



THERAPEUTIC BEHAVIORAL SERVICES



WHAT IS TBS?

- **An intensive**, home-based, short-term, behavioral modification program
- **Designed** to help youth reduce challenging behaviors
- **Supplemental** to therapy
- **Can serve** youth in homes, foster homes, STRTPs, and some schools



WHO DOES TBS SERVE?

→ TBS serves youth...

- ◆ who are up to the age of 21
- ◆ who reside in San Diego County
- ◆ with full-scope Medi-Cal
- ◆ who meet at least one of the following criteria:
 - require support to maintain the current placement
 - require support to reduce the need for psychiatric hospitalization, and/or
 - require support to transition to a lower level of care
- ◆ and who are working with a Specialty Mental Health Provider (**SMHP**)



THE TBS TEAM

→ TBS Case Manager

- ◆ Manages youth's services
- ◆ Develops TBS BHA and client plan
- ◆ Coordinates treatment team meetings

→ TBS Coach

- ◆ Provides one-to-one behavioral modification in the youth's environment
- ◆ Implements individual interventions based on youth's TBS Treatment Plan & need
- ◆ Includes everyone in the home to ensure lasting change

→ TBS Parent Partner (as needed)

- ◆ Works one-to-one with caregivers, teaching parenting techniques, self-care and provides them with resources



THE COURSE OF SERVICES

1) SMHP makes TBS referral to OPTUM

2) Referral is processed by OPTUM and faxed to Referral Specialist who then assigns referral to a TBS Case Manager

3) Case Manager completes Assessment

4) Case Manager identifies target behavior & creates TBS Client Plan

5) Case Manager schedules Implementation meeting

6) TBS Coach(es)/Parent Partners are assigned and TBS Coaching begins

7) Bi-Weekly & Monthly meetings with Treatment Team throughout coaching

8) The youth meets goals and has a TBS Graduation or Celebration of Learning!



THE FOCUS OF TBS

→ To reduce Target Behavior(s)

- ◆ Target Behaviors are identified by the TBS Case Manager from the TBS Functional Assessment with client and family. A few of the behaviors we address:
 - Reactive Outburst Behaviors
 - Anger Outburst Behaviors
 - Depressive Behaviors
 - Unsafe Behaviors
 - Poor Social Skills
 - Sexualized Behaviors
 - Obsessive/Compulsive Behaviors
 - Anxious Behaviors



TBS SHIFTS

- Shifts can vary in length (1 hour-3 hours)
- Can occur any day, at any time
- Schedule is based on TBS youth/family availability
- Shifts can take place anywhere in the community (parks, libraries, grocery stores)
- Caregiver(s) must be present at all times during shifts
- During shifts, TBS Coach will provide behavioral interventions based on the youth's target behavior and specific needs
- Services via telehealth available
- Safety policy for in-person services includes mask requirements for staff



TBS INTERVENTIONS

- Coping skills
- Individualized visual aids
- Self-soothing
- Replacement behaviors
- Structure
- Token economies
- Communication activities
- Feelings exercises
- Self-esteem building activities
- Parenting strategies
- Awareness
- Self-care

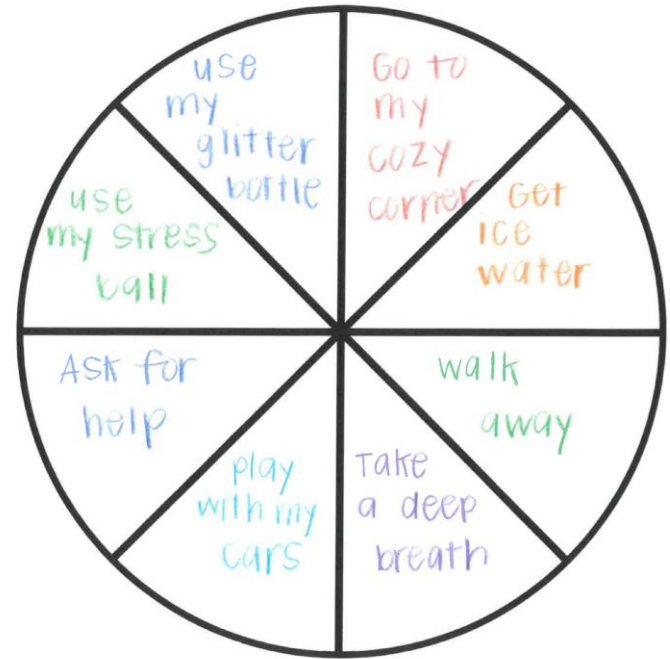


TBS INTERVENTIONS



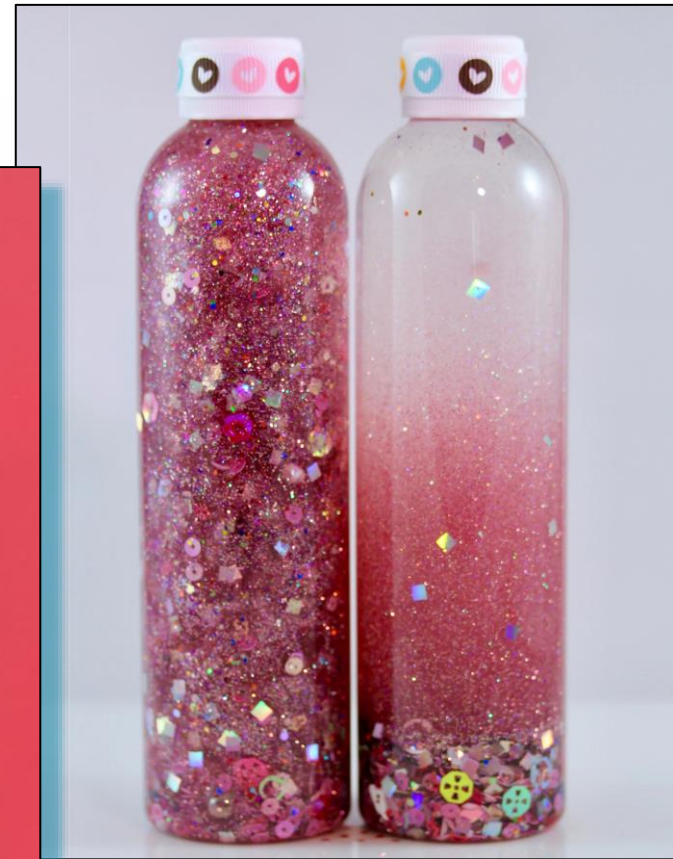
When this happens: I get angry

I remind myself that I have choices. Here are a few from MY WHEEL OF CHOICES

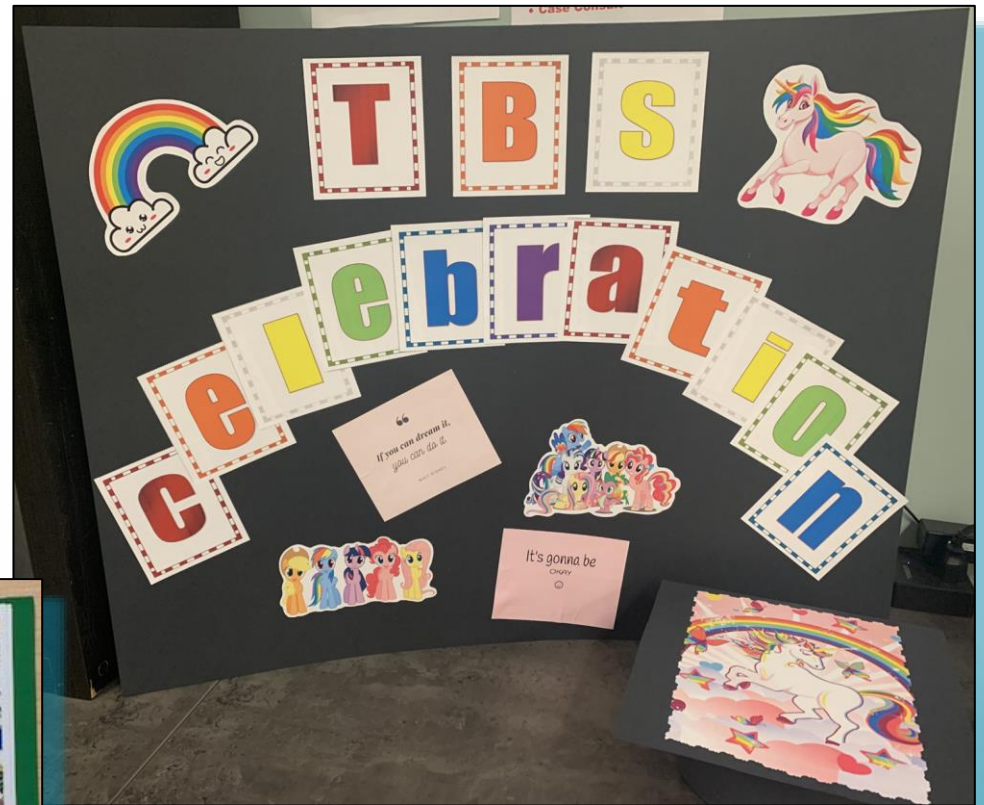
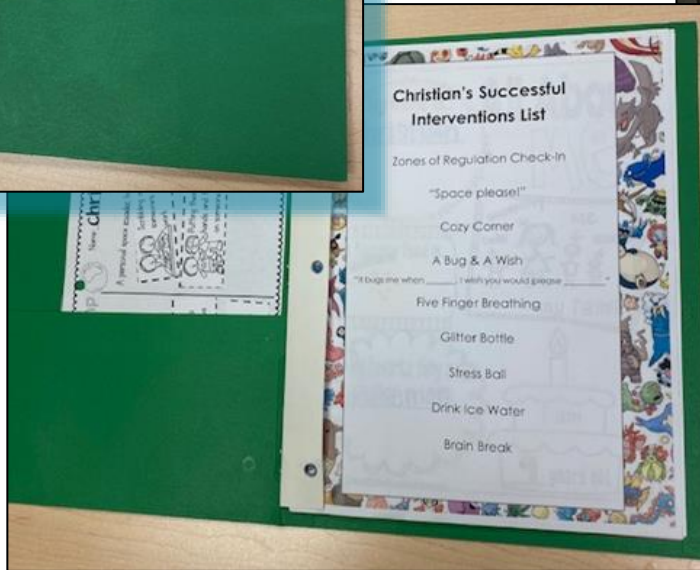
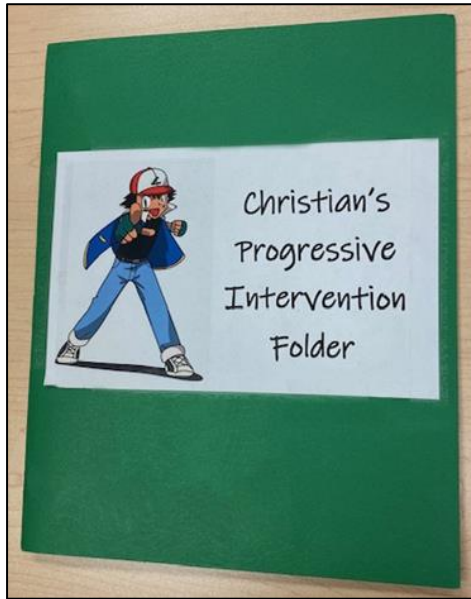


TBS INTERVENTIONS

	<p>Things that make me fired up are...</p> 
 <p>My anger warning signs are...</p>	<p>Mad face Making fists "ugh!"</p>
	<p>Ways I can put out my anger are...</p> 
 <p>People I can talk to when I am mad are...</p>	<p>Mommy My friend next door Coach Leiya</p>



TBS GRADUATIONS



HOW DOES TBS HELP YOUTH & FAMILIES?

- Increases safety and prevents mental health crisis
- Strengthens family connections & relationships
- Encourages goal setting and growth mindset
- Helps manage emotions appropriately
- Teaches parenting techniques and skills
- Teaches appropriate communication strategies
- Empowers youth and family



HOW DOES TBS PROVIDE TRAUMA-INFORMED CARE?

- All TBS staff trained in and utilize trauma-informed care
- Interventions are youth and family-centered
- Youth empowered to guide TBS services
- Elicit regular feedback from caregiver(s) & youth
- Ongoing assessment of caregiver and youth trauma history
- Family strengths, language and culture considered for treatment planning



HOW DOES TBS HELP SMHPs?

- Allows SMHP to focus on the therapeutic issues
- Supports SMHP's therapeutic goals
- Motivates youth and families
- Collaboration
- Ensures efficiency and effectiveness of services



WHAT IS YOUR ROLE?

- Collaboration and Communication
 - ◆ You drive our services!
 - ◆ Participation in TBS Meetings
 - ◆ Provide feedback regarding TBS services
 - ◆ Provide necessary documentation
- Maintain active therapeutic services with the TBS youth and family



SUCCESS RATES

93%

of caregivers reported that TBS helped their child manage their behaviors and improve their ability to achieve their treatment goals

98%

of caregivers said that they will be able to continue to use what they learned from TBS

93%

of caregivers reported improved communication between client and family



Data from 2021-2022 TBS End of Services Surveys

SUCCESS RATES

97%

of youth said that TBS taught them new things to do when their feelings got too big (coping skills)

94%

of youth reported that TBS helped them follow schedules, use charts, & understand the rules (routine & structure)

96%

of providers reported that TBS enhanced the clinical services that they provided to the client and family



Data from 2021-2022 TBS End of Services Surveys

TBS FUN DAY

- ▶ Twice a year TBS hosts a free TBS Fun Day event for the youth and families we serve



HOW TO REFER

- 1) Assess if youth meets criteria for TBS services
 - a) Require support to maintain the current placement
 - b) Require support to reduce the need for psychiatric hospitalization, and/or
 - c) Require support to transition to a lower level of care
- 2) Discuss TBS services with your youth and family
- 3) Get *Release of Information**
- 4) Complete the *TBS Prior Authorization Request/Referral Form*
- 5) Fax both the *TBS Prior Authorization Request/Referral Form* and the *Release of Information** to Optum at (866) 220-4495
- 6) Contact our Referral Specialist with questions at (858) 256-2180 ext. 535

* Release of Information is not required to proceed with referral



TBS REFERRAL FORM



FAX TO: (866) 220 – 4495
Optum Public Sector San Diego
Phone: (800) 798-2254, Option 3, then option 4

THERAPEUTIC BEHAVIORAL SERVICES (TBS) PRIOR AUTHORIZATION REQUEST & REFERRAL FORM

- Initial Request (submitted by SMHP) Continuing Request (6 mos.) (Submitted by TBS provider)
- * Indicates a required section for Initial Requests

Youth Information*:

*Name: _____	*DOB: _____	*Medi-Cal or SSN: _____
*Current Address: _____		
School: _____	School District: _____	
*Parent/Caregiver Name: _____	*Parent/Caregiver Phone: _____	

Referring Party/Therapist Information*: *Please Note: Client must be receiving services from a Specialty Mental Health Provider (SMHP) billing Medi-Cal.*

*SMHP Name: _____	*SMHP Credential: _____
*SMHP Program Name: _____	*Address: _____
*Phone: _____	*Fax: _____

Additional Referring Party Information: *(If same as SMHP, please leave blank)*

Name: _____	Agency: _____	Relationship: _____
Address: _____		
Phone: _____	Fax: _____	E-Mail: _____

CWS/Probation Involved: Yes No CWS Contact Name: _____ Probation Contact Name: _____

Phone: _____	Fax: _____	E-Mail: _____
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Other Party Involvement: *(i.e. CASA, Mentor, Attorney, Big Brother/Sister, etc.)*

Name/Relationship: _____	Contact Phone: _____
Name/Relationship: _____	Contact Phone: _____

Specific requests with regard to TBS Coach's language, culture, gender, etc.: _____

TBS Class Criteria / Eligibility Per DMH Information Notice NO: 08-38 (Completed by SMHP)* – All questions below require completion.

1. Is Youth a full-scope Medi-Cal beneficiary under age 21? Yes No **AND**
2. Is Youth receiving specialty mental health services from a Medi-Cal funded therapist/case manager? Yes No
3. Which of the following conditions have been met by the Youth? *(*Check all that apply, must check a minimum of 1)*
 - Youth is at risk for emergency psychiatric hospitalization as one possible treatment option, though not necessarily the only treatment option or has had at least one emergency psychiatric hospitalization within the past 24 months
 - Youth is placed in or being considered for placement in a group home facility of RCL 12 or above/STRTP or is in a locked treatment facility for the treatment of mental health needs
 - Youth may need out of home placement, a higher level of residential or acute care
 - Youth is transitioning to a lower level of care and needs TBS to support the transition
 - Youth has previously received TBS while a member of the certified class



TBS REFERRAL FORM

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Optum Public Sector San Diego
Phone: (800) 798-2254, Option 3, then option 4

- Class membership criteria as listed above has not been established but maximum 30 calendar day unplanned contact is requested due to urgent or emergency conditions that jeopardize child/youth current living arrangement

Determination Criteria, (completed by the SMHP)*:

1. *Diagnosis for focus of TBS: _____
2. *Medical Necessity (BHIN 21-073) is met Yes No
3. *TBS shall focus on (client challenges/behaviors): _____
4. *Date of most recent Behavioral Health Assessment (BHA), Outpatient Authorization Request (OAR), or Progress Note that demonstrates need Click to enter a date.
5. *SMHP Clinician is requesting the following TBS services: *(Must include amount, scope & duration)*
 - Up to 25 hours of TBS Intervention per week - amount
 - TBS scope inclusive of Assessment (SC48), Plan Development (SC46), Intervention (SC47) and Collateral (SC49)
 - Up to 6 months of TBS Intervention – duration
 - Other *(explain any changes to amount, scope or duration being requested. Please note each authorization cycle is 6 months- Re-authorization may be obtained for additional services):*

SMHP submitted form to Optum on: Click to enter a date.

(Optum shall notify provider of determination within 5 business days of receipt)

FOR USE BY OPTUM ONLY/AUTHORIZATION DETERMINATION

- OPTUM Reviewed BHA, OAR or Progress Note
- TBS scope, amount and duration authorized as requested: START DATE: _____ END DATE: _____
- Additional TBS hours authorized per week (beyond 25 hours per week): _____
- TBS Request is Reduced/Modified as follows: scope _____ amount _____ duration _____
- TBS request is denied modified reduced terminated or suspended
- NOABD was issued to the beneficiary and provider on the following date: _____
- Optum unable to confirm SMHP. Authorization is contingent on TBS provider confirming active SMHP claiming Medi-Cal.
- Optum Clinician Signature/Date/Licensure: _____

Typically, within two business days of Optum clinician signature, authorization will be forwarded to TBS and referring provider

^Date pre-authorization received by TBS Provider: _____ *(^completed by New Alternatives)*



QUESTIONS?

THANK YOU!

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