CONTRA COSTA HEALTH
MENTAL HEALTH SERVICES

Therapeutic Behavioral Services (TBS) Monthly Report

NAME / MRN

TBS Agency _____ TBS Specialist/Coach _____ Point Person _____

Date of opening: _____ Date TBS Plan Approved: _____

Coverage Period: _____ Completion Date: _____

Residence/Placement Changes: No ☐ Yes ☐ *If yes, please explain:*

Psychiatric emergency/psychiatric hospitalizations/arrests: No ☐ Yes ☐ *If yes, please explain:*

Target Behavior:

Measurable Outcome:

☐ Behavioral Goals Achieved ☐ Progress Made ☐ No Change ☐ Regression

Previous Month's Rate of Target Behavior (Baseline):

Mild:

Moderate:

Severe:

NAME / MRN

Comments:

Current Month's Rate of Target Behavior (Baseline):

Mild:

Moderate:

Severe:

Comments:

Adaptive behaviors, reactive strategies, & interventions:

Service Recommendation:

☐ Continue service at same frequency
☐ Assess for plateau
☐ Fade Out – TBS No Longer Indicated
☐ Assess for sustainability – goals met
☐ Fade Out – goals met
☐ See additional comments on page 3

NAME / MRN

Barriers to Success: No ☐ Yes ☐ *Explanation of barriers:*

Additional comments:

TBS Agency

TBS Specialist Signature | Print Name/Licensure/Designation | Date

TBS Clinical Supervisor Signature | Print Name/Licensure/Designation | Date