

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.

Katie A. Semi-Annual Progress Report

Enclosure 1

County: San Diego _____

Date: 10/18/13 _____

Name and Contact Information County Child Welfare Department Representative					
Name:	Roseann Myers				
Title:	Assistant Deputy Director				
County:	San Diego				
Agency Name:	Child Welfare Services				
Address:	8965 Balboa Ave				
City:	San Diego	State:	CA	Zip Code:	92123
Phone:	858-616-5989	E-mail:	Roseann.Myers@sdcounty.ca.gov		

Name and Contact Information County Mental Health Department Representative					
Name:	Katie Astor				
Title:	Assistant Deputy Director				
County:	San Diego				
Agency Name:	Behavioral Health Services				
Address:	3255 Camino Del Rio South				
City:	San Diego	State:	CA	Zip Code:	92108
Phone:	619-584-5004	E-mail:	Katie.Astor@sdcounty.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:			

Katie A. Semi-Annual Progress Report

Enclosure 1

County: San Diego

Date: 10/18/13

PART A: Services Provided at Any Point Within the Reporting Period

Item #	Information Requested **	Column 1 5/15/13-8/31/13	Column 2 Total 5/15/13-9/30/13
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).	76	263 total clients identified in EHR as subclass * see below
2	Receiving Intensive Care Coordination (ICC).	44	93 total clients
3	Receiving Intensive Home Based Services (IHBS).	26	51 clients
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>	12	21 clients
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), Day Treatment Rehabilitation (DTR) and Day Treatment Intensive (DTI). <i>Do not include youth already counted in 2, 3, or 4</i>	4	135 clients
6	Receiving services not reporting in 2, 3, 4, & 5 above.	12	5
7	Not receiving SMHS.	Unknown	Unknown-Efforts to determine data are in progress
8	Declined ICC or IHBS.	Unknown	Unknown

* San Diego estimates 850 children and youth in the subclass annually. Several programs have not yet been trained to identify subclass. Training will be completed in October, 2013. Non minor dependents in subclass not yet identified except group home youth.

** Data based upon Katie A. subclass number identified in Anasazi.

PART B: Projected Services

Item #	Service	Projected number of subclass members to be served by 4/1/14	Strategy/Timeline Description
1	ICC	400	<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>Action steps:</p> <ol style="list-style-type: none"> 1. County is cross referencing names through CWS/BHS electronic systems to identify children and youth in subclass. 2. Starting with children/youth in the CWS Residential unit (Group Homes and FFA youth). 3. Co-locating staff in Residential unit to assist in identifying subclass. 4. August, September, 2013: Mental health organizational providers began training to identify subclass and to enter into EHR, also began ICC and determined need for IHBS through Child and Family Team (CFT). Trained by BHS Quality Improvement Unit in documentation requirements for ICC and IHBS.
2	IHBS	120	<ol style="list-style-type: none"> 5. September, October, 2013: Screening tool piloted by CWS in Residential unit and focus groups convened to determine efficacy. 6. October 2013: Completed training of remaining organizational providers to identify subclass and entered into EHR, began ICC and determine need for IHBS through CFT. All eligible programs will be capable of billing ICC and IHBS by the end of October. 7. Developed Katie A. 101 on-line training for BHS and CWS. BHS providers to complete training by November 30, 2013. 8. Working with BHS and CWS training contractors to develop intensive training on CFT to begin February, 2014. 9. January, 2014: Finalize assessment process. 10. July, 2014: Screening tool will be implemented countywide by CWS.

County: San Diego

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

Date Completed: 10/18/13

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, CDS 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>	<p>Behavioral Health Services (BHS) and Child Welfare Services (CWS) and Probation leadership collaborate with each other and the Family Youth Roundtable (FYRT) to implement programs and initiatives serving children, youth and families in San Diego County, including Katie A. BHS and CWS leadership meet routinely to insure meaningful oversight of services and quality improvement activities.</p>	<p><input type="checkbox"/> N</p>
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<p>CWS, BHS, Family and Youth partners, the Public Child Welfare Training Academy and the BHS Training Academy met weekly through this year. The result of this intense collaboration is enhanced joint governance and shared vision as we begin to implement our Katie A. program. Implementation has included the initiation of CFT meetings; plan for collocation of BHS staff at CWS residential services office; and developed a joint training plan.</p>	<p><input type="checkbox"/> N</p>
<p>Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p>	<p>Current areas of focus include our child welfare workforce to insure screening, teaming and timely referrals for all children in the class; BHS staff for collocation at CWS offices for teaming, triage and linkage to assessment; and contracted mental health services regarding implementation of ICC and additional eligibility determination. A screening tool has been piloted and focus groups are being convened to determine functionality and future use. Expanded staffing needs and related budget options have been developed and are under consideration by agency leadership.</p>	<p><input type="checkbox"/> N</p>
<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>	<p>Evidence supported and evidence based practices as well as trauma informed care are the hallmarks for service delivery to families in San Diego. Efforts to enhance access to culturally and language specific services throughout our diverse county are continual. Providers in the BHS system of care have access to scheduled training on TF-CBT, as well as teaming and ICC provision. IHBS and ICC are in place and the remaining BHS providers will be trained in October, 2013.</p>	<p><input type="checkbox"/> N</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p>Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i></p>	<p>San Diego County has a long-standing commitment to youth and family involvement in the creation and support of Behavioral Health Services and Child Welfare Services programs via the Children's System of Care (CSOC). In our on-going planning regarding Katie A. implementation the FYRT plays an integral role. FYRT consults with their constituency for input in Katie A. planning and decision making. Families and youth can also access the stakeholder process through the system of care council.</p>	<p style="text-align: center;"><input type="checkbox"/> N</p>
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p>CWS and BHS staff receive cultural competency training. Specifically BHS contracted and agency staff can participate in a 40 hour training on this topic; conduct annual program assessments, as well as annual self-assessments. The County of San Diego provides services and related documents in a number of languages, and interpreter services are utilized for all other languages. Outreach to under served populations is an ongoing effort. Contracts include cultural competence requirements.</p>	<p style="text-align: center;"><input type="checkbox"/> N</p>
<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>CWS and BHS have established a data matching process to insure identification of all class and sub-class children/youth. System wide outcome measures are in place for both CWS and BHS. A research association manages and reports aggregated outcome data on all clients in the mental health system of care to administration and to contracted programs. CWS and BHS use data as one component of continuous quality improvement.</p>	<p style="text-align: center;"><input type="checkbox"/> N</p>
<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<p>San Diego County leadership successfully manages funds and blends allocations from federal, state and local sources to maximize meeting the needs of children and families. Multiple funding streams are used and close oversight is in place to direct resources and insure fiscal responsibility. CWS and BHS are both under the larger umbrella of the County of San Diego Health and Human Services Agency. This level of shared governance has aided our ability to craft and submit a joint budget and address collective resources.</p>	<p style="text-align: center;"><input type="checkbox"/> N</p>