Katie A. Semi-Annual Progress Report
Cover Page

Reports are due April 1st and October 1st of each year. Please check the reporting period:

- [X] 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: Tulare County **Date: October 15, 2013**

Name and Contact Information County Child Welfare Department Representative					
Name:	Juliet Webb				
Title:	Director of Human Services				
County:	Tulare				
Agency Name:	Tulare County Health and Human Services				
Address:	5957 S. Mooney Blvd				
City:	Visalia	State:	Ca	Zip Code:	93277
Phone:	559-624-8079	E-mail:	jwebb@tularehhsa.org		

Name and Contact Information County Mental Health Department Representative					
Name:	Timothy Durick, Psy.D.				
Title:	Director of Mental Health				
County:	Tulare				
Agency Name:	Tulare County Health and Human Services				
Address:	5957 S. Mooney Blvd				
City:	Visalia	State:	Ca	93277	
Phone:	559-624-7445	E-mail:	tdurick@tularehhsa.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: Tulare County **Date: October 15, 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).	137	Prior to completing the screening of all open CWS cases, we have identified 294 class members. Tulare County CWS is currently in the process of screening all open cases to determine the number of Katie A. Subclass members. This will be completed by November 1, 2013.
2	Receiving Intensive Care Coordination (ICC).	0	Once screening is completed, the Mental Health Department will begin training clinics to provide ICC and IHBS. The number of youth receiving ICC will be provided on the next Progress Report.
3	Receiving Intensive Home Based Services (IHBS).	0	Once screening is completed, the Mental Health Department will begin training clinics to provide ICC and IHBS. The number of youth receiving ICC will be provided on the next Progress Report.
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	The Tulare County Wraparound program does not provide specialty mental health services or claim to Medi-Cal. Wraparound clients may be eligible for ICC/IHBS, and will be screened accordingly. Currently, there are no consumers with an open CWS case who are receiving Full Service Partnership services in Tulare 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). *Do not include youth already counted in 2, 3, or 4*	TBS- 27 ITFC-6	

6	Receiving services not reporting in 2, 3, 4, & 5 above.	Special Rates & SMHS-28 3+ placements & SMHS-76	Tulare County CWS is currently screening all open cases since to identify Katie A. Subclass members.
7	Not receiving SMHS.	107 331	Tulare County has identified 107 children who are currently receiving foster care 'special rates' for a behavioral issue; however, these children are not currently open to Tulare County Mental Health. Tulare County has identified 331 children who have had 3 or more placement changes within the past 24 months and are not currently open to Tulare County Mental Health. CWS will complete a screening for all mental health services on all children listed in this area.
8	Declined ICC or IHBS.	0	This number will be available during our next reporting period.

County: Tulare County **Date: October 15, 2013**

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	Based off of the numbers reported in the previous section, we project the number of subclass members to be: approximately 150	**September 3, 2013** Tulare County Mental Health clinics went live with the new Electronic Health Record, MyAvatar. (Mental Health Contracted Clinics are projected to go live at different intervals as detailed below.) **September 10, 2013** Kick-off Katie A. CWS Process training to Supervisors and Managers at the CWS Leadership meeting **September 16-30, 2013** Train CWS social workers on the Katie A. CWS process. **September 16 through October 31, 2013** CWS social workers will complete the screening tools; Letter of Referral (LOR), SDQ and SCARED on all children with an open CWS case. **October and November 2013** CWS Clinicians will complete a brief medical necessity screening tool for all potential Katie A Subclass children who are not currently open to a Tulare County Mental Health clinic. CWS Clinicians will also obtain signatures on Release of Information forms. Katie A Coordinator will review the screening packets from CWS social workers and CWS Clinicians and record the data in a tracking spreadsheet and within CWS/CMS. **October 1, 2013** Mental Health Plan contract clinic went live with EHR, MyAvatar. During recent conversations with our EHR vendor, Netsmart it was reported that they have completed the updated programming for the DPI codes into MyAvatar to allow for SFC and DPI reporting requirements. **October 17-November 4, 2013** Tulare County Mental Health, Managed Care Department will complete ICC/IHBS training with all clinic providers. **November 1, 2013** All Mental Health Plan contract clinics are live with MyAvatar. Tulare County Mental Health will release the coding update in the MyAvatar system to now allow for the new DPI code. **December 2013** Tulare County Mental Health anticipates the first submission of ICC/IHBS coded billing from MyAvatar for all Katie A Subclass members.
2	IHBS	Our anticipated subclass number is 150	See above.

County: Tulare County **Reporting Period:** May 15-Aug 31, 2013 **Date Completed:** October 15, 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)
Agency Leadership *Leadership's experience implementing family-centered services in a collaborative setting.*	**Area of Strength:** The Tulare County Katie A. workgroup meets bi-weekly to develop implementation strategies for Katie A. services (i.e., Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS)). This workgroup includes representatives from Mental Health administration, Child Welfare Services (CWS) administration, and clinicians from both Mental Health and CWS. Tulare County was selected as one of three pilot counties for the California Screening Assessment and Treatment (CASAT) initiative through the Chadwick Center for Children and Families. The goal of the CASAT initiative is to develop a model of care coordination that engages the family, improves the functional capacity of the child, and supports the development of relational networks for both the child and family. OnJune 17-18, 2013, Tulare County HHSA held a kickoff event for the CASAT initiative including representatives from CWS and Mental Health leadership, line staff (e.g., social workers, clinical and non-clinical mental health staff), parents, care providers, and consumers of both CWS and Mental Health services.	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Systems and Interagency Collaboration *How collaborative approaches are used when serving children and families.*	**Areas of Strength:** • In addition to bi-weekly Katie A. Workgroup meetings, both CWS and Mental Health have developed separate bi-weekly subgroup meetings for their respective departments composed of leadership staff and clinicians. System specific issues are discussed at these meetings and addressed at Katie A. Workgroup meetings as appropriate. • Katie A. implementation is addressed on an ongoing basis at the following collaborative meetings: o Tulare County's Children's System Improvement Counsel (CSIC) o Child Protection Planning Committee (CPPC) o Tulare County Children's Services Network (CSN) **Areas of Need:** • Shared approach regarding consent and confidentiality: CWS and Mental Health have begun to standardize treatment consent forms and confidentiality policies between the two systems to ensure continuity of care. • Joint training opportunities for staff and families: CWS and Mental Health have developed training curricula for their respective departments regarding Katie A. Subclass identification (i.e., screening and referral) and service delivery. • Information systems supporting shared data: CWS and Mental Health are identifying indicators of interest that can be tracked in the CWS-CMS system and in the Mental Health-EHR system, Avatar.	N
Systems Capacity *The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.*	**Areas of Strength:** • CWS clinicians continue to provide Mental Health screening for children, youth, and non-minor dependents entering the CWS system. • During August 2013, CWS updated their Letter of Referral (LOR) form to include Katie A. screening criteria. • The CWS Mental Health Liaison continues to ensure efficient processing of mental health referrals from CWS to Mental Health. **Areas of Need:** • Sufficient CWS staff: thirteen (13) additional social workers positions were recently added, and it is anticipated that they will be filled by December 2013. These social workers will increase the capacity of CWS to screen children entering the system, and ensure timely provision of Katie A. services.	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
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.*	**Areas of Strength:** • Through the CASAT initiative, two screening tools: Strengths and Difficulties Questionnaire (SDQ), and the Screen for Child Anxiety Related Disorders (SCARED) Brief Assessment of PTS Symptoms, have been developed for the purposes of identifying behavioral difficulties and trauma symptoms in children and non-minor dependents with an open CWS case. This information will enable clinicians to select the most appropriate evidence-based and/or promising practices for treatment. • Clinicians from the children's mental health clinics have received training to provide trauma informed care. **Areas of Need:** • Availability of alternative strategies and non-traditional services: This continues to be an area of need across CWS and Mental Health systems.	N
Involvement of Children, Youth & Family *How Core Practice Model family-centered principles are reflected in current systems.*	**Areas of Development:** • During August 2013, CWS clinicians conducted a small pilot using two new screening tools (i.e., SDQ and SCARED), and collected feedback from caregivers, youth, and social workers on the ease of use and effectiveness of the assessments. • Focus groups were conducted for care providers during the CASAT initiative kickoff. • The Katie A. Workgroup continues to recruit consumers and family members/care providers to participate in the planning and implementation of Katie A. services.	N
Cultural Responsiveness *Agency ability to work effectively in cros s- cultural settings.*	**Areas of Strength:** • The Tulare County Health and Human Services Agency has appointed a Cultural Competency Manager to ensure that all services provided to the community are compatible with a wide array of cultural beliefs and practices. Gaps identified by this unit are addressed on an ongoing basis, including staff training, and the need to have all materials distributed by the agency available in multiple languages. **Areas of Need:** • All mental health informing materials, surveys and forms are available in the threshold language (Spanish). CWS Katie A. screening and assessment tools are in the process of being translated into Spanish format.	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Outcomes and Evaluation *The strength of current data collection practices, and how outcomes data is used to inform programs and practice.*	**Areas of Strength:** • CWS has designated a position to fill the role of the Katie A. Coordinator who will track all screenings conducted, and referrals made to Mental Health for children and non-minor dependents that have an open CWS case. This individual will report to the Children's System Improvement Counsel (CSIC) on a quarterly basis regarding ICC and IHBS census and demographics. • CWS has identified a process for coding Katie A. services in the CWS-CMS system. **Areas of Need:** • The Katie A. Workgroup is in the process of identifying outcome tools and specific performance indicators that will measure the effectiveness of Katie A. services. DHCS is currently identifying indicators that will be used for EPSDT beneficiaries. It is anticipated that these same indicators will be used for Katie A. Subclass members. Technical assistance is requested for this area.	Y
Fiscal Resources *How fiscal policies, practices, and exper tise support family-centered services.*	**Areas of Strength:** • The Tulare County Health and Human Services Agency is a superagency that provides administrative oversight for both the CWS and Mental Health Departments. CWS and Mental Health are able to work collaboratively to ensure services are being adequately funded. **Areas of Need:** • Fiscal agreements including commitment of funds: Both departments are in need of additional funding (e.g., community grants) that would allow for the expansion of service delivery capacity (e.g., 24 hour service availability) as mandated in the Katie A. lawsuit. • Track expenses for mental health services for CWS children: With the implementation of the new Mental Health EHR system (Avatar) starting in September 2013, the cost of service for Katie A. consumers will be able to be tracked more efficiently. • Cross system training including fiscal strategies: This continues to be an area of need in both the CWS and Mental Health systems.	N