

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:	Plumas	Date:	November 18, 2013
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Name and Contact Information County Child Welfare Department Representative					
Name:	Ann Krinsky				
Title:	Social Work Supervisor				
County:	Plumas				
Agency Name:	Plumas County Department of Social Services – Child Protective Services				
Address:	270 County Hospital Rd. #207				
City:	Quincy	State:	CA	Zip Code:	95971
Phone:	530 283-6350	E-mail:	ann.krinsky@cws.state.ca.us		

Name and Contact Information County Mental Health Department Representative					
Name:	Peter Livingston				
Title:	Director, Plumas County Mental Health				
County:	Plumas				
Agency Name:	Plumas County Mental Health				
Address:	270 County Hospital Rd. #109				
City:	Quincy	State:	CA	Zip Code:	95971
Phone:	530 283-6307	E-mail:	plivingston@kingsview.org		

Name and Contact Information (other stakeholders)					
Name:	N/A				
Title:					
County:					
Agency Name:					
Address:					
City:		State:		Zip Code:	
Phone:		E-mail:			

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

County:	Plumas	Date:	November 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).	3	
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.	3	
7	Not receiving SMHS.	0	
8	Declined ICC or IHBS.	0	

County:	Plumas		Date:	November 18, 2013
PART B: Projected Services				
Item #	Service	Projected number of subclass members to be served by 4/1/14	Strategy/Timeline Description	
1	ICC	3	<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>Plumas County Dept. of Mental Health has been in the midst of administrative turmoil for over a year and a half. In June of 2013 our long-standing MHSA coordinator (Pat Leslie) left the department. Pat had reportedly been following the Katie A program. Pat had served as the Interim Director from June of 2012 to January of 2013, at which point she reverted back to MHSA Coordinator when the Board of Supervisors hired Kimball Pier, MFT as the Director. In mid-September of 2013 Ms. Pier's employment was terminated. This writer assumed duties for the Department of Mental Health on October 1st, and was unaware of the need for submission of this report until Friday, November 15th. While recollecting that the Katie A program had been superficially mentioned to staff on a number of occasions, evidence of actual implementation is lacking. Two individuals have had cases opened under the Katie A service code. No ICC or IHBS services have been specified as yet.</p>	
2	IHBS	1	<p>Plumas is a small rural county of approximately 20,000 population. As such, there is a standing history of good working relationships between Mental Health and CPS. Upon inquiry to CPS personnel, it was discovered that no uniquely proactive relationship had been created with CPS to specifically address the Katie A process. As a result of the inquiry, CPS has designated Ann Krinsky, MSW, Social Work Supervisor as the CWD Representative. For the time being, this writer will serve as the MHD Representative, although that may change as the result of an anticipated reallocation of departmental duties. In discussion with Ms. Krinsky it was agreed that representatives of the two departments will meet to clarify roles vis-à-vis Katie A requirements. Feedback from Ms. Krinsky aided in identifying program recipients as noted in Part A above. An additional identification process will occur with PCMH clinicians. It was also agreed that the two departments will create an improved referral process that will specify the Katy A status of CWD clients. The most recent data available from CWD which was presented to the county</p>	

Board of Supervisors on November 5, 2013 indicate that the average number of children in the Child Welfare Services System has averaged in the mid-50's. This number reflects a steady downtrend over the last three years. Both Ms. Krinsky and Elliott Smart, Director of Social Services, have indicated an overall degree of satisfaction in the collaborative working relationship with Mental Health, noting the constraints that have been present as a result of the Department being understaffed. A plan to increase staffing levels to adequately serve all potential clients of Mental Health is under creation and will be presented in December or January, depending on the speed with which the plan can move through the governmental system.

PCMH has a 1.0 FTE QA/QI position, which is currently filled by Michael Gunter, MFT. This writer will consult with Mr. Gunter to develop internal mechanisms to regularly prompt clinical staff to identify and be cognizant of both new and existing clients who meet the criteria of the Katie A subclass. In addition, a clear summary of Katie A provisions will be developed and presented to both CWD and MHD staff at in-service trainings provided by PCMH. Mr. Gunter will provide linkage between clinicians and our Department Fiscal Officer, Bianca Harrison, who handles billing and provides the monthly Katie A reporting data, in order to both increase clinical awareness of the Katie A program, and to more clearly designate and capture relevant data within our EHR system.

Plumas County Mental Health utilizes the Anasazi HER system, under the auspices of Kingsview Corporation, and the Department has been informed that, with the upgrade that will be installed at the end of November, all Katie A codes are accessible in the computer system, and are properly tied to the billing process.

Access to the Readiness Assessment Tool, that should have been submitted by PCMH in May of 2013, was requested of the Katie A team, but the team was reportedly unable to respond. As such, a report on progress as referenced to the Readiness Assessment Tool is unable to be provided at this time.

Timelines for making these changes are difficult to pinpoint due to the high level of change and adjustment that is occurring within the department. As crucial operational functionality is returned to the department, the Katie A trainings will become a priority. It is hoped that this should occur early in the New Year.