

Therapeutic Behavioral Services  
Educational Presentation

April 28, 2009

The educational presentation was opened and facilitated by John Sebold at 2:20 p.m.

Mr. Sebold informed those present that he was legally required to make a public, educational presentation about Therapeutic Behavioral Services (TBS) due to a recent lawsuit. The judge is overseeing the implementation of the settlement. The settlement of the lawsuit included lingering concerns that the public was not as aware of their rights in regards to TBS as they should be; therefore an educational piece of two presentations was made a requirement of California Mental Health Providers (MHP).

PCMH (Plumas County Mental Health) can be reimbursed for these services under MediCAL's Early and Periodic Screening & Diagnostic Treatment services. The therapy is provided one on one and is supposed to be short-term. There is a gray area with no specific definition given for "short-term" but is usually 30-60 days. This allows there to be some discretion left up to the MHP.

Mr. Sebold informed the audience about what TBS was, those involved in the development of the plan and that TBS is also always used in conjunction with another mental health service. However, there is a specific class of people who have the right to TBS.

For TBS to be provided, the client must meet certain eligibility criteria. They must be class eligible, meaning that they are a youth, under the age of 21 that is eligible for full-scope MediCAL; are placed or are being considered for placement in a level 12 or higher facility; have undergone at least one psychiatric emergency hospitalization in the preceding 24 months. Also, the youth can meet the hospitalization requirement if his/her behavior could result in a hospitalization.

The youth must also be receiving other specialty mental health services and the MHP must determine that with the additional short-term support of TBS, the youth will need to be placed into a higher level of care which jeopardizes the current placement or that the youth needs additional support to transition to a lower level of residential placement.

TBS is not allowable solely for convenience, to ensure the youth's or others' safety, for non-mental health conditions, or at inpatient facilities (including

juvenile justice settings). Mr. Sebold told the group that the non-mental health conditions caveat was important. It is important if a child has a condition such as a developmental disability because those conditions are not considered mental health conditions and are therefore not covered by TBS.

TBS is for a child who has a specific behavior that can be changed over the short-term and if that one behavior is changed, it will result in the lower level of placement or will negate the need for a higher level of placement.

The audience was informed that TBS is not available when the youth will never be able to maintain non-impulsive, self-directed behavior or engage in community activities without supervision. They are also not available when the youth is already able to sustain non-impulsive, self directed behavior and is able to handle themselves appropriately in social situations. If the youth's behaviors will go back to what they were before TBS after the TBS staff leaves, then it is not a TBS case.

There are fewer cases seen in rural areas because we have smaller numbers and here in Plumas County and we work on behaviors prior to them becoming out of control. As you know we have a very aggressive preventative/early intervention model that focuses on dramatically increase the number of positive activity based activities of consumers in this age group.

Mr. Sebold also went through a list of frequently asked questions.

*What if there is a co-occurring disorder?*

The MHP would need to decide if the child qualified for TBS services. If the youth had a co-occurring developmental disorder or substance abuse disorder, with no other emotional trauma or mental health symptoms, the youth would more than likely be excluded from TBS but it would require an assessment to determine. If there was emotional trauma, it is possible that TBS would be available.

*What are the circumstances that place a child as "at risk"?*

Would need to be documented. Such as in a clinician's case notes.

*Are you hoping to implement TBS by May?*

We have had cases already. PCMH has been operating with this model for a long time and it fits well in our current system.

*Are the brochures we have still current?*

Probably. Very little has significantly changed since the implementation of TBS. Go to the Department of Mental Health's website to check out the current TBS resources.

*Do you use WRAP/CSOC with these kids also?*

Yes, that's our model. We move them into CSOC/WRAP alongside their therapy. Then, if needed, activity based programs such as Mountain Visions, Girls Group to keep them on a stable path. As you know for 10 years we have operated a model that intensely promotes healthy activities with this population. We layer more and more activities with case managers, therapists and our activity based treatment programs until we attain positive responses. We have virtually no hospitalizations with this age group and few, almost no children that move to a higher level of care.

*What about non Medi-Cal kids?*

PCMH is only obligated to perform emergency assessments for people without Medi-Cal, however, we do see clients who do not have Medi-Cal. Approximately 40% of our clients do not have Medi-Cal. We see clients who are private pay, have private insurance, through our grant funding, etc. We do offer a sliding scale fee. We are one of a few Mental health departments that are providing full scope services for anyone walking in the door at a sliding fee.

*What if a school does a referral for an SED?*

PCMH will do the assessment and then, if necessary, implement a treatment plan.

The presentation was closed at 3:00 p.m.

Respectfully submitted by Becki Bradford, Office Assistant II, April 30, 2009.