Procedural Guide

0600-515.11

INTERAGENCY PLACEMENT SCREENING COMMITTEE PRESENTATION GUIDE (Level 14 Screening)

Date Issued: **03/01/07**

☐ New Policy Release

☒ Revision of Existing Procedural Guide 0600-515.11, Interagency Placement Screening Committee Presentation Guide, dated 11/28/01

Revision Made: This Procedural Guide has been updated to reflect current practice.

Cancels: None

DEPARTMENTAL VALUES

The policy supports the Department's efforts to ensure child safety by providing guidelines, which instructs staff on meeting a child's mental health needs when a child requires hospitalization. In addition, this Procedural Guide sets forth procedures on how to safely return children to a home after being discharged from a psychiatric hospital, which will best meet the child's needs.

WHAT CASES ARE AFFECTED

This Procedural Guide is applicable to all new and existing referrals and cases.

OPERATIONAL IMPACT

On occasion, a CSW will form the impression that a child requires intensive psychiatric treatment. This usually occurs when a child has been identified as severely emotionally disturbed (SED) and has not profited from other treatment and/or services. California provides several levels of psychiatric treatment for children. These include Rate Classification Level 14 group homes, community treatment facilities, skilled nursing facilities, and psychiatric health facilities.

These facilities are designed to meet the needs of children who are not intellectually impaired. The child's IQ should be 70 or over. Children whose IQs range between 60 and 70 will be considered on a case-by-case basis.

Welfare and Institutions Code Section 11462.01 provides that a Rate Classification Level 13 or 14 facility is one that provides intensive psychiatric services to children who have been identified as severely emotionally disturbed. In order to qualify for placement in such a setting, the child must meet the specific criteria. **See attached Addendum**

Metropolitan State Hospital is the facility of last resort for severely disturbed children. It provides the highest level of security and is the most restrictive. Only children who are eligible for, but excluded from, all facilities higher than a Level 14 facility will be considered for admission to Metropolitan.

Welfare and Institutions Code Section 11462 provides that no child may be admitted to a group home at Rate Classification Level 13 or higher, or a psychiatric hospital, unless the child's case has been reviewed by the Interagency Placement Screening Committee (**formerly known as the Mental Health Screening Committee)** and the Committee has recommended such a placement. The only exception to this rule are hospital admissions pursuant to Health and Safety Code Section 5150. See Procedural Guide #0600-515.10, Psychiatric Hospitalization and Psychiatric Hospital Discharge Planning for DCFS Supervised Children.

The Committee meets at least three times per month to review cases. The Committee consists of representatives of our Department, the Department of Mental Health (including at least one psychiatrist), the Probation Department, representatives from Level 14 and higher group homes and representatives of all community treatment facilities as well as the skilled nursing and psychiatric treatment facilities.

DCFS-supervised children are presented by the case-carrying CSW. The DCFS Screening Committee Liaison, schedules the presentation. Other children may be presented by the Probation Department or the Department of Mental Health. The Committee discusses the case, questions the presenter and makes a recommendation. The presenter is provided a written copy of the recommendation and the recommendation is recorded and filed under the Department of Mental Health's case number, the presenter's name and the date on which the case was presented.

Welfare and Institutions Code Section 6552 states that a child who has been found to be within the jurisdiction of the Juvenile Court and who does not have a conservator, may not consent to psychiatric hospitalization without prior authorization from the Juvenile Court. A hearing must be conducted for that purpose and the child will be afforded advice of counsel. This restriction applies

to all dependent children, regardless of their parents' willingness to consent on the child's behalf.

Procedures

A. WHEN: A CHILD APPEARS TO REQUIRE RESIDENTIAL PSYCHIATRIC TREATMENT

Case-Carrying CSW Responsibilities

1. Consult with the child's mental health professional. Elicit the professional's opinion regarding the child's treatment needs. Obtain a written statement regarding the child's disorder or need for treatment.

> **NOTE:** If the child's mental health professional is unable or unwilling to provide a written statement, or if the child has no therapist, request that the Department of Mental Health approve a licensed mental health professional to provide this service. See Procedural Guide 0600-501.05, Psychological Testing of Children.

2. Ensure that the statement contains all of the following information:

   a) the child is seriously emotionally disturbed

   b) the child requires a period of containment to participate in and benefit from mental health treatment

   c) the proposed treatment program is reasonably expected to improve the child's mental disorder

   d) the child meets one of the following additional requirements:

      i.) the child has participated in other less-restrictive mental health interventions, or

      ii.) the child is currently placed in a psychiatric or state hospital or other facility outside the state for mental health treatment.

3. Meet with the child. Inform the child regarding the mental health professional's recommendations. If the recommendation is a secure (locked) facility, inquire as to whether the child will consent to such treatment.

4. Upon receipt of the written statement from the mental health professional, call the DCFS Screening Committee Liaison at (213) 351-7767. Discuss the

child's case with the Liaison. Inform the Liaison as to whether the child is willing to consent to a secure facility, if that is the case.

5. Ask the Liaison to e-mail a Screening Committee referral document to the regional office.

6. Complete the referral document and immediately return it by fax to the appointed staff at Department of Mental Health. The Liaison will inform the CSW as to the date and time the child will be presented to the Committee.

7. When the Liaison informs the CSW of the date and time the Committee will review the child's case, prepare the necessary paperwork. The Liaison will advise the CSW regarding what paperwork will be required.

> **NOTE:** The necessary paperwork will usually include the written statement from a licensed mental health professional regarding the child's need for more restrictive psychiatric care, the most recent psychiatric/psychological assessment, the Jurisdiction/Disposition court report and the child's Individualized Education Plan. Requirements will vary on a case-by-case basis.

8. Review the child's record. Look for relevant medical and emotional background factors both in the child and in the child's family of origin. Note any history of mental illness and/or neurological impairment. Prepare to present a cogent account of the reason for the request for specialized placement, the child's history, the facts in the sustained petition and family background factors. Be prepared to knowledgeably answer any relevant questions presented by the Committee on these topics.

9. Present the child's case on the appointed day. Bring six copies of the child's records previously requested by the Screening Committee Liaison.

   a) Inquire regarding any remarks or recommendations made by Committee members that are not fully understood.

   b) Record the Committee's remarks and recommendations in the CSW/CMS Case Notes.

   c) If the Committee recommends a placement in a Level 14 or higher facility, including a locked psychiatric facility, receive from the Committee the written recommendation at the close of the meeting.

10. If the Committee authorizes a Level 14 placement, proceed with the placement following established procedures.

11. If the Committee recommends a locked mental health placement and the child consents to such treatment:

    a) File an ex parte application in the designated court to request the court's authorization of the child's consent to treatment. Ensure that the child attends the hearing.

    b) If the court authorizes the child to consent, obtain a copy of the authorizing minute order and place it in the court file.

    c) Proceed with placing the child in the recommended facility.

12. If the Committee recommends a locked mental health placement and the child does not consent, ensure that the process of referring the child to the Mental Health Court to request appointment of a conservator is initiated.

13. Include in the child's case plan a statement of the specific needs of the child that cannot be met in a less-restrictive environment and a description of the treatment that will be provided the child.

14. Document all Contacts in the Contact Notebook.

> **NOTE:** California Department of Social Services Division 31 regulations mandate this statement in the case plan.

APPROVAL LEVELS

Section	Level	Approval
A.	None	

OVERVIEW OF STATUTES/REGULATIONS

Welfare and Institutions Code Section 4096

a) (1) Interagency collaboration and children's program services shall be structured in a manner that will facilitate future implementation of the goals of the Children's Mental Health Services Act.
   (2) Components shall be added to state-county performance contracts required in Section 5650 that provide for reports from counties on how this section is implemented.
   (3) The department shall develop performance contract components required by paragraph (2).

(4) Performance contracts subject to this section shall document that the procedures to be implemented in compliance with this section have been approved by the county social services department and the county probation department.

b) Funds specified in subdivision (a) of Section 17601 for services to wards of the court and dependent children of the court shall be allocated and distributed to counties based on the number of wards of the court and dependent children of the court in the county.

c) A county may utilize funds allocated pursuant to subdivision (b) only if the county has an established and operational interagency placement committee, with a membership that includes at least the county placement agency and a licensed mental health professional from the county department of mental health. If necessary, the funds may be used for costs associated with establishing the interagency placement committee.

d) Subsequent to the establishment of an interagency placement committee, funds allocated pursuant to subdivision (b) shall be used to provide services to wards of the court and dependent children of the court jointly identified by county mental health, social services, and probation departments as the highest priority. Every effort shall be made to match those funds with funds received pursuant to Title XIX of the federal Social Security Act, contained in Subchapter 19 (commencing with Section 1396) of Chapter 7 of Title 42 of the United States Code.

e) (1) Each interagency placement committee shall establish procedures whereby a ward of the court or dependent child of the court, or a voluntarily placed child whose placement is funded by the Aid to Families with Dependent Children-Foster Care Program, who is to be placed or is currently placed in a group home program at a rate classification level 13 or rate classification level 14 as specified in Section 11462.01, is assessed as seriously emotionally disturbed, as defined in Section 5600.3 and Section 1502.4 of the Health and Safety Code.

(2) The assessment required by paragraph (1) shall also indicate that the child is in need of the care and services provided by that group home program.

(f) The interagency placement committee shall document the results of the assessment required by subdivision (e) and shall notify the appropriate group home provider and county placing agency, in writing, of those results within 10 days of the completion of the assessment.

(g) If the child's placement is not funded by the Aid to Families with Dependent Children-Foster Care Program, a licensed mental health professional, as defined in Sections 629 to 633, inclusive, of Title 9 of the California Code of

Regulations, shall certify that the child is seriously emotionally disturbed, as defined in Section 5600.3 and Section 1502.4 of the Health and Safety Code.

Welfare and Institutions Code Section 5600

a) This part shall be known and may be cited as the Bronzan-McCorquodale Act. This part is intended to organize and finance community mental health services for the mentally disordered in every county through locally administered and locally controlled community mental health programs. It is furthermore intended to better utilize existing resources at both the state and local levels in order to improve the effectiveness of necessary mental health services; to integrate state-operated and community mental health programs into a unified mental health system; to ensure that all mental health professions be appropriately represented and utilized in the mental health programs; to provide a means for participation by local governments in the determination of the need for and the allocation of mental health resources under the jurisdiction of the state; and to provide a means of allocating mental health funds deposited in the Local Revenue Fund equitably among counties according to community needs.

b) With the exception of those referring to Short-Doyle Medi-Cal services, any other provisions of law referring to the Short-Doyle Act shall be construed as referring to the Bronzan-McCorquodale Act.

Welfare and Institutions Code Section 5699

a) The Legislature finds and declares all of the following:

(1) That mental health case management services required for children with serious emotional disturbance are different than these services for mentally disordered clients described in Chapter 2.5 (commencing with Section 5670).
(2) That mental health case management services for children with serious emotional disturbance are not defined in statute.
(3) That the development of mental health case management for these children would assure comprehensive appraisal and utilization of the most appropriate resources within the children's environment as well as the maintenance and strengthening of family ties.

(b) It is the intent of the Legislature to encourage the development of mental health case management services for children with serious emotional disturbance who are separated or at risk of being separated from their families and require mental health treatment, to the extent resources are available. It is further the intent of the Legislature that mental health case management for children with serious emotional disturbance in this state be

developed in accordance with the definitions and guidelines contained in this chapter.

Welfare and Institutions Code Section 6552

A minor who has been declared to be within the jurisdiction of the juvenile court may, with the advice of counsel, make voluntary application for inpatient or outpatient mental health services in accordance with Section 5003. Notwithstanding the provisions of subdivision (b) of Section 6000, Section 6002, or Section 6004, the juvenile court may authorize the minor to make such application if it is satisfied from the evidence before it that the minor suffers from a mental disorder which may reasonably be expected to be cured or ameliorated by a course of treatment offered by the hospital, facility or program in which the minor wishes to be placed; and that there is no other available hospital, program, or facility which might better serve the minor's medical needs and best interest. The superintendent or person in charge of any state, county, or other hospital facility or program may then receive the minor as a voluntary patient. Applications and placements under this section shall be subject to the provisions and requirements of the Short-Doyle Act (Part 2 (commencing with Section 5600), Division 5), which are generally applicable to voluntary admissions. If the minor is accepted as a voluntary patient, the juvenile court may issue an order to the minor and to the person in charge of the hospital, facility or program in which the minor is to be placed that should the minor leave or demand to leave the care or custody thereof prior to the time he is discharged by the superintendent or person in charge, he shall be returned forthwith to the juvenile court for a further dispositional hearing pursuant to the juvenile court law. The provisions of this section shall continue to apply to the minor until the termination or expiration of the jurisdiction of the juvenile court.

RELATED POLICIES

Procedural Guide #0600-501.05, Psychological Testing of Children
Procedural Guide #0600-515.10, Psychiatric Hospitalization and Psychiatric Hospital Discharge Planning for DCFS Supervised Children

FORM(S) REQUIRED/LOCATION

HARD COPY **Department of Mental Health Form:** Los Angeles Department of Mental Health Screening Committee Metropolitan State Hospital Placement Referral

LA Kids: None

CWS/CMS: Case Plan Update
Ex Parte Application and Order
Health Notebook

SDM: None

ADDENDUM

CRITERIA FOR PLACEMENT OF CHILDREN IDENTIFIED AS SEVERELY EMOTIONALLY DISTURBED

Welfare and Institutions Code Section 11462.01 provides that a Rate Classification Level 13 or 14 facility is one that provides intensive psychiatric services to children who have been identified as severely emotionally disturbed. In order to qualify for placement in such a setting, the child must meet the following criteria: *

1. As a result of a mental disorder, the child or adolescent demonstrates substantial impairment in at least two of the following areas:

   a. age-appropriate self-care

   b. school performance

   c. family relationships

   d. functioning in the community

and/or

2. At least one of the following has occurred:

   a. The child has been placed, or is expected to be placed, in out-of-home care

   b. The disorder has been present for more than six months

   c. The disorder is likely to continue for more than one year without treatment

and/or

3. The child demonstrates at least one of the following:

   a. psychotic symptoms

   b. risk of suicide

   c. risk of violence

   d. meets Special Education eligibility requirements
   e. has a history of psychiatric hospitalizations

f. has a history of psychotropic medications

g. has a history of substance abuse

and/or

4. The child carries a current Diagnostic and Statistical Manual IV (DSM IV) diagnosis

and/or

5. And the child has a suitable placement order <u>or</u> an Individualized Education Plan (IEP)

***Source:** Los Angeles County Department of Mental Health

Health and Safety Code Section 1502 defines a c**ommunity care facility** as one that provides mental health services to children and has the capacity to provide **secure containment** (i.e., all or part of the facility is locked). **Psychiatric health and skilled nursing** facilities are very similar to the community care programs but provide higher mental health staff to patient ratios.

To qualify for placement in any of these facilities, a child must meet all the guidelines for a Level 13 or 14 facility and:

1. Demonstrate an inability to be served in a less-restrictive setting, as evidenced by at least one of the following:

   a. unsuccessful placements in open settings

   b. denied admission to Level 13 or 14 Group Homes

   c. demonstrate current presenting problems that include chronic runaway behavior, self mutilation/self-destruction acts, aggressive and assaultive behavior or other clinical indicators as determined by the Interagency Placement Committee

   d. demonstrate motivation for treatment and there is supportive evidence that the child's unique needs can be met through the development of a comprehensive treatment plan to address short-term and long-term issues that have inhibited the child's ability to function in less-restrictive community settings

2. One of the following two options must also be present:

a. the child must consent to treatment, or

b. a conservator must be appointed in Department 95 of the Superior Court

3. The child may be excluded by these facilities if one or more of the following are present:

   a. a sustained Juvenile Court Petition alleging that the child committed a violent act or

   b. a persistent pattern of violent acts or sexual offenses of a predatory nature (generally against younger, smaller and/or opposite-sex children) or

   c. a history of other acts or attempted acts that would indicate an extreme risk to the safety of other clients, staff and/or the community

4. The child will be excluded if (s)he is known to have committed or attempted extremely violent acts, including murder and rape.