County of San Diego
TBS Forum Report

On April 29, 2009, the Mental Health Director and Chief of Outpatient and TBS met with the new CWS Director, the outgoing CWS Director, Assistant Deputy Director CWS and the Chief of Probation for San Diego County to educate them and discuss TBS. Dashboard data information was provided to solicit their involvement as the major partners in efforts to improve TBS participation in San Diego County.

San Diego County convened its' initial general forum on June 4, 2009. The forum was well attended with over 100 participants involved. The participants included a cross section of stakeholders from all regions of San Diego County who have used TBS and some with little knowledge of TBS. Various organizations represented were: County contracted outpatient clinics, day treatment programs, Child Welfare Services (CWS), AB2726 assessors, Probation, SD Regional Center, Group homes, family members, parent partner programs, schools and psychiatric hospitals**.** The forum began with an introduction from the Mental Health Director that included an overview of the Emily Q lawsuit, a brief presentation about TBS and two vignettes from the contracted TBS coaches. The participants then worked for about one hour in nine small groups to respond to forum questions developed by the State**.**

In addition, the Roundtable Family Partnership program conducted three forum meetings in may, 2009, two with parents (one Spanish Speaking) and one with youth. While these forums were less well attended, they elicited good feedback. These meetings are summarized separately but contain many similar themes as those from the general forum.

Following is a summary of the responses to the general forum questions and attached are specific raw data responses from the participants. San Diego County found the feedback to the forum to be valuable and the County is following up with contractors in further discussions. Other than presenting themes within each response, there has been no effort to analyze the feedback in this report other than to state that the feedback specifically highlighted the need for frequent and ongoing outreach and education about TBS in order to maximize Emily Q. class participation.

Question # 1 ***Are the Children/Youth in SD County who are Emily Q class members and who woud benefit from TBS, getting TBS?***

Responses to this question were many and varied. This question elicited responses that could be distinguished by <u>certain themes</u> i.e. need for more training for coaches, increase education and outreach, and better collaboration within systems.
Participants identified barriers to getting TBS to include the following: lack of full scope Medi-Cal as a criterion is restrictive, misinformation about the criteria, and the lack of education and outreach to schools, juvenile courts, probation department, group homes, and psychiatric hospitals was reiterated many times by many participants. Other comments included observations that parents are overwhelmed with too many services in the home and may view an intensive service like TBS as being too intrusive or that when parents finally get services it may be "too late" and the parent is already at their " wits end". There were also concerns expressed that having someone in the home may lead to Child Protective Services reports or in the case of

Latino families, fear of immigration authorities being notified of their legal residency status. It was stated that group homes are not referring clients in a timely manner to avoid the client being asked to leave the group home resulting in placement in a higher level of care. Another barrier mentioned by participants was that private practice providers may not be referring to TBS due to the requirement that TBS requires Specialty Mental Health Provider (SMHP) involvement with services. One participant felt that the referral process is too long and involved. Although not presented as a barrier, it was noted in several workgroups times that matching the right coach with a youth, especially with regard to language, gender and family culture is extremely important to a successful outcome. More bi-lingual Spanish speaking coaches are needed. There were suggestions that coaching interventions may not be easily understood by parents and that coaches determine the interventions rather than making TBS a collaborative process. One participant noted that TBS web based information is not consumer friendly or readable.
It was noted that the zero to five and the transitional age youth (TAY) population were age groups that need to be "targeted".

Question #2 ***Are the Children/Youth who get TBS experiencing the intended benefits?***

This question elicited a number of positive comments about TBS. Many answered "yes" that children/youth have experienced benefits from TBS as demonstrated by children who require no re-hospitalizations, children who remain in a less restrictive placement and children who decrease their self harm behaviors. Others noted that good coach matching, flexibility with parent's schedules, and having specific treatment objectives all contribute to successful outcomes

In answering this question the participants focused on the issues that may impede a child/youth experiencing benefits from this service. Themes from the first question surfaced again. A number of participants stated that TBS "was too short". They felt that 4 to 6 months would be better for youth/caregiver to internalize the behavioral concepts/interventions learned and that there should be follow up by the coach post discharge. Some participants felt that the coaching interventions should be more collaborative with child and caregiver; "not done to them". Coach matching with parent and child will result in better outcomes. Referrals need to be timely while a parent is still invested and while the child is motivated to change. One participant felt that parent follow through or lack of involvement in TBS services can lead to children not experiencing the intended benefits of the program. Some participants felt that a TBS referral needs to be made earlier while the parent is still highly invested in working with their child, not as a last resort to keeping the child at home. The introduction of TBS at the assessment phase of treatment to the parents is critical and will better prepare them for what to expect from a referral. There was concern expressed that the filing of CPS reports can interfere with services. It was noted that parents feel watched and judged and "are a little nervous about being observed by coaches." The intensity of services, intrusiveness and time commitment was cited as reasons that may deter families from accepting TBS.

It was noted by one person that some parents may get frustrated with the interventions given by coaches that this person felt "are the same ones over and over". There were also comments that some of the interventions for teens were not effective or age appropriate. Training for coaches in Reactive Attachment Disorder was recommended.

With regard to TBS in group homes the suggestion was made that coaches spend more time with the group home staff to transfer the knowledge and to get to know the staff and the group home

program. Coach role and boundaries in group homes is not well defined. Some additional training as to how the role of coaches differs from that of the group home staff was suggested. It was mentioned that due to high staff turn over in group homes that coaching interventions were not consistently implemented. One participant who worked in a group home noted that some multiple users of TBS use the service as "a crutch". It is important that all providers involved with this child/youth/family work together and collaborate to provide consistency in service delivery.

Question #3 ***What alternatives to TBS are being provided in the County?***

Participants listed a number of services with which they are familiar and they use as alternatives to TBS. This was informative and illustrated the need for more outreach and education about TBS to the community. Most of these services are not intensive, nor do they provide one to one behavioral intervention. Wraparound and CASS (Comprehensive Assessment and Stabilization Service) were the one's mentioned most frequently and which participants felt most closely resemble services similar to TBS. Other services mentioned were:

- Rehabilitative Case Management
- School intensive programs
- Parent partner programs
- Cabrillo Assessment Center – step youth down from placement and prevent higher level of care
- Multi Systemic Treatment with conduct disordered youth
- Catalyst – transitional age youth, MHSA, full service partnership program
- Transitional Services Program - designed to transition youth from inpatient care and group homes.
- CASA - RCL 12 group home. Brief temporary detention facility for dependents of juvenile court
- Big Brother/Big Sister programs

Question #4 ***What can be done to improve the use of TBS in this county?***

Themes in the responses to this question included the need for education and outreach to the community, improved collaboration with SMHP, discussion about the TBS coaching, family involvement and training needs.

The participants overwhelmingly noted that more education and outreach to our community stakeholders, parents and youth, and to the larger community is necessary to inform about TBS and to increase access and utilization of TBS. Specifically outreach and education was recommended to family/youth, parent partner programs, to psychiatric hospitals, outpatient clinics, County Emergency Screening Unit, PERT (Psychiatric Emergency Response Team), psychiatrists, juvenile justice system, probation officers, San Diego Regional Center, and CWS (Child Welfare System) workers and IEP teams etc. Attendance at various regional and collaborative groups was recommended such as the CWS Team Decision making meetings (TDM) to foster more collaboration with other systems. Access to TBS can be improved through

electronic e-mails, through utilizing our Access and Crisis Line (ACL), 211 and our County of San Diego News channel.

There were also suggestions to outreach to nontraditional system of care services such as family resource centers, day care providers, pediatricians, and local school systems/districts, counselors and teachers. (NOTE: While these suggestions are excellent, they present issues in terms of capacity of our system to absorb additional treatment clients.)

In terms of collaboration there were suggestions that TBS teams can be strengthened and better coordinated with strong direction and leadership from the Specialty Mental Health Provider (therapist). More communication between TBS staff (coaches and case managers) and the therapist is necessary apart from the monthly treatment team meetings. In group homes the therapist needs to assert leadership to assist in the challenges of providing, integrating and coordinating services within a group home.

There was a good deal of discussion about the TBS coaching. Participants expressed that coaching can interfere with a family's normal daily activities and suggested the TBS be more integrated into these routine activities. Participants felt that coaching begins too late for services to be effective and some foster children for example have already lost their placement. Coaches tend to be younger than the parents and this presents problems for parents who have difficulty taking advice on parenting from someone who has not been a parent.

With regard to parents, it was stated that there needs to be better engagement with parents initially and throughout TBS by providing education and support groups for them in addition to TBS. In addition it was mentioned that everyone needs to be sensitive to how difficult it is for some parents to ask for and accept help. A suggested was made that there needs to be more awareness of TBS for those parents and children who are dependents of the court and who are in the reunification process.

The issue of training came up multiple times. One participant noted that the use of Motivational Interviewing and Cognitive Behavioral Therapy and less token economy would be interventions that would improve services. TBS providers need to cross train other providers on coaching interventions. Training on dealing with specialty populations i.e. deaf and hard of hearing, autism spectrum, obesity, the medically fragile and those with eating disorders, dealing with resistant youth and interventions for the adolescent population were some examples of trainings that participants felt were needed to improve outcomes.

Finally, there was concern expressed that the requirement/necessity of having an SMHP only causes referrals to fall out or to be discontinued. The implication is that TBS be a stand alone service. Again the issue of limiting TBS only to those with Medic-Cal was seen as a barrier. One participant suggested that this county adopt a model similar to Orange County in which TBS is integrated into their outpatient clinics which would increase referrals to TBS.

County of San Diego CMHS Family & Youth Liaison
Therapeutic Behavioral Services –
Themes/Recommendations Which emerged from all three focus groups

1. **Make Therapeutic Behavioral Services a Primary service, rather than secondary.**
   Many focus group participants shared a barrier to accessing services which they experienced. Because Therapeutic Behavioral Services is a secondary service, they had to have a primary therapist in order to meet the criteria to receive services. One focus group participant shared that when she called the clinic, they told her the waiting time was 3 months. Because of this, she had to wait 3 months to receive Therapeutic Behavioral Services for her son. She also suggests creating a way to prioritize the urgency of each case.

2. **Try to recruit more males to deliver Therapeutic Behavioral Services to boys and young men.**
   A few of the focus group participants expressed how they wish their son would have received Therapeutic Behavioral Services from a male. One mother shared how the father wasn't involved in her son's life and she thought her son would have been more receptive to receiving services, had it been a male figure who was working with her son. Another parent shared a similar experience how the father was not involved in her son's life and how having a male which her son could look to as a role model really made all the difference.

3. **Have more culturally appropriate matches when delivering Therapeutic Behavioral Services.**
   One mother shared how her son's primary language was Spanish. She also shared how he had some trouble when he was working with his Therapeutic Behavioral Services coach, because he spoke only English. She expressed how she feels there needs to be more cultural competency in matching the child with the Therapeutic Behavioral Services worker.

4. **Provide more public/community education on Therapeutic Behavioral Services.**
   A critical issue discussed during this focus group was the fact that parents and caregivers did not have any idea that TBS even existed. There was a strong recommendation that there needs to be more outreach and public education on the availability of these services.

5. **When a child is leaving the hospital or a residential treatment facility, have a staff member of Therapeutic Behavioral Services do a follow up with the family a week later.**
   One parent had mentioned that even if they did receive a brochure as their child was leaving the hospital or a residential treatment facility, that they don't feel as if they would have really read it or thought of it as a feasible option. This parent also explained that they felt the TBS worker who does the follow up with the family should explain all that TBS entails, and what are the expected benefits for the child and family.

6. **Provide Therapeutic Behavioral Services on a more individualized basis; if a child needs longer than 3 months to be successful in receiving services, let them.**
   Another focus group participant had shared how they feel as if each case should be delivered on a more individualized basis. This parent shared how they felt they should

review each case to see if the child is experiencing the intended benefits at three months. They suggested if the child needs more than three months, than they should allow the child to keep receiving services, as to ensure that it will make a long-lasting difference in that child's everyday actions and behaviors.

7. **Place more focus on providing transitional services for the child to get to school.**
Many of the children and youth who are receiving Therapeutic Behavioral Services have trouble getting to school, on a daily basis. One parent shared how helpful they thought their child's Therapeutic Behavioral Services coach would have been in getting their son to school each day. Another parent shared how they felt if their child's Therapeutic Behavioral Services came to reassure their child about the importance of school and brought them to school, that it would have greatly improved their child's desire to attend and put fourth their best effort in school.

8. **Have the Therapeutic Behavioral Services engage the children receiving services in activities which interest them.**
One of the youth who attended the focus group expressed how helpful it was that his coach taught him how to play guitar. This youth also shared how he had wanted to learn guitar, and now that he has, when he is angry or sad, that he uses music to express his feelings. He also shared how helpful it is to him personally, as a coping mechanism.

9. **Have outings or activities where the youth receiving Therapeutic Behavioral Services are able to socialize.**
Many of the youth who attended the focus group shared that they didn't like the fact that there were no types of outings. They expressed how they disliked the fact that they always had to stay in the home; they shared how they like to go outside and do activities. Another youth also shared how they thought it would be helpful for them to have met another youth who was receiving similar Therapeutic Behavioral Services; this youth explained that it would help the youth realize that they are not alone.

10. **Have more information on Therapeutic Behavioral Services in the schools.**
→Public Education and Outreach
The youth who attended the focus group shared how they felt that the schools should have more information on these vital services. They expressed that when a child or youth starts to have issues, that the school is the first place where they would notice them. Another youth suggested having brochures available in the counselors office, because some youth may be apprehensive to ask about these services; this way they could just grab a brochure and call to get more information.

TBS Stakeholder Forum
Major Themes in the break-out groups

Question #1 *Are the Children/youth in SD county who are Emily Q class members and who would benefit from TBS, getting TBS?*

- Education and outreach *Potential referring parties need more education about the criteria, process and qualifications for TBS. Parents need to know about TBS.*
- Not full scope Medi-Cal *There are children who need TBS but cannot get it because they do not have Medi-Cal.*
- Misinformation among community and providers about criteria, or criteria too restrictive *One participant thought the youth had to be in a group home; another thought TBS was only for youth with a history of hospitalization. Class criteria was too restricting and limited as to who would qualify, although they thought is seemed better now.*
- Coaching interventions too difficult *More training for coaches on using interventions that parents can readily understand and apply when coach is no longer in the home; TBS coaches/Case Manager do not present interventions well enough to parents. Some felt they dictate them to parents. TBS is not collaborative. Coaches do not consider the families cultural and value systems when implementing.*
- Coach matching *Better matching of coaches with clients' language, gender is necessary. Need for more SS and male coaches.*
- Poor parent follow up *Parent or group home caregiver not following through with referrals for TBS*
- Web information is not consumer friendly or readable *Needs to be written at an 8th grade level and be consumer friendly for parents to use.*
- TBS applied when caregiver is already burned out *TBS is utilized too late – parents are already at their "wits end" and TBS is a "last ditch effort".*
- Past negative experience with TBS *When a family had a poor experience with TBS, they generally do not want to give it another chance.*
- Time to do TBS/ too many or too little hours *Parents do not have enough time, families not wanting more meetings, multiple services in the home simultaneously is too much for families, parents do not want someone in the house*
- Intrusiveness *Uncertainty of caregivers having people coming into their homes; caregivers work schedules conflicting with coaching times which causes cases to close prematurely*
- Fear of CPS reports or immigration issues *some parents reluctant to try TBS if they have any CPS involvement as TBS may report to CPS about their family. Some parents are not legal citizens of U.S. but their children are legal. Many parents fear that if they have someone in their home providing services to their children that there is a possibility they could be deported.*
- Requirements of SMHP a barrier to referral especially from private providers *Outpatients therapists, especially those in private practice not using or referring to TBS due to required presence/involvement*
- Children under 5 have not been treated *Why hasn't this age group been targeted? – preventative vs. reactive intervention*
- Referral process too long/involved.
- TAY population not receiving services *people at the table felt that transitional age youth were not receiving TBS services as much as young children*
- Schools not getting TBS *Consensus at the table was that schools were not referring. Need for educational and school providers to be aware.*
- Group homes are unaware to make referrals – *Some group home and group home staff are unaware of TBS*
- Group homes are not cooperative and not referring before 10 day notice is given *Referrals to TBS need to be made before a child is failing in the group home. TBS should be mandatory before a child is given a 10 day notice.*
- Transition to lower level of care criteria *In group home setting discharge date/plan is necessary before TBS can help with step down transition*
- Probation population not getting or hearing about TBS *Concern was expressed that the probation population in general has too little information about TBS. There are few referrals from the courts.*

- Psychiatric hospitals need more awareness of TBS

Positive Comments from question #1 are as follows:

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

- Yes. The clients who are in level 12 groups homes are getting referred for TBS.

Question # 2 *Are the Children/youth who get TBS experiencing the intended benefits?*

- TBS is too short 4 – 6 months is better *Three months may be too short for parents/caregiver. Fear and increased anxiety when 3 months of services in nearing the end. Some group felt that TBS needed to stay longer 4 – 6 months for most in order to cement the behavioral changes made and to support the change in the family system. Need to see follow up. Providers thought that TBS should be able to do follow up where a coach goes into the home months after services to reinforce interventions. Providers want to see the services last longer and have the titration period be longer.*
- If child is unsafe TBS will pull out *A case begins and TBS will close because clients behaviors are too severe and/or too unsafe for TBS staff.*
- Referrals made too late and parent is burned out *Intervention/referral needs to be sooner while the parents are still invested. "Services were the last resort to keep the child in the home".*
- CPS reporting concerns *Appropriate/inappropriate CPS reporting can at times interfere with services. Parents feel they are watched and judged. "Parents are a little paranoid of being observed by coaches." CPS reporting concerns?*
- Caregivers are being told what to do rather than being collaborative *Positive Discipline approach was suggested as a model that offer "specific tools to use for discipline" that teaches" vs. consequences and rewards. The reward system which TBS uses involve adults "doing to" the child vs. "doing with" the child.*
- Frustration from parents who are given the same interventions over and over *Case Managers and coaches tell caregivers to just keep trying the same interventions.*
- Parent follow through or lack of involvement *At times some caregivers are not truly invested in the services and agree to TBS just to say that they have "tried everything". The lack of investment on the caregivers' part then leads to the children not experiencing the intended benefits of the program.*
- Service overload for kids and families/ intensity of hours and invasiveness. *Getting the parent buy-in for services can be difficult because of the huge time commitment. The intensity of hours and invasiveness in the home of service delivery deters families.*
- Coach matching with parent *TBS staff need to strengthen introduction with parents.*
- *More time spent with them at onset. More work on the front end preparing parents for TBS is necessary especially in the Assessment stage.*
- Coach matching with child and timing of referral is key to success. *Matching coach to client very important. Youth looks up to coach. Timing of the referral is important as well. Sometimes the client is just not ready to work on his behaviors.*
- More coach time spent with group home staff to transfer knowledge and get to know them *TBS staff needs to get to know the group home program. This comment was from staff who work in group homes.. They felt that coaches sometimes just wasn't to work with the client and do not collaborate enough with the staff or get to know them.*
- Training recommendation for coaches – *Reactive Attachment Disorder*
- TBS coach role and boundaries in group home settings is not well defined *Again more communication about the coach role and how it differs from the role of the GH staff is necessary*
- Interventions for teens may not be developmentally appropriate *Some teenagers not as responsive. Interventions viewed as "corny" or too childlike.*
- Lack of participation of group home staff *With high turnover rates of staff and other variables TBS interventions are not always consistently implemented in the group home. Communication role definition and boundaries was also seen as a problem.*

- Kids use the service as a crutch because they like the one on one *This comment applied to those youth who would use TBS in group homes multiple times.*
- Criteria too restrictive *A child may need behavioral intervention and TBS services but are not getting the services because the child's behaviors are not severe enough.*
- Consistency in services between the two providers *This discussion was focused on the fact that there are many providers in a clients life and when the client is transitioning to another level of care it is important that providers collaborate and work together.*
- Lack of service coordination *The difficulty of having and maintaining an SMHP hinders the service delivery and eligibility criteria.*

Positive comments from Question # 2 are as follows: Are the children and youth who receive TBS experiencing the intended benefits?

- Yes, because the match between the coach and youth was so great, the youth did wonderful
- Yes, the youth did not get re-hospitalized
- Yes, when TBS can be flexible with family/parent demands and schedules
- Yes. Having specifics objectives is helpful for progress
- Yes. TBS is doing what is supposed to be doing and keeping kids in the least restrictive residential care.
- TBS is innovative because it helps parents apply the techniques and interventions in home with caregiver and client present.
- There is improvement for kids with compliance or self harm issues. These areas were noted as predominant areas where TBS has success.

Question #3 *What alternatives to TBS are being provided in the County?*

- Wraparound
- CASS
- Rehab CM
- School intensive
- Parent Partner Programs
- Cabrillo Assessment Center
- MST with Conduct DO
- Catalyst
- Transitional Services Program
- CASA
- Big Brother/Big Sister

Question # 4 *What can be done to improve the use of TBS in this county?*

- More TBS County outreach/marketing
- Outreach and education to: pediatricians, hospitals, outpatient clinics, day care providers, hospitals, ESU, PERT, psychiatrists, Family Resource Centers, juvenile justice, probation officers, Regional Center, CWS workers.
- Educate schools *(and provide within)*
- Increase referrals using IEP process, school systems, counselors
- Education of criteria
- Increase working relationship with schools
- Regional collaborative groups
- Link more with Regional Center
- Not enough collaboration with other systems i.e. CWS TDM meetings. More involvement of SMHP.

- Electronic referrals, 211, Access and Crisis Line, County of SD news channel
- Better initial engagement with parents
- Better cultural awareness of how difficult it is for families to ask for help
- Parent engagement *More focus on parents through support and education groups*
- Client reunifying with parent. Parents are given TBS paperwork during the reunifying process by CWS worker and should be encouraged to participate
- Improve services if services were extended to families who are being reunited
- Coaching interferes with normal daily activities . TBS services need to be integrated into "life is normal" routine and activities of daily living. *Parents feel they have to stop their lives for TBS coaching shifts and sit with coach when this is difficult for them to do given daily chores and other kids in the home.*
- Coaching needs to begin sooner *Coaching starts too late. Sometimes foster kids have already blown out of foster home. Needs to be quicker.*
- Age of providers is a problem (too young) *Coaches are very young and parents have difficulty taking parenting advice from college kids who themselves are not parents.*
- Help the community understand TBS and how parents can advocate for their children *(not enough of the parents whose kids are eligible are aware of the services)*
- Make service longer *participant felt that real progress not achieved in short term programs*
- TBS in schools in group homes
- Therapist needs to lead and coordinate in the group home
- Children with IEP's should have TBS
- TBS providers can do cross training with other providers *for example, TBS coaches training group home staff about interventions.*
- Less token economy. *Participant felt more Motivational Interviewing and Cognitive Behavior therapy and less token economy as an intervention would be an improvement.*
- More training with specialty populations i.e. deaf, autism, obese, medically fragile, eating disorder clients
- More teenage friendly interventions
- More training on how to engage resistant youth
- Imbed TBS services in all outpatient clinics. *Replicate Orange County model by having a TBS Coordinator/Outreach worker in all outpatient clinics to increase identification and make referrals.*
- Increase funding to existing contracts to address increased demand or their will be wait lists.
- Connect SMHP to specific TBS provider.
- Requiring an SMHP causes referrals to fall out or be discontinued
- Lack of access to M/C *a barrier to access of TBS*
- Develop follow up of TBS clients after closure *(Mentoring program for parent and youth, this way we can check back in with them, support them etc.)*
- Too many players without coordination. Therapist needs strong lead and better collaboration with team. *TBS staff only talks to SMHP (therapist) at team meetings not in between meetings. Sometimes the therapist does not meet the coach except at meetings. In group homes the SMHP needs to coordinate and integrate TBS into group home setting with the rest of the team. Needs to take a leadership role to assist in the challenges of providing services within a group home.*
- Medi-Cal eligibility issues *The County needs to find a way to continue to provide services or establish services when a client does not have or has fallen out of Medi-Cal*
- Imbed TBS services in all/most contract clinics. *Replicate Orange County model by having a TBS Coordinator/outreach worker in all outpatient clinics to increase identification and make referral.*
- Increasing funding/contracts to address increased demand *Augment existing contracts to deal with increase in demand for services. Otherwise there will be wait lists.*

County of San Diego CMHS Family & Youth Liaison
Therapeutic Behavioral Services Focus Group Report #1

Date of Focus Group: May 21, 2009
# of Attendees: 7 people

Target Population: Family Members who are/have received public services (including those that have received TBS services)
Address and Location of Focus Group:

Location: Family & Youth Roundtable		
Address: 3434 Midway Drive Suite 2005		
City: San Diego	**State:** California	**Zip Code:** 92110
Lead Facilitator: Maria Mejia, Director of Training & Outreach	**Co- Facilitator:** Donna Ewing Marto CEO	

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

- "No"
- "If you're a parent who has had a child hospitalized and didn't receive a brochure, than of course there is no way that we would even know about TBS."
- "Absolutely not; I have never heard anything about it, until this"
- "It would have been absolutely essential for my daughter when she was going through tough times, and from what I've heard about the program, that it would have been welcomed."
- "families that would qualify for TBS services, don't even know about it"
- "If I would have known about TBS when my son was 13 and started having trouble and depression, than I think we would have not went through some additional hardships we have faced"
- "It would have been so helpful to have an objective person to reassure me that I am not the crazy one"
- "I felt so stupid, and the doctors were telling me all of this information, but they're not there 24/7, I would truly like to be an advocate for other parents <who need TBS>."
- "It's a live and learn, day-by-day and month-to-month program"

- "A mother that is in one of my sober living programs, called me one day and told me that the school had called her and told her don't bring her son back until he has seen a psychiatrist and is on medication"
- " There needs to be outreach specifically done at adult rehabilitation centers so that these parents, getting help, are aware that these are available."

- "The thing that would have helped, was trying to get a primary psychiatrist/therapist (because it is required); You call the clinic and the waiting time is 3 months; there needs to be a way to prioritize the urgency of each specific case."
- "Because this is a secondary service, you must have a therapist and psychiatrist in order to receive these services"
- "There is an expiration date when you receive a TBS referral"

2. Are the children and youth who are getting TBS experiencing the intended benefits? ***Are the services working?***

- "Does TBS outreach? It doesn't seem like it"

- " The services are working for me and my son; I have got some input as to how I behave (by an objective party) and things are different from when I was growing up. I have to open my eyes because Im a 40 year old single mother, with no brothers and sisters; but they have benefited my family immensely"

- "I think that after placing somebody in the home, being okay with changing the TBS team after knowing the child and knowing who may be a best fit for that child"

- "I am not necessarily upset with the numbers of coaches, but the quality of the services received; Once, we had a male come in and speak with my son and my son the experience was transformational."

- "There aren't many males that work TBS, I think that a teenage boy should have a male figure working with him; we should encourage more male figures to deliver TBS services."

- "I was so glad to get a male TBS worker for my son because the majority of families (receiving these services) are single mothers"
- "My son speaks Spanish; someone that could speak Spanish would be great. There needs to be more cultural competency in matching the child with the TBS worker (in age, gender, sexual orientation, etc.)"
- "The benefits are not going to be as good without them being properly matched. There also needs to be a system of communication related to the matching. "
- "There should be a survey sent to families at the end of the first week to see if there is a correct match, and it should be anonymous."
- " I think if we had known about these services earlier, it would be much more beneficial to my family"
- "What is the avenue one could take if more time is needed; there is a resistance in the program to go beyond the allotted time."
- "Is there a way to transition from TBS to a service like Wraparound?"
- "There needs to be more of a transition plan for when you are almost completed receiving TBS" (individualized)
- "Since we are at the 3month period and we have met some goals, there is a lot of pressure felt; how can we follow the plan? The triggers are not always gone at 3 months"
- "There needs to be aftercare"
- "It takes time to build a rapport and trust with a TBS worker"

3. What alternatives to TBS are being provided in the County?
Do you know of any other in house type of services?

- ”Yes there are alternatives to TBS; Wraparound
- “Having a professional style when talking to parents”
- “Remove the barrier of making this a secondary service; this shouldn’t be a secondary service. If the child is in need, it needs to happen”
- “we need very active and verbal advocates, so that more agencies/families are aware of services like this”
- “There needs to be more public education to family members” <mentioned 2x>
- “All the resource coordinators and the counselors in the school system should be aware of this, and they need to make the families in their care, aware of these.”
- “The school is so supportive knowing that we are going through these types of behavioral services, and it has been so helpful for the school to be aware and working with us.”
- “Opening the avenue for communication; for example have a survey after the first week and have the parent provide comments, suggestions, constructive criticism so that the services can be improved to better meet the needs of the families and children”

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

- ” I wish I would have known about TBS years earlier”
- “TBS needs to implore more community outreach”
- It was mentioned that every hospital is supposed to provide all discharges with a TBS brochure; none of the attendees said that they received any sort of information.
- ”Its hard for me as a grown woman to hear from someone that my way of doing things (in my home) may not be the best way to do it.”
- ” There is a way that when someone is giving advice, there is a way to be professional about doing so; perhaps NOT in front of the child.”

- "In the very beginning, there was some issue related to the TBS worker coming to National City, by the service providers."
- "There needs to be integration of services between the TBS and School's services or CWS"
- "Have the TBS work with the children in the school, so that it could be better integrated."
- "I have asked for someone to go to school with my times, COUNTLESS times; it would have helped so much and I believe my son would still be on the mainstream track."
- "In essence, TBS saved my son's life; if just a few minor details could be improved upon, than there are so many more children who could be helped."
- "Somewhere at the educational level, it should be shared, that there is a HUGE need for males to get involved in providing TBS services"
- "The TBS workers are very consistent in keeping fidelity to the TBS service delivery model"
- Parents that have received TBS want the opportunity to be able to provide community outreach related to such."
- "I think that EVERY child in a level-14 residential should be receiving TBS services; I feel that if they are at that level, they have already gone through numerous placements; they are at a very high risk"
- "A lot of kids with problems in the low-income housing have children who need TBS"
- "There needs to be a place where families can connect with other families and help them navigate through the system."

Themes/ Recommendations which Emerged from Focus Group:

1. **Make Therapeutic Behavioral Services a Primary service, rather than secondary.**
   Many focus group participants shared a barrier to accessing services which they experienced. Because Therapeutic Behavioral Services is a secondary service, they had to have a primary therapist in order to meet the criteria to receive services. One focus group participant shared that when she called the clinic, they told her the waiting time was 3 months. Because of this, she had to wait 3 months to receive Therapeutic Behavioral Services for her son. She also suggests creating a way to prioritize the urgency of each case.

2. **Try to recruit more males to deliver Therapeutic Behavioral Services to boys and young men.**
   A few of the focus group participants expressed how they wish their son would have received Therapeutic Behavioral Services from a male. One mother shared how the father wasn't involved in her son's life and she thought her son would have been more receptive to receiving services, had it been a male figure who was working with her son. Another parent shared a similar experience how the father was not involved in her son's life and how having a male which her son could look to as a role model really made all the difference.

3. **Have more culturally appropriate matches when delivering Therapeutic Behavioral Services.**
   One mother shared how her son's primary language was Spanish. She also shared how he had some trouble when he was working with his Therapeutic Behavioral Services coach, because he spoke only English. She expressed how she feels there needs to be more cultural competency in matching the child with the Therapeutic Behavioral Services worker.

4. **Provide more public/community education on Therapeutic Behavioral Services.**
   A critical issue discussed during this focus group was the fact that parents and caregivers did not have any idea that TBS even existed. There was a strong recommendation that there needs to be more outreach and public education on the availability of these services

County of San Diego CMHS Family & Youth Liaison
Therapeutic Behavioral Services Focus Group Report #2

Date of Focus Group: May 23, 2009
# of Attendees: 7 people

Target Population: Spanish-speaking Family Members who have/are receiving services (including those that have received TBS services).

Address and Location of Focus Group:

Location: Family & Youth Roundtable		
Address: 3434 Midway Drive Suite 2005		
City: San Diego	**State:** California	**Zip Code:** 92110
Lead Facilitator: Maria Mejia, Director of Training & Outreach	**Co- Facilitator:** Donna Ewing Marto CEO	

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

- "No"
- "One of the barriers is that they are not all receiving the services (who should be receiving services"
- "A major barrier is the fact that not all children who need these services, are medical eligible."
- "As a child is exiting residential care/grouphome/hospital, the parents shouldn't just be provided with a brochure; who knows it they will even read it?"
- "When a child is leaving a hospital/residential/group home, they should have a Staff member from TBS come and speak to the family"
- "This staff person <see above comment> should tell them who is eligible, what exactly TBS entails, and what are the expected benefits (for the child AND family)"
- "I tried to apply for Medical <because of our income> we did not get accepted; however, my husband was laid off from his job shortly thereafter, and because of this we were then Medical eligible."
- "One barrier to accessing services is the lack of information available about TBS"
- "Another barrier is the fact that we are unaware about what the requirements are in order to be considered Medical-eligible"
- "Another barrier needs to be EXTREMELY bad or at-risk, in order to qualify for these services"

- "An additional barrier is the lack of information that is provided from the Mental/behavioral health hospitals to the parents of these children"
- " They should make it a requirement that as a child is leaving a hospital that there be a follow up appointment with someone who could determine what the best program would be to transition this child/youth back to living at home.
- "The schools should have more information to provide to parents of these youth"
- "Those that are providing these services need to outreach more to the school system"
- These service providers need to make sure the school teachers/counselors are aware of these programs, and what the warning signs are to look for to see if a child may need these types of services"
- "It doesn't make sense to me that TBS are provided to people up to the age of 22; however to qualify, you must be receiving medi-Cal <which only serves up to age 21>. "
- "If I would have known about these services earlier, my two older children could have *surely* benefit from such services."
- "If I would have known about these services before, my 22 year old son could have been helped by these."

2. Are the children and youth who are getting TBS experiencing the intended benefits? ***Are the services working?***

- "Yes they do work"
- "We have been receiving TBS for 3 months, but we don't think this is enough time for the program to do all that it could to benefit that child <and their family>.
- "I think that these services need to be provided over a longer period of time; perhaps, 6months-1 year."
- "They need to individualize each case to see how long that specific child needs to be receiving these services in order to experience the intended benefits."
- "They need to make sure that the coach is an appropriate match for that child"
- "Another thing that would be very important is matching the culture of the coaches with the culture of the child, and their family."
- "I had an experience with two different coaches; the male coach was very active and got quite involved in doing activities with my son. Whereas, the female seemed to sit down and be very observant with my son, and not as actively involved with him."
- "There needs to be some sort of standardization as to what is expected from the coach and the profession as a whole."

- "We do see that there are benefits to these programs"

- "One major benefit of this program is that we learn what the best ways are to discipline our children and what limits we should set"
- "Another huge benefit is the family learns how to be united in addressing these behavioral problems"
- "One benefit I have taken from these services is that it has taught me how to be more patient when dealing with my child."
- "These services taught me the importance of being constant with your child. I have personally learned why it is so important to provide consistency."
- "There needs to be a lot more outreach done to the schools."
- "They should be providing these TBS services in the schools."
- "There needs to be more focus on providing assistance to the child and family in their daily transition from home to school."
- " <See above comment> They should have a TBS worker come in the morning to reassure the child that attending school is important, and if they could just take them to school and stay with the child for 10 minutes of their homeroom class, than it would help reduce the child's apprehension about school."

3. What alternatives to TBS are being provided in the County?
Do you know of any other in house type of services?

- "There are other programs which are quite similar, and they were able to qualify without having medical"

- "The CARE program is very much like TBS and my son was able to qualify for this, because we are on Healthy Families"

- "We are not aware of any similar programs to TBS currently in existence."

- "Wraparound services with Families Forward are somewhat similar."

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

- " Having the appropriate people come to meet parents/families at the hospitals, in the homes; for example, a Spanish-speaking person should be greeted by another Spanish-speaking person."

- "They should consider providing these services to those that are not Medi-Cal eligible."

- "They should also accept family members who are in similar programs, like Healthy Families."

- "Healthy Families had a program where my children were only eligible to only 17 sessions of therapy; TBS should provide services on a sliding-scale."

- "TBS should be more involved in trying to provide services to those who aren't eligible for TBS; this should not be a secondary service."

- "This should be a primary service in order to prevent escalation to a higher level of care."

<u>Themes/ Recommendations which Emerged from Focus Group:</u>

1. **When a child is leaving the hospital or a residential treatment facility, have a staff member of Therapeutic Behavioral Services do a follow up with the family a week later.**
   One parent had mentioned that even if they did receive a brochure as their child was leaving the hospital or a residential treatment facility, that they don't feel as if they would have really read it or thought of it as a feasible option. This parent also explained that they felt the TBS worker who does the follow up with the family should explain all that TBS entails, and what are the expected benefits for the child and family.

2. **Provide Therapeutic Behavioral Services on a more individualized basis; if a child needs longer than 3 months to be successful in receiving services, let them.**
   Another focus group participant had shared how they feel as if each case should be delivered on a more individualized basis. This parent shared how they felt they should review each case to see if the child is experiencing the intended benefits at three months. They suggested if the child needs more than three months, than they should allow the child to keep receiving services, as to ensure that it will make a long-lasting difference in that child's everyday actions and behaviors.

3. **Place more focus on providing transitional services for the child to get to school.**
   Many of the children and youth who are receiving Therapeutic Behavioral Services have trouble getting to school, on a daily basis. One parent shared how helpful they thought their child's Therapeutic Behavioral Services coach would have been in getting their son to school each day. Another parent shared how they felt if their child's Therapeutic Behavioral Services came to reassure their child about the importance of school and brought them to school, that it would have greatly improved their child's desire to attend and put fourth their best effort in school.

County of San Diego CMHS Family & Youth Liaison
Therapeutic Behavioral Services Focus Group Report #3

Date of Focus Group: May 30, 2009
# of Attendees: 8 people

Target Population: Youth & Transition Age Youth(TAY) who have/are receiving services (including those that have received TBS services).
Address and Location of Focus Group:

Location: Family & Youth Roundtable		
Address: 3434 Midway Drive Suite 2005		
City: San Diego	**State:** California	**Zip Code:** 92110
Lead Facilitator: Maria Mejia, Director of Training & Outreach	**Co- Facilitator:** Donna Ewing Marto CEO	

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

- "When I got TBS, it helped me"
- Before I got TBS, I had aggression and it started to turn physical; two coaches came out, and they got to see the entire spectrum of the aggression and how I was acting. I received services for a long time <a little under 3 months>. I was very open to the coaches suggestions; the entire family learned. We learned "extinguishers" and not to 'fuel the fire'.
- "Having been involved in the foster care system, I know that there are WAY more kids need it"
- "If county-wide, there are only 200 kids receiving these services, than No I don't think that enough children are receiving these services."
- "My coach learned to play guitar with me; It really helped to go in my room and make up songs to how I think and feel"
- "The one thing I didn't like about TBS, is that there is no types of outing; we have to stay in the home; it was kind of annoying because I like to go outside and skateboard..I'd like for people to be able to go out"

- "I have received TBS 2 times; my first time having TBS, was after I got out of Juvenile hall and was staying in a group home; I feel like its really helped me"
- "My dad was not involved in my life; and I think it was really helpful to have a male coach"
- "My friend Miguel's mom abandoned him, and I think it would be better for him to have a female coach"
- "I think it would be a good idea to have outings so they could meet other kids, so these children receiving these services realize that they are not alone."
- "Do they have people who are closer to their age, maybe like a peer support system?"
- "They could have a joint-outing, where two clients (and their coaches) work on their issues, together."
- "Me and my sister have both gone through UCSD CAPS, and it would have definitely helped me if I would have known."
- "I would prefer it if a person could have come in and told me, rather than just giving me a brochure"
- "It's sort of frustrating, because it would have helped me tremendously"
- "They should have a representative that goes to these places to explain to families about these services and where they're available and the intended benefits"
- "When TBS came they immediately asked what happened, and I had been hit in the face. I really like that they come every day <if they have to> just to wake me up or help me get to school etc"
- "I don't think it would have helped to have them come to school; I liked that my one CPS worker never wore her badge, just so I could say they are whoever I want and it would stop the awkward questions from other kids"
- "I have had TBS twice, and I hated it; they're brainwashers"
  Incentives and outings are very important"
- "They should take small steps rather than long strides"
- "They should get it out to more kids; they should have information at doctor's offices"
- "They should have gatherings where all the other kids meet; so that these youth don't feel hopeless and alone"

2. Are the children and youth who are getting TBS experiencing the intended benefits? ***Are the services working?***

- "Yes it has helped me, personally"
- "I was referred to TBS from my therapist"
- "My adoption worker was the one that referred me to TBS"
- "I think that teachers should recommend it"
- "I think that all public schools should have information on this, because when a child starts to have issues, then that's the first place they usually notice it. I think the public school system is an ideal place to get information on these services out"
- "Even just having these brochures available in the counselors office; because I know that some kids may be apprehensive to ask their counselors, but then this way they could just call the crisis line number on the brochure."
- "I have recommended these services to a few friends; almost nobody in my school knew about TBS"
- "If TBS was operating in a way that a lot more people knew about it, I think a lot more people would come and get help"
- " I would recommend it to my friends"
- "Now that I know about TBS, I would definitely recommend this to people"
- "I think they need to open up the eligibility requirements"
- "A lot of people go to church, that is a place where a lot of outreaching to families could be done"
- "They should also outreach to the YMCA and YWCA and boys and girls club."
- "That sounds a little bit last minute to me, waiting until children are about to fail for them to get the help they need is not a good idea"
- "Even though I think it would have helped me tremendously, but I wouldn't have even fit the criteria at the time I needed the help"
- "Why do they have to have medical?"
- "Why do you have to be at risk? Aren't you supposed to be able to get help when you need it?"
- "There's a lot of people who are right in the middle of the range to qualify for medical"
- "They should have more funding available so I could get something to eat with my coach, and he wouldn't have to pay out of pocket"
- "They took me on outings, like to restaurants and stores and horseback riding"
- "What are they doing about prevention? "

- "They should come up with something like a TBS prevention Council"
- "If parents found out about this stuff I think that they would get more motivated to be more involved"
- "I think TBS services would be a great resource for any foster child to have"
- "I have actually referred several parents who had no idea that these services even existed"
- "You should give information on these services to the police; if parents have children who run away then the officer could suggest these services. I also think that coming from a police officer, it would have more authority"
- "I don't understand why it's not an option for those that have private insurance to be able to access these services; they would still get paid all the same"
- "It could be such a key component

3. What alternatives to TBS are being provided in the County?
Do you know of any other in house type of services?

- "Families Forward"
- "I'm not aware of any other alternatives to TBS"
- "You really have to go out and search for this stuff? You really do…"
- "Day treatment places like Winston"
- "I went to County Mental Health and they offer transportation from school"
- "My old school didn't have anything like that at all; but my school I'm at now has a resource counselor'
- "Big Brother and Big Sister has a *minimum* of a 7 month waiting list. It's an extensive time that you have to wait"
- "I think that's stupid, we're not waiting for a baby to be born, were just trying to get a big brother"
- "Once you get on the top of the list, they interview you and they don't even give you a time period of how long it will take them to find a good match for you"

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

- "There should be more outreaching done to make more people aware"
- "They should make it more accessible; right now they have these pamphlets, but what are the odds that someone who needs it will find it"
- "They should have a database that school counselors could access to see what various services are available"
- "My school social worker just tells me to find a therapist; she doesn't give me a list of opportunities. The school's need to be much more aware"
- "They should definitely have information on TBS available at all the various community colleges"
- "There's a lot of people who fall through the cracks; I think if they had TBS services at the colleges, it would help to patch."

Themes/ Recommendations which Emerged from Focus Group:

1. **Have the Therapeutic Behavioral Services engage the children receiving services in activities which interest them.**
   One of the youth who attended the focus group expressed how helpful it was that his coach taught him how to play guitar. This youth also shared how he had wanted to learn guitar, and now that he has, when he is angry or sad, that he uses music to express his feelings. He also shared how helpful it is to him personally, as a coping mechanism.

2. **Have outings or activities where the youth receiving Therapeutic Behavioral Services are able to socialize.**
   Many of the youth who attended the focus group shared that they didn't like the fact that there were no types of outings. They expressed how they disliked the fact that they always had to stay in the home; they shared how they like to go outside and do activities. Another youth also shared how they thought it would be helpful for them to have met another youth who was receiving similar Therapeutic Behavioral Services; this youth explained that it would help the youth realize that they are not alone.

3. **Have more information on Therapeutic Behavioral Services in the schools.**
   →Public Education and Outreach
   The youth who attended the focus group shared how they felt that the schools should have more information on these vital services. They expressed that when a child or youth starts to have issues, that the school is the first place where they would notice them. Another youth suggested having brochures available in the counselors office, because some youth may be apprehensive to ask about these services; this way they could just grab a brochure and call to get more information.