



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

Access Call Center
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THERAPEUTIC BEHAVIORAL SERVICES (TBS) OVERVIEW

The Therapeutic Behavioral Services (TBS) program provides one-to-one behavioral assistance and interventions to clients under 21 years. TBS is as an adjunct to an existing specialty mental health service. Services are available to children and youth, and inclusive of the caregivers. Participants learn to reduce and manage challenging behaviors and learn strategies and skills to increase the replacement behaviors that will enable children and youth to succeed in their current environment. TBS also helps participants transition to lower levels of care (e.g., move from a group to a family home). TBS behavior coaches work intensively with participants in their home and in other community locations. Each TBS coach works collaboratively and closely with the primary therapist and other team members involved in providing services. TBS coaches are behaviorally trained clinicians. During the first few weeks of service, the TBS coach assesses the needs in order to develop a behavioral plan. The needs of each child/youth guides services and the TBS coach designs, structures, models, and supports one-to-one interventions to modify behaviors of concerns. . The TBS coach, child, and caregiver work together intensively for a limited period of time, generally about six months, and until the participant has displayed improvement with behavioral goals and no longer needs TBS. TBS coaches develop transition plans to help each child/youth and their caregivers sustain behavioral gains after TBS concludes. Participants typically continue with their mental health services with their primary therapists after conclusion of TBS.

REFERRAL PROCESS

A referral for TBS in San Mateo County BHRS typically comes from a BHRS specialty clinic for children and youth, or a BHRS contracted provider withing the specialty mental health network of care.

Referring Providers - Please follows these steps when making a TBS referral:

- Discuss referral with client and caregiver: you will need to release mental health records (assessment, treatment plan if on record) to Fred Finch TBS provider, and to BHRS if a contracted provider.
- Referral form – Please complete all criteria sections, referring clinician and supervisor should sign the form.
- Attach insurance eligibility documentation within the same month to ensure client has active Medi-cal.
- Attached updated client assessment.
- Send complete referral packet to hs_bhirs_call_center_tbs_referrals@smcgov.org

*If you do not receive a response within 5 calendar days, please follow up with BHRS Access Utilization Management team via the TBS referral email inbox. You should receive an automatic reply confirming receipt after the initial referral.



REFERRAL FORM

Date:		Social Security #	
Youth's Name:		Client ID#:	
Date of Birth		Youth's Phone Number:	

Referred by: (Name & Title)		Phone #	
Agency/Dept:		Email	

Parent/Guardian: (Include name, address and phone numbers)

Name	Address	Phone Number

Language Preferred: English Spanish Tagalog Other

<input type="checkbox"/>	Full Scope Medi-Cal #	
<input type="checkbox"/>	Under 21 years old	
<input type="checkbox"/>	Is receiving other specialty Mental Health Services. (Type/Provider)	
	Is a certified class member. (Which criteria child/youth meets below? MUST CHECK ONE BELOW)	
<input type="checkbox"/>	1. Child/youth is placed in group home facility, STRTP, and/or a locked treatment facility.	
<input type="checkbox"/>	2. Child/youth is being considered by the county for placement in an STRTP or for placement in a locked treatment facility.	
<input type="checkbox"/>	3. Child/youth has undergone at least one emergency psychiatric hospitalization within the preceding 24 months.	
<input type="checkbox"/>	4. Child/youth previously received TBS while a member of the certified class.	
	It is highly likely that without the additional short-term support of therapeutic behavioral services: (MUST CHECK ONE BELOW)	
<input type="checkbox"/>	1. The child/youth will need to be placed in a higher level of residential care, including acute care, because of a change in the child/youth's behaviors or symptoms which jeopardize continued placement in the current facility: <u>OR</u>	
<input type="checkbox"/>	2. The child/youth needs this additional support transition to a lower level of residential placement. Although the child/youth may be stable in the current placement, a change in behavior or symptoms are needed to stabilize the child in the new environment	

Clinical explanation of eligibility and reasons for TBS. Cite behaviors involved and include a note in the chart documenting referral.

AREA OF NEED (Please check all that apply and briefly explain:)	
<input type="checkbox"/>	Daily Living (includes school and vocational functioning)
<input type="checkbox"/>	Living Situation
<input type="checkbox"/>	Education and Training
<input type="checkbox"/>	Emotional and Behavioral
<input type="checkbox"/>	Social Relationships
<input type="checkbox"/>	Family Relationships
<input type="checkbox"/>	Independent Living Skills

Target Behaviors and Areas of Intervention:

Current Treatment: <i>What services are currently being provided to address the behaviors</i>

Any other significant persons in youth's life:

Name:	Relationship:	Phone Number:

DIAGNOSIS SUMMARY (DSM 5 classification followed by the numerical ICD-10 code and description)			
Diagnosis Estab. By:		Date	

Fred Finch Youth & Family Services Tracking Only	
Referral Received:	
Contact With Primary Therapist:	
First Meeting with Child/Youth Family:	

Referring Clinician

Date

Referring Clinician's Supervisor

Date

San Mateo BHRS-ACCESS Signature

Date

When completed, please fax to TBS Coordinator @ Fax 650 596-8065 or
 Email: HS_BHRS_ACCESS_UM@smcgov.org