



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: San Mateo

Date of Meeting: December 3, 2009

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kkang@co.sanmateo.ca.us

Was this a Stakeholder or Decision-Maker meeting? Stakeholder

Stakeholder Meeting Attendees: 51 attendees (names are listed at the end of report)

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

Participants reviewed past and current data elements and utilization rate for San Mateo County. They participated in small group discussions around the four questions. Many participants reported that eligible children and youth who would benefit from TBS are getting TBS. The utilization rate has progressively increased, but some of the discussion groups noted barriers that have prevented TBS from being more utilized. They identified the requirement to have full scope Medi-Cal as a major barrier for children who need TBS but cannot get it due to not having Medi-Cal. They stressed those who do not have Medi-Cal due to lack of access, immigration status, limited health-care, and "falling off" Medi-Cal due to logistical factors (e.g. multiple relocations, paperwork).

A San Mateo County, Behavioral Health and Recovery Services (SMC BHRS) youth case manager shared about her role in obtaining and coordinating resources, and screening youth for TBS, especially at the time of hospitalization - one of the initial entries into mental health. She stressed the importance

of county clinicians and case managers making referrals to TBS as a preventive measure against hospitalization and higher level of care.

Participants identified those who would benefit from TBS such as foster care youth, emancipated foster youth, probation youth, youth returning from placement, youth being serviced in other community agencies, transitional age youth, pre-to three children, youth in schools, and youth in mono-lingual non-English speaking families. Some identified a low percentage of probation youth getting TBS. Participants identified the need for more outreach to the community at large, various ethnic communities, outside providers, schools, and county departments. Some stressed that therapists, case managers, and child welfare workers only refer if they are familiar with TBS.

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

All discussion groups reported out that TBS absolutely works. The majority of participants had very favorable responses about TBS. They emphasized positive aspects such as flexibility, multiple locations (school, home, and community), being focused and specific, collaborative, increased frequency if needed, and fade out and transition plans. They identified positive outcomes such as increasing information and skills on dealing with difficult issues, improving coping skills, decreasing self-harming behaviors, and bringing families together. One of the advantages they stated was that TBS occurs where the behaviors, issues, and storms are happening for the youth and the family.

A number of youth who received TBS shared their positive experiences with TBS. They identified a number of behaviors that TBS helped them with to stay safe, cope, and communicate better. They stated that they are doing much better since a TBS coach got involved. One youth in particular shared her story from being shut down, angry, and hurting herself to improving her behavior and feelings, and relating to her family. She emphasized that she learned “to say no to violence.” Caregivers/parents who received TBS shared that TBS helped them to manage difficult behaviors, communicate with, and discipline their children more effectively. They emphasized that it was important that they had to participate and appreciated that instead of being told what to do they were shown through modeling and coaching. Some participants stressed that a good match between the TBS coach and youth/family is an important contributing factor to positive outcomes.

Participants explained some of the barriers in their experiences such as a slow start-up, complicated referral and documentation process, and rigidity when it comes to changing goals and/or approaches. TBS providers and primary clinicians/case managers emphasized the importance and benefits of collaboration within the treatment team.

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

Participants had knowledge about county and community services and resources. They identified a number of alternatives to TBS in San Mateo County, some of which were more equivalent to TBS. They identified mental health services/programs through San Mateo County Behavioral Health and Recovery Services such as outpatient mental health services, mental health programs serving youth in Juvenile Justice, special education programs, parent partners, and Pro-Social Skills group program. They also identified services provided by community agencies/programs such as Intensive In-Home, Wrap Around/Turning Point, mentoring-Big Brothers/Big Sisters, Drug and Alcohol, Visiting Therapy Program, Teen Shelter, and Boys and Girls Club. Some participants also identified community

resources such as churches and sports programs. Some participants identified the need for more male providers and mentors.

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

Participants provided various recommendations at multiple levels to improve the use of TBS and/or alternative behavioral support services. They recommended streamlining and expanding access to TBS to a wider population who do not have full-scope Medi-Cal. They viewed limiting TBS only to those with Medi-Cal as a critical barrier. They stressed offering more alternative behavioral support services to children/youth who do not have Medi-Cal. They suggested increasing screening and access to obtaining full-scope Medi-Cal.

There were suggestions around improving the delivery and quality of TBS. Some participants indicated the need for more TBS coaches. There was an emphasis on the importance of meaningfully matching children/youth to their TBS coach. They recommended longer duration of services and follow-up after termination of TBS. There were comments about making TBS more seamless, especially between county mental health services and services by the TBS provider. They suggested less paperwork and more time on providing direct services than documentation. In addition, participants suggested the allowance of doing a TBS assessment while children/youth are hospitalized and/or incarcerated. They viewed that at that point youth and caregivers may be more invested and motivated to receive TBS and would provide the additional support in their transition back into the community. Participants reported that services are confusing and therefore stressed the need for more written information and education.

In addition, participants recommended more training for TBS coaches. Some stressed providing more support for TBS coaches' "burn-out". Participants suggested improving collaboration, coordination, and communication within treatment teams, especially between the primary therapist and TBS coach. There was consensus on increasing education and outreach about TBS. Participants suggested more outreach to probation officers, County mental health staff, adult system of care, schools, and community providers. They indicated outreach to providers outside the system of care would be helpful, for example, private practice clinicians, Boys and Girls club, drug and alcohol treatment centers, and community centers. There was a suggestion to build upon existing partnerships with other departments such as Probation. Lastly, some participants recommended the involvement of family partners in TBS.

Additional Comments:

There was extensive outreach about the TBS Community Forum to the public via written and verbal invitations, presentations to, and contact with various community agencies, TBS providers, families, group homes, County Mental Health staff, Probation Department, Human Services Agency/Dept, etc.. Agencies and Departments were also encouraged to post the Forum flyer and outreach to their clients, families, and staff. The Forum was a collaboration between San Mateo County Behavioral Health and Recovery Services (SMC BHRS) and the County's primary TBS providers. The Forum included an educational presentation via power point; a panel presentation made up of two youth who received TBS, caregivers, County case manager, and TBS coaches; and small discussion groups. After the presentation, participants broke out into small discussion groups to address and discuss the Four Questions on TBS. As a result of the collective effort and outreach, the Forum was attended by 51

participants including professionals, youth and family members. There were six youth and five parents who attended. A majority of them received TBS and were familiar with the services.

Stakeholder Meeting Attendees: (Youth and family members' names are not included in order to protect their privacy.)

1. Tiffany Ferry, Social Work Intern, Human Services Agency
2. Parent
3. Youth
4. Lisa Slede, Youth Case Manager, SMC BHRS
5. Monica Gadda, TBS Supervisor, Edgewood Center
6. Mark Zalona, Turning Point Supervisor, Edgewood Center
7. Scott Peyton, Unit Chief, Youth Services Center (County Juvenile Hall), SMC BHRS
8. Youth
9. Parent
10. Youth
11. Claudia Diaz, Early Prevention and Intervention, Human Services Agency
12. Denise Villegas, TBS Coach, Bridges of San Mateo, Fred Finch
13. Keyana Michell, TBS Coach, Edgewood Center
14. Youth
15. Norma Ticas, Family Partner, SMC BHRS
16. Raja Mitry, Mental Health Board
17. Olive Ebert, Advocates for Children
18. Ayse Dogan, Child Welfare, Human Services Agency
19. Tania Chan, Clinician, BHRS
20. Elena Levin, TBS Coach, Bridges of San Mateo, Fred Finch
21. Allison Martindale, Turning Point, Edgewood Center
22. Parent
23. Parent
24. Marcos Chacon Jr., TBS Coach, Edgewood Center
25. Nancy Chen, TBS Coach, Bridges of San Mateo, Fred Finch
26. Cara Prenn, Youth Services Center (County Juvenile Hall), Human Services Agency
27. Julie Macecevic, Program Coordinator, YFES Your House South
28. Roxanne Dean, Program Specialist, School-based Mental Health Unit, SMC BHRS
29. Misha Sky, Program Director, Bridges of San Mateo, Fred Finch
30. Linda Simonsen, Clinical Services Manager, SMC BHRS
31. Falope Fatunise, Community-Based Services Director, Edgewood Center
32. Leia Austin, TBS Coach, Bridges of San Mateo, Fred Finch
33. Steve Munson, Unit Chief, Youth Case Management, SMC BHRS
34. Brian Heit, TBS Coach, Edgewood Center
35. Parent
36. Shannon Swanson, TBS Coach, Edgewood Center
37. Marcia Headly, Family Partner, Bridges of San Mateo, Fred Finch
38. Jessica Cochran, Attorney specializing in Special Education, Law Office of Jessica Cochran
39. Youth
40. Youth
41. Jessica Bautista, Therapist, SMC BHRS
42. Aida Navarro, Youth and Family Enrichment Services
43. Larry Deocampo, TBS Coach, Edgewood Center

44. Jennifer Jimenez Wong, TBS Coach, Bridges of San Mateo, Fred Finch
45. Elida Oettel, Early Prevention and Intervention, Human Services Agency
46. Louise Robaina, Program Specialist, Child Welfare Mental Health, SMC BHRS
47. Cindy Robbins-Roth, Family Partner, Turning Point, Edgewood
48. Rocio Lemus, TBS Coach, Bridges of San Mateo, Fred Finch
49. Glenda Masis, Intern Clinician, SMC BHRS
50. Art Stoll, Placement Coordinator, Human Services Agency
51. Kimberly Kang, Program Specialist, TBS, SMC BHRS