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UNITED STATES DISTRICT COURT  
**CENTRAL DISTRICT OF CALIFORNIA**

EMILY Q. et al.,	)	CASE NO. CV 98-4181 AHM (AJWx)
	)	
Plaintiffs,	)	<b>FOURTH REPORT IN RESPONSE</b>
	)	<b>TO COURT’S ORDER APPOINTING</b>
v.	)	<b>SPECIAL MASTER, FEBRUARY 21, 2009</b>
	)	
	)	
	)	
DIANA BONTA,	)	
	)	
Defendant.	)	Honorable A. Howard Matz
	)	Courtroom 14
	)	

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**July 2009 – Emily Q Special Master’s Report**

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1 As special master for the Emily Q matter, I am pleased to provide the Court with the  
2 following information that summarizes activities and accomplishments of the Emily Q  
3 Settlement Team and the California Department of Mental Health (CDMH) in  
4 implementing the Emily Q Nine Point Settlement Plan.

5  
6

### 7 **Summary of Accomplishments – January to July 2009**

8 Both the Emily Q Settlement Team and CDMH have helped promote implementation of  
9 the Emily Q Nine Point Plan. Their key accomplishments are summarized below.

10

#### 11 Settlement Team Activities

12 The Emily Q Settlement Team has been meeting monthly to provide oversight,  
13 guidance, refinement, and support to CDMH during the Emily Q Nine Point Plan  
14 implementation phase.

15

16 Specific key activities of the Settlement Team include:

- 17 • *Monthly day-long meetings in Sacramento* to review plan progress and provide  
18 support to CDMH staff in implementing the plan.
- 19 • *Team member attendance at local county TBS accountability meetings* to  
20 promote and monitor county TBS rollout efforts. Members are reporting  
21 generally positive and encouraging efforts among the counties that have initiated  
22 their part of the Nine Point Plan effort.
- 23 • *Direct involvement with CDMH in implementing the Coordination of Care (Point*  
24 *5) effort.* In addition to identifying and contacting potential cross-agency partners  
25 in Nine Point Plan implementation, the Settlement Team has met with  
26 representatives of the Administrative Office of the Court and the Chief Probation  
27 Officers of California during the monthly Settlement Team meetings.
- 28 • *Reviewing and approving the work products of the TACT and ASIS work groups.*  
29 Settlement Team members have been deeply involved in overseeing  
30 development of the TBS Documentation Manual, which has been released in  
31 advanced draft for public review and comment, and have provided leadership

1 and oversight to CDMH in developing an outline and process for the TBS Best  
2 Practice Manual.

- 3 • *Transition of a new parent partner team member.* The original Settlement Team  
4 Parent Representative moved out of state and has been replaced by a new  
5 parent representative, Cynthia Robbins Roth.
- 6 • *Discussion and recommendations regarding Alternative TBS services.* The  
7 Settlement Team is working with the combined TACT and ASIS work groups to  
8 identify the set of guidelines that the Special Master will use to determine  
9 whether or not non-TBS services delivered by the counties may provide an  
10 approach that is equivalent to and produces the same outcomes as TBS. (The  
11 TACT and ASIS work groups have been merged into one monthly meeting due to  
12 CDMH staff cutbacks and to support better use of time and travel among work  
13 group members.)

#### 14 15 16 CDMH Implementation of the Emily Q Nine Point Plan

17 The Department has engaged in a monumental effort to implement the Nine Point Plan.  
18 CDMH lead representative Sean Tracy, with the support of CDMH Director Dr. Stephen  
19 Mayberg, has worked tirelessly in a very difficult public agency context to promote the  
20 plan statewide and to ensure that the rollout timeline is met. In my view, this is a well-  
21 organized rollout effort and the Department is making considerable effort to build  
22 successful TBS relationships with individual county MHPs.

23  
24 Mr. Tracy and I visited all ten Level II counties to encourage and ensure their  
25 participation in the Level II accountability process. Most of these counties were  
26 receptive to the plan rollout although several had to be “pushed” to engage. In most  
27 counties, representatives of the County Executive Officer and County Counsel attended,  
28 along with the Directors of Children’s Mental Health. All ten MHPs have made a  
29 commitment to begin implementing the Nine Point Plan in their county.

30  
31 The Department issued an Information Notice explaining the details of the Court Exit

1 Plan, focusing on the role of the county MHPs in implementing the plan and in helping  
2 DMH satisfy the Court exit requirements. A copy of the DMH Information Notice is  
3 attached to this report as Exhibit A.

4  
5 Several county MHPs have convened their first set of local TBS accountability  
6 meetings. To date, the following Level II counties have convened at least one TBS  
7 Decision-maker or Stakeholder local meeting: Butte, Kern, Los Angeles, San  
8 Bernardino, San Diego, and San Joaquin. CDMH has instructed the remaining Level II  
9 counties to set a firm date for their local TBS meetings by August 1.

10

11 Several Level I counties also have convened their first TBS accountability meeting:  
12 Imperial, San Benito, Santa Barbara, Santa Cruz, and Marin.

13

14 The Department is promoting the TBS plan rollout in spite of enormous state agency  
15 budget problems and loss of staff, and is leading the state-level cross-agency  
16 Coordination of Care effort via its existing relationships with various state agencies,  
17 including the Department of Social Services, the Chief Probation Officers Association,  
18 and the Administrative Office of the Courts.

19

20 The Department has created an Emily Q Web site that offers detailed information about  
21 the Emily Q Nine Point Plan and the overall Emily Q/TBS process. The Web site  
22 includes Court and DMH documents, information about the Settlement Team and work  
23 groups, state- and county-level TBS data, schedules and timelines, technical assistance  
24 documents to assist MHPs with the rollout effort, a monthly E-Newsletter, and other  
25 information. The Web site can be viewed at:

26 [http://www.dmh.ca.gov/Services\\_and\\_Programs/Children\\_and\\_Youth/EPSDT.asp](http://www.dmh.ca.gov/Services_and_Programs/Children_and_Youth/EPSDT.asp)

27

28 CDMH has implemented several key data initiatives to inform and promote increased  
29 TBS utilization statewide. Foremost among these is the development of a combined  
30 CDSS and CDMH database that matches Emily Q class members across both  
31 information systems and combines their foster care and mental health services

1 information into a single unified record; these unified records provide comprehensive  
2 information to support TBS implementation efforts at both the state and local levels.  
3 This database is the first of its kind and it represents a major breakthrough in state-level  
4 data sharing. The CDMH contractor, APS Healthcare, is providing technical assistance  
5 and support in analyzing the combined mental health and child welfare data and  
6 preparing findings for CDMH and the Settlement Team.

7  
8 In addition, DMH has created an on-line “Data Dashboard” Web presentation that  
9 graphically displays TBS utilization and other related data for the ten Level II counties.  
10 These counties are finding this information helpful for understanding local TBS statistics  
11 and for comparing them with statewide data and TBS data from other counties. The  
12 Data Dashboard is available through the Emily Q Web site. DMH is also finding that  
13 several local counties are augmenting the data dashboard information with their own  
14 locally-managed data to better understand local TBS utilization.

15  
16 The draft TBS Documentation Manual has been posted on the Emily Q Web site for  
17 public review and comment (the review period will close on July 20, 2009). Following  
18 the public comment period, CDMH will develop a revised final version of the  
19 Documentation manual for immediate release to the MHPs. CDMH, working with the  
20 Settlement Team, the combined TACT/ASIS work group, and the contractor – the  
21 California Institute of Mental Health – is developing a training plan and program to roll  
22 out the documentation manual.

23  
24 CDMH and the Settlement Team are formulating a comprehensive cross-agency  
25 approach for the TBS Best Practice Manual. Their intent is to provide counties with a  
26 TBS model that makes sense across the various agencies that serve members of the  
27 Emily Q class, including county mental health, child welfare, probation, and community  
28 and family agencies; the goal is to increase TBS access among Emily Q class members  
29 who are served by multiple agencies, and to ensure that all the agencies participate in a  
30 joint TBS service plan for each class member. The Best Practices Manual is currently  
31 in the draft stage with an anticipated publication date of September or October 2009.

## 1 **Special Master Observations**

2 In my role as special master to the Emily Q effort, I would like to report several key  
3 observations and findings regarding the Nine Point Plan rollout effort from January  
4 through July of 2009.

5

### 6 California Context and Service Environment

7 As identified in previous reports, the California service delivery environment is  
8 experiencing significant, and in some cases unprecedented, difficulties that pose  
9 potential barriers to successful implementation of the Nine Point Plan.

- 10 • *Deteriorating state and local economies.* The severe economic downturn is  
11 having the dual effect of increasing overall demand for child and family services  
12 while significantly reducing revenues to provide these services. In spite of the  
13 economic situation, the Level II counties are committing time and resources to  
14 their efforts to increase TBS utilization among Emily Q class members.
- 15 • *Fiscal problems for public and private service agencies.* Agencies at all levels  
16 are laying off staff and curtailing services to children and families; CDMH staff  
17 have been furloughed to reduce department costs. Staff reductions at CDMH  
18 have impacted the Nine Point Plan rollout effort, although Director Mayberg and  
19 Mr. Tracy have maintained sufficient staffing to continue the rollout without  
20 significant delays to the time line.
- 21 • *Draconian proposals to slash state and local programs and staff.* At this time,  
22 there is no budget agreement for 2009/10 and there is considerable confusion  
23 throughout the state as to which child and family service programs will survive  
24 the budget reduction process. Morale at all levels is extremely low.  
25 Nonetheless, CDMH and the Level II counties are remaining engaged and  
26 committed to the Plan rollout effort.
- 27 • *Reduction and loss of safety net programs.* As programs decline or fail in  
28 communities and counties throughout the state, and pressures on families  
29 increase, the demand for TBS among Emily Q class members is expected to  
30 increase. In addition, peripheral programs that ameliorate the need for higher  
31 level foster placement are likely to be less available for the next few years,



1           thereby increasing use of or need for foster group home placement and placing  
2           more pressure on local TBS efforts. The exact impact of losing safety net  
3           programs is unknown at this time, although it is likely that demand for TBS will  
4           increase and, correspondingly, utilization most likely also will increase.

- 5           • *Political and governmental paralysis.* The failure of political leaders to resolve  
6           long-standing budget problems in California has spread to all lower levels of  
7           government, and county decision makers are unable to set county budgets in the  
8           absence of a state budget. Until the state budget is set, local MHPs will be  
9           unable to make clear decisions regarding their 2009/10 programs, including TBS.

#### 10 11 Relationship between CDMH and CMHDA.

12           Since my last report, there is continued strain between CDMH and the California Mental  
13           Health Directors Association (CMHDA). The CMHDA representatives who were initially  
14           engaged in the Emily Q planning effort stepped out of the process last fall and remain  
15           disengaged from the Settlement Team. There has been further deterioration in the  
16           CDMH/CMHDA relationship due to the current financial environment.

17  
18           I have continuously encouraged CDMHA to rejoin the Settlement Team, but they are  
19           refusing to reengage due to other differences with CDMH that are not directly related to  
20           TBS. Both CDMH and the Settlement Team are continuing to reach out to local county  
21           MHPs by sidestepping CMHDA in order to promote the Nine Point Plan work in spite of  
22           state/county differences.

#### 23 24 Settlement Team and CDMH Performance Under Difficult Conditions

25           In spite of the barriers facing all the parties, I am deeply impressed by the dedication of  
26           Settlement Team members and CDMH leadership and staff at all levels.

27  
28           Director Mayberg has delegated authority to Sean Tracy as representative of CDMH.  
29           Mr. Tracy, who replaced the original CDMH representative at midstream during the  
30           Emily Q planning process, has been a very effective leader in the plan implementation  
31           effort. He is committed to timely implementation of the plan and has put considerable

1 effort into problem solving the many day-to-day tasks and decisions that have to be  
2 made to convert the plan into action throughout the state. I have worked closely with  
3 Mr. Tracy during the past six months and am confident that he has the authority,  
4 capacity, and energy to make this plan work from the state level.

5  
6 During the interest-based planning process, the various parties to the Emily Q lawsuit  
7 set aside their many differences and moved forward to create a consensus-based  
8 settlement plan. The parties remain committed to the plan, energetically problem-  
9 solving and assisting CDMH, the implementation leader. The Settlement Team has  
10 demonstrated remarkable cohesion throughout the effort, approaching the rollout tasks  
11 with optimism and commitment to each of the nine points and to the overall goal of  
12 increasing TBS utilization statewide. I am confident that the Settlement Team,  
13 supporting CDMH, can implement the plan and achieve the intended long-term results.

14  
15 While it is too early to determine the effects of the Nine Point Plan on TBS utilization  
16 and access, I am impressed with individual county MHP efforts to identify opportunities  
17 and to increase TBS access and utilization at the local level. CDMH, with input from the  
18 Settlement Team is preparing the October 2009 TBS Progress Report to the Court,  
19 collecting data from the counties that will shed more light on overall progress of the Nine  
20 Point Plan. I believe that this October report will contain empirical information regarding  
21 TBS implementation that will help inform the Court about actual plan progress. The  
22 special master will also be filing a report to the court at that time.

23

#### 24 Relationship Between CDMH and County MHP Contracts

25 My principal uncertainty at this time concerns the relationship between CDMH and  
26 CMHDA, which has been vested with some level of representative authority by the  
27 county MHPs. CMHDA is speaking out openly against CDMH and against the TBS  
28 plan, which is creating some confusion among some counties. For me, in particular,  
29 this conflict has raised questions about the scope of the Court's jurisdiction with regard  
30 to the state/MHP contractual relationship. At this time, I am satisfied with the  
31 instructions CDMH is providing to the MHPs, especially through the Information Notice

1 regarding the Court Exit Plan. I am optimistic that this process will clarify the partners'  
2 intention in increasing TBS utilization sufficiently to motivate all MHPs to engage. I will  
3 continue to monitor this matter and keep the Court advised.

4

5

6 **Special Master Recommendations to the Court**

7 In spite of the chaotic government environment that is currently dominating service  
8 delivery in every county throughout California, the planning partners continue to move  
9 the plan forward, and many county and local provider staffs are responding positively to  
10 the Nine Point Plan, helping shift plan implementation from the state to the local level.  
11 My recommendation to the Court at this time is to remain on course with the plan time  
12 line, continue to support CDMH and Settlement Team efforts, and watch and wait as the  
13 counties ramp up their TBS efforts.

14

15 In closing, I would like to again thank the Court for affording me the privilege of serving  
16 as special master for the Emily Q case.

17

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19 Dated: July 16, 2009

Respectfully Submitted

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Richard Saletta, LCSW

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**Appendix A:**

**DMH Information Notice 09-10**