



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: December 8, 2009
MHP Contact (name, phone, e-mail): Cheryl L. Duerksen, PhD, Director of Mental Health
Was this a Stakeholder or Decision-Maker meeting? Stakeholder Meeting

Tulare County Stakeholder Attendees

Anna Schaefer, UM, QI Managed Care
Betsy Ellis, UM, Managed Care
Carol Gray, LMFT, Tulare Youth Services Bureau
Cathy Garvey, LMFT, Turning Point
Christopher Millis, LMFT, Porterville Youth Services
Darcy Massey, LCSW, Child Welfare Services
Kevin Gray, LMFT, Turning Point
Linda Reinhart, LMFT, TYSB
Michelle Bonwell, Supervising Probation Officer
Minerva Aceves, MSW, Child Welfare Services
Teresa White, Unit Manager, PYS/PAC

Other

Multiple Kern County Representatives

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

Deanna Cloud reports that Kern County does not utilize enough TBS, but that other intensive services are provided to Emily Q class members. TBS is discussed regularly but not implemented. Deanna explained that for CY07, Kern's TBS rate was .38%. For CY08, Kern increased services to .58% and as of October 31, 2009, Kern's TBS rate was .62%. Kern will continue its effort to increase TBS for Emily Q class members.

Anna Schaefer reports that Tulare County has not been providing enough TBS and is now making TBS a priority. Tulare County is conducting intense trainings and has extended the training to contract agencies, probation, and other clinics. Tulare County has always provided other intensive mental health services; i.e. intensive rehab, Wraparound.

Tulare County has ongoing interagency staffings during which time staff have been trained to screen for any youth that fall under the Emily Q class criteria. We have asked that if they meet the criteria, they should submit a TBS referral.

Joel Watson from Kern County Probation and Mental Health Department believes that we need to get youth linked to mental health treatment before TBS can be implemented. Group Homes are the missing piece to getting youth linked up to TBS services. Joel recommends that Mental Health start pressuring group homes to start linking youth to services.

Linda Hoyle, Director, Child Guidance Clinic (CGC): Access points are hospitalizations and Youth Wraparound informs the providers about the youth and reminds them to consider TBS. Linda also adds that there is not a notification when a youth leaves foster care or probation to placement to prompt mental health to link the youth to services. Linda believes that bridging the gap between Probation and Placement will be beneficial. Linda also reports that it has not occurred to her agency to use their intensive services on a TBS plan due to finding the TBS documentation requirements problematic. Linda also states that out of the 54 group homes in Kern County there are 34 group homes in just one geographic area, and that there are too many youth and not enough providers. Linda states that CGC was very dedicated to provide TBS when it first came out, however, when the budgetary issues came out it became difficult to employ contract providers for the intense services. CGC Tried to look internally, but it was difficult to find staff to be in the home 24 hours a day, work weekends, and provide other intensive services.

Tulare states that they have open communication with CWS, Probation and Tulare County Office of Education. Tulare County is looking to focus on increasing their TBS utilization, especially targeting minors that have been hospitalized.

Tulare County also expressed difficulty getting families to commit to services in the home.

Jim Waterman, KCMH Director, states that PEI funding is to assist with school based services and will assist in saving money for more intense services. Jim also states that in order to increase TBS, other services may have to decrease.

Bill Carter suggests that the Counties attempt to negotiate with the Special Master in order to incorporate DBT and FFT services. The Special Master can look at a note and determine whether or not it is TBS appropriate.

Joel states that their needs to be a culture change because people are hearing about so many different treatment options and that the most popular modality at the time is chosen for the youth. They need to decide which is a better service TBS, Wrap, FFT, DBT?

Elena Acosta, Assistant Director, Department of Human Services, stated that a decision tree is needed in order to help identify what treatment is needed. Others state that it is difficult to do this because each case is so individualized.

Linda Hoyle speaks of the efforts that KCMH and DHS have put forth to help link foster youth to mental health treatment such as a mental health employee being present at DHS team meetings. Linda really emphasizes the importance of education to other agencies about what treatment options are available.

Jim wants to define internally what the whole package of intensive services entails.

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

Joel emphasizes the importance of getting the caregivers buy in for the treatment of the youth. We need to come up with a strategy to educate the front line staff in the group homes.

Clinica Sierra Vista staff utilizes weekly and monthly meetings with their TBS providers to have continuous case coordination.

Jim suggests educating the doctors participating in the Child Fellowship Program on the alternative treatment option such as TBS.

Probation suggest that Judges be educated about TBS and encourage them to mandate TBS.

Clinician's need to be informed that TBS is not a last resort and that it should be considered for treatment as a priority.

Competent staff who are adequately trained in TBS are needed.

Joel suggests that getting a plan in place for youth while they are in Juvenile Hall or Jamison Center.

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

Tulare would like to get credit for the intensive rehab services that were provided to youth prior to the Emily Q settlement. Tulare County will also be requesting the Special Master to review the Wraparound Cases they have served over the last two years.

Deanna: DBT, MTFC, FFT, Wrap are being used. Deanna states that clinicians have been intensifying services and seeing the youth more often instead of doing a TBS plan.

Elena would like training for DHS staff to successfully link youth to Mental Health and make sure that there is follow-up on the linkage. Social Workers can make the TBS referral as well.

Bill Carter: read the letter that the Special Master put out regarding alternative services. The letter is posted on TBS website. Look at the youth who are getting other types of intensive services and try to pull the numbers to see if they were qualified to receive TBS. If they qualify, see if it would make a shift towards the 4% and begin discussing. Other counties are not discussing DBT, FFT, Wrap and other models as alternatives.

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

Tulare is planning on providing more TBS training for other agencies and departments.

Jim shares his concern about declining revenues and adults have been affected the most and it is important to realize that Children Services will eventually start feeling the hits as well. It is hard to start thinking about increasing services when we are in the mode of decreasing.

Bill: Closing remarks: "What are we taking from this?"

Anna Schaefer states, that Tulare County will increase TBS utilization. Tulare County believes that the new TBS documentation manual will be a good reference for all agencies to use.

Deanna hopes that the state training will help MH to recognize the importance of TBS. Deanna also states that the Level 2 counties conference call has been beneficial to exchange ideas.

Linda Hoyle: we can start identifying sub populations such as hospitalizations and group homes. Strategize what is the most important population and start working on penetrating that population.

Additional Comments:

This meeting was held at the Kern/Tulare Stakeholder and TBS Training in Bakersfield.