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:
__Lake_____
Date of Meeting:
_9/30/2009_____
MHP Contact (name, phone, e-mail): __Dr. Terence Rooney
terryr@co.lake.ca.us_____
Was this a Stakeholder or Decision-Maker meeting?
____Stakeholder_____

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

Yes, there are ongoing services being provided. Need for services are sporadic given that we are a small rural county. Eligible candidates are reviewed at the Inter-agency Review Team (IPRT) which reviews all children at risk of out-of-home placement at level 10 and higher. This meeting is chaired by MH and attended by CPS and Probation and other situational providers such as foster care agencies and schools. Discharge planners at LCMH also coordinate the offer of services to minor who are hospitalized with Social Workers in various hospitals. TBS services are currently being provided by LCMH staff, contract providers have been used in the past on an as needed basis.

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

Our review of outcomes indicates that TBS services are appreciated by families and enhance clinical outcomes. The assignment of a TBS worker to a treatment team provides additional information to the clinical team, more immediate feedback from the family to the clinician and improves the implementation of treatment interventions. Coordination of the services by the TBS team allows for collaboration between multiple agencies and providers.

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

The current alternatives are limited due to budget constraints and Mental Health's inability to contract outside the department for services. Given the current economic situation all services are currently being performed by regular LCMH clinical staff. One advantage this provides is that individual rehabilitation services can be offered by LCMH staff when appropriate that are informed by the TBS plan and can build on the momentum of the transitional services.

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

Once EPST funding stabilizes LCMH may be able to return to using organizational providers who would be contracted to serve the other mental health needs of children in the foster care system. This approach has worked well in the past for both identifying eligible beneficiaries who could benefit from the services and have the TBS plan developed by individuals who are already working closely with that client. In the current model we believe that clients are receiving timely and appropriate services. Given that we now have a single provider of services it is required to keep other stakeholders independently informed to insure desired outcomes. We are also more dependent on stakeholders for referrals for services and identification of need for services.

Additional Comments:

List of attendees:

Nicole McKay NCO/RCCC
Bonnie Bonnet Easter seals
Leila Haddad DSS/CWS
Sheryn Heldebrand NCRCACC
Joan Reynolds LCOE/Healthy Start
Jennille Anderson Parent Partner
Kathy Windrem LCOE
Gina Griffin LCOE
Chris Thomas LCOE
Tom Jordan First 5 Lake
Joyce Elmer SSHS/LCOE
Doreen Gilmore LCOE Health Start Foster Care
Mardi Valdez Healthy Start
Susan Jen Health Leadership Network
Cathy Ferrar FSL
Stephanie Lilly LakeFRC
Cathy Maes LCDSS