Behavioral Health Department
Alameda County Health

REQUEST TO TERMINATE TBS DURING ASSESSMENT SERVICES

Participant Name:

1. Reason for requesting termination of TBS during TBS Assessment Services:

- ☐ Client is not a member of the class
- ☐ Client is not currently receiving specialty mental health services
- ☐ Mental Health Provider not willing to collaborate with TBS
- ☐ Client does not have a need for TBS
  - ☐ In the clinical judgment of the primary mental health provider the child/youth's behavior or symptoms **ARE NOT** jeopardizing placement in current residential facility as **documented in progress note dated**:
  - ☐ In the clinical judgment of the primary mental health provider there is **NO** expectation of a change in behavior or symptoms that will jeopardize the stability of the transition of the child/youth to a lower level of residential placement as documented **i**n progress **note dated:**
  - ☐ Parent requested to terminate TBS

The need for TBS is solely:

- ☐ for the convenience of the family or other caregivers, physician, or teacher
- ☐ to provide supervision or to assure compliance with terms and conditions of probation
- ☐ to ensure the child/youth's physical safety or the safety of others, e.g., suicide watch
- ☐ to address conditions that are not part of the child/youth's mental health condition

- ☐ Client can sustain non-impulsive self-directed behavior and handles him or herself appropriately in social situations with peers and can appropriately handle transitions during the day.
- ☐ Client is an inpatient of a hospital, PHF or IMD
- ☐ Client is in juvenile hall without a placement order
- ☐ Other (brief description):

2. Parties made aware of termination:

Participant/caregiver/guardian is aware of the reasons TBS are being terminated:

- ◯ Yes
- ◯ No

Primary Therapist/SMHP is aware of the reasons TBS are being terminated:

- ◯ Yes
- ◯ No-Indicate reason:

Date of progress note(s) documenting notification of termination:

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TBS Coach Signature	Date	TBS Supervisor Signature	Date

- ◯ Chart is reviewed and documents the need to terminate TBS.
- ◯ Client is eligible for TBS and it is appropriate for TBS to continue.

An extension of TBS Assessment Services is approved until

Please address the following issues:

ACBH TBS Administrator	Date