

## Therapeutic Behavioral Services Small County Strategy

**January 19, 2010**  
**1:00 to 4:00 PM**  
**DMH Conference Room 360**  
**1600 9th Street, 95814**

**Purpose:** Point nine of the Therapeutic Behavioral Services (TBS) Nine Point Plan is outlined in the Court Ordered [Exit Strategy](#). One of the activities for the State and County Mental Health Plans (MHPs) to undertake prior to December 2010 is the development and implementation of a Small County Strategy. The ultimate goal of these meetings is to “develop, through a consensus approach, a small/rural county-centered strategy to ensure the most appropriate utilization and quality of TBS in these regions.”

**Preparatory Meeting Materials:**

- Prior meeting notes (12/14/09)

**Conference Call-In Information:**

866-836-0844, Passcode: 996690

**Invited Participants:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>○ Bill Carter, CiMH</li> <li>○ Anne Gimpel, Mono County MH Director</li> <li>○ David Gray, Facilitator</li> <li>○ Scott Gruendl, Glenn County MH Director</li> <li>○ Catherine Hendon, DMH Director’s Office</li> <li>○ Don Kingdon, CMHDA</li> <li>○ Troy Konarski, DMH Community Services</li> <li>○ Steve Korosec, Facilitator</li> <li>○ Rita McCabe, DMH Community Services</li> <li>○ Chris Medrano, DMH Program Compliance</li> <li>○ Jim Preis, Mental Health Advocacy Services</li> <li>○ B. Readell, Tuolumne County</li> </ul> | <ul style="list-style-type: none"> <li>○ Cindy Robbins-Roth, Family/Youth Advocate</li> <li>○ Rick Saletta, Federal Court Special Master</li> <li>○ Patty Sanui, DMH Program Compliance</li> <li>○ Tim Schraeder, Mendocino County Provider</li> <li>○ George Siler, Butte County Provider</li> <li>○ Tom Sodergren, Santa Barbara Provider</li> <li>○ K. Stein, Humboldt County</li> <li>○ Jana Todd, TBS Provider</li> <li>○ Sean Tracy, DMH Community Services</li> <li>○ Jaye Vanderhurst, Napa County MH Director</li> <li>○ Melinda Vaughn, Deputy Attorney General</li> <li>○ Barbara Zweig, DMH Legal Services</li> <li>○ Emily Q Settlement Team Members</li> </ul> |
|--|--|

### Agenda

<b>Welcome</b>	David Gray/ Steve Korosec	<b>20</b>
<ul style="list-style-type: none"> <li>• Review agenda and today’s objectives</li> <li>• Review of December 14, 2009 meeting notes and action items</li> </ul>		
<b>Current TBS Efforts for All MHPs</b>	Sean Tracy Troy Konarski	<b>30</b>
<ul style="list-style-type: none"> <li>• Small County Local TBS Meeting Update</li> <li>• Small County Issues from Local TBS Meeting Reports</li> </ul>		
<b>Small County TBS Strategies</b>	Facilitators/ All	<b>90</b>
<ul style="list-style-type: none"> <li>• Participant Suggestions</li> </ul>		
<b>Next Steps</b>	Sean Tracy/ Rick Saletta	<b>25</b>
<ul style="list-style-type: none"> <li>• Propose Final Meeting Date</li> <li>• Suggestions for Next Agenda</li> <li>• Meeting Evaluation</li> </ul>		
<b>Closing Business &amp; Adjourn</b>	David Gray/ Steve Korosec	<b>15</b>

**Emily Q Small County Strategy  
Plan Development Session  
December 14, 2009**

On December 14, 2009, the California Department of Mental Health (CDMH) convened a planning session seeking input for a strategy to increase TBS utilization in California's 29 small and rural counties. During the planning session, participants identified the following issues that impact TBS utilization in small and rural counties.

**Invited Participants (Attendees in Bold):**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>○ <b>Bill Carter, CiMH</b></li> <li>○ <b>Anne Gimpel, Mono County Director (by Phone)</b></li> <li>○ <b>David Gray, Facilitator</b></li> <li>○ S. Gruendl, Glenn County</li> <li>○ <b>Catherine Hendon, DMH Director's Office</b></li> <li>○ <b>Don Kingdon, CMHDA</b></li> <li>○ <b>Troy Konarski, DMH Community Services</b></li> <li>○ <b>Steve Korosec, Facilitator</b></li> <li>○ <b>Rita McCabe, DMH Community Services</b></li> <li>○ <b>Chris Medrano, DMH Program Compliance</b></li> <li>○ <b>Jim Preis, Mental Health Advocacy Services</b></li> </ul> | <ul style="list-style-type: none"> <li>○ B. Readell, Tuolumne County</li> <li>○ <b>Cindy Robbins-Roth, Family/Youth Advocate</b></li> <li>○ <b>Rick Saletta, Federal Court Special Master</b></li> <li>○ <b>Patty Sanui, DMH Program Compliance</b></li> <li>○ <b>Tim Schraeder, Mendocino County Provider</b></li> <li>○ <b>George Siler, Butte County Provider</b></li> <li>○ <b>Tom Sodergren, Santa Barbara Provider</b></li> <li>○ <b>K. Stein, Humboldt County (By Phone)</b></li> <li>○ Jana Todd, TBS Provider</li> <li>○ <b>Sean Tracy, DMH Community Services</b></li> <li>○ <b>Jaye Vanderhurst, Napa County Director</b></li> <li>○ <b>Melinda Vaughn, Deputy Attorney General</b></li> <li>○ <b>Barbara Zweig, DMH Legal</b></li> </ul> |
|--|--|

**Access:** issues that get in the way of, improve, or duplicate access to TBS.

- New technology to help.
- Local authorization process.
- Access to general mental health services.
- Fewer organizational providers – difficult to contract out.
- Counties share providers.
- Stigma.
- Vast geographic areas.
- Starting a new program.
- Some counties may not have a need for TBS.
- Limited pool of providers – hard to make best match to families.
- TBS is delivered in the home.
- Different interpretations of eligibility and need.
- Economies of scale.
- TBS is a supplemental service.
- Adoption kids are outside the service system.
- Wraparound or other services may be more efficient.
- Being proactive vs. reactive.
- County staff does it all.
- Schools approach “child find” differently.

- TBS Coordinators may have multiple roles and responsibilities.
- Cultural barriers.
- Children placed out of county.
- Winter travel.

**Outreach:** to the public.

- Marketing TBS – getting information out.
- Small numbers of kids (may be none).

**Training:** to rectify barriers.

- Knowledge of what TBS is.
- New technology to help.
- Provider expertise.
- School resource limitations in rural areas.
- Provider training.
- Uniformity – training, background, standards of practice.
- Clarify eligibility.
- Changed definition of TBS – current standards and practices.
- Doing TBS but not calling it TBS.
- Proactive vs. reactive.
- Different standards across counties.
- Outreach.

**Providers:**

- No local contractors.
- Provider expertise.
- “Proverbial” contract between counties.
- Lack of residential placement.
- Continuity of care.
- Safety of providers.
- Interface with schools.
- Identify mental health issues in juvenile justice and other systems earlier.
- Length of TBS services – longer? Duration.
- Relationship between provider and county.
- Providers serving multiple counties.

**Money:**

- Linked to access.
- New technology.
- County and state cash flow.
- Economies of scale.
- EPSDT match.
- Wages, travel, overtime costs.
- Requirements to fund other services.

- Starting a new program.
- Kids placed out of county.
- Fewer resources for higher-needs children.
- Fidelity to practices.

**Coordination:**

- One person can have large impact or leverage.
- Marketing TBS across systems.
- Interface with schools.
- Kids placed out of county.
- Identify mental health issues in juvenile justice and other systems early.
- Contract between providers.
- Improve and clarify referral process.
- Contract between counties.
- Coordination of care – struggle across systems.
- Different approaches across counties.
- Duplication with other behavioral services.
- Different demographics.
- “TBS-like” services already in place.
- PIP

**Strategies to increase TBS utilization in small and rural counties:**

- What are small county approaches in general?
- Coordinate with PIP and EQRO.
- More frequent meetings. More county involvement with programs.
- Regional collaboration and partnerships across counties.
- Mentor counties.
- Review county plans.
- County-by-county strategies, or higher-level strategy across counties?
- Engage county TBS coordinators in finding solutions.
- Inter-county linkages.

**Next Steps:**

- Hear from the Emily Q Settlement Team.
- Send out product from December 14 meeting.
- Get feedback, thoughts, and ideas from others, and provide to CDMH.
- Also look at current TBS plans.
- Identify strategies that could work, have worked, are already working.
- Reconvene small county planning group in January.
- Finalize the small county strategy in February.
- Implement the strategy.

**Comments From the Emily Q Settlement Team – December 16, 2009**

- What is the best method to communicate this information to the small counties?
- Training will occur within the context of the Nine Point Plan training component. Are there partnership opportunities for Level II MHPs to support Level I training (e.g. regional, multi-County, across system with multiple disciplines, including providers, consumers-family-youth)
- What regional strategies could be used?
- How can CDMH and Settlement Team recognize success and good performance for MHP accomplishments in 2009?
- Encourage more proactive strategies to increase TBS utilization by MHPs.
- The Family Partner Network has offered to help promote the small county strategy.
- CDMH could create a “Small County Corner” on the TBS Web site.
- Settlement Team representatives wish to meet again with the small counties during the CMHDA Small County meetings. CDMH will connect with CMHDA.
- CDMH will link with the Coordination of Care group to support the small county strategy.
- Must meet Nine-Point Plan timeline of February 2009 for strategy to be developed.