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:	Tuolumne	Date:	10/18/13

Name and Contact Information County Child Welfare Department Representative					
Name:	Annie Hockett				
Title:	Program Manager				
County:	Tuolumne				
Agency Name:	Child Welfare Services				
Address:	2 South Green St.				
City:	Sonora	State:	CA	Zip Code:	95370
Phone:	209 533-7349	E-mail:	ahockett@co.tuolumne.ca.us		

Name and Contact Information County Mental Health Department Representative					
Name:	Mark Gee, MFT				
Title:	Program Supervisor				
County:	Tuolumne				
Agency Name:	Behavioral Health				
Address:	2 South Green St.				
City:	Sonora	State:	CA	Zip Code:	95370
Phone:	209 533-6245	E-mail:	mgee@co.tuolumne.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:	**Tuolumne**	**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).	13	
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. *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*	0	
6	Receiving services not reporting in 2, 3, 4, & 5 above.	11	
7	Not receiving SMHS.	2	
8	Declined ICC or IHBS.	0	

County:		**Date:**	

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	It is projected that based on numbers of subclass members currently there will be 85% of total subclass members who enter foster care by 4/1/14	It is projected that the future numbers of subclass members using ICC and/or IHBS services will be determined by the numbers of out of county placements versus in county placements. That is, subclass members placed in the county would potentially receive both ICC and IHBS, where out of county placed subclass members would only receive ICC services from this county Behavioral Health department. This would result in a rate of 85% receiving ICC, and 15% receiving IHBS (using the current numbers of subclass members placed in county or out of county). Tuolumne County Behavioral Health has filled the Katie A. clinician position, as well as the billing mechanism being placed into effect in order to claim for ICC and IHBS services effective October 1'st. This new staff member is receiving training and orientation, while beginning to contact CWS social workers and develop an understanding of the needs of the existing list of identified subclass members. The next step will be to provide assessments for those children as the beginning step in the implementation process for Katie A. and the Core Practice Model.
2	IHBS	It is projected that based on current numbers of subclass members who currently are placed in the county, 15% of the total subclass members who enter foster care by 4/1/14 will receive IHBS	

Tuolumne County

Human Services Agency

Ann E. Connolly
Director

20075 Cedar Rd. North
Sonora, CA 95370
(209) 533-5711

Tuolumne County Child Welfare Services & Behavioral Health
Attachment to Enclosure 2 – Katie A. Semi-Annual Progress Report 10-18-13

1. Agency Leadership:

Tuolumne County Child Welfare Services and Tuolumne County Behavioral Health services have enlisted a team of management and supervisory staff to oversee and monitor the implementation of a Core Practice Model and to ensure compliance with the Katie A. settlement agreement. Agency leaders meet on a regular basis to discuss progress and potential barriers to full implementation and have developed a project matrix in which roles and responsibilities are delineated, and milestones and program outcomes are tracked.

The leadership team has discussed methods to incorporate a wider variety of community stakeholders in the engagement and planning phases and has identified an existing community advisory group to serve this function. The YES Partnership is a multiagency consortium whose mission is to prevent child abuse and reduce substance abuse in both youth and adults. The partnership also aims to reduce the occurrence of suicide in the community. The agencies participating in the YES Partnership reflect a wide range of expertise and commitment to community health with specialized interest in the area of foster youth. The YES partnership has agreed to serve in an advisory capacity for the Katie A. and CPM projects in Tuolumne County.

An area of continuing need for Tuolumne County centers on the involvement of youth and families in multidisciplinary and interagency settings. During this review period, Tuolumne County Child Welfare Services and Behavioral Health staff were successful at including a Parent Partner representative in the local child abuse prevention council. Efforts are currently underway to evaluate the existing interagency resource and placement committee operations and redesign the structure of these multi-agency teams to include a Child and Family Team (CFT) component.

2. Systems and Interagency Collaboration:

During this review period, a Memorandum of Understanding (MOU) was drafted to allow for Tuolumne County Behavioral Health Department to directly bill Tuolumne County Child Welfare for Intensive Care Coordination (ICC) services that are not covered by Medi-Cal insurance. This MOU is pending finalization.

Tuolumne County Behavioral Health Department has hired a Behavioral Health Clinician fully dedicated to providing Katie A. mental health services. This employee will function in both the Behavioral Health and Child Welfare Services locations and will work in a fully integrated capacity alongside Child Welfare social workers, as well as fellow Behavioral Health workers.

One of the first tasks completed by the leadership committee was the creation of a data tracking tool. This tool includes the listing of all foster youth placed in out of home care. Information contained in this tool includes, but is not limited to: child's age, date of birth, gender, county of residence, placement facility type, and number of foster care placements. This tool also tracks the dates of the initial mental health screening completed by Child Welfare Services staff, the date of the follow-up Behavioral Health assessment, treatment recommendations and information on the usage of psychotropic medications. This currently serves as the information system for identifying and tracking Katie A. subclass foster youth and their services.

While this tool is serving a key function, the leadership team has identified data areas in need of more targeted analysis. These discussions will likely result in alterations to the current tracking system and/or tools.

The current process developed for sharing and receiving feedback between agencies is regular meetings occurring at the agency leadership level, as well as at the direct program supervision and implementation level. Both agencies would like to develop regular meetings between providers of each agency at the practice level of service. This is an area in which technical assistance is needed.

3. Systems Capacity

No needs were identified for Tuolumne County in this area of the readiness assessment. Tuolumne County has implemented a screening and assessment procedure to screen for mental health needs of foster children and both agencies are currently operating with a sufficient workforce. Both agencies remain actively engaged in community partnerships that support service delivery to clients and the administrative staff at both departments have provided their full support for the implementation of the Katie A. settlement objectives and CPM implementation. However there does remain concern that data management and assessment of data may bring significant challenges to the current level of staffing. We are aware that the Performance and Outcomes System (POS) for Medi-Cal Specialty Mental Health Services for Children and Youth is in the process of development at the state level and what this requires of each MHP is unknown.

4. Services Array:

Tuolumne County previously identified a lack of alternative and non-traditional services and supports in the community. During this review period, two members of the local Tuolumne Band of Me-Wuk Indians have become actively involved in the local child abuse prevention council. These representatives have begun inviting agency staff to trainings and events focused on historical trauma and cultural healing practices.

Tuolumne County continues to offer an animal assisted intervention program called *Hands and Hooves*. This program pairs foster youth with animals who reside at a local sanctuary. The program aims to provide a non-traditional therapeutic intervention for foster youth to work on social-emotional and interpersonal skills. The leadership team plans on incorporating the ICC staff person into program sessions.

Tuolumne County continues to implement various aspects of Safety Organized Practice (SOP) and has extended SOP training opportunities to various direct service providers. The two departments are currently working with the local child abuse prevention council to host a series of community awareness and training opportunities on the issue of trauma informed practice. A planning committee has been established and this committee is working with the U.C. Davis Regional Training Academy in order to offer this training to Tuolumne County and its neighboring communities.

5. Involvement of Children, Youth and Family:

Child Welfare Services has developed a Parent Partnership program that has served CWS and BH adult clients participating in drug counseling through their Dependency Court case plan. The Parent Partnership program will be expanded to include parent partners whose focus will be participation in all levels of the Katie A. and Core Practice Model implementation and service delivery. The parent partners will be enlisted to attend and participate in the regular interagency meetings that develop and implement the program. Their feedback in this process will be regarded with the same level of consideration as any member of the group. This participation will include help in establishing quality indicators of services and programs.

Tuolumne County remains weak in the area of youth involvement and would benefit from technical assistance in this area. Tuolumne County's Independent Living Program (ILP) has implemented a new incentive program for ILP youth leadership opportunities and as incorporated into the core curriculum a segment on youth leadership. Child Welfare Services has also incorporated foster youth into an advanced foster parent training where youth share their experiences in care and provide guidance to caregivers on how they can best support foster youth.

6. Cultural Responsiveness

No needs were identified for Tuolumne County in this area of the readiness assessment. Tuolumne County continues to believe both agencies operate in a culturally responsive manner and work diligently to ensure programs and services are culturally sensitive.

7. Outcomes and Evaluation:

As described previously, the Parent Partners will be key members in their participation at the planning and implementation level of program development and ongoing evaluation. The YES Partnership collaborative will participate as a stakeholder advisory group that will have input in the development of outcome measures and the evaluation process. Agency staff will remain mindful of the already existing outcome measures used to evaluate the safety, permanency and well-being of foster youth and analyze data sets using some of these measurements.

8. Fiscal Resources

A previous need was identified in the area of blending federal, state and local funds to maximize the ability to meet the needs of children and families. Tuolumne County could benefit from technical assistance in this area.