Making and Case Managing STRTP Placements

(Revised 07/25/25)

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Additional information can be found in the following policies:

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- Child Specific Letter (CSL)
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- San Diego Regional Center Placements
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- Sexual Orientation, Gender Identity, and Gender Expression (SOGIE)
- Voluntary Services Protocol
- Wraparound

Forms

The following forms are referenced in this policy:

04-24A-P English/ Spanish) Authorization to Use or Disclose Protected Health

Information-All Providers

04-24 C Order Authorizing Medical Examination and Treatment-

Court

• 04-24P/04-24Psp Consent For Examination and Treatment-Parent

• 04-258 Placement Needs and Services Plan (CWS/CMS Template)

• 04-27 STRTP Screening Assessment (CWS/CMS Template)

Forms	(cont
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•	04-61	Clothing Inventory and Record of Personal Belongings
•	04-75	Statement of Dangerous Propensities (CWS/CMS Template)
•	07-65	Placement Information and Payment Authorization (CWS/CMS Template)
•	<u>SOC 154C</u>	Agency-Short-Term Residential Therapeutic Program (STRTP) Admission Agreement
•	04-444	Child and Family Team Referral Form (CWS/CMS Template)
•		Qualified Individual Referral
•	04-503	Qualified Individual Coversheet
•		Qualified Individual Assessment Report
•	<u>JV 235</u>	Placing Agency's Request for Review of Placement in STRTP
•	<u>JV 236</u>	Input on Placement in STRTP
•	<u>JV 237</u>	Proof of Service - STRTP Placement
•	JV 238	Notice on Hearing on Placement in STRTP (Optional)
•	JV 239	Order on Placement in STRTP
•	<u>JV 240</u>	Notice of Request for Approval of Short-Term Residential Therapeutic Program or Community Treatment Facility Without a Hearing
•	04-140	San Diego Center for Children WrapWorks Wraparound Referral
•	04-749	STRTP Initial Placement Plan
•	04-748	STRTP Aftercare Services Plan
•	10-5	Foster Children's Personal Rights

Resources

The following resources are referenced in this policy:

- Foster Youth Bill of Rights CA Ombudsperson
- Foster Youth Rights Handbook
- Foster Youth Rights Handbook (Spanish)
- Foster Youth Mental Health Bill of Rights (PUB 488)
- QI Information Sharing Special Matter Order

Background

Under the Continuum of Care Reform (CCR), reliance on residential care is limited to circumstances when the child/youth or NMD requires residentially-based, short-term treatment interventions designed to enable the child/youth or NMD's successful transition into a permanent home-based family placement.

In 2016, AB 403 established a new licensed children's residential facility type called Short-Term Residential Therapeutic Program (STRTP). The STRTP is intended for children/youth or NMD whose behavioral and therapeutic needs are not able to be met in a home-based family setting, even with the provision of supportive services, and who require the level of supervision and clinical interventions provided by the STRTP facility.

Background (cont.)

The Family First Prevention Services Act (FFPSA) was signed into law in 2018 requiring further enhancement to STRTP placement and services as implemented in October 2021. Federally, these treatment congregate care facilities are referred to as QRTPs (Qualified Residential Treatment Programs) but will continue to be referred to as STRTPs in California. In California, many FFPSA requirements of STRTPs were already implemented with the onset of the Continuum of Care Reform (CCR). Placement into an STRTP continues to include the use of the Child and Family Teams (CFT), the Interagency Placement Committee (IPC), and court approval. New provisions include the assessment by a licensed mental health clinician acting as a Qualified Individual (QI) and additional court and notification processes, as outlined within this policy.

NOTE: For all purposes within this policy, any requirements that apply to STRTPs also apply to the placement and management of a child/youth or NMD in a Community Treatment Facility (CTF). This policy does not apply to non-STRTP licensed San Diego Regional Center - Placements and/or San Pasqual Academy; they each have their own, separate assessment and intake process.

STRTP Programs and Services

A Short-Term Residential Therapeutic Program (STRTP) formerly known as a Licensed Group Home (LGH) is one of the highest level of placements available for children/youth or NMDs with complex and severe needs that are just below an inpatient health facility level of care. An STRTP provides more intensive care and supervision, services and supports, treatment, and short-term 24-hour care and supervision of children/youth and non-minor dependents (NMD). An STRTP is intended to serve children/youth and NMDs who are in need of a level of care and supervision that cannot be safely met in a family-based setting and who are not in need of inpatient services. These residential facilities are operated by a public agency or private organization and licensed by the California Department of Social Services (CDSS) Community Care Licensing (CCL).

STRTPs provide the following services:

Phase	Services
Intake	 Joint preparation with the CFWB SW, QI Assessment, CFT input, of an initial treatment plan and diagnostic summary within 30 days of placement which will be reflected in the Placement Needs and Services Plan (04-258) and STRTP Initial Placement Plan (04-749) Enrollment in an appropriate educational program
Treatment / Ongoing Services	24-hour care and supervision, provision of clothing and other basic needs in accordance with their program statement outlining their comprehensive traumainformed treatment model

STRTP Programs and Services (cont.)

Phase	Services
Treatment / Ongoing Services (cont.)	 Outreach to the child/youth or NMD's family members for participation in the child/youth or NMD's treatment program and documentation of how family members will be integrated into the treatment program, including how sibling connections are maintained Provision of, arrangement for, or assistance with the development of an individualized family-based aftercare support plan for at least six months after the child/youth or NMD is discharged from the STRTP into a family-based setting Administration of emergency medical assistance and medication provision to children and youth Availability of licensed nursing staff 24 hours a day, 7 days a week, which may include telehealth nursing resources NOTE: If it is determined that a child/youth or NMD requires regular onsite nursing care, CFWB must ensure the nursing care is provided either by the STRTP, consistent with their treatment model, or through the provision of available nursing services and resources. CDSS has established a contract for the statewide provision of telehealth nursing services available 24 hours a day, 7 days a week. The STRTP 24/7 Nurse Hotline can be reached by calling (833) 614-7401. Behavioral and therapeutic treatment intervention Transmittal of all school, medical and psychological reports to the SW and to the Public Health Nurse (PHN).
	It is the responsibility of the STRTP to send health information directly to the PHN for input into the Health and Education Passport (HEP).
	Review of the child's progress quarterly within the CFT meeting and submission of written quarterly treatment updates Compare the progress of the prog
	 In county transport: transporting child/youth or NMD to court, visits, any off grounds therapy, etc.

STRTP Programs and Services (cont.)

Phase	Services
Discharge/Aftercare	 At least six months of family-based aftercare support is required to be provided to a child/youth or NMD discharged from an STRTP and stepping down into a family-based setting. Youth, or NMD, and family may complete services early by achieving goals or case closure. Child/youth or NMD exiting an STRTP into a Supervised Independent Living Placement (SILP) will also be offered aftercare services NOTE: All family-based aftercare support will be provided through the San Diego Center for Children WrapWorks. See Aftercare and Wraparound Services section below for required planning, documentation, and the referral process.

Initial and COP STRTP Placement

On and after October 1, 2021, all new placements or change of placements_(see Change of Placement (COP) Requirements When Notice Is Given to Move Child/Youth policy for more information) into a residential facility requires an assessment and placement process consisting of:

Step	Who	Action
1	Assigned Social Worker (SW)	After gathering needs and placement input from the CFT and available records, consult with the PSS and placement team to assess whether or not the child/youth's or NMD's level of services and supervision can be provided in a home-based placement. NOTE: Section F of the STRTP Screening Assessment (04-27) can be used to guide the assessment and consultations. If it is assessed the youth may need an STRTP level placement, the SW will: Submit the Qualified Individual Referral Form within 2 business days. Email referral form and QI Cover Sheet to the Behavioral Health Services QI. Complete and submit a Child and Family Team Referral Form (04-444) Complete and submit STRTP Screening Assessment (04-27) Sections A-E and email to the IPC Support Staff and Facilitator.

Step	Who	Action
1 (cont.)	Assigned Social Worker (SW)	See Qualified Individual section below for full information regarding the QI assessment.
2	Assigned SW	 Convene a Child and Family Team meeting (CFTM) Invite the QI to the meeting, if already assigned. If no QI has been assigned and it has been more than three days since the QI referral was submitted, contact the QI email inbox and cc the Policy Analyst at the end of this file to request one is assigned. Provide input to the QI completing the CANS assessment in the CFTM to identify priority needs for the youth Discuss placement options with the CFT, including if a home based placement can occur or be preserved, in the case of a COP NOTE: If CFT recommends an STRTP placement during any CFTM and a QI referral has not been submitted, the SW will submit the QI referral and STRTP Screening Assessment (04-27) within two (2) business days of the CFTM.
3	BHS Staff	 Confirm receipt of referral for QI Assessment within three (3) business days by emailing the assigned SW Request any other required documentation needed Assign the assessment to a QI
4	QI	 Conduct an assessment to determine the child/youth or NMD's mental and behavioral health needs and goals including gathering input from the CFT Complete QI Assessment Report within 30 calendar days from the date of the referral, or from the date of placement, whichever comes first Email SW the QI Assessment Report when complete Make a recommendation about: the most appropriate and least restrictive placement setting and how to address any barriers to placement with the family, consistent with the child's behavioral health goals. Attend CFTM and/or engage CFT members to share the gathered information and recommendations from the QI Assessment Report

Step	Who	Action
5	Assigned SW	 Attend IPC and be prepared to discuss the youth's strengths, needs, placement history, and supporting criteria for STRTP placement If IPC approves an STRTP placement, send the QI Coversheet and all associated documents to Residential Services via email to start identifying an appropriate placement and facilitate the transfer of the case to Residential Services
		NOTE: A Dependency case can be fully transferred to Residential Services, along with any sibling cases, after IPC approval as long as the QI referral has been submitted. Voluntary Services cases can be transferred only after the youth has been placed in an STRTP and all documents from the Voluntary Services Protocol for out of home placement have been completed.
		 Support the QI assessment process (e.g., assist QI with tribal consultation, family contact, child/youth or NMD supports, etc.) Schedule CFTM for team follow-up as needed once the QI Assessment Report is completed. As needed may include, but is not limited to: The QI does not approve the STRTP placement that the CFT recommended The QI recommends additional needs and services for the youth that were previously not discussed by the team to include in the youth's case plan Upload the QI Assessment Report into ERMS and the Document section of CWS/CMS
6	Assigned SW	 After IPC confirms the child/youth or NMD meet eligibility criteria and QI approves STRTP level of placements, the STRTP placement can be made. NOTE: If IPC approves STRTP placement and an appropriate STRTP is identified for the youth prior to the QI assessment being completed, the CFWB staff psychologist must sign the STRTP Screening Assessment (04-27) Emergency IPC placement section within 72 hours of placement.

Step	Who	Action
Step 6 (cont.)	Who Assigned SW	SW will initiate the court approval of the STRTP placement within five business days of placement so that the court may approve the placement within the required 60 day timeframe. See court approval section below for the full court approval process. NOTE: For VS cases with out of home placement in an STRTP, the SW will complete all steps outlined in this policy, but final approval of the placement will be completed by Administrative Review since the youth is not a dependent. Please contact the Policy Analyst at the end of this policy and the IPC Coordinator after a VS STRTP placement is made attaching the following documents: Completed and signed STRTP Screening Assessment (04-27) with Section H filled out QI Assessment from BHS STRTP Initial Placement Plan
		 Continuing Services may transfer cases to Residential when: IPC has approved an STRTP/CTF placement and Qualified Individual (QI) referral is submitted. Residential SW will then complete the STRTP Placement Hearing, STRTP Initial Placement Plan, and locate placement as needed for the child/youth or NMD if the child/youth or NMD's case is transferred prior to placement. NOTE: Court Intervention will not transfer the case prior to Jurisdiction and CS will not transfer until the 387 is complete and/or there are no status review hearings scheduled within 30 days. The case can be transferred prior to a youth being placed if the above criteria is met. VS may transfer cases to Residential when: IPC has approved a STRTP/CTF placement, a Qualified Individual (QI) referral is submitted, and the youth has been placed in an STRTP. All prior SWs will continue to be available for the QI interviews on the needs of the youth during the assessment period.

NOTE: Children/youth or NMDs with special health care needs, as outlined in <u>Medically Fragile Children</u>, must not be placed in an STRTP for longer than 120 calendar days and then only for emergency purposes while a home-based family care setting is secured.

NOTE: All required IPC and QI steps outlined above apply to Community Treatment Facilities as well as placements made for youth who are under <u>Conservatorship</u>.

Reminder: Children/youth or NMDs have the right to be placed according to their <u>Sexual</u> <u>Orientation, Gender Identity, and Gender Expression (SOGIE)</u> in any placement type, including congregate care facilities. IPC, the assigned SW, and the Residential Liaison will know and consider the youth's identification when considering placements that best meet their needs.

Emergency STRTP Placement

An emergency placement into a STRTP is defined as a placement made prior to the full IPC and QI approvals, outlined above, because immediate STRTP placement is necessary to address the acute needs of the youth and without it the youth would remain at a higher level of care than necessary (ie. Hospital, CTF, or Juvenile Hall) or remain in a placement that cannot meet their needs for appropriate care or services.

The following table details the process for the QI assessment and IPC determination for an emergency placement into an STRTP.

Step	Who	Action
1	SW and PSS	Consult with IPC Manager (or designee) to assess if the child/youth or NMD can be presented on Tuesday, Wednesday, or regularly scheduled Thursday IPC meeting.
2	IPC Coordinator	Complete the STRTP Emergency Screening Assessment section of the STRTP Screening Assessment (04-27) during the IPC meeting, including getting the CFWB Staff Psychologist signature prior to or within 72 hours of the child/youth or NMD's STRTP placement.
3	SW	 Within two business days of IPC approval complete the QI Referral and gather all documents on the QI Cover Sheet. Place child/youth or NMD at an STRTP that meets their needs when a bed becomes available. After notifying and gathering input from the CFT, complete the rest of steps 1-6 of Initial/COP Placement Policy NOTE: An STRTP placement cannot be identified without the packet of documents included in the QI Cover Sheet.

Emergency STRTP Placement (cont.) **NOTE:** An emergency placement into an STRTP may not be used as a temporary placement for a child/youth or NMD not requiring the STRTP level of care due to lack of an identified home-based family care placement.

Out-of-County /Out-of-State Placement

There are new Presumptive Transfer requirements outlined in <u>ACL 24-43</u> that must be met prior to placing a child/youth or NMD in an out-of-county CTF or STRTP. Effective July 1, 2024, the responsibility to provide or arrange and pay for Specialty Mental Health Services (SMHS) shall remain with the Mental Health Provider in the county of original jurisdiction unless one of the following circumstances exist:

- The child/youth or NMD's case plan specifies that the child/youth or NMD will
 transition to a less restrictive placement in the same county as the facility in which the
 child has been placed or admitted; or
- The placing agency determines, as informed by the CFT, that the child/youth or NMD
 will be negatively impacted if responsibility for providing or arranging for SMHS is not
 transferred to the same county as the facility in which the child has been placed or
 admitted. The SW shall document the basis for making this determination in the case
 record.

If either circumstance described above exists, the process for presumptive transfer set forth in W&I Code section 14717.1 shall apply, and the responsibility to arrange and provide SMHS will transfer to the Mental Health Provider (MHP) in the county of residence. Please see the Presumptive Transfer Policy for the complete procedures for placing a child/youth or NMD in an out-of-county CTF or STRTP. In addition, the SW will follow all procedures in Child Specific Letter (CSL) policy prior to placement to secure funding. The SW must contact the Child and Family Well-Being Travel Coordinator for travel arrangements.

New requirements outlined in <u>ACL 21-146</u> prohibit any new CFWB out of state residential placements after July 1, 2022. Between July 1, 2022 and December 31, 2022, all child/youth or NMDs currently placed in out of state residential treatment are to be brought back to an in state placement; no out of state residential placements are to remain as of January 01, 2023.

The only exceptions include child/youth or NMD placed by the education system to meet emotional/behavioral needs as outlined in the child/youth or NMD's IEP and tribal youth with tribal approval. If a dependent child/youth or NMD is being considered for out of state placement, SW will consult with County Counsel to ensure the child/youth or NMD meets one of these exception criteria.

Alternatives to Congregate Care

The table below outlines next steps to take if STRTP placement is not approved by IPC, QI, or Court.

If	Then
IPC determines the child/youth or NMD's needs can be met in a home based placement AND the child/youth or NMD has not already been placed in an STRTP	 IPC will provide a copy of the STRTP Screening Assessment (04-27) to the assigned SW with recommendations for the appropriate level of care Assigned SW will coordinate with the CFT and the placement team to identify an alternative home based placement for the child/youth or NMD
IPC determines an emergency STRTP placement to not be appropriate due to health and safety concerns	 IPC will provide a copy of the disapproved STRTP Screening Assessment (04-27) to the STRTP within 10 days of the IPC determination IPC will provide a copy of the STRTP Screening Assessment (04-27) to the assigned SW with recommendations for the appropriate level of care Assigned SW will coordinate with the CFT and the placement team to identify an alternative placement for the child/youth or NMD Assigned SW will transition the child/youth or NMD immediately to an appropriate placement, not to exceed three (3) calendar days
IPC determines an emergency STRTP placement to not be appropriate for all other reasons	 IPC will provide a copy of the disapproved STRTP Screening Assessment (04-27) to the STRTP within 10 days of the IPC determination IPC will provide a copy of the STRTP Screening Assessment (04-27) to the assigned SW with recommendations for the appropriate level of care Assigned SW will coordinate with the CFT and the regional placement team to identify an alternative placement for the child/youth or NMD Assigned SW will transition the child/youth or NMD to an appropriate placement, within two weeks, but not to exceed 30 days.

Alternatives to Congregate Care (cont.)

The table below outlines next steps to take if STRTP placement is not approved by IPC, QI, or Court.

If	Then
QI Assessment determines the child/youth or NMD's needs can be met in a home based placement AND the child/youth or NMD has not already been placed in an STRTP	 QI will request a CFTM to convene to discuss an alternative placement plan with the CFT, including the use of community-based services to support the child/youth or NMD in a home-based placement SW will notify their chain of command in order to consult with the Placement manager, Policy and Program Support manager, and County Counsel SW will continue family finding efforts and engagement with the CFT to identify possible home based placements to meet the child/youth or NMD's needs
QI Assessment determines the child/youth or NMD's needs can be met in a home based placement AND the child/youth or NMD has already been placed in an STRTP	 SW will notify their chain of command in order to consult with the Placement manager, Policy and Program Support manager, and County Counsel QI will request a CFTM to convene to discuss an alternative placement plan with the CFT, including the use of community-based services to support the child/youth or NMD in a home-based placement
The Court does not approve the STRTP placement	 Assigned SW will coordinate with the CFT and the regional placement team to identify an alternative placement for the child/youth or NMD Assigned SW will transition the child/youth or NMD to an appropriate placement, within two weeks, but not to exceed 30 days

The following alternatives to congregate care can be considered if placement into congregate care is not appropriate and there continues to be a need for extensive supports and specialized care:

• Children's Crisis Continuum Pilot Project (CCCPP)- The CCCPP is a collaboration with the CDSS, the CFWB Department, and BHS to ensure youth with complex care needs have access to necessary and appropriate placements to increase their stability and success. As part of the CCCPP, the County identified 16 Intensive Services Foster Care (ISFC) Foster Family Agency (FFA) beds that will serve youth eligible for the project. See Intensive Services Foster Care (ISFC) for more information on eligibility and placing youth in a CCCPP ISFC FFA home.

Alternatives to Congregate Care (cont.)

- Wraparound Wraparound is an intensive home-based support that provides
 individualized and comprehensive supports while wrapping the youth and family to
 natural supports and resources in the community with the ultimate goal of avoiding a
 higher level of care (i.e., congregate care) or successfully transitioning from a higher
 level of care back home.
- Therapeutic Behavioral Services (TBS) TBS is an intensive, individualized, one-to-one behavioral coaching program intended to help youth and parents/caregivers learn skills to increase successful behaviors and learn new ways of reducing challenging behaviors.
- Comprehensive Assessment and Stabilization Services (CASS) The CASS Program
 provides short-term individualized treatment and stabilization services intended to
 promote stability and success in the youth's current family, school, or community
 setting.

NOTE: See <u>Mental Health Treatment and Services</u> policy for more information, including how to submit referrals.

- Foster Family Agency Stabilization & Treatment (FFAST) The FFAST Program
 provides therapy and other services to foster youth who live in an FFA with the goal of
 ensuring placement stability, improving health and well-being, and working towards
 permanency.
- Intensive Services Foster Care (ISFC) The ISFC program supports youth requiring
 intensive treatment and behavioral supports including youth with special health care
 needs. The goal is to ensure that the services needed are provided in a home-based
 family care setting or to prevent placement into or assistance stepping down from an
 STRTP.
- Therapeutic Foster Care (TFC) TFC is a short-term, intensive, highly coordinated, trauma-informed, and individualized service intended for youth who require intensive and frequent mental health support in a one-on-one family environment. The service is intended to help the youth remain in a community setting, thereby avoiding congregate care, inpatient, or institutional care.

Qualified Individual

The QI is a trained professional licensed clinician not employed by the placing agency (CFWB or Probation) and is a designated member of the multidisciplinary team. Currently, the QI activities are provided by Behavioral Health Services (BHS), which has designated licensed clinicians to serve as the QI and complete assessments for both CFWB and Probation.

The QI will determine and document whether the assessed behavioral health needs and goals of the child/youth or NMD can be met with family members, in a Tribally Approved Home (TAH) in the case of an Indian child, in another family-based setting, or if a higher level of care is needed. In making this assessment the QI will perform and document the following:

- Engagement and partnership with the CFT, including the child's tribe in the case of an Indian child
- An assessment of the strengths and needs of the child or NMD using the Child and Adolescent Needs and Strengths (CANS), and methodology approved by the CDSS and Department of Health Care Services (DHCS)
- Development of specific short and long term mental and behavioral health goals and treatment needs of the child

Qualified Individual (cont.)

In the case of an Indian child, as defined in <u>WIC Section 224.1</u>, the QI must consult and confer with a representative of the child's tribe or the Qualified Expert Witness as described in <u>WIC Section 224.6</u>, if directed by the tribe to include but not be limited to determination of the social and cultural standards of the Indian child's tribe. The QI must have specialized knowledge of, training about, or experience with tribes and ICWA. The child's tribe may also designate a QI to complete the assessment.

The QI will become a temporary member of the CFT in order to conduct the assessment and will participate in the CFTM and/or engage, collaborate, and ensure that recommendations from the QI Assessment Report shared with CFT members align with the child/youth or NMD's case plan, permanency plan, and treatment goals.

Placement conditions that will need a referral for a QI assessment include but not limited to the following:

- CFT recommends placement in a STRTP (this determination may occur during a CFTM or through regular team member communication)
- Child/youth or NMD has an unplanned discharge from a STRTP placement
- Child/youth or NMD's anticipated placement will be a STRTP due to:
 - o emergency removal from current placement,
 - discharge from a psychiatric hospitalization,
 - the child/youth or NMD violated probation or has additional charges, and/or
 - the child/youth or NMD's current placement (STRTP or family-based setting) gave notice of removal.
- The child/youth or NMD is involved with Juvenile Justice and a recommendation for foster care placement in a STRTP is anticipated
- Out-of-Home Voluntary Services when a child will be placed in a STRTP
- Child/youth or NMD returns to a STRTP after being gone for more than 14 days

The assessment of the QI does not replace or replicate the requirements of the IPC. The requirement of a QI assessment is not intended to prevent an emergency placement in aSTRTP prior to the IPC's eligibility determination. All information and documents shared with BHS and the QI is allowable via the Special Matter Order.

Interagency Placement Committee (IPC) STRTP Approval

The <u>Interagency Placement Committee (IPC)</u> determines a child/youth or NMD's eligibility for STRTP placement pursuant to WIC section 4096(e)(1) and determines the specific placement facilities or programs that have the capacity to address the child/youth or NMD's needs.

The SW must obtain approval from the IPC prior to any of the following:

- Initial placement of a child/youth or NMD into a STRTP.
- Court request for a STRTP placement order for a child/youth or NMD, unless an approval for an Emergency Placement is obtained.
- Continued placement of a child/youth or NMD in a specific STRTP for additional treatment beyond six months, known as second level reviews. The age-based placement timeframes for second level reviews are as follows:
 - Youth ages 6-12 must be reviewed and approved by the IPC before reaching the first six months of treatment and every two months after.
 - Youth ages 13 and up must be reviewed and approved by the IPC before reaching the first six months of treatment and every six months after.

Interagency Placement Committee (IPC) STRTP Approval (cont.) To request an IPC case presentation for an initial placement or second level review, the SW will complete and submit STRTP Screening Assessment (04-27) Sections A-E and email it to the IPC Support Staff and Facilitator. For second level reviews, the SW will complete and submit STRTP Screening Assessment (04-27) Section G, this should be submitted after the child/youth or NMD has been in the STRTP for approximately 5 months. The SW will attend all IPC meetings and will complete the meeting requirements as outlined in the IPC Meeting policy.

An initial IPC approval is required when a youth is being considered for placement into an STRTP for the first time or if they require placement into a different STRTP at any time. Second level reviews are required after the youth has been in treatment for six months in the same STRTP placement (frequency of these reviews are determined by the age guidelines mentioned above).

NOTE: A Virtual Assessment Team (VAT) meeting may be held to help determine appropriate placement options for a child/youth or NMD in Polinsky Children's Center (PCC) per <u>Polinsky Children's Center Entries</u>. If the VAT recommends that an STRTP placement should be considered, the SW will be referred to the next IPC meeting.

IPC may determine a child/youth or NMD meets criteria for STRTP placement if the following WIC sections 4096 and 11462.01 are met:

- Youth meets the medical necessity criteria for Medi-Cal specialty mental health services, Title 9 of the California Code of Regulations, OR
- Youth is assessed as seriously emotionally disturbed (SED), as described in subdivision

 (a) of WIC section 5600.3, or has been assessed as SED through an Individualized
 Education Plan (IEP), OR
- Youth's individual behavioral or treatment needs can only be met by the level of care provided in a STRTP.

AND all the following are met below:

 Youth is experiencing emotional and behavioral problems in the home, community and/or treatment setting

AND

• Youth is not sufficiently stable, either emotionally or behaviorally, to be treated outside of a highly structured 24-hour therapeutic environment

AND

- Least restrictive or intensive levels of treatment:
 - have been tried and were unsuccessful

OR

o are not appropriate to meet the youth's needs.

After the IPC meeting, the SW will file the completed original STRTP Screening Assessment (04-27) in the youth's case file, upload to ERMS and provide to the STRTP within 10 days of placement.

Day of Initial Placement or COP

Follow these steps on the date of placement when placing a child/youth or NMD in an STRTP home:

Step	Action		
1	 Complete the following paperwork: Agency-Short-Term Residential Therapeutic Program (STRTP) Admission Agreement (SOC 154c) Statement of Dangerous Propensities (04-75) Placement Information and Payment Authorization (07-65) NOTE: The SOC 154C should be signed by the IPC coordinator and child/youth or NMD prior to placement, whenever possible. If obtaining the child's signature is not possible due to the child refusal or other concerns, please note what efforts were made to obtain the child's signature on the SOC 154c. If agreement from the child/youth or NMD was received via telephone or verbally, note that as well on the SOC 154c. 		
2	Transport child and personal belongings to the STRTP. Ensure the following items have been obtained from previous placement: • Medi-Cal number (or BIN number and issue date) • Prescription medications • All the child/youth or NMD's belongings or make arrangements for the belongings to be sent to the STRTP		
3	Ensure the following paperwork is provided to the STRTP: Provided by Placement Team: Completed STRTP Screening Assessment (04-27) with approval from IPC QI Assessment (when available) Medi-Cal card (or Medi-Cal number and issue date) Health and Education Passport Copy of birth certificate, alien registration, SSN number (as available) IEP, if applicable Authorization to Use or Disclose Protected Health Information - All Providers (04-24A-P) Consent to For Examination and Treatment - Parent (04-24P) Order Authorizing Medical Examination and Treatment - Court (04-24C) JV-220, as needed Dangerous Propensities (04-75)		

Day of Initial Placement or COP (cont.)

Step	Action		
3 (cont.)	Completed by Assigned SW Complete STRTP's packet including: All pertinent contact information Child/youth or NMD's background (dangerous propensities, medical, behavioral family and placement history) Service Plan for child (school, therapy, recreation, religion, independent living skills, etc.) Child's clothing needs (a clothing inventory will be completed) Visitation plan for parents, siblings and relatives. Placement Needs and Services Plan (04-258) STRTP Initial Placement Plan		
4	Discuss placement expectations with the child/youth or NMD and ensure the child/youth or NMD understands their rights. Provide the child/youth or NMD with the Foster Youth Bill of Rights Handbook and Foster Youth Mental Health Bill of Rights and explain the information to them at their age and developmental level.		
5	Discuss placement rules and regulations, expectations, treatment, education, and house rules with STRTP intake staff and the child/youth or NMD.		

Court Approval

Per Welfare and Institutions Code (WIC) Section 361.22 and WIC Section 727.12, each new STRTP placement and/or change to another STRTP placement, will be reviewed by Court within 45 calendar days of the start of the placement, and no later than 60 calendar days. STRTP placement approval must occur by the Court either via hearing or Ex-Parte for each STRTP placement. If the court does not approve the placement within the 60-day timeframe, federal funding will be affected. The hearing or Ex-Parte must occur regardless of the date of the last hearing for the child/youth or NMD.

The table below outlines how a SW initiates an STRTP Placement Hearing, an Ex-Parte request and the required steps involved in the court approval process:

Step	Who	Action	
1	SW	 Within five (5) calendar days of the STRTP placement of a child/youth or NMD: Notify County Counsel (CC) that a JV-235 for a STRTP Placement Hearing is needed Email the CC Secretary or call the duty line with the child/youth or NMD's name, court home department, and status of QI assessment. 	

Court Approval (cont.)

Step	Who	Action
1 (cont.)	SW	 Within five calendar days of the STRTP placement of a child/youth or NMD: If the child/youth or NMD is being removed from an FM placement with a parent or guardian and placed in a STRTP, a 387 petition must be filed within 48 hours. If a 387 petition is needed in any other circumstance, it can be filed the day before the STRTP Placement Hearing.
2	CC Secreta ry	Prepare and send Notice to all required legal parties by sending the JV-235 and attaching a blank JV-236. • File the JV-235 with the court • File JV-237 Proof of Service with the court • Upload and distribute all notices in JELS
3	Court	 Within five calendar days of receiving hearing request, the court will schedule a STRTP Placement Hearing within 45 days of the placement date If a regularly scheduled hearing is calendared within 60 days of the placement, the court may choose to review the STRTP placement at that time as long as all the required noticing and documents have been filed with the court Notices all parties of hearing date via minute order. SW is not noticed of the hearing via JELS and must check for hearing date. NOTE: The court cannot grant a continuance that would delay the hearing to occur more than 60 calendar days from the date of placement.
4	SW	Prepare court report according to <u>STRTP Court Report</u> <u>Requirements</u> and prepare the <u>JV-237</u> and <u>JV-240</u> . • Submit court report seven calendar days prior to the calendared hearing. • Complete the <u>JV-237</u> Proof of Service with all required information and mark box indicating the court report and <u>JV-240</u> were served to all parties. Attach <u>JV-237</u> to the court report copy only.

Court Approval (cont.)

Step	Who	Action		
4 (cont.)	SW	NOTE: If any other information or decisions are needed by the Court, SW must submit an addendum and attend the hearing. Ex-Parte and the JV-240 can be submitted if requesting STRTP approval only. NOTE: If filing a 387 petition, the Detention Hearing Report will be the same report filed for the STRTP Placement Hearing report with appropriate 387 recommendations attached.		
5	Court OA	Prepare and send court report and all attachments according to court report mailing and JELS distribution procedures.		
6	Court			

Court Approval (cont.)

STRTP Placement Hearing noticing is required for the following parties:

- Youth (10 and older)/NMD
- Parents (if parental rights have not been terminated)
- Child/youth or NMD's attorney
- Parent's attorney
- Court Appointed Special Advocate (CASA)
- Tribe and/or Tribal Representative, if applicable
- Privately retained attorney

STRTP Court Report and STRTP Placement Plan Requirements

For each STRTP Placement Hearing, the SW will prepare a court report with the required information needed to request a STRTP placement order. If a report is being prepared for an STRTP hearing only, an Ex-Parte request to approve STRTP placement and vacate the hearing can be submitted by attaching the JV-240, in addition to the information listed below, to the report. If the report is being prepared for another hearing (for example: Status Review Hearings) then no JV-240 is needed.

If there is already an order approving placement at a STRTP level of care, the SW will include the required information in an Ex-Parte titled, "STRTP Placement Hearing." If the SW is filing a 387 petition, the information will be included in the body of the Detention Hearing Report.

The court report must include the following information:

- A copy of the QI Assessment Report
- Statement regarding whether the child/youth or NMD or any other party objects to the STRTP placement
- Most recent Case Plan or updated Case Plan reflecting current circumstances
- STRTP Placement Plan (04-749), attached to the Case Plan

In the case of an Indian child, the SW will document all active efforts made to maintain or reunify with the child/youth or NMD's family, and whether the child/youth or NMD's tribe had an opportunity to confer regarding the departure from ICWA placement preferences.

The STRTP Initial Placement Plan requires information to ensure that the SW made reasonable efforts to include the voice of the child/youth or NMD, parents, and other identified CFT members in decisions regarding placement of the child/youth or NMD into an STRTP. It also requires that the SW describe how the QI Assessment Report was used in conjunction with the CFT members and explain any discrepancies if any, regarding placement recommendations.

The Court approval or disapproval date must be added to the STRTP Placement Plan and uploaded to CWS/CMS documents after the STRTP Placement Hearing. This STRTP Placement Plan must be reviewed and updated with every subsequent placement into a STRTP.

Court Forms (JV Forms)

The following table lists the JV forms required for the court approval of a STRTP placement:

JV Form	Responsibility	Description	When
JV-235	Placing agency (CC for the Assigned SW)	Requests a hearing for review of child/youth or NMD STRTP placement	Within five (5) calendar days of placing child/youth or NMD in a STRTP placement
JV-236	Youth (over age 10)/NMD, parties involved; parents, minor's attorney, parent's attorney, CASA, Tribe/Tribal Representative	Provides input on the recommendation to place the child/youth or NMD in a STRTP placement	Within five (5) calendar days of receiving court report
JV-237	Initial: CC for Assigned SW Second: Assigned SW	Provides proof of service that JV-235, JV-236 and court report were sent to all legal parties prior to the hearing	Filed at two separate times: Initially when JV-235 and JV-236 are served to all legal parties Again when SW files and serves court report to all legal parties
JV-238 OR MINUTE ORDER	Court	Provides hearing date to parties	Once hearing date has been set
<u>JV-239</u>	Court	Provides STRTP placement orders when approved	At the hearing date
JV-240	SW	Allows STRTP approval without a court hearing	Attach to Ex-Parte and provide to all parties after court report is written and submitted.

STRTP (Residential) Case Management

When managing a case with a child/youth or NMD placed in a STRTP, the assigned SW will:

- Visit with the child/youth or NMD every month with at least 14 days between visits. This requirement also applies to children who are in <u>Out-of-County Placement</u>.
- Implement the QI recommendations in collaboration with the STRTP and CFT.
 NOTE: SW must upload the QI assessment into ERMS and CWS/CMS.
- Regularly review the child/youth or NMD's case plan and STRTP Placement Plan to ensure the child/youth or NMD's services and supports are in place.

STRTP (Residential) Case Management (cont.)

- Engage with the CFT, IPC, and STRTP to collaboratively review the necessity for continued placement in a STRTP.
 - CFT should meet every 90 days to assess the child/youth or NMD's strengths and needs, and discuss placement in the least restrictive setting as safely possible.
 - IPC will meet for second level reviews based on age requirements as outlined in the IPC section of this policy.
- If a change of placement is necessary or a child/youth or NMD leaves a STRTP placement and returns to the same placement after 14 days, an updated QI assessment is also needed.

Once the STRTP placement has been approved, the court and IPC will continue to oversee the appropriateness and necessity of a STRTP placement at each second level review and Status Review/Permanency Hearing.

If continued placement is determined to be necessary for the child/youth or NMD's treatment and supervision, the SW will submit the following required information in the Status Review report:

- Ongoing assessment of the child/youth or NMD's strengths and needs, which continues
 to support the determination that the child/youth or NMD's needs cannot be met in a
 family-based setting
- Placement continues to be the most effective, appropriate, least restrictive setting
- Placement is consistent with the short and long-term mental and behavioral health goals and permanency plan for the child/youth or NMD
- Documentation that the child/youth or NMD's specific treatment or service needs
 continue to be addressed in the STRTP and the estimated length of time the
 child/youth or NMD is expected to need the treatment or services. For a Medi-Cal
 beneficiary, document the determination of services/length of time of services are
 based on medical necessity and other state/federal requirements, and reflected in
 documentation
- Information about the intensive and ongoing efforts to prepare the child/youth or NMD
 to return home, or to be placed with a fit and willing relative, adoptive parent,
 guardian, resource family or other appropriate family-based setting, or in the case of an
 NMD, a Supervised Independent Living Placement.

NOTE: If the plan is for the child/youth or NMD to transition to a home based placement, including reunification with a parent, in the next reporting period, the SW will submit the STRTP Aftercare Service Plan (04-748) attached to the Case Plan.

The SW will add the required information under the "Out of Home Placement" section, with the subheading, "STRTP Placement."

Wraparound and Aftercare Services

When it is assessed by the CFT the child/youth or NMD's services and support needs can be met in a home based placement, or the family is ready for reunification, Part IV of FFPSA requires the provision of family-based aftercare services for all child/youth or NMDs transitioning out of a STRTP. NMDs transitioning from a STRTP to a supervised independent living placement (SILP) will also receive aftercare services. Services provided will support this transition and include individualized recommendations from the QI.

Aftercare services will utilize the Wraparound model for at least six months after the child/youth or NMD leaves the STRTP to a lower level of care. The goal of Wraparound is to maintain the child/youth or NMD in a home-based family care setting and prevent placement at a higher level of care.

Care through individualized, integrated, and comprehensive intensive services. Wraparound services are intended to be flexible, family-driven, and culturally relevant. The process utilizes a community-based approach and emphasizes family strengths and their natural supports.

The SW can submit the referral to Wraparound services up to 90 days prior to a child/youth or NMD's discharge from the STRTP using the San Diego Center for Children WrapWorks Wraparound referral form (04-140). SWs may refer to the Wraparound policy for additional information on wraparound services and how to refer a child/youth or NMD to WrapWorks.

With support from the CFT, the STRTP and other service providers (e.g., CASS, FFAST, etc.) may also make referrals directly to WrapWorks, and will inform and copy the SW on the email when a referral is submitted.

SWs will document wraparound services to child/youth or NMD by using the <u>Special Project</u> <u>Code (SPC) "S-Wraparound Program"</u> in CWS/CMS with a start and end date.

The STRTP Aftercare Services Plan is attached to the case plan when the child/youth or NMD returns to a home-based setting. The SW must document how the CFT members were included in this decision and the appropriate aftercare and home-based services that will promote the safety and stability of the child in this setting.

The Court approval or disapproval date of returning the child to a home-based setting must be added to the STRTP Aftercare Services Plan after the hearing and uploaded to CWS/CMS.

Alignment with SET

This policy aligns with the following SET Values:

- Value 1: Relationships with Children, Youth, and Families Are The Foundation and its
 guiding principle of partnering with the whole family to create long-term safety,
 ongoing permanency, and well-being.
- <u>Value 4</u>: Shared Responsibility with Community Partners and the agency practice of initiating and cultivating relationships, as well as maintaining open communication and transparency with families and community partners such as BHS and Probation.
- Value 5: A Strong Working Relationship with The Legal System and the agency practice
 of advocating for the least restrictive care necessary to provide safety and meet the
 child/youth's needs.