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9 IN THE UNITED STATES DISTRICT COURT
10 FOR THE CENTRAL DISTRICT OF CALIFORNIA
11

13 **EMILY Q., et al.,**

14 Plaintiffs,

15 v.

16 **DIANA BONTA, et al.,**

17 Defendant.
18

CV 98-4181 AHM (AJWx)

**CDMH'S 2010 ASSESSMENT
REPORT RE: IMPLEMENTATION
OF THE NINE POINT PLAN**

[No Hearing Required]

19 Courtroom: 14
Judge: The Honorable A. Howard
Matz
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22 In accordance with the Court's April 23, 2009 Order Approving Exit Plan Re:
23 Criteria for Performance and Termination of Jurisdiction (Doc. No. 573) (Order),
24 the California Department of Mental Health (CDMH) is pleased to provide the
25 Court with the attached 2010 Annual Assessment for Implementation of the
26 Emily Q Nine Point Plan and County Mental Health Plan Performance, dated
27 October 29, 2010. CDMH has opted to file this assessment with the Court,
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1 although the Order does not require it to do so, as it believes the Court should be
2 informed of the progress and efforts involved in implementing the Nine Point Plan.

3
4 Dated: October 29, 2010

Respectfully submitted,

5 EDMUND G. BROWN JR.
6 Attorney General of California
7 PAUL REYNAGA
8 Supervising Deputy Attorney General

/s/

9 MELINDA VAUGHN
10 Deputy Attorney General
11 *Attorneys for Defendant*

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CALIFORNIA DEPARTMENT OF MENTAL HEALTH

2010 ANNUAL ASSESSMENT

For,

IMPLEMENTATION OF THE EMILY Q NINE POINT PLAN

And

**COUNTY MENTAL HEALTH PLAN
PERFORMANCE**

October 29, 2010

CALIFORNIA DEPARTMENT OF MENTAL HEALTH
2010 ANNUAL ASSESSMENT
For
IMPLEMENTATION OF THE EMILY Q NINE POINT PLAN
And
COUNTY MENTAL HEALTH PLAN PERFORMANCE

As ordered by the United States District Court, Central District of California on November 14, 2008, and April 23, 2009, the California Department of Mental Health (CDMH) has demonstrated resolute commitment and dedication to implement the *Emily Q* Nine Point Plan and achieved increased access to and utilization of Therapeutic Behavioral Services (TBS) throughout the State of California.

As a result of these orders and the design of the Nine Point Plan, CDMH's role includes the following:

- Ensure implementation of the Nine-Point Plan;
- Provide guidance and support to counties to increase Therapeutic Behavioral Services (TBS) utilization among Emily Q class members;
- Maintain transparency statewide;
- Demonstrate increased utilization of TBS by local Mental Health Plans (MHPs);
- and
- Satisfy requirements of the federal court.

The efforts of CDMH to implement the *Emily Q* Nine Point Plan are discussed in detail in this report, along with supporting documents to illustrate the tools, strategies, partnerships and consultation offered to local MHPs, providers, state and local government partners and the children, youth and families who may benefit from TBS.

Throughout the implementation process, CDMH has received valuable support from the Special Master and *Emily Q* Settlement Team members. The Settlement Team continues to convene in Sacramento on a monthly basis to provide guidance, oversight and support during the implementation. In addition, the SuperTACT (TBS Accountability Communications and Training team) Team continues to meet monthly and to monitor the development of the accountability structure and training and outreach strategy.

The following is a summary of activities and accomplishments since our last report in October 2009.

Point 1 – Reduce Administrative Requirements

CDMH Action: To further normalize TBS as a specialty mental health service, CDMH eliminated two audit review questions focused on TBS in the CDMH Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) compliance protocol. These two questions were in addition to the ten review questions eliminated from the compliance protocol in 2009. Counties have reported that the reduction in administrative requirements has led to more accessible and easier to use TBS. CDMH believes that removing administrative requirements has significantly increased the utilization and

awareness of TBS. In order to support MHPs and their providers to increase access and utilization, CDMH has not re-introduced or incorporated new administrative requirements that would deter from greater access to and utilization of TBS. CDMH is committed to maintaining this approach of eliminating administrative burdens in the future.

Point 2 – Clarify TBS Eligibility Requirements

CDMH Action: Communicated eligibility requirements in the 2009 TBS Documentation Manual and the 2010 TBS Coordination of Care Best Practices Manual. These manuals have been posted on the CDMH TBS website and communicated to the field through trainings, TBS e-newsletters, and through monthly MHP technical assistance calls.

Point 3 – Establish an Accountability Process and Structure

CDMH Action: Continued to sponsor a collaborative task group that meets monthly to develop, monitor, and improve the accountability structure (SuperTACT), and continued participation with the Emily Q Settlement Team.

Utilized the CDMH MHP Progress Report* to track and evaluate the success of local meetings and implementation efforts. The 2009 MHP Progress Report was submitted to the federal court in March 2010 and CDMH continues to work with the Special Master on the 2010 MHP Progress Report, which will be submitted to the court in early 2011. The MHP Progress Report is available on the CDMH website, and continues to be updated as local meeting reports are received. This CDMH Progress Report is included

* http://www.dmh.ca.gov/Services_and_Programs/Children_and_Youth/EPSDT.asp

as a key component of the Special Master's evaluation for MHP certification as identified in the "Exit to Success" report to the Court, and CDMH Information Notice 10-20 (Attachment A).

Maintained and posted to the website the TBS Data Dashboards with available information for the State and each MHP to support efforts to achieve the 4% benchmark established in the Exit Plan. As of October 2010, the State was able to extract TBS data from the new Short-Doyle/Medi-Cal II (SD/MC II) claims system. This claim extraction and analysis required an intensive effort to crosswalk the Short-Doyle/Medi-Cal I records, which used a Social Security Number (SSN), to the new SDMC II system, which uses a Client Identification Number (CIN). That data collection and reporting table is included in this report (Attachment B).

In response to MHPs' requests to tailor local meeting content, CDMH obtained court approval to authorize alternative local meeting questions. Several counties have utilized alternative questions at local meetings, which CDMH has posted on the TBS website, along with model meeting reports for MHPs to facilitate meetings with stakeholders and decision makers about the service delivery system for TBS clients and families.

Established a matrix to track MHP local meeting dates and posted it to the TBS website, as well as distributed to key TBS providers and various stakeholders, in order to increase participation and collaboration of family and youth at the local level.

CDMH maintained a reporting structure for MHPs to share the status of progress made in the implementation of the Nine-Point Plan accountability efforts.

In collaboration with the Special Master and *Emily Q* Settlement Team, CDMH communicated criteria for "TBS-equivalent" services so that MHPs may apply to the Special Master to have those services count toward the 4% benchmark. CDMH posted the TBS Equivalent / Alternative Services checklist to the TBS website to support MHPs in their identification of services. In addition, CDMH assisted the Special Master in identifying counties that may be eligible for TBS equivalency determination.

Point 4 – Establish a TBS Best Practices approach

CDMH Action: Developed the *TBS Coordination of Care and Best Practices Manual*, which was released to the field in July 2010. This new manual focuses on opportunities for multi-disciplinary collaboration and evaluation of TBS as a service to help high-needs children within the *Emily Q* class. Upon release, the manual was open for review with feedback requested from the field. Based on comments received, CDMH produced Version 2.0 of the manual, which was finalized in October 2010. CDMH and its contractors have provided training to the field about this manual and its purposes.

Point 5 – Multi-agency coordination strategy

CDMH Action: In February 2010, began development of the TBS Family and Youth Strategy – along with the Special Master, CMHDA (California Mental Health Directors Association), California Youth Empowerment Network (CAYEN), United Advocates for

Children and Families (UACF), California Alliance of Child and Family Services (CACFS) and a Parent/Family Partner – and began implementation of the strategy and prioritizing participation for the 27 Level II MHPs. At the August 2010 SuperTACT meeting, CDMH hosted a teleconference call to brief all 27 Level II MHPs on the strategy. In addition, small counties have been briefed on the Family and Youth Strategy. For example, in October 2010, CDMH attended the CMHDA Small County Directors Committee meeting and also presented the strategy at the Children's System of Care Committee meeting. CDMH has been pleased by the response and participation received since implementing the Family and Youth Strategy. With over 90 participants on the initial conference call on October 25, 2010, including counties, providers, advocates and family members, it is apparent that a necessary infrastructure to increase family engagement and involvement at the local level has been established. CDMH is committed to working with strategy partners in the years ahead on continuing to develop relationships between, as well as with, local MHPs and the communities they serve.

Developed and implemented the TBS Small County Strategy to address challenges faced by small and rural counties in increasing TBS access and utilization. The expertise of leaders from Napa, Mendocino, Mono and Humboldt, as well as the support of private providers who have experience working in small and rural counties, has been crucial to the implementation of the strategy. CMHDA assisted in the creation of a leadership team consisting of small county directors and has continued to offer support throughout 2010. CDMH and the Special Master presented the strategy to the CMHDA Small County Directors Committee Meeting in March 2010. The development and implementation of

the Small County Strategy in 2010 has shown a direct impact on the success of small and rural counties in implementing the Nine Point Plan and increasing TBS access and utilization. For example, in fiscal year 2009-10, seven small counties who had provided no TBS the previous year, increased services and successfully provided TBS in the county. Additionally, in 2009, 11 small counties did not submit evidence of completed local Stakeholder and Decision-Maker meetings to CDMH. Thus far in 2010, all 29 small counties have already held local meetings, or have provided CDMH with documentation that the meetings are scheduled to occur prior to December 31, 2010.

CDMH is pleased to report on the renewed participation from the California Mental Health Director's Association (CMHDA). More than a year after its departure from the Settlement Team, CMHDA rejoined by recruiting Michael Kennedy, Mental Health Division Director, Sonoma County Department of Health Services, as a county representative. This reunion between CMHDA and the *Emily Q* Settlement Team has led to an improvement in the state-to-county partnership and communications to implement the Nine Point Plan. In addition, the CMHDA Deputy Director continues to participate in the monthly SuperTACT meeting and ensures that TBS issues are addressed in their appropriate committees.

Point 6 – Statewide TBS Training Program

CDMH Action: The California Institute of Mental Health (CiMH), as a contractor to CDMH, facilitated monthly conference calls with the ten Level II MHPs to discuss training needs. In August 2010, the call was expanded to include all 27 Level II MHPs in

order to provide additional support and technical assistance to each of these MHPs. CDMH provided TBS / Emily Q program updates to participating MHPs and assisted with answering questions from MHPs.

The first TBS field training was a combined Kern/Tulare event held in December 2009, followed by a training conducted in Monterey in May 2010. Both trainings focused primarily on TBS assessments and documentation. In June 2010, Los Angeles hosted a two-day training for new and existing TBS providers and family and youth partners. In addition, trainings for San Diego County, the Family and Youth Strategy partners and Small Counties have been planned and will be conducted subsequent to state budget approval in late Fall 2010 and early 2011.

In October 2010, Los Angeles County sponsored a training specifically for TBS providers and family and youth partners. In addition to Los Angeles, several other counties are developing their own trainings, or are currently providing trainings on a consistent basis. CDMH is working with counties to develop trainings adapted to suit specific needs, such as behavioral modification and intervention, TBS documentation and family and youth involvement.

All materials that have been developed as a result of the trainings are posted and available for use by all MHPs, providers and consumers. In addition, CDMH has offered to provide technical assistance, support and guidance to MHPs who desire to sponsor their own trainings, or trainings in collaboration with regional or service partners.

Point 7 – Technical Assistance Manuals

CDMH Action: In July 2010, CDMH released the TBS Coordination of Care Best Practices Manual, which is designed to assist counties in their efforts to increase the use and quality of their TBS programs. In an effort to ensure that the manual was of value to the field, it was circulated for practitioner review and comment for one month with Version 2.0 finalized in October 2010. The manual will continue to be reviewed and revised as needed on an annual basis, along with the annual audit protocol schedule in June through September of each year.

During the month of September 2010, CDMH opened up the TBS Documentation Manual for review from the field. The TBS Documentation Manual is intended to instruct counties and provider agencies on how to document and claim Medi-Cal appropriately when providing TBS. CDMH is currently reviewing and evaluating feedback received and will finalize and release Version 3.0 in November 2010. Feedback from the field thus far has been positive, and CDMH confirms that all edits to the manual will be minor. In conjunction with the TBS Coordination of Care Best Practices Manual, the TBS Documentation Manual will be reviewed on an annual basis. Both manuals are posted to the CDMH website and have been employed in several county TBS trainings.

Point 8 – Outreach Strategy

CDMH Action: CDMH employed an e-outreach strategy to maximize resources and inform the largest number of TBS professionals and clients by developing a comprehensive page on the CDMH's website and publishing of e-newsletters and

establishing an e-subscription service. The e-newsletter is produced on a bi-monthly basis and continues to be an important tool for informing MHPs, stakeholders and partner agencies about TBS news and updates.

Since January 2009, the TBS Internet site has remained one of the most visited locations on the CDMH website with nearly 300,000 hits. Additionally, the TBS e-distribution list includes over 300 subscribers from MHPs, providers, consumers and advocates.

Since January 2009, CDMH has maintained a homepage Internet link entitled, "Updated TBS Information Regarding *Emily O v. Bonta*," to help interested parties find information quickly and easily. In April 2010, CDMH added a section to the website devoted entirely to small and rural counties and the Small County Strategy. In May 2010, CDMH added a Family and Youth Strategy section to the TBS website, which includes information about upcoming conference calls, as well as highlights those MHPs which have demonstrated success of family and youth participation at the local level.

Since January 2010, CDMH has received over 200 emails to the TBS email inbox. The subject matter of emails includes TBS eligibility requirements, TBS documentation and billing inquiries, local meeting information and TBS training needs, among other topics. CDMH maintains a tracking log of all emails received to the TBS inbox and will continue to update the Frequently Asked Questions (FAQs) section of the TBS website as needed.

CDMH staff participated in four regional annual review protocol trainings for Quality Improvement Coordinators (QICs) in September 2010. The trainings provide MHPs an opportunity to learn more about the annual review process, ask questions about CDMH regulations and procedures, and interact with staff from various divisions within CDMH. During the trainings, CDMH presented on TBS topics and reviewed criteria for the TBS section of the review protocol.

Point 9 – Court Exit Process

CDMH Action: Issued Information Notice 10-20: Mental Health Plan *Emily Q v Bonta* Exit Strategy Certification Criteria in September 2010. The Information Notice provides clarification of the requirements set forth by the Federal Court Special Master for MHPs to be certified as having satisfactorily completed the Exit Strategy outlined in the *Emily Q v Bonta* Nine Point Implementation Plan. Upon release of Information Notice 10-20, CDMH invited all 56 MHPs to participate in a statewide conference call on October 5, 2010 to discuss the certification criteria and process. More than 30 MHPs participated in the call, in addition to CDMH contractors, CMHDA, and a representative from the *Emily Q* Settlement Team.

Looking Forward: A 2010 – 2012 CDMH Summary Assessment for the Emily Q Nine-Point Plan Implementation

During the past two years, monumental progress has been made to implement the Nine Point Plan and achieve a successful Exit Strategy. CDMH and local MHPs have shown a

commitment to increase utilization and ensure faster and higher rates of services and access in a sustainable manner, in spite of this historic downturn in the national, state and local economies.

The immediate and long-term benefits of TBS have been identified by those who deliver the services, as well as those who receive them. The role of practitioners at the local level is an integral piece of the implementation process. Their knowledge, experience and leadership have been and will continue to be a driving force in the delivery of quality TBS.

As of October 29, 2010, 45 MHPs have submitted a completed DMH Information Notice 10-20 Certification Checklist (Attachment C) to CDMH, 22 of which are medium-large counties. Of these 22 counties, five counties indicated a utilization rate currently at or above 4%, and one additional county reported they will reach the 4% benchmark by December 31, 2010. All ten intensive Level II MHPs submitted the required information from CDMH Information Notice 10-20.

The remaining 16 counties all indicated that they are on a trajectory to reach the 4% benchmark no later than June 30, 2012. However, it is important to note that this statistic is based exclusively on self-assessment by each county and has not been validated by the Special Master or CDMH and its contractors. The Special Master will have sole discretion in determining whether the MHP has a service trajectory to reach the 4%

benchmark by June 30, 2012. CDMH and its contractors are providing technical support for this effort.

Although complete TBS data for calendar year 2010 is not available at present time, the verification and evaluation of existing fiscal year data through June 30, 2010 is currently in progress. The transition from the SD/MC I to SD/MC II claiming system resulted in temporary county claim submission delays and information about analysis of utilization trends. Although data for fiscal year 2009-10 will continue to come in through December 2010, CDMH will monitor incoming TBS claims and will work with its contractors, along with the counties, to communicate data as it becomes available.

The court adopted Exit Plan for the *Emily Q v. Bonta* case calls for the Special Master to consider certification based on a combination of TBS and TBS equivalent services.

Currently, several counties have been determined by the Special Master as providing TBS equivalent / alternative services. Thus far, the following counties have received determination of equivalent services: San Diego (113 case plans), Los Angeles (543 case plans), San Francisco (92 case plans) and Orange (197 case plans). Several other counties have contacted the Special Master regarding a review of programs that may provide TBS equivalent services, including Marin, Santa Cruz, Kern and Merced.

Looking forward, there are considerations involved in the implementation of the Nine Point Plan that CDMH will continue to work through in 2010 and beyond. For example:

- CDMH, the Settlement Team and APS Healthcare will continue to work together and with local MHPs to acquire cost and client count data on TBS clients served. The recent implementation of the new Short-Doyle/Medi-Cal II system has impacted data and reporting collection time due to the shift from Social Security Number (SSN) as the client identifier to a unique Client Identification Number (CIN) to better protect privacy and personal health information. CDMH continues to work diligently to obtain the most up-to-date data for counties and will work with APS Healthcare to produce data dashboards in a timely manner as information becomes available through the SD/MC II system.
- CDMH and its contractors will continue to provide training and technical assistance as necessary to MHPs. Several trainings are currently planned for the remainder of 2010 and 2011. Recent trainings have included such topics as family and youth participation, behavioral modification and TBS referral and documentation process. Future trainings will be tailored to meet the specific needs of the MHP.
- The TBS Family and Youth Strategy will continue to be an important focus moving forward into 2011. CDMH has committed to work with its partners to recruit parents and youth at the local level, develop training modules for families and youth and to participate in monthly conference calls with local MHPs, youth and family members and partner agencies.
- The technical assistance manuals (TBS Documentation Manual and Coordination of Care Best Practices Manual) will remain a priority for CDMH. In an effort to

produce educational tools that are of value to the field, CDMH will open the manuals for review on an annual basis and make updates and revisions as needed.

- CDMH is dedicated to increasing outreach by maintaining the TBS website with current and relevant news and information. The TBS e-subscription service and TBS email address will remain a valuable communiqué to those who have an interest in TBS, both at the state and local level.
- Moving forward, CDMH will continue to have dedicated, professional program and legal staff devoted specifically to TBS efforts and to increasing access and utilization on a statewide level.

A 2010 - 2012 CDMH Summary Assessment for the Emily Q Nine-Point Plan Implementation by Local Mental Health Plans

In its April 23, 2009 order adopting the Exit Plan, the Court specified performance requirements for CDMH and MHPs. These criteria include:

- A 4% benchmark for TBS utilization;
- Strive to increase TBS utilization to the 4% benchmark;
- Implement quality TBS to the satisfaction of the Special Master;
- MHPs demonstrate ability to accurately employ procedure codes, cost reports, and CSI data reporting for TBS services;
- Engage other key local stakeholders;
- Demonstrate commitment to outreach, train and engage staff and providers; and
- Demonstrate commitment to outreach, training, and engaging family and youth.

The new Short-Doyle/Medi-Cal II system was fully implemented by all 56 MHPs in March 2010. The new data reporting system brings efficiencies to the Medi-Cal claims payment system, enhanced individual privacy protections and creates a tool for timely payments to MHPs. While CDMH has successfully pulled current data for fiscal year 2009-10, consideration must be given, as CDMH will continue to receive claims for services provided through June 2010 until December 31, 2010. Additionally, complete data for calendar year 2010 will not be available until early 2011. However, fiscal data reported thus far, though not complete, depicts a significant increase of TBS on a statewide level and is expected to increase more over the next two months as additional claims are submitted by MHPs.

Based on current CDMH statistical data, on a statewide level, TBS increased 10.3% between fiscal year 2008-09 and 2009-10. The number of children receiving TBS statewide increased from 4,208 to 4,691 during this same period. However, this figure does not include the additional current TBS equivalent count of 945 clients. Again, it is important to note that more complete fiscal year data is not expected to be available until December 2010 and CDMH will continue to communicate data to the Emily Q Settlement Team and public.

Attached as Appendix D to this report is a table that summarizes the local meeting activities (Stakeholders and Decision-Makers) required by the Nine Point Plan. To

consider a statewide view of the implementation effort, the CDMH has received MHP Responsibility Forms from 55 out of 56 MHPs.

Ten out of ten intensive Level II MHPs have submitted the CDMH Information Notice 09-10 MHP Responsibility Form. All ten intensive Level II MHPs have submitted one or more Stakeholder meeting reports and one or more Decision-Maker meeting reports.

Out of 56 MHPs, 38 have submitted at least one 2010 Stakeholder or Decision-Maker meeting report as of October 26, 2010. Five MHPs require follow-up regarding local meeting reports and will receive formal written communication from CDMH in November 2010. The remaining MHPs are either within the 60-day period to submit reports, or have upcoming meetings scheduled prior to December 31, 2010.

Several MHPs have demonstrated extraordinary success with respect to outreach, local training efforts and collaboration with stakeholders. In particular, are the TBS training and outreach efforts of San Diego, Los Angeles and Butte Counties. Many Level I small counties have also been successful in implementing the Nine Point Plan in 2010 and have shown tremendous progress in TBS outreach and education, notably Humboldt, Napa, and Siskiyou Counties.

Conclusion

The efforts of CDMH and the *Emily Q* Settlement Team to implement the Nine Point Plan featured in this report include the following accomplishments:

- Based on preliminary CDMH data, the Nine Point Plan has supported continual growth in TBS statewide;
- Four counties increased TBS by greater than 50% (Tulare, Sonoma, San Diego, and San Francisco);
- Four counties increased TBS by greater than 30% (Napa, San Bernardino, Monterey, and Los Angeles);
- Two counties increased TBS by greater than 25% (Alameda and Stanislaus);
- Two counties increased TBS by 10% or more (Butte and Riverside);
- Four counties (San Diego, Los Angeles, San Francisco and Orange) received determination of equivalent services, which accounted for 945 additional TBS clients (Note: this figure is not included in the aforementioned 10% TBS growth);
- 22 Level II MHPs document that they are either currently at the 4% benchmark, or will reach it by June 30, 2012;
- All 29 Level I MHPs have completed local Stakeholder and Decision-Maker meetings, or have provided CDMH with documentation that the meetings are scheduled to occur prior to December 31, 2010;
- The CDMH 2009 TBS Documentation Manual and the CDMH 2010 TBS Coordination of Care Manual are finalized and being utilized in the field;

- The Nine Point Plan TBS Small County Strategy was implemented on time and is being used by Level I MHPs;
- The TBS Nine Point Plan Family and Youth Strategy has been launched by CDMH;
- CDMH sponsored field trainings in Los Angeles, Kern, Tulare and Monterey counties. A training in San Diego County is scheduled for later this year and a Small County Training, as well as a Family and Youth Training, will be held in 2010/2011;
- Data dashboards are maintained with available data and posted on the CDMH website;
- The TBS section of the DMH website is one of the most popular with nearly 300,000 hits since its creation in January 2009;
- CDMH removed a total of 12 questions from the Annual Audit Protocol;
- The California Mental Health Directors Association (CMHDA) rejoined the *Emily Q* Settlement Team more than a year after its departure;
- The Emily Q Settlement Team and the SuperTACT Team have continued to convene every month in 2009 and 2010; and
- A multi-division infrastructure of CDMH staff, including specialists from Legal, Program Support, Compliance, Data and Information Technology, continue to be assigned to the Nine Point Plan and TBS services.

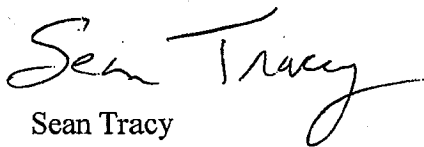
CDMH appreciates the opportunity to address its achievement in implementing the Nine Point Plan and Exit Plan. Despite the effects of budget deficits and the subsequent uncertainty at both the state and local level, CDMH has succeeded in affecting lasting

affecting lasting structural improvements that have realized tangible gains in TBS access and utilization. Most importantly, these structural changes not only present a clear path to increased access and utilization of TBS across the 56 MHPs, even in periods of decreased resources, but further, they have established the lasting foundation for sustained growth.

CDMH would like to express its appreciation and thanks to members of the *Emily Q* Settlement Team[†] and the SuperTACT Team for their support of CDMH's efforts to increase access and utilization of TBS across California.

CDMH would also like to acknowledge the dedication of the Special Master, Richard Saletta, as well as his consultant team of David Gray and Steve Korosec, who have shown unfaltering commitment, professional dedication, TBS expertise, and integrity to the principles of the Nine Point Plan and the Interest-Based Decision Making process upon which the plan was built.

Sincerely,

A handwritten signature in cursive script that reads "Sean Tracy". The signature is written in dark ink and is positioned above the printed name.

Sean Tracy

Assistant Deputy Director
Community Services Division

[†] Emily Q Settlement Team: Melinda Bird, Michael Kennedy, Dina Kokkos-Gonzales, John Kraus, Rita McCabe, James Preis, Cynthia Rodriguez, Cindy Robbins-Roth, Richard Saletta, Tom Sodergren, Sean Tracy, Melinda Vaughn, Barbara Hiyama Zweig.

Attachment A



1600 9th Street, Sacramento, CA 95814
(916) 654-2309

September 23, 2010

DMH INFORMATION NOTICE NO.: 10-20

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: MENTAL HEALTH PLAN *EMILY Q. v. BONTA* EXIT STRATEGY
CERTIFICATION CRITERIA

REFERENCE: *EMILY Q. v. BONTA* NINE-POINT IMPLEMENTATION PLAN;
DMH INFORMATION NOTICES 08-38 AND 09-10;
EMILY Q. v. BONTA EXIT STRATEGY;
TBS DOCUMENTATION MANUAL;
TBS COORDINATION OF CARE BEST PRACTICES MANUAL

This Department of Mental Health (DMH) Information Notice provides clarification of the requirements set forth by the Federal Court (Court) Special Master for Mental Health Plans (MHPs) to be "certified" as having satisfactorily completed the "Exit Strategy" outlined in the *Emily Q. v. Bonta* Nine-Point Implementation Plan (Plan). The "Exit Strategy" is point nine of the Plan and the overall goal is to increase access and utilization of Therapeutic Behavioral Services (TBS) statewide. For additional information, please refer to the Court ordered Exit Strategy at http://www.dmh.ca.gov/Services_and_Programs/Children_and_Youth/docs/Exit_Plan_4-09-09.pdf. The Level II MHPs* may be certified by the Special Master of the Court by achieving one of the following four benchmarks for TBS which are described in greater detail within this Information Notice:

- The Level II MHP has provided TBS at a 4% utilization rate, or above to the *Emily Q.* class members by December 31, 2010, **OR**
- The Level II MHP has a service trajectory to provide TBS at 4%, or above to the *Emily Q.* class members by June 30, 2012, **OR**
- The Level II MHP has provided mental health services that are certified by the Special Master as TBS equivalent and TBS will be combined to obtain a 4% utilization rate by December 31, 2010, **OR**
- The Level II MHP has a TBS level and TBS equivalent services that combine to establish a trajectory TBS level of 4% by June 30, 2012.

*Level II MHPs include: Alameda, Butte, Contra Costa, Fresno, Kern, Los Angeles, Marin, Merced, Monterey, Orange, Placer/Sierra, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare and Ventura.

DMH INFORMATION NOTICE NO.: 10-20
September 23, 2010
Page 2

Implementation of the TBS Nine-Point Plan was established in January 2009 through the guidance of DMH Information Notice 08-38, and additional guidance was provided in DMH Information Notice 09-10. Please refer to the DMH web page for access to documents developed to implement the Nine-Point Plan: http://www.dmh.ca.gov/Services_and_Programs/Children_and_Youth/EPSTD.asp

For the Court to consider termination of jurisdiction by December 31, 2010, two-thirds (18 of 27) of the Level II counties are to be certified as successfully implementing the Plan. These 27 MHPs serve approximately 92% of the children who receive Early Periodic Screening Diagnosis and Treatment (EPSDT) Mental Health services in the State of California. (Exit Plan for *Emily Q. v Bonta*: "Exit to Success"; April 7, 2009; page 7 of 19).

2010 MHP Certification for Level II MHPs

To obtain certification, the Level II MHPs will be evaluated regarding implementation of the following six criteria:

1) Four percent benchmark for TBS utilization

The Court established a TBS utilization benchmark for Level II MHP's of 4% as calculated by the number of children in an MHP receiving TBS divided by the number of children in that MHP who are receiving EPSDT Mental Health services in a calendar year, (Jan. 1st - Dec. 30th). The MHP may also be certified if they have not yet reached the benchmark December 30, 2010; if the MHP can produce data and other service delivery practices to demonstrate that TBS utilization is on a trajectory to achieve the 4% benchmark by June 30, 2012.

Level II TBS Equivalent Services

In April 2009, the Federal Court approved the *Emily Q. v. Bonta* Exit Plan and authorized the evaluation by the Special Master of a TBS-equivalent service (page 11 of 19).

The Special Master shall determine whether or not a proposed TBS-equivalent service is consistent with the best practices of TBS and, at his discretion, may count class members who receive a TBS equivalent service toward the total number of members served.

MHPs interested in proposing a TBS-equivalent service for consideration by the Special Master, can refer to the DMH website under TBS Equivalent Guidelines and the "2010 TBS Certification Checklist (Level II) Form." Special Master Richard Saletta can be contacted at rsalpham@sbcglobal.net.

2) Implement Quality TBS to the Satisfaction of the Special Master

The Special Master will determine that this criterion is met by evaluating evidence provided by the MHP assuring the fidelity to TBS best practices, participation in TBS training, use of TBS Documentation Manual; and the TBS Coordination of Care Best Practices Manual: Strategies for Supporting Access to TBS on page 15. Also, supporting family and youth participation in local TBS meetings which used TBS data to enhance the service. DMH Therapeutic Behavioral Services County Mental Health Plan 2010 Progress Report will be used by the Special Master as a tool to evaluate the MHPs TBS efforts.

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3) Demonstrate ability to accurately employ procedure codes, cost reports, and Short Doyle/Medi-Cal (SD/MC) data reporting for TBS services.

The Special Master will determine this criterion is met by evaluating how accurately MHPs employ procedure codes, cost reports, and the timeliness and accuracy of the MHP's Short-Doyle/Medi-Cal (SD/MC) data reporting for TBS services.

4) Engage key local stakeholders

The Special Master will determine if this criterion is met by evaluating the level of participation in local TBS meetings and increased referrals of children from mental health partner agencies.

5) Demonstrate commitment to outreach to, provide TBS training to, and engage with professional staff and contract providers in the MHP.

The Special Master will determine this criterion is met through an evaluation of the MHP's participation in Medi-Cal quality assurance activities, and other ad hoc meetings to promote the Plan and improve TBS efforts. DMH encourages MHPs to post training and technical assistance materials on the DMH TBS website and request TBS trainings. MHPs can host ad hoc meetings between the MHP and local TBS providers to promote the Nine-Point Plan and improve local TBS efforts. In July 2010, DMH released the TBS Coordination of Care Best Practices Manual that includes *Strategies for Supporting Access to TBS* on page 15.

6) Demonstrate a commitment for outreach, provide TBS training to, and engage with family members and youth in the MHP.

The Special Master will determine this criterion is met through evidence of the participation of family members and youth in local meetings, in Medi-Cal quality assurance activities, and other ad hoc meetings with the MHP to promote the Plan and improve TBS efforts.

Small/Rural MHPs (Level I):

The 29 Level I small and rural MHPs are encouraged to review and implement the DMH/*Emily Q.* Settlement Team Small County Strategy, at:

http://www.dmh.ca.gov/Services_and_Programs/Children_and_Youth/docs/TBS_Small_Rural_County_Info/DMH_TBS_SmallCountyStrat_Feb2810.pdf. This small county strategy was developed by DMH, small county representatives, provider representatives, and approved by the *Emily Q.* Settlement Team. Level I MHPs must have a practice in place for serving the needs of the *Emily Q.* class members.

MHP Requirements to submit 2010 TBS Certification Checklist

To assist MHPs with TBS certification and/or implementation of the Nine-Point Plan, DMH and *Emily Q.* Settlement Team developed the attached "2010 TBS Certification Checklist Level I and Level II." For assistance and questions with these forms please contact Staff Mental Health Specialist, Troy Konarski at Troy.Konarski@dmh.ca.gov or (916) 654-2643. MHPs are requested to submit this Checklist to DMH by **October 22, 2010** to assist our efforts to provide the Federal Court with progress in completing the "Exit Strategy." In October 2010, DMH is required to provide a report to the Federal Court about the implementation of the Nine-Point Plan.

2011/2012 DMH Review of Previously Certified MHPs

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In October 2011, DMH shall review the performance of MHPs certified by the Special Master using the MHP TBS Progress Report.

- If an MHP that was certified because it reached the 4% benchmark or was providing TBS-equivalent services to reach the benchmark experiences a decline in services that causes TBS utilization to fall below the 4% benchmark, DMH will work with the MHP to increase either TBS or TBS-equivalent services to re-achieve and sustain the 4% benchmark.
- If an MHP was previously certified because it was on a trajectory to reach the 4% benchmark, but is not adequately progressing to achieve the 4% benchmark by June 30, 2012, DMH will provide technical assistance to the MHP and provide support with the goal of stabilizing the MHP back toward the expected trajectory.
- MHPs that were not certified as of December 31, 2010, and are not making progress toward certification between January 1, 2011 and December 31, 2011 will be subject to corrective measures and/or sanctions. For additional information, please refer to the Court ordered Exit Strategy at:
(http://www.dmh.ca.gov/Services_and_Programs/Children_and_Youth/docs/Exit_Plan_4-09-09.pdf).

MHPs may also contact the following DMH staff regarding TBS, Troy Konarski, Staff Mental Health Specialist at (916) 654-2643 or Troy.Konarski@dmh.ca.gov, or Sean Tracy, Assistant Deputy Director, Community Services Division at (916) 651-1281 or Sean.Tracy@dmh.ca.gov.

Sincerely,

Original Signed by

STEPHEN W. MAYBERG, Ph.D.
Director

Enclosure: 2010 TBS Certification Checklist Level I
2010 TBS Certification Checklist Level II

**Therapeutic Behavioral Services (TBS) Nine Point Plan Implementation
2010 TBS Certification Checklist
Level I Mental Health Plans (MHPs)**

Purpose: DMH is requiring this document as an indicator of the Level I MHPs' progress toward completing its tasks in accordance with the *Emily Q. vs. Bonta* Nine-Point Plan. This information will be used in the DMH report to the public and Federal Court in October 2010. Refer to DMH Information Notice 08-38, and visit the DMH TBS web site for more information:

http://www.dmh.ca.gov/Services_and_Programs/Children_and_Youth/EPSTDT.asp. If you have any questions or concerns, contact Troy Konarski, Staff Mental Health Specialist, Community Services Division at (916) 654-2643 or Troy.Konarski@dmh.ca.gov or Sean Tracy, Assistant Deputy Director, Community Services Division at (916) 651-1281 or Sean.Tracy@dmh.ca.gov.

Directions: Complete the following table with the status of your efforts pertaining to the implementation of the TBS Nine-Point Plan. Submit to TBS@dmh.ca.gov by October 22, 2010.

County MHP: _____

MHP Contact (name, title, phone, e-mail): _____

<u>No.</u>	<u>Specific Criteria for TBS Certification</u> <u>LEVEL I</u>	<u>Status</u>	<u>Comments (Please add</u> <u>additional pages if</u> <u>necessary)</u>
1.	MHP has completed the requirements for stakeholder and decision maker meetings in 2009 – 2010.	Yes: ____ No: ____	
2.	MHP has reviewed, considered, and engaged the TBS Small County Strategy. (see website below) http://www.dmh.ca.gov/Services_and_Programs/Children_and_Youth/docs/TBS_Small_Rural_County_Info/DMH_TBS_SmallCountyStrat_Feb2810.pdf	Yes: ____ No: ____	
3.	MHP has implemented quality TBS as described by the Nine Point Plan and evidenced by all of these factors: <ul style="list-style-type: none"> o fidelity to TBS best practices o participation in local or state TBS training o use of TBS Documentation Manual and Coordination of Care Best Practices Manual o family and youth participation in local TBS meetings o use of TBS data to evaluate service access and utilization. 	Yes: ____ No: ____	
4.	MHP has accurately employed procedure codes, cost reports and billing for TBS services.	Yes: ____ No: ____	
5.	MHP has engaged the key local stakeholders about TBS (providers, consumers, family & youth, & local community leaders).	Yes: ____ No: ____	
6.	MHP has demonstrated a commitment to outreach to provide TBS training to, and engage with professional staff, contract providers, family & youth, & local community leaders.	Yes: ____ No: ____	

9/21/2010

**Therapeutic Behavioral Services (TBS) Nine Point Plan Implementation
2010 TBS Certification Checklist
Level II Mental Health Plans (MHPs)**

Purpose: DMH is requiring this document as an indicator of the Level II MHPs' progress toward completing its tasks in accordance with *the Emily Q. v. Bonta* Nine-Point Plan. This information will be used in the DMH report to the public and Federal Court in October 2010. Refer to DMH Information Notice 08-38, and visit the DMH TBS web site for more information:

http://www.dmh.ca.gov/Services_and_Programs/Children_and_Youth/EPSTD.asp. If you have any questions or concerns, contact Troy Konarski, Staff Mental Health Specialist, Community Services Division at (916) 654-2643 or Troy.Konarski@dmh.ca.gov or Sean Tracy, Assistant Deputy Director, Community Services Division at (916) 651-1281 or Sean.Tracy@dmh.ca.gov.

Directions: For 27 Level II Counties Only: Complete the following table with the status of your efforts pertaining to the TBS Certification Criteria and Equivalency Services. Submit to TBS@dmh.ca.gov by October 22, 2010.

County MHP: _____

MHP Contact (name, title, phone, e-mail): _____

No.	<u>Specific Criteria for TBS Certification</u> LEVEL II	<u>Status</u>	<u>Comments (Please add additional pages if necessary)</u>
1.	MHP has completed the requirements for stakeholder and decision maker meetings in 2009 – 2010.	Yes: ____ No: ____	
2.	MHP has reached the four percent benchmark for TBS utilization by December 2010.	Yes: ____ No: ____	
2a.	MHP is on a trajectory to achieve the 4% benchmark no later than June 30, 2012.	Yes: ____ No: ____	
3.	MHP has identified equivalent services to be counted toward the 4% benchmark.	Yes: ____ No: ____	
3a.	Have you reviewed the TBS Equivalency Criteria? (see DMH website address above for details)	Yes: ____ No: ____	
3b.	Are you interested in the Special Master conducting a TBS Equivalency Evaluation?	Yes: ____ No: ____	If Yes , contact Special Master, Richard Saletta at rsalpham@sbcglobal.net
4.	MHP has implemented quality TBS as described by the Nine Point Plan and evidenced by all of these factors: <ul style="list-style-type: none"> o fidelity to TBS best practices o participation in local or state TBS training o use of TBS Documentation Manual and Coordination of Care Best Practices Manual o family and youth participation in local TBS meetings o use of TBS data to evaluate service access and utilization. 	Yes: ____ No: ____	
5.	MHP has accurately employed procedure codes, cost reports and billing for TBS services.	Yes: ____ No: ____	
6.	MHP has engaged the key local stakeholders about TBS (providers, consumers, family & youth, and local community leaders).	Yes: ____ No: ____	
7.	MHP has demonstrated a commitment to outreach to provide TBS training to, and engage with professional staff, contract providers, family & youth, & local community leaders.	Yes: ____ No: ____	

9/21/2010

Attachment B

TBS Clients and Dollars by County Data as of 8/31/2010								
County	FY 08-09				FY 09-10			
	TBS Clients	EPSDT Clients	Percentage of TBS to EPSDT Clients	Dollars	TBS Clients	EPSDT Clients	Percentage of TBS to EPSDT Clients	Dollars
0 TOTAL	4,208	205,111	2.05%	\$62,885,888	4,691	200,120	2.34%	\$63,287,292
1 ALAMEDA	165	8,994	1.83%	\$1,945,080	233	8,961	2.60%	\$2,185,765
2 ALPINE	0	9	0.00%	\$0	0	7	0.00%	\$0
3 AMADOR	0	116	0.00%	\$0	1	116	0.86%	\$2,935
4 BUTTE	49	2,278	2.15%	\$777,407	56	2,295	2.44%	\$1,034,123
5 CALAVERAS	6	202	2.97%	\$50,602	3	209	1.44%	\$24,480
6 COLUSA	0	196	0.00%	\$0	0	185	0.00%	\$0
7 CONTRA COSTA	291	4,661	6.24%	\$5,158,527	283	4,680	6.05%	\$6,105,278
8 DEL NORTE	0	398	0.00%	\$0	5	369	1.36%	\$66,758
9 EL DORADO	6	823	0.73%	\$36,138	4	816	0.49%	\$51,808
10 FRESNO	98	6,371	1.54%	\$1,251,220	100	5,811	1.72%	\$1,404,032
11 GLENN	6	254	2.36%	\$136,995	6	256	2.34%	\$43,929
12 HUMBOLDT	19	1,123	1.69%	\$728,977	12	1,000	1.20%	\$245,528
13 IMPERIAL	0	1,828	0.00%	\$0	9	1,908	0.47%	\$69,216
14 INYO	0	140	0.00%	\$0	1	122	0.82%	\$1,535
15 KERN	26	6,589	0.39%	\$329,416	44	6,336	0.69%	\$413,842
16 KINGS	6	1,048	0.57%	\$93,539	4	889	0.45%	\$26,316
17 LAKE	6	524	1.15%	\$24,236	5	297	1.68%	\$47,758
18 LASSEN	0	297	0.00%	\$0	1	251	0.40%	\$2,284
19 LOS ANGELES	1,261	68,372	1.84%	\$21,132,750	1,339	69,145	1.94%	\$20,507,806
20 MADERA	10	996	1.00%	\$147,936	5	937	0.53%	\$40,759
21 MARIN	10	634	1.58%	\$116,940	9	553	1.63%	\$139,992
22 MARIPOSA	0	120	0.00%	\$0	1	126	0.79%	\$22,629
23 MENDOCINO	23	1,017	2.26%	\$177,787	15	836	1.79%	\$198,619
24 MERCED	3	958	0.31%	\$63,921	8	959	0.83%	\$74,171
25 MODOC	0	87	0.00%	\$0	0	78	0.00%	\$0
26 MONO	0	51	0.00%	\$0	0	48	0.00%	\$0
27 MONTEREY	25	2,226	1.12%	\$436,695	41	2,049	2.00%	\$629,138
28 NAPA	10	488	2.05%	\$64,122	18	471	3.82%	\$199,722
29 NEVADA	5	434	1.15%	\$14,619	5	472	1.06%	\$50,412
30 ORANGE	271	9,732	2.78%	\$1,889,744	296	10,458	2.83%	\$2,187,541
31 PLACER-SIERRA	13	907	1.43%	\$115,011	18	663	2.71%	\$98,191
32 PLUMAS	0	131	0.00%	\$0	0	137	0.00%	\$0
33 RIVERSIDE	195	8,269	2.36%	\$4,412,763	217	8,114	2.67%	\$5,700,416
34 SACRAMENTO	308	10,601	2.91%	\$2,060,477	274	9,141	3.00%	\$2,012,353
35 SAN BENITO	4	304	1.32%	\$73,226	0	312	0.00%	\$0
36 SAN BERNARDINO	135	12,285	1.10%	\$2,300,169	229	11,695	1.96%	\$2,226,003
37 SAN DIEGO	233	14,038	1.66%	\$2,022,595	415	13,683	3.03%	\$3,461,844
38 SAN FRANCISCO	91	3,458	2.63%	\$971,388	93	2,982	3.12%	\$1,186,444
39 SAN JOAQUIN	32	2,944	1.09%	\$585,708	26	2,598	1.00%	\$369,504
40 SAN LUIS OBISPO	67	1,295	5.17%	\$2,115,574	55	1,278	4.30%	\$2,102,436
41 SAN MATEO	54	1,748	3.09%	\$540,972	45	1,437	3.13%	\$229,225
42 SANTA BARBARA	130	2,163	6.01%	\$2,394,189	117	2,006	5.83%	\$2,453,927
43 SANTA CLARA	306	5,486	5.58%	\$3,512,378	325	5,583	5.82%	\$3,656,462
44 SANTA CRUZ	12	1,676	0.72%	\$165,505	12	1,469	0.82%	\$166,930
45 SHASTA	22	1,745	1.26%	\$342,345	16	1,463	1.09%	\$183,578
47 SISKIYOU	13	655	1.98%	\$553,659	11	649	1.69%	\$505,622
48 SOLANO	19	1,625	1.17%	\$343,731	27	1,572	1.72%	\$476,174
49 SONOMA	12	1,121	1.07%	\$127,575	29	1,244	2.33%	\$167,932
50 STANISLAUS	60	3,814	1.57%	\$605,902	82	3,901	2.10%	\$807,834
51 SUTTER-YUBA	5	1,138	0.44%	\$22,574	3	1,171	0.26%	\$24,852
52 TEHAMA	3	622	0.48%	\$20,118	6	506	1.19%	\$152,298
53 TRINITY	0	143	0.00%	\$0	0	129	0.00%	\$0
54 TULARE	13	4,724	0.28%	\$163,099	71	4,838	1.47%	\$727,558
55 TUOLUMNE	0	342	0.00%	\$0	2	217	0.92%	\$16,683
56 VENTURA	200	3,020	6.62%	\$4,534,108	127	2,187	5.81%	\$721,858
57 YOLO	16	691	2.32%	\$326,172	10	505	1.98%	\$62,786

Preliminary Data: Further analysis will be needed by CDMH.

Attachment C



Emily Q. v Bonta Exit Plan: 2010 TBS Certification Checklist

Purpose: The Emily Q. v Bonta Exit Strategy was approved by the Federal Court on April 23, 2009. The California Department of Mental Health (CDMH) released Information Notice 10-20 and the 2010 TBS Certification Checklist in September 2010 to be submitted to CDMH as an indicator of the Mental Health Plans' (MHPs') progress toward becoming "certified" as having satisfactorily completed the Exit Strategy. This information will be used in the CDMH report to the public and Federal Court in October 2010. For a list of Level I and Level II MHPs, please refer to CDMH Information Notice 08-38. Please visit the CDMH TBS website for more information: http://www.dmh.ca.gov/Services_and_Programs/Children_and_Youth/EPSTD.asp.

Summary: As of October 26, 2010, 45 out of 56 MHPs submitted a TBS Certification Checklist Form (80%), which includes 23 Level I MHPs (79%) and 22 Level II MHPs (81%). CDMH continues to request that Certification Checklist Forms be submitted until this register is complete. --Sean Tracy, Assistant Deputy Director, Community Services Division, CDMH.

COUNTY	Date Certification Checklist Form Received	MHP is currently at the 4% benchmark or will reach it by December 31, 2010	MHP on a trajectory to reach 4% no later than June 30, 2012
Level I MHPs			
Alpine		Not applicable	Not applicable
Amador	October 19, 2010	Not applicable	Not applicable
Calaveras	October 21, 2010	Not applicable	Not applicable
Colusa	October 26, 2010	Not applicable	Not applicable
Del Norte		Not applicable	Not applicable
El Dorado	October 22, 2010	Not applicable	Not applicable
Glenn	October 25, 2010	Not applicable	Not applicable
Humboldt	October 22, 2010	Not applicable	Not applicable
Imperial	October 22, 2010	Not applicable	Not applicable
Inyo	October 6, 2010	Not applicable	Not applicable
Kings	October 20, 2010	Not applicable	Not applicable
Lake	October 22, 2010	Not applicable	Not applicable
Lassen	October 29, 2010	Not applicable	Not applicable
Madera	October 8, 2010	Not applicable	Not applicable

October 29, 2010

Mariposa		Not applicable	Not applicable
Mendocino	October 21, 2010	Not applicable	Not applicable
Modoc	October 21, 2010	Not applicable	Not applicable
Mono	October 5, 2010	Not applicable	Not applicable
Napa	October 22, 2010	Not applicable	Not applicable
Nevada		Not applicable	Not applicable
Plumas	October 22, 2010	Not applicable	Not applicable
San Benito	October 21, 2010	Not applicable	Not applicable
Shasta		Not applicable	Not applicable
Siskiyou	October 18, 2010	Not applicable	Not applicable
Sutter/Yuba	October 20, 2010	Not applicable	Not applicable
Tehama	October 22, 2010	Not applicable	Not applicable
Trinity	October 12, 2010	Not applicable	Not applicable
Tuolumne		Not applicable	Not applicable
Yolo	October 21, 2010	Not applicable	Not applicable
Level II MHPs		MHP is currently at the 4% benchmark or will reach it by December 31, 2010	MHP on a trajectory to reach 4% no later than June 30, 2012
Alameda	October 5, 2010		X
Butte	October 14, 2010		X
Contra Costa			
Fresno			
Kern	October 7, 2010		X
Los Angeles	October 22, 2010		X
Marin	October 22, 2010	X (with equivalency)	
Merced	October 20, 2010		X
Monterey	October 14, 2010		X
Orange			
Placer/Sierra	October 21, 2010		X

October 29, 2010

Riverside			
Sacramento	October 21, 2010		X
San Diego	October 20, 2010		X
San Francisco	October 22, 2010	X	
San Joaquin	October 22, 2010		X
San Luis Obispo	October 21, 2010	X	
San Mateo	October 27, 2010	X	
Santa Barbara	October 6, 2010	X	
San Bernardino	October 22, 2010		X
Santa Clara			
Santa Cruz	October 15, 2010		X
Solano	October 22, 2010		X
Sonoma	October 22, 2010		X
Stanislaus	October 22, 2010		X
Tulare	October 7, 2010		X
Ventura	October 15, 2010	X	

October 29, 2010

Attachment D



Emily Q. v Bonta Exit Plan: 2010 MHP Responsibilities Form

Purpose: The *Emily Q. v Bonta* Exit Plan was approved by the Federal Court on April 23, 2009. The California Department of Mental Health (CDMH) released the 2010 Mental Health Plan (MHP) Responsibilities Form in May 2010 to be submitted to CDMH as an indicator of the MHPs' progress toward completing its tasks in accordance with the Nine Point Plan. This information will be used in the CDMH report to the public and Federal Court in October 2010. For a list of Level I and Level II MHPs, please refer to CDMH Information Notice 08-38. Please visit the CDMH TBS website for more information: http://www.dmh.ca.gov/Services_and_Programs/Children_and_Youth/EPSTDT.asp.

COUNTY	Date I.N. 09-10 Form Received	CONTACT	STAKEHOLDER MEETING	Date Report Received	DECISION-MAKER MEETING	Date Report Received	Notes
Level I Requirements (Per Information Notice 08-38, some Level II MHPs are only required to fulfill Level I requirements at this time.)							
Alpine	10/05/10	Pamela Knorr , Director, 530-694-2287, alpineCAO@alpinecountyca.gov	October 26, 2010		October 26, 2010		
Amador	10/19/10	Jane Hoff , jhoff@amadorgov.org , (209) 223-6315	May 5, 2010	05/17/10	May 5, 2010	05/17/10	
Calaveras	05/26/10	Denise Giblin , Quality Management Supervisor, 209-754-6844, dgiblin@co.calaveras.ca.us	December 7, 2010		September 30, 2010		
Colusa	05/25/10	Bill Cornelius , Deputy Director, (530) 458-0846, wcornelius@countyofcolusa.com	November 9, 2010		November 16, 2010		
Contra Costa*	06/10/10	Vern Wallace , Program Chief, (925) 957-5126	September 20, 2010	10/22/10	October 27, 2010		

Orange - Report(s) submitted, but Responsibility Form still outstanding

Red - Overdue meeting report

X - Specific date to be determined by MHP

*27 Medium-Large MHP Pool
10/29/10
Contact: Sean Tracy
916.651.1281
Sean.Tracy@dmh.ca.gov

Del Norte	10/11/10	Gary Blatnick , Director, 707-464-7224, gblatnick@co.del-norte.ca.us and Lisa Hardy , Administrative Analyst, lhardy@co.del-norte.ca.us	October 20, 2010		October 27, 2010		
El Dorado	05/28/10	Barry Wasserman , LCSW, Program Manager, (530) 621 6220, barry.wasserman@edcgov.us	August 25, 2010	09/28/10	September 10, 2010	10/22/10	
Fresno*	05/17/10	Yuleen Al-Saoudi , Clinical Supervisor 559-453-3806; Yal-saoudi@co.fresno.ca.us	September 14, 2010	09/29/10	September 28, 2010	10/12/10	
Glenn	05/17/10	Kathy Montero , Deputy Director, 530-934-6582, kmontero@glenncountyhealth.net	April 13, 2010	05/17/10	March 17, 2010	05/17/10	One combined report submitted.
Humboldt	05/26/10	Karolyn Stein , Director of Mental Health Branch, 707-268-2990, kstein@co.humboldt.ca.us	April 29, 2010	06/24/10	November X, 2010		
Imperial	06/03/10	Mary Esquer-Madrigal , MSW, Behavior Health Manager, 760-339-6850, maryesquer@co.imperial.ca.us	June 24, 2010	09/10/10	June 29, 2010	09/10/10	
Inyo	05/28/10	Gail Zwier , Director, 760-873-6533; gzwier@inyocounty.us	June 16, 2010	09/17/10	September 8, 2010		
Kings	07/15/10	Chuck Garon , QM Director, 559-582-4481 x. 146, cgaron@kingsview.org	October 1, 2010	10/04/10	September 16, 2010	10/04/10	
Lake	05/28/10	Dr. Terence Rooney , Deputy Director LCMH, (707) 994-7090, terryr@co.lake.ca.us	September 15, 2010		October 13, 2010		

Orange - Report(s) submitted, but Responsibility Form still outstanding

Red - Overdue meeting report

X - Specific date to be determined by MHP

*27 Medium-Large MHP Pool
10/29/10
Contact: Sean Tracy
916.651.1281
Sean.Tracy@dmh.ca.gov

Lassen	05/28/10	Scott Nordstrom , LCSW, Youth Services Supervisor, snordstrom@co.lassen.ca.us	September 29, 2010		November 2, 2010		
Madera	05/26/10	Debbie C. DiNoto , Division Manager, (559) 675-7850, ddinoto@kingsview.org	June 2, 2010	06/21/10	June 3, 2010	06/21/10	
Marin*	08/25/10	Hutton Taylor , MFT; Manager Marin Mental Health Plan; 415-499-7587; htaylor@co.marin.ca.us	October 18, 2010	10/22/10	September 29, 2010	10/22/10	
Mariposa	05/26/10	Ann Conrad , Social Worker Supervisor II, Children's System of Care, 209-966-2000 ext. 218, aconrad@mariposacounty.org	July 29, 2010		October 29, 2010		
Mendocino	06/17/10	Zoy Kazan , LMFT, (707) 467-2543, kazanz@co.mendocino.ca.us	September 15, 2010		August 26, 2010		
Merced*	05/28/10	Janet Spangler , Children's Program Manager, 209-381-6800, jspangler@co.merced.ca.us	May 4, 2010	05/28/10	April 12, 2010	05/28/10	One combined report submitted.
Modoc	05/27/10	Jack Futterman , Ph.D. Clinical Director, 530-233-6312 jackfutterman@co.modoc.ca.us	November 3, 2010		October 21, 2010		
Mono	05/26/10	Ann Gimpel , Ph.D., MH Director, agimpel@mono.ca.gov; 760 924 1740	July 28, 2010		July 21, 2010		
Napa	05/28/10	Barbara Reynolds , MFT TBS Coordinator, 707 253-4103, Barbara.Reynolds@countyofnapa.org	September 2, 2010	10/22/10	September 13, 2010		
Nevada	05/25/10	Rebecca Slade , Children's Program Manager, 530-470-2539, Rebecca.Slade@co.nevada.ca.us	August 26, 2010		September 13, 2010		

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Orange*	06/03/10	Jason Austin , TBS Service Chief, (714) 796-0121, jaaustin@ochca.com	May 20, 2010	07/13/10	May 27, 2010	07/13/10	
Placer/Sierra*	05/12/10	Eric Branson , TBS Program Supervisor, (530) 889-6702, ebranson@placer.ca.gov Twylla Abrahamson , QI Manager, (530) 886-5440, tabraham@placer.ca.gov	April 23, 2010	10/21/10	April 29, 2010	10/21/10	
Plumas	05/26/10	John Sebold , Director, 530-283-6307, jsebold@kingsview.org	June 10, 2010	09/29/10	May 25, 2010	09/29/10	One combined report submitted.
Riverside*	09/08/10	Tom Thomazin , Mental Health Services Supervisor, 951-358-5810, TTHOMAZI@co.riverside.ca.us	March 10, 2010	05/27/10	March 10, 2010	05/27/10	
Sacramento*	05/24/10	Maria Pagador , Mental Health Program Coordinator, (916) 876-5096, pagadorm@saccounty.net	August 27, 2010	09/30/10	August 25, 2010	09/30/10	
San Benito	05/18/10	Alan Yamamoto , Director, 831-636-4020 alan@sbcmh.org	March 1, 2010	06/14/10	May 12, 2010	06/14/10	One combined report submitted.
San Francisco*	05/26/10	Chris Lovoy , LCSW, TBS Coordinator chris.lovoy@sfdph.org	October 21, 2010		November 9, 2010		
San Luis Obispo*	08/25/10	Brad Sunseri , MFT, Div Mgr-Youth Services, 805-781-4179, bsunseri@co.slo.ca.us	December 10, 2010		October 29, 2010		
San Mateo*	05/25/10	Kimberly Kang , Program Specialist, 650-583-1260 ext. 226, kkang@co.sanmateo.ca.us	September 15, 2010		June 7, 2010	07/26/10	

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Santa Barbara*	05/18/10	Jeanie Sleigh , Manager Quality Assurance/Utilization Management, (805) 681 5287, jsleigh@co.santa-barbara.ca.us	September 14, 2010	10/06/10	September 21, 2010	10/06/10	
Santa Clara*	05/29/10	David Guerrero , QI/UR Mgr, 408.885.5784; david.guerrero@hhs.sccgov.org	October 5, 2010		October 21, 2010		
Santa Cruz*	05/21/10	Karolin Schwartz , Behavioral Health Program Manager, 831-454-4671, Karolin.Schwartz@health.co.santa-cruz.ca.us	December 16, 2010		October 14, 2010 and December 3, 2010		
Shasta	05/21/10	Connie Harrah , Managed Care Clin Div Chief, 530-225-3671, charrah@co.shasta.ca.us	December 7, 2010		December 8, 2010		
Siskiyou	08/26/10	Michael Noda , 530-841-2761, mnoda@co.siskiyou.ca.us	September 13, 2010	09/30/10	September 15, 2010	09/30/10	
Solano*	05/17/10	Debbie Terry-Butler , Sr. Mental Health Manager, (707) 399-4900, debbieterrybutler@solanocounty.com	May 25, 2010	09/17/10	October 26, 2010		
Stanislaus*	06/23/10	Carla Skiles , TBS Coordinator, 209-988-1917, CSkiles@stanbhrs.org	July 13, 2010	08/02/10	August 25, 2010		
Sutter/Yuba	05/26/10	Laura Ruble , LCSW, Quality Assurance Officer, 530-822-7200, LRuble@co.sutter.ca.us	November 16, 2010		November 18, 2010		

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Tehama	05/26/10	Ann Houghtby , LMFT, Mental Health Director, 530-527-8491, ext 3026, houghtbya@tcha.net	June 15, 2010	10/22/10	June 15, 2010	10/22/10	
Trinity	05/22/10	Noel J. O'Neill , LMFT; Agency Director; 530-623-8293, nolga2@sbcglobal.net	June 22, 2010	09/02/10	August 31, 2010	09/02/10	
Tuolumne		Mark Gee , MFT CSOC Program Manager, 209-533-5400, mgee@co.tuolumne.ca.us	October 6, 2010	10/07/10	TBD		
Ventura*	05/27/10	Pam Fisher , Psy.D. / Youth and Family Division Manager 805 981-2240/pam.fisher@ventura.org	March 17, 2010	05/27/10	May 5, 2010	05/27/10	
Yolo	05/28/10	Theresa Smith , LCSW Clinical Program Manager/TBS Coordinator, 530-666-8746, theresa.smith@yolocounty.org	September 15, 2010		September 20, 2010		
Level II Requirements							
Alameda*	05/28/10	Sara Wood-Kraft , Ph.D. Alameda County TBS Coordinator, SWood_Kraft@acbhcs.org	September 28, 2010 November 9, 2010	10/05/10	June 17, 2010 October 21, 2010	09/30/10	
Butte*	05/21/10	Paul Bugnacki , LCSW, (530) 879-3347, pbugnacki@buttecounty.net	April 8, 2010 September 30, 2010	7/2/2010 10/4/10	April 28, 2010 August 31, 2010	7/7/2010 9/21/10	
Kern*	05/19/10	Deanna Cloud , Children's Administrator, 661-868-6707, dcloud@co.kern.ca.us	June 17, 2010 December 9, 2010	07/06/10	June 24, 2010 December 6, 2010	07/06/10	

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Los Angeles*	05/28/10	Betsy Fitzgerald , LCSW, Program Head Child, Youth and Family Program Administration, 213-739-2394, efitzgerald@dmh.lacounty.gov Residential/TBS Program Support	January 14, 2010 February 24, 2010 July 22, 2010 October 26, 2010	3/31/10 3/24/10 9/28/10	September 21, 2010	10/06/10	
Monterey*	05/25/10	Mandy Briseño , MFT, TBS Coordinator/ Behavioral Health Supervisor, 831-784-2152, brisenal@co.monterey.ca.us	May 23, 2010 November 17, 2010	06/24/10	May 27, 2010 September 15, 2010	6/9/2010 10/4/10	
San Bernardino*	05/24/10	Timothy E. Hougen , Acting Program Manager II, (909) 421-9303, thougen@dbh.sbcounty.gov	May 25, 2010 October 5, 2010	06/28/10	June 29, 2010 November 9, 2010	08/31/10	
San Diego*	05/19/10	Katie Astor , Chief, Children's Mental Health, Katie.astor@sdcounty.ca.gov K. C. Mertins , TBS Facilitator, karl.mertins@sdcounty.ca.gov	April 15, May 3, May 6, May 20, May 25, May 27, June 8, October 21, 2010	7/27/10 7/28/10	May 10, 2010 September 24, 2010	7/27/10 10/8/10	
San Joaquin*	06/08/10	Michele Rowland-Bird , Interim Deputy Director, Children and Youth Services, 209-468-2390; mrwoland-bird@sjcbhs.org	July 13, 2010 July 22, 2010	10/22/10	September 20, 2010	10/22/10	One combined Stakeholder meeting report submitted.
Sonoma*	05/28/10	Lyle Keller , LCSW, Program Manager, 707-565-4855, LKeller1@sonoma-county.org	September 22, 2010 October 5, 2010	10/22/10 10/22/10	April 23, 2010 October 6, 2010	5/28/10 10/22/10	
Tulare*	05/19/10	Maria Montano , LCSW, TBS Coordinator, MMontano@tularehhsa.org	March 8, 2010 June 10, 2010	5/17/2010 6/10/10	March 15, 2010 (postponed from 2009) June 21, 2010 September 20, 2010	5/24/2010 7/13/10	

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