



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: Santa Clara County

Date of Meeting: November 12, 2009

MHP Contact (name, phone, e-mail): David Guerrero, 408.885.5784,
david.guerrero@hhs.sccgov.org

Was this a Stakeholder or Decision-Maker meeting? Decision-Maker

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

- The number of children in custody that actually have MediCal is only 25-30%.
- Eligibility Workers (EW) could increase that percentage, however, only one EW exists at Juvenile Probation Department (JPD), and that position is new.
- Probation Officers have never had a “direct referral” source to TBS.
- Barrier to JPD referring is that a child is not always opened up in the Mental Health system and/or not attached to a MH provider, therefore child is not eligible for TBS. Additionally, insurance status is done on a “hit-miss” basis, when children come into custody.
- The process needs to be simplified for JPD.
- On a positive note, there is now a “Universal Referral Form” that PO’s can complete and refer to MH Juvenile Hall staff. MH will determine the level of care through the Call Center, which will then refer to a Provider....EVERYTHING WILL BE TRACKED.
- JPD referrals to TBS are rare.
- Criteria is too restrictive: child has to be SED, not just at risk.
- Many therapists do not know about TBS
- JPD youth that require placements could utilize TBS in order to be released to community.

Therapeutic Behavioral Services Accountability Structure Report to the Department of Mental Health

Page 2

- Use of TBS services in exit MDT (Multi-disciplinary Team) meetings for discharge planning. Universal referral forms should be included as an option for TBS Services.
- Quarterly Outreach efforts needed.
- Training of new/existing staff/ non-county providers of appropriate use of TBS
- Include access for transitional age youth (TAY; 21 under); retrain staff?
- Outreach to Juv. Court Judges needed.
- We need data to support TBS to the Juv. Court Judges in order for Judges to request TBS for clients.
- Obtain data from current providers to support use of services.

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

- Maintains youth in lower level settings.
- Teaches and rewards prosocial behavior.
- Maintains school attendance.
- Attachment to the TBS counselors lead to overall positive relationships for client.
- Promotes change.
- Provides collateral TBS with parents/caregivers.
- All systems working together enhances results from TBS.
- Quality of TBS services are good. Early intervention in schools to identify children with problematic behaviors is imperative.

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

- Due to lengthy system delays in the System of Care, WRAP services have been the alternative.
- School behavior specialists
- School 504 Plans
- Big Brother/Big Sister Programs
- WRAP Providers with PBIS Model

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

- Utilize TBS providers for the training/marketing/awareness.
- Targeting “point of exit” for youth
- Increased communications at: Hospitals, MDTs (Multi-disciplinary Team, Lobby at Juvenile Hall, and Adult Probation (TAY)
- F & C Redesign to include TBS service in the plan.
- Use of TBS in Juv. Hall (Transition Unit)?
- Adaptation of model to use in Hall,
- Infusion of TBS with contracted providers,
- Conversations with Juvenile PO’s= increase.
- Presentation with Beyond the Bench Conference.
- Perhaps have a lower level RISC Committee who can match behaviors and symptoms with the proper level of care.

Therapeutic Behavioral Services Accountability Structure Report to the Department of Mental Health

Page 3

- Look up every child screened thru Unicare for Medi-Cal.
- Have Probation Officers ask for the insurance plan at every detention hearing.
- Mandatory insurance checks through “JASII” (probation’s information system)
- MH Admin to email staff (Dolores and Kathy) on how to best capture insurance information
- MAAC (Multi Agency Assessment Center) is a good resource.
- Do more outreach to JPD with a short outreach meeting and leave simple concise referral literature for Probation Officers.
- Probation attendees to this meeting now have a “direct referral” source to TBS after connecting/communicating with the two County TBS Coordinators at this Forum.
- New “Universal Referral Form” can be used by Probation Officers to refer directly to Mental Health and MH can do the linkage.

Additional Comments:

Planning for this forum took about 2 to 3 weeks of preparation, and involved the Deputy Director (3 hours), and 4 other staff (about 35 hours total). The forum agenda consisted of presenting a powerpoint and then using breakout groups to discuss the 4 questions.

We sent out about **40** invitations to a broad range of decision-makers. About **20** participants attended. The great majority of the participants already had a connection to or a good understanding of TBS.