



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

**Emily Q Settlement Team:  
Accountability Structure Implementation Strategy Task Group (ASIS)**  
*Meeting Notes – February 4, 2009; 11:30 AM – 3:30 PM*

The task group was proposed in October 2008 as part of the Emily Q Settlement Team Nine-Point Plan submitted to the Court on September 24, 2008. This plan was approved by the Honorable A. Howard Matz, U.S. District Judge, Central District of California, on November 14, 2008. Membership is drawn from the State Departments of Mental Health and Health Care Services, as well as county mental health plans, plaintiffs, providers, consumers and family members, and contractors. The task group was formed to create and monitor the development of an accountability structure per the approved Nine-Point Plan. –Sean Tracy, Chief DMH Office of Strategic Planning and Policy

**Attendance:** Sheila Baler (APS), David Gray (Settlement Team Facilitator), Catherine Hendon (DMH), Sulayman Konte (DMH), John Krause (DHCS), Rita McCabe (DMH), Christopher Medrano (DMH), Jim Preis (Mental Health Advocacy Services, Inc.), Maureen Price (DMH), Rick Saletta (Special Master), Gail Schifsky (DMH), Nicette Short (CA Alliance for Child and Family Services), Sean Tracy (DMH), Melinda Vaughn (AG), Barbara Zweig (DMH Legal)

**Action items**

1. DMH will post TBS FAQs to the DMH TBS internet site as soon as they are finalized.
2. DMH is reviewing CiMH website content related to TBS to ensure there is not any information posted that is in conflict with DMH Information Notice 08-38. All remaining applicable content will be posted to the DMH TBS website.
3. The ASIS approved charter will be posted to the DMH TBS website prior to our next meeting, March 4, 2009.
4. The ASIS Chair, Sean Tracy, will inquire with the DMH acting chief deputy director, Stan Bajorin, about serving as the executive sponsor for ASIS.
5. DMH will meet with APS prior to our next Task Group meeting to discuss the details and definitions of the data dashboard elements.
6. Please submit feedback for TBS marketing points (for one or multiple agencies) to Catherine Hendon, DMH, by March 2, 2009.
7. Submit any statewide organizations that will need to be contacted as a part of the Coordination of Care Plan to Catherine Hendon, DMH, by March 2, 2009 so that the organizations can be incorporated into a master list.
8. The Settlement Team would like to develop a mini-orientation to the Nine Point Plan implementation process. Please submit any ideas for the orientation to Catherine Hendon, DMH, by February 20, 2009. David Gray and Rick Saletta are working on a draft for the Settlement Team's consideration on February 25, 2009.
9. APS requests Task Group members help in recruiting older members of the Emily Q class to provide their perspective during the local conversations.

## **Welcome, introductions, and updates**

1. The ultimate goal of all Settlement Team efforts, including the ASIS Task Group, is to create accessible, effective, and sustained TBS for children and their families in the Emily Q class in California.
2. Introductions include three new participants, Lyn Farr of EMQ FamiliesFirst, George Siler of Youth for Change (Butte County), and Olivia Celis of Los Angeles County Mental Health (Deputy director of Child and Family Services).
3. The Special Master emphasizes the importance of this group's work. The ASIS Task Group advises the Settlement Team and the Special Master regarding the implementation the accountability structure portion of the Nine Point Plan. The advice of ASIS subject matter experts will have impact on the Exit Strategy.
4. Review of prior meeting notes:
  - a. To maintain transparency and to document the Settlement Team implementation process, ASIS meeting notes will be posted to the DMH TBS website after reviewed by Task Group members.
  - b. Please submit edits to meeting notes to Catherine Hendon within two weeks after they are reviewed in an ASIS meeting.
  - c. Action Item Follow-up
5. DMH is reviewing CiMH website content related to TBS to ensure there is not any information posted that is in conflict with DMH Information Notice 08-38. The CiMH website will provide a link to the DMH TBS website. All remaining applicable content will be posted to the DMH TBS website.
6. The Special Master has submitted his quarterly report to the Court. Once the report is approved by the Coury and e-filed per the Court's business processes, DMH will post to the TBS website.
7. With two minor edits, the Task Group accepts and formerly adopts the charter. The updated charter will be posted to the DMH TBS website prior to our next meeting.
8. DMH announces to the Task Group that our ASIS executive sponsor, DMH Chief Deputy Elaine Bush, is going to work for the Federal Receiver at the California Prison Health Care Services. The ASIS chair will explore options for a new ASIS executive sponsor.

## **Special Presentations**

1. Local Coordination of Care: David Gray presented on barriers to local coordination of care, including structural issues.
  - a. There are multiple roles across the system: mental health, education, social services, child welfare services, juvenile justice, alcohol and drug programs, and health services.
  - b. Child and family service agencies are organized categorically to promote specialization, concentrate funding, and prevent duplication of services.
  - c. Agencies deliver single categorical services, but families experience multiple inter-related problems.
  - d. No single agency can address the family's full set of needs, and agencies cannot work together to solve them.
  - e. Because the system is organized categorically, children and families cannot get all the help they need.
  - f. Gains achieved through single services will be undermined by unaddressed multiple needs.
  - g. Every agency administers multiple categorical silo programs, each with its own rules and funding.
  - h. The disciplines are further categorized into prevention, early intervention and treatment.
  - i. Every categorical program comes with its own approach, its own rules, and its own funds. This makes it difficult for county agencies to work together.
  - j. Task Group comments:

- i. Los Angeles County utilizes “System Navigators” to improve local coordination of care. System Navigators meet twice per month; these meetings include various local agencies. Despite these efforts, coordination of care continues to be difficult to achieve.
  - ii. Children are often sent from silo to silo, which is worse for the children, and also ends up costing more.
  - iii. CMHDA and the Chief Probation Officers of California have published a report, [“Costs of Incarcerating Youth with Mental Illness”](#) (click on title for link to report). The report notes that “Alameda, Contra Costa, Los Angeles, Orange, and Stanislaus Counties are recommended as exemplars in the integration of county behavioral health staff into the facility milieu” (p. 32).
  - iv. A simple TBS fact sheet could utilize the information in the above report to tailor information to juvenile justice agencies.
2. Level II Counties Strengths and Challenges
  - a. Mike Gorodezky and Rick Williams will be APS Healthcare’s subcontractors for the accountability structure implementation project.
  - b. APS requests Task Group members help in recruiting older members of the Emily Q class to provide their perspective during the local conversations. Their goal is to recruit ten to fifteen individuals. This would provide qualitative evidence to support the quantitative data.
  - c. APS presented preliminary data and a description of the strengths and challenges associated with the Level II Counties.
  - d. DMH will meet with APS prior to our next Task Group meeting to discuss the details and definitions of the data dashboard elements.
  - e. The Settlement Team has agreed to use DMH claims file data for the data dashboards.

## Reports

1. In March 2009, DMH, APS, CiMH, and the Special Master are scheduling local kick-off meetings with LA, San Bernardino, and San Diego Counties.
2. Coordination of Care
  - a. Ultimately, the Settlement Team will have ownership of the Coordination of Care Plan.
  - b. The Settlement Team will prepare a briefing for interested parties. DMH has drafted an initial two-page summary. This marketing package can be tailored for presentation to various agencies.
  - c. Please submit feedback for TBS marketing points (for one or multiple agencies) to Catherine Hendon, DMH, by March 2, 2009.
  - d. Submit any statewide organizations that will need to be contacted as a part of the Coordination of Care Plan to Catherine Hendon, DMH, by March 2, 2009 so that the organizations can be incorporated into a master list.
3. Audit Protocol
  - a. [DMH Information Notice 08-22](#) includes the schedule of site visits and the revised audit protocol.
  - b. The counties are pleased thus far with the removal of ten TBS-specific requirements.
  - c. The Task Group is interested in how the counties are adapting to the TBS protocol changes. The Task Group would also like to know if there are any changes in the county quality improvement plans in regards to TBS access.
  - d. DMH contractor, DRG, is responsible for auditing the county children’s programs. And DMH Program Compliance will be asking for specific Level II County issues or interests relevant to the Nine Point Plan.
4. Summary of Blended Funding Strategies
  - a. Ultimately, blended funding strategies allow service providers of different agencies to collaborate on programs and access federal funds that might not otherwise be available.—CiMH, 1998

- b. Only one of the coordinating agencies may have legal authority to claim federal dollars for a particular service. By combining and transferring funds to that authorized agency, more federal dollars can be accessed and additional service can be provided.
- c. Sites have found that purchase of service arrangements can accomplish the same goal as blended funding. Blended funding is effective in Rhode Island, Vermont, Stark County, Ohio and purchase of service agreements work well in Santa Barbara and Milwaukee.—[SAMHSA](#) (2000)
- d. Legitimate concerns may be raised about maintaining the integrity of addiction or mental health treatment services when mental health and substance abuse dollars are merged into an “integrated” behavioral health pool. Maintaining integrity of audit trails and funding is also important.
- e. This has been done in LA County, but the lack of funds to start with is negatively impacting the process.

## **Discussion**

1. The Settlement Team would like to develop a mini-orientation to the Nine Point Plan implementation process. Please submit any ideas for the orientation to Catherine Hendon, DMH, by February 20, 2009.
2. Task Group also suggests that a mentor be assigned to new members.
3. The orientation can also be provided to partners in the coordination of care effort. Different versions of this orientation can be tailored to meet different agencies' needs.

## **Adjourn**