



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: Butte County Behavioral Health

Date of Meeting: 10/22/09

MHP Contact (name, phone, e-mail): Paul Bugnacki, LCSW 530-879-3347, pbugnacki@buttecounty.net

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

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

Joe from Children's Services Division (CSD) talked about their need to increase their efforts to advocate for kids and families they are involved with and encourage TBS for those kids at risk of a level 12 or greater placement, those kids that are stepping down from a level 12 placement and those kids that are in a psychiatric hospitalization. They also talked about how they have had more access to Butte County Behavioral Health (BCBH) clinicians. This has helped facilitate TBS referrals.

Ted from Youth For Change talked about the need to do more outreach with Probation Officers in order to increase the level of utilization of TBS for juvenile offenders.

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

CSD representatives talked about seeing good results with kids and families they are involved with who are and have received TBS. More so now than in the past. CSD has seen how parents have learned more parenting skills as a result of their involvement with TBS.

BCBH case managers talked about how they have seen the benefits of TBS with clients they have worked with who have received TBS.

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

Connecting Circles of Care.

The FACT Team in Juvenile Hall.

Multidimensional Therapeutic Foster Care (MTFC/ITFC)

Hope Cottage/Courage To Commit. Another BCDBH organizational provider who is providing a hospital alternative for kids needing a higher level of care but aren't meeting full 5150 criteria.

Wrap Around/163 program offered by our organizational provider Youth For Change.

TRAC. Child welfare contracted services with BCBH for Family Reunification.

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

BCBH/Org. Provider clinicians complete a referral when their client enters the CSU or a psychiatric hospital.

CSD will take a more active role in initiating a TBS referral. Especially early on in their work with the families who are at risk.

Stream line the referral paperwork. One page initial referral?

There was a consensus among participants to have TBS offered to the families of kids who are on the Crisis Stabilization Unit (CSU) or have been placed in a psychiatric hospital either at the beginning of their kids stay or as a resource for discharge planning.

TBA's training and experience level is crucial. There was a good discussion on the "goodness of fit" with the TBS worker and the family.

Agencies throughout the county need to know who to talk to in order to set up TBS for their identified families.

DBH, DESS, Probation and Organizational Providers all have the same link to the county's TBS web site.

Additional Comments:

Make referrals an easier process on the front end.

Far Northern Regional Center population has not been accessed much.

School Attendance Review Board and School Districts need more outreach.

Connect with State Adoptions unit in Chico and educate them about TBS.

TBS Stakeholders Meeting 10-22-09 attendees

- Paul Bugnacki, LCSW. BCDBH TBS Coordinator
- Micki Winebarger, TBS Coordinator for Youth For Change
- Ed Walker, LCSW, BCDBH Interim Director
- George Siler, Director of Youth For Change
- Joe Pirruccello, Butte County Department of Employment and Social Services
- Roselie Sanz, Butte County Department of Employment and Social Services
- Shelby Boston, Butte County Department of Employment and Social Services
- Stacy Munafo, Valley Oaks Children's Services
- Barry Pratt, LMFT, Connecting Circles of Care
- Jackie Carbaugh, North Valley Catholic Social Services
- Les Rodrigues, case manager, BCDBH
- Keith Hoisington, youth
- Lena Correa, LCSW, TBS Clinical Supervisor of Victor Community Support Services
- Ronald R. Knight, Parent
- Miriam Knight, Child
- Ted Klemm, Youth For Change
- Scott Palmer, PhD, Connecting Circles of Care
- Rhonda King, BCDBH
- Sandi John, BCDBH