

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: Mono

Date: October 18, 2013

Name and Contact Information County Child Welfare Department Representative					
Name:	Marlo Preis				
Title:	Staff Services Analyst II				
County:	Mono				
Agency Name:	Mono County Department of Social Services				
Address:	PO Box 2969				
City:	Mammoth Lakes	State:	CA	Zip Code:	93546
Phone:	760-924-1793	E-mail:	mpreis@mono.ca.gov		

Name and Contact Information County Mental Health Department Representative					
Name:	Shirley Martin				
Title:	Administrative Services Supervisor				
County:	Mono				
Agency Name:	Mono County Behavioral Health				
Address:	PO Box 2619				
City:	Mammoth Lakes	State:	CA	Zip Code:	93546
Phone:	760-924-1742	E-mail:	smartin@mono.ca.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: Mono

Date: October 18, 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).	0	
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. <i>Do not include youth already counted in 2 or 3 above.</i>	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). <i>Do not include youth already counted in 2, 3, or 4</i>	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: Mono

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PART B: Projected Services			
Item #	Service	Projected number of subclass members to be served by 4/1/14	Strategy/Timeline Description
1	ICC	5	<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>CWS has created a draft procedure to be used in screening and assessing children within and at risk of entering the CWS system. CWS and Behavioral Health (BH) are in the process of finalizing this procedure and will begin to implement within the next month.</p> <p>CWS has developed screening and assessment tools that support an effective Katie A subclass referral process to BH, and linkage to services. We have adapted templates and tools shared by other counties to fit our needs. We sought BH input on Katie A referral forms on October 9, 2013 at the Multi Disciplinary Task Force meeting. Overall, the draft forms appeared to meet the needs of MH and CWS, with some minor tweaking. MH will provide information at a future MDT meeting regarding the assessment tool they will use to assess children referred by CWS via the Katie A referral forms.</p>
2	IHBS	5	<p>CWS is in the process of screening every child involved in the CWS system and estimates that by 4/1/14, there may be six children identified for ICC & IHBS services as subclass members.</p> <p>Attached, please find the Mono County Katie A Referral Procedures, Screening Tools, Eligibility Assessment forms and the update to the Readiness Assessment Tool.</p>

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October 2013

AGENCY LEADERSHIP

This section relates to leadership's experience implementing family-centered services in a collaborative setting.

CW and MH are working on developing a WRAP case together, based on a WRAP Plan created by the Behavioral Health Department. A clinician within the Behavioral Health Dept serves as the WRAP coordinator.

CW and MH leaders have been meeting to develop shared responsibility and accountability for implementing timely services, and a shared vision of family-centered care.

The CW and MH Directors and staff regularly (weekly) discuss issues affecting access to services, and work to resolve differences in their approach to client centered care.

TA need not determined

SYSTEMS AND INTERAGENCY COLLABORATION

This section addresses how collaborative approaches (such as teaming) are used when serving children and families. (See pg.12 - 16 of the CPM Guide)

Collaboration is supported through formal agreements, such as the WRAP Plan.

CW and MH are working to address newly identified issues related to HIPAA protocols, and the interdepartmental use of consent and confidentiality forms. We are working to develop information systems that support sharing of child welfare and mental health data.

The Behavioral Health Department offered a one-day training, titled *Law & Ethics for County Health Care Providers*, by Linda Garrett, JD, Risk Management Services, for County of Mono staff and partners.

CW and MH leadership are committed to developing processes to share and receive feedback at the practice, program, and system levels in order to solve problems and enhance success.

TA need not determined

SYSTEMS CAPACITY

This section speaks to the collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources (See pages 20 – 23of the CPM Guide)

CW has developed tools that support an effective Katie A referral process to MH, and linkage to services. We have adapted templates and tools shared by other counties to fit our needs. We sought MH input on Katie A referral forms on October 9, 2013 at the Multi Disciplinary Task Force meeting. Overall, the draft forms appeared to meet the needs of MH and CWS, with some minor tweaking. MH will provide information at a future MDT meeting regarding the assessment tool they will use to assess children referred by CWS via the Katie A referral forms.

Regarding CWS workforce capacity, currently there is not a sufficient child welfare workforce in place; we are at 40% capacity due to failed recruitments and staff turnover.

TA need not determined

SERVICE ARRAY

This section addresses if available services are culturally responsive and include trauma informed care, evidence based practices, promising practices, innovative practices, and culturally specific healing practices and traditions. (See pg. 16 – 18 of the CPM Guide)

- CW continues to provide Safety Organized Practice training for Social Workers.
- CW executed contracts with community providers for the provision of evidence-based child abuse prevention and intervention programs, such as Parents as Teachers Home Visiting, so that families will have access to services that focus on prevention and early intervention.
- MH has a bi-lingual, bi-cultural treatment team for any Katie A clients who meet the subclass.

No TA needed

INVOLVEMENT OF CHILDREN, YOUTH, AND FAMILIES

This section is focused on how Core Practice Model family-centered principles are reflected in current systems. (See Pages 18 – 20 of the CPM Guide)

MH and CW are working together with a WRAP family, were the intended outcome is for the family to have a high level of decision-making power in all aspects of planning, delivery, and evaluation of services and supports, which is reflected in organizational policies.

Services offered through CW and MH via WRAP will be tailored to meet the child and families needs and to reflect the child and family's values, culture, and preferences and the family will be invited to share feedback about the quality and effectiveness of the service we provide.

Both MH and CW are working with local non-profit agencies to provide peer support networks for children, youth, and caregivers.

No TA needed

CULTURAL RESPONSIVENESS

This section addresses agency ability to work effectively in cross-cultural settings.

CW is working with a community-based Spanish language specialist to provide translation of CW-based documents into our family's native language to ensure understanding.

MH has a bi-lingual, bi-cultural treatment team for any Katie A clients who meet the subclass. CWS includes bi-lingual, bi-cultural staff, as well.

No TA needed

OUTCOMES AND EVALUATION

This section focuses on the strength of current data collection practices and how outcomes data is used to inform programs and practice.

MH has created a tracking system for all Katie A referrals in their electronic health records.

TA need not determined

FISCAL RESOURCES

No activity to report

TA need not determined