



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: Tulare County

Date of Meeting: November 16, 2009

MHP Contact (name, phone, e-mail): Cheryl L. Duerksen, PhD, Director of Mental Health

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

Decision-Maker Attendees

Alisa Vogel, PsyD, Manager, VAC

Anna Schaefer, LVN, UM QI Managed Care

Betsy Ellis, UM, Managed Care

Bob Browne, BA, Manager, CWS

Brian Conway, EMQ Families First

Cheryl Lennon-Armas, LMFT, Executive Director, TYSB

Claudia Gonzales, MFTI, QI Coordinator, Turning Point

David Jaffe, PhD, Manager, PYS/PAC

Denise Espinosa, LCSW, DCS

Dennis Wall, Patients Rights Advocate

Esmeralda Leon, LCSW, Manager, Criminal Justice Juvenile Hall

Isa Ribadu, PhD, LMFT, Director, VYS

J. Jeff Fly, Chief Executive Officer, Turning Point

Janis Lehmann, Mental Health Board/Family Member

Joe Hamilton, LMFT, Manager, CWS

Jose Ochoa, LCSW, Regional Director, Turning Point

Joseph Lebenzon, MD, MH Medical Director

Juliet Webb, Division Manager, CWS

Leticia Lopez, LMFT, SYS

Maria Montañó, LCSW, QI Managed Care

Marilyn Bamford, EMQ Families First
Natalie Claussen-Rogers, PsyD, Special Case Investigation Unit
Timothy D. Durick, PsyD, MH Deputy Director, Managed Care
Tim Zavala, LCSW, Clinical Director, TYSB
Wally Parks, LMFT, Regional Director, Turning Point
Walt Lunsford, LCSW, Chief Operating Officer, Turning Point

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

The Decision Maker group all agreed that a limited number of youth in Tulare County are receiving TBS, but believe that we are providing services in a different fashion. This group discussed perceived barriers to accessing and utilizing TBS in Tulare County. These include:

1. Excessive documentation requirements were too confusing and overwhelming.
2. Youth occasionally do not meet medical necessity criteria; and, therefore, do not receive specialty mental health services.
3. Youth are receiving mental health services through private mental health providers.
4. Alternative services are in place for our “high-risk” youth: intensive rehabilitation, Wraparound, and/or school based rehabilitation.
5. Multiple placement changes for youth in Tulare County often make it difficult to link youth with other specialty mental health services.
6. Parents perceive services to be intensive and intrusive therefore are resistant to services in their home. Parents fear being discovered and do not want Child Welfare involvement.
7. Probation’s lack of knowledge of the service has led to a minimal number of referrals from this department.
8. Participants noted that the relationship and communication between the treating therapist and TBS provider is essential to the development of an appropriate treatment plan. Currently, clinicians do not refer because they are unfamiliar with the TBS provider and their competency levels.
9. Concerns were raised regarding the number of staff required to provide TBS.
10. Concerns were raised regarding the funding required to provide.

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

Yes. TBS contractors have monitored youth who have been served, and statistics indicate positive outcomes.

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

- Wraparound
- Intensive Rehabilitation is authorized at each clinic site during individual case staffings.
- Mental Health rehabilitation staff are stationed at 90% of school sites.
- Tulare Youth Service Bureau clinicians are on-call 24 hours a day for children on their caseloads. Consumers and families are able to speak with the clinician or the Clinical Director 24 hours a day if a crisis arises.
- PSA Wrap is provided to children in out-of-home care or who are in between placements. It lasts one to two days, and it is not behaviorally focused.

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

Several suggestions were made to increase and improve TBS in Tulare County:

- Outreach and training to all departments and line staff
- TBS should be discussed as an option at all staffings including: 1) Resource Intensive Services Committee (RISC), 2) Individual Educational Plan (IEP), and 3) Multi-Interagency Team (MIT) staffings.
- Have a TBS team or liaison attached to each clinic.
- Do not contract out for TBS. Let each office designate and train coaches. This will help increase communication between TBS and the rest of the treatment team. Referring would also be easier.
- Outreach and education to private Medi-Cal providers.
- Change forms, policies and procedures to reflect new TBS requirements.
- Have the TBS providers come to the clinics during the trainings.
- Participants discussed the proper way TBS should be described to the parents. It was agreed that if the child meets the criteria, a referral will be made and a TBS coach will describe the program at initial contact.

Additional Comments:

- Some participants wanted to know the rate of group home placements in this county compared to other counties.
- There was discussion around funding. Is there enough EPSDT dollars to support TBS utilization reaching the 4% Benchmark goal? TBS utilization will be reviewed monthly at each Children's System Improvement Council meeting.
- This Decision Makers Meeting was held at the monthly Children's System Improvement Council meeting. In addition to regular participants, several other key decision makers were invited to attend.