

# SPECIALIZED FOSTER CARE GUIDELINES MANUAL

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## SECTION 7: TRANSFER OF HIGH RISK CASES

### I. PURPOSE

This manual section provides procedural protocols for use by DMH co-located SFC staff on transferring selected high-risk cases from a co-located SFC unit located in one service area to a co-located SFC unit located in another service area. The unit from which a case is transferred will be referred to as the “home office” location, whereas the unit to which a case will be transferred will be referred to as the “receiving office” location.

### II. BACKGROUND

Most of the Specialized Foster Care (SFC) programs administered by the department’s Child Welfare Division are now operational within each of the County’s eight Service Areas. There are significant variations, however, from one Service Area to another in the availability of both DMH mental health resources and in the number of available DCFS placement resources, including group homes, foster homes and relative placements. As a result, some children who require mental health services are provided placement in Services Areas that have the placement resources they need but do not necessarily have the types of mental health resources the children received in their previous location.

Because the Child Welfare Division is committed to providing prompt and appropriate mental health services to all children referred by DCFS, it has become necessary to develop protocols for transferring certain high-risk cases from an SFC unit in one Service Area to an SFC unit in another, to ensure that ongoing continuity of mental health services will be maintained for these children.

### III. STANDARD PROCEDURE

The SFC unit located within each Service Area typically handles all cases referred to that unit by DCFS CSWs who are also located within the same Service Area. While in most instances the referred child is initially placed in a residential or foster care facility located within that home office Service Area, in some instances the child ends up in a placement located outside of that community, and sometimes outside of that Service Area.

**III. STANDARD PROCEDURE (CONT.)**

When that occurs, SFC home office staff usually handle the case throughout, by providing an assessment for the child and contacting the staff of the SFC program within the child's new Service Area for assistance in accessing the mental health resources available in that area.

While this procedure adequately covers most situations, it needs to be modified to ensure that certain high-risk cases can, in a seamless manner, be referred by the home office SFC unit and accepted by the receiving office SFC unit located in the child's new Service Area, to ensure ongoing continuity of services.

**IV. HIGH- RISK CASE TRANSFER CRITERIA**

To be considered appropriate as a high-risk transfer case, a case must meet all of the criteria listed below. It is anticipated that only a handful of cases will meet these criteria each month.

- A. The child presents as at high risk of harm to him/herself or others, but not to the extent that the situation warrants PMRT intervention, in which case the situation would be brought to the attention of PMRT and stabilized prior to any transfer of the case to another Service Area, and
- B. It is in the best interests of the child that the case be transferred, either because the child is in clear need of an expedited face-to-face assessment and/or the child's continuity of care could not be maintained without such a transfer, and
- C. The distance between the child's placement and the DCFS home regional office presents a serious obstacle that would significantly impact the ability of the home office SFC staff to provide services to the child, due to limited staff and the need for extended and time-consuming travel, and
- D. The child's situation is stable enough so that the transfer can take place while still maintaining continuity of service to the child. An example of an unstable situation is one in which the child is on a temporary 72-hour hospital hold and the discharge planning process has not yet been completed.
- E. The SFC Program Heads, or other designated managers, of the home office and the receiving office both agree to the transfer and have agreed upon a preliminary service plan for the child.

#### IV. HIGH-RISK CASE TRANSFER PROCEDURES

##### A. Home Office SFC Supervisor

1. Thoroughly reviews all high-risk cases potentially appropriate for transfer to the child's Service Area. Gives careful consideration to all relevant risk factors, including any history of psychiatric hospitalization, attempts at self-harm, substance abuse, AWOL behavior, and/or severe psychiatric disorder.
2. If the case is deemed to be of sufficient high risk and meets all the other transfer criteria, brings the case to the attention of the home office Program Head for consultation.
3. If both the home office and receiving office Program Heads agree that the case is appropriate for transfer and meets all transfer criteria, contacts the receiving office SFC Supervisor to discuss and make arrangements for the transfer of the case to the receiving office. Alerts the receiving SFC Supervisor of any immediate or urgent services needed by the child, and ensures that those service needs are clearly identified in the CCCP service plan.
4. Alerts the case-carrying Children's Social Worker (CSW) that the case has been transferred to another SFC unit and provides the CSW information regarding the DMH SFC staff persons contact in the receiving office.
5. Is kept apprised of case progress and outcome by the SFC Supervisor in the receiving office.
6. Updates the appropriate tracking logs, per usual procedures.

##### A. Home Office Program Head

1. In consultation with the home office SFC Supervisor, decides whether the case presented meets all the transfer criteria and is appropriate for transfer to the child's Service Area.
2. If the case is deemed to be appropriate for transfer, contacts the Program Head of the receiving SFC office, and provides information about the case, including the risk factors involved and the need to transfer the case.

IV. HIGH-RISK CASE TRANSFER PROCEDURES (CONT.)

3. If the receiving office Program Head agrees to the transfer, obtains information from the receiving office Program Head on the names and telephone numbers of SFC staff within the receiving office to be contacted, and conveys this information to the home office SFC Supervisor.

B. Receiving Office Program Head

1. Is contacted by the Program Head of the SFC home office and provided information about the case, including the risk factors involved and the need to transfer the case.
2. If he/she agrees to the transfer, provides the home office Program Head information on the names and telephone numbers of SFC staff within the receiving office to be contacted.
3. Alerts the contact staff to expect to receive the case.

C. Receiving Office SFC Supervisor

1. Discusses the case when contacted by the home office SFC Supervisor, including any immediate or urgent services needed by the child.
2. Receives the case from the home office SFC Supervisor and assigns it to an appropriate SFC Clinician. Alerts the Clinician of any immediate or urgent services needed by the child.
3. Keeps the SFC Supervisor in the home office apprised of case progress and outcome.
4. Updates the appropriate tracking logs, per usual procedures.

D. Receiving Office SFC Clinician

1. Receives and reviews case assigned by the receiving office SFC Supervisor.
2. Opens the case and provides a face-to-face assessment as soon as possible, if not already completed by the home office staff.
3. Provides any follow up mental health services, as appropriate, with particular focus on any immediate or urgent services identified in the CCCP service plan.

**IV. HIGH-RISK CASE TRANSFER PROCEDURES (CONT.)**

4. Remains in contact with the case-carrying home office CSW and provides the CSW with any requested or required documentation, per usual procedures.
5. Keeps the receiving office SFC Supervisor apprised of case progress and outcome.