

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: Stanislaus County

Date: 10/18/13

Name and Contact Information County Child Welfare Department Representative					
Name:	Nenita Dean, M.S.W.				
Title:	Manager III				
County:	Stanislaus County				
Agency Name:	Community Services Agency (CSA) Adult, Child and Family Services Division, Child Welfare				
Address:	P.O. Box 42				
City:	Modesto	State:	CA	Zip Code:	95355
Phone:	209-558-2348	E-mail:	deanne@stancounty.com		

Name and Contact Information County Mental Health Department Representative					
Name:	Shannyn C. Mc Donald M.A., LMFT				
Title:	Chief of Children's System of Care				
County:	Stanislaus				
Agency Name:	Behavioral Health and Recovery Services				
Address:	800 Scenic Dr				
City:	Modesto		Ca	Zip Code:	95354
Phone:	209-525-6120	E-mail:	Smcdonald@stanbhhs.org		

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: Stanislaus County

Date: 10/18/13

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).	66	
2	Receiving Intensive Care Coordination (ICC).	none	CFT in process of development
3	Receiving Intensive Home Based Services (IHBS).	none	CFT in process of development
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>	9 Stanislaus county 1 out of county	
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>	14 ITFC 13 TBS 2 out of county TBS served	
6	Receiving services not reporting in 2, 3, 4, & 5 above.	1	Homebase service provided by CBO Through contract
7	Not receiving SMHS.	2	
8	Declined ICC or IHBS.	0	

County: Stanislaus County

Date: 10/18/13

PART B: Projected Services

Item #	Service	Projected number of subclass members to be served by 4/1/14	Strategy/Timeline Description
1	ICC		<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>CSA/BHRS working jointly to develop CTF processes. At this time the process involves development of joint trainings, development of CFT treatment plan. BHRS vendor has come on line with product 208 which will hopefully enable us to submit subclass data and billing once the CFT process is formalized.</p>
2	IHBS		<p>CSA/BHRS working jointly to develop CTF processes. At this time the process involves development of joint trainings, development of CFT treatment plan. BHRS vendor has come on line with product 208 which will hopefully enable us to submit subclass data and billing once the CFT process is formalized</p>

County: Stanislaus Reporting Period: 5/15/13 to 8/31/13 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, 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>On-going</p> <ol style="list-style-type: none"> 1. Co-location of Behavioral Health Recovery Services (BHRS) Children Systems of Care (CSOC) MH professionals at Community Services Agency (CSA) Adult, Child and Family Services Division (Child Welfare CW) provided a stronger collaboration between MH and CW. 2. Interagency and Community Committees that include CW and BHRS Mental Health staff have been in existence for years and still on-going. This practice ensures that policies and practices are consistent with family centered principles of care. <p>Developed:</p> <ol style="list-style-type: none"> 1. Planning and Implementation Katie A. Committee composed of both CSA CW and BHRS MH staff and service providers was organized and has on-going meeting to discuss how to strengthen the current practice and develop new process to meet the Katie A. requirements. 2. Sub-Committees composed of both CSA CW and BHRS MH staff to work on specific process and guidelines. <p>In Development:</p> <ul style="list-style-type: none"> ➤ How to share information and cross system problem solving ➤ How to include the youth, families and other community members to have a meaningful role in oversight of services and quality improvement. 	

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<p>On-going: Strong collaboration : co-location of BHRS MH professional at CSA CW (this has been in place for years)</p> <p>In Development:</p> <ul style="list-style-type: none"> ➤ Joint training plans, joint training, memorandum of understanding, interagency strategic plans ➤ Confidentiality and sharing of information ➤ Information systems that support sharing of data ➤ Process to share and receive feedback 	
<p>Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p>	<p>On-going: 100% referral of children open in CW court to Child Systems of Care (CSOC) for Mental Health assessment and referral to MH services.</p> <p>Developed the following:</p> <ul style="list-style-type: none"> ➤ Screening tools for 0-5; 5-adult for testing/pilot ➤ Identification of sub-class members for testing/pilot ➤ Three tracks of referral process and target dates of completion from screening to referral to CSOC to assessment and referral to CSOC MH services ➤ Strategies to fill vacancies at CSA CW workforce <ul style="list-style-type: none"> ❖ Continuous recruitment of SW IV classification ❖ Open recruitment of SW IV trainee ❖ Open recruitment of SW III <p>In Development:</p> <ul style="list-style-type: none"> ➤ Katie A Referral Form to CSOC MH ➤ Katie A Progress Report from CSOC MH to CSA CW social worker ➤ Child and Family Team (CFT) protocol ➤ Confidentiality protocol 	
<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>On-going: Stanislaus County’s services are community based, delivered in the least restrictive setting and in the child’s and family’s own language. The county offers Family Maintenance, early intervention, TBS, Home Based services, ITFC, Wraparound and other community based services.</p>	<p>Yes</p>

Readiness Assessment Section	1Description of Activities	Training or TA Needed (Y or N)
	<p><u>In Development:</u></p> <ul style="list-style-type: none"> ➤ Alternative strategies to meet service gaps such as cultural healing practice ➤ Trauma-Informed practice – training for both CSA CW and CSOC MH staff to be scheduled in early 2014. 	
<p>Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i></p>	<p><u>In Development:</u></p> <ul style="list-style-type: none"> ➤ Child and Family Team (CFT) ➤ Family and Youth Survey (feedback) ➤ Process to involve youth and families in service delivery and program improvements. 	<p>Yes</p>
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p><u>On-Going:</u> BHRS (MH) has on-going cultural competency training and cultural competency committee that meets 2nd Monday of the month.</p> <p><u>Completed:</u> Training on Cultural Competency was held in September 2013 sponsored by Behavioral Health Services Cultural competency Committee attended by MH, CW and community partners. Additional training will be scheduled in 2014.</p> <p><u>In Development:</u></p> <ul style="list-style-type: none"> ➤ Select a CSA CW representative to the BHRS Cultural Competency Committee that meets 2nd Monday of every month. 	
<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><u>On-going:</u> Both CSA CW and BHRS MH have each a data collection process and a mechanism to measure performance outcomes for their individual programs</p> <p><u>In Development</u> -</p> <ul style="list-style-type: none"> ➤ Data and performance measures for Katie A. ➤ Family and Youth Survey 	
<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<p><u>In Development</u></p> <ul style="list-style-type: none"> ➤ Fiscal policy ➤ Cross system funding requirements ➤ Tracking mechanisms 	<p>Yes</p>