

FOR YOUR INFORMATION

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| FYI | FYI | FYI | FYI | FYI | FYI | FYI | FYI | FYI | FYI |
| Issue | 21-17 (REV-3) | | | | | | Date: 04/03/23 | | |

NEW PROCEDURES FOR PLACEMENT IN A SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM (STRTP)

This FYI supersedes and cancels FYI 21-17. This FYI is intended to inform staff of the implementation of the new state-mandated STRTP placement and replacement requirements as of October 1, 2021. This FYI serves to provide staff with the guidance on how to place children and nonminor dependents (NMDs) into an STRTP or replace them from one STRTP to another STRTP, while policy is under development.

BACKGROUND

Pursuant to [Assembly Bill \(AB\) 403](#), the Continuum of Care Reform (CCR) Act was established to ensure that, when children are removed from their families, they are supported by a broad continuum of programs and services tailored for their individual needs and their family's needs. Under CCR, reliance on residential care is limited to circumstances in which the child/NMD requires residentially based, short-term interventions designed to successfully transition the child/youth/NMD into a permanent, home-based family setting.

Following the implementation of CCR, pursuant to the passage of the [Bipartisan Budget Act](#) in February 2018, the [Family First Prevention Services Act \(FFPSA\)](#) was enacted to turn the focus of the current child welfare system toward keeping children safely with their families to avoid the trauma that results when children are placed in out-of-home care (OHC). This law significantly shifts how services are provided to children and families. FFPSA has multiple parts; this FYI addresses the Part IV requirements, which establishes new requirements for placement in an STRTP.

Note: Under FFPSA, STRTPs have [new licensing requirements](#) and are referred to as Qualified Residential Therapeutic Programs (QRTPs). California has opted to keep the use of the term "STRTP."

STRTP PLACEMENT/REPLACEMENT REQUIREMENTS

Implementation of the Qualified Individual (QI)

Pursuant to FFPSA and [AB 153](#); [WIC 361.22](#), [4096](#), and [16501\(1\)](#); and [All County Information Notices \(ACINs\) I-73-21](#) and [I-84-21](#), [All County Letters \(ACLs\) 21-113](#), [21-114](#), [21-115](#), [21-116](#), effective October 1, 2021, except in instances of an emergency placement, an assessment by a QI is required:

1. Prior to any placement in an STRTP or,
2. Prior to any replacement from one STRTP to another, or
3. Prior to any replacement from one STRTP facility to another within the same STRTP organization.

For emergency STRTP placements (i.e., those placements made prior to the QI assessment), the protocol for referring for a QI assessment and approval, and all other processes (i.e., documentation, noticing procedures, court hearing, etc.) noted in this FYI are applicable. The only notable difference is that the QI referral is made following the child/NMD's emergency placement in an STRTP. Staff should be mindful that an emergency placement shall only be utilized on an as-needed basis



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and is not a guarantee of QI approval for continued placement in the [STRTP](#).

Barriers due to lack of lower level of care placement resources shall not be the rationale for placement in an STRTP.

Qualified Individual (QI) Definition and Requirements

The FFPSA Part IV defines a QI as a trained professional or licensed clinician not employed by the placing agency/facility (e.g., DCFS, Foster Family Agency (FFA), STRTP, etc.) and not employed by or affiliated with any placement setting (e.g., FFA, STRTP, etc.). Currently, all QIs are employed by the Department of Mental Health (DMH).

The QI's activities include, but are not limited to:

1. The QI must conduct the assessment within 30 days of a referral, or for emergency placements, no later than 30 days of the placement, whichever occurs first. QI activities include:
2. Engagement of Child and Family Team (CFT) members, including the child's tribe in the case of an Indian child ([WIC 224.1](#)- Definition of Indian Child; [WIC 224.2](#); [WIC 16587\(c\)\(3\)](#))
3. Review of comprehensive mental health assessments
4. Use of the IP-CANS tool as a component of the assessment
5. Identification of the child/NMD's needs and strengths
6. Determine the most appropriate, and least restrictive setting, including recommended interventions to address barriers to remaining home or in a home-based family setting
7. Consult with the child's tribe, if the child is an Indian child

The assessment shall not contain confidential/privileged information without appropriate consent/waiver.

Note: While state-mandated second level review requirements remain in effect, a new QI assessment is not required unless the child/NMD is replaced. Review the [second level review policy](#) for applicable requirements.

Interagency Placement Committee (IPC)

- It should be noted that the QI assessment is not in lieu of the IPC referral and screening process. Rather, it is in addition to that process. The QI will determine the level of care and services, whereas, the IPC will determine STRTP placement eligibility. For those cases where the QI approves the STRTP placement, an IPC referral and screening must still occur. Staff are to refer to the [STRTP policy](#) for guidance on this process.
- A separate IPC referral is no longer needed. An IPC will be coordinated by DMH at the completion of the new QI process.

Indian Child Welfare Act (ICWA)

The CSW shall follow existing [ICWA policy](#) for determining placement needs. The court report shall include a statement regarding the active efforts made prior to placement in an STRTP to maintain or reunite an Indian child with their family and whether the child's tribe had an opportunity to confer regarding the departure from ICWA placement preferences.

It should be noted that the QI is required to:

- Have specialized training, knowledge, or experience in working with Indian tribes;
- Communicated directly or indirectly with the child's tribe
- Include in their assessment how the recommendations for service interventions will be conducted in a manner consistent with the prevailing social and cultural conditions and way of life of the Indian child's tribe.



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COURT OVERSIGHT

- For all placements or replacements in an STRTP that occur after October 1, 2021, DCFS is required to notify the Court of each placement or replacement. The process for notification is, as follows:

Timelines

Note: All timelines addressed in this FYI are state-mandated.

Within five (5) calendar days of placement or replacement, DCFS must request an STRTP Review Hearing to review the STRTP placement or replacement. The CSW shall take the following steps:

- Complete the [JV-235](#), Placing Agency's Request for Review of Placement in Short-Term Residential Therapeutic Program (fillable PDF).
- Serve the [JV-235](#) and a blank [JV-236](#), Input on Placement in a Short-Term Residential Therapeutic Program (fillable PDF), to all parties, including:
 - Child's parent and attorney if parental rights have not been terminated
 - NMD's parent and attorney if parent is receiving family reunification services
 - Child's legal guardian and attorney
 - Child over 10/NMD
 - Child/NMD attorney
 - Indian tribe (always for dependent; for a ward if § 244.2(d)(1)(E) applies)
 - Court Appointed Special Advocate (CASA) if youth is dependent
- Complete the [JV-237](#), Proof of Service (fillable PDF) indicating that the [JV-235](#) and [JV-236](#) forms were sent as required.
 - The CSW will have to complete the JV-237 again to provide evidence to the Court that the STRTP Placement Review Hearing Report was also served on the parties and attorneys for the STRTP Placement Review Hearing. The JV-237 is to be attached to the "STRTP Review Hearing Report".
- Submit the JV-235, JV-236, and JV-237 via the Court Liaison Walk-On System.
 - Upon receipt, the Court Liaison will generate the barcode and e-file the form with a cover sheet.

After receiving a request for review from DCFS, the Court is required to set an STRTP Review Hearing within 45 days of placement in an STRTP. The hearing may not be held more than 60 days after placement in the STRTP.

- The Court may review the placement of the child/NMD at a regularly scheduled hearing if that hearing is held within 60 days of the placement and the required information has been presented to the Court. Court may not grant a continuance beyond 60 days ([WIC Section 361.22](#)).
- The Court may consider all relevant evidence. The burden of proof is by a preponderance of that evidence.

Court Approval/Denial of the STRTP Placement

Following the QI assessment, DCFS is required to submit a report to the Court to address the STRTP placement/replacement. The interim/progress report (to be titled "STRTP Review Hearing Report") and notices must be provided to the Court and all parties, as follows:

- For approval with a hearing, per 361.22(c)(2) and proposed CRC rule 5.618(d), the social worker shall serve a copy of the report to all parties to the proceeding no later than **seven calendar days** before the hearing.
- For approval without a (formal) hearing, per proposed CRC rule 5.618 (f)(B), the social worker shall file a Proof of Service—Short-Term Residential Therapeutic Program Placement (JV-237), verifying that [all parties](#) were served a copy of the report (described in section [361.22\(c\)](#) or [727.12\(c\)](#)) no later than **10 court days before** the hearing date.

Upon receipt of the "STRTP Review Hearing Report" and forms (see below), the Court may make a ruling prior to the calendared hearing date (i.e., approve/deny without a (formal) hearing). If this occurs, the Court will vacate the hearing. Four (4) requirements must be met for Court to approve the STRTP placement or replacement prior to the calendared hearing date that is reflected on the court report and forms:



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1. The interim/progress report (titled “STRTP Review Hearing Report”) must be filed with the Court at least ten (10) court days before the scheduled hearing.
2. DCFS must provide proof of service via the [JV-237](#) reflecting that the court report was served to all parties at least ten (10) days prior to the hearing.
3. No party has objected to the STRTP placement via the [JV-236](#) within five (5) court days of receiving a copy of the report.
 - The Court may hold a hearing even if there are no objections.
 - The Court has five (5) days to approve/deny the STRTP placement without a hearing.
4. The Court intends to approve the STRTP placement based on the information submitted.

Forms

DCFS must complete a set of forms ([JV-235 through 239](#)) as well as an interim/progress report (titled “STRTP Review Hearing Report”) for the Court hearing that addresses the STRTP placement:

- The CSW must serve the [JV-235](#) and [JV-236](#) on all parties, including the CASA, but not the probation officer.
- The [JV-237](#) is the Proof of Service specific to this hearing.
- The [JV-238](#), Notice of Hearing is optional.
- The [JV-239](#) is the Findings and Orders form that the Court is required to provide to DCFS. **Interim/Progress Report (STRTP Review Hearing Report) and Case Plan Requirements Note:** The report should be titled “STRTP Review Hearing Report”.

The contents of the court report shall include:

1. The QI assessment, which includes the assessment, determination, and other documentation. Confidential information should not be included.
2. The case plan shall include the required documentation related to the STRTP placement. The FFPSA requires additional documentation for STRTP placements.

The requirements in the case plan include:

- Information that demonstrates permanency planning that is inclusive of the child and family
 - CFT efforts and collaboration with the QI
 - The QI’s determination and assessments and whether the QI recommendation(s) align(s) with the child/NMD’s and CFT’s placement
 - A description of home-based services to encourage safety, stability, and the appropriateness of the next placement, and a plan for the provision of family-based aftercare support.
3. As applicable, a statement regarding consultation with the tribe on placement preference.
 4. Statement(s) regarding any objections to the STRTP placement.

Non-Approved Placements

- If the Court does not approve the STRTP placement and the child/NMD was already placed in an STRTP, the Court shall order the transition of the child/NMD out of the STRTP to occur within 30 days of the denial.

Ongoing Status Review Hearings

Status Review Hearing reports where the child/youth remains in an STRTP must include:

1. An ongoing assessment of the child/NMD’s needs and strengths that supports continued placement in an STRTP.
2. Documentation of the child/NMD’s specific treatment or service needs that will be met in the STRTP and the expected length of time the treatment or services may be needed.
3. Documentation of the intensive and ongoing efforts to prepare the child for their return home or to a less-restrictive setting.



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The hearing must include a determination by the Court that the STRTP remains necessary and is appropriate.

The FFPSA Part IV requires six (6) months of family-based aftercare support to be provided to a child/NMD exiting QRTTP placement. California has operationalized the FFPSA requirement by providing that aftercare requirements be shared between counties and STRTP providers.

REFERRING FOR A QI ASSESSMENT AND OBTAINING COURT APPROVAL

[Approval levels](#) (i.e., SCSW, ARA, RA, DD) for placing a child/NMD in an STRTP remain applicable. Refer to the [STRTP policy](#) for approval levels.

1. If it is determined that the child/NMD would benefit from placement/replacement in an STRTP (**non-emergent**), consult with the CFT. If it is determined that a referral for consideration of an STRTP placement/replacement is appropriate, **the placing CSW** shall make a referral **via the DCFS referral portal**. (A sample of the QI referral is attached for immediate reference. It is to be completed in the DCFS referral portal only.)
 - a. The referral for placement/replacement shall be made within **two (2) business days** from the date of the CFT recommendation. Submit the QI referral and upload the supporting documents **using the DCFS referral portal**.
 - Residential Care Liaisons (RCLs) will provide assistance and guidance regarding the referral packet.
 - CSWs may email questions/concerns to the DCFSQIreferrals@dcfs.lacounty.gov inbox or contact their office RCL **directly**.
 - b. The following supporting documents are to be uploaded by **the placing CSW or designee** in the DCFS referral portal when making a QI referral:
 - 1) Release of Information and Consent to Treatment (DCFS 179 MH or Court order)
 - 2) Case Plan
 - 3) CFTM notes
 - 4) Health and Education Passport (HEP)
 - 5) Most recently completed CANS
 - c. Proceed to [step #3](#) (below).
2. For **ERCP, MART and all emergency placements/replacements***, the QI referral shall be made by the CSW who made the placement (**placing CSW**)/replacement (**or a designee**) regardless of when the case is transferred (when applicable) to a regional CSW (ER or CS). Per state mandates, the QI referral shall be made **within 48 hours** from the date of placement.

***An emergency placement/replacement is when a placement is made into an STRTP prior to the QI assessment/approval and court approval processes are completed.**

- a. At a minimum, the **placing CSW** is to initiate the QI process by submitting a QI referral via the **DCFS referral portal**.
 - The ER CSW or CS CSW assigned upon case transfer, is to ensure the **additional supporting documents** are completed and submitted to the RCL **via the DCFS referral portal**.



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- b. If an emergency placement or replacement has occurred, **within five (5) calendar days** request an STRTP Review Hearing to review the STRTP placement or replacement. The following steps must be completed:
 - i. Complete the [JV-235](#)(fillable PDF).
 - ii. Serve the [JV-235](#) **and** a blank [JV-236](#), (fillable PDF) to all parties. (See “Timelines” section above for list of all parties to be served)
 - iii. Complete the [JV-237](#) (fillable PDF) indicating that the [JV-235](#) and [JV-236](#) forms were sent as required.
 - iv. Submit the JV-235, JV-236, and JV-237 via the Court Liaison Walk-On System.
 - Upon receipt, the Court Liaison will generate the barcode and e-file the form with a cover sheet.
 - The Court Liaison will generate the barcode and e-file the form with a cover sheet.
 - c. ERCP and MART shall notify the Court of the emergency STRTP placement if timely transfer (taking into account the timelines noted herein) of a referral/case does not occur.
 - d. The CSW shall following existing policy/procedures for notifying the child/NMD’s attorney of the placement/replacement using the Child’s Attorney Notification Specialist form.
 - e. The CFT must convene **within 24 hours** of the emergency placement.
3. The RCL will forward the QI assessment referral packet to DMH for assignment to a QI regardless if the placement/replacement is emergent or non-emergent.
 4. The assigned CSW shall confer with the QI to ensure that requested information/documentation is provided in a timely manner.
 - a. Staff should take note of the timelines in this FYI. QI’s have 30 days to make a determination regarding STRTP placements/replacements. Untimely sharing of information or failure to provide supporting information/documentation may hinder the approval of the STRTP placement/replacement.
 - b. Staff shall work with the QI on an ongoing basis, as needed, and provide access to CFT members, as deemed appropriate.
 5. Upon receipt of the QI assessment results:
 - a. If the STRTP placement/replacement is approved, the QI will refer the child/NMD for an IPC screening. (The CSW will not have to follow current [STRTP policy](#) when referring to the IPC.)
 - A separate IPC referral is no longer needed. An IPC will be coordinated by DMH as the completion of the QI process.
 - b. If the STRTP placement/replacement is not approved, the assigned CSW shall consult with the QI to determine the reason for the denial. Take any additional measures that may be recommended towards the approval of the STRTP placement/replacement or locate a less-restrictive placement.
 - i. Consult with your SCSW, as needed.
 - ii. Utilize the CFT members and hold a CFTM, as needed.
 - c. If the STRTP placement/replacement is not approved and the child/NMD is already placed via an emergency placement, follow item [#6b](#) (above).
 6. For all STRTP placement/replacement approvals and denials, the assigned CSW shall take the following steps:
 - a. For approvals, if the STRTP placement is made, **within five (5) days of the STRTP placement** take the all of the steps listed in item [#2c](#) (above).
 - b. Prepare an interim/progress (titled “STRTP Review Hearing Report”) for the Court and submit to Court at a minimum at least seven (7) days prior to the STRTP Review Hearing.
 - The report and all attachments must be e-filed with a cover sheet. The cover sheet may be the interim or supplemental or progress hearing cover sheet.
 - c. Notice all parties (again) in order to provide a copy of the report to each party at a minimum of at least seven (7) days prior to the STRTP Review Hearing.
 7. Obtain a copy of the JV-239, Findings and Orders following the Court hearing.
 - a. If the placement/replacement is approved, place the child/NMD in an STRTP/transfer to a new STRTP.
 - b. If the placement is not approved and the child/NMD was placed via an emergency placement, locate a less-restrictive placement within 30 days of the denial.
 - c. If the placement is not approved, locate a less-restrictive placement.



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- i. Consult with your SCSW, as needed.
 - ii. Utilize the CFT members and hold a CFTM, as needed.
8. Ensure to document all efforts, outcomes, communications, etc. in the CWS/CMS Contact and Court Notebooks per [policy](#) and that the [required information](#) is included in the walk-on/ex-parte report.
9. Ensure to update the child/NMD's [case plan](#) as noted above.
 - Ensure that aftercare is addressed. The FFPSA Part IV requires six (6) months of family-based aftercare support to be provided to a child/NMD exiting an STRTP ([WIC 4096.6](#)). [This is a shared responsibility between the provider, DMH, and DCFS.](#)

ATTACHMENTS

1. A sample of the [QI Referral](#) – to be completed by the CSW [in the DCFS referral portal](#)
2. QI Assessment Report – to be completed by the QI
3. Referral Flowchart for CSWs
4. STRTP Review Hearing Process Flowchart and Reference Card



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Enclosure A - Referral for Qualified Individual Assessment

All sections must be complete, including providing all required documents listed on Page 4.

Instructions:

- QI Referral must be submitted no later than two (2) business days following CFT recommendation for STRTP placement
- All sections must be complete
- All documents identified in Section G on Page Four (4) must be included with this QI Referral form
- Placing agencies must maintain records of all completed QI Referral packages submitted

Section A. Date and Reason for Referral

Date of Referral: Click or tap to enter a date.

QI Assessment is due 30 days from date of QI Referral, or 30 days from the date of emergency placement, whichever is earlier:

Click or tap to enter a date.

Reason for Referral:

- CFT recommendation for STRTP placement
- 14 Day Notice of Placement Change: Click or tap to enter a date.
- Court Order for Foster Care and/or Probation Recommendation for STRTP Level of Care
- Other

Provide rationale for QI referral:

Note that a lack of available family homes is not an acceptable rationale for placing a child in an STRTP:

Click or tap here to enter text.

Reason for Referral Following Emergency Placement:

- Discharge from Hospitalization
- Emergency Removal from Prior Placement
- Date of Emergency Placement in STRTP: Click or tap to enter a date.
- Other

Provide rationale for Emergency QI referral:

Note that a lack of available family homes is not an acceptable rationale for placing a child in an STRTP:

Click or tap here to enter text.

| | |
|--|---|
| Child/NonMinor's Name: | Date of Birth: <input type="text"/> Click or tap to enter a date. |
| Case Type: <input type="text" value="<select>"/> | Court ID# |
| Medi-Cal Client ID Number (CIN): <input type="text"/> Click or tap here to enter text. | |
| <input type="checkbox"/> Indian Child | Tribal Affiliation: Contact Number: Email: |
| <input type="checkbox"/> Regional Center Client | Regional Center Caseworker: Contact Number: Email: |
| Educational Rights Holder: | Name: Contact Number: Email: |

Instructions:

- All sections must be complete
- Contact information for caseworker and supervisor required

Section B. Contact Information – Referring Placing Agency and Current Service Providers

| | | | |
|--|--|--|---|
| Worker Name and County: | | <input type="checkbox"/> CWS | <input type="checkbox"/> Juvenile Probation |
| | | <input type="checkbox"/> *Dual Status Lead Agency: | |
| Contact Number: | Email: | | |
| Office Address: | | | |
| Supervisor: | Contact #: | Email: | |
| *Worker Name (dual status case): | Contact #: | Email: | |
| Current MH provider's name: | Email: | | |
| Title: | Contact #: | Secure Fax #: | |
| Current SUD Provider: Click or tap here to enter text. | Contact E-mail & Phone: Click or tap here to enter text. | | |
| Title: Click or tap here to enter text. | Secure Fax#: Click or tap here to enter text. | | |

Instructions:

- Indicate any services the child has received.
- In addition to the below, placing agency must provide Health & Education Passport with QI Referral form (see page 4)

Section C. Health Information & Behavioral Health Services Received

| | | |
|---|--------------------------|--------------------------|
| Chronic and/or Serious Medical Conditions: | | |
| Past Medical Hospitalizations: | | |
| Past Psychiatric Hospitalizations: | | |
| Services the youth has received: | Current | Past |
| <input type="checkbox"/> Therapeutic Behavioral Services (TBS) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Intensive Care Coordination (ICC) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Intensive Home-Based Services (IHBS) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Therapeutic Foster Care (TFC) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Individual Therapy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Family Therapy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Group Therapy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other Specialty Mental Health Services (specify:) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Wraparound Services (service provider:) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Applied Behavioral Analysis | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Intensive Services Foster Care (ISFC) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Substance Use Disorder (SUD) Treatment Services | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Speech and Language Services | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Individual Education Plan (IEP) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Individual Education Plan (IEP)-Educationally-Related Mental Health Services (ERMH) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 504 Accommodation Plan | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other (Specify): | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other (Specify): | <input type="checkbox"/> | <input type="checkbox"/> |
| County of Jurisdiction: | County of Residence: | |
| Are SMHS Presumptively Transferred?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waived | | |

Instructions:

- Complete all placement information fully.
- In addition to below, placing agency must provide child’s placement history from CWS/CMS with QI Referral form (see Page 4)

Section D. Current Caregiver Information

| | |
|---|---|
| Current Placement Type: <select> | Date of Placement: Click or tap to enter a date. |
| Current Caregiver Name: | FFA or Placement Name: |
| Street Address: | City, State, Zip Code: |
| Telephone: | Email: |

Instructions:

- Complete contact information for the child’s family members and other members of the CFT

Section E. Contact Information for family and members of the Child and Family Team

| | | |
|------------------------|--|--|
| Name | | |
| Relationship to youth: | Phone #: <input type="checkbox"/> Preferred <i>Contact Method</i> | Email: <input type="checkbox"/> Preferred Contact Method |
| Name | | |
| Relationship to youth: | Phone #: <input type="checkbox"/> Preferred <i>Contact Method</i> | Email: <input type="checkbox"/> Preferred Contact Method |
| Name | | |
| Relationship to youth: | Phone #: <input type="checkbox"/> Preferred <i>Contact Method</i> | Email: <input type="checkbox"/> Preferred Contact Method |
| Name | | |
| Relationship to youth: | Phone #: <input type="checkbox"/> Preferred <i>Contact Method</i> | Email: <input type="checkbox"/> Preferred Contact Method |
| Name | | |
| Relationship to youth: | Phone #: <input type="checkbox"/> Preferred <i>Contact Method</i> | Email: <input type="checkbox"/> Preferred Contact Method |
| Name | | |
| Relationship to youth: | Phone #: <input type="checkbox"/> Preferred <i>Contact Method</i> | Email: <input type="checkbox"/> Preferred Contact Method |

Section F. Additional Considerations

Instructions:

- For any prior QI Referrals or QI Assessment Reports, provide the date and county
- If additional row(s) needed, enter “tab” key after entering county name

Prior QI Referrals (if applicable):

| | |
|--|---|
| Date of Referral or Assessment:Click or tap to enter a date. | County:Click or tap here to enter text. |
|--|---|

- Provide additional information that the QI should consider and is not captured elsewhere.

Provide any additional information to be considered:

| |
|----------------------------------|
| Click or tap here to enter text. |
|----------------------------------|

Section G. Minimum Documentation Required to Initiate QI Assessment

Instructions:

- Documents identified below in the frame below are required and must accompany the QI Referral form
- Placing agencies are required to provide an explanation for any document below not attached to the QI Referral form

Placing Agency Case Worker

- Signed Release of Information forms
- Signed Consent to Treatment forms
- Child Welfare/Juvenile Probation Case Plan-including permanency plan
- Needs and Services Plan from current placement provider (if applicable)
- Most Recent Completed CANS to be provided by the appropriate agency's staff

Mental Health Plan Clinician

- Most Recent Mental Health Assessment (completed in the last 12 months)
- Most Recent Mental Health Treatment Plan

Instructions

- Use the fields below to provide an explanation for any document named above not submitted with the QI Referral form

| Document | Explanation |
|-----------------|----------------------------------|
| Choose an item. | Click or tap here to enter text. |
| Choose an item. | Click or tap here to enter text. |
| Choose an item. | Click or tap here to enter text. |
| Choose an item. | Click or tap here to enter text. |

Section H. Additional documentation to ensure complete and comprehensive QI assessment:

Instructions:

- All items in Section H must be provided to the QI but are not required to be attached to the QI Referral form.
- Note: Placing agencies must provide a copy of the child's Health & Education Passport and Placement History from CWS/CMS
- The placing agency caseworker, MHP clinician, and the QI should collaborate on gathering any documentation not available at the time the QI Referral is submitted

Placing Agency Case Worker

- List of services that have been provided to preserve the current placement, including child welfare funded services and interventions.
- CFT recommendations (if applicable)
- JV 220 (if applicable)
- Psychological Evaluations
- Any current family visitation orders including no contact orders
- Education information including current IEP or 504 plan if applicable (Health and Education Passport)
- Placement History including successful placements and services printed out from CWS/CMS-full history
- Medical history including medical hospitalizations (Health and Education Passport)
- Developmental Assessment if applicable including documentation related to both being assessed for and receiving services authorized through a Regional Center or provided by a Regional Center vendor
- Juvenile Probation specific assessments and latest social studies report

Mental Health Plan Clinician

- List of services that have been provided during the prior 12 months (at minimum), including wraparound and Specialty Mental Health Services
- Psychological Evaluations
- History of Psychiatric Hospitalizations

- Documents identified above are required and necessary for the QI to complete their Assessment

Qualified Individual Assessment Report

| | |
|---|---|
| Child/Youth/Nonminor Dependent Name: | Date of Birth: Click or tap to enter a date. |
| Court ID#: | Medi-Cal Client Identification # |
| County of Jurisdiction: | Date referred: |
| Completed by: | Date completed: |
| Tribal membership: | Tribal contact Information: |

Section I: Integrated Summary

Provide an integrated summary of the data gathered during the assessment that informed the development of the recommendations.

Section II: Information Utilized in Determination:

List most recent information available and interviews conducted:

| | | | |
|--------------------------|--|--------------------|---------------|
| <input type="checkbox"/> | Comprehensive Mental Health Assessment(s): | Date: | Completed by: |
| <input type="checkbox"/> | MH Treatment Plan: | Date: | Completed by: |
| <input type="checkbox"/> | Other Developmental, Psychiatric, Significant Event Assessment(s): | Date: | Completed by: |
| <input type="checkbox"/> | Psychological Evaluation(s): | Date: | Completed by: |
| <input type="checkbox"/> | CANS: | Date: | Completed by: |
| <input type="checkbox"/> | CFT Meetings Attended by QI: | Dates: | |
| <input type="checkbox"/> | Previous 12 months of CFT Meeting Action Plan Meeting notes Reviewed: | Dates of meetings: | |
| <input type="checkbox"/> | Other Family members/Natural Supports (non-CFT) interviewed: | | |
| | Name and relationship: | | |
| | Name and relationship: | | |
| | Name and relationship: | | |
| | Name and relationship: | | |
| <input type="checkbox"/> | CFT members interviewed (Professionals and Family Members/Natural Supports): | | |
| | Name and relationship: | | |
| | Name and relationship: | | |
| | Name and relationship: | | |
| | Name and relationship: | | |
| <input type="checkbox"/> | Child interviewed: | Date(s): | |
| <input type="checkbox"/> | Tribe/Tribal Social Worker/Tribal Behavioral Health interviewed: | Date(s): | |
| <input type="checkbox"/> | Behavioral Health provider(s) interviewed: | | |
| | Name and Title: | | |
| | Name and Title: | | |
| | Regional Center/Regional Center Provide interviewed: | | |
| | Name and Title: | | |
| | Name and Title: | | |
| <input type="checkbox"/> | Individual Education Plan (IEP) or other educational assessments: | | |
| <input type="checkbox"/> | Other: | | |

Section III: CANS

Only list the Childs Needs and Risk Behaviors with a 2 or 3 rating:

Use the following categories and action levels:

- 2 – Action is required to ensure that the identified need is addressed; need is interfering with functioning.
- 3 – Need is dangerous or disabling; requires immediate and/or intensive action.

CANS Item(s) rated a 2 or 3 that require action

| | 2 | 3 | | 2 | 3 |
|----|--------------------------|--------------------------|-----|--------------------------|--------------------------|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | 7. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | 8. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | 9. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | 10. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | 11. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | 12. | <input type="checkbox"/> | <input type="checkbox"/> |

Describe how the child’s strengths can support the interventions recommended below in Section VII:

Section IV: Goals

In collaboration with the CFT, Tribe/Tribal representative/Tribal Social worker, placing agency caseworker, and mental health provider, develop a list of child specific short- and long-term behavioral health goals:

Short-term goals:

Long-Term goals:

Section V: Identified or Potential Caregiver for Permanency Planning

Identified or potential caregiver including tribal specific and approved caretakers:

- Identified Potential Name(s) and relationship:
 Identified Potential Name(s) and relationship:
 Identified Potential Name(s) and relationship:
 Identified Potential Name(s) and relationship:

Describe the skills needed by a caregiver to meet the child's needs, the strengths of the caregiver (reference the CANS) and the specific supports or training needed by the caregiver to meet the child's needs.

Describe the challenges that need to be addressed to support a caregiver for the child to be placed in their home.

If there is no identified caregiver, describe specialized permanency services (such as intensive family finding and engagement activities) needed to identify prospective caregivers willing and able to meet the specific needs of the child.

Section VI: Barriers to Family-Based Settings (if applicable)

Specify the barriers and the reasons why the needs of the child cannot be met by the family members, in another family-based setting, or a tribally approved home. **Lack of available homes is not an appropriate barrier.**

Section VII: Recommendations and Interventions: Family-Based Settings (Complete if recommending Family-based setting)

Describe what interventions (mental health, education, community supports, etc.) need to be put in place for the child’s needs to be met with family members, in another family-based setting, or a tribally approved home.

Identify specific recommended interventions for the child:

| Intervention | Intensity and Frequency | Targeted Need Based on Section III and IV above |
|--|--|--|
| Therapeutic Behavioral Services (TBS) | | |
| Intensive Home-Based Services (IHBS) | | |
| Intensive Care Coordination (ICC) | | |
| Therapeutic Foster Care (TFC) | | |
| Other Specialty Mental Health Services | | |
| Wraparound Program | | |
| Substance Use Disorder (SUD) Treatment | | |
| Intensive Services Foster Care (ISFC) | | |
| Therapeutic Foster Care (TFC) | | |
| Other Supports and Services | Current Service or Referral Needed | Targeted Need Based on Section III and IV above |
| Speech and Language Services | Current <input type="checkbox"/> Referral Needed <input type="checkbox"/> If current, identified if requires review for efficacy and fidelity to plan | |
| Occupational Therapy | Current <input type="checkbox"/> Referral Needed <input type="checkbox"/> If current, identified if requires review for efficacy and fidelity to plan | |
| Physical Therapy | Current <input type="checkbox"/> Referral Needed <input type="checkbox"/> If current, identified if requires review for efficacy and fidelity to plan | |
| Applied Behavioral Analysis Services (ABA) | Current <input type="checkbox"/> Referral Needed <input type="checkbox"/> If current, identified if requires review for efficacy and fidelity to plan | |
| Educational Support Services | Current <input type="checkbox"/> Referral Needed <input type="checkbox"/> | |
| Other (specify) | | |
| Other (specify) | | |
| Other (specify) | | |

Provide additional comments regarding the recommended interventions above for each of the CANS items rated actionable in Section III.

Describe specific recommended educational services identified during the assessment. Identify how school stability will be impacted? Identify whether the child is currently receiving special education services or on a 504 plan.

If a regional center consumer, consultation with the regional center/regional center provider/IPP team has resulted in the following recommendations:

Section VIII: Recommendations: Alternative Settings (Complete if family-based setting is not recommended)

If the child's needs cannot be met with family members, in another family-based setting, or a tribally approved home, which setting would provide the most effective and appropriate level of intervention for the child in the least restrictive environment, consistent with the short- and long-term goals for the child as specified in the permanency plan.

- Short-Term Residential Therapeutic Program (STRTP)
- Short-Term Residential Therapeutic Program specialized programs (i.e., STRTP of One, Commercially Sexually Exploited Children (CSEC), Pregnant and Parenting, Substance Use, Sexual Offender)
- Transitional Housing Program for Non-Minor Dependents
- Vendored Regional Center setting
- Other (i.e. SILP)

Presumptive Transfer: For a child placed out of county, in collaboration with the placing agency case worker and the CFT, determine the impact of transferring the responsibility to authorize, arrange, provide, and pay for SMHS from one county mental health plan to another pursuant to WIC Section 14717.1

- BH services should remain presumptively transferred
- BH services presumptive transfer should be waived

- RECOMMEND PLACEMENT WITH FAMILY OR IN ANOTHER FAMILY BASED SETTING
- DO NOT RECOMMEND PLACEMENT WITH FAMILY OR IN ANOTHER FAMILY BASED SETTING

MOST APPROPRIATE LEVEL OF CARE RECOMMENDED:

Licensed Practitioner of the Healing Arts (LPHA) Print Name

| | |
|--|--|
| | |
|--|--|

LPHA Signature

Date

STRTP/Q RTP Qualified Individual (QI) Assessment Referral Flowchart for DCFS CSWs

CSW explores all available placement options and supportive services. CFT Meeting (CFTM) is required for Short Term Residential Therapeutic Program (STRTP) placement for a child/youth/NMD that may benefit from intensive services. CSW should inform CFT members that a QI Assessment referral will be made and that CFT members should make themselves available to the QI clinician.

Non-emergency: QI referral w/in 2 days of CFT recommendation
Emergency: CFT w/ in 24 hrs & QI referral w/in 48 hrs

Lack of lower level of care placement resources shall not be the rationale for placement in an STRTP.

Submit the QI referral and required documents **on the DCFS Referral Portal**. RCLs will review and can provide guidance regarding the required documents. Questions and concerns may also be submitted to this inbox: DCFSQIReferrals@dcfs.lacounty.gov

Minimum Required Docs for initiating a QI assessment:

- Completed QI Referral (on portal)
- Release of Information and Consent to Treatment (DCFS179 MH or Court order)
- Case Plan
- CFT Notes if available
- Health and Education Passport
- Most recent CANS

After review, RCL forwards completed QI referral electronically to DMH for assignment to a QI Clinician in the portal. CSW works closely with QI clinician to provide appropriate supporting documentation within a week of initiating the referral.

30 days for QI assessment completion

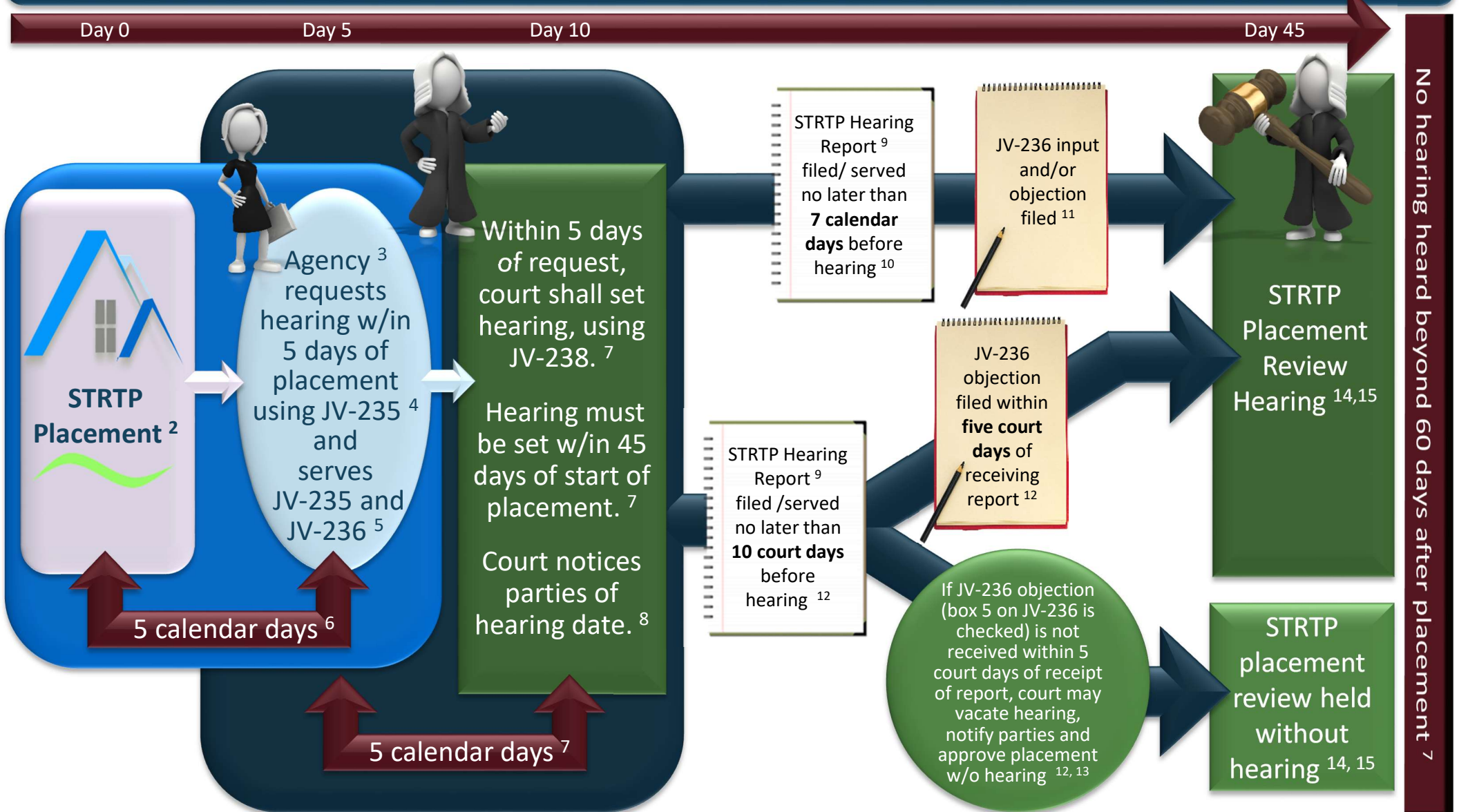
The QI clinician will participate in CFTM to share recommendations and provide the final QI report. If child/youth is in need of different/additional outpatient/community-based mental health services or other services/supports, referrals are to be completed by DCFS. The QI Clinician shall complete and submit the IPC authorization form to DCFS and DMH. If the child/youth is not already placed in an STRTP or requires placement in a different STRTP, DMH will coordinate a call to discuss STRTP placement options.

5 days to notify Court of placement

For all placements or replacements in an STRTP, DCFS is required to notify the Court of each placement or replacement. DCFS must request a hearing to review the STRTP placement or replacement. Court will make a decision regarding approval/denial of STRTP placement between 45 and 60 days.

RCL team enters QI Referral completion date and QI results in CWS/CMS. RCL will upload QI report to CWS/CMS and maintain tracking log of all QI referrals processed.

STRTP Hearing Process ¹



| Judicial Council Forms | JV-235 Request for Review of Placement in Short-Term Residential Therapeutic Program (mandatory) | JV-236 Objection to or Input on Placement in Short-Term Residential Therapeutic Program (mandatory) | JV-237 Proof of Service – Short-Term Residential Therapeutic Program Placement (mandatory) | JV-238 Notice of Hearing Regarding Placement in Short-Term Residential Therapeutic Program (optional) | JV-239 Order on Placement in Short-Term Residential Therapeutic Program (mandatory) |
|------------------------|--|---|--|---|---|
|------------------------|--|---|--|---|---|

STRTP Placement Review Hearing ^{14,15}

Findings by preponderance of evidence, and basis for determinations shall be in writing or on the record ¹⁶

- Court shall consider information in report⁹ and may consider any other relevant evidence, including whether placement is consistent with youth's best interest.¹⁴
- Court must make three determinations:
 1. Whether needs of youth can be met through placement in family-based setting, or if not, whether placement in STRTP provides most effective and appropriate care in least restrictive environment.
 2. Whether STRTP is consistent with short- and long-term mental and behavioral health goals and permanency plan for youth.
 3. For Indian child, whether there is good cause to depart from ICWA placement preferences

If approve placement:

At every status review consider § 366.1(l)(1)-(3) and § 706.5(c)(1)(B)(i)-(iii) factors to determine if placement is necessary and appropriate. ^{16, 17}

If disapprove placement:

Order Agency to transition youth to placement consistent with determinations made after hearing, within 30 days of disapproval. ^{16, 18}

If continue hearing for good cause (even for evidentiary hearing):

In no event may hearing be continued beyond 60 days after start of placement. ¹⁹

Endnotes & references

1 Applicable law:

- WIC § 361.22
- WIC § 727.12
- Rule of Court 5.618

2 Applies to initial and subsequent STRTP placements made after Oct. 1, 2021 of minors and nonminor dependents.

§ 361.22(a), § 727.12(a). Law is not retroactive.

3 Placing "agency" refers to social worker for dependents and probation officer for wards.

§ 361.22(b), § 727.12(b), Rule 5.618(b)

4 § 361.22(b)(1), § 727.12(b)(1), Rule 5.618(b)

5 Agency shall serve the JV-235 and a blank JV-236 to all parties, including:

- Child's parent and attorney if parental rights have not been terminated,
- Nonminor dependent's parent and attorney if parent is receiving family reunification services,
- Child's legal guardian and attorney,
- Child over 10/nonminor dependent and attorney,
- Indian tribe (always for dependent; for ward if § 244.2(d)(1)(E) applies),
- Court Appointed Special Advocate (CASA) if youth is dependent.

Agency files the JV-237 Proof of Service. § 361.22(b)(2), § 727.12(b)(2), Rule 5.618(b)

6 Request for hearing and service shall occur within five calendar days of placement.

§ 361.22(b)(1), § 727.12(b)(1), Rule 5.618(b)

7 Upon receipt of JV-235, Court has five calendar days to set hearing using optional JV-238 . Hearing must be set within 45 days of start of placement.

§ 361.22(d), § 727.12(d), Rule 5.618(c). In no case shall hearing be held later than 60 days from start of placement. § 361.22(a), § 727.12(a), Rule 5.618(g)(4)

8 After setting hearing, Court provides notice of hearing date to those listed in Note 5.

§ 361.22(d), § 727.12(d), Rule 5.618(c)

9 Report for hearing shall include:

- Copy of assessment, determination of care and service needs, documentation prepared by Qualified Individual,
- Case plan documentation,
- If Indian child, statement regarding whether tribe had opportunity to confer regarding departure from ICWA placement preferences and whether active efforts were made prior to placement to satisfy § 244.2(f), and
- Statement regarding whether any party objects.

§ 361.22(c)(1), § 727.12(c)(2), Rule 5.618(c)(1).

10 Report must be served on those listed in Note 5.

§ 361.22(c)(2), § 727.12(c)(2), Rule 5.618(d)(1).

11 JV-236 is used by parties or anyone with an interest in the child to provide input. Only parties may object:

- Child's parent/attorney if no TPR,
- NMD's parent/attorney if parent in family reunification,
- Child's legal guardian and attorney,
- Child over 10/nonminor dependent and attorney,
- Indian tribe,

Local practice and local rules determine procedure for completing, filing, and noticing JV-236. § 361.22(c)(2), § 727.12(c)(2), Rule 5.618(f).

12 Court may approve placement without hearing if:

- Service for request for review and input form is proper,
- Report served ten court days before hearing (per JV-237),
- No party has objected on JV-236 within five days of receiving report, and
- Court will approve placement based on information before it.

§ 361.22(h), § 727.12(h), Rule 5.618(f)(1)

13 If Court approved placement without hearing, Court must notify those is in Note 5 and vacate hearing.

Rule 5.618(f)(2)

14 When reviewing placement, court shall consider factors listed.

§ 361.22(e)(2)-(4), § 727.12(e)(2)-(4), Rule 5.618(g)(1),(3)

15 Placement may be reviewed at regularly scheduled hearing if within 60 days of placement and all information is in report.

§ 361.22(g), § 727.12(g)

16 Findings made by preponderance of evidence, Rule 5.618(g)(2); basis for findings in writing or on the record.

§ 361.22(e)(6), § 727.12(e)(6). Court signs JV-239.

17 § 366(a)(1)(A), § 727.2(e)(1)

18 § 361.22(f), § 727.12(f)

19 Rule 5.618(g)(4). If no approval within 60 days, placement is not eligible for Title-IVE funds