessed and certified by January 1, 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). <i>Do not include youth already counted in 2, 3, or 4</i>	0	Marin has two children receiving ITFC services. These children will be assessed and certified for subclass services by January 1, 2014.
6	Receiving services not reporting in 2, 3, 4, & 5 above.	0	
7	Not receiving SMHS.	0	
8	Declined ICC or IHBS.	0	

County: Marin

Date: 10/15/13

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: 1. newly identified children/youth and 2. children/youth identified in Part A, Items 4, 5, 6, 7, and 8 as medically necessary</p> <p>All children served by child welfare will be screened for mental health services by October 15, 2013. Children who do not have full scope Medi-Cal but need mental health services will be assessed by CFS mental health staff and referred for appropriate services.</p> <p>Children with full scope Medi-Cal who are identified as potential subclass members will be referred to MHSUS for assessment and subclass consideration by November 1, 2013.</p> <p>All children who meet subclass criteria will be provided ICC and/or IHBS services by January 1, 2014.</p>
2	IHBS		<p>Children receiving Wrap services will be assessed and certified for subclass services by Marin's Wrap provider, Seneca, by November 1, 2013. Seneca will provide ICC and IHBS services immediately upon certification and no later than January 1, 2014.</p>

County: Marin

Reporting Period: May-August, 2013

Date Completed: 10/15/13

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>Currently staff from Children and Family Services (CFS) and Mental Health and Substance Use Services (MHSUS) meet regularly to develop policies and procedures for Katie A. implementation. This team will expand in the next few months to include Seneca, our Wrap provider, as well as other key community partners, youth, and caregivers. This larger collaborative will be in place by January 1, 2014 to provide input on service delivery and identify potential service gaps.</p>	<p><input type="checkbox"/></p>
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<p>Marin's Katie A. implementation team, consisting of staff from CFS and MHSUS, have been meeting regularly to develop policies and procedures for full implementation, including the removal of barriers to information sharing and data collection.</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>CFS has a process in place to screen all children with an open CWS case and complete referrals to MHSUS for potential subclass members. MHSUS has a team of clinicians who are prepared to complete assessments and provide necessary services to subclass members. MHSUS will be collaborating with Seneca to serve subclass children who are in our Wrap program.</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>CFS and MHSUS, in conjunction with our contractors, such as Seneca Wrap and Youth Pilot Project (YPP), and community partners, have the capacity to provide an array of services, including individual, family, and group therapy, therapeutic behavioral services, parent-child interaction therapy, intensive treatment foster care, residential treatment, and trauma focused cognitive behavioral therapy. All of these services are provided in both English and Spanish.</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>Families accepting services in Seneca Wrap, YPP, and YFS (Youth and Family Services) programs receive an orientation to the services and expectations of program participants prior to starting services. Family members are active participants in team decisions, including the identification of needs and services. This model of mental health service delivery will be used to serve all subclass children.</p>	<input type="checkbox"/>
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p>CFS and MHSUS have staff to meet the cultural and language needs of Spanish speaking families in Marin. Both agencies as well as our contract providers will continue to enhance our recruitment strategies to hire staff that reflect the cultural needs of our African American families as well as other cultural groups. In order to better serve the rural communities of West Marin, we have a multi-service team located in West Marin.</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>CFS and MHSUS have methods of data collection and evaluation that we use to evaluate the effectiveness of our programs. However, we will continue to refine our models to meet Katie A. requirements. We are requesting technical assistance to help us in this effort.</p>	<input checked="" type="checkbox"/>
<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<p>Marin has historically managed its finances well and we are able to meet the needs of our community. However, we want to explore all fiscal options to maximize the use of local, state, and federal dollars. Both CFS and MHSUS managers are registered for the upcoming fiscal training in November provided by UC Davis.</p>	<input checked="" type="checkbox"/>