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I. BACKGROUND

AB 403 and subsequent legislation mandates that placements of any child into a Short Term Residential Therapeutic Program (STRTP) must be approved by an Interagency Placement Committee (IPC) that has considered the recommendation of a Child Family Team (CFT).

A STRTP is a public agency or private organization licensed by the California Department of Social Services (CDSS) to provide an integrated program of high quality, therapeutic interventions and 24-hour supervision on a short-term basis for children who have complex and severe needs.

II. IPC COMPOSITION:

The county IPC team is comprised of representatives from the county placing agencies (CFS and Juvenile Probation) and a representative from the county Mental Health Plan (MHP). The IPC team may also include other representatives from county agencies which have shared responsibility for the well-being and safety of the child, such as school/education staff, public health or nursing staff, or other department or agency decision makers.

III. POLICY:

- A. IPC review and approval is required for placements into:
 - 1. STRTPs
 - 2. Out-of-state residential programs operating pursuant to <u>FC 7911.1</u>.
- B. IPC Review is also required once a youth has been in STRTP level care for 6 months, and every 6 months thereafter, to ensure the youth still meets the eligible criteria.
- C. IPC members shall review all available assessments of the child and strongly consider the recommendations of the CFT.
- D. When county placing agencies are considering placement of a child into an STRTP that serves children from both the child welfare agency and the probation department, these county placing agencies, in consultation with the STRTP, must ensure there is a commonality of need with the other children in the placement setting and the requirements have been meet, with a final determination and approval by the IPC.

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IV. STRTP PLACEMENT CRITERIA

A child may be accepted into an STRTP for placement following an IPC determination that the child meets the following criteria listed below

A. The child does not require inpatient care in a licensed health facility;

AND

B. The child's needs have been assessed as requiring the level of services provided in an STRTP in order to maintain the safety and well-being of the child or others due to behaviors, including those resulting from trauma, that render the child or those around them unsafe or at risk of harm; or that prevent the effective delivery of needed services and supports provided in the child's own home or other family settings (such as with a relative, guardian, foster family, resource family, or adoptive family). The assessment must ensure that the child has needs in common with other children in the STRTP.

AND at least one of the following criteria is present:

- C. The child meets medical necessity criteria for Medi-Cal Specialty Mental Health Services, which is determined by a licensed mental health professional.
- D. The child is assessed as seriously emotionally disturbed (SED) or has been assessed as SED through an Individualized Education Plan (IEP).
- E. The child is assessed as requiring the level of services provided by the STRTP in order to meet his or her behavioral or therapeutic needs. This criterion may be met by utilizing a current assessment tool completed by the county placing agency. The IPC shall review the assessment and recommendation of the county placing agency.

Note: If the child is placed into an STRTP without a determination that the child meets medical necessity criteria for Medi-Cal Specialty Mental Health Services, there may be **limited access to those services from the STRTP**, and limited access to those services when the child transitions from an STRTP to a home-based family setting. In these circumstances, it is critical that all needed therapeutic interventions and services, including transitional services, are planned based on the recommendations of the CFT.

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V. EMERGENCY PLACEMENT INTO STRTP

The child meets the criteria for an emergency placement into an STRTP, prior to a determination by the IPC, only if the following criteria has been met:

- A. A licensed mental health professional has made a written determination within 72 hours of placement that the child requires the level of services and supervision provided by the STRTP, in order to meet his or her behavioral or therapeutic needs.
- B. Within 30 days of an emergency placement, the IPC shall make a determination regarding the appropriateness of the continued placement, with the recommendations from the CFT. If the placement is determined to be appropriate, the IPC shall transmit this approval in writing to the county placing agency and to the STRTP.

NOTE: An emergency placement into an STRTP may **not** be used as a temporary placement for a child not requiring the STRTP level of care due to lack of an identified home-based family setting for a child, and timelines regarding emergency placements and second level reviews are not reset or altered by changing a child's placement from one STRTP to another.

VII. ONGOING CFS REVIEWS

Cases will be called to Placement Review Team (PRT) on a regular basis while the child is placed in an STRTP. Children and Youth placed in STRTPs will be reviewed no less than every 6 months to ensure the STRTP remains the most appropriate placement.

VI. DISAPPROVAL

If the IPC determines at any time that the placement, including an emergency placement, is not appropriate, it shall document the disapproval in writing to the county placing agency and the STRTP, and shall include a recommendation to the appropriate level of care and placement to meet the child's service needs.

In the case of an emergency placement, such transmittal must be provided within 30 days of placement.

An IPC representative or representatives shall participate in any CFT meetings as necessary to refer the child to an appropriate placement. The child may remain in the placement for the amount of time necessary to identify and transition the child to an alternative, suitable placement.

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However, if the IPC determines the placement is not appropriate due to a health and safety concern, then immediate arrangements for the child to transition to an appropriate placement shall occur.

VII. COORDINATED SERVICES

When placing a child in an STRTP, the SW should immediately notify and coordinate needed services with:

- A. The school of origin, or, if the education rights holder and the child have determined it is in the child's best interest to change schools, the school of residence in the county and the school district where the STRTP is located.
- B. The Mental Health Plan responsible for the child's Specialty Mental Health services. Please see <u>Presumptive Transfer</u> of Specialty Mental Health Services when placing a child out-of-county.
- C. The Regional Center that is currently serving the child, or to which the child should be referred if the child appears eligible for such as services (as applicable).

VIII. CASE PLAN DOCUMENTATION

- A. The case plan for a child placed in an STRTP must document the following:
 - 1. The placement is for the purposes of providing short-term, specialized and intensive treatment;
 - 2. The need for, nature of, and anticipated duration of this treatment;
 - 3. The plan for transitioning the child to a less restrictive environment;
 - 4. The projected timeline the child will be transitioned to a less restrictive environment.
- B. These case plan documentation requirements as described above should also be included in the child's Needs and Service Plan.

IX. SECOND LEVEL REVIEW

The placement of children as follows will require an additional second level review.

A. Ages 0-6

STRTP or group home placements for children under the age of six should be extremely rare and limited in a length of time not to exceed 120 days. These placements must comply with the requirements set forth in WIC section361.2(e)(9)(A).

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B. Ages 6-12

The placement of a child between the ages of 6-12 in an STRTP shall not exceed six months unless <u>all</u> of the following second level review extension criteria are met:

- 1. The county has made progress toward or is actively working toward implementation of the case plan that identifies the services and supports necessary to transition the child or youth to a family setting;
- 2. Circumstances beyond the county's control have prevented the county from obtaining those services or supports within the timeline documented in the case plan;
- 3. The need for additional time consistent with the case plan is documented by the SW and approved by the Child Welfare Deputy Director or Director, or the Chief Probation Officer or Assistant Chief Probation Officer, for their respective dependents or wards, no less frequently than every 60 days. See ACL NO. 13-86 for how this may be documented in the case plan.

C. Ages 13 and up

For children, 13 years and older, under the supervision of dependency court, the placement shall not exceed six months, unless the Child Welfare Deputy Director or Director has approved the case plan consistent with WIC section <a href="https://doi.org/10.100/journal.org/

For children, 13 years and older, under the supervision of delinquency court, the placement shall not exceed 12 months unless the Chief Probation Officer or his/her designee has approved for the continued placement and no less frequently than every 12 months thereafter, pursuant to WIC section 727(a)(4)(E).

X. REFERENCES:

All County Letter (ACL)s:

ACL 10-12: THE FOSTERING CONNECTIONS TO SUCCESS AND INCREASING ADOPTIONS ACT OF 2008 (PUBLIC LAW 110-351) CASE PLAN ASSURANCES AND EDUCATIONAL TRANSPORTATION REIMBURSEMENT

ACL12-70: EDUCATIONAL STABILITY AND CASE PLAN ASSURANCES ACL 13-86: ASSESSING YOUTH RESIDING IN GROUP CARE LONGER THAN ONE YEAR

ACL 13-87: CHANGES TO THE REQUIREMENTS FOR PLACEMENT IN GROUP HOMES FOR CHILDREN AGES TWELVE AND UNDER WITH THE PASSAGE OF ASSEMBLY BILL 74

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ACL 17-77: IMPLEMENTATION OF PRESUMPTIVE TRANSFER FOR FOSTER CHILDREN PLACED OUT OF COUNTY

All County Information Notice (ACIN) NO. I-75-16.

ASSEMBLY BILL (AB) 403 (CHAPTER 773, STATUTES OF 2015)

AB <u>404 (CHAPTER 732, STATUTES OF 2017)</u>

AB <u>1299 (CHAPTER 603, STATUTES OF 2016)</u>

AB 1997 (CHAPTER 612, STATUTES OF 2016)

WELFARE AND INSTITUTIONS CODE (WIC) SECTIONS: 206, 241.1, 300, 361.2(e)(9), 601, 602, 706.6, 727, 4096, 5600.3, 11400, 11462.01, 11467.1, 16501, 16514, 5600.3

Family Code (FC) <u>7911.1</u>,

Health and Safety Code (HSC) Sections: <u>1502</u>, <u>1502.4</u>, <u>1530.8</u>, <u>1562.01</u>

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