

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: Yuba	Date: 10/9/13
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Name and Contact Information County Child Welfare Department Representative					
Name:	Tony Roach				
Title:	Program Manager				
County:	Yuba				
Agency Name:	Yuba County Health and Human Services, Children's Services Division				
Address:	5730 Packard Ave., Suite 100, (P.O. Box 2320)				
City:	Marysville,	State:	CA	Zip Code:	95901
Phone:	(530) 749-6245	E-mail:	troach@co.yuba.ca.us		

Name and Contact Information County Mental Health Department Representative					
Name:	Sandra Turnbull				
Title:	Program Manager				
County:	Yuba				
Agency Name:	Sutter Yuba Mental Health Services				
Address:	1965 Live Oak Blvd				
City:	Yuba City	State:	CA	Zip Code:	95991
Phone:	(530) 822-7513	E-mail:	sturnbull@co.sutter.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:			

Katie A. Semi-Annual Progress Report

Enclosure 1

County:	Yuba	Date:	10/9/13
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).	45	3 Hosp;8 group home, 10 FSP,
2	Receiving Intensive Care Coordination (ICC).	0	Systems not set up to bill
3	Receiving Intensive Home Based Services (IHBS).	0	Systems not set up to bill
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>	10	Full Services Partnership
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>	8	8 children receiving intensive services via authorization to group homes to provide intensive rehabilitation services, therapy, plus medication.
6	Receiving services not reporting in 2, 3, 4, & 5 above.	17	List of all open CWS cases not available to check against open SMHS (privacy issue) Additional clients are receiving services through Victim Witness and private therapists
7	Not receiving SMHS.	21	13 of these are receiving services elsewhere
8	Declined ICC or IHBS.	0	

County:	Yuba	Date:	11/18/13
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PART B: Projected Services

Item #	Service	Projected number of subclass members to be served by 4/1/14	Strategy/Timeline Description
1	ICC	38	<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 <ol style="list-style-type: none"> 1. CWS identifying children in need of assessment utilizing screening tools; developing tracking systems. 2. SMHS adapting tracking systems to identify subclass members 3. Pilot has started to modify and expand existing client driven meetings to establish plans compatible with ICC
2	IHBS	20	<ol style="list-style-type: none"> 1. Identification of resources needed to provide service 2. Need to hire and train service providers <p>For both services, our EHR system is in process of being modified to be able to report and bill KTA services. It is anticipated that claim submission can commence in December 2013 or January 2014.</p>

County: Yuba County Reporting Period: May15-August 31, 2013 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)
Agency Leadership <i>Leadership’s experience implementing family-centered services in a collaborative setting.</i>	Identifying elements to be included in Memorandum of Understanding: Each system separately implements family driven services with separate plans	No
Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i>	Interagency meeting 2x a month for case discussion; policy issues in interagency collaboration meeting 1 x a month with other agencies; participation in Blue Ribbon Commission (both agencies)	No
Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i>	Both departments analyzing capacity, staff training needs, and resources for training.	No
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>	Both departments have different Evidence-based practice models, are strengthening trauma-informed practices and are always working toward improvement in cultural responsiveness	No

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i>	Current Systems use family-centered models, but separately to develop plans. Need to identify how to unify planning process into integrated system.	No
Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i>	Both departments have well developed capacity for working in cross-cultural setting, and improvements are continuing to seek improvement in this area	No
Outcomes and Evaluation <i>The strength of current data collection practices, and how outcomes data is used to inform programs and practice.</i>	CWS has a robust outcome system in place; SYMHS has recently converted to EHR, and is learning to search for management information in a new way to inform improvement in program and practice.	No
Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i>	Costs and resources to support these new programs are still under study.	No