Case 2:98-cv-04181-AHM-AJW Document 596 Filed 03/30/10 Page 1 of 22 1 EDMUND G. BROWN JR. Attorney General of California PAUL REYNAGA 2 Supervising Deputy Attorney General 3 Mêlinda Vaughn Deputy Attorney General State Bar No. 120446 1300 I Street, Suite 125 4 5 P.O. Box 944255 Sacramento, CA 94244-2550 Telephone: (916) 324-7873 Fax: (916) 324-5567 E-mail: Melinda.Vaughn@doj.ca.gov 6 7 Attorneys for Defendant 8 9 IN THE UNITED STATES DISTRICT COURT 10 FOR THE CENTRAL DISTRICT OF CALIFORNIA < 11 12 13 EMILY Q., et al., CV 98-4181 AHM (AJWx) 14 Plaintiffs, **CDMH'S MARCH 2010 COUNTY** 15 MENTAL HEALTH PLAN PROGRESS REPORT V. 16 DIANA BONTA, et al., [No Hearing Required] 17 Defendant. 18 Courtroom: 14 19 Judge: The Honorable A. Howard Matz 20 21 The California Department of Mental Health (CDMH) submits the attached 22 March 2010 County Mental Health Plan Progress Report. 23 24 25 26

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1	Dated: March 25, 2010	Respectfully submitted,
2		EDMUND G. BROWN JR.
3	*	Attorney General of California PAUL REYNAGA Supervising Deputy Attorney General
4		/s/
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7	*	Deputy Attorney General Attorneys for Defendant
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Therapeutic Behavioral Services County Mental Health Plan 2009 Progress Report (March 2010)

Purpose: The goal of the Therapeutic Behavioral Services (TBS) Accountability Structure is to identify and develop a statewide practice and performance improvement structure. This structure includes the evaluation of claims data, a local TBS meeting process, and the development and submission of 2009 County Mental Health Plan (MHP) summary reports received. This accountability structure is designed to help the State and MHPs effectively ensure that TBS is accessible, effective, and sustained for the Emily Q class members as outlined in the Court-approved TBS Plan.

This report will be used by DMH and the Emily Q Settlement Team to identify successes and address challenges experienced by MHPs during their implementation of the Nine Point Plan. DMH has also proposed a summary of next steps which are attached at the end of this report. The scoring criteria for this progress report are also included.

Special Note regarding Red scores: During the 2009 implementation efforts, DMH identified MHPs that had not communicated their progress toward the criteria set forth for success in the Nine Point Plan. DMH made specific outreach efforts to MHP directors and TBS coordinators on October 3, October 22, and between December 6-9, 2009. Statewide, 29 counties are on track and making strong progress on implementation; 4 counties are making strong progress on implementation, however, TBS utilization remains at 0%; 10 counties need improvement on implementation; and 13 counties may need further DMH technical assistance to achieve successful implementation.

For more information, please visit the State DMH TBS website at http://www.dmh.ca.gov/Services_and_Programs/Children_and_Youth/EPSDT.asp or contact TBS@dmh.ca.gov or Sean Tracy, Assistant Deputy Director, Community Services Division at (916) 651-1281.

Nine Point Plan Implementation Scores

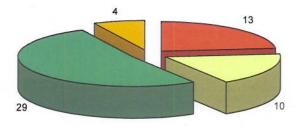
0-7, red: MHP may need further DMH technical assistance to achieve successful implementation of the Nine Point Plan

8-12, yellow: Implementation of Nine Point Plan needs improvement

MHP on track and making strong progress on implementation, however TBS utilization remains at 0%

13-20, green: On track and making strong progress on implementation of the Plan

2009 Implementation Summary 56 MHPs Total (All MHPs)

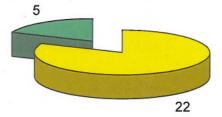


Level II Benchmark Criteria

Less than 4% TBS utilization

4% TBS utilization rate or greater

2009 Benchmark Summary 27 MHPs Total (Level II MHPs)





Therapeutic Behavioral Services County Mental Health Plan Progress Report Scoring Criteria

Category	Criteria (Each category has a possible total of 5 points)
Completion of DMH Info Notice 09-10 Form	 1 point: MHP indicates they have read and evaluated the Nine Point Plan. 1 point: MHP provides a management level point of contact for TBS efforts. 1 point: MHP lists date(s) for stakeholder meeting(s). 1 point: MHP lists date(s) for decision-maker meeting(s). 1 point: MHP submitted form prior to October 2009. (Note: DMH Info Notice 09-10 called for completion by August 2009)
Stakeholder Meeting	1 point: MHP submitted list of attendees. 3 points: Attendees included representatives of the following 8 groups (per Nine Point Plan): - Public agency staff and others providing mental health or related services Contract mental health agency staff including all TBS providers Education providers Parents and youth Group home providers and foster parents, or child welfare representatives Officers of the Court involved in juvenile matters Attorneys practicing in delinquency and dependency court Members of the faith community and other volunteer organizations. 1 point: The appropriate number of meetings (Level I vs. Level II requirements) were held in 2009.
Decision- Maker Meeting	1 point: MHP submitted list of attendees. 2 points: Attendees included representatives of the following 6 groups (per Nine Point Plan): - Child Welfare Services Director Chief Probation Officer or Deputy Chief of Juvenile Probation Presiding Judge of the Juvenile Court County Office of Education Special Education Director Parent/Child Advocate Representatives Local TBS Provider Representatives. 1 point: The majority of attendees were from the director/executive level as indicated in the list above. 1 point: The appropriate number of meetings (Level I vs. Level II requirements) were held in 2009.

Quality of Note: To receive points in this category, the criteria must be met in all reports Local Meeting submitted (stakeholder and decision-maker). Reports 1 point: Thoughtfully answered question 1, Are the children and youth in the county who are Emily Q class members and who would benefit from TBS. getting TBS? 1 point: Thoughtfully answered question 2, Are the children and youth who get TBS experiencing the intended benefits? 1 point: Thoughtfully answered question 3, What alternatives to TBS are being provided in the county? 1 point: Thoughtfully answered question 4. What can be done to improve the use of TBS and/or alternative behavioral support services in the county? 1 point: Supporting/additional helpful materials were provided voluntarily. Separate Benchmark Criteria 4% Benchmark Green: MHP meets the 4% benchmark criteria as outlined in the Courtordered Exit Strategy; or Gold: MHP does not meet 4% benchmark. Note: To find out how many additional children will need TBS in order to meet your 4% benchmark, please refer to your data dashboard by clicking on "4% benchmark" to the left. *Source: 4% benchmark progress for Calendar Year 08 as noted in the Track 1 data dashboards. Suggestions for Improvement This component is not scored. Recommendations for improvement are based on requirements of the Nine Point Plan. To read the Nine Point Plan. please visit the DMH TBS website at http://www.dmh.ca.gov/Services and Programs/Children and Youth/docs/E PSDT do Suggestions to

This segment also includes examples of noteworthy efforts each county is

implementation undertaking to ensure the successful implementation of the Nine Point Plan.

improve TBS

			evel II MHP		Telephone and	MALINAS CALLED
MHP	Notice 09-10	1	Decision- Maker Meeting	Local Meeting Reports	Total Score	4% Bench-
1.0.50	Completion of DMH Info	8	Decision	Quality of		

Alameda* 5 2 3 5 15 1.73%
To improve TBS Nine Point Plan implementation, include representatives from more groups (see attached scoring criteria). Also, continue to work to increase TBS utilization as measured by the 4%

attached scoring criteria). Also, continue to work to increase TBS utilization as measured by the 4% benchmark. Successes: Alameda appears to have successfully built upon earlier TBS meeting discussions to ensure local conversations become more productive and focused, and coordination of care appears to be increasing as a result. Alameda discussed improving discharge planning by incorporating TBS outreach; and they are interested in improving outreach to partner agencies by communicating the value of TBS with their specific populations.

Butte* 5 2 5 5 17 1.41%

To improve TBS Nine Point Plan implementation, include representatives from more groups (see attached scoring criteria). Also, continue to work to increase TBS utilization as measured by the 4% benchmark. Successes: Promising areas of collaboration have been identified between mental health and probation, including use of an assessment tracking tool and creating a matrix of mental health services available to a specific population.

Kern* 5 5 3 4 17 0.38%

To improve TBS Nine Point Plan implementation, include representatives from more groups (see attached scoring criteria). Also, continue to work to increase TBS utilization as measured by the 4% benchmark. Successes: Kern has identified many opportunities for action to be taken to improve access and utilization of TBS, including possible flag notification in claiming system software. Also, Kern plans to ensure that hospitals are distributing the TBS brochure to parents of eligible children. Kern also ensures that TBS data is incorporated into local conversations.

Los Angeles* 4 3 3 2 12 1.76%

To improve TBS Nine Point Plan implementation, submit a stakeholder meeting report. The decision-maker meeting report included mental health staff, but should include other service agencies as well. Increase TBS utilization as measured by the 4% benchmark. Successes: Los Angeles appears to be successfully dispelling past misconceptions regarding TBS during their stakeholder meetings and quarterly TBS provider meetings.

Monterey* 0 3 3 9 0.91%

Monterey held stakeholder and decision-maker meetings in 2009 as required in the Nine Point Plan. (Note: CDMH received a report from Monterey in January 2010 and hosted two conference calls to discuss MHP plans. One call involved the Monterey MHP Director, management/staff responsible for TBS, the Special Master and DMH management and staff. The second call was focused on training needs for Monterey and included CDMH contractors CiMH and APS Healthcare. Monterey County has committed to going forward in 2010 as prescribed in the Nine Point Plan).

^{*}MHP must meet Level II requirements per the Nine Point Plan (4 meetings per year). The remaining Level II MHPs are required to hold 2 meetings per year.

^{**}Only Level II MHPs are held to the 4% benchmark criteria. Data based on approved CY08 claims.

	Completion of DMH Info		Decision-	Quality of Local		
MHP	Notice 09-10	Stakeholder Meeting		Meeting Reports	Total Score	4% Bench- mark**

San Bernardino* 5 2 3 5 15 0.95%

To improve TBS Nine Point Plan implementation, include representatives from more groups (see attached scoring criteria) and increase TBS capacity. Successes: San Bernardino is ensuring that the data dashboard is incorporated into the local TBS meetings. San Bernardino identified many opportunities for collaboration between Behavioral Health and Child and Family Services, for example, improving the referral process, implementing TBS screening with the Forensic Adolescent Services Team, and addressing issues related to children being placed out-of-county. They are also revising their TBS manual, and possibly creating a TBS referral help sheet for social workers.

San Diego* 5 5 18 1.44%

To improve TBS Nine Point Plan implementation, include representatives from more groups (see attached scoring criteria) and increase TBS utilization as measured by the 4% benchmark. Successes: San Diego has a successful model for including parents and family members. They have convened multiple focus groups to obtain parent/family member input regarding TBS. They have identified key recommendations for engaging youth/family in TBS programs. For instance, put emphasis on youth - TBS coach match and using technology to provide outreach. San Diego TBS staff have conducted 45 presentations reaching over 600 consumers, stakeholders, and agency partners. San Diego has also thought creatively about ways to increase referrals such as incentives to referring parties, ice cream socials, and distributing TBS brochures in foster homes.

San Joaquin* 5 0 0 0 5 1.17%

To improve TBS Nine Point Plan implementation, submit local TBS meeting reports and increase TBS utilization as measured by the 4% benchmark.

(**Note**: CDMH hosted a call with the San Joaquin MHP TBS & Childrens Services Manager in January 2010 to discuss MHP plans, updates and outreach efforts. San Joaquin County committed to submitting their 2009 reports and going forward in 2010 as prescribed in the Nine Point Plan, however their reports have not been received by DMH).

Sonoma* 5 2 2 4 13 1.14%

To improve TBS Nine Point Plan implementation, include representatives from more groups (see attached scoring criteria) and increase TBS utilization as measured by the 4% benchmark and include higher level representatives in decision-maker meetings. Successes: Sonoma has identified opportunities to increase coordination with Education. In addition, they have integrated lessons learned from their EPSDT performance improvement project regarding the use of TBS as a strategy for reducing repeat psychiatric hospitalizations. The Sonoma MHP Director and County Counsel became formal members of the Emily Q Settlement Team in January 2010 and represent the California Mental Health Directors Association.

^{*}MHP must meet Level II requirements per the Nine Point Plan (4 meetings per year). The remaining Level II MHPs are required to hold 2 meetings per year.

^{**}Only Level II MHPs are held to the 4% benchmark criteria. Data based on approved CY08 claims.

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МНР	Completion of DMH Info Notice 09-10 Form	21-2-10 W- W - 10 - 10 - 10 - 10	Decision- Maker Meeting	Quality of Local Meeting Reports	Total Score	4% Bench- mark**
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Tulare*	5	2	2	4	13	0.29%

To improve TBS Nine Point Plan implementation, continue to work toward increasing TBS utilization as measured by the 4% benchmark. Successes: Tulare has thoroughly identified barriers to eligible children receiving TBS. Solutions that they are exploring include training parents/caregivers, improving coordination of care, implementing a TBS assessment tool, and advocating that TBS be provided to children sooner rather than as a last resort. Tulare is also discussing administrative issues such as funding, staffing, and updating forms, policies, and procedures.

^{*}MHP must meet Level II requirements per the Nine Point Plan (4 meetings per year). The remaining Level II MHPs are required to hold 2 meetings per year.

^{**}Only Level II MHPs are held to the 4% benchmark criteria. Data based on approved CY08 claims.

Remaining Level II MHPs

MHP	Form	Meeting	Meeting	Reports	Score	mark**
	Notice 09-10		Augustical actions	Meeting	Total	4% Bench
	of DMH Info		Decision-	Local		
	Completion			Quality of		

Note: The following 17 medium and large MHPs are only responsible for meeting Level I requirements, however, they are still required to meet the 4% benchmark.

Contra Costa 5 2 2 5 14 5.44%
To improve TBS Nine Point Plan implementation, submit decision-maker meeting report and attendance when completed. Successes: Contra Costa has incorporated additional county data to inform stakeholders of TBS access, utilization, and outcomes. Contra Costa also offers monthly TBS trainings. Stakeholders identified areas to improve TBS including making the referral system more user-friendly for parents and increasing school involvement.

Fresno 5 2 5 4 16 1.47%
To improve TBS Nine Point Plan implementation, include representatives from more groups at stakeholder meeting; and make attendee organizations on sign-in sheet more readable. Successes: Fresno has examined the referral process, looking for areas for improvement. Coordination of care discussions included exploring partner agencies' referral rates, and increasing outreach to these agencies. Also discussed the need for outreach to staff working in rural areas of the county.

Marin 5 2 2 5 14 2.08%

To improve TBS Nine Point Plan implementation, include representatives from more groups in local TBS stakeholder and decision maker meetings (see attached seering criteria); and increase TBS

TBS stakeholder and decision-maker meetings (see attached scoring criteria); and increase TBS utilization as measured by the 4% benchmark. Explore possible barriers to access beyond eligibility requirements. Successes: Increased communication with Juvenile Justice and Education, who feel that TBS is under-utilized in the populations they serve.

Merced 5 1 1 0 7 0.31%

To improve TBS Nine Point Plan implementation, submit stakeholder and decision-maker meeting report (template located on DMH TBS website) along with lists of attendees; address the Four Questions in local meeting reports; and increase TBS utilization as measured by the 4% benchmark. Successes: Merced indicated that outcomes of their stakeholder and decision-maker meetings include assigning onsite clinicians to Child Welfare to assist with screening and assessment, establish a weekly providers committee aimed at increasing access to Specialty Mental Health Services for high-risk youth, and collect and monitor data on referrals. Merced is also utilizing technology to improve access and utilization by placing TBS forms on the Child Welfare server and instituting automatic TBS referrals for youth placed in crisis stabilization units and psychiatric hospitals.

Orange 5 1 1 1 4 11 2.47%

To improve TBS Nine Point Plan implementation, submit stakeholder meeting report; submit lists of attendees; and increase TBS utilization as measured by the 4% benchmark. Successes: Orange addressed issues such as TBS access for children placed out of county, improvements in transitions for children leaving juvenile hall, increasing outreach to beneficiaries, and demonstrated efforts for improving cultural competence initiatives.

^{*}MHP must meet Level II requirements per the Nine Point Plan (4 meetings per year). The remaining Level II MHPs are required to hold 2 meetings per year.

^{**}Only Level II MHPs are held to the 4% benchmark criteria. Data based on approved CY08 claims.

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MHP	Notice 09-10	Stakeholder	State of the state	Meeting Reports	Total Score	4% Bench- mark**
	Completion of DMH Info		Decision-	Quality of Local		

To improve TBS Nine Point Plan implementation, submit list of attendees for stakeholder meeting (see lists of required representatives in attached scoring criteria); and increase TBS utilization as measured by the 4% benchmark. Successes: Placer/Sierra has identified a need to increase outreach to parents and family members; planned efforts to increase outreach include informing parents of TBS services at more points throughout the system of care. The county is also exploring bringing TBS information to the Placer SMART Policy Board, a coordination of care forum.

Riverside 5 2 3 1 1 2.13%

To improve TBS Nine Point Plan implementation, address the four questions in local TBS meeting reports (report template can be found on the DMH TBS website); include representatives from more groups (see attached scoring criteria); and increase TBS utilization as measured by the 4% benchmark. Successes: Riverside included a thorough presentation covering Emily Q. background, current TBS information, and relevant county data.

Sacramento 5 2 3 4 14 2.63%

To improve TBS Nine Point Plan implementation, submit local TBS meeting reports addressing all four questions (separate report for stakeholder and decision-maker meetings; template available on DMH TBS website); and increase TBS utilization as measured by the 4% benchmark. Successes: Sacramento has incorporated TBS state and county data in the local TBS conversations; county outcome data indicates that over 75% of children met their TBS treatment goals and completed expected outcomes. Sacramento prepared a presentation including a profile of county TBS youth, placement changes, and reasons for discharge.

 San Francisco
 5
 3
 0
 3
 11
 2.64%

To improve TBS Nine Point Plan implementation, increase TBS utilization as measured by the 4% benchmark. The Decision-Maker meeting was postponed until 2010, thus lowering San Francisco's score.

 San Luis Obispo
 5
 2
 5
 4
 16
 5.50%

To improve TBS Nine Point Plan implementation, include more representation in the stakeholder meeting (see attached scoring criteria). Successes: San Luis Obispo utilized TBS data to inform their discussions. Although TBS access and utilization is recognized by participants as high, they still identified areas for improvement. Solutions included training probation officers, targeting the 18-21 year-old eligibles, increase engagement of family partners in treatment planning, streamlining paperwork, and increasing outreach to school personnel and physicians.

^{*}MHP must meet Level II requirements per the Nine Point Plan (4 meetings per year). The remaining Level II MHPs are required to hold 2 meetings per year.

^{**}Only Level II MHPs are held to the 4% benchmark criteria. Data based on approved CY08 claims.

	Completion			Quality of		
	of DMH Info	±	Decision-	Local		
	Notice 09-10	Stakeholder	Maker	Meeting	Total	4% Bench-
MHP	Form	Meeting	Meeting	Reports	Score	mark**

To improve TBS Nine Point Plan implementation, increase TBS utilization as measured by the 4% benchmark. Successes: San Mateo discussed the TBS data dashboard. They discussed increasing outreach to transition age youth, Health Plan of San Mateo, and schools. San Mateo mental health can increase outreach to probation through the Probation Department Resource Review Board meetings. They are exploring ways to identify eligible youth sooner to reduce the number of hospitalizations.

3

3 28%

3

5

San Mateo

Santa Barbara 5 2 2 4 13 5.71%

To improve TBS Nine Point Plan implementation, submit list of attendees for stakeholder meeting and include more representatives at the decision-maker meeting (see lists of required representatives in attached scoring criteria). Successes: clinics are beginning to allow referring sources other than mental health, such as probation and child welfare. Parents appreciate the cultural sensitivity, Santa Barbara continues to use the cultural sensitivity training program offered by the TBS Provider group. Continuing efforts to increase outreach to parents/families/clients. Eligibility criteria and the referral process were clarified for partner agencies.

Santa Clara 5 2 1 5 13 5.32%

To improve TBS Nine Point Plan implementation, submit decision-maker meeting report when completed. Successes: Santa Clara has identified potential areas for improvement, including increased outreach to schools, increased cultural competency, need for systematic/uniform method for screening TBS eligible youth, and a need to improve communication with probation, legal advocates, judges and school psychologists. Santa Clara used the TBS data dashboard to inform the discussion, and recognized a need for the county to track standardized data to measure client success.

Santa Cruz 5 2 2 4 13 0.42%

To improve TBS Nine Point Plan implementation, submit all lists of attendees (see attached scoring criteria); expand discussions around the four questions to identify potential areas for improvement; and and increase TBS utilization as measured by the 4% benchmark. Successes: decision-makers identified potential solutions such as discussing TBS in probation twice-weekly placement meetings and increasing outreach to special education.

Solano 5 5 1 5 16 1.53%

To improve TBS Nine Point Plan implementation, submit decision-maker meeting report when completed; and increase TBS utilization as measured by the 4% benchmark. Successes: Solano also submitted outreach fliers and a consumer-friendly presentation to stakeholders. They also used county TBS data to inform the discussion. They identified solutions to improve access and utilization of TBS, including working with Child Welfare and Probation to see TBS as a means of preventing higher/multiple placements, increase outreach to Public Health, provide training to mental health staff and providers, and ensure distribution of updated TBS materials.

^{*}MHP must meet Level II requirements per the Nine Point Plan (4 meetings per year). The remaining Level II MHPs are required to hold 2 meetings per year.

^{**}Only Level II MHPs are held to the 4% benchmark criteria. Data based on approved CY08 claims.

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МНР	Completion of DMH Info Notice 09-10 Form		Decision- Maker Meeting	Quality of Local Meeting Reports	Total Score	4% Bench- mark**
Stanislaus	5	1		2	4	12 1.60%

To improve TBS Nine Point Plan implementation, submit stakeholder meeting report and increase TBS utilization as measured by the 4% benchmark. Successes: Stanislaus has identified probationary minors as a target population that is most underserved by the TBS program. Staff have engaged in multiple training and outreach sessions with probation, and they have since seen increases in TBS referrals.

Ventura 5 2 1 4 12 7.48%

To improve TBS Nine Point Plan implementation, submit additional meeting report (there should be separate reports addressing the four questions for the stakeholder and decision-maker meetings). Successes: Ventura incorporated the TBS data dashboard into their discussion. They also identified areas for improving access and utilization of TBS, including increased outreach to community based organizations, holding mandatory TBS trainings for providers and clinicians serving children who are currently receiving TBS, and implementing an outcome measure.

^{*}MHP must meet Level II requirements per the Nine Point Plan (4 meetings per year). The remaining Level II MHPs are required to hold 2 meetings per year.

^{**}Only Level II MHPs are held to the 4% benchmark criteria. Data based on approved CY08 claims.

Level I MHPs

	Completion of DMH Info		Decision	Quality of Local		4%
		Stakeholder	- Caracona and Car	Meeting	Total	Bench-
MHP	Form	Meeting	Meeting	Reports	Score	mark**
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		Level I MI	APS .	Carlo de la Car	See Age of State of	
Alpine	5	2	2	4	13	0%
To improve TBS Ni decision-maker me criteria). Successe progress toward im TBS brochures, promeetings, and mee about TBS.	eetings; and indees: Although Al aproving accessoviding TBS tra	clude represer pine has not u s and utilization aining at staff r	tatives from matriced TBS set on of TBS. Straneetings, discrete	nore groups (services in the particular included ategies included uss TBS issue	ee attached s ast, they are e disseminati s at multi-age	coring making ng revised ency
Amador	5	2	2	4	13	0%
meetings (see attaction TBS including lack regarding eligibility and examine their	of knowledge criteria, and c	about what TE ulture/languag	BS can do, lack e issues. Ama	c of clarity amo	ong other age ed to increas	ncies e outreach
Calaveras	5	2	2	4	13	2.15%
To improve TBS Ni meetings (see attac such as increasing for CPS workers, a	ched scoring o TBS awarene	riteria). Succe ss, discussing	esses: Calaver TBS delivery	as has identificini isolated area	ed potential s	olutions
Colusa	0	0	0	0	0	0%
To improve TBS Ni meeting reports.	ne Point Plan	implementatio	n, submit Info	Notice 09-10 F	orm and loca	
Del Norte To improve TBS Ni	5 ne Point Plan	1 implementatio	1 n, submit local	0 TBS meeting	7 reports.	0.49%
El Dorado	5	1	1	0	7	0.36%
To improve TBS Ni	ne Point Plan	implementatio	n, submit local	1///	reports.	

^{**}Only Level II MHPs are held to the 4% benchmark criteria. Data based on approved CY08 claims.

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MHP	Completion of DMH Info Notice 09-10 Form	Stakeholder	Decision Maker Meeting	Quality of Local Meeting Reports	Total Score	4% Bench- mark**
Glenn			8			13 2.68

To improve TBS Nine Point Plan implementation, submit separate reports for stakeholder and decision-maker meetings; and include representatives from more groups (see attached scoring criteria). In regards to question #1, explore whether there are any children in the Emily Q class who are already enrolled in mental health services, who are not receiving TBS (see DMH Information Notice 08-38 for class criteria). Successes: Glenn plans to distribute updated TBS brochures to psychiatric inpatient hospitals and other Medi-Cal access points, provide TBS training at staff meetings, put TBS on the agenda for other monthly meetings, and increase outreach to Glenn's family organization.

Humboldt 5 2 3 4 14 1.25%

To improve TBS Nine Point Plan implementation include representatives from more groups in local meetings (see attached scoring criteria). Successes: Humboldt has successfully identified challenges including caregivers' reluctance to participate based on the "at risk for higher placement" verbiage, and the system's difficulty reaching transition age youth for TBS. Potential solutions include standardizing forms, increasing outreach and addressing TBS misinformation, increasing training and support for providers, and exploring tracking outcomes data.

Imperial 5 2 2 4 13 0.06%

To improve TBS Nine Point Plan implementation include representatives from more groups in local meetings (see attached scoring criteria). Successes: Imperial incorporated county data into their local TBS discussions. Potential methods for increasing access and utilization include increasing outreach, clarifying eligibility criteria, and increasing coordination with key agencies. Probation and Social Services serve youth that could benefit from TBS, but they are looking for services outside of ICBHS due to the lengthy authorization process; lack of accurate TBS information and confusion around eligibility were also identified as barriers. Imperial identified solutions such as increasing outreach and collaboration, as well as discussing the TBS admission process.

Inyo 5 3 2 4 14 0.75%

Inyo MHP implemented the TBS Nine Point Plan by submitting separate stakeholder and decision-maker meeting reports, which included more representatives from advocacy groups. Regarding question #1, Inyo explored whether more children could benefit from TBS, since the educational setting has been very successful with TBS. Successes: Inyo plans to update their TBS brochures and distribute, in English and Spanish, to key community locations. Inyo will provide TBS training at staff meetings and they are developing wraparound services in the county.

^{**}Only Level II MHPs are held to the 4% benchmark criteria. Data based on approved CY08 claims.

	Completion			Quality of			
	of DMH Info		Decision	Local		4%	
	Notice 09-10	Stakeholder	Maker	Meeting	Total	Bench-	
MHP	Form	Meeting	Meeting	Reports	Score	mark**	
Kings	5	2	1	4	12	0.70%	
To improve TBS N representatives fro #1, decision-make exploring opportunation recognizes that incomplete in the second in the s	om more group ers noted that th nities to identify	s (see attache nere were eligi and address	d scoring crite ble children no possible barrie	ria). Successe at receiving TB ars to increase	es: regarding S, and Kings	question is	
Lake	5	3	0	2	10	1.04%	
To improve TBS N	line Point Plan	implementatio	n, improve the	quality of loca			
increase utilization							
score.					•	Ü	
Lassen	5	4	4	2	15	0%	
To improve TBS N	line Point Plan	implementatio	n, increase uti	lization of TBS	B. TBS issue:	s to	
address for the co	unty include aw	vareness of the	e service, bene	efits to families	and training	to staff	
and other service a							
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)	0	0	0	3	0.29%	
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^{**}Only Level II MHPs are held to the 4% benchmark criteria. Data based on approved CY08 claims.

	Completion of DMH Info		Decision	Quality of Local		4%
	Notice 09-10	Stakeholder	Maker	Meeting	Total	Bench-
MHP	Form	Meeting	Meeting	Reports	Score	mark**

Napa 5 2 5 4 16 3.13%

To improve TBS Nine Point Plan implementation, include representatives from more groups (see attached scoring criteria). Successes: Napa identified a need for increased outreach to inform stakeholders about TBS, as well as a need for increased training and cultural competency. There is also a need to identify mental health issues in the probation population more quickly. Specifically, Napa is exploring increasing TBS awareness at childcare centers and preschools, ways to identify children "at risk of hospitalization," and examining the lengthy 30-day assessment and plan development process. Increasing outreach to Child Welfare regarding successful outcomes, and what TBS does, would help dispel the myth that *it's often too late for TBS*. The DA representative offered to advocate among probation staff, and the Police Department suggested outreach to the School-Law Meeting.

Nevada 5 1 5 4 15 0.55%

To improve TBS Nine Point Plan implementation, submit stakeholder meeting report. Successes: question #1, decision-makers noted that there were eligible children not receiving TBS, and Nevada will need to explore opportunities to identify and address possible barriers to increase access. Nevada is working with wraparound providers; they are authorized to deliver TBS in their contracts, so the MHP and these providers are looking to strengthen TBS without an increase in contract amount. In future meetings, examine additional options for improving delivery of TBS.

Plumas 5 1 1 0 7 0%

To improve TBS Nine Point Plan implementation, submit lists of attendees and address the four questions in local TBS meeting reports. It is important to note (4-8-09 meeting) that probation youth may be eligible for TBS (please see DMH Information Notice 08-38 for eligibility criteria). Also, TBS has changed since its initial implementation, so many brochures need to be updated (4-28-09 meeting). Successes: Plumas provided an overview of TBS in two educational presentations in 2009.

San Benito 5 2 2 4 13 1.38%

To improve TBS Nine Point Plan implementation, record and submit separate reports to reflect the different conversations in stakeholder and decision-maker meetings; and include participant organizations on list of attendees. Regarding question #1, identify whether there are any Medi-Cal eligible children not currently receiving mental health services who need TBS and other EPSDT mental services (see data dashboard on DMH TBS website for ideas). Successes: San Benito plans to update and disseminate TBS brochures to key community locations. They will also provide TBS training at staff meetings.

^{**}Only Level II MHPs are held to the 4% benchmark criteria. Data based on approved CY08 claims.

	Completion			Quality of		
	of DMH Info		Decision	Local		4%
	Notice 09-10	Stakeholder	Maker	Meeting	Total	Bench-
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		0.00				
Shasta	5	3	2	3	13	1.039
To improve TBS N	line Point Plan	implementatio	n, increase TE	3S utilization a	nd education	to mental
health providers, f	amilies and oth	er service pro	viders in Shas	ta county.		
				8		
Siskiyou	0	0	0	0	0	1.799
To improve TBS N	line Point Plan	implementatio	n, submit Info	Notice 09-10 I	Form and loc	al TBS
meeting reports.						
0.44 8/ 1						
Sutter/Yuba	5				1,000	0.36%
To improve TBS N						
and referrals in bo						
at the local TBS m		the counties sh	nould outreach	to children an	nd families tha	at may be
included in the Em	ily Q class.					
				36		v
Tehama	5	1	1	0	7	0.179
To improve TBS N	line Point Plan	implementatio	n, submit local	TBS meeting	reports.	
			-			
Trinity	5	2	3	5	15	0%
To improve TBS N	line Point Plan	implementatio	n, include repr	esentatives from	om more grou	ups at loca
TBS meetings (see						
TBS services if the						
agency.	FI				J	
Tuolumne	5	1	1	0	7	0%
		1 implementatio	1 n, submit local		reports.	0%
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Next Steps: Therapeutic Behavioral Services County Mental Health Plan Progress Report March 2010

During the first year of this system reform initiative, guided by a comprehensive and court authorized Emily Q TBS Nine-Point Plan, the national and state economies have been devastated by historically low tax revenues and severe budget cuts to public health & human services systems. County Mental Health Plans (MHPs) are directly impacted and new initiatives and system changes are challenged by the serious reduction in resources.

This economic and budgetary reality creates opportunities for state and local systems to evaluate different innovative and more efficient ways to provide critical public mental health services. The Therapeutic Behavioral Services Emily Q Nine-Point Plan was designed to support a multi-disciplinary and leadership discussion across the system to determine how we – the public sector – can better serve children who need very intensive and expensive mental health services.

This first-year TBS MHP program report will be utilized by DMH and the Emily Q Settlement Team – with the support of the TBS Accountability Communication and Training (TACT) Team – in the following ways:

- Communicate and collaborate with MHPs about 2009 Nine-Point Plan implementation efforts, with a specific focus on support for improvement to lower performing Level II MHPs;
- Monitor the progress report monthly to identify accomplishments and challenges toward successful implementation of the Nine-Point Plan by December 2010 and beyond;
- Continue data and tracking services for the 10 Level II MHPs and consider opportunities to maximize and broaden these services to other MHPs requesting support and demonstrated participation;
- · Create a small county strategy to increase TBS access and utilization;
- Begin certification with the Court Special Master for MHPs who have met and exceeded Nine-Point Plan requirements that demonstrate a long-term commitment to TBS delivery that supports increased access and utilization;
- Initiate two specific strategy models for youth leadership and performance improvement of TBS services; and cultural competency evaluation and strategy;
- Produce a Coordination of Care Best Practices training manual in April 2010;

- Continue monthly meetings with the Emily Q Settlement Team and TACT teams; and
- Produce for the TBS DMH website a "Monitor Toward Success" gauge. This gauge will announce and record the name, number and performance of MHPs which are certified by the Court Special Master.

DMH, MHPs, Emily Q Settlement Team and TACT are collaboratively working to increase access and utilization to TBS and meet the Court's expectation that 18 of the 27 medium/ large MHPs will be on a trajectory by 2012 to meet and exceed a 4% TBS benchmark.

DECLARATION OF SERVICE BY U.S. MAIL

Case Name: Emily Q., et al. v. Diana Bonta, et al.

Case No.: CV 98-4181 AHM (AJWx)

I declare:

I am employed in the Office of the Attorney General, which is the office of a member of the California State Bar, at which member's direction this service is made. I am 18 years of age or older and not a party to this matter. I am familiar with the business practice at the Office of the Attorney General for collection and processing of correspondence for mailing with the United States Postal Service. In accordance with that practice, correspondence placed in the internal mail collection system at the Office of the Attorney General is deposited with the United States Postal Service that same day in the ordinary course of business.

On March 30, 2010, I served the attached CHMH'S MARCH 2010 COUNTY MENTAL HEALTH PLAN PROGRESS REPORT by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the internal mail collection system at the Office of the Attorney General at 1300 I Street, Suite 125, P.O. Box 944255, Sacramento, CA 94244-2550, addressed as follows:

Allison Wheeler Mental Health Advocacy Services 3255 Wilshire Boulevard, Suite 902 Los Angeles, CA 90010

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct and that this declaration was executed on March 30, 2010, at Sacramento, California.

Patty Conway
Declarant
Signature

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