

**INYO COUNTY BEHAVIORAL HEALTH**  
**TBS Accountability Report**  
**October 23, 2009**  
Submit completed report to [TBS@dmh.ca.gov](mailto:TBS@dmh.ca.gov)

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**A. List the dates of the TBS meetings and the names of participants at each meeting:**

*TBS Meeting #1 – 27 March 2009*

*Type: General Public Hearing*

*Participant List:*

**Children's Services Council Public Meeting**

Judge Dean Stout  
Karen Kong, IC Prevention Program  
Lynn Rounds, Wild Iris  
Maggie Kingsbury, Principal, Bishop Union High School  
Jamie Beck, First Five Director  
Deanna Castillo, Hispanic Community Representative  
Terry McAteer, County Superintendent of Schools  
Joel Hampton, Superintendent, Owens Valley School  
Anna Scott, Health and Human Services  
Jeff Thomsom, IC Probation Chief  
Tamara Cohn, IC Public Health

*TBS Meeting #2 – 14 December 2009*

*Type: Partner Agency Meeting*

*Participant List:*

*The following representatives have been personally invited to attend:*

*Local attorneys (4) representing youth in court proceedings, local school psychologists (3), all local foster home placements (6), representatives from SELPA (1), CPS, Alcohol and Drug Services (3), and all Medi-Cal Mental Health providers (8), and all Juvenile Probation Officers(4).*

*An additional meeting was also held on 11 August 2009 with ALL school superintendents, principals, and school psychologists in the County to inform them of TBS services.*

**B. Respond to the four Accountability questions:**

- 1) Are the children and youth in the county who are Emily Q class members and who would benefit from TBS, getting TBS?

Those children and youth who are enrolled in mental health services and who meet the criteria for inclusion in the Emily Q settlement and would benefit from TBS are receiving TBS. While we have had only a few children and youth receive TBS over the past few years, we are implementing a wraparound program in 2010 and offer intensive case management that keep youth from needing placement. In fact, ICBH has not placed a child or youth in a group home

for several years and all recent placements have been made by Probation or Child Protective Services.

2) Are the children and youth who get TBS experiencing the intended benefits?

TBS have been beneficial for the children and youth who have received these services. In one instance, the child/youth was able to maintain their current level of placement for over a year as a result of TBS. In other situations, TBS was provided as part of an effort to prevent an out-of-county placement and we found that it either worked and the child / youth's behavior and circumstances changed, or the maladaptive behavior continued to the point the child / youth became a ward of probation.

3) What alternatives to TBS are being provided in the county?

We have several alternative services to help children and youth achieve positive outcomes and remain at home and/or at their current level of placement. We have Full Service Partnership (FSP) services available to children and youth, ages 0-25 but primarily to adolescents, transitional age youth. These FSP services offer "whatever it takes" to keep the youth at home and stable in their living situation. We offer services to parents, families, and caregivers to support the child/youth to live at home, stay in school, be healthy, reduce the use of substances, stay out of trouble, and develop positive social connections. These services include intensive case management provided at the home or community setting, a range of therapy, and group therapy in wilderness settings. We recently offered Parent Child Interaction Therapy (PCIT) in the home to one youth who might otherwise need TBS if PCIT was not offered.

We also offer intensive case management (ICM) services to children, youth, and families to help them develop appropriate resiliency skills. ICM, paired with individual and group mental health services, are often successful at helping children and youth achieve positive outcomes and avoid out-of-home placement. We find that ICM can be implemented more expeditiously than TBS so is often used prior to TBS and in some cases, prevents the need for TBS.

4) What can be done to improve the use of TBS and/or alternative behavioral support services in the county?

To improve the utilization of TBS and other alternative behavioral support services, we plan to update our TBS brochures to make them more user-friendly. The brochures will clearly outline TBS and the eligibility criteria. In addition, we will distribute these brochures, in English and Spanish, to key community locations across the county.

At staff meetings, we will provide additional training to help staff understand TBS, criteria for referral, and service providers. In addition, we will discuss opportunities for children and youth, and promote the appropriate level of service for TBS and other behavioral support services.

**C. Describe the steps that the county intends to take in "good faith" to ensure the best possible access to and use of TBS by members of the Emily Q class.**

Key county representatives meet twice a month to review any youth "on the radar" for placement, through CPS, Probation or Mental Health. The community then designs strategies to

prevent placement as possible. Families who youth risk placement are invited to the meetings to be part of the treatment planning and are informed in writing of the availability of TBS. All of the agency representatives are aware of TBS and it is recommended for those youth who meet the criteria. The County further intends to continue to offer a range of Mental Health services that can be implemented in a timely manner that may prevent the need for placement or formal TBS.