CONTRA COSTA COUNTY TBS SERVICES
OCTOBER '09

A LITTLE HISTORY,

- Better service through litigation
- Emily Q. and Contra Costa County
- The Special Master
- The Nine Point Plan

ACCOUNTABILITY FOCUSES ON FOUR + 1 KEY QUESTIONS:

- Are the children and youth in the county who are Emily Q. class members and who would benefit from TBS, getting TBS?
- Are the children and youth who get TBS experiencing the intended benefits?
- What alternatives to TBS are being provided in the county?
- What can be done to improve the use of TBS and/or alternative behavioral support services in the county?
- So, now that we have a track record with TBS Services are we providing a Quality Service with adequate training and consultation?

THE CLIENTS IN TBS

Intake and Assessment

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

FIRST STEPS

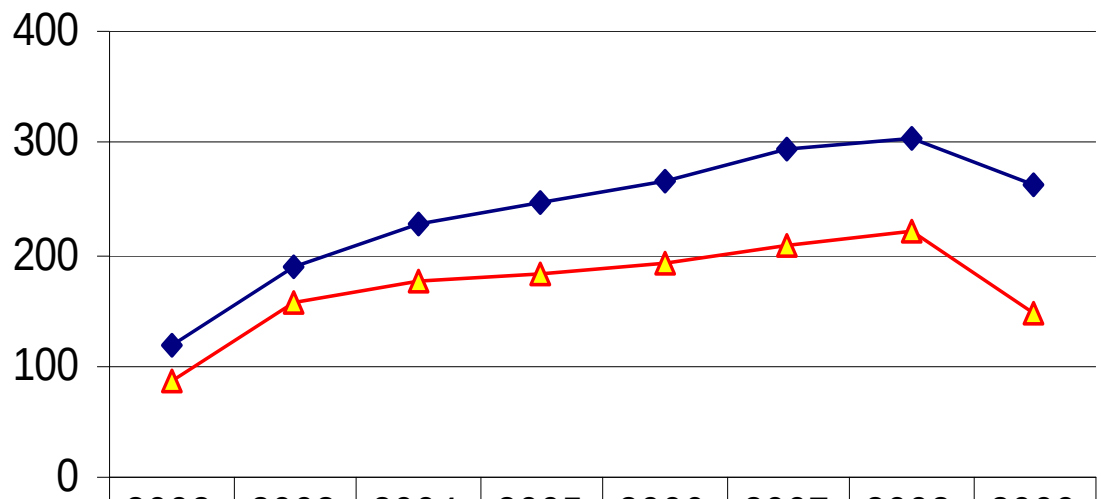
- Origination of Referrals
- Initially started w/ dependent children having behavioral problems risking placement
- CFS referrals
- Referrals come from the 3 Regional Clinics.
- The Hospital Liaison alerted us to children leaving the hospital setting.
- Added 3-8 age group involved with therapeutic preschools.
- MRT and TDMS identify potential referrals
- Added School Wrap Teams, community contract agencies.

THE CLIENTS IN TBS

Intake and Assessment

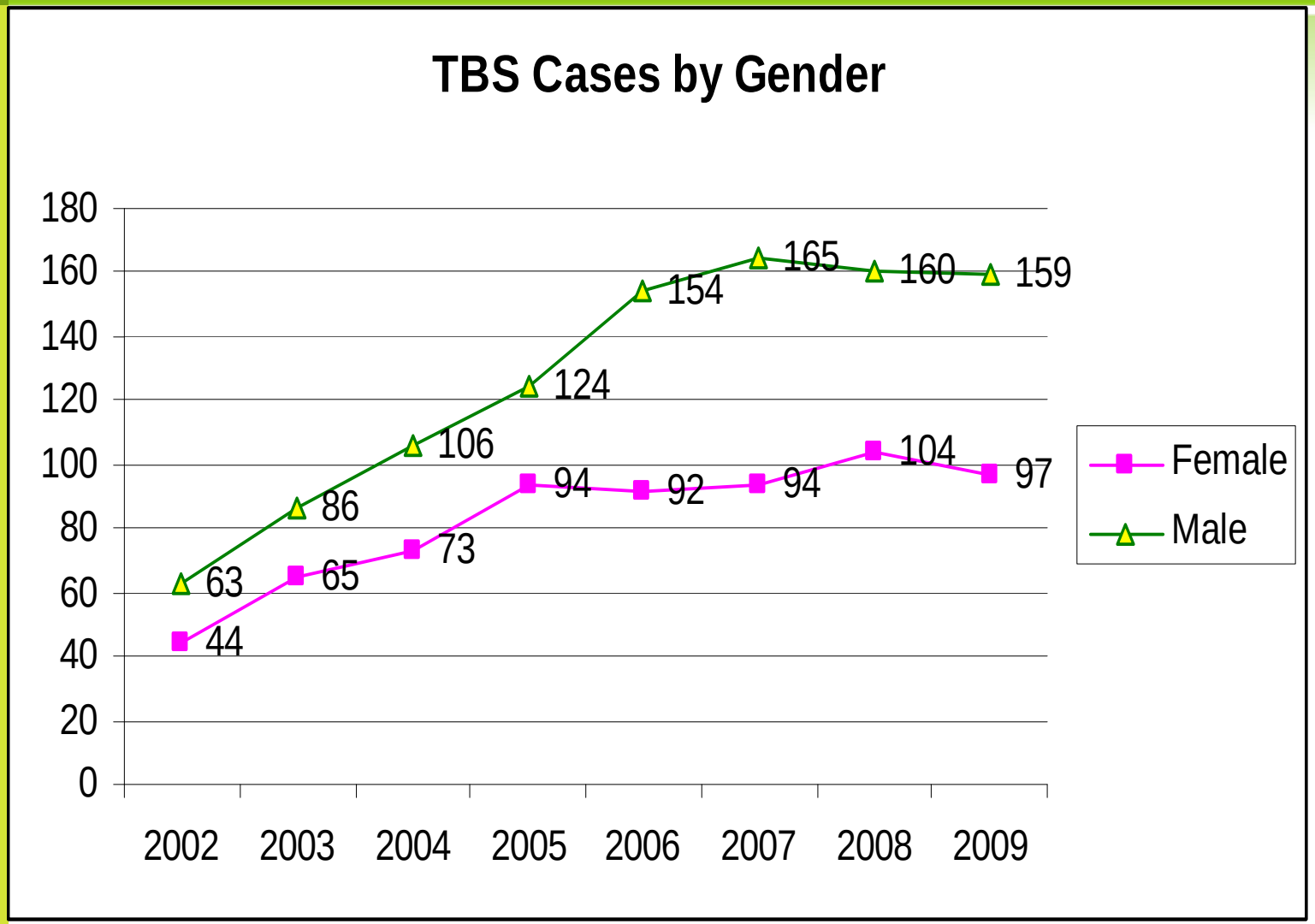
- We grew from 30 to 146 active cases
- Contra Costa is one of 5 counties statewide who met the target goal of 5% penetration
- Refer out 15-30 cases per month.

TBS CLIENTS

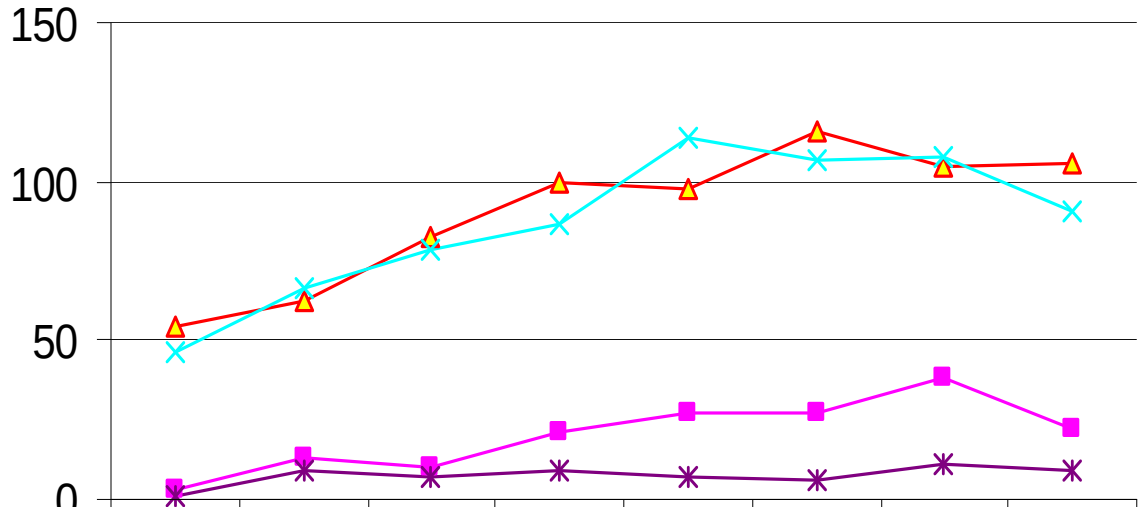


	2002	2003	2004	2005	2006	2007	2008	2009
# of Newly Opened Episodes	86	156	176	184	192	208	220	147
Total # of Episodes	119	190	228	248	266	293	305	262

BOYS AND GIRLS



THROUGH THE AGES

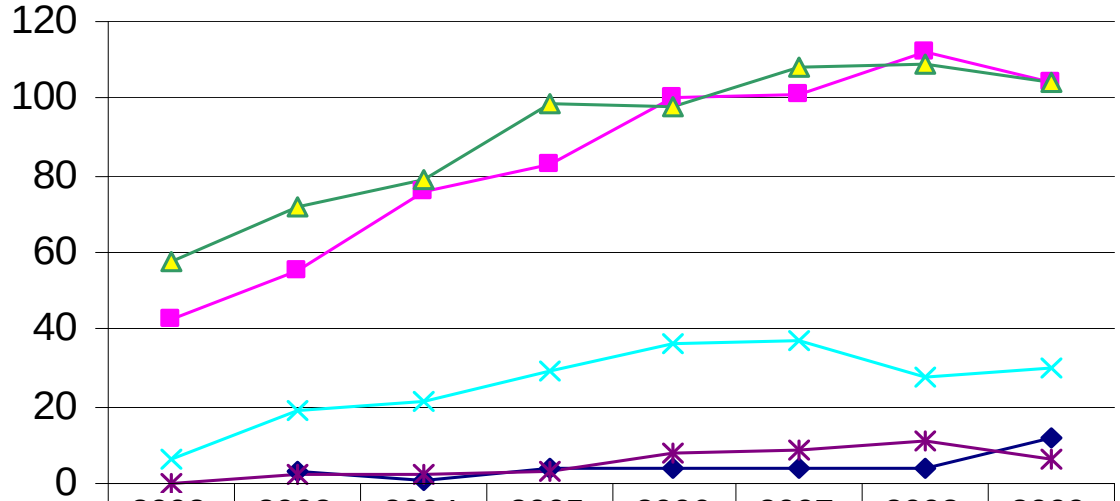


	2002	2003	2004	2005	2006	2007	2008	2009
Age Group 1: 0 - 5	3	13	10	21	27	27	38	22
Age Group 2: 6 - 12	54	62	83	100	98	116	105	106
Age Group 3: 13 - 17	46	66	79	87	114	107	108	91
Age Group 4: 18 - 21	1	9	7	9	7	6	11	9

CELEBRATE THE DIFFERENCES AND SIMILARITIES

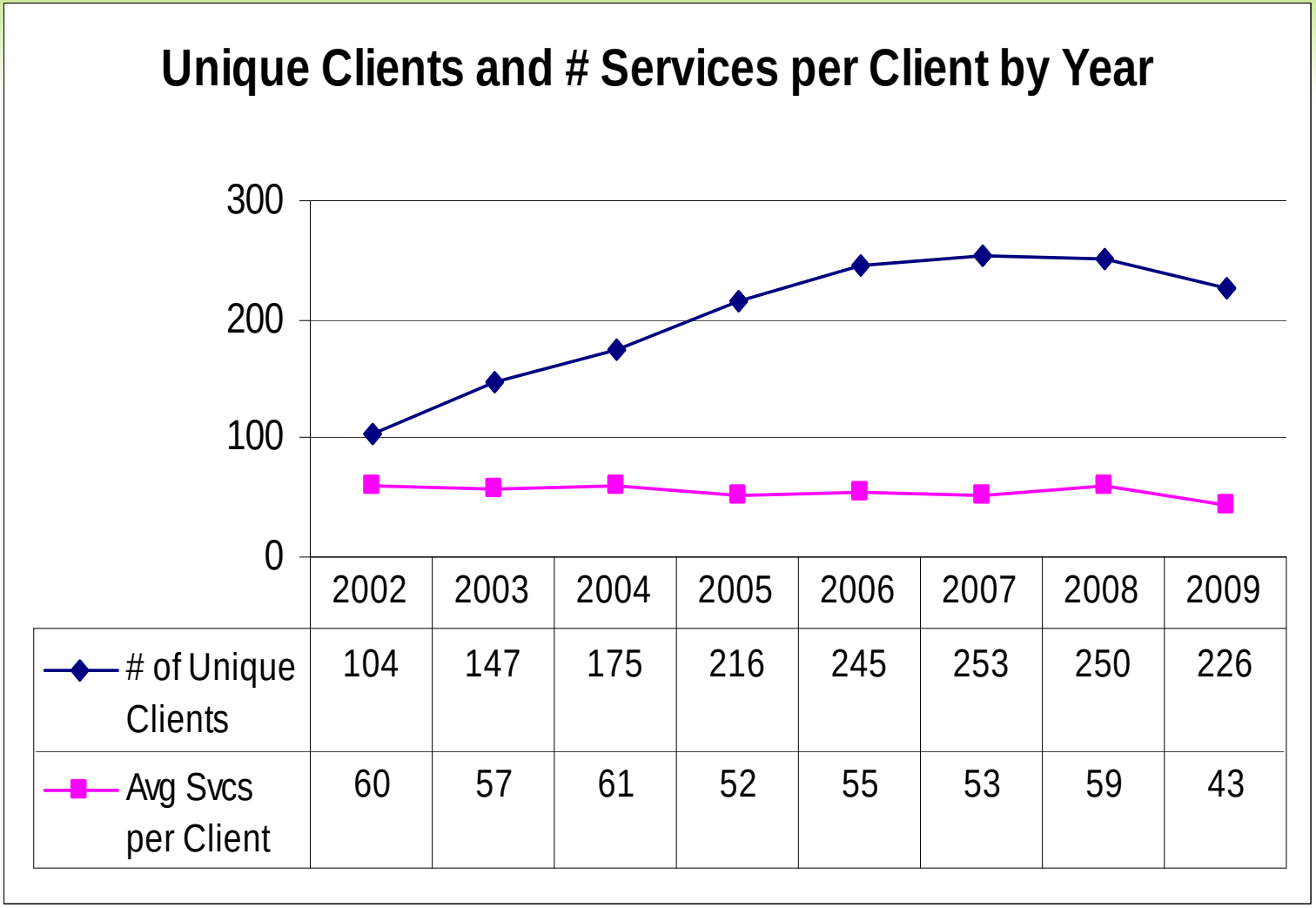
- Match attempts for geography, race if requested, language, male/female.
- Cultural Considerations
- Special needs

DIVERISTY



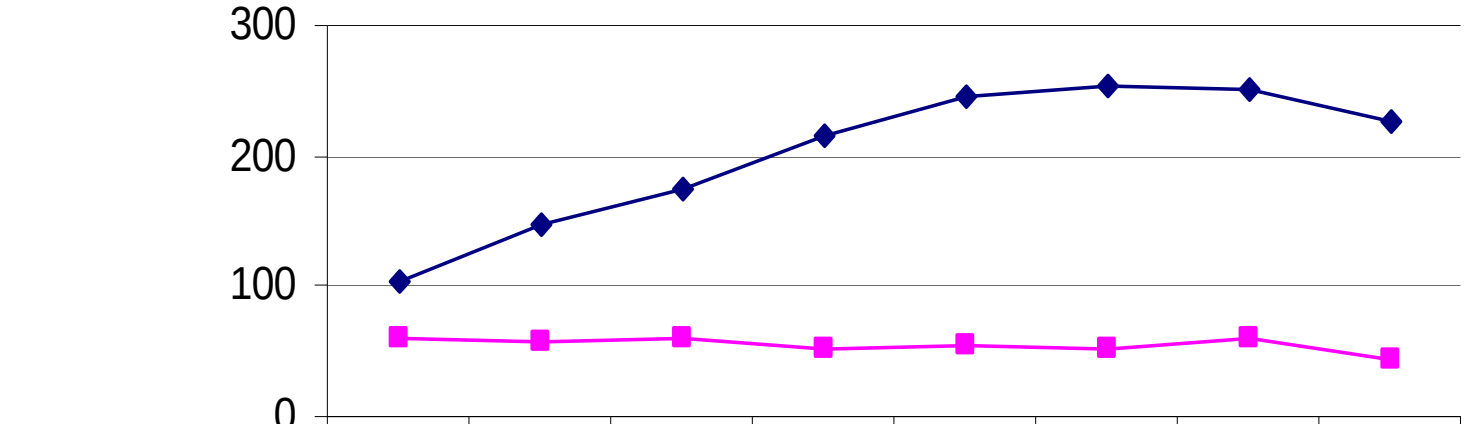
	2002	2003	2004	2005	2006	2007	2008	2009
African-American	43	55	76	83	100	101	112	104
Caucasian	58	72	79	99	98	108	109	104
Hispanic	6	19	21	29	36	37	28	30
Asian/Pacific Islander		3	1	4	4	4	4	12
Other	0	2	2	3	8	9	11	6

EPISODES OF CARE….



	2002	2003	2004	2005	2006	2007	2008	2009
# of Unique Clients	104	147	175	216	245	253	250	226
Avg Svcs per Client	60	57	61	52	55	53	59	43

TBS SERVICES PER CLIENT



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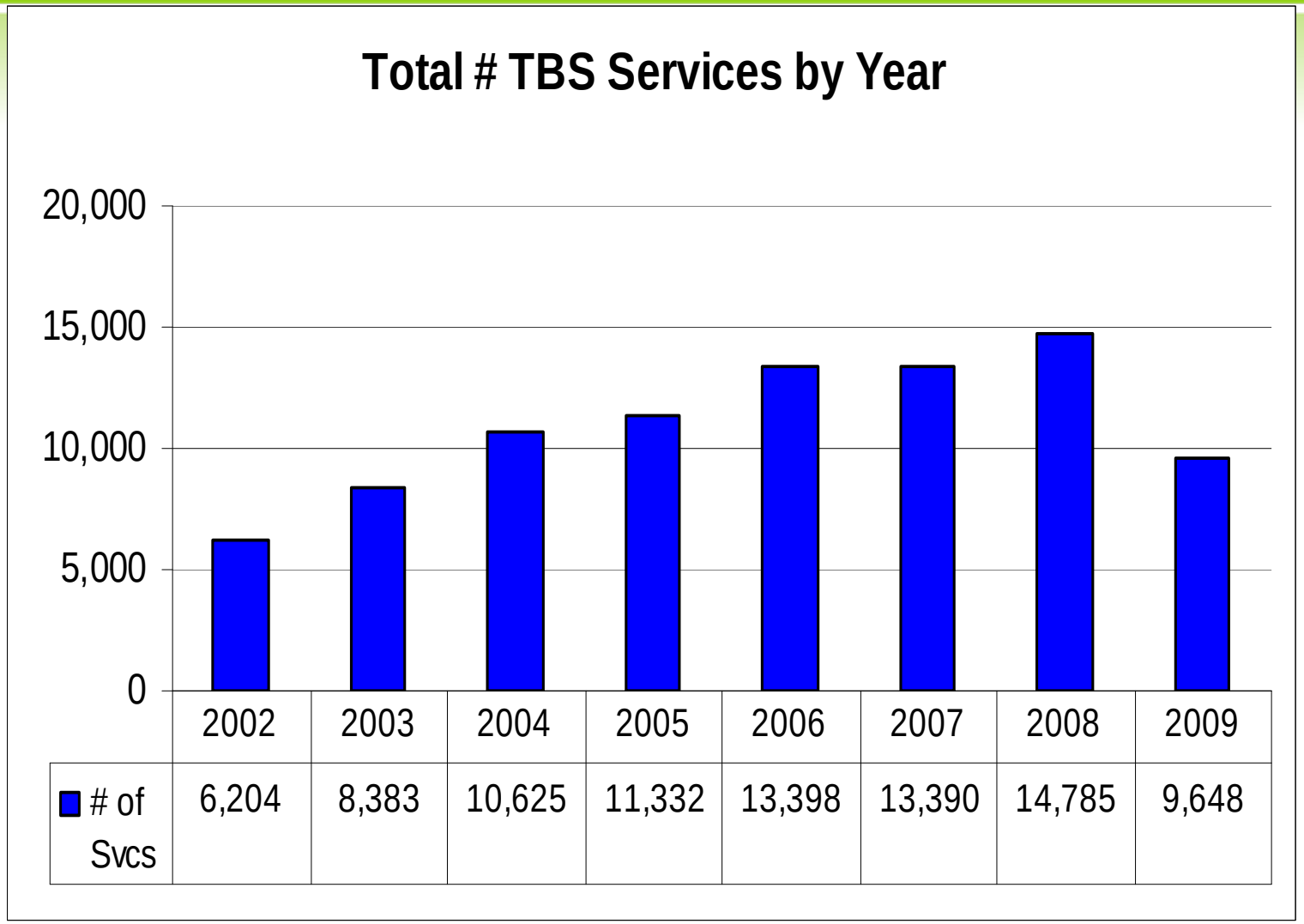
TBS SERVICES BY YEAR



	2002	2003	2004	2005	2006	2007	2008	2009
# of Svcs	6,204	8,383	10,625	11,332	13,398	13,390	14,785	9,648

CLASS ELIGIBILITY

All current and future Contra Costa Medi-Cal below age 21.

Are placed in a Rate Classification Level (RCL) facility of 12 or above and/or a locked treatment facility.

Are being considered for placement. Or Have undergone at least one emergency psychiatric hospitalization related to their current presenting disability within the previous 24 months

TBS SERVICE ELIGIBILITY

- **The child/youth is receiving other specialty mental services; and**
- **The clinical judgment of the mental health provider indicates that it is highly likely that without the additional short-term support of TBS that:**
  - **The child/youth will need to be placed out-of-home, or into a higher level of residential care.**
  - **Child/Youth needs this additional support to transition to a home or foster home or lower level to a residential placement.**

INITIAL AND MONTHLY AUTHORIZATION

- An initial 10 hours for Plan Development and a prorated Direct Services will be authorized. No direct services can be provided unless Initial Plan is submitted.

- Final Plan must be submitted within 30 days after receipt of Initial Plan.

- Monthly Report must accompany the request for continued TBS services. No more than 120 hours per month will be authorize.

HAPPY, HAPPY, TBS….

THE INTERAGENCY ARENA

- Access to TBS for Foster Children/Youth
- CFS worker consults with TBS Coordinator
- Field-based assessment by clinician in MH-CFS Matrix Programs
- TBS worker assigned; Clinician takes on Case Management of TBS

INTERAGENCY CONTINUED…

- Field-based assessment by clinician in MH-CFS Matrix Programs
- TBS worker assigned; Clinician t takes on Case Management of TBS
- Service Timeline Begins.

TRAINING

So, now that we have a track record with TBS Services are we providing a Quality Service with adequate training and consultation?

HOW THE TRAINING STARTED.

- Almost 10 years with the program.
- My theoretical orientation (psychoeducation).
- How the training started.
  - Round table discussions.
  - Nuts & bolts of treatment plans, progress notes, monthly reports.
  - Connecting diagnosis to treatment.
  - Functionally-based treatment plans.

CURRENT TRAINING GUIDELINES

- Based on need.
- Connecting diagnosis to treatment.
- Best practices in cognitive-behavioral therapy.
- Training from a strengths-based perspective.
- Balance between theory and hands-on activity.
- Quarterly general best practices meeting.
- Time to collaborate and support each other.

CONNECTING THE DOTS…….TREATMENT PLANS

- Goal: To improve monthly & termination reports by connecting them to the treatment plan.
- Data-driven.
- Fading the interventions.
- Termination process.

STUDENT STUDY TEAM & IEP PROCESS

- Student Study Team- purpose and process.
- Students with special needs as defined by federal law includes:
  - Mental retardation
  - Specific learning disabilities
  - Hearing impairments and deafness
  - Speech or language impairments
  - Visual impairments
  - Emotional disturbance
  - Orthopedic impairments
  - Autism
  - Traumatic brain injury
  - Other health impairments

UNDERSTANDING & OVERCOMING RESISTANCE

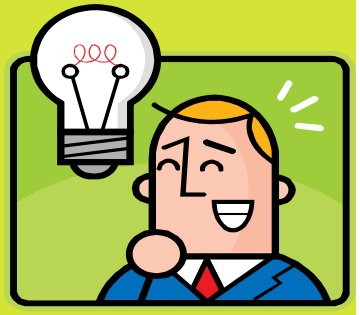
- Goal- To provide TBS providers with information about why clients and caregivers are resistant to therapy and the steps they can take to overcome this barrier to treatment.
- Resistance is normal and adaptive.
- How it manifests.
- Transference and counter-transference.
- Helpful therapist responses.

EMOTIONAL INTELLIGENCE

- EI- The capacity for recognizing our own feelings and those of others, for motivating ourselves, and for managing emotions well in ourselves and in our relationships.
- It addresses the emotional, personal, social, and survival dimensions of intelligence.
- The 5 Original Components of EI
  - Self-Awareness, Self-Regulation, Self-Motivation, Social Awareness, & Social Skills.

UPCOMING TRAININGS

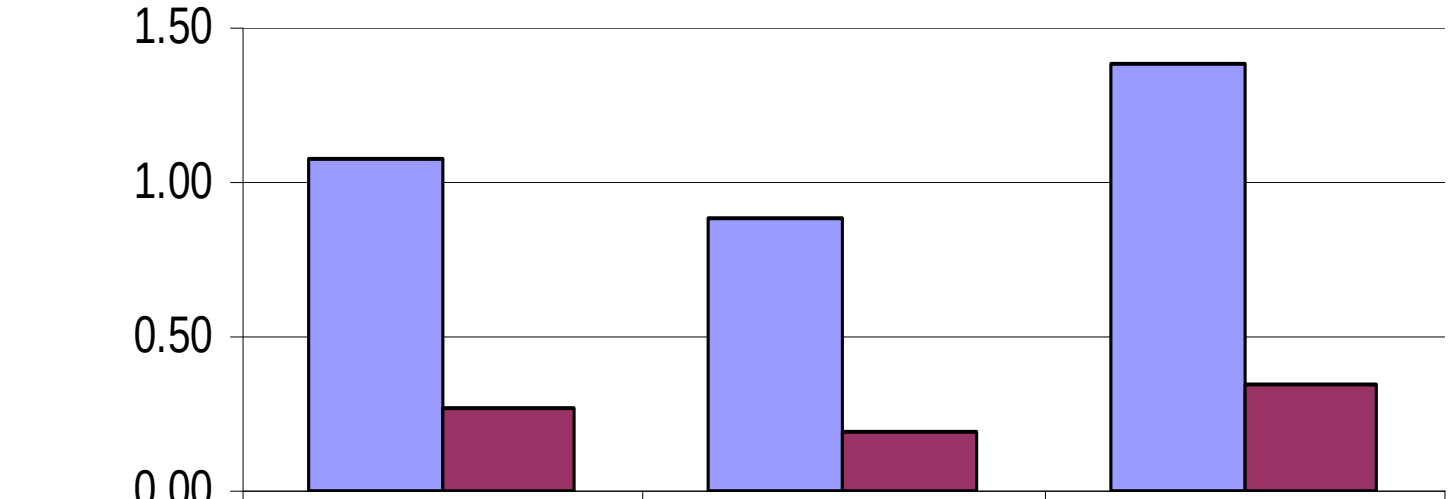
- Two-part Series- Learning Disabilities
  - Goal- To help providers and supervisors understand the various processing disorders and how they affect the clients in the home and school.
  - How to effectively plan interventions based on this knowledge.
- Three-part Series- Treatment Plans
  - Understanding behavioral functions and the appropriate replacements.
  - How the environment affects behavior and how to control those variables.



TBS OUTCOMES

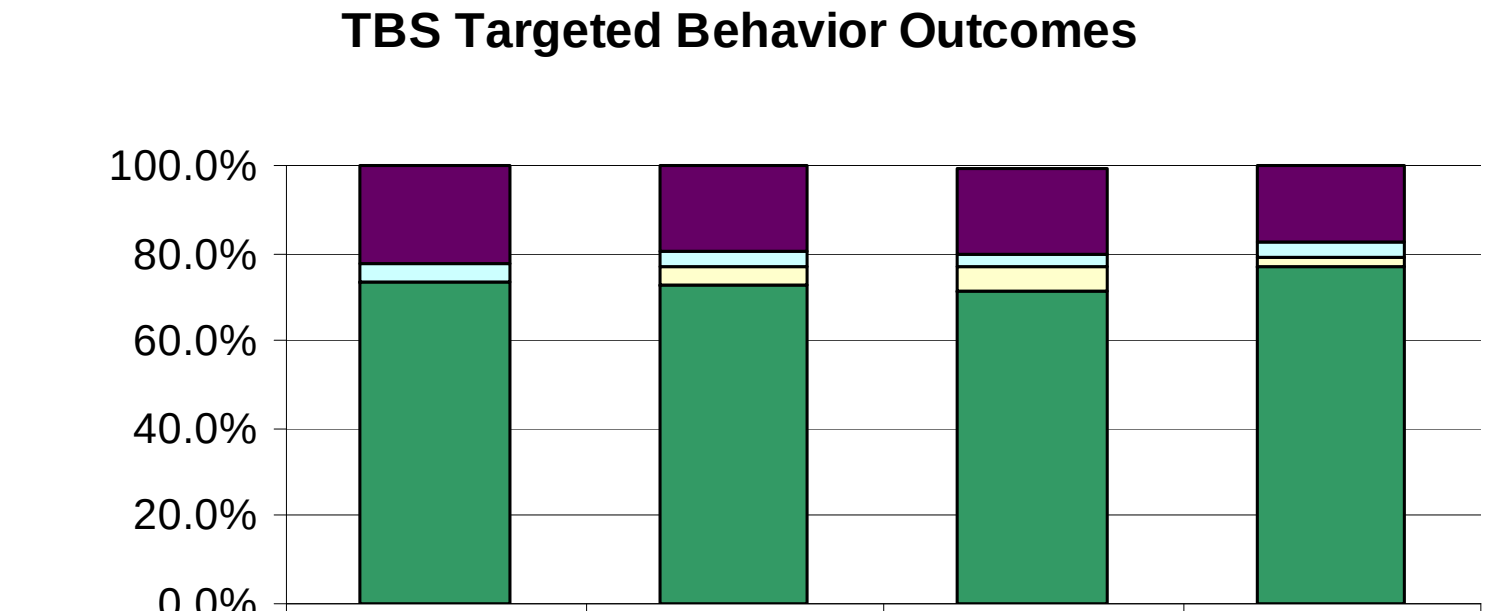
- Are the children and youth who get TBS experiencing the intended benefits?
  - In Home
  - In School
  - Out of Trouble

MRT, PES, AND INPATIENT SERVICES BEFORE AND AFTER TBS



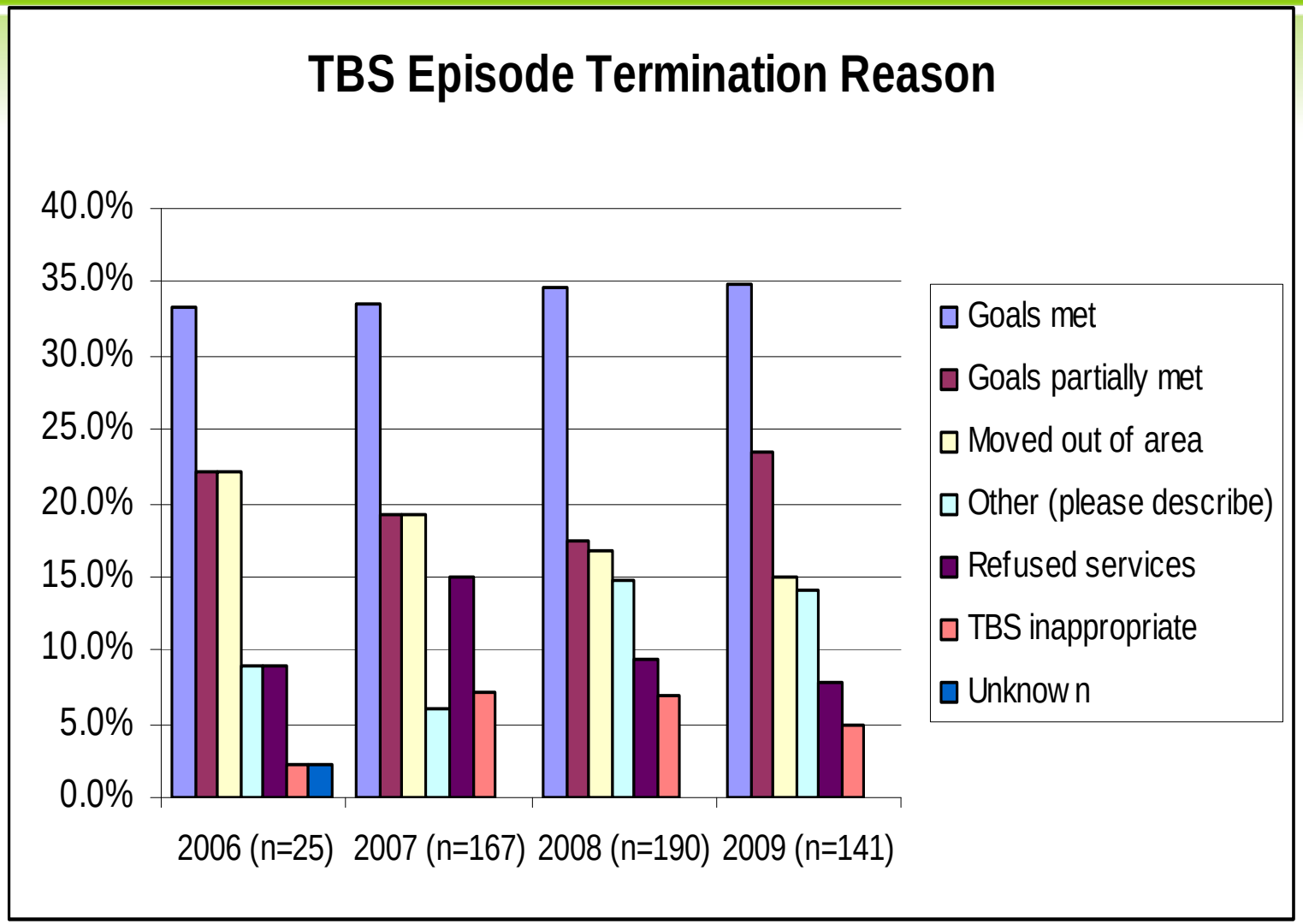
	MRT	PES	Inpatient
Pre-TBS	1.08	0.88	1.38
Post-TBS	0.27	0.19	0.34

TARGETED BEHAVIOR OUTCOMES BY YEAR



	2006	2007	2008	2009
No change	22.2%	19.8%	20.0%	17.7%
N/A - no entry	4.4%	3.6%	2.6%	3.5%
Increased	0.0%	3.6%	5.3%	2.1%
Decreased	73.3%	73.1%	71.6%	76.6%

TBS TERMINATION REASON



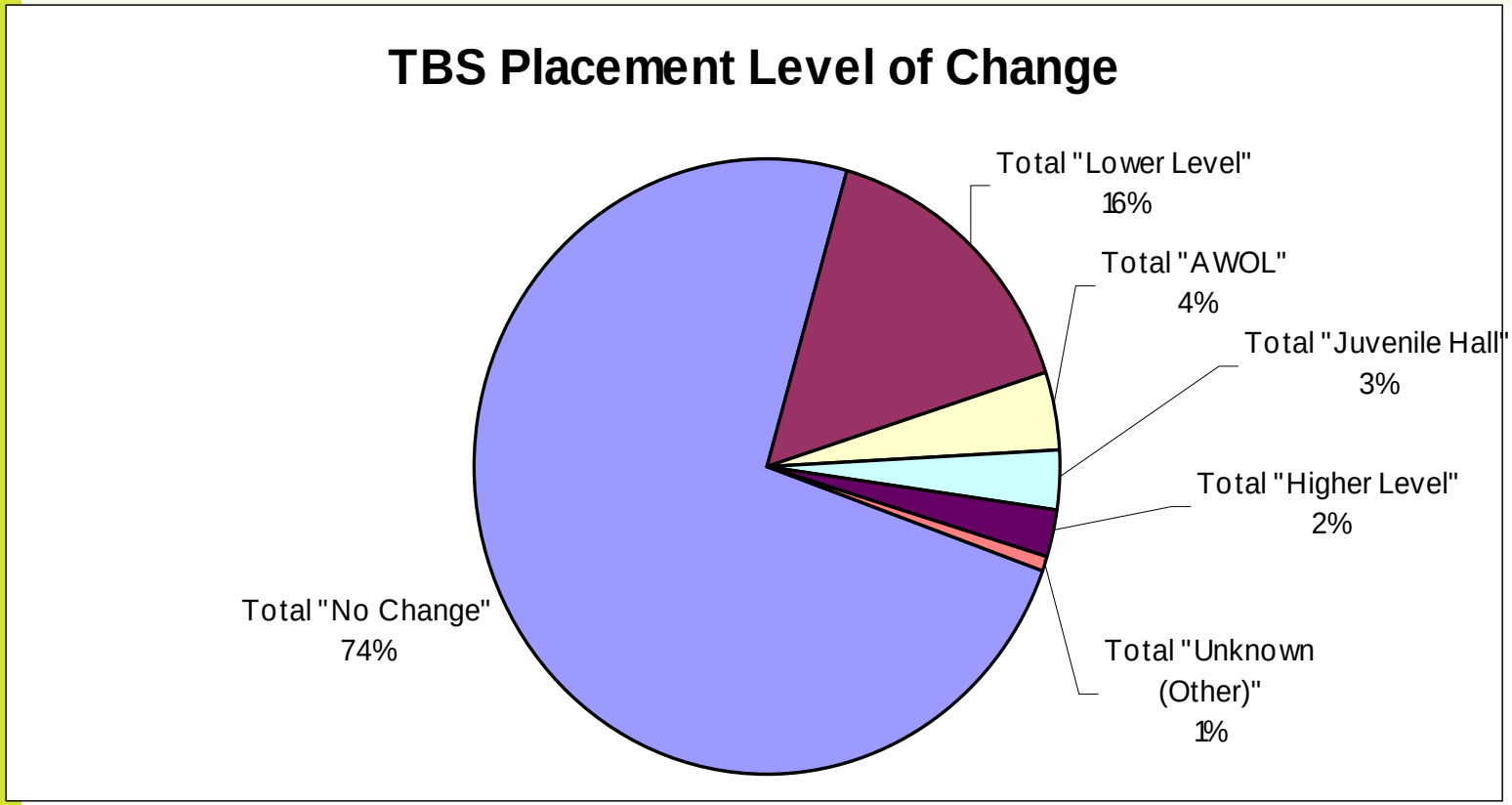
ALTERNATIVE SERVICES

- What alternatives to TBS are being provided in the county?

SOME OPTIONS…….

- MRT as short term intervention
- Wraparound Team Process
- Family Partnership
- Hospitalization
- Short term Residential Care

TBS PLACEMENT LEVEL OF CHANGE



LOOKING TO THE FUTURE

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

SUMMARY AND QUESTIONS

- Are the children and youth in the county who are Emily Q. class members and who would benefit from TBS, getting TBS?
- Are the children and youth who get TBS experiencing the intended benefits?
- What alternatives to TBS are being provided in the county?
- What can be done to improve the use of TBS and/or alternative behavioral support services in the county?
- Is it a quality service with adequate training?

GROUP DISCUSSION…QUESTIONS… COMMENTS?

- HANDOUT