



## **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](mailto:TBS@dmh.ca.gov).

**County MHP:** County of Sonoma

**Date of Meeting:** September 15, 2009

**MHP Contact (name, phone, e-mail):** Lyle Keller, LCSW

707-565-4855 LKeller1@sonoma-county.org

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

Attendees:

Mental Health Board Members: Kat Anderson, Lyndal-Marie Armstrong, Maureen Casey, Harry Martin, Ron Miller, Kathy Smith, Doug Stephens, Mary Ann Swanson, Anne Taylor, Jenny Webley.

Public: Rosemary Milbrath (NAMI); Mark Ihde (Goodwill); Ken Schmidt (CSN); Dee Schweitzer (Buckelew); Theresa Bruton; others who did not sign in

Sonoma County Mental Health: Mike Kennedy, MH Director; Dr. Gary Bravo, Medical Director; Denise Hunt, John Kolhoven, Section Managers; Mike Gossman, ASO 1; Marty Marcus, QI; Susan Castillo and Lyle Keller, Program Managers; Hank Hallowell, Patient Rights and MHB Liaison; Virginia Meyer, clerk to the MHB

\*\* Note: Printed TBS Brochures (English and Spanish) were handed out to all participants.\*\*

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

County of Sonoma Mental Health staff, Lyle Keller and John Kolhoven, presented an overview of TBS services to the participants. Information was provided regarding the common types of issues that TBS would address. Mental Health is working with TBS contractors Sunny Hills Children's Services, Fred Finch Youth Center, and LifeWorks to deliver TBS services. TBS is delivered in either the client's home or at times in group home settings

Participants were informed that TBS is a Medi-Cal service, it includes the same grievance procedure available through Patient Rights Advocate Hank Hallowell. To ask about TBS, call 1-800-870-8786 (Access Team) or 707-565-4810 (YS).

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

Participants at this meeting did not have any direct experience as consumers in receiving TBS and therefore did not have an opinion to render regarding this question. One participant at the meeting who had a lot of experience working with children in a LVL 12 group home program was familiar with TBS and reported that he had seen positive outcomes with this type of intervention/service. County Mental Health staff did discuss their opinion that TBS is a very effective service if the clients' engage and work with the TBS provider.

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

The following items were discussed with all participants at this meeting:

County Mental Health has created a Full Service Partnership (FSP) using MHSA funds to deliver "TBS-Like" services on an intensive out patient mental health team. The team has two MFT/LCSW County Mental Health Staff paired with two behavioral coaches from the CBO. As a team they delivery a wraparound style set of services to the families. The behavioral services delivered to the clients are very much like TBS services, just with out the written TBS progress reports typically provided at the end of each 60 day TBS treatment episode.

The County of Sonoma, Human Services Department has a small contract with one of our current TBS vendors to provide parent training to clients at the direction of the Human Services worker. The Human Services worker will refer clients to this behavioral service provider in order to stabilize the current placement or enhance reunification efforts.

The North Bay Regional Center which serves the developmentally delayed population also provides parent training/behavioral services to many of the clients that they serve.

The Special Ed school system provides a variety of behavioral assessments and services to special Ed students.

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

A MHB member who works in a school said there's sometimes confusion at her end surrounding TBS. She suggested adding an advocate position to educate the schools about TBS services. Current practice is that the schools often call Lyle Keller at mental health to find out how to get MH services, and then the TBS component can be included as an adjunct to those MH services. Participants inquired about other available funding streams to support TBS like services.

County of Sonoma Mental Health Director, Mike Kennedy, explained that it is our intention to increase utilization of TBS and shared information regarding a PIP which Mental Health implemented on 10-6-08 which focused on the reduction of repeat psychiatric hospitalizations for

clients. The PIP requires that a mental health staff person has a face to face contact with the client, in their home, within 7 days of discharge.

We provide a written TBS notification of services to all the clients we see as part of this hospital discharge PIP, we assess for the appropriateness of TBS services at the time of this home visit, and we make an expedited TBS referral for TBS to begin when appropriate, Mike Kennedy also reported that the TBS vendors have bilingual (English/Spanish) service capacity. Public comment was made that we do serve other populations and that it would be ideal to have additional TBS language capacity.