



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: Solano County

Date of Meeting: April 23, June 30, and August 04, 2009

MHP Contact (name, phone, e-mail): Debbie Terry Butler; ddterrybuter@solanocounty.com

Was this a Stakeholder or Decision-Maker meeting? Both were Stakeholders Meetings. The Decision Making/Collaboration of Care Meeting will take place November 18, 2009

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

Solano County did a full announcement to every known community provider, public service agency, and the religious community. In this current budget era, it became evident that those who chose to attend the meeting initially came with the excitement of the possibility of more services for their clientele. In spite of the information that accompanied the invitation, many had no idea or only a vague understanding of what TBS was, but saw it as another resource for their clients.

Accepting that challenge, the audience was first given the history, a thorough description of Therapeutic Behavior Services, what it is and is not, the eligibility criteria, a summary of the current project i.e. The Nine Point Plan, and of course the role that they would play in being successful with improving access, monitoring, and outcomes of these services.

The presentation also consisted of informing the attendees regarding the children's system of care in the county as well as those services that exist in the county that are "TBS like."

With that and everyone now having somewhat of a working knowledge of TBS, their role and the goals at hand, we set about to discuss *“How we were doing in reaching Emily Q class members who could possibly benefit getting TBS?”*

At that time, the dashboards had not yet been posted. We utilized numbers gathered from our internal IT Unit to get a general picture of our TBS utilization. The timeline used began with January 01, 2009.

For the time period of January through June of 2009, the Children’s Mental Health Bureau served 1,700 children under the age of 21. Of those clients, 1,290 were Medi-Cal eligible at the time that they were served. Of those Medi-Cal eligible clients, only 14 of them received TBS services during that time period.

Just from these general figures, it became strikingly evident to all attendees that one of our major tasks would be to improve access and utilization.

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

At the time of the meetings we did not have the data to fully address this question.

We are working with our TBS providers and IT Unit on gathering local data to look at our outcomes and discuss this area during our November 18 Decision Making/Collaboration of Care Meeting.

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

With the inception of the California Children’s System of Care in the mid 1990’s, Solano County developed an intensive in home family support program with Seneca Center for Children and Families. The program was developed upon the values and principles of keeping children at home or the least restrictive residential setting, in school, and out of trouble. Our county mental health staff and Seneca continue to partner, forming a treatment team to provide an array of intensive community based services to those children that are at risk of out of home placement and/or multiple psychiatric hospitalizations.

Additionally, we also have a Mental Health Services Act Full Service Partnership Team as well as a mental health Family Preservation Unit that provides field based services to our most at risk children, youth, and families.

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

Across the 3 meetings, there were representatives from public and non-public schools, SELPA’s (Special Education Local Planning Area), probation, child welfare services, foster family agencies, County Board of Supervisors, community based organizations for mental health services, TBS providers, parents with SED children and parent advocates, regional centers, foster parent associations. This diversity was a nice launching pad to begin addressing the issue of *“what we could do as a county to improve the use of TBS and/or alternative behavioral support services.”*

1. Closer partnering with Child Welfare and Probation managers and supervisors who can shift the culture of how their staff “manages cases.” Part of the cultural shift would be for staff to think more in the area of “prevention” and how TBS could assist in possibly preventing out of home

placement, prevention of multiple failed placements both residential and foster home, smoother family reunification if a child has been placed and is ready to return home, as well as possible diversion from psychiatric hospitalizations.

2. Work with our Public Health Division to increase awareness of TBS and how it could benefit their clients.
3. Provide “hands on training” to Mental Health Access and Managed Care Units as well as the provider network regarding TBS and its benefits.
4. Distribute materials to community based providers and other service agencies such as family foster agencies.
5. Distribute updated materials to the county’s Eligibility Units.
6. Work closer with the county’s Mobile Crisis Unit, Hospital Liaison staff, and psychiatric hospital contracted providers.
7. Continue to work with mental health staff regarding the access and utilization of TBS

Additional Comments

List of Attendees

T. Nixon	North Bay Regional Center
D. Wilder	Probation
C. Teska	Crestwood Behavioral Health, Nueva Vida
E. Martinez	Probation
M. Jeref	Regional Center
S. Lewis	Probation
J. Diel	EMQ/Families First
Julia Gaylor	Growing Alternatives Foster Family Agency
Ray Talley	Growing Alternatives Foster Family Agency
N. Scruggs	Aldea
J. Sweatfield	Solano County SELPA
D. Rothenbaum	Solano County SELPA
S. Brown	Aldea Treatment Foster Care
K. Bosick	Youth and Family Services
S. J. Cook	Solano Foster Parent Association
N Van Hoven	Aldea
C. Jungkeit	Solano Parent Network
C. Gugino	JDT Consultants
S. Goerke-Shrode	Solano County Board of Supervisors
V. Kim	Sierra School
E. Vizoso	Solano Parent Network
L. Liles	CWS
K. Porter	CWS
M. Kitzes	Mental Health
J. Alberg	Health and Social Services Administration