

## Procedural Guide

0100-525.40

### TEAM DECISION MAKING: THE RESOURCES MANAGEMENT PROCESS (RMP/TDM)

Date Issued: 11/13/08

New Policy Release

Revision of Existing Procedural Guide dated

**Revision Made:**

Cancels: None

#### DEPARTMENTAL VALUES

This Procedural Guide supports the Department's efforts for improved safety and permanency for children by improving mental health services and resources, and assessing appropriate levels of care to youth in out of home care. Meeting these needs leads to placement stability, which leads to establishing more timely legal permanence.

#### WHAT CASES ARE AFFECTED

This Procedural Guide is applicable to all new and existing referrals and cases, where children are at risk for group home placement.

The Resources Management Process (RMP/TDM) is a type of TDM that is a family centered, multi-departmental, integrated approach to identifying, coordinating and linking appropriate resources/services to meet the needs of children currently in, or at risk of a RCL 6 through 14\* placement.

The RMP/TDM will consist of three major elements.

- First, it will enhance the TDM process for children in or at risk of a potential placement move into RLC 6 or above residential care.
- Second, the child's strengths and needs will be assessed using the Child and Adolescence Needs and Strengths (CANS) tool by a Resources Utilization Management (RUM) staff and a DMH clinician.

- Third, the services identified by the family and the team will be approved and linked by a team member and the CSW.

## **OPERATIONAL IMPACT**

In 2002, a class action lawsuit (Katie A.) was filed against the State of California and Los Angeles County, alleging that children in contact with the Los Angeles County's foster care system did not receive the mental health services to which they were entitled. In July 2003, the County entered into a settlement agreement resolving the County-portion of the lawsuit.

Under the terms of the settlement agreement, the County was obligated to make a number of systemic improvements to better serve children with mental health needs. Specifically, the County must ensure class members:

- Promptly receive necessary individualized mental health services in their own home, a family setting, or the most homelike setting appropriate to their needs;
- Receive care and services needed to prevent removal from their families or when removal cannot be avoided, to facilitate reunification, and to meet their needs for safety, permanence, and stability;
- Be afforded stability in their placements, whenever possible; and
- Receive care and services consistent with good child welfare and mental health practice and the requirements of law.

The RMP/TDM will utilize existing and planned DMH Intensive In-Home Mental Health Services programs, including but not limited to: Full Service Partnership (FSP), Children's System of Care (SOC), Multidimensional Treatment Foster Care (MTFC), Multisystemic Treatment (MST), and the Comprehensive Children's Services Program (CCSP), and DCFS's intensive services, including Wraparound, Intensive Treatment Foster Care (ITFC) and RCL 6 and above residential care.

### Key Components of the Resources Management Process/Team Decision Making Meeting

The RMP/TDM is defined by the following key components:

1. The DCFS 174, Family Centered Referral and Services Form will be utilized by all DCFS and most of DMH services with the exception of FSP and RCL 14, which require their own referral form.
2. Presence of RUM staff and a DMH clinician who can assist the team in making the best placement/referral decision by conducting the Child and Adolescence Needs and Strengths (CANS) tool to guide the decision about the most appropriate, least restrictive level of care needed and/or services that would best serve the youth/child and family.

3. The family will be present, with their supports and have voice and choice in determining the best service option for their family.
4. The RMP/TDM team members will have the responsibility to identify and select DMH and DCFS services that would best serve the youth/child and family.
5. Ongoing quality assurance and outcome tracking.

### The Child and Family Services Referral Form

The DCFS 174, Family Centered Referral and Services Form, formerly referred to as the “Unified Referral Form”, was created to simplify the referral process for a CSW. It combines the referral form for TDM and the referral forms for Wraparound, System of Care (SOC), child care, mentoring and the above mentioned DMH programs. It is on CWS/CMS so when a child’s information is inputted into CWS/CMS, the Child and Family Services Referral form is automatically populated. Lastly, the form is a “family friendly” form, which means if a family has more than one child, the CSW does not have to fill out separate referral forms for each child.

**NOTE:** The DCFS 174, Family Centered Referral and Services Form replaces all forms previously used when requesting a TDM. The Family Centered Referral and Services form will replace the existing TDM referral form for all TDMs, not just for the RMP/TDM.

### Assessments and Information

The RMP/TDM will be integrated into the TDM process, so whenever a child (who is currently in a RCL 6 through 14 group home placement or at risk of such placement) is identified as being at risk of a placement move, the CSW shall call for an RMP/TDM. The process will follow the current TDM policy by which the child's family, support people, and treating agency staff will be invited to attend. Please refer to Procedural Guide 0070-548.09, Point of Engagement: Team Decision-Making (TDM).

In order for the RMP/TDM to be effective, the information provided at the RMP/TDM is crucial. In addition, the RUM staff, along with the DMH clinician, will be responsible for conducting the Child and Adolescence Needs and Strengths (CANS) before the meeting and will discuss the results of the Child And Adolescence Needs And Strengths (CANS) at the meeting. However, new DCFS referrals which may necessitate an emergency RMP/TDM, may not have a Child and Adolescence Needs and Strengths (CANS) assessment completed prior to the RMP/TDM due to time constraints. The Child and Adolescence Needs and Strengths (CANS) for these specific cases will be completed after the RMP/TDM.

The Child and Adolescence Needs and Strengths (CANS) is the universal assessment tool utilized by the RUM staff to identify the strengths and needs of children in their school, home, and community environments. The Child and Adolescence Needs and Strengths (CANS) evaluates the child or youth's functioning in terms of school performance, conduct and behavior, social relationships, moods and emotions, substance use, thinking, aggressive and self-harmful behaviors. The Child and Adolescence Needs and Strengths (CANS) also assesses the child's primary and substitute caregivers' ability to provide a safe and emotionally nurturing environment, including their ability and willingness to participate in recommended services. The Child and Adolescence Needs and Strengths (CANS) will help inform the decision about the level of intensity of services and/or the level of placement.

The DMH clinician will also be responsible for bringing a current list of all mental health services in the youth's current community, or planned community and the RUM staff will be responsible for bringing a current list of all DCFS services in the youth's current community, or planned community and all placements in the County. If the decision is to place the child, it will be within the family's community if feasible. Once a service/placement is identified, the RUM and/or assigned DMH staff will support the CSW with the recommended service/placement linkages. All Structured Decision Making (SDM), HUB, MAT, education, medical and other relevant information will also be provided at the TDM to make the best possible decision.

### Combined Initial and RMP/TDM Meetings

There will be cases coming in from the Emergency Response Units that may necessitate an Initial TDM due to safety concerns. These initial TDM's may be combined with an RMP/TDM if the ER CSW and SCSW feel that the child may potentially require placement in an RCL 6 through RCL 12 group home; or, if it appears that a child may remain in the home of the parent or relative with Wraparound Services. These initial TDM's will follow the same protocol as an RMP/TDM, with the exception of the Child and Adolescence Needs and Strengths (CANS) completion. Due to time constraints, these Child and Adolescence Needs and Strengths (CANS) will be completed by the RUM staff and DMH clinician after the RMP meeting.

**NOTE:** If the child has not been referred to the Permanency Planning Program (P3), then they should be referred before the meeting, or P3 will be one of the actions in the action/safety plan, as appropriate. Please refer to Procedural Guide 0080-507.22, Permanency Partners Program (P3).

### Referral Criteria

An RMP/TDM is required **only** when a child is:

- Currently is in a group home and is being replaced to another group home.

- Experiencing a placement move, whether it be an initial placement or a replacement, that is currently in, or at risk of a RCL 6 through 14 residential placement.

**\*For children being referred to an RCL 14, or Community Treatment Facility (CTF), there is an additional DMH screening after the RMP/TDM for authorization. Please refer to the Procedural Guide 0600-515.11, Interagency Placement Screening Committee Presentation Guide (Level 14 Screening).**

**NOTE:** If the child was moved after hours, or on an emergency basis, then the CSW should notify the TDM facilitator/scheduler and fill out the DCFS 174, Family Centered Referral and Services Form.

The timeframe to hold an RMP/TDM for children moved after hours, or on an emergency basis is **5 business days** after the child was placed.

## Procedures

### A. WHEN: YOUTH IS PLACED, OR AT RISK OF PLACEMENT IN AN RCL 6 THROUGH 14 GROUP HOME

#### ER CSW/Case-carrying CSW Responsibilities

1. Complete the DCFS 174, Family Centered Referral and Services Form.
2. Submit the DCFS 174 to the designated TDM staff responsible for scheduling TDMs.
3. Provide access to the case so the RUM staff/DMH clinician can complete the Child and Adolescence Needs and Strengths (CANS).

**NOTE:** If a 7-day Notice/Intent to Discharge is given, the CSW will immediately complete the DCFS 174 and the RMP/TDM shall be scheduled within **3 business days**, or earlier if child is suspected of a potential placement disruption.

The timeframe to hold a RMP/TDM for children moved after hours, or during a crisis is also **3 business days** after the child was placed.

4. Once the DCFS 174 is submitted to the staff responsible for scheduling TDM meetings, the TDM staff will confirm that it necessitates an RMP/TDM and a time slot will be assigned and the case-carrying CSW will then follow procedures set forth

in Procedural Guide 0070-548.03 Point of Engagement: Team Decision-Making (TDM).

5. If the RMP/TDM results in the decision to have the child placed in a group home, the CSW, with RUM staff's assistance, will fax placements packets to the recommended group home placements. Once the placement is decided, the CSW will provide the Technical Assistant (TA) with the DCFS 280 request to print the placement packet for the agreed upon placement.
6. Provide screening documents and provide all necessary documentation to complete the placement process. RUM staff will assist in identifying placements and providing necessary support.
7. Notify the youth's attorney of the pending replacement. See Procedural Guide 0300-506.08, Communications with a Child's Attorney, for instructions.
8. Implement the TDM//RMP safety/action plan. See Procedural Guide 0070-548.03, Point of Engagement: Team Decision-Making (TDM).
9. All recommendations are entered into CWS/CMS in the Contact Notebook and the Case Plan, **not the safety/action plan**. The case plan is updated to reflect the decisions at the meeting and the information is then provided in the court report. See Procedural Guides 0080-502.10, Initial Case Plan or 0080-504.20, Case Plan Update.
10. Sign closure report created by RUM staff to show agreement with results of safety/action plan recommendations and outcomes.

### **SCSW Responsibilities**

1. Review the DCFS 174.
  - a) If approved, sign the DCFS 174.
  - b) If not approved, return the DCFS 174 to the CSW for corrective action.
2. Ensure that child is not placed in residential care (excluding emergencies) without going through the RMP/TDM. For children that are placed in residential care during a crisis, ensure that a RMP/TDM is held within 5 business day of the child's placement.
3. Support the CSW in making timely referrals to the RMP/TDM.
4. Attend and follow the TDM policy for the meeting.

5. Once the placement decision is made., review the DCFS 280 for accuracy.
  - a) If RMP/TDM has been held and group home placement has been determined to best meet the needs of the youth, sign the DCFS 280 and forward to ARA for approval.
  - b) If not approved, return the DCFS 280 to the CSW for corrective action.
6. Sign closure report created by RUM staff to show agreement with results of safety/action plan recommendations and outcomes.

### **ARA Responsibilities**

- 1 Review the DCFS 280.
  - a) If RMP/TDM has been held and group home placement has been determined to best meet the needs of the youth, and if approved , sign the DCFS 280.
  - b) If not approved, return the DCFS 280 to the SCSW for corrective action.

### **TDM Facilitator/Scheduler Responsibilities**

1. Conduct the TDM. See Procedural Guide 0070-548.03 Point of Engagement: Team Decision-Making (TDM).
2. Ensure RUM staff and DMH clinician participation. Inform RUM, DMH, and Wraparound Liaisons of the date, time and location of the meeting within 24 hours of the RMP/TDM being scheduled.

### **RUM Staff Responsibilities**

1. Initiate contact with DMH clinician in efforts to collaboratively complete the Child and Adolescence Needs and Strengths (CANS) before the RMP/TDM.
2. Prior to the meeting, review the case documentation, discuss the case with the caseworker and/or supervisor, obtain an updated list of resources and complete the Child and Adolescence Needs and Strengths (CANS), along with the DMH clinician. The RUM staff is the lead in completing the Child and Adolescence Needs and Strengths (CANS).
3. During the RMP/TDM, discuss the findings of the CAN in relation to the youth's need for appropriate services and recommended level of placement. If the recommendation is group home placement, present the list of available vacancies in group homes in the family's community that best meets the needs of the youth.

4. After the RMP/TDM, RUM staff will be the lead in following up on DCFS services only.
5. Follow up with case-carrying CSW to ensure the youth has been placed in the recommended placement.
6. Complete the RMP Exit/Summary Report, up to 2 months after the RMP, to their supervisor stating the safety/action plan linkages were successful. The summary report needs to be signed by CSW, SCSW, RUM staff, RUM SCSW and the DMH clinician. The RUM staff is the lead in completing this form and obtaining the necessary signatures.
7. If the case cannot be closed due to ongoing difficulties, a staffing will be scheduled to resolve the conflict in order for secondary assignment of RUM staff can be ended.

### **RUM Supervisor Responsibilities**

1. Assign RUM staff as secondary on designated case.

### **DMH Clinician Responsibilities**

1. Coordinate with RUM staff to review case and come up with recommendations for appropriate placement and/or services.
2. Assist RUM staff to complete Child and Adolescence Needs and Strengths (CANS).
3. Provide clinical expertise during the RMP/TDM
4. Participate in developing the safety/action plan.
5. After the RMP/TDM, provide case management support to the CSW by problem solving and finding additional resources, as needed.
6. Complete summary report after the 2 months to their supervisor stating the safety/action plan linkages outcomes. Summary report to be signed by the CSW/SCSW.

### **DCFS Wrap TDM Liaison Responsibilities**

1. Upon notification of an RMP/TDM date, the DCFS Wrap TDM Liaison will contact the DCFS Wrap Tracker Liaison in the destination SPA and determine if there is a Wraparound/SCO slot available.
2. If there is a slot available, the Tracker Liaison will reserve a DCFS slot for the upcoming RMP.

3. The DCFS Wrap TDM Liaison will research the case, and print out copies of the most recent Wrap TDM Liaison will research the case, and print out copies of the most recent Status Review, a Minute Order from court authorizing treatment, and the Placement History to bring to the RMP.
4. The DCFS Wrap TDM Liaison will advise the RUM staff of WRAP/SOC slot availability.
5. The DCFS Wrap TDM liaison will prepare a set of Consent forms and a complete LWA Enrollment Agreement (except for the caregiver and agency signature) for the RMP.

## **B. WHEN: LINKING A CHILD TO AN INTENSIVE COMMUNITY BASED SERVICE**

### **RUM Staff, DMH Clinician and Wraparound Liaison Responsibilities**

1. At the RMP/TDM, present the list of available resources in their community and the services for which they qualify, to the family. The family will have input about the decision, which they believe meets their needs.
2. Assist the CSW in connecting with the appropriate liaison, once the service is identified.
3. Complete the RMP Exit/Summary Report, up to 2 months after the RMP, to their supervisor stating the safety/action plan linkages were successful. The summary report needs to be signed by CSW, SCSW, RUM staff, RUM SCSW and the DMH clinician. The RUM staff is the lead in completing this form and obtaining the necessary signatures.

## **C. WHEN: RMP/TDM SAFETY/ACTION PLAN RESULTS IN RECOMMENDATION OF SERVICES THAT ARE NOT READILY AVAILABLE TO THE YOUTH AT THE TIME OF THE RMP/TDM**

### **TDM Facilitator Responsibilities**

1. Develop a safety/action plan to record all the actions and next steps. Ensure that participants sign the plan and are provided a copy. See Procedural Guide 0070-548.03 Point of Engagement: Team Decision-Making (TDM).

### **RUM Staff/DMH clinician Responsibilities**

1. Monitor progress to ensure the recommendations of the RMP/TDM Safety/Action Plan have been implemented.

**NOTE:** If needed, a follow up staffing can be called by anyone attending the original meeting. If there is no follow up meeting needed within 2 months of the original meeting, then a Permanency Planning Conference will be scheduled as a follow up meeting. See Procedural Guide 0070-548.03 Point of Engagement: Team Decision-Making (TDM).

- 2. Complete the RMP Exit/Summary Report, up to 2 months after the RMP, to their supervisor stating the safety/action plan linkages were successful. The summary report needs to be signed by CSW, SCSW, RUM staff, RUM SCSW and the DMH clinician. The RUM staff is the lead in completing this form and obtaining the necessary signatures.

**APPROVAL LEVELS**

Section	Level	Approval
A.	SCSW	DCFS 174
A.	ARA, SCSW	DCFS 280
A. – C.	SCSW, RUM SCSW, DMH clinician	RMP Exit/Summary Report

**OVERVIEW OF STATUTES/REGULATIONS**

None

**LINKS**

- California Code <http://www.leginfo.ca.gov/calaw.html>
- Division 31 Regulations <http://www.cdss.ca.gov/ord/PG309.htm>
- Title 22 Regulations <http://www.dss.cahwnet.gov/ord/PG295.htm>

**RELATED POLICIES**

- Procedural Guide 0070-5483.03, Point of Engagement: Team Decision-Making (TDM)
- Procedural Guide 0300-506.08, Communications with a Child’s Attorney
- Procedural Guide 0080-502.10, Initial Case plan
- Procedural Guide 0080-504-20, Case Plan Update

## FORM(S) REQUIRED/LOCATION

<b>HARD COPY</b>	Child and Adolescence Needs and Strengths (CANS)
<b>LA Kids:</b>	<b>DCFS 174</b> , Family Centered Referral and Services Form <b>DCFS 280</b> , Technical Assistance Action Request
<b>CWS/CMS:</b>	Contact Notebook Case Plan <b>DCFS 174</b> , Family Centered Referral and Services Form
<b>SDM:</b>	None