

Children’s Therapeutic Behavioral Services		Turning Point Community Programs	Al Rowlett, Chief Executive Officer								
Program Purpose	Reduce target behaviors and functional impairments related to primary diagnosis, increase caregiver skills, and ensure at home placement.										
Program Information	The Therapeutic Behavioral Services (TBS) program provides short term 1:1 behavioral support and coaching for children being served by another specialty mental health provider (SMHP) not connected to the program. The children served have a much higher level of need, as measured by the number of issues for which help is needed. Most children served engage in disruptive behaviors. TBS is designed to help children/youth and parents/caregivers manage these behaviors utilizing short-term, measurable goals based on the needs of the child/youth and family. TBS is never a stand-alone therapeutic intervention. TBS is intended to address a critical need for a child so that more traditional specialty mental health services (SMHS) may be helpful.										
PM1: How much did we do?											
	Total FTEs:										
Staff	<table border="1"> <thead> <tr> <th>FTE</th> <th>CLASSIFICATION</th> </tr> </thead> <tbody> <tr> <td></td> <td>Manager/Supervisor</td> </tr> <tr> <td></td> <td>Behavior Specialists</td> </tr> <tr> <td></td> <td>Office Support</td> </tr> </tbody> </table>			FTE	CLASSIFICATION		Manager/Supervisor		Behavior Specialists		Office Support
FTE	CLASSIFICATION										
	Manager/Supervisor										
	Behavior Specialists										
	Office Support										
1.1											
1.2	# of open and authorized clients										
1.3	# of intakes										
1.4	# of discharges										
1.5	# of discharges to a lower level of care										
1.6	# of referrals received										
1.7	# of children served who are non-English speakers										
PM2: How well did we do it?											
2.1	% of clients who received a functional behavior assessment within 10 days of referral										
2.2	% of clients with completed authorization packet within 30 days of admit										
2.3	% of authorization requests completed within 15 days of renewal										
2.4	# of clients per specialist										
2.5	# of days to successful discharge (quarterly average)										
2.6	% of discharge dispositions submitted within 14 days of discharge date										
2.7	% of clients who successfully met treatment plan goals										
2.8	# of provider changes per client										
2.9	% of children/youth and caregivers with completed TOM-T at intake and discharge										
PM3: Is anyone better off?											
3.1	# and % of children/youth who are able to utilize pro-social replacement behaviors by time of discharge										
3.2	# and % of caregivers with increase in necessary skills to be able to intervene consistently with a target behavior by time of discharge										

3.3

and % of clients who remained and maintained their home placement (without jail or psychiatric hospital admits, without out of home foster or group home placement)