



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION 5, CHAPTER 12, POLICY 013

#### THERAPEUTIC FOSTER CARE SERVICES

- A. PURPOSE:** To inform Yolo County Health and Human Services Agency (HHSA) staff and its subcontracted providers of the Therapeutic Foster Care Services.
- B. FORMS REQUIRED/ATTACHMENTS:** N/A
- C. DEFINITIONS:** N/A
- D. POLICY:** It is the policy of Yolo County HHSA to work with Therapeutic Foster Care (TFC) agencies to identify children and youth who meet placement criteria for TFC homes. Yolo County HHSA shall work closely with the TFC agency and TFC families to place children and youth who are assessed as needing TFC into TFC homes in Yolo County, as well as in TFC homes located outside of Yolo County that Yolo County HHSA may be in contact with. The TFC service model allows for the provision of short-term, intensive, highly coordinated, trauma-informed and individualized specialty mental health services activities (plan development, rehabilitation and collateral) to children and youth up to age 21 who have complex emotional and behavioral needs and who are placed with trained, intensely supervised, and supported TFC parents. TFC is intended for children and youth who require intensive and frequent mental health support in a family environment. TFC efforts may include the provision of Intensive Care Coordination (ICC), In Home Based Services (IHBS), and wraparound services, if appropriate.
- E. PROCEDURE:**  
The TFC parent serves as a key participant in the trauma-informed, rehabilitative treatment of the child or youth, as set forth in the client plan. The TFC parent provides a range of service activities which include implementing the risk management/safety components of the child's or youth's client plan. The TFC parent provides one or more of the following TFC service model specialty mental health services activities:
- **Plan development (limited to when it is part of the CFT):** The TFC parent will participate as a member in the CFT in care planning, monitoring, and review processes. The TFC parent also will observe, monitor, and alert Yolo County HHSA and members of the CFT about changes in the child's or youth's needs.
  - **Rehabilitation:** The TFC parent will implement in-home informed practices which include trauma-informed rehabilitative treatment strategies set forth in the child's or youth's client plan. Examples of services to be provided include: providing skills-based interventions

(including coaching and modeling); developing functional skills to improve self-care; and improving self-management in areas of anger management or self-esteem or peer relations;

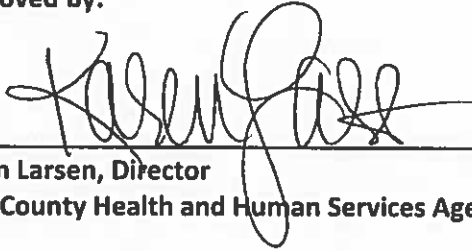
- Collateral: The TFC parent will meet the needs of the child or youth in achieving his or her client plan goals by reaching out to significant support person(s) and providing consultation and/or training for needed medical, vocational, or other services to assist in better utilization of specialty mental health services activities by the child or youth. Yolo County HHSA staff should review the progress of the TFC services in CFT meetings at least every 3 months TFC services shall be clearly documented on the client treatment plan by Yolo County HHSA staff.

Yolo County HHSA staff shall complete progress notes focused on how the service met medical necessity for specialty mental health services as it related to the client treatment plan. The specialty mental health services activities provided through the TFC service model are NOT reimbursable: When the child or youth is receiving Psychiatric Inpatient Hospital Services, Psychiatric Health Facility Services, or Psychiatric Nursing Facility Services, EXCEPT for the day of admission to these facilities; While the child or youth is detained in juvenile hall; or While the child or youth is in a Short-term Residential Therapeutic Program or other residential setting.

**F. REFERENCES**

- 1) Katie A Settlement Agreement
- 2) Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Medi-Cal Beneficiaries
- 3) State Plan Amendment 09-004
- 4) MHSUDS Information Notice No. 17-009
- 5) MHSUDS Information Notice No. 17-021

Approved by:



Karen Larsen, Director  
Yolo County Health and Human Services Agency

3/8/18

Date