

Therapeutic Behavioral Services Accountability Structure Report to the Department of Mental Health

Purpose: The goal of the Therapeutic Behavioral Services (TBS) Accountability Structure is to identify and develop a statewide practice and performance improvement structure. This structure will include outcome and utilization measures and a continuous quality improvement process that will allow the California State Department of Mental Health (CDMH) to effectively ensure that TBS are accessible, effective, and sustained for the Emily Q class members as outlined in the Court-approved TBS Plan.

The accountability structure, to be implemented by CDMH, will be accomplished through annual reports submitted by the county Mental Health Plans (MHPs). This new report utilizes a quality improvement process based on principles and accountability activities that focus on practice and service coordination, rather than compliance and disallowances. The report is designed to increase Emily Q class access to appropriate TBS services. This approach requires an interagency review of relevant data in response to four questions, utilizing a standard report format.

--Nine Point Plan, Appendix C

Directions: Please provide a brief summary of the answers to the following four questions as discussed in your local learning conversation (both Level I and Level II counties). Per the Nine Point Plan, it is the Mental Health Director's responsibility to submit the completed form. Please save this form to your computer then submit, along with a list of attendees, to TBS@dmh.ca.gov.

County MHP: Inyo

Date of Meeting: 14 December 2009

MHP Contact Information

Name: Pamela Blackwell, MFT Phone Number: (760) 873-6533
 Email: pblackwell@inyocounty.us

Was this a: Stakeholder or a Decision-Maker meeting?

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

School noted that they had good results when a child received TBS at the school site / in the home. The child came back from a Level 14 and has stayed in community for over 2 years.

Probation felt there were more families who could benefit, but upon further exploration, most were not class members (no Medi-Cal)

Much discussion about need but difficulties outreaching to parents, getting cooperation from families. Family support, or lack thereof, seen as a major obstacle in keeping kids in the community

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

County had one example of successful use to date but several others where TBS was started but child placed out of county before benefits noted.

Participants enjoyed the tape showing typical TBS interventions and were hopeful about these services.
Much discussion about difficulties in implementing with school systems that don't have appropriate special needs classrooms.
The need for other partners, not just the family and mental health, was voiced.

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

Case managers talked about their programs working with kids in the schools and community and their ability to implement a quick behavioral plan as needed.

Parent Child Interaction Therapy had been tried in a school setting with good success and shows promise as a modality to use in community with oppositional youth.

Wraparound which is being developed in the county.

Extensive community based (in homes, schools) mental health services which are standard in the county.

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

Much focus on improving school identification and programs within schools.

Can we get a group home in our county? - reasons this has been reviewed and rejected.

Increase cross-training and collaboration among agencies.

Understand each agency's limitations / gatekeeping

Additional Comments:

INYO COUNTY HEALTH AND HUMAN SERVICES
BEHAVIORAL HEALTH - GROUP SIGN IN SHEET

COMPLIANCE:

QA QIC

QII

Auth

Bus. Analysis

Productivity

MHSA

Other _____

Group: TBS - Community PHs

Date: 12-14-09

Topic: _____

Total Time: 95 min.

Facilitator: Pam Blackwell

Co-Facilitator _____

Please check one:

PRINT NAME	SIGNATURE	Provider	Family Member	Community Member
Lelli Brown	ALLI BROWN		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Samantha Pothner-Bell	St. Pothner	Prob		Juv. Probation
Bob Behrend	Bob Behrend	<input checked="" type="checkbox"/>		MH
Carol Crudde	Carol Crudde	<input checked="" type="checkbox"/>		MH-Care Mgr.
Gail Zucier	Gail Zucier	<input checked="" type="checkbox"/>		
Lauren Hartwig	Lauren Hartwig	<input checked="" type="checkbox"/>	School	
Demi Sugi	Demi Sugi	<input checked="" type="checkbox"/>	APS	
Kathryn E. Rose	Kathryn E. Rose	<input checked="" type="checkbox"/>	APS	
Nikki Brown	Nikki R. Brown	<input checked="" type="checkbox"/>	APS	
Paul Elias	Paul Elias	<input checked="" type="checkbox"/>	MH	