CALIFORNIA DEPARTMENT OF
Mental Health

1600 9th Street, Sacramento, CA 95814
(916) 654-5722

July 6, 2005

Melinda Bird
Managing Attorney
Protection & Advocacy, Inc.
3580 Wilshire Blvd., #902
Los Angeles, California 90010-2512

RE: *Emily Q. v. Bonta*, U.S. Dist. Ct., C.D. Cal. Case No. CV 98-4181 AHM (AJWx)

Dear Ms. Bird,

Enclosed is a copy of the Yolo County Mental Health Plan (MHP) Focused Review of Evaluation of Services to Emily Q. Class Members. This report reflects the findings and recommendations of the Department of Mental Health's (DMH) TBS Focused Review Team that conducted the focused review between the dates of May 2, 2005 and May 6, 2005. This report is being sent to Plaintiffs on July 6, 2005, within the sixty-day time frame agreed to by the parties for the completion of the report.

This report is the first of five reviews that will be completed by DMH in accordance with the Court Order filed on July 29, 2005 in the Emily Q. et al., v. Diana Bonta case, No. CV 98-4181 AHM (AJWx). Pursuant to the Order, Topic A, AGREEMENTS RE: TBS DATA AND MONITORING, Item 4, "Focused Reviews", DMH agreed " it shall perform focused reviews of mental health services provided to class members by MHPs. The focused reviews will examine quality of care and adequacy of services provided." Under this same area, Topic A, Item 5 "Protocol for Focused Reviews", DMH consulted with Plaintiffs in the development of the protocol for the focused reviews prior to commencing the reviews and incorporated the recommendations of the Special Master concerning the content and implementation of the review protocol; in addition, under Items 6, 7 and 8 of the same Topic area, DMH is now entering into a collaborative process to work with the MHP through the existing contractual arrangement and utilizing the training available through the California Institute for Mental Health (CIMH) to develop a Corrective action Plan and plan for DMH to provide any necessary technical assistance and training.

This report is a significant part of an assessment effort by DMH to provide the county with a comprehensive evaluation of TBS utilization. Additionally, DMH intends for this report to establish a foundation for counties and DMH to work towards promoting maximal levels of appropriate TBS utilization. The development of the protocol, the process of conducting the focused reviews, the reporting methodology, and the follow-up improvement plans are consistent in addressing provisions of the court order.

Please let me know if I can be of additional assistance.

Sincerely,

RITA MCCABE, LCSW
Acting Chief
Medi-Cal Policy Branch

cc: Mateo Muñoz
John Krause
Norm Black
Dr. Ivor Groves

Qualitative Focused Review Report

County MHP: Yolo County Department of Alcohol, Drug, and Mental Health Services

Review Dates: May 2 – 6, 2005

Review Team Members: Eddie Gabriel, DMH, County Operations
Lori Hokerson, DMH, County Operations
Troy Konarski, DMH, County Operations
Connie Lira, RN, DMH, Medi-Cal Oversight
Anne Murray, LCSW, DMH, Medi-Cal Policy & Support
Cynthia Rutledge, DMH, Medi-Cal Policy & Support
Ruth Walz, DMH, County Operations
Dr. Ivor Groves, Special Master

I. Purpose

The overarching purpose of the Qualitative Focused Review Report is to capture, in one comprehensive document, all the evaluation efforts that have occurred, and to synthesize the relevant information that has been collected from the focused review for evaluation of services to Emily Q. class members. The following report represents a documented comprehensive assessment that will provide a foundation for supporting county Mental Health Plans (MHPs) in development of their strategic improvement efforts. County MHPs and the State Department of Mental Health (DMH) will need solid, relevant and comprehensive data and information in order to proceed with making well-informed recommendations and decisions regarding services to eligible class members and to advance potential strategic improvement initiatives to ensure appropriate access to those services.

During this first year of focused reviews, the specific purpose of reviewing the selected counties is to quickly and comprehensively gain an informed understanding of the dynamics of Therapeutic Behavioral Services (TBS) utilization in a select group of MHPs. Only after such an evaluation/assessment can the DMH and county MHPs begin to logically and intelligently strategize a collaborative set of initiatives to improve TBS utilization and outcome measures. The primary data sources used in selecting the MHPs this year included the county's number of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) eligibles, the TBS utilization rate, the Rate Classification Level (RCL) placement rate, the re-hospitalization rate, and the MHP's state hospitalization rate.

Review Team Comments:

In the specific case of Yolo County Department of Alcohol, Drug, and Mental Health Services (YCDADMHS), *your county was selected for TBS focused*

review based on the following observations: 3 unduplicated TBS clients; 13,298 average monthly Early Periodic Screening Diagnosis and Treatment (EPSDT) eligibles; .02% penetration rate; 4.28% increase in RCL 12-14 placement rate; 9.49% increase in hospital readmission rate; and 0% change in the state hospitalization rate.

II. Procedure/Methods of Qualitative Focused Review

The procedure used by DMH during this comprehensive review included four main components, listed below. Steps 1 and 2 were completed as part of an initial information gathering and preliminary analysis stage, while steps 3 and 4 were completed as the elements of the on-site system review. The four components of the qualitative focused review include:

1) Quantitative data review
2) MHP Pre-Review Questionnaire
3) Qualitative Focused Review Protocol
4) External Stakeholder Focus Groups

With respect to the performance of the comprehensive review--collecting information from a variety of sources, arriving at the findings, interpreting and contextualizing the findings, and providing conclusions, recommendations and technical assistance to the counties--it is very important to note that no single person at DMH is solely responsible for production of this report. The entire qualitative focused review process, including the reporting component, is based on a team approach with input from a wide variety of sources. For reference and completeness, the completed review tools used in the comprehensive evaluation are provided as appendices to this report.

Review Team Comments:

The following persons, agencies, or groups participated during the focused review and contributed to the information documented in this report.

A) MHP staff and providers that participated during the on-site focused review:

1. Theresa Smith, YCDADMHS, Supervising Clinician
2. Irma Rodriguez, YCDADMHS, Deputy Director of Clinical Programs
3. Christina Hill-Coillot, YCDADMHS, Quality Management
4. Pat Osuna, YCDADMHS, Supervising Clinician
5. Margarita Bermudez, YCDADMHS, Clinician
6. Woody Underhill, FamiliesFirst, Program Manager of Community Based Services
7. Jim Diel, FamiliesFirst, Supervisor of Community Based Services

8. Brian Patterson, FamiliesFirst, Behavior Analyst

B) *Stakeholders that participated in the external stakeholder focus groups:*

1. *YCDADMHS Administrative Staff*
2. *TBS Provider (FamiliesFirst)*
3. *YCDADMHS Clinical Staff*
4. *DESS Social Workers*
5. *Organizational Providers (Communicare, Yolo Family Service Agency, Hands Together)*
6. *Probation Department*

C) *Stakeholders that participated in the individual case review interviews:*

1. *YCDADMHS Clinicians/Case Managers*
2. *Clients*
3. *Parents*
4. *TBS Provider (FamiliesFirst)*

III. Comprehensive System Findings

This section of the report is intended to reflect the review team's observations and analysis from the broader (e.g. systems and service/agency integration/coordination) perspective. This perspective considers all of the review tools collectively, and all the elements involved in the provision of services to eligible class members taken in concert. The emphasis here is on interrelatedness, interdependence, cooperation and communication between individuals, agencies, systems, and processes.

Review Team Comments:

The DMH review team found YCDADMHS staff and provider agencies that participated during the focused review demonstrated a high level of passion and dedication toward their clients and providing the appropriate level of services to meet the individuals' needs. Communication between YCDADMHS and its TBS provider (as well as provider agencies) was open and collaborative throughout the review and was noted by the team as being an asset to the county.

The efforts and competence of the TBS coordinator are acknowledged and appreciated by the review team. The TBS coordinator had prepared in advance written responses to Part 1 of the qualitative focused review protocol- the systems evaluation- that was helpful for the review team when they arrived on-site.

The review team highlighted the following items during the on-site focused review as a result of the discussions with YCDADMHS staff and participating stakeholders:

1) *The YCDADMHS has assigned primary responsibility for managing and monitoring TBS utilization, referral, and authorization to their county TBS Coordinator and have established policies and procedures (P&Ps) around TBS referral, authorization, and provision. However the county acknowledged that their P&Ps did not clearly delineate lines of responsibility, nor had they been updated with current contractual obligations around authorization timelines. It was acknowledged that the P&Ps did not reflect county practices related to TBS, but the TBS coordinator did emphasize that these roles are well understood by YCDADMHS staff and service provider agencies. During the individual case review interviews, the review team found that indeed YCDADMHS staff and FamiliesFirst (their TBS provider) understood the authorization system as established by YCDADMHS and acknowledged the working relationship with the county. This is consistently reported throughout the individual case review analyses (Appendix 1).*

2) *The review team also found through the initial discussion with the TBS coordinator and other staff, when asked about staff training on the county P&Ps related to TBS, that higher level clinical staff have greater knowledge and awareness of how to access that service, whereas other clinical staff might be more familiar with the availability of Community Based Services (CBS), which are wraparound services to children and their families, other than TBS. Again this demonstrates the ambiguity of the P&Ps around TBS referral and authorization practices in the county and could present a potential barrier to clearly understanding how to access TBS and/or contribute to utilization issues in Yolo County.*

3) *YCDADMHS contracts with FamiliesFirst to provide intensive services to its EPSDT population, including TBS and CBS. They are the only contracted provider of TBS in the county. FamiliesFirst employs a behavior analyst who is responsible for assessing all referrals from YCDADMHS for these services, utilizing a functional behavioral assessment method. The behavior analyst plays a key role in determining authorization for TBS in Yolo County. The review team found that this behavior analyst is a valuable asset for YCDADMHS, as evidenced by his knowledge and level of involvement with the cases that were evaluated during the focused review.*

4) *Discussions about the section of the protocol that addressed assessment, access, and utilization of TBS (Section B) revealed that TBS referrals are sent to the county TBS Coordinator, who reviews the referrals for eligibility and class membership prior to sending them to the behavior analyst at FamiliesFirst for a needs assessment. It was not clear to the review team whether or not clinicians were making TBS specific referrals or if they are*

general referrals for services that are routed through the TBS coordinator to determine class membership and eligibility, then onto the behavior analyst, who assesses for the appropriate level of service (TBS or CBS). During the individual case review interviews, the review teams noted that clinicians were aware of TBS but generally made referrals for FamiliesFirst services, rather than specific to TBS (see Appendix 1 for analyses of the individual case reviews).

The issue around access and referrals for TBS however remained elusive as the review team proceeded through Part 1 of the protocol. The data available to assess the number of referrals for TBS was not well documented. The preliminary analysis yielded no certifications, Notices of Action (NOAs), or 4th authorizations had been completed during the Sep.-Dec. 2004 quarterly period, which lead the team to believe that no services had been denied, modified, terminated, or extended beyond the authorization timelines. However, it is difficult to justify the accuracy of the team's preliminary analysis because the lack of clarity in the documentation and tracking through their authorization system. It is still unclear to the review team when a referral becomes a TBS referral and how the county has defined their policies around issuing TBS NOAs and certifications in accordance with state contractual requirements.

5) *Although it was indicated in the county's responses to the protocol that TBS can be accessed through the family, DESS staff, providers, the hospital liaison, and clinicians, the point at which the referral becomes a TBS referral was still unclear. In addition a variety of interagency coordination teams exist (e.g. M-Dart, PACT, and DESS); however, no referrals were documented as being received from these teams. The structure for efficient inter-agency collaboration with these high needs children is in place; however, these teams may not be utilizing to their full potential in assessing eligible class members for TBS or other intensive services, such as CBS.*

6) *YCDADMHS identified a person staffed in the inpatient unit that provides information and referrals for TBS when presented with a child/ youth/ adolescent that is hospitalized. The review team found evidence in one of the individual case reviews from which the team draws the conclusion that this liaison is a valuable asset for YCDADMHS to ensuring eligible class members have access to TBS when hospitalizations occur, to transition these children/adolescents into lower levels of care.*

Additional trainings to improve provider awareness about TBS are demonstrated by YCADMHS participation in DMH trainings, facilitation in in-service and unit meetings, and trainings provided for providers. However the lack of clarity around when a referral is for TBS reflects upon the lack of clarity amongst these access points for referral to TBS.

7) *The issue of services provided to children in out-of-county placements also presented itself during the focused review. The extent to which YCDADMHS is assessing children placed out-of-county for TBS is difficult to determine because of a lack of documentation in the case records reviewed. However there was anecdotal evidence reported by the behavior analyst that he has traveled out-of-county to assess children for services. In addition there was one reported incident of the TBS provider traveling to a neighboring county to provide TBS to a Yolo County child. Although several of the cases reviewed involved placements of children/adolescents out-of-county, the case records, did not include any documents to support the availability or lack of availability of TBS to kids placed out-of-county. Other issues were identified by YCDADMHS, such as the group home's lack of willingness to have an outside TBS provider on their site, which confound the issue of providing TBS to these children. The review team did not conclude that this issue was unique to YCDADMHS, rather that it was perceived by the team as a statewide, systemic issue.*

8) *Tracking and measurement of outcomes processes were described in the county's response to Part 1 of the protocol and include use of the Mental Health Statistics Improvement Program (MHSIP), which is not specific to TBS, and quarterly reports from their provider. Since the MHSIP doesn't address TBS and the quarterly reports deal with individual cases, the team did not review these reports and thus the team could not conclude the effectiveness of the efforts of YCDADMHS in evaluating the provision of TBS, or the broader provision of services to eligible class members. YCDADMHS will be implementing additional review of data at their monthly QI meetings as a future evaluative process. It was also acknowledged that the county is currently implementing a new MIS system, which is expected to be capable of producing more detailed tracking methods for TBS to be completed this Fall (2005).*

IV. Specific Findings of the Case Reviews

This section addresses the findings of the review team from the case reviews that were conducted during the on-site review.

Review Team Comments:

The review team identified a sample of 10 cases to be reviewed during the focused review- 3 cases in which TBS had been or is being provided; 7 cases of which are eligible class members but did not received TBS. Upon the review team's arrival, YCDADMHS had only scheduled 8 case reviews, due to difficulties in obtaining informed consent to participate in the reviews. Here is a description of those cases that were reviewed- 2 of which TBS had been provided; 6 of which are eligible class members but had never received TBS. Of

those cases that had not received TBS, 2 were instances in which the parent refused the service; 4 of the cases were currently residing in an RCL 12 or above; 1 case was currently incarcerated in juvenile hall.

Each case was assigned a 2 person review team. Each case review analysis draws conclusions from the information gathered during the chart review and stakeholder interviews, and is presented as conclusions on each of the following dimensions:

a) Adequacy of access to services, including TBS.
b) Adequacy of capacity to provide service.
c) Accountability.
d) Evidence that TBS or other services are working.
e) Quality of TBS, when applicable.
f) Appropriateness of services to kids placed out of county, if applicable.

A summary of each case and the case review team's conclusions is included as Appendix 1 to this report.

V. Specific/Distinct Findings

Turning from the global to the specific, the following section will discuss individual findings that surfaced during the various stages of the comprehensive qualitative review process, and that were considered significant enough by the DMH review team to warrant specific mention.

Review Team Comments:

The review team found that there were three identified areas within the YCDADMHS system that generated concern and warrant additional development and follow-up.

1. *Policies and procedures related to TBS are ambiguous.*

   As described in Sections III (Comprehensive System Findings) and IV (Specific Findings of the Case Reviews) of this report, the YCDADMHS system does not have updated policies and procedures that dictate current practice related to authorization requirements and timelines consistent with their MHP contractual obligations. The current practices of referrals within YCDADMHS system is ambiguous, presenting concern for the review team that current practices are not maximizing access to TBS or other appropriate services for eligible class members.

2. *Tracking and monitoring of TBS utilization (i.e. referrals, authorizations, denials, and reductions) is based on inconclusive data.*

Additionally the lack of clarity around YCDADMHS referral and authorization processes, coupled with the lack of data reported to DMH around denials, modifications, and reductions in the provision of TBS, indicates that the ambiguity in these processes creates a misperception as to the functional assessment of the system. Specifically YCDADMHS does not have the capability to accurately assess TBS authorization and/or utilization within their system. The review team wasn't able to conclude whether or not eligible class members have access to appropriate levels of services, including TBS, because of the lack of information.

3. *TBS is not being considered for class members to enable transition to lower levels of care, or back into their homes.*

As evidenced through the discussions with YCDADMHS administrative and clinical staff, the individual case reviews, and external stakeholder focus groups, authorizations for TBS had been used to prevent placements into higher levels of care, but were not being considered as a method for transitioning children into lower levels, or back into their homes. The one exception was the presence of the hospital liaison for making referrals to allow children/adolescents hospitalized to be transitioned into lower levels of care. However, throughout the review there were no indications that TBS was being considered to transition children placed out-of-county or in group homes into lower levels of care. The capacity to provide TBS within its scope is being underutilized by the county.

4. *Develop an additional TBS Provider*

Yolo County Mental Health should establish an additional TBS provider to class members in Yolo County. For example, if Families First does not have the capacity to accept a TBS case, or a family doesn't collaborate with this provider then TBS will not be provided to the class member. The review team understands the fiscal restraints in a small county; however, more than one provider should be acquired by Yolo County.

VI. Conclusions

The DMH Review Team, in light of a thorough and objective analysis of the findings mentioned above, has developed the following conclusions related to the infrastructure, process, access and outcome issues connected to the evaluation of services to eligible class members in Yolo County.

Review Team Comments:

1) *YCDADMHS has policies and procedures related to TBS that are ambiguous and do not reflect current practice within the county. This ambiguity creates a referral and authorization system that is incapable of accurately measuring access and availability of services, including TBS, to eligible class members.*

2) *YCDADMHS has an impaired ability to accurately track and monitor TBS utilization (i.e. data) as a result of the ambiguous policies and procedures, and current practices related to TBS in their system.*

3) *TBS is not being considered for class members as a service to enable transitions to lower levels of care, or back into their homes. Thus eligible class members do not appear to be considered for TBS under its full range of need criteria.*

VII. Recommendations

After carefully analyzing and evaluating the variety of information gained through the Focused Review process, the DMH review team has arrived at consensus regarding the primary recommendations we would like to present for the Yolo County MHP's consideration. The intent of these recommendations is that they not be viewed as prescriptive or definitively exhaustive of all options, but as an informative source of consultation that will provide high value to the county's own quality improvement and strategic improvement efforts. Ideally, we hope that your county's decision-makers and external stakeholders will find our recommendations to flow logically and reasonably from the results achieved through the comprehensive review.

The review team's recommendations are described below on two levels—with consideration given to the likely time horizon (i.e. what can be done immediately or in the short run, and what may need to be approached from a longer-run strategic perspective), and also with awareness of the resource/scope intensity issues connected to a recommendation.

Review Team Comments:

Tactical/Operational Recommendations

1) The YCDADMHS should develop referral and authorization policies and procedures regarding TBS that are consistent with their MHP contractual responsibilities with the State DMH and with effective current practices. Further, these policies and procedures should enable the county to clearly track all referrals, authorizations, denials, modifications, or reductions for TBS that are processed in the county. The county's policies and procedures should delineate clear lines of responsibility and definition around the point at which TBS referrals are made.

2) The YCDADMHS should incorporate tracking of TBS utilization and other appropriate services by eligible class members into their quality improvement activities, including monitoring access, denials, modifications, and reductions in TBS. Effective quality improvement efforts require that the county's policies and procedures be clear.

3) The YCDADMHS should incorporate and promote, as part of their training efforts, a broader application of TBS as a method for transitioning children/youth/adolescents into lower levels of care, in addition to the other "need" criteria. These training efforts should be targeted at and made available to their provider network and organizational providers, and families, routinely.

Strategic Improvement Recommendations

The DMH review team recommends that the county implement a strategic improvement plan that addresses each of the recommendations above. DMH sees these recommendations as short-term, intermediate, and long-term goals.

In the short-term, recommendations 1 & 2 are essential for DMH and YCDADMHS to accurately measure and assess access to and availability of appropriate services to eligible class members.

In the intermediate, recommendation 3 reflects DMH's desire for YCDADMHS to develop a mechanism to track and monitor services to these beneficiaries, but recognizes that this recommendation is dependent upon reconciliation of the first 2 recommendations. Thus the review team anticipates that recommendation 3 would be implemented as part of YCDADMHS' second stage of its strategic improvement plan.

In the long-term, recommendation 4 acknowledges a need to expand YCDADMHS and its complete network providers' awareness of the availability of TBS in its full-scope.

VII. Appendices/Attachments

Review Team Comments: *Ensure inclusion of all supporting documents, protocols, and forms with the formal report to the county. Included are tools used during the on-site review and completed by the DMH review team:*

Appendix 1 – Individual Case Review Analyses
Appendix 2 – External Stakeholder Focus Group Analysis

Attachment A – Data Reports
Attachment B – Preliminary Analysis
Attachment C – Qualitative Focused Review Protocol (with MHP responses)

Yolo County Alcohol, Drug, and Mental Health Services

Dates of review: May 2 – May 6, 2005

Appendix 1 – Individual Case Review Analyses

Yolo County Alcohol, Drug, and Mental Health Services

Dates of review: May 2 – May 6, 2005

Case Review #1

Case Review Team: Lori Hokerson & Troy Konarski

Stakeholders Interviewed: parent, case manager, and TBS provider

Facts: Client is a 16 year old, Caucasian male; diagnoses are PDD, mood disorder, and ADHD; currently residing in level 12 group home out-of-county; attending non-public school; receiving county case management services in addition to group home services; child assessed for TBS in 2002 but never provided.

Summary: Client was authorized to receive 20 hrs. per week of TBS in 2002, but the service wasn't provided at this level due to under-staffing of TBS provider at this time (documented in the progress notes of the client's record). However some TBS was provided at home for 1 month, until the client was placed in an RCL 14 for inappropriate sexual behavior with his sibling. TBS has not since been considered because the client has stabilized his behaviors through his initial RCL-14 placement and in his current RCL-12 placement. All stakeholders interviewed indicate that the client's current level of functioning and needs would be best treated by Alta Regional Center and have been attempting to qualify the client for services there, however have not been successful to date. His current RCL-12 placement is reported to provide a stable, safe environment that provides age appropriate skills for this child, focusing on transitional skills as he is beginning to age out of the children's system.

The treatment team, which consists primarily of the county case manager and the group home staff, clinician, and psychiatrist, appear to be working as a functional team, meeting quarterly and at IEPs. The parent is involved via communications with the county case manager regularly, at least monthly, and maintains contact with the group home coordinator almost weekly. The team is satisfied with his progress toward goals, but again emphasized the need to involve Alta in his treatment, as his behaviors are attributed to his developmental delays. Ultimately the team is focused on this client's progress toward achieving independent living and socialization skills, both of which are being met by his current placement. At this time re-unification with parent is unfeasible due to his earlier unsafe behaviors at home, since his sibling is still residing there; thus there have been no discussions to transition this client home.

Conclusions:

a) Adequacy of access to services, including TBS. The treatment team is working diligently to qualify the client for regional services and attests that his behaviors have significantly reduced since his current RCL-12 placement. Medications are monitored monthly and discussed quarterly, and the county case manager maintains regular contact with the group home, client, and parent. Thus the case review team concludes that there is an adequate access to services.

b) Adequacy of capacity to provide service. TBS was initially authorized for 20 hours per week at home, but not provided at this level due to staffing and workload issues. Unsafe behavior at home caused harm to his sibling. However from the information available, the case review team can't conclude if additional hours of TBS could have prevented the unsafe behavior.

c) Accountability. The county case manager maintains regular contact with the client, group home, and parent, and is knowledgeable about the client's case, his treatment plan, and long-term view.

d) Evidence that TBS or other services are working. TBS services were only assessed and authorized, but never provided one-to-one. However his placement in the RCL-14, which addressed his sexually inappropriate behavior resulted in a reduction of those behaviors, which resulted in a step-down to an RCL-12. The treatment team reports significant progress toward symptom reduction and his current placement provides the needed independent living and socialization skills that he needs. The case review team concludes that the services are adequate to meet the client's needs.

e) Quality of TBS, if TBS was provided. N/A

f) Appropriateness of services to kids placed out of county, if applicable. The client has not been re-assessed for TBS in his current RCL-12 placement, however reunification with the parent is not feasible at this time due to his sibling's current residence there. Thus it could not be used to place him back in the home. The RCL-12 also provides needed structure, independent living, and socialization skills for the client, according to the stakeholders interviewed and thus the case review team concludes that it is the most appropriate placement for the client at this time.

Yolo County Alcohol, Drug, and Mental Health Services

Dates of review: May 2 – May 6, 2005

Case Review #2

Case Review Team: Ruth Walz & R. Connie Lira

Stakeholders Interviewed:

Facts: This 12 year old male placed in a residential RCL12 (probation/ juvenile justice was the placing agency). While this child qualified as a member of the Emily Q. class action he was never assessed for Community Based Services (CBS) as the "placement was going to happen regardless" due his involvement with juvenile justice. He was involved with some sexual inappropriate behavior and also had been involved with some property damage (no parental supervision). He was open to services of the MHP (10/14/02) but was open to case management by the MHP. The individual/ group and med support services were being provided as a part of this residential placement. His Axis I diagnosis of Adjustment disorder, mixed mood (per hx) the clinical record documented that he was Rx'd Wellbutrin SR 100 mg q AM and Risperdal .025 mg bid.

Summary: Case manger (who only had this client for <2 months and felt that he was a success due to no phone calls to the contrary. She was concerned with the limited physical activity and the weight gain but verbalized the limitations of the MHP due to probation involvement. While the CM reported that the parent was working on re-unification even after getting the parent to agree to meet with the team she failed to show up and did not answer the phone when called.

Conclusions:

a) *Adequacy of access to services, including TBS.* While this child qualified as a class member he did not receive TBS as he was a dependent of the court, and had probation (juvenile justice involvement) he was not referred for consideration for Intensive Services /TBS due to his placement to a Residential Treatment Facility RCL 12 was going to take place regardless. Very little documentation was found for this case as his individual/ group, and medication support services are provided by the Probation Department. Yolo MHP only provided Case Management of which he is 45-50 on caseload. There is no universal plan for treatment to transition to a lower level of care.

b) *Adequacy of capacity to provide services.* The MHP staff report a budget crunch which has limited service availability.

c) *Accountability.* Interviews revealed that the MHP along with another sister agency is involved the MHP relinquishes the responsibility for services to that agency.

d) *Evidence that TBS or other services are working.* He did not receive an evaluation for or receive TBS.

e) *Quality of TBS.* N/A

f) *Appropriateness of services to kids placed out of county, if applicable.* N/A

Yolo County Alcohol, Drug, and Mental Health Services

Dates of review: May 2 – May 6, 2005

Case Review #3

Case Review Team: Anne Murray and Eddie Gabriel

Facts: The information on this child was gathered from the review of the child's chart(s), interviews with the adoptive mother, the behavioral analyst who provided TBS services, and the child's clinician. A telephone interview was also conducted with the child. The male child is 13 years of age and is African American. He is not receiving TBS but received this service in the past. He is currently residing in a level 14 group home, which is located in another county.

The child was neglected and abused in the home of his birth family. He has been known in the mental health system since he was age 3 and has received intensive services since age 6. The adoptive mother believes the child's behavior became much worse after his adopted brother molested him. His aggressive behavior increased. He attended a non-public school and initially remained at home. He physically attacked people, destroyed property, ran away and was sexually inappropriate. He demonstrated very aggressive and defiant behaviors in the home and appeared psychotic at times.

The chart included a number of diagnoses for the child that include Attention-deficit hyperactivity disorder (ADHD), Bipolar disorder, Not Otherwise Specified (NOS), Oppositional defiant disorder, Posttraumatic stress disorder and Personality disorder NOS. The Global assessment of functioning (GAF) was generally determined to be in the range between 35 and 40. The child has received services that include case management, psychiatry, individual therapy, group therapy and TBS services provided by a behavior analyst. He has also had a number of inpatient psychiatric hospitalizations.

Summary: The behavioral analyst provided TBS when the plan was to keep the child in the home. The family was overwhelmed with the child's escalating acting out in the home. The behavior analyst worked with the child and family on interventions for dealing with the child's destructive and oppositional behavior. This included identifying antecedents to his behavior and reinforcement schedules. The child's TBS services ended when the child was placed in a Level 14 group home. His behavior was reported to be a danger to the other children in the home. The family was supportive of the plan for the child to go into a group home placement.

Conclusions:

a) *Adequacy of access to services, including TBS.* TBS was beneficial when the child was receiving the services but his unsafe behavior still resulted in a need for placement in a group home. The child's mother was supportive of this plan.

b) *Adequacy of capacity to provide service.* It is difficult to draw a conclusion on whether the child could have been maintained in the home for a longer period of time if additional hours of TBS and other services had been provided. The third TBS authorization occurred prior to his group home placement. The case manager reports a plan to provide TBS to assist in the transition to a level 12 group home.

c) *Accountability.* The case manager remains in regular contact with the client, the group home and the client. She attends the child's IEP meetings and quarterly reviews. She is actively working on placement options for stepping the child down to a lower level of care. The clinician reported that the provider of TBS attended the child's treatment meeting and was very helpful in the transition of the case.

d) *Evidence that TBS or other services are working.* He is now in a level 14 group home in Stockton, CA. and is reported to be doing much better with the additional structure. He attends a non-public school associated with the group home parent company. He is in the grade, which is appropriate for his age, but he is not doing that grade level of work. The case manager is working on locating a Level 12 group home placement. The clinician indicated he may not be ready for this level but the potential move is very motivating for the child. The adoptive mother visits every two weeks and the child comes home occasionally for weekend visits. The mother is pleased with the services her son received including TBS but reports that her son's behavior got to the point in which it was no longer safe for him remain in the home. His behavior was reported to be a danger to the other children in the home. She views TBS as being beneficial because the family came to the conclusion that everything possible was attempted to keep him at home prior to the decision that he would have to go into residential treatment.

e) *Quality of TBS, if TBS was provided.* The behavioral analyst providing TBS was extremely knowledgeable about the child. The worker clearly has very good experience and education for providing the services. The services decreased some of the high-risk behavior but there continued to be many ups and downs. TBS continued until the child could no longer be maintained in the home.

f) *Appropriateness of services to kids placed out of county (if applicable).* The Yolo county case manager who is a licensed therapist is coordinating the child's services. She became the case manager when the client was hospitalized and was not involved with the case when he was receiving TBS services. It was

reported that the child's adoptive mother was displeased when she was not immediately notified when her child was hospitalized in San Joaquin County. This is the county in which the group home is located.

Yolo County Alcohol, Drug, and Mental Health Services

Dates of review: May 2 – May 6, 2005

Case Review #4

Case Review Team: Lori Hokerson & Troy Konarski

Stakeholders Interviewed: parent and mental health clinician/case manager

Facts: Client is a 16 year old, adopted African-American/ Caucasian female; diagnoses are ADHD, currently incarcerated in juvenile hall and has had multiple failed placements for the past 4 years; has received counseling, family therapy, and case management services from the county, and has attended non-public school; the client was offered TBS services in September of 2004 but it was refused by the parent.

Summary: This client has had multiple failed placements since becoming involved with county mental health in 2000. Initially client received counseling services due to her aggressive behavior and "rages" which began after revealing childhood sexual abuse. She has moved from home, to group home, to juvenile hall, etc. and displays runaway behavior within a short time of each placement. During her runaways, she has become involved with men in gangs in several cities throughout Yolo County. Additionally she has experienced several short periods of hospitalization. Her most successful placement occurred when she was placed by probation in a foster home in Northern California, which resulted in a permanency of 9 months, where she also attended school in a special education classroom. The judge terminated her placement and returned her to the parent, with the requirement of wraparound services. Client was successful for 1 year until runaway behavior resumed.

Although client has had irregular participation and attendance in school, she is currently working at grade level in her academics in juvenile hall. She is described as being bright and resilient. Her current age puts her in adolescence and she has been struggling with her identity. The county gave her an African-American mentor, who the client was reported to have enjoyed and worked successfully with her,

The treatment view for this client is focused on finding a stable living environment, possibly transitional housing, as she begins to age out of the children's services. There was expressed concern with her returning to the home, which previous attempts have shown unsuccessful, thus other placement options are being explored, and with probation having the primary responsibility. The county clinician/ case manager has ongoing interactions with the parent, client, and probation officer, although it appears as if she has little influence on the actions that the court assumes.

Yolo County Alcohol, Drug, and Mental Health Services

Dates of review: May 2 – May 6, 2005

Conclusions:

a) Adequacy of access to services, including TBS. This client has had multiple failed placements, most of which fail within a few weeks of being placed. The occasion on which intensive services were court mandated and provided seemed to stabilize the client in her adopted home, but failed within the year. The other placement in a foster home also stabilized her placement but again for less than a year.

TBS was offered but refused by the parent several years ago but has not been offered since. Intensive services may have been beneficial in sustaining other placements (e.g. in group homes or non-public schools), but were not consistently provided. The case review team concludes that the client did not have substantial access to services, which may have been beneficial in stabilizing her placements.

b) Adequacy of capacity to provide service. There is no information from this case that addresses the issue of the county's capacity to provide service.

c) Accountability. Probation and the courts are the responsible entities for placement with this child, however the county case manager is reported to be in regular contact with the probation officer and working with the courts to obtain the best placements and treatment recommendations for the client. The case review team does not conclude that there are accountability issues affecting the services provided to this client.

d) Evidence that TBS or other services are working. Due to the multiple failed placements and minimal support of the parent in this case, the case review team concludes that this client has not been provided adequate services to maintain a stable living environment, which has delayed the client's progress toward achieving her treatment goals.

e) Quality of TBS, if TBS was provided. N/A

f) Appropriateness of services to kids placed out of county, if applicable. Depending on the placement, this client has vacillated between multiple placements, including psychiatric hospitalizations over the past 4 years. Many of the placements occurred out-of-county and have failed within weeks, with the exception of her foster home placement. The case review team concludes that despite the efforts of the county clinician/ case manager, the client has not received an appropriate level of services to stabilize her placements, which present a significant threat to her safety and well-being.

Yolo County Alcohol, Drug, and Mental Health Services

Dates of review: May 2 – May 6, 2005

Case Review #5

Review Team: Ruth Walz & R. Connie Lira

Facts: This 15 year old female with an Axis I Bipolar Disorder, Type II (hypo-manic) (9/24/04) during TBS but most recent carried Social Anxiety Disorder (11/1/04) but both diagnosis have been used off and on. Her current medication regimen included Zoloft 100 mg each morning, and Neurotin 300 mg after school and 900 mg at hour of sleep this medication was recently changed to Depakote (with the Rx of 4 sample tablets). Her latest Global Assessment Functioning (GAF) of 45. This child was referred for services 9/13/2004 after a severe suicide attempt got her hospitalized (this was only one of several attempts) she received TBS from 9/13/2004 through 1/25/2005.

Summary: The caregiver (GM) states due to dual medical insurance coverage she has trouble filling the Rx and patient is not able to take full doses as prescribed (this was reported to county staff to assist the family).
Interview with family revealed satisfaction with the services provided by Families First. A family member reported being very pleased with the techniques, TBS coach was able to teach her and how it made a significant difference in changing the maladaptive behaviors.

Conclusions:

a) *Adequacy of access to services, including TBS.* There is one point of entry from which community based services (CBS) are authorized, including Therapeutic Behavioral Services (TBS). The MHP refers the case to Families First Agency who assesses the child's behavioral needs and makes recommendation to the MHP for authorization of services. The same agency contracts to provide an array of services including TBS. This child was hospitalized several times before referral for Intense Services with recommendation for TBS interventions was made. Since receiving TBS the number of hospitalizations have been decreased and the severity of the incidents have lessened to superficial scratches. She continued to do well, with Individual therapy and medication support.

b) *Adequacy of capacity to provide services.* The capacity to provide TBS services for this individual was appropriately provided with good results.

c) *Accountability.* The MHP is the authorizing agent and follows the authorization process.

d) *Evidence that TBS or other services are working.* For this client the progress documented in the record and reported to this writer found the services, frequency and length of services were appropriate.

e) *Quality of TBS.* The quality of TBS services was evident starting with the comprehensive behavioral analysis used to map out the plan establish goals, interventions to be used and in the teaching the caregiver the skills to proceed once the intensive intervention is phased out. The documentation showed that regular case reviews take place between the coach and the supervisor to identify current/ emergent issues of the case, progress or lack of progress towards set goals, interventions being used, any alterations to the plan and evaluating any changes to the estimated frequency/ length services will be required to meet the established goals. Documentation showed evidence that the contractor took an active roll in the treatment plan and interventions proposed. There was adequate documentation of supervision for the TBS coaches who actually provided the direct services.

f) *Appropriateness of services to kids placed out of county, if applicable.* The MHP reported that they did not provide out of county children had trouble providing TB services for their Children/ Youth who are placed out of the county.

Yolo County Alcohol, Drug, and Mental Health Services

Dates of review: May 2 – May 6, 2005

Case Review #6

Case Review Team: Anne and Eddie

Facts: The information on this child was gathered from the review of the child's chart(s), interviews with the adoptive mother and the Yolo County case manager. The child's adoptive mother did not want us to interview her daughter. It was reported that she has some paranoid symptoms and the mother was concerned that her daughter would perceive the contact from the review team as being connected to her placement. The client is a 17 year-old Caucasian female. She has not received TBS. She is currently placed in a level 12 group home.

The client was placed into the foster care system at age 9. She was later adopted by a couple in Sacramento County but Yolo county Child and Family Services (CFS) continue to have the responsibility for the case since she was in the foster care system and placed for adoption from Yolo county. The adoptive mother reported that the family did not seek mental health services after the adoption because they wanted to just be a normal family. The client started to display more behavioral problems as she matured. There were problems with lying, act out sexually, poor impulse control, poor judgment and aggression. The family sought mental health services for their daughter at this time and she received mental health services at a family services agency in Sacramento. She was later hospitalized due to high-risk behavior and the family did not feel safe with a plan for the client to return to the home.

The chart included a number of diagnoses for the client: new onset of schizophrenia, posttraumatic stress disorder, a mood disorder with psychotic features, autism and borderline intellectual functioning. The global assessment of functioning (GAF) was 40 at the time of her county psychosocial assessment. The client came to the attention of a Yolo Mental Health Services (MHP) case manager when she was admitted to an inpatient psychiatric hospital in Sacramento County. The case manager is the Yolo children's liaison between the MHP and the inpatient hospitals. The case manager worked on placement options while the client was still in the hospital and she was placed in a group home within two days.

Summary: The child's case manager was well informed about the client and expressed a thoughtful consideration of the placement and treatment options for the client and her adoptive family. The case manager indicated that TBS and wraparound services are considered when the client moves to a lower level of care. Independent living is currently being considered for the client.

Yolo County Alcohol, Drug, and Mental Health Services

Dates of review: May 2 – May 6, 2005

Conclusions:

a) *Adequacy of access to services, including TBS.* The case management services are extremely helpful according to the adoptive mother. The client is residing in a level 12 group home in Paradise, CA., which is out of county. She was placed there directly from the psychiatric hospital. She is currently receiving individual therapy, group therapy, case management services and family therapy. The client is more spontaneous and outgoing since she has been in the structured residential placement. There has been a significant decrease in her acting out behavior. The case manager and the family want the child to be eligible for services through Alta Regional.

b) *Adequacy of capacity to provide service.* It appears that the youth received the appropriate services after her hospitalization became known to the county mental health plan (MHP). There is a plan to provide TBS and/or wraparound services to assist in the transition to independent living in July 2005.

c) *Accountability.* The case manager is a master's level county worker who remains in regular contact with the family, the group home, CFS and the client. She is actively working on placement options for stepping the child down to a lower level of care. The mother reports she is very happy with the Yolo county mental health services. The family was displeased with some of the coordination aspects of the services with other agencies but this was not due to the efforts by the county MHP. The child is reported to have an IQ of 70 and services have been denied through Alta Regional. The fair hearing on this issue has been postponed three times. The coordination with the State Adoptions and the Department of Social Services has also been difficult at times.

d) *Evidence that TBS or other services are working.* The client is doing very well in her current placement. She is progressing in her schoolwork and receiving good grades. She wants to move into independent living in July when she turns 18 and she has the desire to attend college. An independent living program associated with her group home is being considered as well as an apartment on her own in Sacramento so she can be near her family.

e) *Quality of TBS, if TBS was provided.* The client has not received TBS.

f) *Appropriateness of services to kids placed out of county (if applicable).* The Yolo county case manager is coordinating the child's mental health services and the mother was expressed satisfaction with this service. It was reported that the child's adoptive parents were very unhappy though with some of the coordination efforts prior to the County MHP becoming involved in the case.

They sought therapy for their daughter prior to the inpatient hospitalization. The parents both work outside the home and wanted their daughter to receive services near their home. They were told they needed to travel to Yolo for services since their daughter entered the foster care system there. This issue was later resolved but the family had already incurred $1,200 out-of-pocket expenses for their daughter's therapy.

Yolo County Alcohol, Drug, and Mental Health Services

Dates of review: May 2 – May 6, 2005

Case Review #7

Case Review Team: Lori Hokerson & Troy Konarski

Stakeholders Interviewed: parent, client, case manager, and county mental health clinician.

Facts: Client is a Caucasian adolescent currently residing with biological mother; not currently enrolled in school; diagnoses are (?); receiving individual therapy and medications from county; has received family therapy, in the past; child has never been assessed for TBS and parent is refusing to accept any services from county TBS provider (FamiliesFirst).

Summary: This client has a history of problems with aggressive behavior, following directions, and difficulty in school. He was first provided services from FamiliesFirst at the end of 2004, meeting with a worker 1-2 times per week. The parent had since stopped the client's services with this provider due to a personal issue that occurred between she and the director. However the client has expressed interest in having more services, like the one received from FamiliesFirst (the service appears to be CBS, not TBS).

There are a series of environmental factors that may be affecting the client's ability to receive appropriate treatment for his behaviors, including the mental health needs of the mother herself, homelessness, withdrawal from formal schooling, and lack of a stable living environment. The client appears to "take-on" the issues of his mother as his own. The mother has refused services from the primary provider (FamiliesFirst) and does not have the capability to transport her son to services (including school) throughout the county. Although the mother is very much involved in the client's treatment, she may be an obstacle to appropriate level of services for him.

The county mental health clinician has regular contact with the parent, client, and provider (when services were provided) and demonstrates a high level of knowledge and understanding of the client's history, treatment, and goals. Long-term view is that intensive services are necessary to continue progress for the client; medications have stabilized his behaviors in the meantime.

The client is reported to be intelligent, but challenging to teachers, counselors, and principal, and displays aggressive behavior towards peers when in the school environment. He is currently not attending school due to transportation issues and lack of pursuit by the parent. The county clinician is attempting to coordinate in-home hospital program with client, bringing a teacher to the home

one time per week. County clinician is a strength within this client's treatment team.

Conclusions:

a) Adequacy of access to services, including TBS. The refusal of the parent to allow TBS services, and other services offered via FamiliesFirst, to be provided in-home have created an access to services issue for this client. The presence of one TBS contracted provider may confound this issue, but other contract providers are available to provide mental health services, should the client be able to get to those services. However it must be noted that the issue with this provider was generated by the mother's dissatisfaction with an interaction and subsequent refusal to engage with the provider. Transportation may create another access issue to the client. The case review team concludes that there are some barriers to service access.

b) Adequacy of capacity to provide service. The provider FamiliesFirst is the sole TBS provider and also provides intensive CBS services; the county also contracts with other children's providers, such as Yolo Family Services. The case review team does not conclude that there is a capacity issue with this case.

c) Accountability. Again the county clinician demonstrates a high level of knowledge and participation with this case. Thus the case review team concludes that there is an acceptable accountability for the client.

d) Evidence that TBS or other services are working. TBS was not provided to the client, however CBS services were provided, briefly, until the negative interaction between the mother and provider. Currently the child is stabilized with medications, but the concern is that intensive services are perceived as necessary in his treatment plan. The case review team concludes that the client is not receiving the appropriate level of services to meet his treatment goals, however the team does concede that the mother presents the primary barrier to appropriate services for this client.

e) Quality of TBS, if TBS was provided. N/A

f) Appropriateness of services to kids placed out of county, if applicable. N/A

Yolo County Alcohol, Drug, and Mental Health Services

Dates of review: May 2 – May 6, 2005

Case Review #8

Case Review Team: Anne and Eddie

Stakeholders Interviewed: parent and case manager.

Facts: The information on this child was gathered from the review of the client's chart(s), a very brief interview (via telephone) with the parent and the Yolo county case manager. The client is an 8 year-old Caucasian male. He has not received TBS and is currently placed in a RCL 14 group home.

The client has been receiving mental health outpatient services for the last 5 years mostly through AB 3632. The client started to display more behavioral problems as he aged. There were problems with not following directions and aggression, which led to numerous 5150s. The client came to the attention of the case manager after one of the inpatient hospitalizations. The case manager is the Yolo children's liaison between the MHP and the inpatient hospitals.

The decision to place the client in the RCL 14 group home was based on necessity. The parents were evicted from their residence and the out of control behavior of the client posed a safety issue since he had a younger sister at home. The client was in need of a stable environment.

Summary: The case manager was well informed about the client. The case manager has also attempted to assist the parents with their homeless situation and has referred them to the MHP AB 2034 program, but they will end up missing appointments.

Conclusions:

a) Adequacy of access to services, including TBS. The case management services are very helpful according to the parent. The client is currently residing in a RCL 14 group home in the county where he is receiving weekly psychotherapy, collateral and family therapy services. The parent is fully engaged in the process with weekly visits and home visits on the weekends. The client is acting out far less since he has been in the structured residential placement. The case manager has made referrals to both the Regional Center and UC Davis Mind Institute to address potential organic neurological issues. The Regional Center was scheduled for a reassessment in early June 2005.

b) Adequacy of capacity to provide service. It appears that the client has received appropriate services after his hospitalization became known to the county and considering the family unstable living environment. The case manager believes

the client will be successful with a placement in the Regional Center in order to learn daily living skills and necessarily require mental health services.

c) Accountability. The case manager remains in regular contact with the family, group home and the client. However, there are concerns regarding the lack of effort by the family to get their lives organized in order to ultimate bring the client home as they see in the future. She is actively pursuing approval for acceptance into the Regional Center.

d) Evidence that TBS or other services are working. The client is doing very well in his current placement. He is progressing well in his schoolwork, especially reading.

e) Quality of TBS, if TBS was provided. The client has not received TBS.

f) Appropriateness of services to kids placed out of county, (if applicable). The client is not placed out of county.

Appendix 2 – External Stakeholder Focus Group Analysis

Yolo County Alcohol, Drug, and Mental Health Services

Dates of review: May 2 – May 6, 2005

Focus Group Facilitators: Cynthia Rutledge & Dr. Ivor Groves

External stakeholder focus groups for Yolo County Mental Health Plan (MHP) included MHP staff, therapeutic behavioral services (TBS) providers, clinical staff, child welfare supervisors, probation staff and organizational providers. The initial meeting with MHP staff was conducted on Monday, May 2, 2005. An additional meeting with MHP staff was held on Tuesday with Special Master, Dr. Groves and DMH staff, Cynthia Rutledge.

Theresa Smith, Supervisor of the Case Management Unit, Irma Rodriquez, the Children's System of Care Program Manager and the MHP staff work well together and there does not appear to be any difficulty in communications or collaboration with the children's team. Collaborative efforts with other county departments have also been made by placing MHP staff in the child welfare division and the probation department within the county organization.

When asked by the Special Master if the MHP staff felt that there was any direction from the county managers, boards, etc. (either spoken or written) to contain the cost of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) or TBS, concern was expressed that there was a perceived general desire for EPSDT services to not exceed the county EPSDT base. This vague directive is thought to be directly related to the ten percent county match that is required once the EPSDT base is exceeded. There was also a concern that the county was currently being billed by state DMH for the ten percent match when the base had not been exceeded for the year. In addition, MHP staff said that their private contractor was indicating that their case ratio (number of clients to case managers) were too high.

DMH did investigate these concerns and discovered that the MHP staff did not understand the way that EPSDT funding is calculated for reimbursement, the actual benefit for the MHP when the base is exceeded and the fact that the private contractor was concerned with inpatient costs and numbers, not outpatient services or costs, especially EPSDT services.

Continued interviews with MHP case managers and providers indicated that there were no systemic barriers to receiving approval for EPSDT or TBS. The high quality of TBS was difficult to assess from the discussions with the providers and outcomes seemed positive; however, it appears TBS is not currently being used routinely by the MHP to transition children and youth to a lower level of care. The MHP does not have adequate data to substantiate access, capacity or quality; the MHP is in the process of implementing a new data system.

The discussion with probation staff does validate the frustration expressed by MHP Staff with providing EPSDT/TBS to this population. The Yolo county

probation department received a federal grant and operates a separate and inclusive program that is working well and is very effective. However, the requirements for grant continuation and renewal have created a "territorial" barrier that MHP staff have had difficulty overcoming.

Interviews with child welfare staff indicated substantial out-of-county placement issues. The issues discussed are not specific to Yolo County, but are part of the complex statewide issues being discussed by several workgroups whose focus is the many difficulties for children who need services and are placed out of their county of origin.

Conclusions and Issues specific to the Yolo County MHP include:

- The lack of a data system to track children, services and outcomes;
- The need for technical assistance and training in providing TBS more expansively, i.e. the use of TBS to children/youth needing extended TBS authorization, children/youth transitioning to a lower level of care and children/youth needing mental health services and placed out-of-county;
- The need for a written and more comprehensive authorization/certification process;
- The need for training and assistance in collaborative techniques with other county agencies; and
- The need for training in how EPSDT and TBS funding may be used and reimbursed most effectively.