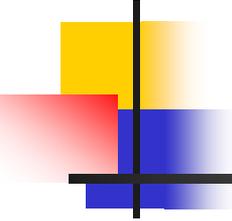




# Welcome to the presentation on TBS

By Donna Dahl,  
Assistant Director  
Riverside County Department of  
Mental Health

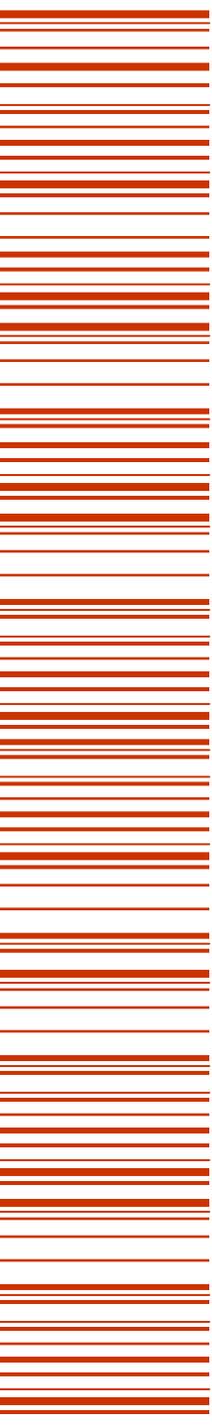


# Video Introduction

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## **ABC's Supernanny**

This show is on every Friday night at  
9:00 PM EST/PST and 8:00 PM CST  
on ABC



# Announcements and Overview

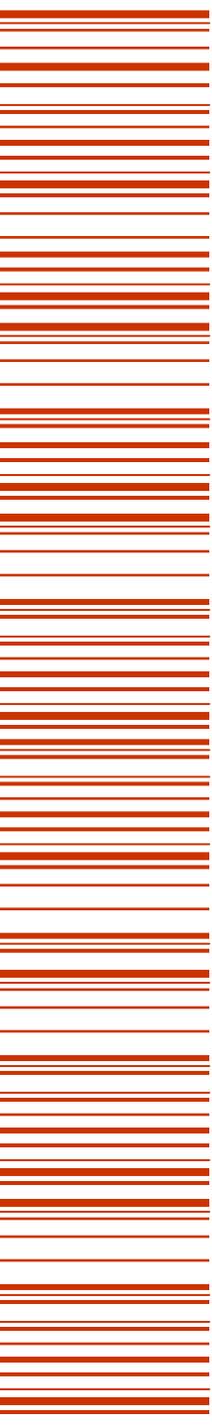
By Tom Thomazin

Riverside County DMH TRAC Team Supervisor

Update on CAT changing to CARES

Introduction of the TRAC Team and  
TBS Providers

Agenda Overview

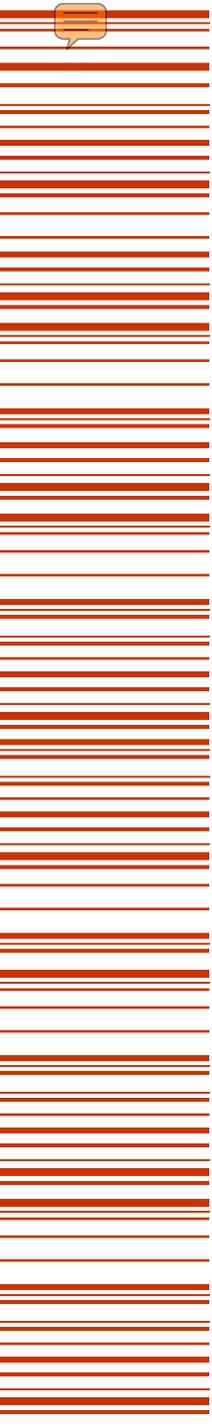


# History of TBS and Emily Q

By Laurie Hay

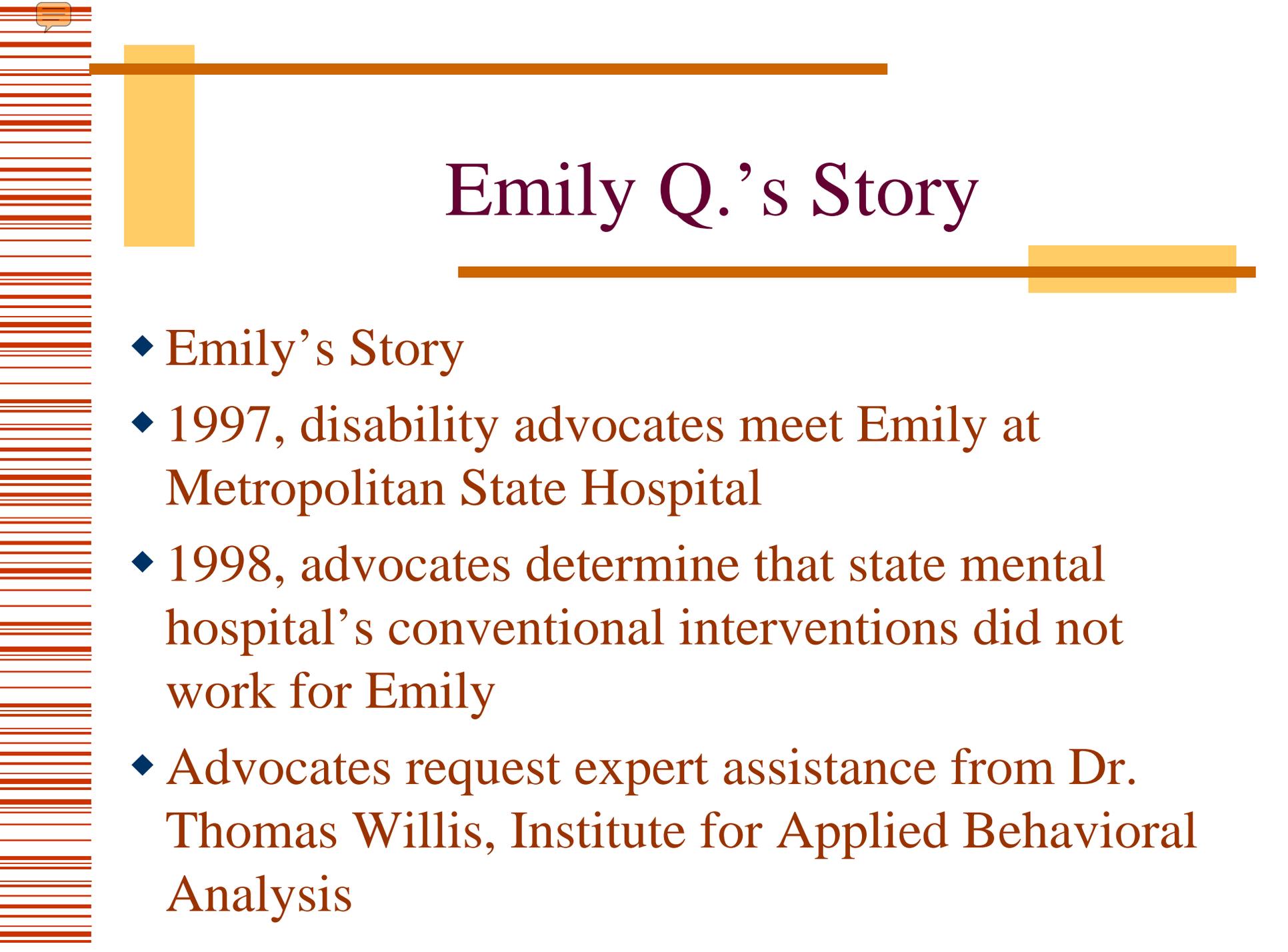
Pacific Clinics TBS Program Director

TBS Provider



# Emily Q.'s Story

Using Medicaid litigation to  
expand positive behavior  
interventions for children in  
the mental health system



# Emily Q.'s Story

- ◆ Emily's Story
- ◆ 1997, disability advocates meet Emily at Metropolitan State Hospital
- ◆ 1998, advocates determine that state mental hospital's conventional interventions did not work for Emily
- ◆ Advocates request expert assistance from Dr. Thomas Willis, Institute for Applied Behavioral Analysis



# Emily Q.'s Story

- ◆ 1998, attorneys from Protection and Advocacy, Inc., file a complaint.
- ◆ Emily Q, v. Bonta: 1998, child advocates in CA filed suit seeking access to intensive community based services for low income children



# Emily Q.'s Story

- ◆ Focus on securing behavior intervention support and one-to-one behavior aides
- ◆ March 30, 2001 Judge Howard Matz issued a permanent injunction and final judgment to provide TBS to class members



# Emily Q.'s Story

- ◆ Although Emily Q. herself did not benefit from the lawsuit bearing her name the children in your scope can. It is our hope that this presentation will encourage you to consider TBS for each child who meets the criteria for this very effective service.

# Access and Use of TBS

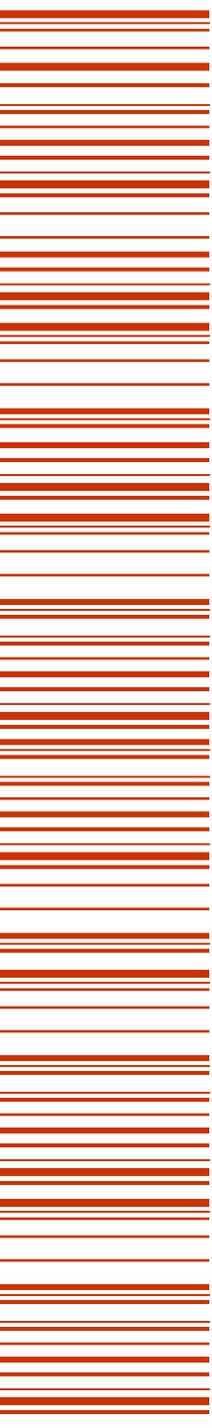


Presented by

Riverside County DMH

Therapeutic Residential Assessment & Consultation

(TRAC) Team



# What is TBS and Who Qualifies?

By David Jenkins

Riverside County DMH

TRAC Team TBS Liaison/Case Manager



# What is TBS?

- ◆ Therapeutic Behavioral Services (TBS) are a one-to-one therapeutic contact
- ◆ For a specified short-term period of time
- ◆ Designed to maintain placement at the lowest appropriate level or
- ◆ Transition the child to a lower level of care
- ◆ Focused on resolving specific behaviors



# Features & Benefits



- ◆ TBS is used to address diverse behavioral problems
- ◆ TBS is provided in the child's home/placement
- ◆ TBS is available 24/7 as clinically appropriate
- ◆ TBS strives to work with the house milieu-which could be the group home staff, parent/caregiver.
- ◆ TBS is a collaboration of all Treatment Team members for greatest success



# TBS Does NOT...

- ◆ Provide parent/caregiver respite
- ◆ Function as another “Staff” for supervision ratio purposes
- ◆ Ensure the child’s physical safety or the safety of others
- ◆ Provide physical restraints
- ◆ Transport clients
- ◆ Address issues not part of the child’s mental condition or behaviors not in the TBS Treatment Plan



# What Does the TBS Actually Do In the Home?



- ◆ Conduct a Functional Analysis of Behavior (FAB)
- ◆ Based on hypothesis from the FAB and Treatment Team input, develop a Treatment Plan full of interventions which may include:
  - Changes in the environment
  - Providing opportunities for a child to make positive choices
  - Making adaptations or accommodations in the curriculum
  - Reinforcing positive behaviors
  - Teaching appropriate replacement behaviors
- ◆ Work with parent/caregiver to develop and implement new skills in the home
- ◆ Develop crisis intervention plan if needed

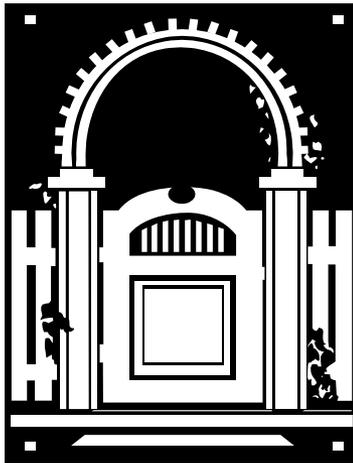


# Who participates in the TBS Team and what do they do?



- ◆ Who is on the TBS Team?
  - Specialty Mental Health Provider (SMHP)
  - Client
  - Caregiver
  - TBS Provider
  - TBS Liaison
  - Others
- ◆ What do they do?
  - Each person has specific roles (see brochure)
  - Participate in Monthly TBS Treatment Team Meeting
    - Review and give input on the TBS Treatment Plan and FAB
    - Review and confirm results of the monthly BAF
    - Determine specific plan for provision of TBS hours

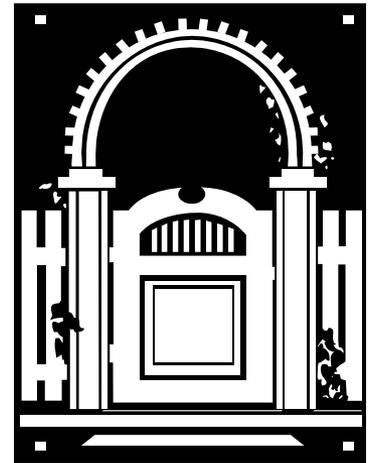
# Criteria for Medi-Cal Reimbursement of TBS



**Eligibility  
for TBS**



**Member of  
Class**



**Need for  
TBS**

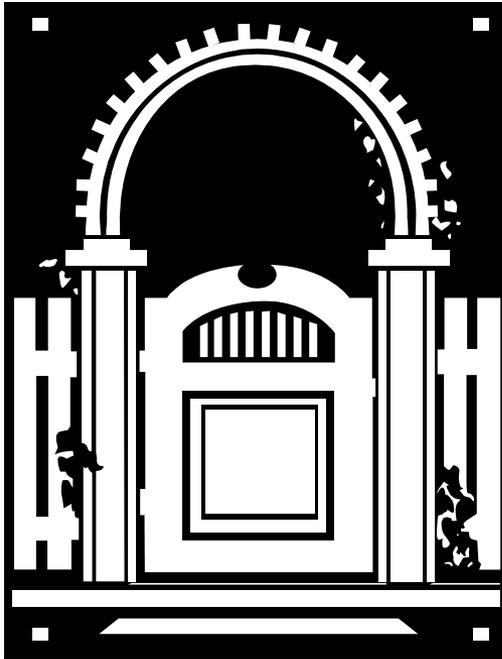
# Eligibility for TBS



Eligibility for  
TBS

- ◆ Full-scope Medi-Cal
- ◆ Under 21 year old
- ◆ Meets medical necessity criteria

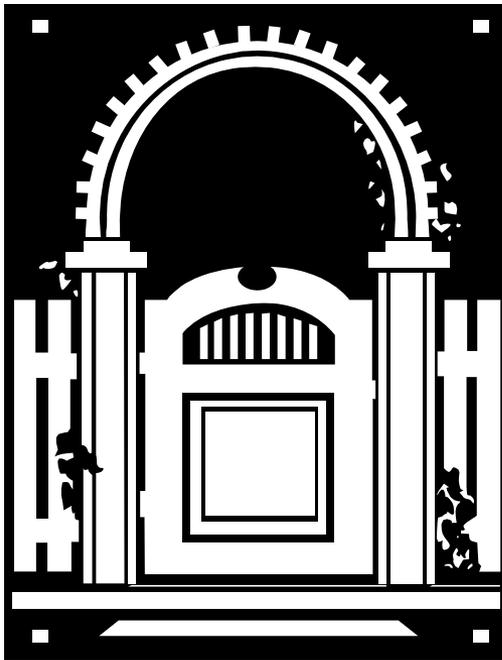
# Member of Class



Member of  
Class

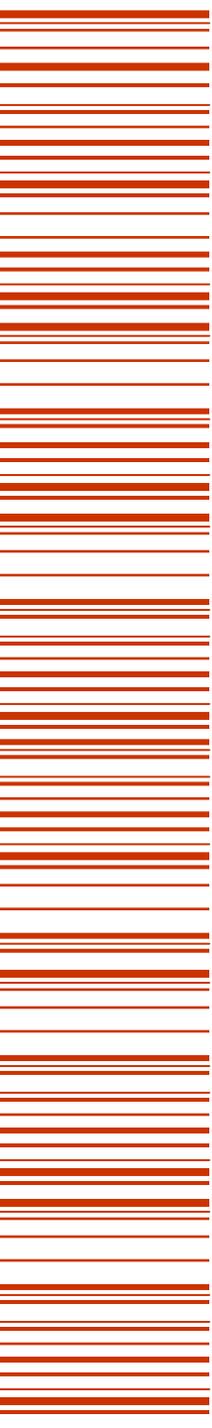
- ◆ *In* an RCL 12 or above placement
- ◆ *Risk* for RCL 12 placement
- ◆ Psychiatric Hospitalization within past 24 months
- ◆ Previously received TBS

# Need for TBS



## Need for TBS

- ◆ Is receiving a Specialty Mental Health (SMH) service paid for by Medi-Cal
- ◆ In the clinical judgment of the SMH provider that:
  - without TBS client will need placement at higher level of residential care or
  - needs TBS to transition to a lower level of residential care



# What is TBS Coaching?

By Elizabeth Sterris

Riverside County DMH  
TRAC Team TBS Liaison

# Who are TBS Coaches?

- Employed by TBS Contractors
- Education ranges from having some college with specialized behavioral intervention training to people who have a master's degree
- Trained in Functional Behavioral Analysis with an emphasis on positive behavioral intervention
- Supervised by Licensed Practitioner of the Healing Arts (LPHA)
- Male and Female with bilingual capabilities

# Contractors

## Five Local Providers:

**CHARLEE:** Riverside & Indio Offices

**Hillview:** Chino

**New Heaven:** Murrieta & Vista Offices

**Pacific Clinics:** Moreno Valley & Palm Springs

**Victor Community Support Services:** San Bernardino

## Not so Local Providers:

**Charis:** Grass Valley

**RiverOak:** Carmichael

**Unity Care:** San Jose

**Starview:** Torrance

**Harbor View:** Long Beach

# **CONTRACTOR'S RESPONSIBILITIES**

- **Contractor must be a certified Medi-Cal provider and is responsible for all aspects of TBS.**
- **Contractor hires, trains and supervises staff.**
- **Identify TBS clinical supervisor and back up, to liaison with the County of Riverside and oversee the Contractor's TBS program.**

# **CONTRACTOR'S RESPONSIBILITIES**

## **(cont.)**

- **Provide education and training to TBS staff on a regular basis.**
- **Make staff available to attend required training related to the provision of TBS.**
- **Ensures TBS staff provides a minimum of bi-weekly feedback to the SMHP regarding the status of TBS.**
- **Documents progress of TBS Treatment Plan interventions and continued client needs.**

# **CONTRACTOR'S RESPONSIBILITIES**

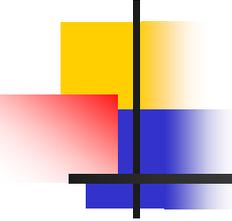
## **(cont.)**

- **CONTRACTOR shall develop an intervention plan, identify specific target behavior(s), proposed hours, and proposed times of services.**
- **The CONTRACTOR shall coordinate services with the child/youth's SMHP and family.**
- **CONTRACTOR shall respond to referrals within two (2) business days.**

# **CONTRACTOR'S RESPONSIBILITIES**

## **(cont.)**

- **Notify County in writing of any special incidents (injury, altercations, etc.) occurring during the delivery of TBS.**
- **Contractor provides TBS at off-site facilities as appropriate, including the group home, client's home, foster home or community including schools..**



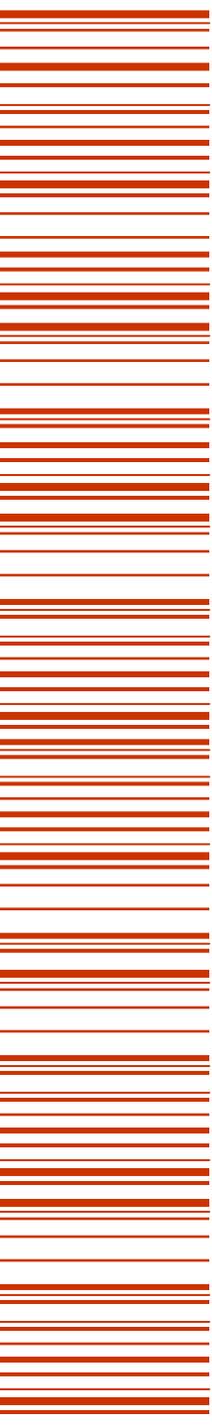
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# **ABC's of Coaching**

Presented by CHARLEE

TBS Staff



# What are TBS Behaviors?

By Christine Janse

New Haven TBS

TBS Supervisor

&

Charlene Villegas-Tran

Riverside County DMH

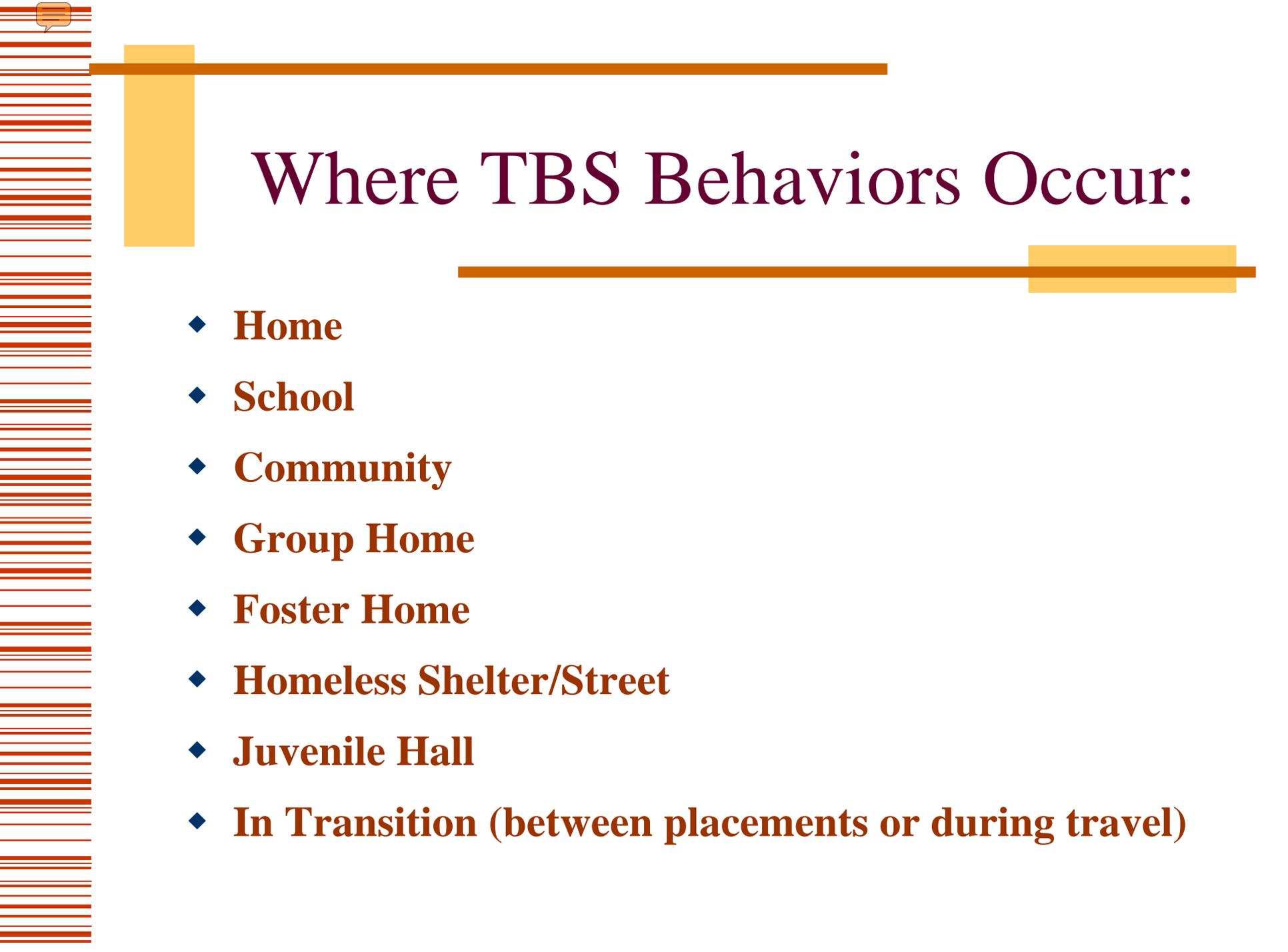
TRAC Team TBS Liaison

# TBS Works To Address:

- ◆ **Intensive Behaviors such as:**

- **Non-compliance**
- **Attention-seeking**
- **Peer relation problems**
- **Physical/verbal aggression**
- **Property damage**
- **Running away/AWOL**
- **Self harm**





# Where TBS Behaviors Occur:

- ◆ **Home**
- ◆ **School**
- ◆ **Community**
- ◆ **Group Home**
- ◆ **Foster Home**
- ◆ **Homeless Shelter/Street**
- ◆ **Juvenile Hall**
- ◆ **In Transition (between placements or during travel)**

# **TBS IN THE SCHOOLS**

**There are several factors that will need to be followed-up on before we would consider TBS in the school setting.**

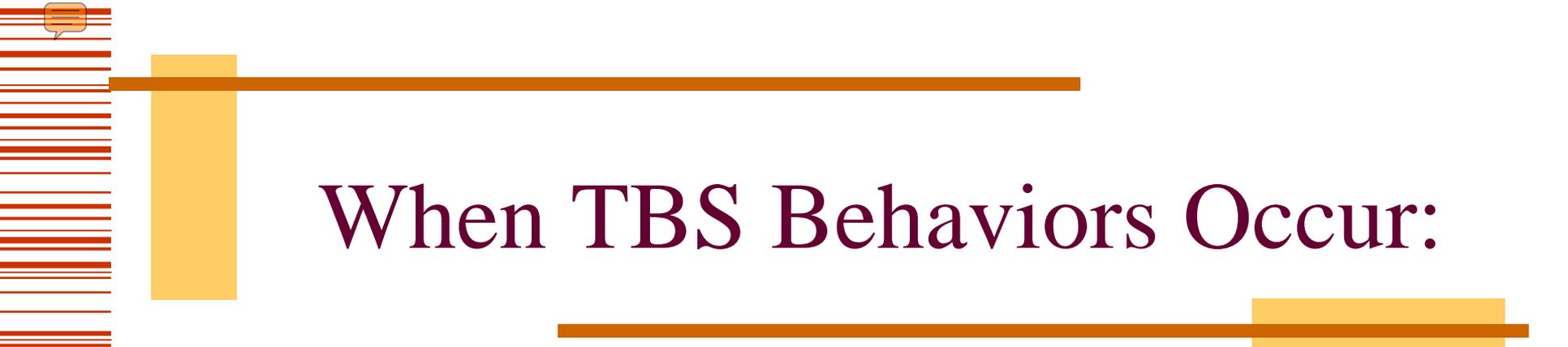
**Questions such as, “*What has the school done in terms of behavioral intervention? Is there currently a behavioral aide assigned to him at the school? What interventions have they attempted there? What makes this more appropriate as a TBS/Mental Health intervention as opposed to a 1:1/Academic intervention?*”**

# TBS in the Group Home/FFA

TBS will work within the youth's environment to assist with creating positive replacement behavioral interventions that are unique to that youth and specific to the caregiver environment in order to effect needed behavioral changes.

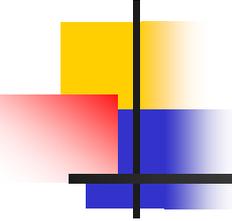
It is the Group Home/FFA's responsibility to insure the safety and supervision of the youth.

It is the TBS Provider's responsibility to offer an individualized behaviorally oriented therapeutic interventions.



# When TBS Behaviors Occur:

- ◆ **24 hours a day, 7 days a week**
- ◆ **Whenever a child's problem behaviors are triggered**

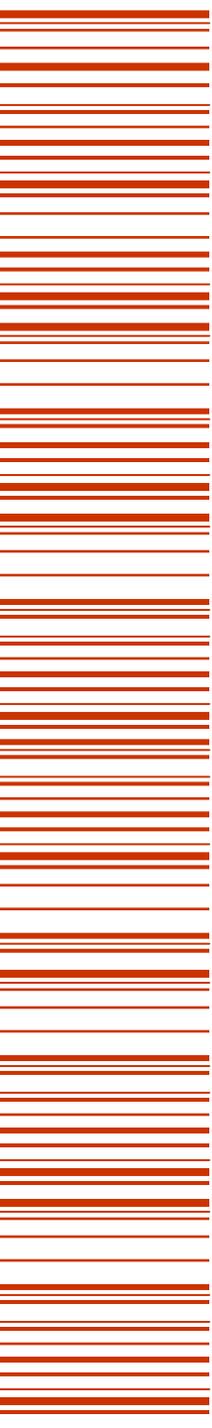


## Video Clip

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# **Example of TBS Working with Problem Behavior**

Presented by New Haven, VCSS and  
Hillview TBS Staff



# TBS Behavioral Interventions

By Tom Thomazin

Riverside County DMH

TRAC Team Supervisor

# Problem Behaviors Serve a Function

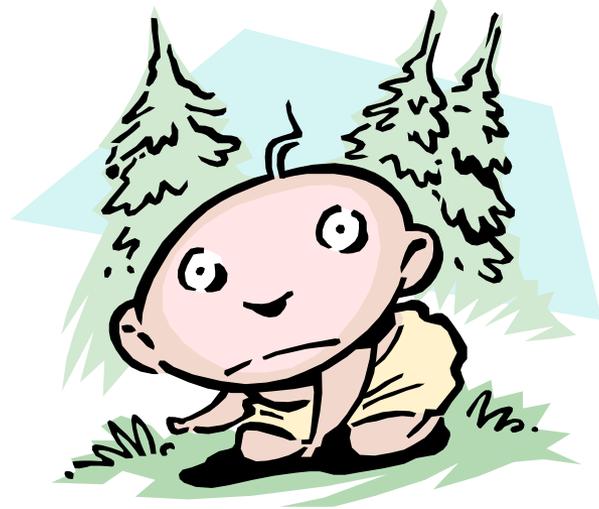
- ◆ To get something
  - Attention
  - Approval
  - Reward
- ◆ To escape or avoid something
  - Attending school
  - Peers or adults
  - Doing work
- ◆ To Control something

*What is the function of the behavior?*



# What Need Is Being Met?

- ◆ **Escape/Avoidance of Tasks or Requests**
- ◆ **Attention**
- ◆ **Power/Control**
- ◆ **Communication**
- ◆ **Stress/Frustration**
- ◆ **Self-Stimulation or Sensory Stimulation**



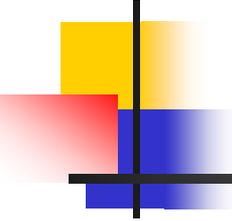


# Functional Analysis of Behavior Treatment Plan

- ◆ Based on the analysis of the behavior the TBS Clinical Supervisor writes the Treatment Plan
  - Specific behaviors that threaten placement
  - Proposed Interventions
  - Adaptive Replacement Behaviors
  - Timeline for reviewing benchmarks and Transitioning out
  - Transition Plan for parent/caregiver skill building

# TBS Intervention Examples

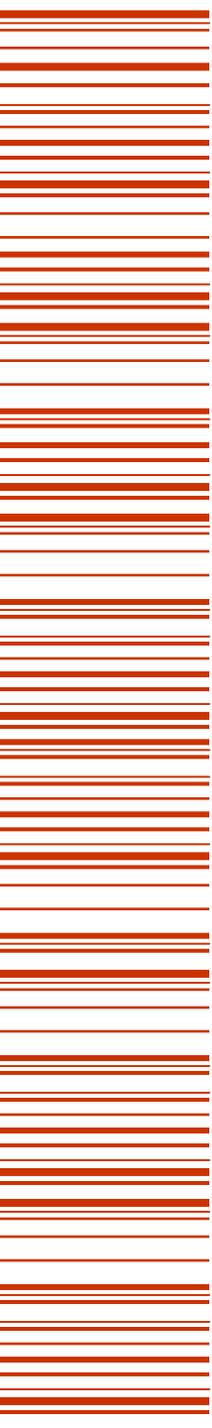
- ◆ Active Listening
- ◆ Anger Management Skill Building
- ◆ Use of time out or coping strategies as an outlet
- ◆ Thinking of consequences before acting
- ◆ Verbalizing feelings and needs in appropriate, safe ways
- ◆ Behavioral Systems
- ◆ Contracts
- ◆ Self-Monitoring
- ◆ Tracking Systems
- ◆ Communication Skill Building
- ◆ Appropriate Language/Voice Tone
- ◆ Assertiveness Training
- ◆ Dialog Practice
- ◆ Decision-Making Skill Building
- ◆ Environmental Supports
- ◆ Pacing of Activities
- ◆ Establishing Predictable Routines
- ◆ Preventative Cuing
- ◆ Problem Solving
- ◆ Reinforcement of Replacement Behavior
  - Physiological (food, walk, etc.)
  - Praise
  - Privileges
  - Tangibles (stickers, grab bag, etc.)
- ◆ Relaxation
- ◆ Replacement Behavior Development
- ◆ Using self time-out or coping strategies as an outlet
- ◆ Thinking of consequences before acting
- ◆ Verbalizing feelings in safe, appropriate ways
- ◆ Self Regulation
- ◆ Safe Place/Taking Self Time-Out
- ◆ **Social Skills Building**



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**Real TBS Case Example**



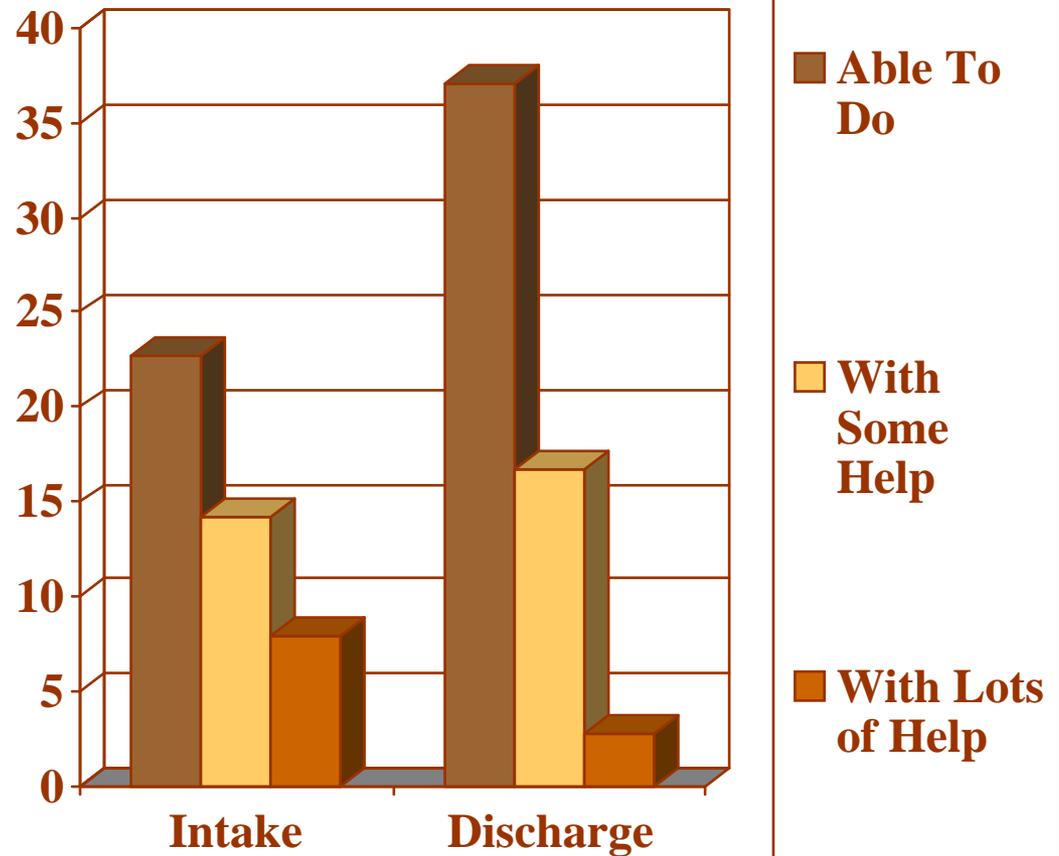
# Does TBS Really Work?

By Elizabeth Sterris

Riverside County DMH  
TRAC Team TBS Liaison

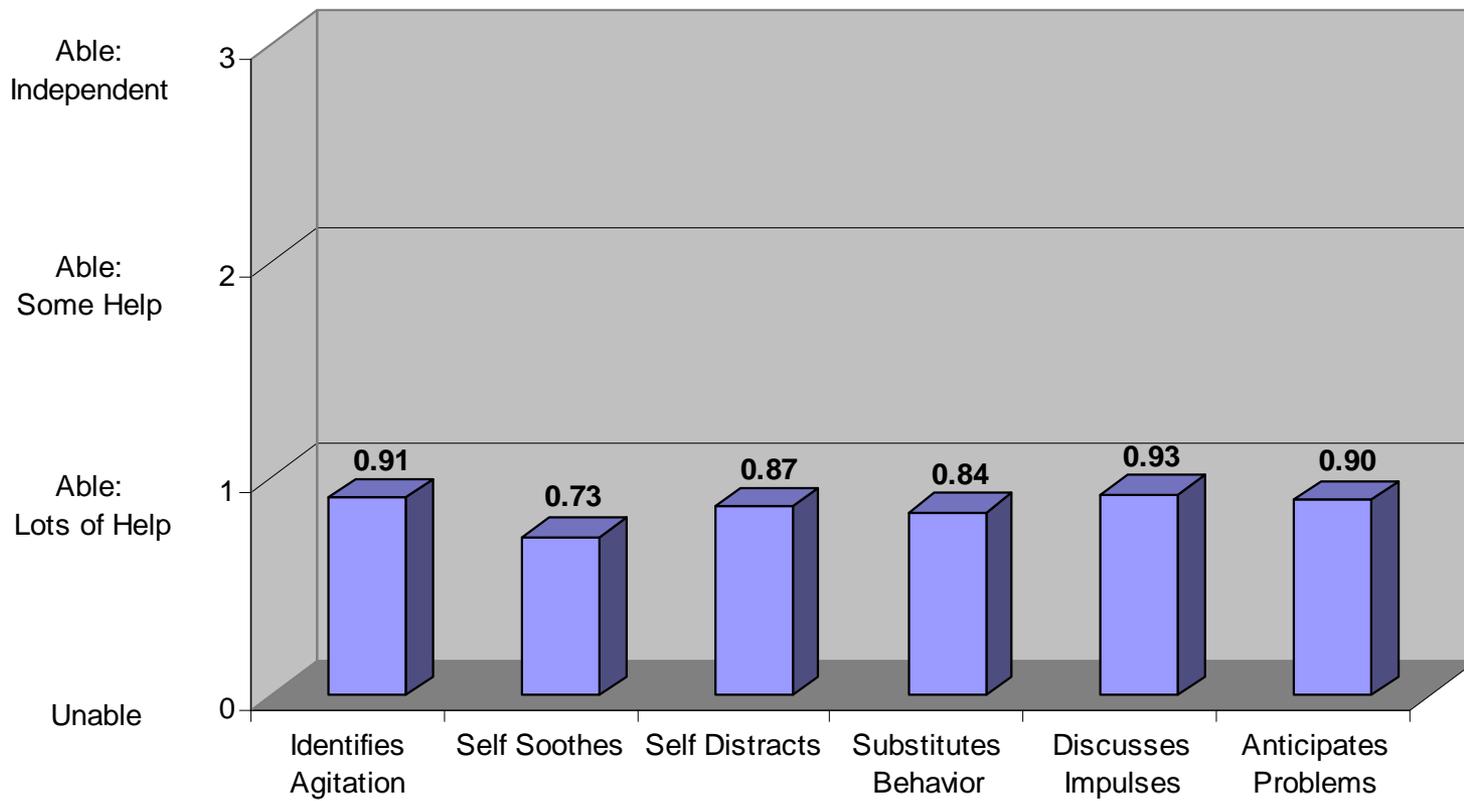
# Does TBS Really Work?

Completed cases show that Total Ability Scores indicate clients needed less help with their behavior and are able to address their responsibilities independently or with some help by the end of services.

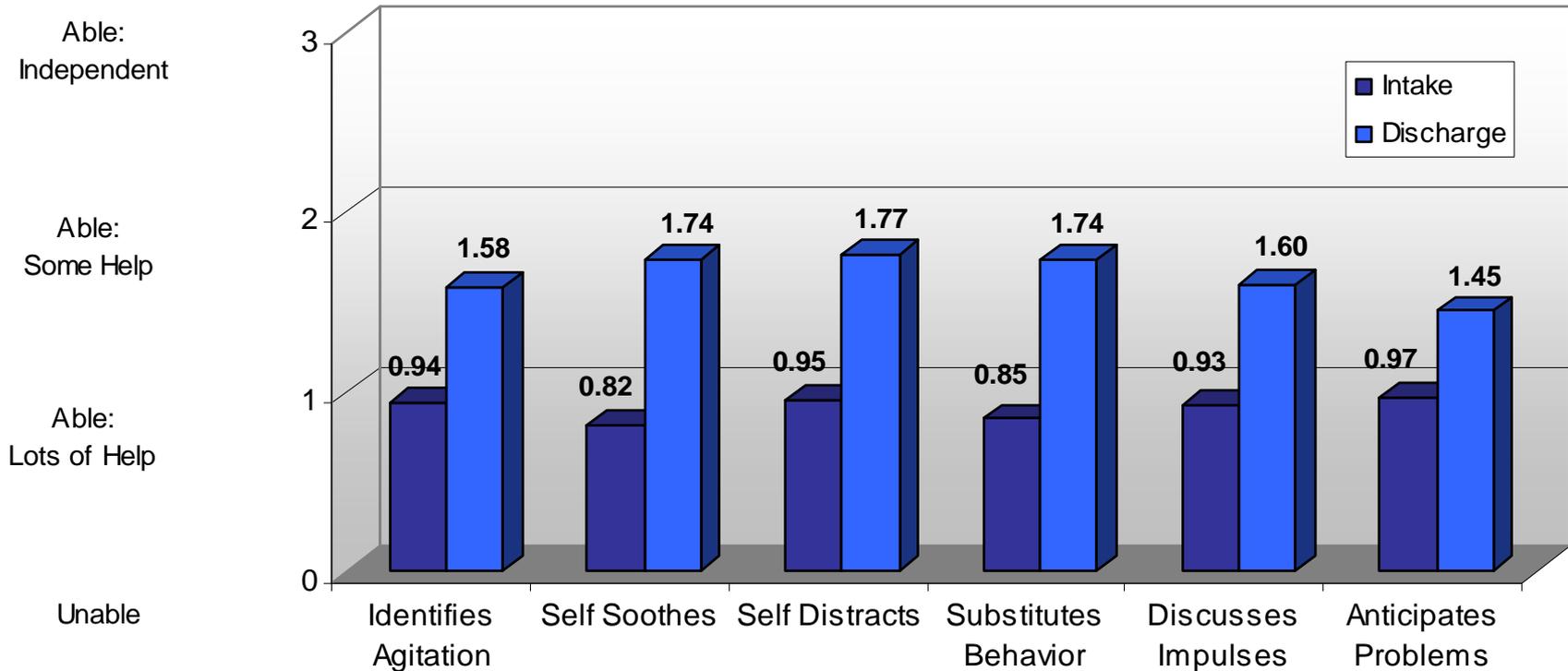


Therapeutic Behavior Services (TBS) focuses on reducing the youth's significant behavioral problems. To determine progress, a Behavior Assessment Scale is used to evaluate improvement in the youth's personal, social, and educational functioning.

### At Intake, All TBS Clients Show a Lack of Impulse Control

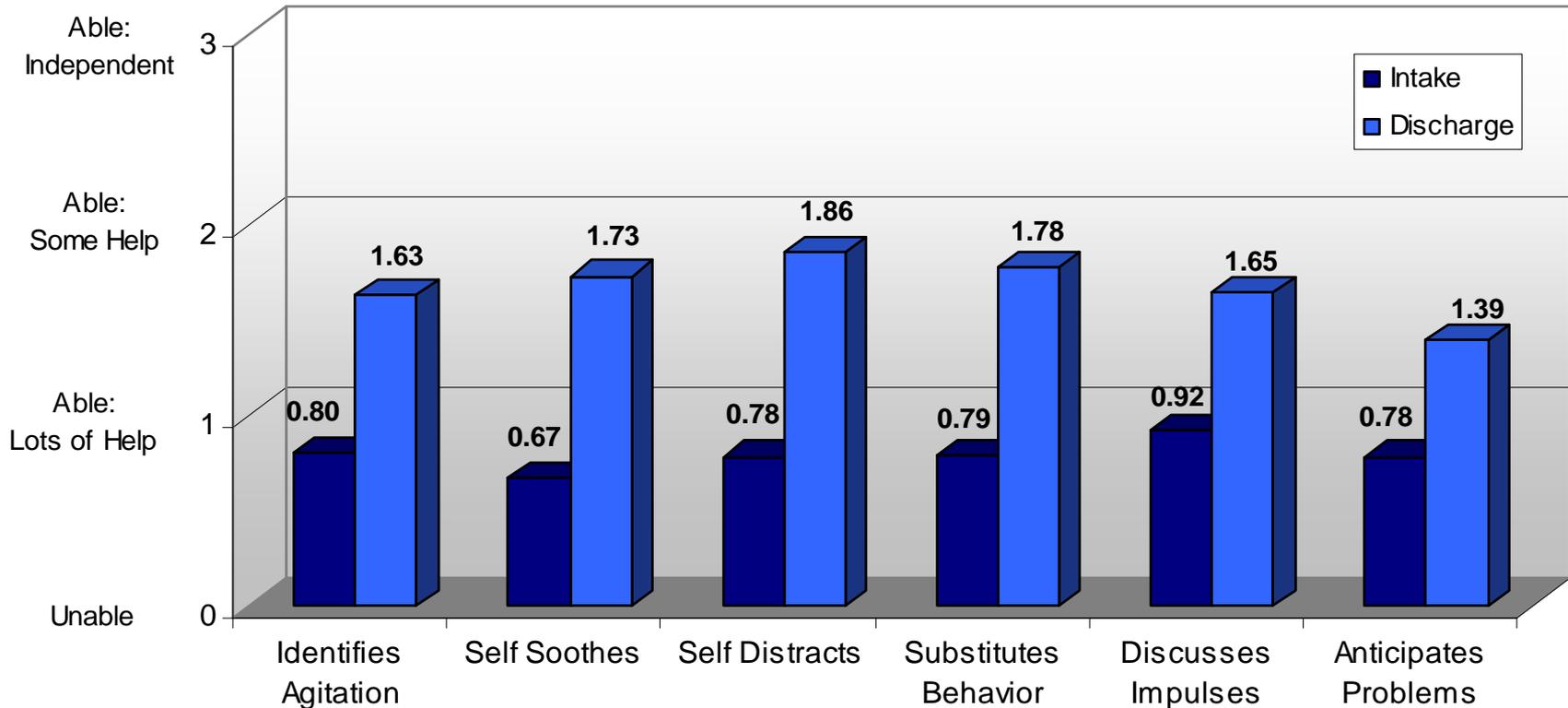


## FY 07/08 In-Home Clients Improve Ability to Control Impulses



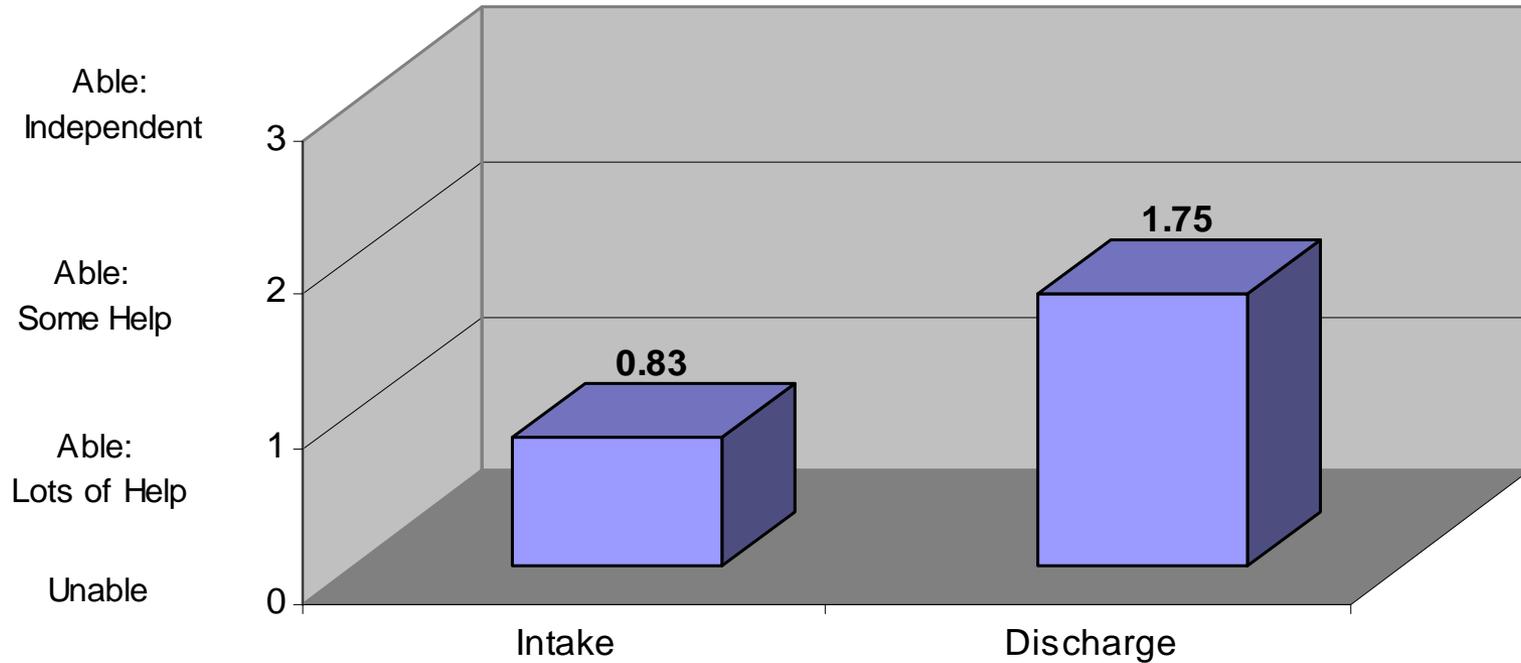
*Initial scores showed a deficiency in impulse control among clients receiving services in the home. By discharge, scores improved an average 81%, illustrating clients' ability to control impulses with some assistance.*

## FY 07/08 Group Home Clients Improve Ability to Control Impulses



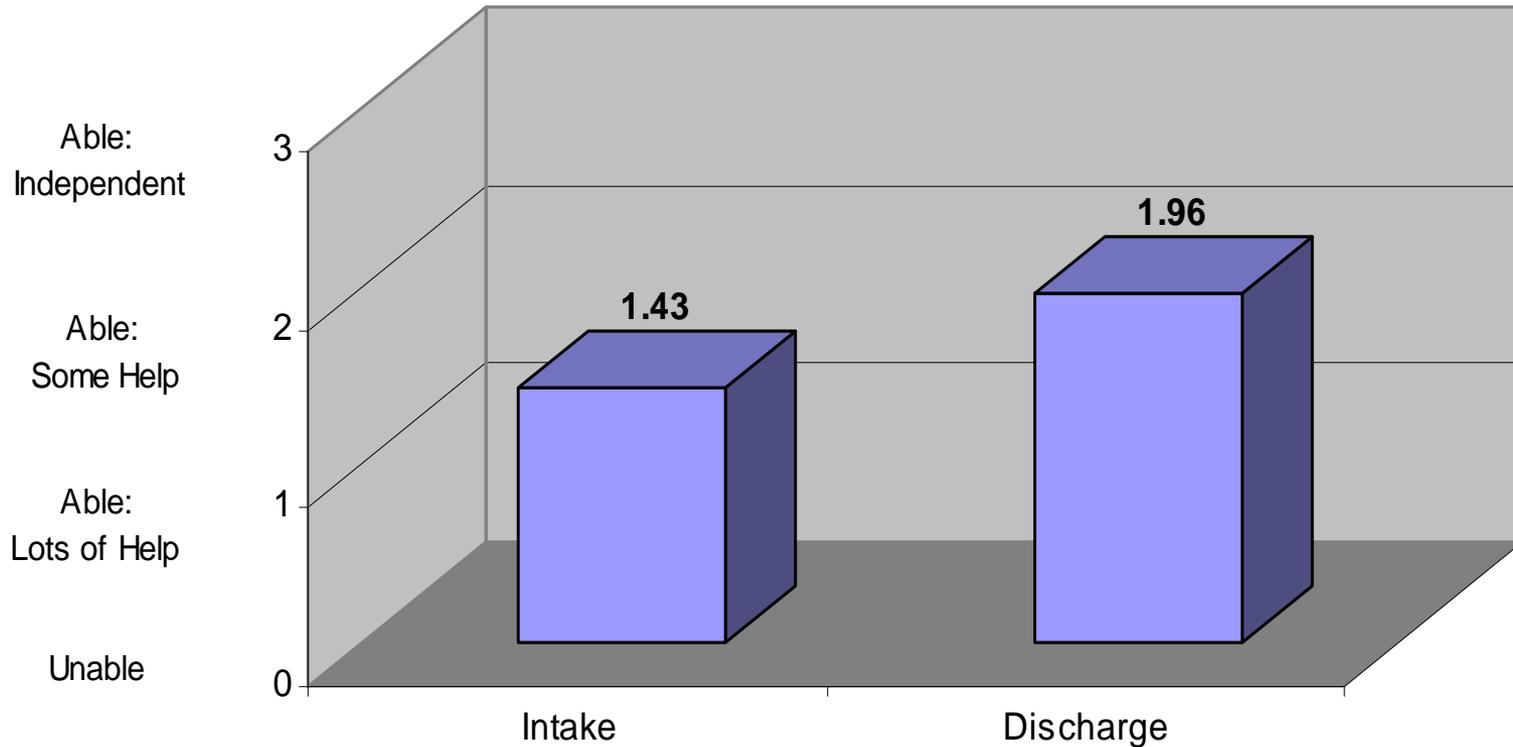
*As with In-Home clients, those youth who received services in a group home showed great deficiency in impulse control at the beginning of services. By discharge, however, impulse control scores increased by 111%.*

## Clients improve ability to Substitute Behavior



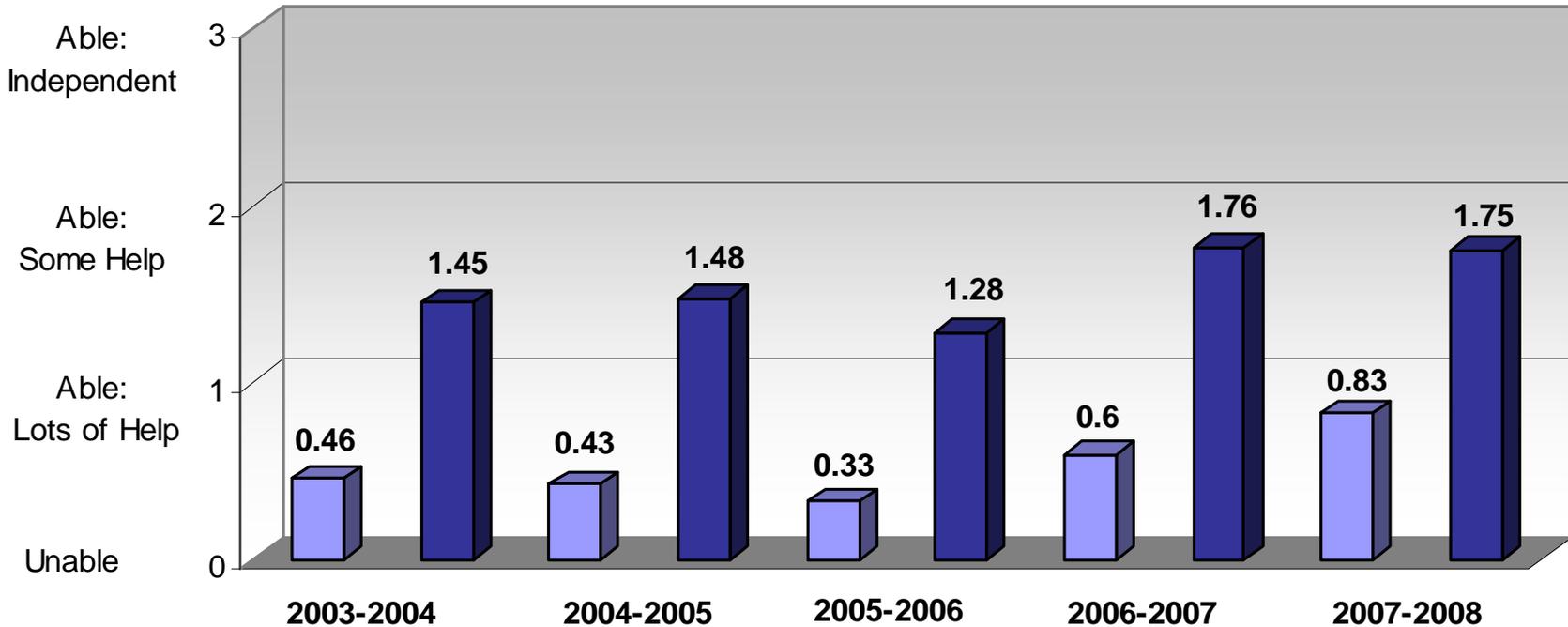
*On average, FY07/08 Group Home and In-Home youth increased their ability to substitute behavior by .92 mean points (a 111% increase).*

## Clients Improve Overall Ability Scores



*FY 07/08 clients with intake and discharge BAFs (n= 112) needed less help with their behavior and increased their ability to function by 37% by the end of services. The number of clients who were completely independent on their overall ability scores increased 75% by discharge.*

## Clients with Intake and Discharge Improve Ability to Substitute Behavior

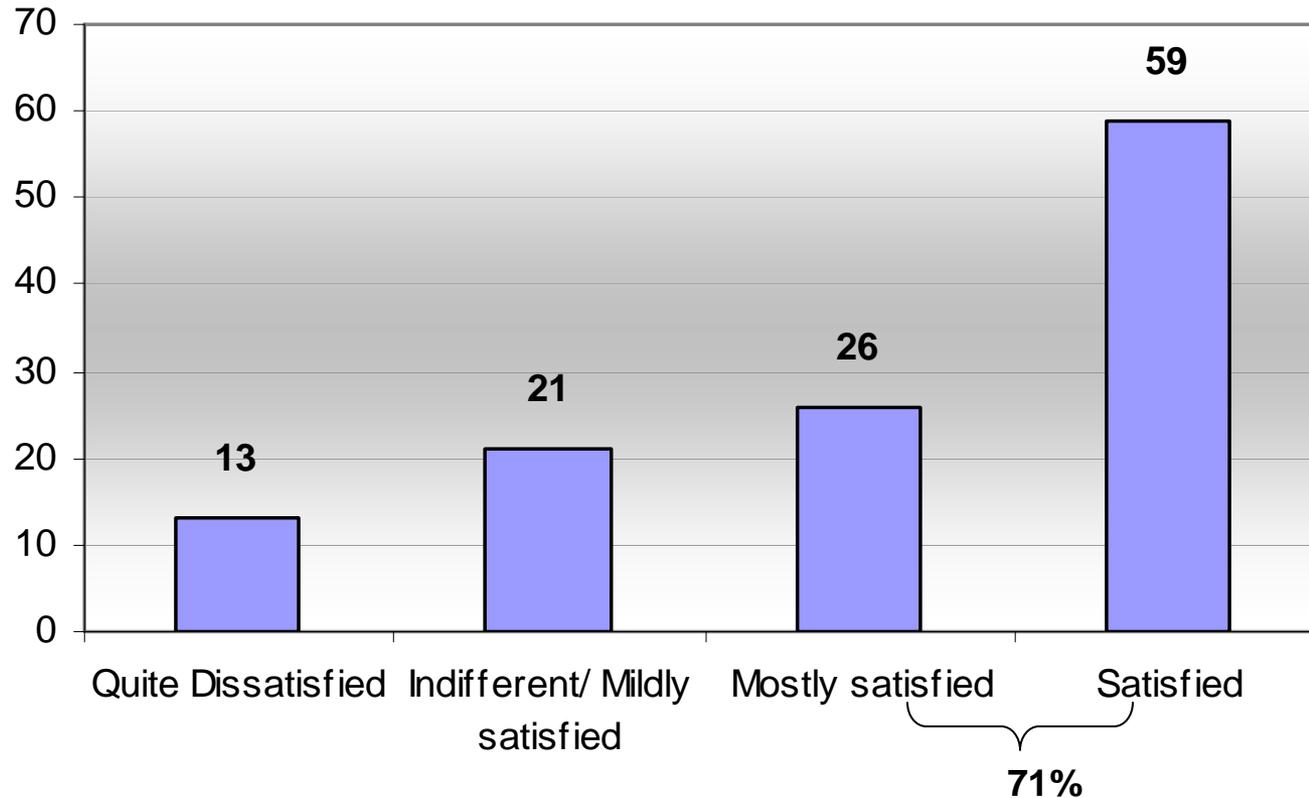


*On average, youth increased their ability to substitute behavior by 1.03 mean points (a 210% increase averaged across all Fiscal Years).*

# Parent Satisfaction

*71% of parents responding to the satisfaction survey indicated that TBS services helped with their child's problems*

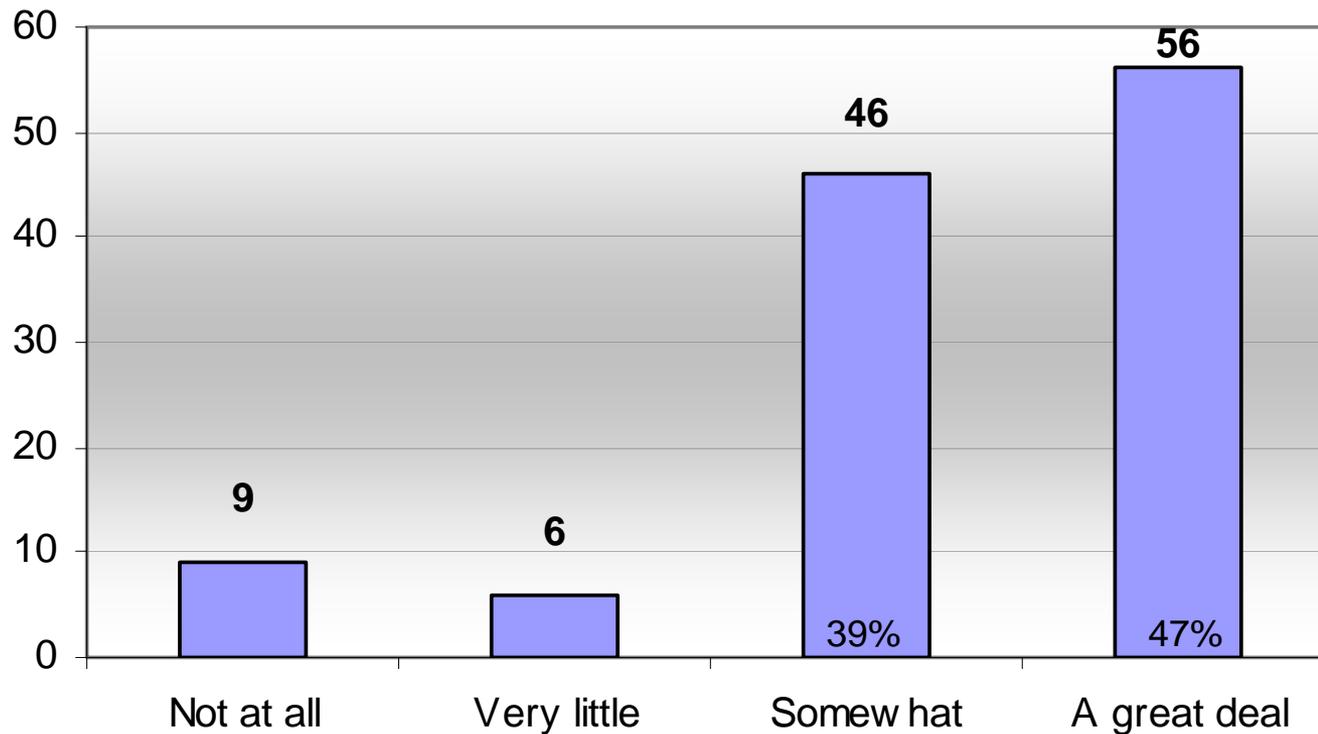
## Overall, How Satisfied were You with Services?



# Parent Satisfaction

*47% of parents responding to the satisfaction survey indicated that TBS services helped with their child's problems*

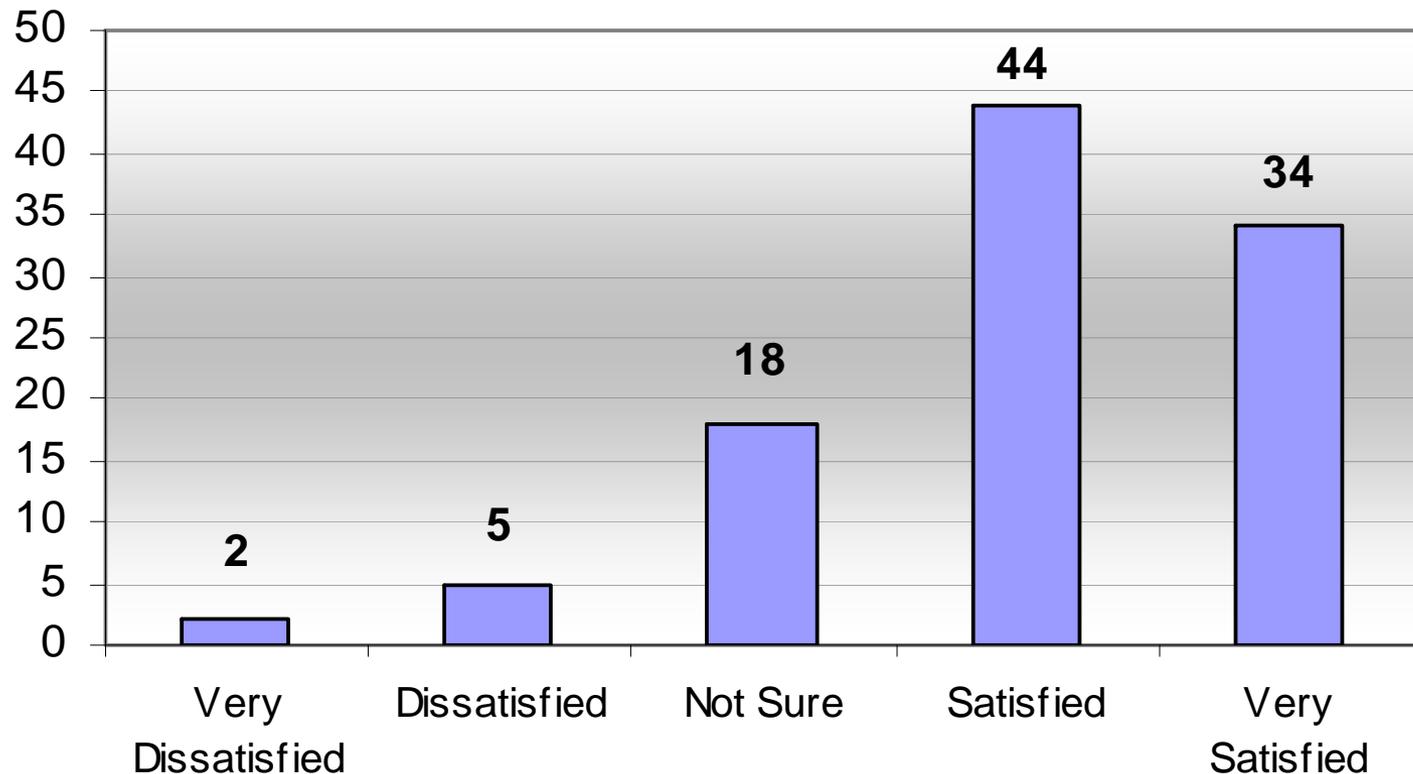
## Have Services Helped with Your Child's Problems?



# Youth Satisfaction

*76% of youth responding to the satisfaction survey indicated they were satisfied or very satisfied with their progress*

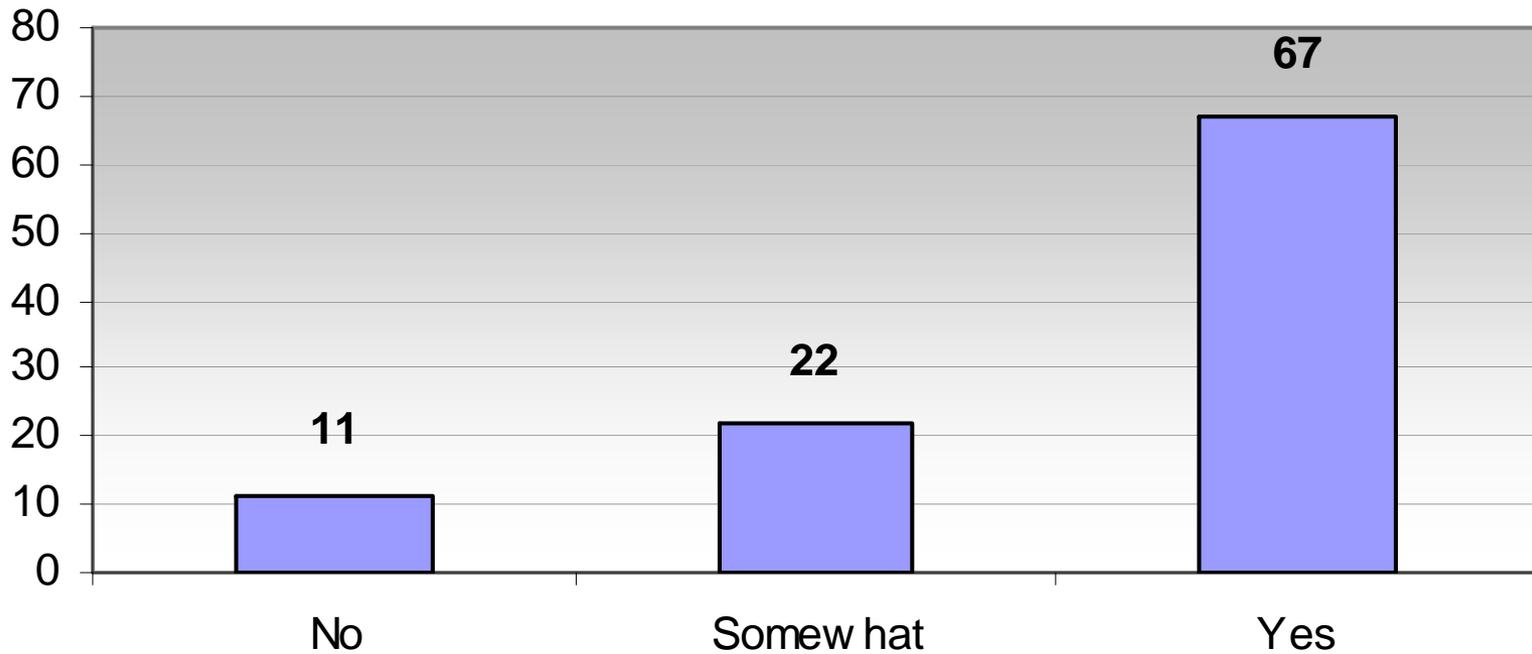
## How Satisfied Have You Been with Your Progress?



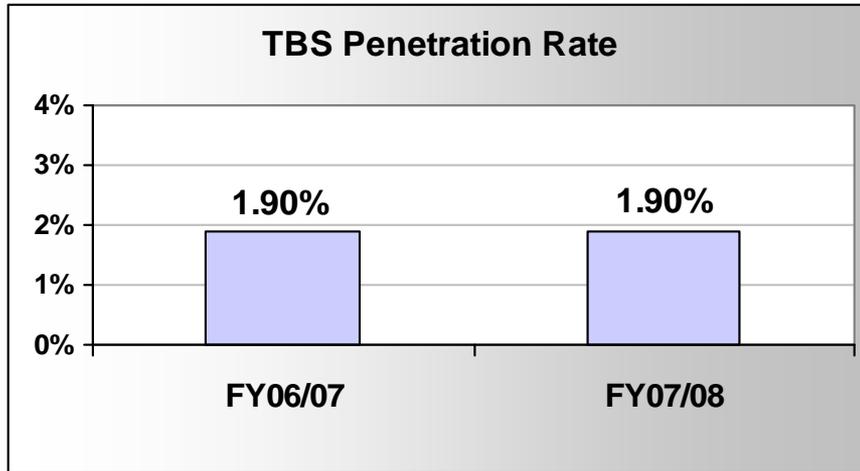
# Youth Satisfaction

*67% of youth responding to the satisfaction survey indicated the TBS services helped them.*

## Have the Services Helped You with Your Life?



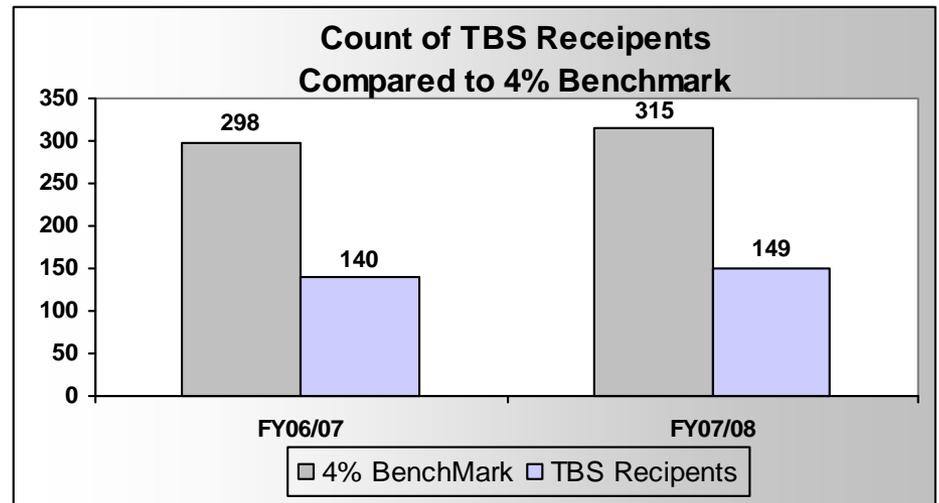
FY 06/07 and FY 07/08 penetration rates increased to nearly twice the rate of FY 02/03.



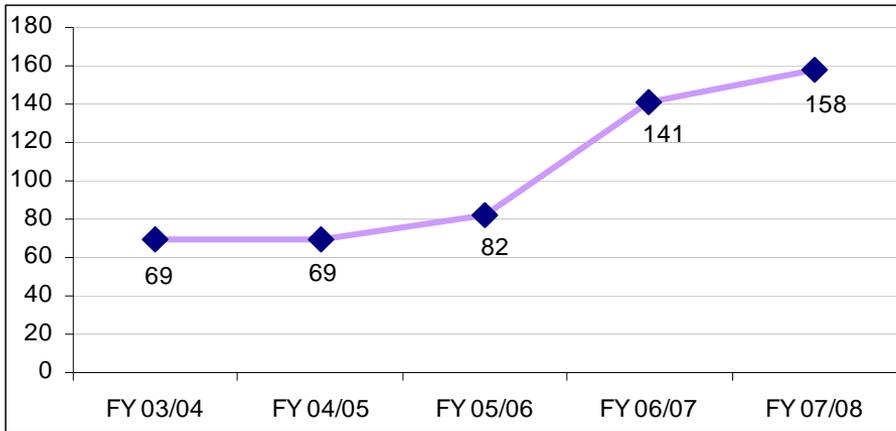
The TBS penetration in FY 02/03 was 1.07%. In FY 06/07 and FY 07/08 the penetration rate increased to nearly twice the rate in FY 02/03.

The rate is calculated by dividing EPSDT eligible youth that received any mental health services by the number of youth receiving TBS.

Penetration rates are used to gauge utilization of TBS services. The state has traditionally defined 4% as a benchmark TBS penetration rate.

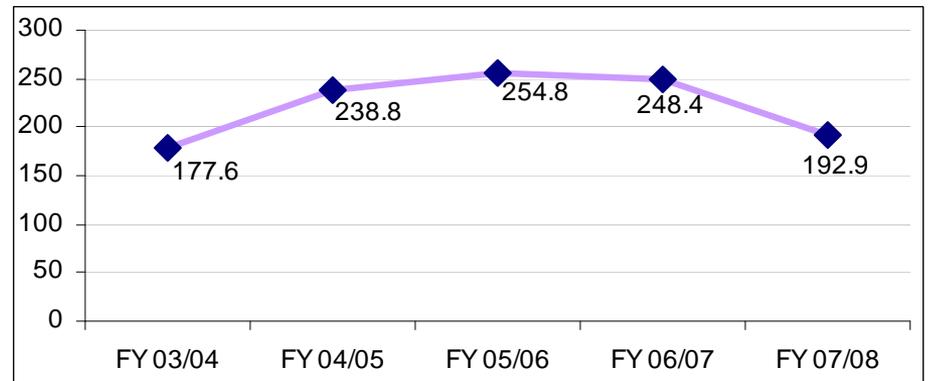


# The Number of Unduplicated Youth Receiving TBS Services has Steadily Increased each FY.



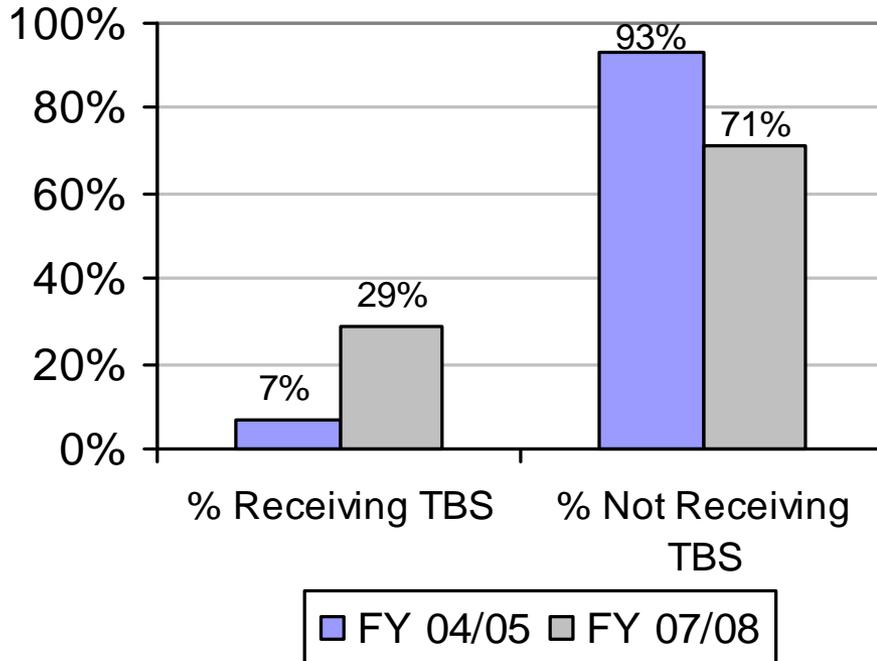
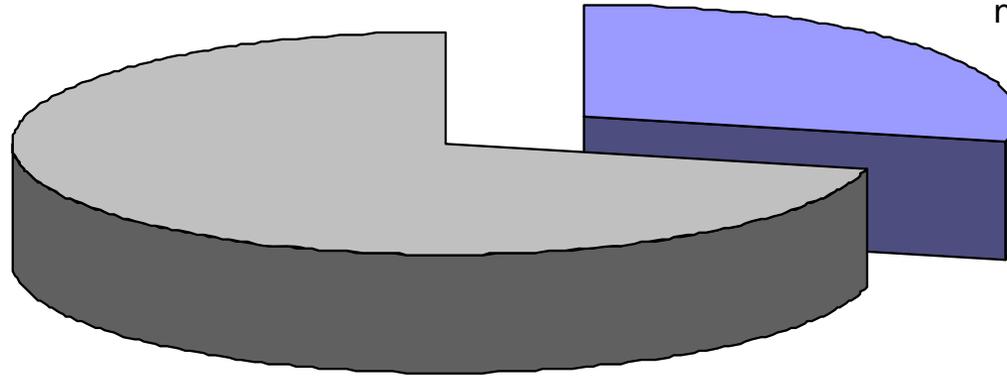
The number of unduplicated youth receiving TBS services has increased 129%. The data included in the graph at left includes additional youth served that were not eligible under EPSDT and were served by Mental Health Services Act (MHSA) funding.

Average hours per youth increased steadily from FY03/04 to FY 05/06. There was a downward trend in FY 06/07 and FY 07/08, however average hours provided last FY remained higher than four years ago.

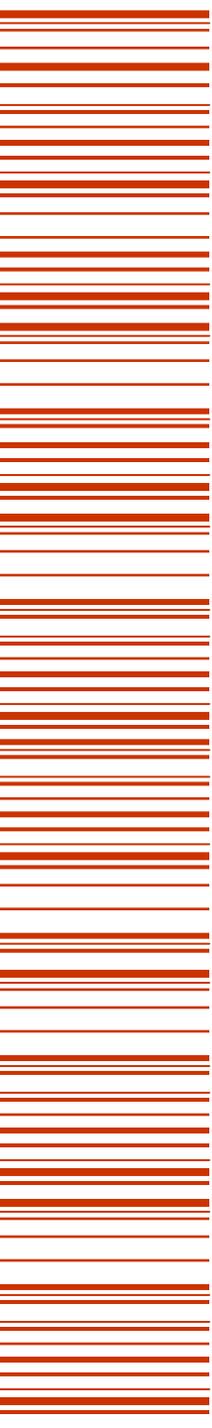


Recommended  
Did Not Receive  
TBS  
71%  
n=100

Recommended  
Received TBS  
29%  
n=40



While the percentage of clients that received TBS out of those recommended for TBS still needs improvement, the FY 07/08 percentage receiving TBS is an increase compared to FY 04/05.

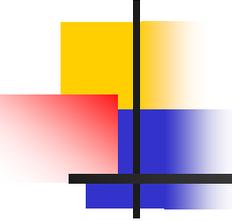


# TBS Testimonials

By David Jenkins

Riverside County DMH

TRAC Team TBS Liaison/Case Manager



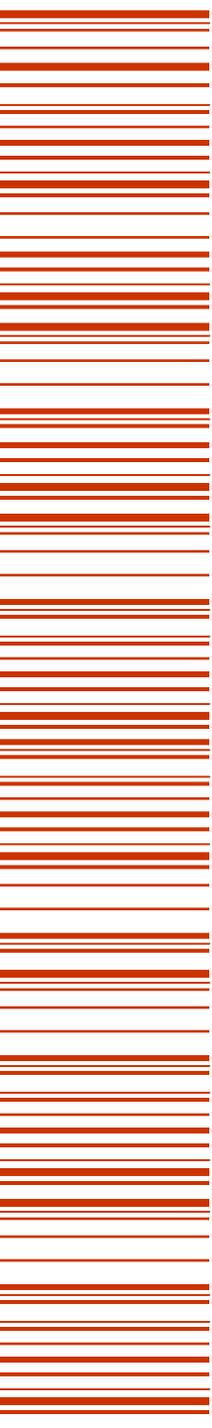
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# **Testimonials of Real TBS Recipients**

# Access and Use of TBS





# How to Access TBS

By Charlene Villegas-Tran

Riverside County DMH  
TRAC Team TBS Liaison

# Reminder of TBS Eligibility Criteria

- When a minor is IN or is At Risk of being placed in a RCL 12 or higher level facility
- When a minor residing in a group home/FFA has had repeated hospitalizations due to being a danger to self or others
- When it is clinically justified that a change in psychotropic medication would benefit the minor, And the current behavioral issues are severe enough to warrant loss of placement
- Minor's who are moving from a highly structured group home setting (i.e., RCL 12-14) to a lower level of group home/FFA care



# How do I get TBS for my child?

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- ◆ If a child meets the TBS Eligibility Criteria, then talk to the child's SMHP and ask them to refer for TBS *-or-*
- ◆ Call the Riverside County **CARES** access line **1-800-706-7500** to refer.
- ◆ For Riverside County Wards or Dependents refer the minor's case to the Interagency Placement Screening Committee (ICOP) for a TBS recommendation.

# How to request TBS in the Group Home/FFA

## **For Riverside County Medi-Cal Recipients:**

- **Contact CARES 1-800-706-7500 and request that TBS referral be sent to the SMHP.**
  - ✓ CARES will forward a TBS Referral to the SMHP who fills out the referral and forwards it to TRAC along with other required documents.
  - ✓ TRAC assesses the case for eligibility (class and need) for TBS services and locates TBS Provider.
  - ✓ Referral and TBS Authorization is sent to TBS Provider
- **For other Counties contact their Central Access Units found on <http://www.dmh.ca.gov/docs/CMHDA.pdf>**



# Access Phone Numbers for TBS



- ◆ Numbers to call for TBS:
  - Contact the Community Access, Referral, Evaluation, and Support (CARES) line toll free at (800) 706-7500
  - State-wide listing of TBS Providers:  
[http://www.dmh.ca.gov/Services\\_and\\_Programs/Medi\\_Cal/docs/TBSProviderRoster.pdf](http://www.dmh.ca.gov/Services_and_Programs/Medi_Cal/docs/TBSProviderRoster.pdf)
- ◆ If you have any questions call:
  - TRAC Team at (951) 358-5810 for a TBS Liaison

THE END

