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
X October 1st- through 12-16-2013

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:	Modoc	Date:	12-16-2013

Name and Contact Information County Child Welfare Department Representative					
Name:	Carole McCulley				
Title:	Social Worker Supervisor II				
County:	Modoc				
Agency Name:	Modoc County Department of Social Services				
Address:	120 North Main St.				
City:	Alturas	State:	CA	Zip Code:	96101
Phone:	530-233-6501 ex1304	E-mail:	carolemcculley@co.modoc.ca.us		

Name and Contact Information County Mental Health Department Representative					
Name:	Tara Shepherd				
Title:	Deputy Director				
County:	Modoc				
Agency Name:	Modoc County Behavioral Health				
Address:					
City:	Alturas	State:	CA	Zip Code:	96101
Phone:	530-233-6311	E-mail:	tarashepherd@co.modoc.ca.us		

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:	Modoc	Date:	12-16-2013

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).		
2	Receiving Intensive Care Coordination (ICC).	0	
3	Receiving Intensive Home Based Services (IHBS).	0	
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.*	0	
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*	0	
6	Receiving services not reporting in 2, 3, 4, & 5 above.	0	
7	Not receiving SMHS.	0	
8	Declined ICC or IHBS.	0	

County:	,w	Date:	12-12-16-201312-16-2013

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		1. Implemented referral system 12-16-2013 2. Identify current CWS case for referral to BH to determine if they meet sub class requirements. 3. BH referrals completed within 30 days of receiving the referral.
2	IHBS		

County: Modoc **Reporting Period:** Oct 1st through 12-16-2013 **Date Completed:** 12-16-2013

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.*	Board of Supervisors removed the Director of CWS which made it possible for BH and CWS to begin collaborating again. Interim leadership supports this collaboration.	Yes, need for "wrap around services" Training information or recommended trainers.
Systems and Interagency Collaboration *How collaborative approaches are used when serving children and families.*	As 12-16-2013 a referral form has been implemented. Collaborative team of BH and CWS met 12-12-2013 and approved referral from and completed Progress Report and Service Delivery Plan. The collaborative team will meet the second Thurs. Of each month.	
Systems Capacity *The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.*	No Change	
Service Array *Available services are culturally responsive and include trauma informed care, evidence based*	No Change	

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
practices, promising practices, innovative practices, and culturally specific healing practices and traditions.		
Involvement of Children, Youth & Family *How Core Practice Model family-centered principles are reflected in current systems.*	No Change	
Cultural Responsiveness *Agency ability to work effectively in cross-cultural settings.*	No Change	
Outcomes and Evaluation *The strength of current data collection practices, and how outcomes data is used to inform programs and practice.*	No Change	
Fiscal Resources *How fiscal policies, practices, and expertise support family-centered services.*	No Change	