



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

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**Emily Q Settlement Team:
Super TBS Accountability, Communications, and Training (TACT) Task Group**
Meeting Notes – June 23, 2010; 10:00 AM – 12:00 NOON

In October 2008, two task groups were formed to create and monitor the development of an accountability structure and training and outreach strategy to implement the Court-approved TBS Nine-Point Plan. In June 2009, the California Department of Mental Health (CDMH) merged the Accountability Structure Implementation Strategy (ASIS) and Technical Assistance, Communications and Training (TACT) task groups to better manage resources due to the State's fiscal situation, loss of staff resources, and the recognition that both task groups were addressing integrated issues. The new task group is known as "Super TACT." – Sean Tracy, Assistant Deputy Director, Community Services Division, DMH.

Attendance: Amber Burkan (CAYEN), Pat Coyle (DMH), Betsy Fitzgerald (LA County by phone), Pam Hawkins (CiMH), Julie Inderkum (DMH), Jeffrey Jamerson (Five Acres by phone), David Jones (DMH), Don Kingdon (CMHDA), Troy Konarski (DMH), Rita McCabe (DMH), Janet McKinley (DMH), Vickie Mendoza (UACF), Kathleen Carter Nishimura (DMH), Kim Nguyen-Pierce (LA County by phone), Jim Preis (Mental Health Advocacy Services, Inc.), Mike Reiter (APS), Cindy Robbins-Roth (Parent/Family Advocate), Yvette Rodriguez (DMH), Rick Saletta (Special Master), Gail Schifsky (DMH), Nicette Short (Alliance), Tom Sodergren (Casa Pacifica), Sean Tracy (DMH), Melinda Vaughn (DOJ), Stacey Wofford (CDE), Oscar Wright (UACF), Barbara Zweig (DMH).

Action Items:

1. **Schedule continuation of discussion of Probation and TBS – Los Angeles County and the Probation Officer's Association in July.**
2. **Schedule continuation of development of Family & Youth Strategy agreements in July.**

A. Welcome and Introductions

There weren't any updates since this meeting was focused on the Family and Youth Strategy.

B. Los Angeles Training Recap

1. Betsy Fitzgerald and Kim Nguyen-Pierce (by phone) from Los Angeles County reported on the TBS training held on June 21 – 22, 2010, with the TBS supervisors on the first day and providers on the second day. The training was well received and the consensus was that the next training should be 1 1/2 days to avoid duplication; supervisor/manager issues would be the topic for the half day.

2. Nicette Short asked about the frequency of the TBS training. Discussion followed about the need for more trainings and a refresher every six months for providers.
3. The Special Master recommended the inclusion of the youth and family voice in the TBS trainings. Jeff Jamerson stated that he sent a parent partner to the Day 1 training where he spoke of his experience with TBS services. Jim Preis described the parent-partner as terrific and that it would have been good to include them in the Day 2 training which included provider scenarios and ideas on how to negotiate services.
4. Amber Burkan stated that if DMH wants youth in the training sessions, we have to define their role. Sean Tracy stated that we have to identify the consumer family and youth who need to be involved. We have two good models now for such trainings. Several counties have requested the TBS trainings and can hold their own programs. DMH has to wait for the state budget to pass before training can be provided to counties.

C. Probation and TBS

1. Betsy and Kim described a program Los Angeles that has implemented which includes County DMH, Probation, and 4 TBS providers (Hathaway Sycamores, Pacific Clinics, Families First, and Sun Bridge Harbor View). They are also collaborating with Los Angeles Unified School District, which has a school in the Central Juvenile Hall (CJH).
2. The Enhanced Supervision Unit (ESU) Project also includes the CARE Unit at CJH. Minors adjudicated to ESU exhibit acting out, explosive and potentially dangerous-to-others behaviors, while minors adjudicated to the CARE Unit are depressed and exhibit potentially danger-to-self behaviors (cutting/suicide risk). Youths who have been adjudicated are those who have placement orders to go back into the community, but have not been placed due to various reasons (i.e. lack of placements that can accommodate their mental health needs). Their Medi-Cal has been restored, so they are eligible for TBS if they meet the criteria. Some minors have been adjudicated to Residential Treatment Care (RTC) Level 12 or 14, but due to severity of their mental health issues cannot be placed into these RTCs. TBS coaches can follow minors to RTCs or community to help stabilize placement or re-entry into community based setting/families.
3. Year to Date TBS & CJH referrals are 98. The program started Sept. 2009. On average the number of referrals is about 12 and about ¼ referrals have no Medi-Cal which is a barrier. The four TBS providers have other offices in LA County and have been able to transition with the client if they move back into the community. LA is working on a more formal transition plan to Dorothy Kirby which accepts placements when the clients have full scope Medi-Cal and they are usually there for a longer time (6-9 months).
4. Nicette said that an Alliance member in Santa Clara inquired about how to use TBS for similar youth. Jim stated that this is an important topic so it will be discussed in July 2010. Tom Sodergren added that Five Acres has also been providing these services to youth.

Family and Youth Strategy

1. DMH presented a recap of the Family and Youth Strategy planning meetings to date. Cindy Robbins-Roth and Amber Burkan reported on their information sharing and recruitment efforts at the California Mental Health Advocates for Children and Youth (CMHACY) meeting and the *Youth In Mind* Conference.
2. Amber said that she received feedback from a parent, who had a negative experience with a provider, and identified a need for a mechanism for family and youth input within the structure to improve the TBS system.
3. Cindy suggested the need for an overall strategy which would allow a different perspective from family and youth, the providers, etc. She recommended structured community action groups with one for the family and one for the youth, to support the Emily Q settlement and to continue as sources for information and feedback.
4. The first step would be the engagement of parents/families and youth from the community. This would include facilitating meetings and calls to encourage parents and youth to participate, and acting as a liaison to DMH to maintain feedback and to act as a resource for the trainings, etc.
5. The short term mission of the community action groups would be to provide feedback on strategy and website content. The long term mission is to provide continuous oversight after the court exit of TBS implementation. This would be accomplished by holding quarterly calls and local participation by advocates who would stay informed, recruit others and provide ongoing feedback to the county and state DMH.
6. United Advocates for Children and Family (UACF) and California Youth Empowerment Network (CAYEN) would be the sponsors for organizing this effort. There will be jobs to organize the tasks to be implemented, people to invite and to act as a conduit for information/feedback to DMH. The group will ensure that DMH is engaged in checking the website, quarterly teleconference participation, and the ongoing inclusion of youth and family in trainings, etc.
7. Amber distributed CAYEN's long-term goal of building a network of youth. She asked about the APS network list, which Mike offered to share with her. Amber said that it is better to solicit feedback on a specific question so we need a special strategy for youth engagement.
8. Cindy asked in the long-term how to keep the process going? She said that the success of the family/youth networks would be viable for other areas in addition to TBS, such as multi-disciplinary efforts. Nicette asked about the goals and strategies for the engagement of families. She said that the parent-partners who get paid can participate. Cindy has a network of contacts, UACF has statewide lists and the committee has the DMH list; now the committee needs to tell them what we want done.
9. Oscar Wright stated that the family voice is the goal of UACF through (#1) collaborations with others through dissemination via the UACF network, the Regional Family Networks and faith-based organizations; (#2) TBS is an opportunity to be outside the box for UACF and they can set up the community action groups for training using the video conference network to share best practices; (#3) public relations as the last piece for

outreach to parents statewide with a syndicated column, peer-to-peer training and social networking.

10. The Special Master expressed concerns about meeting the December 2010 target goal and wondered if the program could be sustainable. Court supervision now and county efforts is the ideal goal.
11. CMHDA emphasized that we are “setting a new table” to include a specific mode of service around the other service tables and the goal is to integrate TBS with other resources.
12. APS Healthcare offered to assist CDMH with conducting a performance improvement project (PIP) with all other players. The goal would to increase calls to the Ombudsman Office for example. He stated that PIPs are a way to improve function and to develop capacity.
13. CIMH offered to participate in trainings so family and youth could understand overarching systems, including TBS services.
14. DMH described this as a valuable conversation to honestly hear the voices of parents and youth, and take constructive actions. Amber stated that UACF and CAYEN are being asked to make a long-term commitment to hearing parent and youth voices, and asked how DMH would handle it. Rita McCabe said that DMH would have to decide how to handle the parent and youth voices and a long-term commitment to their involvement in TBS.
15. The Alliance stated the need for everyone to communicate and engage in conversations to meet the goals. Some Alliance members have youth peer mentors which is information that will be shared with Amber. She described DMH’s role as audits, policy notices, with the addition of trainings and best practices components; the key is an agreement to work together.
16. The Special Master asked the group what the next steps are and stated that DMH, CIMH, CMHDA, the Alliance, CAYEN and UACF will need to establish strategy agreements, and continue to meet to address the following components:

BIG strategy

- Resources
- Identify other actors and resources
- Determine what DMH wants to know
- Short and long-term tasks
- What does engage mean?
- What does training mean?
- Statement of intent for DMH parents/partners