Katie A. Semi-Annual Progress Report **Enclosure 1**

County: _El Dorado County **Date: 09/27/2014**

☐ May 1st Submission (September 1st through February 28th Reporting Period)

xOctober 1st Submission (March 1st through August 31st Reporting Period)

Name and Contact Information County Child Welfare Department Representative					
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Name and Contact Information County Mental Health Department Representative					
Name:	Jamie Samboceti				
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County: El Dorado County **Date: _09/27/2014**

If your answer below is blank or zero, please provide an explanation.

PART A: Potential Subclass Members Identified During the Reporting Period			
Item #	**Information Requested**	**Column 1 Beneficiary Count**	**Column 2 Next Steps/Timelines**
1	Potential Subclass Members	148 received	MH continues to receive cases that might indicate on the screening tool a need for MH assessment, but do not meet the criteria for being a Subclass member.
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	26	Of the 26 who did not meet medical necessity, many did not meet the subclass status, and many were also already in services.
3	Potential Subclass Members who have been referred to MHP for a full mental health assessment to determine medical necessity criteria for SMHS, and have not yet been assessed.	10	We at times play phone tag with families, but attempt to get the assessment completed within 14 days. It is believed MH are receiving fewer referrals because the screening tool is working.
4	Potential subclass members who were unknown to the MHP during the reporting period.	unk	This number is not known. There are 282 total referrals for the last 2 reporting periods. However, referrals were made initially with a form that did not reflect the need for an assessment. We have worked together to make improvements and will continue.

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PART B: Services Provided to Identified Subclass Members at Any Time During the Reporting Period			
Item #	**Information Requested**	**Column 1 Beneficiary Count**	**Column 2 Timelines**
1	Subclass Members	78	
2	Receiving Intensive Care Coordination (ICC).	34	
3	Receiving Intensive Home Based Services (IHBS).	28	
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.*	1	
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 mental health services not reported in 2, 3, 4, & 5 above (include children who are receiving mental health services outside of the Medi-Cal mental health system, i.e. services paid for by private insurance or other sources).	43	Private Providers, Group Home, MHP Traditional Services, ICC/IHBS via siblings open cases, recent referrals
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	0	It is believed that all were receiving services. Some cases have closed recently.
8	Declined to receive ICC or IHBS.	0	Several are recent referrals/billing for Aug. is just being processed. No reports for declining services.

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PART C: Projected Services			
Item #	**Service**	**Projected number of subclass members to be receiving services by Feb 28th**	**Strategy/Timeline Description** Provide County action steps and timelines to be used to provide (and claim for) ICC and IHBS to subclass members.
1 (a)	ICC	68	We expect to double the numbers of those who are currently receiving ICC services, with the understanding that funding will be an issue.
1 (b)	IHBS	68	I would expect to have all clients with an ICC, also over the next 6 months have IHBS services, with the understanding that funding will be an issue.

Is your county experiencing the following implementation barriers?

Hiring	Yes	No
Training	Yes	No
Service Availability	**Yes**	No
County Contracting Process	**Yes**	No

Please provide an explanation for any Yes responses above. Are there other barriers not listed above? Explain and add pages, as needed.

We do not have the additional funding to do this type of high cost service. Many of our Katie A subclass members were in Traditional services when they were identified. If they were doing well, not needing a higher level of care, we did not increase their services.
Contracts with our providers is separated by Traditional, FSP, and Katie A. Each specific area has a pot of money. We are not able to amend contracts because one type of service is unexpectedly at a much higher cost. We are working together to get the cost down, however as previously stated, our contractors are quickly depleting their funding for this service.

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If your answer below is blank or zero, please provide an explanation.

County: El Dorado County **Reporting Period: March 1-Aug 31** **Date Completed:9/27/14**

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.*	The process has been difficult for our Contract Providers. To have ICC's for all of the clients referred has been a challenge. The meetings are rich with information and support around how to assist in improving functioning for this population. Leadership is constantly in contact discussing how to provide what is needed with an additional focus on the lack of funds to provide the service.	
Systems and Interagency Collaboration *How collaborative approaches are used when serving children and families.*	Agency leaders continue to work together to understand the services, how they are provided, how they are funded/not funded, and how we can continue to support these services without additional funding.	
Systems Capacity *The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.*	We have two Contract Providers who are trained and experienced with this population. We do not have the resources to continue providing this service beyond the next few months. The ICC and IHBS services are costing more than anticipated and the contracts will not be able to sustain current caseloads.	
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.*	Both agencies provide this array of services. They are able to utilize one another if a service at the partnering agency is more appropriate for the client. All work together collaboratively as needed.	

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.*	Core Practice Model is understood by our Contract Providers. All resources are working together to improve families. Screening tools are Trauma Focused.	
Cultural Responsiveness *Agency ability to work effectively in cross-cultural settings.*	Agencies have bilingual/bicultural staff to provide more effective treatment with our population.	
Outcomes and Evaluation *The strength of current data collection practices, and how outcomes data is used to inform programs and practice.*	Agencies have been trained and are now using the CANS outcomes tool.	
Fiscal Resources *How fiscal policies, practices, and expertise support family-centered services.*	We do not have the resources to continue providing this type of service. We hoped our Contract Providers would have funding to the end of fiscal year 2015. It is now estimated the contract amounts for Katie A will be depleted by the end of November, 2014. We are reviewing next steps.	