

**County of Sacramento – Department of Behavioral Health Services
Therapeutic Behavioral Services – Community Meeting
Report to the Department of Mental Health**

Date: October 30, 2009

Location: 7001A East Parkway, Sacramento, CA 95823

Time: 2:00pm – 4:00pm – Decision-Maker’s Meeting

4:00pm – 6:00pm – Stakeholder Meeting

In attendance: Mary Ann Bennett, Mental Health Director; Lisa Bertaccini, Chief of Child & Family Mental Health; Wendy Greene, Mental Health Program Manager; Judy Cooperberry, CPS Program Planner; Judge Troy Nunley, Presiding Judge of Juvenile Court; Harold Rowe, Probation Program Manager; Edwina Hayes, Parent Partner Mental Health America of Northern California; Tracy Herbert, Research & Evaluation Program Manager; Matthew Quinley, Quality Management Program Coordinator; Melody Boyle, Quality Management Program Coordinator; Michelle Schuhmann, Research & Evaluation Program Planner; Maria Pagador, Mental Health Program Coordinator; John Holmes, River Oak Vice President; Laura Heinz, EMQ Families First Executive Director; Diana White, Turning Point Director; Jennifer Wellenstein, Stanford Home Clinical Program Manager; Kristy Schweet, River Oak Division Director; Joelle Stallsmith, River Oak Clinical Program Manager; Sandra Stowell, EMQ Families First Clinical Program Manager; Jana Cooper, Turning Point Clinical Program Manager; Heather Shaw, Another Choice Another Chance; Nafeesah Young; Torey Rice, Steve Sweeney; D. S.

INTRODUCTIONS	<ul style="list-style-type: none"> • Maria Pagador, Mental Health Program Coordinator opened the meeting welcoming all in attendance. Around the table introductions proceeded. • Copies of the TBS brochure and Power Point presentation were distributed to the group.
OVERVIEW AND PURPOSE OF THE MEETING	<ul style="list-style-type: none"> • Lisa Bertaccini, Chief of Child & Family Mental Health gave an overview of Therapeutic Behavioral Services and the Nine-Point Plan to increase access and to improve delivery of TBS as a result of the Emily Q. v. Bonta class action lawsuit. Implementation of the plan is expected to lead to increased access and utilization, improve delivery of TBS and better outcomes for children and youth. The Nine-Point Plan requires the implementation of a TBS accountability structure designed to function as a continuous quality improvement process that will address (1) outcomes, (2) a review process; and (3) utilization. • The Special Master assigned each MHP to either Level I or Level II. Sacramento is one of the 12 medium and large MHPs responsible to complete Level 1 requirements. • Level 1 requirements include convening two annual meetings lasting a minimum of two hours each to review the core minimum TBS data elements on access, utilization, and behavioral and institutional risk reduction. One meeting is a general open forum to the public. The other meeting includes designees of appropriate local authorities. • County staff, TBS Providers and recipients will help orient and familiarize attendees with how TBS works.
TBS CASE	<ul style="list-style-type: none"> • Maria presented a vignette of an eleven year old child who was referred to TBS by her outpatient therapist. Maria highlighted the challenges with the case and how TBS helped the family overcome these challenges.

	<ul style="list-style-type: none"> • Sandy Stowell from EMQ Families First described the Functional Assessment and the Therapeutic behavioral services plan. • Jennifer Wellenstein from Stanford Home for Children talked about the discharge and transition process.
SUCCESSFUL STORY	<ul style="list-style-type: none"> • The mother of a TBS recipient talked about her experience with TBS. She shared her family's challenges and how TBS staff supported her child and her entire family. She recommends that parents try to keep an open mind and try TBS for their child.
QUESTIONS AND ANSWERS	<ul style="list-style-type: none"> • Can probation officers have access to written evaluation and progress reports from providers? Response: TBS staff can provide a detailed evaluation and progress report to probation officers upon request. • Are the children and youth who get TBS experiencing the intended benefits? Response: Children and youth will often improve when staff are in the home. Behaviors will usually begin to occur when children become comfortable with providers being in the home. TBS staff can determine function and develop strategies without having observed the behaviors, based on the information gathered from the primary provider, family and other natural supports. The Research and Evaluation Team provides a quarterly report on data obtained from the TBS discharge summaries and TBS target behavior data collection forms. The quarterly report shows data on discharge outcomes and placement outcomes. Data shows that the majority met all treatment goals and completed expected outcomes. • How did we know that there were not many recidivists based on the data? Response: If there were 204 youth who had received TBS during a calendar year and there was a high level of recidivism, you would expect to see a relatively larger number of episodes during that same year. The fact that the number of episodes was only slightly larger than the number of youth, suggested that most youth had only a single episode during that time frame. • What alternatives to TBS are being provided in the county? Response: Other intensive mental health services include wraparound, transition age program and FOCUS services. • What can be done to improve the use of TBS? Response: A new user-friendly TBS brochure was developed for distribution to families. TBS staff will continue to attend outpatient provider meetings to do a presentation on TBS. Harold Rowe will invite TBS providers to attend the probation staff meeting to enhance collaboration and get additional information on TBS. • What is the process of referring a child to TBS? Response: The child's current therapist or primary mental health provider can fill out the TBS Referral Form and send it to the ACCESS Team. • How do providers work together to meet the needs of the child? Response: The TBS plan is a part of the overall plan for the primary mental health provider. TBS is short-term with an average length of stay of 2 months. Before they leave, the TBS team teaches the child, family or caregiver and the primary mental health provider how to keep the plan going so they'll keep on seeing results long after the TBS team is gone.
NEXT STEPS	<ul style="list-style-type: none"> • A written report will be submitted to DMH. • Research and Evaluation Team will continue to track data. • A meeting will be scheduled next year to provide updated information.