



**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](mailto:TBS@dmh.ca.gov).

**County MHP:**

Lake

**Date of Meeting:**

3/1/2010

**MHP Contact (name, phone, e-mail):** Dr. Terence Rooney, LCMH Deputy Director (707) 994-7090 [terryr@co.lake.ca.us](mailto:terryr@co.lake.ca.us)

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

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

Yes, eligible beneficiaries are currently receiving services provided by LCMH staff. LCMH staff also authorizes out-of-county services for dependents in foster care and verify that services are timely and appropriate. The Inter-agency Placement Review team reviews authorizations and licensed staff (LPHA) and Managed Care monitor ongoing services. Discharge planners track notification to class members who are placed in psychiatric hospitals to ensure that proper notification is given on the availability of TBS services. LCMH routinely meets with families on the same day that beneficiaries are returned to the community. All supports are reviewed with the family and TBS services are again offered as part of the range of available services.

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

For the most part yes, though not all eligible beneficiaries elect for TBS services. For those that do, we have demonstrated that these services usually enhance clinical outcomes and reduce the incidence of out of home placements. Communication and coordination of services appear to be improved during

critical transition periods. Outcome data is routinely reviewed by the Interagency Placement Review Team (IPRT).

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

Some individual rehabilitation services for children and youth can be considered to resemble TBS services when they are provided in the community. At the present time, LCMH is the only entity in county providing these services. We are able to provide flexibility in the use of staff time so that the intensive level of services required to be provided for limited time periods can be accommodated. Our experience with contractors has been that they have difficulty providing qualified staff on an “as needed” basis to work with these high-needs clients. Well-qualified providers require more employment stability than can be provided through the use of contracts.

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

Educating referral sources to make appropriate referrals; outreach to eligible beneficiaries and expansion of services provided with increased referrals. Lake County Mental Health will continue to pursue alternative providers of behavior supports, with a strong emphasis on quality of care. (Options may remain limited due to economic conditions and limited availability of skilled providers.)

**Additional Comments:** Lake County Mental Health is strongly committed to providing quality supports to reduce the number of children in placement. TBS is seen as an essential element in these efforts.

#### **List of attendees:**

Dawn Morely - SCDD Area 1 Board on Developmental Disabilities

Kathy Maes - Deputy Director -Children’s Services, Lake County Department of Social Services; Chair, Juvenile Justice Blue Ribbon Committee

Tom Montesanti - Director, SCDD Area 1 Board on Developmental Disabilities

D. Ocean, Attorney – Public Defender

Leslie Lovejoy PhD -Juvenile Justice Blue Ribbon Committee; Sutter Lakeside Hospital Wellness and Prevention

Hon. Vincent Lechowick - Juvenile Court Judge

Laura Solis - Deputy Director Lake County Mental Health– Alcohol and Other Drug Services

Joan Reynolds - Lake County Office of Education, Healthy Start Director

Jane Maclean R.N., MPH – Public Health Nursing Director, Lake County Public Health Department

Sherylin Taylor – Lake County Public Health Department

Duane Furman – Lake County Juvenile Justice Commission - Commissioner

Roxy Smith – Lake County Probation Department - Deputy Director

Daniel Hurst – Attorney, Lake County District Attorneys Office