

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: Yolo

Date: 10/18/13

Name and Contact Information County Child Welfare Department Representative				
Name:	Alissa Sykes			
Title:	Interim Division Manager			
County:	Yolo			
Agency Name:	Yolo County Department of Employment and Social Services			
Address:	25 N. Cottonwood Street			
City:	Woodland	State:	CA	Zip Code: 95695
Phone:	530-666-8483	E-mail:	alissa.sykes@cws.state.ca.us	

Name and Contact Information County Mental Health Department Representative				
Name:	Theresa Smith			
Title:	Clinical Program Manager, Children and Youth Services			
County:	Yolo			
Agency Name:	Yolo County Department of Alcohol, Drug and Mental Health Services			
Address:	137 N. Cottonwood Street, 1500			
City:	Woodland	State:	CA	Zip Code: 95695
Phone:	530-666-8746	E-mail:	theresa.smith@yolocounty.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:		

Katie A. Semi-Annual Progress Report

Enclosure 1

County: Yolo

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).	34	Departments are continuing to identify and screen subclass members.
2	Receiving Intensive Care Coordination (ICC).	0	ICC service delivery anticipated for October 2013
3	Receiving Intensive Home Based Services (IHBS).	0	IHBS service delivery anticipated for October 2013.
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>	7	Will continue to identify/increase numbers within system as data is gathered for each subclass criterion.
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>	5	Will continue to identify/increase numbers within system as data is gathered for each subclass criterion.
6	Receiving services not reporting in 2, 3, 4, & 5 above.	20	Group Homes; Other EPSDT or other funding sources
7	Not receiving SMHS.	2	Unknown - Closed Case, No Contact
8	Declined ICC or IHBS.	0	Not applicable. ICC and IHBS to be offered October 2013.

County: Yolo

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	10	<p>Provide County action steps and timelines to be used to provide (and claim for) ICC and IHBS to:</p> <ol style="list-style-type: none"> 1. newly identified children/youth and 2. children/youth identified in Part A, Items 4, 5, 6, 7, and 8 as medically necessary <p>Overall</p> <p>A. By October 18, 2013; identify current providers with capacity and credentials to provide ICC and IHBS and initiate appropriate referrals.</p> <p>B. Beginning November 2013, providers of ICC and IHBS will submit claims for processing as a part of their regular claim submission process to Yolo County ADMH.</p>
2	IHBS	10	<ol style="list-style-type: none"> 1. For newly identified children/youth Beginning November 2013, as screenings by Child Welfare staff members and assessments by Mental Health staff/providers are completed; newly identified Katie A subclass members will be referred to providers for ICC and IHBS as appropriate. 2. For Children/Youth receiving other specialty mental health services, the process continues via CWS/ADMH staffings and departmental case reviews regarding the current mental health service provision, needs of the child/youth and if ICC and IHBS can better meet the needs of the youth and family. If so, then referrals to ICC and IHBS are then made to the provider.

County: Yolo

Reporting Period: 5/15/13-8/31/13

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>Instituted CWS and ADMH collaborative staffing review meetings. Participation by Family Partner in leadership meetings and staffings.</p>	<p><input type="checkbox"/></p>
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<p>Increased awareness and utilization of existing collaboratives to identify needs and resources for foster care youth. Exploration of co-locating Mental Health staff at Child Welfare to assist with collaboration efforts.</p>	<p><input type="checkbox"/></p>
<p>Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p>	<p>Child Welfare screening instruments identified and in revision/finalization stage; to be implemented November 2013. Continue to address workforce challenges - training new staff; turnover, capacity.</p>	<p><input type="checkbox"/></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>Increased communication with mental health service providers regarding needed services to meet the needs of foster care youth including ICC and IHBS. Continued to explore efforts to increase cultural healing practices and other non-traditional services. Identified current efforts to incorporate family's spiritual counseling service providers into the array of services. Increased service coordination efforts to meet the needs of transitional aged foster youth, specifically AB12/non-minor dependents.</p>	<p><input type="checkbox"/></p>

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Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p>Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i></p>	<p>Continued Family-centered Safety Organized Practice implementation and training with Child Welfare Staff. Increased Family Partner participation, feedback and leadership in Katie A efforts.</p>	<p><input type="checkbox"/></p>
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p>Increased matching of Spanish-speaking providers for Spanish-speaking families served in both systems. Noted need for training and resources to improve responsiveness to a greater number of cultural identities, languages and groups.</p>	<p><input checked="" type="checkbox"/></p>
<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>Continued efforts to ensure maximum utilization of current information systems more effectively in both departments (CWS - Center for Social Service Research, ADMH - Avatar). Future plans to review and identify any additional outcome and evaluation needs.</p>	<p><input checked="" type="checkbox"/></p>
<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<p>Increased discussions and meetings regarding fiscal resources, fiscal strategies and funding requirements. Future plans to review and identify fiscal policies, practices and support needed.</p>	<p><input type="checkbox"/></p>