

**San Benito County**  
**TBS Accountability Report**  
**July 1, 2009**

Submit completed report to [TBS@dmh.ca.gov](mailto:TBS@dmh.ca.gov)

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**A. List the dates of the TBS Meetings and the names of participants at each meeting:**

*TBS Meeting #1 – Thursday, April 23, 2009*

*Type: General Public Hearing*

*Participant List:*

Sonia Alvarez  
Dori Bannister  
Judy Cain  
Diana Carr  
Marian Cruz  
Kim Dryden  
Catherine Farnham  
Chris Harwood  
Natalie Higley  
Pat Loe  
Eloisa Ruiz  
Rumi Saikia  
Alan Yamamoto  
Lynda Yoshikawa

*TBS Meeting #2 – Monday, May 11, 2009*

*Type: Partner Agency Meeting*

*Participant List:*

Karminder Brown  
Nancy Callahan  
Renée Hankla  
Yolanda Leon  
Maron P Lozaya  
Rumi Saikia  
Antonio Villanueva  
Alan Yamamoto  
Lynda Yoshikawa

**B. Respond to the four Accountability questions:**

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

Those children and youth who are enrolled in mental health services and who meet the criteria for inclusion in the Emily Q settlement and would benefit from TBS are receiving TBS. While

we have had only a few children and youth receive TBS, this level of care has most typically been accessed when a child has required additional support to stay in their level of placement.

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

TBS have been very beneficial for the children and youth who have received these services. In all instances, the child/youth has been able to maintain their current level of placement. For example, TBS have been delivered to the youth in a group home setting. These youth have been able to successfully remain in the lower residential care level group home as a result of receiving TBS. No child or youth who has received TBS has had to be placed in a higher, more restrictive level of care.

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

We have several alternative services to help children and youth achieve positive outcomes and remain at home and/or at their current level of placement. We have Full Service Partnership (FSP) services available to children and youth, ages 0-25. These FSP services offer “whatever it takes” to keep the child or youth at home and stable in their living situation. We offer services to parents, families, and caregivers to support the child/youth to live at home, stay in school, be healthy, reduce the use of substances, stay out of trouble, and develop positive social connections.

We also offer intensive case management (ICM) services to children, youth, and families to help them develop appropriate resiliency skills. ICM, paired with individual and group mental health services, are often successful at helping children and youth achieve positive outcomes and avoid out-of-home placement.

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

To improve the utilization of TBS and other alternative behavioral support services, we plan to update our TBS brochures to make them more user-friendly. The brochures will clearly outline TBS and the eligibility criteria. In addition, we will distribute these brochures, in English and Spanish, to key community locations across the county.

At staff meetings, we will provide additional training to help staff understand TBS, criteria for referral, and service providers. In addition, we will discuss opportunities for children and youth, and promote the appropriate level of service for TBS and other behavioral support services.

**C. Describe the steps that the county intends to take in “good faith” to ensure the best possible access to and use of TBS by members of the Emily Q class.**

Our strategies for promoting TBS will ensure that we have a quality leadership process in place that reviews services for high-need children and youth, to make sure that they are getting the right amount of services to meet their ongoing needs.