

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	Mental Health Services
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Title:	Functional Area:	
Therapeutic Behavioral Services	Programs	
Approved By: <i>Signed version available upon request</i>		
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Background/Context:

Therapeutic Behavioral Services (TBS) are the result of a court judgment and permanent injunction in the Emily Q. vs. Bonta case (1998). TBS is an Early Periodic Screening, Diagnosis, and Treatment (EPSDT) supplemental service for children/youth with serious emotional problems who are experiencing a stressful transition or life crisis. TBS includes additional one-to-one, short-term, intensive mental health treatment to prevent placement in a higher level of residential care or to enable a transition from any of those levels to a lower level of residential care. TBS is a supplement to other specialty mental health services by addressing specific target behavior(s) or symptom(s) that jeopardize a child/youth’s current living situation or planned transition to a lower level placement.

TBS staff are available on-site to provide individualized one-to-one behavioral assistance and one-to-one interventions to accomplish outcomes specified in the written treatment plan. The critical distinction between TBS and other rehabilitative mental health services is that a significant component of this service activity is having staff on-site and available to intervene for a specified timeframe to focus on specific at-risk behaviors (e.g. tantrums, cutting behaviors, running away, etc.). These designated times may vary in length and may be up to 24 hours a day, depending upon the needs of the child/youth. All services must be in accordance with the treatment plan to be reimbursable.

Definitions:

Access Team – Behavioral Health Services (BHS) licensed mental health professionals who provide Sacramento County residents with referrals and linkages to mental health services and provides authorization for TBS.

Purpose:

To outline the standard requirements related to the implementation of TBS in Sacramento County.

Details:

TBS Eligibility Criteria:

The Child/Youth

1. Must be a full scope Medi-Cal beneficiary under age 21.
2. Must meet Mental Health Plan (MHP) medical necessity criteria (see [Policy and Procedure on Determination for Medical Necessity and Target Population](#))
3. Must meet **one** of the following criteria:
 - a. Is placed in a Rate Classification Level (RCL) facility of 12 or above and/or a treatment facility for mental health needs, or stepping down from these facilities,
or
 - b. Is being considered by the County for placement in these facilities,
or
 - c. Has been assessed by the Intake Stabilization Unit at the Sacramento County Mental Health Treatment Center in the past six months,
or
 - d. Has undergone at least one psychiatric hospitalization related to their current presenting disability within the past 24 months,
or
 - e. Previously received TBS.
4. Is receiving other Sacramento County specialty mental health services.
5. Without additional support, it is highly likely that:
 - a. The child/youth may need higher level of residential care or acute care,
or
 - b. The child/youth may not successfully transition to lower level of care.

Response Time:

TBS services are considered intensive services with flexible hours, including weekends, early mornings, and evenings to accommodate the family/care contractor and to address behaviors that occur during certain times of the day or across settings.

TBS contractors shall respond to any TBS referral received in the following manner:

1. There must be documented evidence of the first therapeutic contact occurring no later than three calendar days of the receipt of the referral by the TBS contractor. TBS contractors are expected to provide thorough outreach efforts to engage the client into services. Progress notes should show these efforts.
2. Contractors shall document any deviation from this response time policy with clear evidence that attempts were made to follow the policy and an explanation. TBS services should not be delayed while waiting for coordination with a primary mental health provider.

Service Delivery:

TBS services are short term, are considered intensive and shall complement, not supplant services provided through the client's primary mental health provider. One of the fundamental goals of services is to support placement stability by assisting families to function more harmoniously. TBS is focused on resolution of target behaviors or symptoms which jeopardize existing placements or which are a barrier to transitioning to a lower level of residential placement. Another goal is to transition all services and facilitate an appropriate discharge in collaboration with the primary mental health provider when the family and youth are able to function more independently and generalization of skills has been sustained.

Services begin with a comprehensive functional assessment and safety planning. Assessments must be completed in a timely manner while safety planning is conducted and completed in parallel. Assessments can involve interviews with client, caregivers, support persons and teachers. Observable events where the functional impairment exists should be clearly documented. Every effort must be made to systematically, but efficiently, observe the occurrence of concerning target behaviors and to reliably measure antecedents, occurrence or non-occurrence, and consequences of target behavior(s), while determining the function of the behavior. Based on the functional assessment, the primary

mental health provider's assessment and client plan, short-term recommendations are provided and service and safety plans developed that include behavioral interventions. Recommendations will focus on pre-requisite skills, underlying core issues and positive behavioral supports to create and sustain change across settings.

In keeping with the State Department of Health Care Services' direction for TBS, Sacramento County's expectation is that the majority of TBS services are direct one-to-one contact with the client. Interventions abide by behavioral principles and honor family and youth voice and choice. Activities include, but are not limited to assistance in improving, restoring or maintaining a child's functional skills, daily living skills, social skills, communication, obtaining support resources, obtaining medication education, and medication compliance. There is an expectation that caregivers are involved in plan development for target behaviors and ongoing review of goal attainment. Interventions also include plan development services with caregivers and contact with family or caregivers (collateral) which include providing feedback, coaching and skills building with caregivers.

The effectiveness of all interventions must be tracked and plans updated based on data in the outcome measures and on input from team members.

Services also include participating and contributing to family driven Child and Family Team Meetings (CFTs) to develop, monitor, identify solutions and provide updates about client care. During and between CFT meetings, timely collaboration and coordination with all members of the CFT are an essential component to TBS.

TBS is not a crisis response program. However, Contractors are responsible for managing a crisis if one arises during a planned session.

It is required that there be oversight by a Licensed Practitioner of the Healing Arts (LPHA) from the primary mental health contractor for all TBS services planned and provided. It is also expected that TBS services be provided by an LPHA or trained staff members who are under the direction of an LPHA within the TBS contractor agency.

Culturally and linguistically competent services are required of all Sacramento County MHP Contractors. Culturally appropriate and linguistically sensitive service strategies are to be integrated into all services at both client plan development and treatment level.

Determination for telehealth or non-face to face services must be a clinical decision and be made available to meet the needs of clients while maintaining

the safety of clients and staff. When health risks or other barriers exist that prevent youth from having the time, finding the energy or expressing interest in services, providers must find creative solutions to encourage engagement. Providers are encouraged to find ways to enhance and complement services for youth receiving TBS services by using multi-media platforms. Creative solutions could include social media, streaming videos, behavioral apps or other multi-media approaches.

Staffing:

Due to the expected frequency and intensity of TBS, the recommended client to staff ratio is one full time equivalent (FTE) direct service staff for every five clients. This may vary depending on stage of treatment and individual client needs. Contractors are expected to have staff necessary to meet the needs of the child/youth and family at their stage of treatment and demonstrate how that staffing fits within the model of care the applicant will deliver. The staffing composition may include paraprofessionals or licensed clinicians. Direct service staff must meet Medi-Cal documentation standards. Paraprofessional staff shall work under the purview of a clinically licensed supervisor. Contractors shall use comprehensive strategies and clinical interventions that are culturally and linguistically competent with sensitivity to and affirmation of sexual orientation, gender identity and expression (SOGIE).

Coordination:

Coordination of care is an essential element of TBS. The TBS contractor must regularly inform the primary mental health provider of the TBS plan and the progress of the interventions as well as solicit feedback. The Primary mental health provider must provide LPHA oversight as the primary coordinator of services for the child/youth. Providing assistance to the family or caregivers is required as part of the transition plan. Coordination across systems such as CPS, Probation and education partners is also expected to occur with frequency to be effective and timely. The Child and Family team shall meet face-to-face, **at minimum, once per authorization period** to ensure oversight, coordination and the provision of a quality, unduplicated service to the child/youth.

Transition:

Client experience from engagement to discharge follows timely, logical and distinct phases of treatment. There must be a written transition plan with involvement from the client and caregiver at the onset of TBS to address decreasing and/or discontinuing TBS when they are no longer needed or appear to have reached a plateau in benefit effectiveness. The TBS plan shall include objectives of generalization of skills across settings, a plan for sustaining those

skills, and coordination with team members for continued intervention planning post discharge from TBS services. When applicable, there must be a plan for transition to adult services when the beneficiary turns 21 years old and is no longer eligible for TBS. TBS are to be decreased when indicated and discontinued in the following circumstances:

- a. When the identified behavioral benchmarks have been reached or,
- b. When reasonable progress towards the behavioral benchmarks are not being achieved or,
- c. When progress has reached a plateau and clinical judgment indicates no further progress is anticipated.

TBS services are intended to be short-term, time-limited services and not appropriate to maintain a child/youth at a specified level for the long-term. However, TBS may be continued short term, even after a child has met the behavior goals in his or her TBS plan when TBS is still medically necessary to stabilize the child's behavior, ensure generalization of skills learned and reduce the risk of regression.

Documentation:

There must be a written plan for TBS as a component of an overall treatment plan for specialty mental health services. The referring mental health provider must send to the TBS provider: the current client plan, with TBS goal and all required signatures, and, the current Core assessment. If either document is updated during a TBS authorization, the new client plan or Core assessment must be sent to the TBS provider.

The TBS provider will complete the TBS Plan within three business days of the first face-to-face appointment with the client. If continued TBS are indicated beyond the initial 30 day authorization, the TBS provider will submit a request for additional authorization five calendar days prior to the end of the current TBS authorization. The request for additional TBS authorization will include a completed TBS Plan and a progress note which justifies the additional authorization.

A progress note is required for each time period that a mental health provider spends with the child/youth and must meet all Sacramento County Quality Management Policies and Procedures as well as information contained in the most updated Quality Management Documentation Training Materials.

TBS Billing:

Only TBS treatment codes are to be used for TBS reimbursable services. The Case Management Brokerage treatment code may also be used for consultation and coordinating service delivery.

Contractors may not bill Medi-Cal clients for missed appointments (California Code of Regulations [CCR, Title 9 Sec. 1810.365](#)). Please refer to the current "No Show or Missed Appointments" Policy and Procedure (see [Policy and Procedure on Use of AVATAR Billable and Non-Billable Codes](#)) regarding documentation and billing practices related to field services. Documentation time shall be included in the billable time for the date the service was provided.

Treatment Reviews:

The TBS plan must be reviewed regularly by the TBS provider in collaboration with the client, parent/caretaker and primary mental health provider to identify new target behaviors, interventions and outcomes as necessary and appropriate. The Access Team shall authorize services based on a clinical review of the TBS plan that demonstrates that TBS continues to be effective for the beneficiary in making progress towards the specified measurable outcomes.

Upon the fourth consecutive and any further authorization, the designated Contract Monitor and Quality Management staff may review the client's chart for monitoring, oversight and quality assurance.

Problem Resolution:

Because TBS is a time-limited adjunct service, it is understood that the primary mental health provider shall have given the client and/or caregiver the MHP's Member Handbook and Problem Resolution Guide. However, all MHP service providers, including TBS providers, must have the problem resolution materials and phone number available for clients' and caregivers' use.

References:

[California Department of Mental Health Information Notice No. 08-38](#)

[California Department of Mental Health Information Notice No. 09-10](#)

[California Code of Regulations Title 9, Section 1810.365](#)

Related Policies:

[Policy and Procedure on Determination for Medical Necessity and Target Population](#)

[Policy and Procedure on Use of AVATAR Billable and Non-Billable Codes](#)

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