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
- X 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:	Trinity	Date:	10/15/13

Name and Contact Information County Child Welfare Department Representative					
Name:	Elizabeth Hamilton				
Title:	Social Worker Supervisor				
County:	Trinity				
Agency Name:	Child Protective Services				
Address:	PO Box 1470				
City:	Weaverville	State:	CA	96093	
Phone:	530 623-8275	E-mail:	lhamilton@trinitycounty.org		

Name and Contact Information County Mental Health Department Representative					
Name:	Julia Ashton-Boyd, LMFT				
Title:	Clinical Deputy Director				
County:	Trinity				
Agency Name:	Trinity County Behavioral Health				
Address:	PO Box 1640				
City:	Weaverville	State:	CA	Zip Code:	96093
Phone:	530 623-8313	E-mail:	Jashton-boyd@trinitycounty.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:	**Trinity**	**Date:**	**10/15/13**

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).	21	
2	Receiving Intensive Care Coordination (ICC).	21	
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. *Do not include youth already counted in 2 or 3 above.*	0	
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). *Do not include youth already counted in 2, 3, or 4*	1	
6	Receiving services not reporting in 2, 3, 4, & 5 above.	6	
7	Not receiving SMHS.	0	
8	Declined ICC or IHBS.	0	

County:	Trinity	Date:	10/15/13

PART B: Projected Services

Item #	Service	Projected number of subclass members to be served by 4/1/14	Strategy/Timeline Description 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
1	ICC	29	It is believed that HCR (health care reform) will impact coverage to children via Medi-Cal "Partnership Plan" services, broadening the number of eligible Subclass members in the coming year. Provision for services will follow ICC planning to help access more intense needs (beyond current mental health specialty services) through CPS primary identification, mental health evaluation, team meeting and planning for children specifically in need of more supported environments. Also linkage to contracted services (Remi-Vista). Team lead will be the CPS Caseworker and liason with TCBHS Clinical Deputy Director for oversight to services
2	IHBS	29	As outlined above, identified children will have access to IHBS services according to an individualized treatment plan developed through ICC. Those children not in the subclass will receive regular specialty mental health services in or out of county (depending on the CPS placement) as identified by need.

County: Trinity **Reporting Period:** 05/15/13-08/31/13 **Date Completed:** 10/15/13

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)
Agency Leadership *Leadership's experience implementing family-centered services in a collaborative setting.*	Both CPS and TCBHS are in the infancy of implementing family centered services in a collaborative setting. Referrals from CPS are made to Behavioral Health when it is suspected that a family/child would benefit from mental health services. It is noteworthy that these agencies communicate well but that much needs to be done to define roles and accountability to each other's programs as well as follow up once services are identified.	Y
Systems and Interagency Collaboration *How collaborative approaches are used when serving children and families.*	CPS and TCBHS are working collaboratively on implementing strategies to reduce time accessing services as well as providing linkage to these services both in and out of county placements (ex. Access to telepsych and meetings with non-custodial parents in therapeutic settings).	Y
Systems Capacity *The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.*	Given the limited resources both agencies have and level of understaffing for this broad geographic area, there is a great deal of demand placed on staff to overlap in the provider/administrative area which impacts services to families. Resources are often stretched but our efforts are at streamlining reporting requirements so that agency staff can consolidate efforts and focus on needed implementation.	Y
Service Array *Available services are culturally responsive and include trauma informed care, evidence based practices, promising practices, innovative practices, and culturally specific healing practices and traditions.*	Cultural concerns in this area infrequent. When identified, ie. Native American individuals, CPS works to link families to any and all tribal rituals and TCBH clinical staff seek to provide therapies that take in to consideration culturally accepted practices.	Y

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Involvement of Children, Youth & Family *How Core Practice Model family-centered principles are reflected in current systems.*	CPS does participatory and active case plans which include children 10 and over in the planning phase. CPM meetings are held with TCBHS providers, family members, CPS and other stakeholders when doing case planning.	Y
Cultural Responsiveness *Agency ability to work effectively in cross-cultural settings.*	Both CPS and TCBHS agencies offer training to maintain more comprehensive knowledge about differing cultures and their individual needs.	Y
Outcomes and Evaluation *The strength of current data collection practices, and how outcomes data is used to inform programs and practice.*	Currently, TCBHS (and contracted services provider Remi-Vista) utilize Anasazi/Cerner, an electronic recordkeeping system. This data driven system allows for variable searches, and outcome data to be collected and refined by inquiry which helps inform the Katie A program as to access, tracking. CPS utilizes their own internal tracking used to review caseloads and data with TCBHS Clinical Deputy Director on a monthly basis to ensure all clients are being served.	Y
Fiscal Resources *How fiscal policies, practices, and expertise support family-centered services.*	CPS used match dollars in conjunction with a grant to bring on board two new Americorp workers. These individuals will offer engagement outreach and in home services to 40 plus families per year decreasing potential detainment and increasing level of care to parents at risk. TCBHS utilizes Medi-Cal reimbursement to support ICC and IHBS services to all open Katie A. clients which includes contracting with outside agency (Remi-Vista) to provide elevated levels of care to out of county clients including TBS services.	Y