

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: Mendocino

Date: 10/17/13

Name and Contact Information County Child Welfare Department Representative					
Name:	Jena Conner, MSW				
Title:	Deputy Director				
County:	Mendocino				
Agency Name:	Health and Human Services Agency/ Social Services				
Address:	727 S. State St. / P.O. Box 839				
City:	Ukiah	State:	CA	Zip Code:	95482
Phone:	(707) 463-7971	E-mail:	connerj@co.mendocino.ca.us		

Name and Contact Information County Mental Health Department Representative					
Name:	Jenine Miller, PsyD				
Title:	Acting Deputy Director				
County:	Mendocino				
Agency Name:	Health and Human Services Agency/ Behavioral Health and Recovery Services				
Address:	1120 S. Dora St.				
City:	Ukiah	State:	CA	Zip Code:	95482
Phone:	(707) 472-2341	E-mail:	millerje@co.mendocino.ca.us		

Name and Contact Information (other stakeholders)					
Name:	Tim Schraeder & Camille Schraeder				
Title:	Chief Executive Officer / Chief Systems Director				
County:	Mendocino				
Agency Name:	Redwood Quality Management Company				
Address:	723 S. Dora St.				
City:	Ukiah	State:	CA	Zip Code:	95482
Phone:	(707) 462-0350	E-mail:	tims@rqmc.org / schraederc@rcs4kids.org		

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

County: Mendocino

Date: 10/17/13

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).	96	<small>This includes 28 youth currently in group homes and not eligible for ICC/IHBS at this time.</small>
2	Receiving Intensive Care Coordination (ICC).	1	See #4
3	Receiving Intensive Home Based Services (IHBS).	0	See #4
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>	16	Our Wraparound cases have been transitioned to Katie A cases and billing and claiming began for both ICC and IHBS after the end of this reporting period, with the exception of 1 child who had billing for ICC prior to 8/31/13.
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>	14	
6	Receiving services not reporting in 2, 3, 4, & 5 above.	42	
7	Not receiving SMHS.	23	
8	Declined ICC or IHBS.	0	

County: Mendocino

Date: 10/17/13

PART B: Projected Services			
Item #	Service	Projected number of subclass members to be served by 4/1/14	Strategy/Timeline Description
1	ICC	27% of children in open CWS cases. This is based on the percentage of our children in current cases that meet the subclass- 96 out of 355.	<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>Mental Health staff have been providing and submitting claims for ICC and IHBS. However, our fiscal team was working on the billing database to allow these claims to be submitted to the State. As of 10/16/13, one claim for ICC services provided during this report period of 5/15/13 - 8/31/13 has been submitted to the State. Since 9/1/13, the Mental Health staff have been providing ICC and IHBS services and submitting claims to our fiscal department who then submits the claims to the State.</p> <p>We have a process in place for providing ICC and IHBS to newly identified subclass children/youth. However, we just completed screening all of our currently open child welfare cases for the Katie A subclass on 10/11/13 and identified the children we need to address. We will be working with our community based mental health providers and child welfare services staff to ensure the 51 children already in the child welfare system who are not currently in group homes but who meet the Katie A subclass are receiving ICC and IHBS services by 12/31/13 barring any declines or closure of child welfare cases.</p>
2	IHBS	27% of children in open CWS cases. This is based on the percentage of our children in current cases that meet the subclass- 96 out of 355.	

County: Mendocino

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

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 <i>Leadership's experience implementing family-centered services in a collaborative setting.</i>	see attached	<input type="checkbox"/>
Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i>	see attached	<input type="checkbox"/>
Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i>	see attached	<input type="checkbox"/>
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>	see attached	<input checked="" type="checkbox"/>

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>see attached</p>	<p><input type="checkbox"/></p>
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p>see attached</p>	<p><input type="checkbox"/></p>
<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>Evaluation plans have not yet been developed and data collection processes are still forming.</p>	<p><input checked="" type="checkbox"/></p>
<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<p>see attached</p>	<p><input checked="" type="checkbox"/></p>