

# Katie A. Semi-Annual Progress Report Cover Page

Reports are due April 1<sup>st</sup> and October 1<sup>st</sup> 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](mailto:KatieA@dhcs.ca.gov), and the California Department of Social Services at: [KatieA@dss.ca.gov](mailto:KatieA@dss.ca.gov). Reports are due on April 1<sup>st</sup> and October 1<sup>st</sup> of each year.

County: Santa Barbara

Date: October 18, 2013

Name and Contact Information County Child Welfare Department Representative			
Name:	Delfino Neira		
Title:	Deputy Director, Adult & Children's Services		
County:	Santa Barbara County		
Agency Name:	Department of Social Services		
Address:	234 Camino del Remedio		
City:	Santa Barbara	State:	CA Zip Code: 93110
Phone:	805-681-4485	E-mail:	d.neira@sbcsocialserv.org

Name and Contact Information County Mental Health Department Representative			
Name:	Suzanne Grimesey		
Title:	Adult and Children's Division Chief		
County:	Santa Barbara County		
Agency Name:	Alcohol, Drug and Mental Health Services		
Address:	300 N. San Antonio Road, Bldg #3		
City:	Santa Barbara	State:	CA Zip Code: 93110
Phone:	805-681-5289	E-mail:	suzkirk@co.santa-barbara.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: Santa Barbara

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).	172	
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>	16	
5	Receiving other <b>intensive</b> 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>	93	
6	Receiving services not reporting in 2, 3, 4, & 5 above.	60	
7	Not receiving SMHS.	3	
8	Declined ICC or IHBS.	N/A	

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<b>PART B: Projected Services</b>			
<b>Item #</b>	<b>Service</b>	<b>Projected number of subclass members to be served by 4/1/14</b>	<b>Strategy/Timeline Description</b>
1	ICC	201	<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"> <li>1. newly identified children/youth and</li> <li>2. children/youth identified in Part A, Items 4, 5, 6, 7, and 8 as medically necessary</li> </ol>
			<ol style="list-style-type: none"> <li>1. During the reporting period, the Santa Barbara Department of Social Services (DSS) had 879 open cases, of which approximately 355 were known to be full-scope Medi-Cal eligible. Of the 879 open CWS cases, 313 received Specialty Mental Health Services from the Department of Alcohol, Drug and Mental Health Services (ADMHS) Mental Health Plan (MHP). Santa Barbara County DSS plans to start using a mental health screening tool by the end of the year so that newly opened cases and those children/youth who are not already receiving services, will be screened and referred to ADMHS for a comprehensive mental health evaluation and mental health treatment if medically and clinically necessary. DSS and ADMHS are still working on streamlining and documenting the referral and eligibility process and are also trying to problem solve resource issues (e.g. service capacity).</li> <li>2. Santa Barbara County ADMHS has almost completed the process for setting up ICC and IHBS procedure codes and is planning to have Wraparound and Full Service Partnership Programs start using the codes in November. Staff will be trained on ICC and IHBS and ADMHS expects a gradual increase in the use of these services over the next 5 months. DSS and ADMHS plan to work collaboratively to identify subclass members, participate in the CFT process, and ensure children/youth and their families have timely access to medically necessary treatment services.</li> </ol>
2	IHBS	201	