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

MHPs and 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

MHPs and CWDs are to provide an estimated projection of the number of subclass members that will be provided with ICC and 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. 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

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 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, 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 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: Merced **Date:** 10/08/13

Name and Contact Information County Child Welfare Department Representative					
Name:	Laura De Cocker				
Title:	Deputy Director				
County:	Merced				
Agency Name:	Merced County Human Services Agency				
Address:	2115 W. Wardrobe Ave.				
City:	Merced	State:	CA	Zip Code:	93637
Phone:	209-385-3000	E-mail:	ldecocker@hsa.co.merced.ca.us		

Name and Contact Information County Mental Health Department Representative					
Name:	Betty Hoskins				
Title:	Program Manager				
County:	Merced				
Agency Name:	Merced County Mental Health Department				
Address:	480 East 13th Street Building 2				
City:	Merced	State:	CA	Zip Code:	95341
Phone:	209-381-6800	E-mail:	bhoskins@co.merced.ca.us		

Name and Contact Information (other stakeholders)					
Name:	Sharon Salaiz				
Title:	Program Director				
County:					
Agency Name:	Aspiranet				
Address:	815 W. 18th Street				
City:	Merced	State:	CA	Zip Code:	95340
Phone:	209-669-2577	E-mail:			

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

County: Merced **Date:** 10/08/13

PART A: Services Provided at Any Point Within the Reporting Period			
Item #	**Information Requested**	**Column 1 10/1/813**	**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).	152	Total of all categories 2-8.
2	Receiving Intensive Care Coordination (ICC).	49	Number of youth receiving coordination case planning as part of a wraparound program.
3	Receiving Intensive Home Based Services (IHBS).	49	Number of youth receiving in-home behavioral services as part of a wraparound program.
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	Number of youth assigned to a specialty mental health caseload with an assigned mental health clinician who provides specialty mental health services.
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*	7	Number of youth receiving ITFC or TBS services during the specified time period.
6	Receiving services not reporting in 2, 3, 4, & 5 above.	26	Number of youth receiving mental health services as part of a level 10 or above group home treatment program that are not assigned a mental health clinician to coordinate treatment services.
7	Not receiving SMHS.	56	Number of youth with an SCI or who have had 3 or more placements in 24 months due to behavior. Currently in the process of assessing each of these youth to identify those that are receiving services.
8	Declined ICC or IHBS.	3	Number of youth who live with families who declined wraparound services and other similar specialty mental health services.

County: Merced **Date:** 10/08/13

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	130	All group home youth, ITFC and TBS youth not currently assigned a Mental Health Clinician through the Youth Specialty Services caseload or other Children's System of Care team are being assessed. Assessments for group home youth will be completed by October 31, 2013. There are currently 23 youth in a group home placement who may possibly transition to a lower level of care with ICC and IHBS services. There are 7 youth receiving ITFC or TBS services will be assessed by November 22, 2013. Additionally, it is anticipated, based on pilot efforts, that approximately 18% of youth with a newly opened Child Welfare case will meet screening criteria for a Mental Health Assessment. Those Assessments will be completed within 30 days of case opening. It has not yet been determined how many of those youth in the pilot project will meet subclass criteria. The pilot is anticipated to be completed by October 31, 2013. All youth in an open Child Welfare case are currently in the process of receiving a Mental Health screening by the assigned Child Welfare Social Worker. All screenings will be completed by November 30, 2013. Mental Health Assessments for youth who have met criteria for possible sub-class inclusion at screening are being completed by Mental Health Clinicians on an on-going basis to determine which youth meet medical necessity for services. Implementation is being rolled out by teams over the next 3 months due to resource availability. It is anticipated that all youth currently in an open Child Welfare case who have met criteria for possible sub-class inclusion will receive a Mental Health assessment by May 31, 2014. Priority screening and assessment is being given to those youth who have been identified as having 3 or more placement changes in the last 24 months due to behavior, youth who have been hospitalized and youth who are receiving crisis stabilization services. Screening and assessments for these youth should be completed by March 1, 2014.
2	IHBS	65	

County: Merced **Reporting Period:** May 15th - August 31, 2013 **Date Completed:** 10/08/13

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.*	The leadership at Merced County Human Services Agency, Child Welfare Division and Merced County Mental Health Department has extensive experience implementing family-centered services in a collaborative setting within the community.	No
Systems and Interagency Collaboration *How collaborative approaches are used when serving children and families.*	After submitting our Katie A. Plan, Child Welfare, Mental Health and Community Partner Executive Management Staff met on July 30th to discuss next steps regarding implementation. In the meeting the Merced County Katie A. implementation team was identified consisting of a Child Welfare Program Administrator and Supervisor, Mental Health Program Managers and Mental Health Clinicians, and Program Directors from our community based organizations.	No
Systems Capacity *The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.*	The Katie A. Implementation team meets weekly to address administrative capabilities, workforce capacity and available resources in order to meet the parameters of Katie A.	No
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.*	Available services are culturally responsive and are provided in English, Spanish and Hmong as needed.	No

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.*	The implementation team is working on ensuring that the Core Practice Model family-centered principles are central in the Katie A plan for Merced County. Several of the current programs utilized such as the wraparound programs, already have a culture of allowing the family to drive the plan that best meets their needs by identifying natural supports. Collaboration with the family to provide strength based family centered services is key to all wraparound programs. In addition, a pilot project has been underway to identify best practices in teaming approaches that are inclusive of the family in the setting of the family's choice.	No
Cultural Responsiveness *Agency ability to work effectively in cross-cultural settings.*	Available services are culturally responsive and are provided in English, Spanish and Hmong as needed.	No
Outcomes and Evaluation *The strength of current data collection practices, and how outcomes data is used to inform programs and practice.*	The implementation team is identifying data tracking measures to enable Merced County to engage in on-going process and service delivery evaluation. Additionally, Merced County is working with community based partners to identify a data reporting system consistent with the data fields available in the CWS/CMS system.	No
Fiscal Resources *How fiscal policies, practices, and expertise support family-centered services.*	The Katie A. Implementation team meets weekly to address current fiscal policies and practices to ensure that they are consistent with the Core Practice Model family-centered principles.	No