

**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/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: 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): _____

<u>No.</u>	<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: ___	

