

CALIFORNIA MENTAL HEALTH PLANNING COUNCIL
Children and Youth Subcommittee
Hilton Oakland Airport
One Hegenberger Road
Oakland, Ca 94621
10:00 a.m. to 3:00p.m.
June 15, 2010

Subcommittee Members Present:

Jonathan Nibbio, Chair
Monica Wilson, PhD, Vice-Chair
Joseph Mortz
Renee Becker
Linne Stout
Karen Hart
Marissa Lee

Staff:

Tracy Thompson

Other Present

Troy Konarski, DMH
Amber Burkan, MHAC-CAYEN

Jonathan Nibbio, Chair, convened the meeting at 10:00 a.m.

CMHACY Conference Highlights

Joe Mortz and Karen Hart provided members with some highlights from the California Mental Health Advocates for Children and Youth (CMHACY) Conference held in Pacific Grove, Ca in May 2010. Hart advised that there were two pre-conferences, one for family members and one for staff orientation. Hart attended the family member pre-conference presented by Pam Hawkins, CiMH, and others. The focus of Pam's presentation was on informed family choice for Evidence-Based practice models. Mainly it consisted of an explanation of a number of the primary evidence based practices for children and youth. A list of counties and programs were provided that outlined which Evidence-Based practices they were implementing. Hart advised that the United Advocates for Children and Families (UACF) also had their annual membership meetings that evening. There was a presentation on changing the 501(c)(3) to a different 501 so that family members can lobby as opposed to just educate. Hart provided some background on the various workshops she attended.

Hart also attended the CMHDA CSOC meeting. It was decided that a portion of the monthly CSOC meetings should be devoted to county only discussion. This new structure in will begin in June. On June 17th the county only discussion will take place 9:45 am - 11:00 am. At 11 am the meeting will be opened up to all CSOC Committee members and the meeting will continue as usual until 3pm.

Mortz advised that it is important that the public support the CMHACY conference. Mortz emphasized integrated counties and the services around mental health, such as education. There were a number of large presentations on education services for youth. They were very detailed on how to do special education using a public health model. A number of Superintendents of

Education and Directors of Special Education attended the workshop. Mortz advised that Humboldt County currently has a model where they are doing transitional planning with Social Security which includes alcohol and drug.

TBS/Emily Q. Update

Troy Konarski, MSW, Lawsuit Settlement and Support, Department of Mental Health, provided members with an update on TBS/Emily Q. In 1998 a class action lawsuit (*Emily Q. v Bontâ*) brought against the State of California sought to have TBS included under Medi-Cal as an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) supplemental service. In 2001 the court ruled in favor of the plaintiffs and issued a permanent injunction against the State in which TBS was recognized as a Medi-Cal reimbursable EPSDT supplemental specialty mental health service. The court further ordered the California Department of Mental Health (DMH) to take specific steps to increase access and utilization of TBS. In November 2008, the Federal Court approved the Emily Q. Nine-Point Settlement Implementation Plan (Point Nine is pending Court decision). Plan Implementation began in January 2009.

The Court established a TBS utilization benchmark for the Level II and exempted Mental Health Plans (MHPs) of 4%. The 4% benchmark is calculated by dividing the number of children in an MHP receiving TBS by the number of children in that MHP who are receiving EPSDT Mental Health services in a given year. This TBS utilization benchmark will apply to the 27 large- and medium-sized MHPs, which represent all 22 Level II MHPs plus the 5 exempted MHPs; together, these 27 MHPs serve approximately 92% of the children who receive EPSDT mental health services in the State of California. All large- and medium-sized MHPs are strongly encouraged to achieve the 4% benchmark. For the Court to terminate jurisdiction by December 31, 2010, two-thirds (18) of the 27 large- and medium-sized MHPs must have reached the 4% TBS delivery threshold. If the Special Master determines that all other requirements are met, the Special Master shall certify an MHP that has achieved the 4% benchmark. If an MHP has met all other requirements, but has not achieved the 4% benchmark, the Special Master shall certify the MHP if the MHP demonstrates to the Special Master that it offers services equivalent to TBS to Emily Q. class members, and/or demonstrates that the MHP is on a trajectory to achieve the 4% benchmark no later than June 30, 2012.

The role of the DMH regarding the Emily Q. Nine Point Plan is to:

- Ensure implementation of the Nine-Point Plan
- Provide guidance and support to counties to increase TBS utilization among Emily Q class members.
- Maintain transparency statewide.
- Demonstrate increased utilization of TBS by county Mental Health Plans.
- Satisfy all requirements of the Court.

The role of the County Mental Health Plans regarding the Emily Q. Nine Point Plan is to:

- Apply the streamlined administrative procedures and clarified eligibility guidelines described in Points 1 and 2.
- Implement the accountability structure process described in Point 3.

- Employ the TBS best practice approach presented in Point 4.
- Seek participation of other agencies and stakeholders in local TBS efforts as outlined in Point 5.
- Participate in the TBS trainings and use the TBS manuals described in Points 6 and 7.
- Support TBS outreach efforts outlined in Point 8.
- Achieve the TBS utilization benchmarks described in Point 9 (pending final Court determination)

Level I counties, those considered small counties, are not required to meet the 4% benchmark, but must have 2 annual meetings with Stakeholders and Decision Makers on ways to increase TBS.

Questions/Comments

- Renee Becker: A few years ago youth were rounded up to assist in training other TAY with regards to TBS. This fell through and was never followed up on. How can we stop this type of thing from happening again and make sure people aren't re-inventing the wheel? *Answer:* Amber Burkan, MHAC-CAYEN, advised that CAYEN is currently working on this type of thing and will contact Renee to get some background on previous attempts that failed.
- Jonathan Nibbio: When this settles in December, will these counties still be required to have meetings? What will happen to those counties that start falling below the 4% benchmark after the settlement? *Answer:* Worst case scenario would be the judge re-opening the case. The biggest concern right now is if the counties will meet the initial 4% by December 31, 2010.
- Monica Wilson: When counties don't fulfill the requirements what will be done? *Answer:* There would be a lot of follow-up and efforts to re-engage the county. The Special Master could do sanctions or something along those lines if re-engagement fails.
- Joe Mortz: What is the reason for the 4% specifically? *Answer:* Jonathan Nibbio advised that the number was reached by calculating 4% of the total children in group homes. My concern is that there would be more children beyond the 4%.

Katie A. Update

Katie A. v. Diana Bonta is a class action lawsuit that was filed in 2002 against the California Department of Social Services (CDSS) and the California Department of Health Services (DHS). Plaintiffs alleged that foster children and children "at imminent risk of foster care placement" are not receiving adequate mental health services. Plaintiffs sought to increase Medi-Cal funding and to expand the existing Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program for mental health services to include "wraparound services" and "therapeutic foster care."

Given the time and effort needed to resolve the complex issues in this case, the Court allowed pleadings for appointment of a special master. Plaintiffs requested a Special Master to effectively forge consensus among the parties and to efficiently secure positive outcomes for California's foster children. In March 2009, Judge Matz appointed Richard Saletta, who successfully facilitated a settlement as special master in the related *Emily Q. v. Bonta* case. Special Master Richard Saletta is now engaged in the settlement negotiations with the parties to accomplish the tasks set forth in Judge Matz's Order. Jonathan Nibbio provided an update on *Katie A.*

Nibbio advised that there are issues still being worked out within the Court but should be resolved by October 2010. The full Planning Council would like to have a presentation at the October 2010 meeting on *Katie A.*

Presentation: SB 163 Wraparound: Family Care Network, San Luis Obispo County

In 1997, Wraparound was established in California under Senate Bill (SB) 163 (Chapter 795, Statutes of 1997) which allows California counties to develop the Wraparound Model using State and county Aid to Families with Dependent Children -Foster Care (AFDC-FC) dollars. This legislation permits counties to use the Wraparound funding for planning and services delivery instead of use for placements of children/youth in high-end group homes (Rate Classification Level (RCL) 12-14.) The purpose of the bill is to return children and youth in group home care to their homes and communities or help children at imminent risk of placement in high-end group homes to remain in their homes. In January 2001, Assembly Bill (AB) 2706 extended the Wraparound process and service to children who were placed in lower-level group homes of a RCL 10-11 or at risk of placement at this level. Wraparound may also be used for children who are eligible for the Adoption Assistance Program or in AB 3632 placements even though the funding for services is different for these children.

The SB 163 Legislation requires Wraparound services to:

- Be family centered, individualized, culturally relevant and strength based;
- Be team and community based;
- Rely on natural community supports, develop a child and family team plan to identify service needs;
- Place child in the least restrictive environment;
- Track and evaluate outcomes;
- Be cost neutral to the State; and
- Reinvest cost saving into child welfare programs.

The Wraparound process can eliminate barriers to service delivery, strengthen and support families. In addition, Wraparound can reduce the risk of out-of-home placement and recidivism by bringing individuals, agencies and the community together as the decision-making team with the central focus being to meet the needs of the child and family.

The Family Care Network is a private, nonprofit children and families services provider. Established in 1987 for the purpose of creating family-based treatment programs as an alternative to group home or institutional care for children and youth, the agency, accredited by the California Alliance of Child and Family Services, operates multiple programs designed to strengthen and preserve families and individuals.

- In the Family Care Network's 20 year history, the programs have grown to serve over 1,800 children, youth and families annually in San Luis Obispo and Santa Barbara counties.
- Programs are delivered in partnership with public and private agencies, and the community.
- The Family Care Network provides 17 distinct programs within five service divisions:
 - Therapeutic Foster Care;
 - Family Support Services;

- Transitional Housing Services;
 - Prevention and Early Intervention Services; and
 - Community-Linked Services.
- All agency programs are based on Best Practices, Wraparound Principles and evidence-based or promising practices.
 - The Family Care Network values integrity, accountability, program fidelity and outcome-based services, and is accredited by the California Alliance of Child & Family Services.

The Familia de Novo (Wraparound) program

The Familia de Novo (Wraparound) program was designed to keep families together whenever possible, and serves as an alternative to institutional care for children/youth. Wraparound is provided in a parent/care giver's home, and follows a series of steps to help children and their families achieve their specific goals. Wraparound is a planning process that brings people together from different parts of a family's life. The facilitator and people from the family's life, work together to coordinate activities while blending together differing perspectives. Wraparound may look different from one family to another and should always be driven by the following principles: strength-based, needs-driven, family-centered, solution focused, community-based and culturally relevant and inclusive. Celia Sotelo, Parent Partner, Joanne Garibay, Parent Partner, Lisa Huet, Wraparound Supervisor, and Joanne Myers, Clinical Administrator, provided a presentation on the Familia de Novo (Wraparound) program and their experiences within the program.

Questions/Comments

- Renee Becker: How successful are you in getting team players outside of staff and family members? How much effort and money is spent on education or private tutors? Do you have a mental Health facilitator on the team *Answer:* Many times there are no outside team players at first. This changes as time goes on. As for the education piece, there is some flex finding for various things. Within the Familia de Novo Program there is an Educational Coordinator who is very involved in recruiting tutors from the university as part of an intern program. It is always a choice for the family if they would like a family partner. The wraparound service is a voluntary service. We do ask the family to do a mental health assessment. If there is a need for medication then they are referred to county mental health.
- Monica Wilson: How do you approach your team plans to address the cultural and linguistic barriers? When you are dealing with families who come from poverty and live amidst a lot of crime how you would encourage them to be a Parent Partner? Too many children are placed in the Juvenile Justice System. *Answer:* We work hand in hand with Probation, Mental Health, and Child Welfare to divert those children who may end up in the Juvenile Justice System. It takes the community to start the transformation.
- Linee Stout: How are the families referred to the program? *Answer:* Many families are referred by Probation.

Develop Agenda for Next Meeting

- Marissa Lee: Since we will be in Sacramento for the October meeting, could we have a presentation from the California Youth Empowerment Network (CAYEN)? *Answer:* Amber

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Burkan, MHAC-CAYEN, advised that she is working with peer partners in Sacramento and she would be happy to provide some background.

- Amber Burkan: The Student Mental Health Initiative was just re-started and while most of the funding is going toward higher education, some of the funding is going to K-8. It may be interesting to hear from someone.

Respectfully Submitted,

Tracy Thompson