



## 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:** Tulare County

**Date of Meeting:** November 4, 2009

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

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

### **Stakeholder Meeting Attendees**

Arthur Leon, Mental Health Rehabilitation Specialist, Visalia Youth Services  
Beth Wilshire, Court Appointed Special Advocate  
Betsy Ellis, Unit Manager, Managed Care  
Brenda Blum, ASW, Kingsview  
Brenda Vargas, Probation Officer  
Camille Santos, MFTI, Visalia Youth Services  
Carol Gray, MFT, Tulare Youth Services Bureau  
Cathy Garvey, LMFT, Supervising Clinician, Turning Point  
Christina Bachicha, MSW, JDT Consultants  
Christopher Millis, LMFT, Porterville Youth Services  
Darlene Day, MFT, Tulare Youth Services Bureau  
Deborah Hernandez, TL, Child Welfare Services  
Gloria Court, LMFT, Managed Care  
Irma Rangel, Mental Health Board Representative, Family Resource Center

Jana Todd, LCSW, JDT Consultants  
Janet Guzman, BA, Family Builders  
Kevin Enquist, BA, Family Builders  
Kevin Gray, LMFT, Turning Point  
Kim Gerhardt, Probation Officer  
Lena Silerrio, Probation Officer  
Leticia Castenada, BA, Team Leader, Child Welfare Services  
Lori Cluff, Mental Health Rehabilitation Specialist, Visalia Youth Services  
Maria Montañó, LCSW, Managed Care  
Michelle Bonwell, Supervising Probation Officer  
Minerva Aceves, MSW, Social Service Worker, Child Welfare Services  
Monica Hennike, JDT Consultants  
Monica Rodriguez, MFTI, Visalia Youth Services  
Nancy Gomes, LMFT, Porterville Youth Services  
Pat Lorenzo, LMFT, Family Builders  
Ryan Valentine, Probation Officer  
S. Tripp, MSW, Aspiranet  
Teresa White, Unit Manager, Porterville Youth Services, Porterville Adult Clinic  
Tim Zavala, Clinical Director, Tulare Youth Service Bureau

At this meeting, participants were split up into six groups. Each group discussed each question among themselves. The whole group reconvened, and each group reported their responses to each question.

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

The groups reported the majority of Emily Q class members are not getting TBS. Based on the statistics presented, TBS is very much underutilized by those that qualify for the service. The groups cited some common barriers to utilization of TBS.

- The process to refer and obtain TBS used to be complicated and cumbersome.
- Referring agencies were not provided information regarding the services available.
- There is a lack of knowledge regarding what TBS is and who is eligible for TBS.
- Clinicians have previously been advised not to refer to TBS. In the past, we over-utilized TBS services, and we were cautioned to cut back on services. Once the cut back was in place, it was difficult to reinstate the services as an adjunct to mental health.
- TBS has to be voluntary.
- The effectiveness of services is sometimes minimized by the clients.
- Children do not feel the real threat of having to be placed into residential care, especially when there are so few residential care options within Tulare County.
- Some caregivers are not ready for the help and refuse TBS in the home.
- Families have declined TBS Services, because it is so intrusive. It is important to inform the family at the first meeting just how intrusive and intensive TBS is.
- A child might not have mental health services already.
- Some don't have a provider in the area.
- Level of training in service providers had been problematic at times.
- One group was concerned about the budget, and if Medi-Cal will be able to reimburse

the counties for increased TBS utilization.

- Some think TBS is to be used only as a last resort.

Common misconceptions were clarified for the participants. It was explained that children in foster care who are in jeopardy of going to group homes would qualify for TBS. The participants were informed that even when children are denied by wraparound, they might still qualify for TBS. It was reiterated that children who were getting out of the hospital or residential care would qualify for TBS. The participants were advised that children in group homes, who were given a 7-day notice, would qualify for TBS. It was also noted that Probation children who are going to be placed in a group home from a lower level of care would qualify for TBS.

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

The participants agreed that the children who are receiving TBS are experiencing positive benefits. Some TBS providers and clinicians have observed great improvements and amazing results in a very short period of time. The children learn quickly about what they need to do in the home during different situations. TBS has been a positive experience for many children. It was noted that we have seen much success in the small population that has received TBS in Tulare County, so it will be interesting once we increase our TBS population if we will continue to be as effective and successful with a higher number to TBS clients and the same amount of TBS staff.

Of the children one group knew of, one child out of the four had benefited. Family Builders and Turning Point also talked about their statistics. One out of two TBS cases served by Family Builders was successful. Turning Point served ten TBS consumers in the past year, and only one was re-hospitalized. Turning Point finds it to be an advantage to overall treatment to have TBS provided by an in-house TBS team.

For the most part, families in Tulare County have been receptive. There were some families who were fearful of the system and who did not want TBS to come into their home or to be effective, but when they began to “own it” for themselves, there were positive outcomes and they were able to move forward. Some caregivers don’t realize the benefits of TBS until TBS is actually in their homes and they get to see the benefits for themselves. It was noted, parents are seeing improvements but those benefits are not always what they expected, such as parents having to change their own behaviors.

One group has observed great success with TBS consumers, a reduction in hospitalizations for TBS consumers, and an increased ability for parents to sustain and implement what they have learned. Another group cited parental engagement as being very important to TBS succeeding. This group noted that the process to refer to TBS and have TBS implemented is lengthy and difficult, and that by the time TBS intervened, it was too late.

It was noted that the current process is quick, and a child can be seen by a Tulare County TBS provider within one week from original referral. It was explained that a staffing is organized within 1 to 3 days, and a TBS Provider provides services within 1 to 3 days after the staffing.

One clinician informed us that his clients who had TBS in the past have contacted him since and thanked him for providing TBS to them. This clinician added that these clients have

graduated from school and have good careers now. With buy-in from the caregiver & proper modeling by the coaches the outcomes will only improve. It was reiterated that the youth has to be invested in the process for TBS to be effective.

It was suggested that the coaches that are hired need to be seasoned and highly experienced with children in order to be effective. One of our TBS providers (JDT) stated she has hired several TBS personnel who are qualified and certified to provide TBS.

TBS can be more beneficial for certain children than other mental health services, such as individual therapy. Since TBS can be in the home for several hours during the day, TBS can be effective by implementing interventions while the child is exhibiting the behavior. Whereas a therapist might only be able to teach the intervention and the client would be responsible for remembering to implement the intervention on their own. TBS providers carefully monitor the children and families to determine whether interventions need to be changed or TBS needs to be increased, decreased, or terminated.

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

The alternative options for TBS in Tulare County are:

- Wraparound
- Group Home
- Intensive Treatment Foster Care (ITFC) (only for FC youth, and Medi-Cal is not billed)
- Early Intervention Program in Child Welfare Services
- Youth Services
- Intensive Rehabilitation Services
- Intensive Case Management Services
- Increase Mental Health Services
- Medication Monitoring
- Dialectical Behavioral Therapy (DBT)
- Individual Therapy
- Parent Child Interaction Therapy (PCIT)
- CVRC Services
- CVRC Behavioralists
- School Behavioralists
- School Counselors
- Special Friends
- Probation on campus

It was noted the above options are not truly similar to TBS in that TBS is a short-term, intensive, individualized, behavioral mental health service designed to help children and families learn how to manage specific targeted behaviors, while the other services are intended to address behavior in other ways.

It was explained that if a clinician is considering increasing Rehabilitation services, that would be an indicator that a TBS referral could be made at that time.

Historically, Tulare County has not provided TBS in the schools, because other services are available in the schools, such as Intensive Rehabilitation offered by the primary specialty

mental health provider or Behavioral services within the school. Tulare County does not want to have providers in the schools providing essentially the same service. We expect the schools to take responsibility in using the services that they currently have. It was also explained that TBS can be used to transition services to the school Behaviorist.

It was explained that if Wrap is in the home, TBS can also be provided in some situations.

It was noted that San Bernardino has a program called Success First that is very similar to TBS.

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

Increase awareness among community members & continue encouragement of referrals to TBS when appropriate. Provide outreach and training to all mental health clinics, CWS, Probation, and other community organizations that serve Emily Q class members. Educate possible referring agencies about who is eligible for TBS and what the referral process is. Utilize user-friendly training materials and documents. This would help to overcome the resistance that some clinicians feel about referring to TBS. Providers would be better trained and more diligent in identifying behaviors that TBS may be beneficial in addressing. Providers can recognize that TBS can be used proactively.

Train parents & foster parents that services are available and what TBS consists of.

Increase communication and collaboration between agencies. Involve CWS, Probation, and Educators in the planning process. Implementing TBS liaisons at all agencies would be helpful. Assign coaches in each youth agency & probation department.

Train TBS providers to be for effective and efficient. It was suggested that the coaches should be seasoned and highly experienced with children in order to be effective. One of our TBS providers (JDT) stated she has hired several personnel who are qualified and certified to provide TBS. Utilizing MH clinicians as TBS providers would be effective.

Streamline the referral process, including internal procedures and getting information to the county in a timely manner. Completing a shorter TBS Referral is going to quicken the referral process. The referral was taking as long as 2 weeks to complete, and now it could be completed in one day.

Implement and utilize an assessment tool that determines when a TBS referral is appropriate and/or necessary.

It was suggested that the MHP utilize the Psychiatric Emergency Response team to signal clinicians when children have been hospitalized and need a TBS referral. It was explained that CWS generates reports that informs them when their children have been hospitalized. A suggestion was to have Mental Health go see the client while still in the hospital and introduce and educate him or her about TBS in order to increase the client's receptivity to TBS.

It was suggested that TBS be provided sooner rather than later, before a child goes to his second or third foster homes. When a child receives a 7-day notice, a TBS referral should be

sent. It is hoped that once TBS is provided future 7-day notices will be stopped. It was suggested when social workers go to see children in their homes and notice that there's a problem, their supervisors should be notified immediately in order to help determine if a TBS referral is appropriate.

It was suggested that TBS be provided for undocumented children.

It was suggested to disperse information on TBS to all agencies.

Some TBS providers have offered to go with Managed Care to conduct outreach and trainings at various sites.

**Additional Comments:**

- Many were very excited about our presentation and discussed knowing a child or youth that they could refer to TBS right away. Participants were encouraged to refer any children or youth who qualify and meet the criteria as soon as possible.