

**THERAPEUTIC BEHAVIORAL SERVICES**

**ASSESSMENT**

<b>Yes</b>	<b>No</b>	<b>Unk</b>	<b>Assessment / Explanation (** Explain any "yes" answers)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the child a full scope San Bernardino County Medi-Cal beneficiary? Date of verification with the San Bernardino County DBH Financial Interviewer: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the child under the age of 21 years? (**If "compensatory" TBS, add explanation.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the child qualify in one of the following categories (circle appropriate category): a) resides in RCL 12 or above and/or a locked treatment facility for the treatment of mental health needs which is not an IMD, b) is being considered by the county for placement in a facility described above, c) has had at least one emergency psychiatric hospitalization during the past 24 months (dates if applicable: _____), d) has received TBS services previously (dates if applicable: _____)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are services solely for convenience of family caregivers, teachers, or physician?***
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is service requested in order to provide supervision to assure compliance with terms of probation?***
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is service requested to ensure child's physical safety or for safety of others?***
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is service requested to address conditions that are not part of child's mental health condition?***
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are services requested during a period that the client will be residing in an inpatient hospital, psychiatric health facility, nursing facility, IMD, or crisis residential program?***

What modality of specialty mental health services is client currently receiving (individual, group or day treatment)?

When did services start?

How often does the client attend specialty mental health services?

What other less intensive services have been tried (or why are less intensive services not appropriate)?

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Were the services, described above, helpful?  Yes  No

Name of psychiatrist, if any:

Length of service:

Name of DBH clinic or FFS provider:

Name of Client Therapist (if not indicated above):

Client Therapist Phone:

Does the Therapist agree to participate in the TBS process?  Yes  No

Does the family understand that specialty MHS are required as part of the TBS treatment?

Yes  No

**GENERAL BEHAVIORAL INFORMATION**

Yes	No	Unk	Explain any "yes" answers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do behavioral symptoms jeopardize current residential or school placement?  If yes, specify <u>frequency</u> , <u>intensity</u> and <u>duration</u> of behaviors:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Without TBS intervention, will the client need higher level of care in residential or educational setting?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the client need additional support to transition to lower level of care in residential or educational setting?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can the child sustain non-impulsive, self-directed behavior, handle themselves appropriately in social situations with peers, and appropriately handle transitions during daily activities?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is it likely that the child will never be able to sustain non-impulsive self-directed behavior and engage in appropriate community activities without full-time supervision?

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## ASSESSMENT

### SPECIFIC BEHAVIORAL / FUNCTIONAL INFORMATION

U	0	1	2	3	<b>U = Unknown</b> <b>0 = Usually unable to do</b> <b>1 = Able to do with a lot of help</b>	<b>2 = Able to do with help or prompting</b> <b>3 = Able to do independently</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Avoids hurting self.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eats appropriately.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Takes care of personal hygiene.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complies with medication requirements.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Remains in home/group home without AWOL.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Avoids physical conflicts with peers.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Avoids physical conflict with authority figures.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Avoids verbal conflict with peers.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Avoids verbal conflict with authority figures.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Engages in positive social interactions with peers.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Engages in positive social interactions with authority figures.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiates positive social interactions with peers.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiates positive social interactions with authority figures.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resolves problems with peers.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resolves problems with authority figures.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Controls impulses by identifying rising agitation.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self soothes to control impulses.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self distracts to control impulses.	

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Controls impulses by using substitutive behavior.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Controls impulses by talking about impulses.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Controls impulses by anticipating problem event/times.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attends school.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Behaves appropriately in school.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attends group home activities, if applicable.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Behaves appropriately in group home activities, if applicable.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attends community activities.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Behaves appropriately in community activities.	

**Skills the client currently utilizes to manage behaviors (check relevant items):**

- |  |  |
|--|--|
| <input type="checkbox"/> Able to soothe self (how?) _____                          | <input type="checkbox"/> Able to take time outs ( <input type="checkbox"/> independently; <input type="checkbox"/> with prompting) |
| <input type="checkbox"/> Able to express feelings associated with problematic beh. | <input type="checkbox"/> Able to predict problematic behavior or situations  |
| <input type="checkbox"/> Understands that behaviors lead to consequences           | <input type="checkbox"/> Accepts consequences  |
| <input type="checkbox"/> Is usually truthful                                       | <input type="checkbox"/> Shows remorse <input type="checkbox"/> Takes responsibility for behavior                                  |

**Other Skills or Strengths:**

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**Summary of Relevant Family Dynamics**

(Include caregiver motivation to participate in the TBS process)

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Who was interviewed (include where, when and others in attendance)?

Specify if any records were reviewed:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (printed) \_\_\_\_\_

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