

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: Riverside

Date: October 18, 2013

Name and Contact Information County Child Welfare Department Representative					
Name:	Renita Lewis				
Title:	Children's Services Division Regional Manager				
County:	Riverside County				
Agency Name:	Department of Public Social Services - Children's Services Division				
Address:	10281 Kidd Street 2 nd floor				
City:	Riverside	State:	CA	Zip Code:	92503
Phone:	951.358.3625	E-mail:	RELewis@riversidedpss.org		

Name and Contact Information County Mental Health Department Representative					
Name:	Erllys Daily				
Title:	Mental Health Services Administrator				
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Agency Name:	Department of Mental Health Services				
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Name and Contact Information (other stakeholders)					
Name:	Teresa Dolstra				
Title:	Assistant Division Director				
County:	Riverside County				
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Name and Contact Information (Other stakeholder)					
Name:					
Title:					
County:					
Agency Name:					
Address:					
City:		State:		Zip Code:	
Phone:		E-mail:			

Katie A. Semi-Annual Progress Report

Enclosure 1

County: Riverside

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).	1229	
2	Receiving Intensive Care Coordination (ICC).	0	New service codes for ICC to begin October 15, 2013.
3	Receiving Intensive Home Based Services (IHBS).	0	New service codes for ICC to begin October 15, 2013.
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>	89	
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>	45	
6	Receiving services not reporting in 2, 3, 4, & 5 above.	989	
7	Not receiving SMHS.	106	
8	Declined ICC or IHBS.	0	New data collection form developed to capture decline of services. Implemented October 1, 2013.

County: Riverside

Date: October 18, 2013

PART B: Projected Services			
Item #	Service	Projected number of subclass members to be served by 4/1/14	Strategy/Timeline Description
			<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
1	ICC	360	<p>The number of children served identified in Enclosure 1 Part A is much larger than the projections at left since implementation of ICC and IHBS service codes will be completed in the phases described below. Utilization of ICC and IHBS service codes is reliant upon training and initiation of Child and Family Teaming (CFT) and Core Practice Model (CPM) components. Services to children with specialty mental health needs have been on-going and continue to occur as the use of ICC and IHBS service codes are rolled out.</p> <p>Our strategy and timeline for the implementation of ICC and IHBS are as follows:</p> <p><u>Phase I: September 2013 – October 2013</u></p> <ul style="list-style-type: none"> • Train all Wraparound Children’s Services Division (CSD) staff and Wraparound providers. • Screen all existing Wraparound cases utilizing the MHST • Provide screening results to DMH for Initial Assessments • Initiate services and begin CFT meetings <p><u>Phase II: November 2013 – December 2013</u></p> <ul style="list-style-type: none"> • Train CSD Group Home staff and MH Group Home Case Managers • Screen all existing group home/Wraparound siblings/new Wraparound youth • Initiate CFT meetings • Revise access structure to provide single point of contract for CSD • Amend identified Group Home and other Provider contracts to Include ICC and IHBS <p><u>Phase III: January 2014 – March 2014</u></p> <ul style="list-style-type: none"> • Implement in four (4) CSD regions (Track A) • Train CSD staff (Track A) • Co-Train associated MH staff • Amend Identified Provider Network Contracts to include ICC and IHBS • Begin services/assessments and services (Track A) • Initiate CFT meetings • Prepare training for Track B <p><u>Phase IV April 2014 – May 2014</u></p> <ul style="list-style-type: none"> • Implement to remaining regions (track B) • Train line staff/Track B • Train remaining MH staff • Begin screenings, assessments and services in Track B regions • Initiate CFT meetings <p><u>Phase V: July 2014</u></p> <ul style="list-style-type: none"> • Screen and assess every new case • Specialized training for new MH staff • Booster Trainings for existing MH and CSD staff
2	IHBS	270	

County: Riverside

Reporting Period: May 15, 2013 – August 31, 2013

Date Completed: 10/10/13

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)
<p>Agency Leadership <i>Leadership’s experience implementing family-centered services in a collaborative setting.</i></p>	<ul style="list-style-type: none"> In May 2013, the Agency Directors from both Riverside County Department of Mental Health (DMH) and Department of Public Social Services – Children’s Services Division (CSD) met to review the concepts of the Katie A settlements and continue the work to develop a shared vision. On April 4, April 17, and May 2, 2013, county-wide, multi-agency Stakeholders meetings were held to work together with parents, school districts, tribal representatives, service providers, youth, and other community members to assist in a self-evaluation of mental health and child welfare service provision and needs. CSD and MH attended and participated in the State Orientation Training held in Riverside June 5, 2013. 	
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<ul style="list-style-type: none"> CSD and DMH conducted joint training of staff. Weekly planning meetings were held just after participation in the Technical Assistance calls. Staff from DMH’s and CSD’s various units (data, services, programs, training, et al) and various levels of staff (managers, supervisors, case workers, et al) attended and engaged in the planning process. The Steering Committee met monthly to hear reports from the sub-committees and overall reports and planning for implementation. Staff from CSD, DMH, and Probation attended. 	<p>Yes, especially for sharing confidential information.</p>
<p>Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p>	<ul style="list-style-type: none"> Workforce capacity is a challenge for both DMH and CSD. DMH and CSD worked jointly to identify caseload, workload, services and work force gaps. Both agencies have enhanced the referral process and established forms such as the Mental Health Screening Tool (MHST) to screen child welfare dependents. CSD and DMH use of joint planning in the sub-committees produced cohesive policies and procedures, flow charts and forms. 	<p>Yes, would like to receive guidance and feedback from the state regarding the fiscal workgroup.</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p>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></p>	<ul style="list-style-type: none"> • Joint planning has resulted in a better “hand-off” between the agencies. • DMH continued participating in the CSD Team Decision Making (TDM) meetings. • Joint work on services resulted in the expansion of Trauma Focused Cognitive Behavior Therapy (TF-CBT). • Both agencies attended the All Directors’ meeting for Wraparound. • CSD initiated trauma informed foster parent training. • DMH and CSD planned for a Wraparound service provider training. 	<p>Yes, Both agencies waiting for the service comparison matrix for Wraparound, TBS and IHBS discussed on the TA calls.</p>
<p>Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i></p>	<ul style="list-style-type: none"> • July 31, 2013 formal action was taken at the All Directors’ meeting for Wraparound to use a portion of the accumulated Wraparound Trust funds to fund six (6) FTEs Parent Partners within CSD. • DMH Parent Partners are assigned and actively participating during this time period on the Katie A Screening, Services, and Training sub-committees. • There has been increased participation of families involved with CSD in DMH education and support groups (Example: Triple P parenting and Educate, Equip and Support programs.) • We have integrated family stories into Katie A presentations and trainings (Example: Community Partners Forum and the Core Practice Orientation in Riverside.) Joint planning for the integration of family stories in the joint CSD/DMH Supervisors’ Forum Oct 16, 2013 and in an e-learning component of staff training. • Increased Wraparound slots that incorporated a high level of family voice, engagement, and involvement. • Joint planning for DMH Parent Partners to be trained and provide IHBS services and requesting DMH Parent Partners. • Joint participation in CSD TDMS (similar to CFT) with a family centered process. • TBS (similar to IHBS) services are provided to be consistent with family centered principles. 	

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<ul style="list-style-type: none"> • Representatives from DMH and CSD provided a Katie A presentation at the 20th Annual State ICWA (Indian Child Welfare Act) Conference on June 26, 2013. Continued engagement with tribal representatives and their constituents is planned. • Culturally specific services are currently available and on-going (Example: Effective Black Parenting and the Incredible Years Parenting Spirit Program.) • DMH and CSD continued participation in the Racial Disproportionality and Disparity (RDD) effort in Riverside County. • Efforts continue to hire bilingual and bicultural staff within CSD, DMH, and service providers targeting language and culture of the Latino population but encouraging diversity in all areas. • Training provided during this time period included Serving LGBTQ Youth, California Brief Multi-Cultural Competency Training (4 days), and Cultural Competency Training. • Triple P Parenting as well as Educate Equip and Support classes are available in both English and Spanish for Katie A class and subclass members. • DMH hosted monthly multi-cultural activities. • DMH and CSD participated in training regarding the role of spirituality and participated in the Riverside County Faith In Motion effort. 	

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<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>The CSD Data Analysis Unit and DMH Research and Evaluation work collaboratively on the Katie A Data subcommittee. The subcommittee was tasked with the responsibility of jointly identifying areas of improvement and creating performance objectives to target those areas, such as the identification of clients, the sharing of data between agencies, and the tracking of clients as they receive services. The following describes some of those accomplishments:</p> <ul style="list-style-type: none"> • Developed a method to identify CSD dependents currently receiving specialty mental health services claimed to Medi-Cal through DMH. Initial baseline data analysis and updates were shared with the larger steering committee. Data analysis is on-going to identify clients that should be targeted for screening and referral to mental health services (Example: youth with inpatient hospitalizations or crisis emergency room services and no engagement in outpatient services). • Developed a method for securely transferring reports from the DMH electronic health record to CSD staff. Data to capture the number of CSD mental health screenings referred to DMH for a mental health assessment and the disposition of those assessments has been developed within the DMH electronic health record. • Established a matching programming process to identify jointly served clients. • Planned for a shared folder on a Citrix server which allows both DMH and CSD to securely exchange data files. • Updated the CSD data extract to include data on placement frequency and other risk factors. • Planned for a process to regularly share data to verify Medi-Cal eligibility for CSD clients open to mental health services. • Identified the need to develop a monthly service and referral summary report to monitor the number of referrals received each month, the number of new referrals that have opened in mental health services, the number of on-going cases open and receiving services, and the number of CSD cases closed. • Developed a method for tracking the flow of screening, referrals, and assessment dispositions between CSD and DMH to ensure compliance with policy and timely delivery of services. • Planned to develop Quarterly or Semi-Annual data reports to provide a more in-depth analysis on the clients served, service utilization patterns, and behavioral and psychological outcomes. <p>The identification of jointly served clients has facilitated the planning process and enabled both departments to better identify the regional distribution of clients to address service location and access issues. DMH is in the process of redistributing assessment teams to meet the needs of regions with a larger number of CSD dependent placements.</p>	<p>Yes. Additional communication from DHCS is needed to plan for the collection of outcomes data. State weekly TA calls have indicated that a state workgroup will be identifying outcome measures. Data collection on outcomes without articulation from the state work group on the performance indicators of interest is difficult. We want to start developing a measurement structure to be congruent with what will be required from DHCS. Prompt technical assistance and direction in this area is requested.</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<ul style="list-style-type: none"> • Approval to expand Wraparound by 100 slots during this time frame maximizes use of fiscal resources; expands family-centered services; and improves capacity to move children out of group homes. • Additional DMH Parent Partner slots have been requested to enhance family-centered services. • July 31, 2013 formal action was taken at Wraparound Directors Meeting to use portion of accumulated Wraparound Trust funds to fund 6 Parent Partner FTEs within CSD. • Planned Sept 12, 2013 training with service providers for ICC and IHBS claiming. 	<p>Yes, would like guidance and feedback from the state Katie A fiscal workgroup regarding funding and resources. Specifically need to know guidance/plan to increase Medi-Cal funding due to increased services (Example: EPSDT, ICC, IHBS)</p>