

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:	Sierra County	Date:	October 31, 2013
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Name and Contact Information County Child Welfare Department Representative					
Name:	April Love Waldo, BS				
Title:	Assistant/Acting Director				
County:	Sierra County				
Agency Name:	Sierra County Social Services				
Address:	P.O. Box 1019				
City:	Loyalton	State:	CA	Zip Code:	96118
Phone:	530.993.6742	E-mail:	awaldo@sierracounty.ws		

Name and Contact Information County Mental Health Department Representative					
Name:	April Love Waldo, BS				
Title:	Assistant/Acting Director				
County:	Sierra County				
Agency Name:	Sierra County Behavioral Health				
Address:	P.O. Box 265				
City:	Loyalton	State:	CA	Zip Code:	96118
Phone:	530.993.6742	E-mail:	awaldo@sierracounty.ws		

Name and Contact Information (other stakeholders)					
Name:	None				
Title:	NA				
County:	NA				
Agency Name:	NA				
Address:	NA				
City:	NA	State:	NA	Zip Code:	NA
Phone:	NA	E-mail:	NA		

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

County:	Sierra County	Date:	October 31, 2013
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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	No subclass members.
2	Receiving Intensive Care Coordination (ICC).	0	No subclass members.
3	Receiving Intensive Home Based Services (IHBS).	0	No subclass members.
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	No subclass members.
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	No subclass members.
6	Receiving services not reporting in 2, 3, 4, & 5 above.	0	No subclass members.
7	Not receiving SMHS.	0	No subclass members.
8	Declined ICC or IHBS.	0	No subclass members.

County:	Sierra County	Date:	October 31, 2013
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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	1	<p>Provide County action steps and timelines to be used to provide (and claim for) ICC and IHBS to: 1. newly identified children/youth and 2. children/youth identified in Part A, Items 4, 5, 6, 7, and 8 as medically necessary</p> <p>Sierra County’s Social Services department holds three staff meetings per week: on Monday, Wednesday and Friday mornings. All Social Workers, the Social Worker Supervisor and the Assistant Director of Health and Human Services attend these staff meetings. The focus of these staff meetings are to introduce new referrals, staff ongoing cases and coordinate follow up/services for all open cases.</p> <p>The Assistant Director of Health and Human Services, along with the Social Worker Supervisor, utilizes the staff meetings to verify that all newly identified children/youth within the system are accessed for membership to the Katie A. subclass. This constant review of referrals and staffing of all cases allows the leadership of the department to also distinguish if any children or youth fall into any of the listed classifications:</p>
2	IHBS	0	<p>*Children/youth who are receiving intensive Specialty Mental Health Services through a Wraparound Program or Full Service Partnership Program consistent with the Core Practice Model, but not claimed as ICC or IHBS. *Children/youth are receiving other intensive Specialty Mental Health Services, but not receiving ICC or IHBS. *Children/youth are receiving services that are not listed as the two options above or ICC or IHBS. *Children/youth who are not receiving any type of Specialty Mental Health Services. *Children/youth who declined ICC or IHBS services.</p> <p>Sierra County Behavioral Health department is currently in negotiations with Kings View Corporation to implement an Agreement for Electronic Health Record Information System and All Pay Sources Billing Services. This system, once implemented, would allow Sierra County to claim for ICC and IHBS services. The final decision will be made by the Sierra County Board of Supervisors on November 19, 2013.</p>

County: Sierra County Reporting Period: 05/15/2013 to 08/31/2013 Date Completed: October 31, 2013

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>	<p>The Director of Health and Human Services has resigned and the Assistant Director has been named the Acting Director until the position is flown and filled. The Assistant Director is also the acting Behavioral Health supervisor and attends all the Social Services tri-weekly staff meetings, so there is strong interagency connection between the two departments. Sierra County Health and Human Services is currently in the process of creating a Health Coordinating Committee that will focus on overall health within the community. The main entities involved at this point are, as follows: Emergency Preparedness, Tobacco Use Reduction Program, Behavioral Health and Public Health, including Title 10. The Assistant/Acting Director will be assigning a Social Service staff member to participate in this Health Coordinating Committee.</p>	<p>No</p>
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<p>The Assistant/Acting Director is a voting member on the Student Attendance Review Board (SARB), representing both the Behavioral Health and the Social Services departments. There is representation of the school system on the Mental Health Advisory Board as of this year, especially in the creating of the new Innovations Plan. Both departments continue to build solid working relationships with Community Based Organizations and other agencies that support children’s issues. Sierra County Health and Human Services needs to continue to work on interagency plans and memorandum of understandings. Creating, finalizing and implementing these interagency plans/memorandum of understandings are on the agenda for the upcoming 2014 year.</p>	<p>No</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p>Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p>	<p>Sierra County was recruiting and interviewing for an open Social Worker position during this reporting timeframe. The Social Worker Supervisor has attended or is attending the following trainings: Supervisor CORE and Safety Organized Practices (SOP) for Supervisors, offered through the Northern California Training Academy with UC Davis. Sierra County has also been assigned a coach/consultant, Chellie Gates, through the Northern California Training Academy with UC Davis. The Behavioral Health department has hired a psychiatrist, Dr. Thomas Bittker, since the previous psychiatrist had retired. Sierra County is continuously working on methods and strategies to improve administrative supports and infrastructure.</p>	<p>No</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>Sierra County Behavioral Health and Social Services departments are continuously working on partnerships with Community Based Organizations and service providers within the county or in neighboring counties. Since Sierra County is rural and spans a large distance, there are times that services need to be offered by other agencies than Sierra County. These partnerships allow our departments to make a “warm” referral to services that could potentially be closer in distance for the participants. The Behavioral Health department is looking into holding a trauma informed care training for both department staff.</p>	<p>No</p>
<p>Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i></p>	<p>Sierra County’s Behavioral Health department currently employs one Parent Partner through the Peer Support Program. There is an opening for the Peer Mentor position, as the staff changed positions within the agency. It is unknown if this vacant position will be filled at this time, but discussions will be held with the fiscal department on this topic soon. The Parent Partner and Alcohol and Other Drug Counselor have received training through the United Advocates for Children of California (UACF) - Educate, Equip and Support: Building Hope (EES) training. Both departments utilize the local Family Resource Center for added support, as well.</p>	<p>No</p>
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p>The Behavioral Health department has recently been working on translating brochures into Spanish, in attempts to reach out to the small Latino population present in Sierra County. The Behavioral Health department has received various suicide prevention materials in Spanish, as well. Both departments have access to local interpreters, but the Assistant/Acting Director is working on obtaining a contract for these services with an established providing agency. Both departments rely on the partnership with the Family Resource Center for both outreach to the Latino population, but also as a connection for services needed within the community. The Family Resource Center is already established within the Latino community and serves as a gateway to the services that the County provides.</p>	<p>No</p>

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>Sierra County is working on establishing a more efficient data collection system that will be universal for all departments that offer services to the community. Outcomes data is shared with the public and stakeholders through the Mental Health Advisory Board and the newly organized Health Coordinating Committee. Eventually, the outcomes data will also be available on the department specific web pages.</p>	<p>No</p>
<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<p>The Social Services department holds tri-weekly staff meetings and an ongoing agenda item is the fiscal strategies and funding requirements. The Assistant/Acting Director has asked the fiscal staff assigned to Social Services to create an overview sheet to assist the Social Services staff in understanding the various funding requirements. Once this overview sheet has been created, the fiscal staff will attend the staff meetings to review the information. Sierra County excels at interagency collaboration and teamwork, due to the size of the agency and the ease of being co-located. All interagency teams have representatives from the fiscal department.</p>	<p>No</p>