

# Children and Youth System of Care State Technical Assistance Team

March 3, 2021

MOU Parts 6 and 7: Interagency Placement Committee and  
Alignment and Coordination of Services



# Children and Youth System of Care State Technical Assistance Team (1)

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- Christine Bagley, Department of Developmental Services
- Renzo Bernales, Department of Education
- Ashley Franklin, Department of Social Services
- Richard Knecht, Department of Social Services
- Dianna Wagner, Department of Social Services
- Nancy Wentling, Department of Rehabilitation

# Children and Youth System of Care State Technical Assistance Team (2)

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- Shanti Ezrine, Department of Rehabilitation
- Lindsay Merwin, Department of Health Care Services
- Olivia Almaraz, Department of Health Care Services
- Pawel Ryzinski, Department of Health Care Services

# Agenda

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- Updates
- Part 6 and Part 7 presentation
- Local County presentation – Shasta County
- Q&A

# California Department of Education Updates (1)

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- Best Interest Determination guidance letter -  
<https://www.cde.ca.gov/ls/pf/fy/documents/bidjointletter.pdf>
- Foster Youth Services Coordinating Program HUB Resources web page; contains information and resources for AB 2083 and other subject areas such as Child and Family Team Meetings, and a link for the Technical Assistance Request Form for AB 2083  
Interagency Leadership Teams-  
<https://fyscptap.scoe.net/resources>

# California Department of Education Updates (2)

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For upcoming Foster Youth Services Coordinating  
Program Trainings on:

- Mental Wellness & Supporting Students in Foster Care Webinar Series
- Using Trauma-Informed Principles to Infuse Self-Care
- Identifying Tools within the Child Welfare System to Improve Racial Equity and Inclusion for Youth in Foster Care
- Please visit - <https://fyscptap.scoe.net/events/current-eventsregistration>

# California Department of Social Services Updates

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- System of care training resources available at the Institute for Innovation, University of Maryland:  
<https://theinstitute.umaryland.edu/our-work/>
- Family Urgent Response System (FURS) Hotline Flyers

# System of Care Updates

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- MOU submissions
- Available technical assistance



# What is AB 2083? (1)

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## **The legislation calls for the following deliverables:**

- Memorandum of Understanding (MOU) from local partners including child welfare, regional center, county office of education, probation, and county behavioral health
- State MOU Guidance
- Technical Assistance from State Interagency Resolution Team - <https://www.surveymonkey.com/r/ZJNKLKY>

## What is AB 2083? (2)

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- Analysis of Gaps in Placement Types, Services, or Other Issues
- Multi-year Plan for Increasing Capacity and Addressing Gaps
- For information on AB 2083 please visit the home page provided by the California Health and Human Services Agency for System of Care at - <https://www.chhs.ca.gov/home/system-of-care/>

# Interagency Placement Committee (Part 6) and Alignment of Services (Part 7) Work Together

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January and February: Assessment, Entry, and Child and Family Teaming

These parts of the MOU flow into a larger purpose and intent toward coordinating and aligning care, particularly for Foster Youth.

"Alignment and coordination" require planning at both the system and child specific level and impacts and supports teaming and service planning.

Under AB 2083, system partners may explore how the IPC might support teaming and service planning for all system partners.

# Teaming is Critical for Alignment and Coordination of Services

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A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health and related challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs in order to help them to function better at school, at home and throughout life.

[https://gucchd.georgetown.edu/products/PRIMER\\_ChildWelfare.pdf](https://gucchd.georgetown.edu/products/PRIMER_ChildWelfare.pdf)

# Primary IPC Purpose

The primary purpose of the Interagency Placement Committee (IPC) is to review and determine that the youth requires the level of services provided in a STRTP in order to maintain the safety and wellbeing of the child or others due to behaviors. The IPC (interagency consideration) assessment determines or confirms whether the child meets one of the following areas:

- Youth meets the medical necessity criteria for Medi-Cal Specialty Mental Health Services.
- Youth's individual behavior or treatment needs can only be met by the level of care provided in a STRTP, and not a lower level of care (AB 2083 MOU Guidance, Pg. 22)."

# What is an Interagency Placement Committee? (Guidance-1)

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The Interagency Placement Committee (IPC) is an interagency, multi-disciplinary team that supports children and youth, including Non-Minor Dependents (NMD), with significant behavioral, emotional, medical and/or developmental needs through a collaborative review process whereby recommendation for a child/youth's treatment and placement needs are made.

<https://www.cdss.ca.gov/Portals/9/ACL/2017/17-122.pdf>

# What is an Interagency Placement Committee? (Guidance-2)

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The IPC review process includes consideration of available assessments/evaluations, treatment information, including CFT recommendation, and other relevant information regarding the child/youth/NMD's history and current services and needs.

<https://www.cdss.ca.gov/Portals/9/ACL/2017/17-122.pdf>

# Existing IPC Supports Recommendations and Planning for STRTP Services

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Child and  
Family Teaming  
for Foster  
Youth

Determination of  
ST RTP level need  
and Medical  
Necessity  
(SMHS\*)

Interagency  
Placement  
Committee

\*Specialty Mental Health Services



# Enhanced System of Care IPC may Support all Partner's Teaming

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Individual  
youth  
teaming  
processes

Review and  
consideration of  
partner's needs for  
any challenging or  
complex issues

Interagency  
Placement  
Committee

# IPC Supports "teaming" of Partners

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- IPC serves an authoritative and decision-making role, authorizing the actions of the CWS or Probation, and MHP in support of their family-centered decision-making.
- In other cases (at risk of Child Welfare or Probation involvement), IPC may serve a consultative role for all agency partners, where the youth and family's team's efforts can be supported with other resources, brainstorming with experienced managers/supervisors, or preventing the need for placement outside of home/community.

# AB 2083 MOU IPC Requirements (1)

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- An identifying list of IPC members that must include the county placement agency and a licensed mental health professional from the county Mental Health Plan.
- IPC Governance procedures.
- Plan for communication between all IPC Members.
- A clear IPC screening process that includes a review of current services and needs and determination of how to meet those needs in the least-restrictive setting (MOU Guidance, Pg. 23).

## AB 2083 MOU IPC Requirements (2)

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- A clear determination of appropriate therapeutic treatment for youth in the least restrictive setting.
- A process for monitoring and supporting transition planning for youth upon completion of treatment in STRTPs.
- A process for communicating any issues, concerns, practice, technical assistant or other support needs to the Interagency Leadership Team that will enable the IPC to meet its mandates and ensure trauma-informed services to children, youth and families (AB 2083 MOU Guidance, Pg. 23).

# IPC Guiding Questions: AB 2083 (1)

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- Which partners should be included when determining the protocols for IPCs? (All of them)
- Does the IPC have a process to allow that when schools are considering placing a child/youth out of state, that all appropriate options in the county and in the state have been exhausted?
- For a regional-center eligible child, does the IPC have a process for engaging with the regional center to support outreach to other regional centers and/or the Department of Developmental Services for options outside of the regional center catchment area?

(AB 2083 MOU Guidance - Pages 22, 23)

# IPC Guiding Questions: AB 2083 (2)

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- Is there a process to ensure consultation with the LEA concerning educational services requested?
- Is there a process to notify impacted systems in other counties when the child/youth may be placed out-of-county? Communication on presumptive transfer decision is important.
- Is there a process to identify and ensure supports to the youth and families when they are between placements?

(Pages 22, 23)

# Guiding Questions: AB 2083 (3)

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- Does the IPC consider other services such as applied behavioral analysis or wraparound supports to address trauma in less-restrictive settings?
- Does the IPC consider the availability and appropriateness of educational programming needed by the youth?
- Does the IPC have a process to identify and approve after-care services to support the child's timely transition to a home-based placement?

(Pages 22, 23)

# IPC Practices for Success (1)

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The county placement agency and a licensed mental health professional are required. The following groups are strongly recommended for participation, as applicable:

- Youth, family and natural supports
- Regional Center
- County Office of Education
- Local School Partners
- Department of Rehabilitation
- Managed Care Organization
- Tribal partners
- Public Health
- Court Appointed Special Advocates
- Community Based (contracted) providers



## IPC Practices for Success (2)

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- Review challenging Youth and Family Service Plans when at risk of placement disruption.
- Make decisions/recommendations that will become the recommendations of the responsible department, division or unit of the agency which referred the youth.
- Provide any follow up to ensure the child/youth receives adequate and timely services as assessed by the mental health clinician and IPC, including supporting any necessary linkages to services pending the “placement” into an STRTP or other higher-level therapeutic setting.

# IPC Practices for Success (3)

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- Review requests or recommendations for Intensive Services Foster Care placement or Wraparound services.
- Approve aftercare services in support of a child's timely return to a home- based placement setting.
- For CWS and Probation, establish a dispute resolution and an appeal process for IPC decisions that allow for review to be made either immediately following the IPC meeting or, if not possible, within two working days.

# Interagency Placement Committee Values are System of Care Values

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## Integrated Core Practice Model Principles

- Voice and Choice
- Natural Supports
- Community Based
- Individualized
- Persistence
- Team Based
- Collaboration
- Culturally Competent
- Strengths Based
- Outcomes Based

# IPC and Out of County Youth Coordination

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May be used as a place for partners to support the county's schools and community-based providers in meeting the needs of youth placed out of county who have educational, health or mental health services while residing in the county.

A venue to discuss children and youth that have been placed from other counties.

IPC coordination does not replace presumptive transfer or other intercounty communication efforts.

# Suggestions for IPC Follow up...

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- Facilitator or staff should debrief with family/youth to ensure clarity and next steps.
- Assure that the IPC documents reflect all commitments with clarity and specificity.
- Follow through on commitments.

## Part 7: Alignment and Coordination of Services

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- A mechanism for identifying the individual needs of children and their families.
- A compilation of educational, health, child welfare and placement continuum of program options for service delivery available to serve youth and any appropriate and legal timelines associated with those services.
- Procedures to identify, develop, and monitor coordinated policies, procedures, resources and implementation practices for the benefit of at-risk children, youth and families; and to hold member agencies and their staffs accountable in these efforts.

# Alignment and Coordination of Systems for Success

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Consider including the following partners when planning for the alignment and coordination of care for youth services:

- County child welfare and probation departments
- County behavioral health agency
- Regional center or centers that serve children and youth with developmental disabilities in the county
- County Office of Education and school districts
- Department of Rehabilitation Regional Office
- Managed Care Organizations

# Part 7: Alignment & Coordination

## Guiding Questions

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- Does the system support coordination of care across settings and emphasize community partnerships?
- Does care planning and coordination take into account the full continuum of program options that each partner agency has at its disposal for foster children, youth, parents and families?
- Has the county conducted an infrastructure analysis to identify potential gaps in the continuum?
- How will the county plan to meet any potential gap(s) in the continuum of program options?



# Youth System of Care

▸ Interagency Collaboration



Shasta County  
**Health & Human  
Services Agency**

# Leadership Structure

Nancy Bolen  
Children's Services  
Branch Director

Laura Stapp  
Children's Services  
Clinical Division Chief

Programs:  
Resource Family  
Approval, Adoptions,  
Ongoing and Intensive  
Services Social

Miguel Rodriguez  
Children's Services  
Branch Deputy  
Director

Jane Mathis  
Children's Services  
Program Manager

Programs:  
Resource Family  
Approval, Adoptions,  
Ongoing and Intensive  
Services Social Workers



Shasta County  
**Health & Human  
Services Agency**

**Children's Services Branch**

# Agenda

- Collaboration – Who We Work With
- Intensive Services Mapping:
  - Process
  - Team Members
  - Mapping Tool
  - Mapping Structure
- Interagency Placement Committee
  - Interagency Placement Meeting
  - Forms
- Questions and Answers



# Collaboration

Shasta County Child Welfare coordinates intensive service's needs with the following people and agencies:

- Child Welfare Social Workers
- Child Welfare Mental Health Program
- Public Health Nursing
- Shasta County Office of Education
- Youth Probation
- Outside residential and non-residential organizational providers
- Regional Center
- CASA
- Community Based Organizations



Shasta County  
**Health & Human  
Services Agency**

# Process for Intensive Services Mapping

If a youth is identified by Child Welfare, or Probation and meets one or more of the following criteria:

- Struggling with placement stability
- Escalating behaviors
- Unmet mental health needs
- Transitioning from dependency to ward status, or ward to dependency status
- In STRTP

A request is made by the social worker, probation officer, or mental health clinician to present the youth at the weekly intensive services mapping.



# Team Members

- Core Team Members:
  - Intensive Services Social Worker Supervisor or designee
  - Mental Health Supervisor
  - Shasta County Probation Supervisor
  - Public Health Nursing Supervisor
  - Shasta County Office of Education Foster Youth Liaison
- Other required members:
  - Assigned Social Worker
  - Probation Officer
- Other Invited Members:
  - Assigned Mental Health Clinician
  - CASA member
  - Regional Center Representative

# Mapping Tool

Date:	Intensive Services Mapping	Child(ren)/DOB:	SW/PO:	
Purpose for Meeting:				
Risk(current worries/concerns):		Strengths:		
Complicating Factors:		Next Steps:		
Attendees:				

# Mapping Structure

- Facilitator
  - The Intensive Services Child Welfare Social Worker acts as the facilitator during the meeting.
- Presenter
  - Social Worker or the Probation Officer, along with the Mental Health Clinician presents the case to the team.



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# Mapping Structure Continued...

The Team makes recommendations for next steps and services for the youth, which may include:

- Therapeutic Behavioral Services
- Wraparound
- Intensive Services Foster Care
- Therapeutic Foster Care
- Short Term Residential Therapeutic Program
- Referrals to community organizational providers

# Shasta County Office of Education

## Foster Care School Liaison:

- Provide educational recommendations and support such as:
  - Current academic, behavioral and attendance records
  - Current Individual Education Plan (if applicable) which includes:
    - Reviewing qualifying disability
    - Educational setting
    - Annual goals/progress
    - Services provided by the district



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**Health & Human  
Services Agency**

# Shasta County Office of Education Continued...

- Identification of support services available through the district:
  - tutoring, mentoring and counseling
- Current strengths/concerns provided by the school
- Identifies overlapping/incongruent behaviors in the home and at school
- Identifies support to help stabilize connectedness to the school and increase placement stability



# Juvenile Probation

## Probation Officers:

- Share current legal status of the youth
- Present the history of work with the youth and family
- Next steps for the youth around placement





# Public Health Nursing

## Public Health Nursing Supervisor:

- Provides recommendations in the following areas:
  - Medical Needs
  - Dental Needs
  - Psychotropic Medication Needs
- Also provides help with preventative measures regarding reproductive health and pregnancy, and can make psychiatric referrals.

# Mental Health Team

## Clinical Supervisor:

- Review youth's diagnosis, treatment periods, and any special services being provided
- Evaluate youth symptoms being presented using a trauma informed lens
- Make recommendations to address symptoms
- Collaborate with providers to assist with linking youth to additional services

# Mental Health Team Continued...

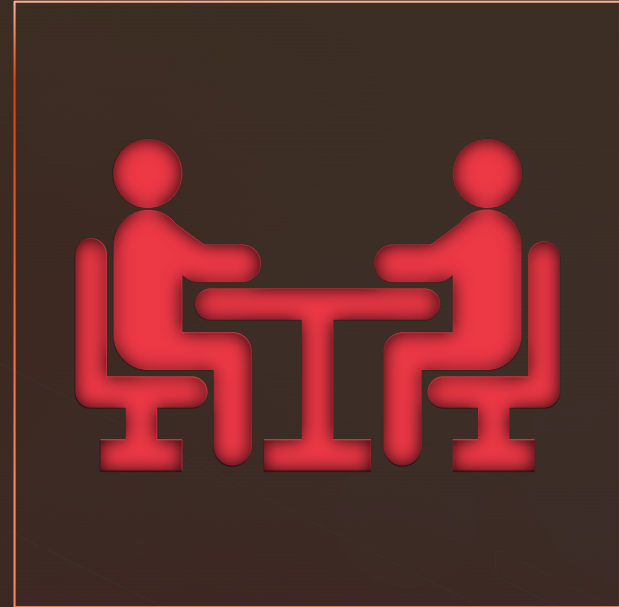
## Mental Health Clinicians:

- Present Youth's mental health related information:
  - current diagnosis
  - symptoms
  - impairments
  - current treatment interventions
  - medications
- Review history of diagnosis, symptoms, and response to treatment
- Discuss next steps to improve client's functioning



# Future Direction and Goals:

- Strengthen our collaboration process with Regional Centers, in line with Youth System of Care Assembly Bill 2083
- Continue to use the Interagency Leadership Team, to develop comprehensive individual service plans for youth.







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**Health & Human  
Services Agency**

# Interagency Placement Committee (IPC)

# Interagency Placement Committee (IPC) Meeting

If deemed necessary during the Intensive Services Mapping an IPC will convene to determine next steps and services

Youth being considered for the following programs or services will be reviewed to determine level of service:

- Wraparound Services
- Therapeutic Behavior Services
- Intensive Services Foster Care
- Short Term Residential Therapeutic Program

# Forms

**PLEASE COMPLETE ALL AREAS OF THIS FORM (boxes will expand)**

**Part 1: Client Information**

Date Presented:	Child's Name:
Social Worker/PO:	Child's DOB:
Clinician:	

**Part 2: Request**

What is being requested?

If Wraparound is requested, is this child's parent an Options Client? Yes ☐ No ☐

Has relative placement been ruled out (Family Finding)? Yes ☐ No ☐

Why is placement at this level appropriate and necessary? (Include description of other interventions utilized and outcomes)

Current Placement Considerations:

**\*Please attach placement history, including current placement**

Please provide a brief overview of child's entry into the system:

**Part 3: Narrative Description**

Family Considerations: (Ongoing issues/concerns, views, placement potential, commitment, involvement)

Child's Considerations: (Strengths/challenges, attitude, goals):

**Part 4: If the child is between 15.5 and 18 years of age**

Child is participating in an ILP: Yes ☐ No ☐ If **No**, please explain:

Has there been a screening for SSI? Yes ☐ No ☐

**Part 5: Educational Information**

Child is receiving Special Education Services: Yes ☐ No ☐ If **Yes** please explain:

Date of last IEP: Primary Educational Disability:

Child's Grade Level: Holder of Education Rights:

Child has Non-Public School Designation: Yes ☐ No ☐

**Part 6: Planning**

Have you consulted with the Educational Liaison, Mental Health Supervisor/Clinicians and Public Health Nurse? Yes: ☐ No: ☐

Brief description of relevant issues and plan to address them:

Plan for Transition/Discharge (description of child's permanent plan, where will child go upon discharge; with whom):

Child's support team:

Child will be ready for transition when:

Anticipated timeframes for transition process:

Others who will be involved in transition planning/process:

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 7: Feedback and Recommendations**

Date Presented:	Child's Name:
Social Worker/PO:	Child's DOB:
Clinician:	

**NOTE:** EACH SOCIAL WORKER/PROBATION OFFICER IS EXPECTED TO DISCUSS ALL COMMITTEE RECOMMENDATIONS WITH HIS/HER SUPERVISOR. THESE RECOMMENDATIONS AND DIRECTIVES DO NOT SUPERSEDE ANY OTHER MANDATES OF THE RESPECTIVE DEPARTMENTS OF SHASTA COUNTY OR THE LAW.

Committee Directives/Recommendations/Feedback (this section for committee use only):

**Authorization Given:**

- ☐ STRTP  
☐ ISFC  
☐ Wraparound  
☐ TBS  
☐ TFC

**Please return to IPC for next review in:**

- ☐ Six Months  
☐ Three Months  
☐ Other  
☐ Not Applicable

If Applicable, reasons(s) for denial of request for authorization: \_\_\_\_\_

Please include the following documentation at the next review: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Distribution: (Attach copy of this form to the IPC review request)**

Social Worker/PO: \_\_\_\_\_

Clinician: \_\_\_\_\_

Other: \_\_\_\_\_



# Forms Continued



Mental Health Assessment Report for:  
Short Term Residential Therapeutic Program/ISFC/TBS/Wraparound

To be completed by Mental Health Clinician or Clinical Program Coordinator/Supervisor

Client Name:

Date of Birth: Shasta County Client Number:

Mental Health Concerns and Services (within the last six months):

Mental Health Impairments:

Intensive services such as TBS:

Current Mental Health Services:

Current DSM 5 Diagnoses with ICD 10 codes, rule outs:

Current Medications:

Psychiatric Hospitalizations History:

Relevant Testing Results:

State whether child's mental disorder has been present for more than six months or is likely to continue for more than one year without treatment. ☐ Yes ☐ No

Please explain:

State whether child currently displays:

A. Psychotic Features ☐ Yes ☐ No  
Discuss features and implications of impairment:

B. Risk of Suicide ☐ Yes ☐ No  
Discuss risks:

C. Risk of Violence ☐ Yes ☐ No  
Discuss risks:

Mental Health Clinician

Date



Severely Emotionally Disturbed Survey for  
Certification of the Child

Name

Date of Birth: X/XX/XXXX Legal Status: 300/600

As a result of a mental disorder, this child meets the following criteria:

1. Demonstrates substantial impairment in at least two of the following areas:	Yes	No
Self-care	<input type="checkbox"/>	<input type="checkbox"/>
School Functioning	<input type="checkbox"/>	<input type="checkbox"/>
Family Relationships	<input type="checkbox"/>	<input type="checkbox"/>
Community Functioning	<input type="checkbox"/>	<input type="checkbox"/>
AND either of the following occur:		
Has been placed, or is at risk of placement out of the home	<input type="checkbox"/>	<input type="checkbox"/>
Disorder has been present for more than six months or is likely to continue for more than one year without treatment	<input type="checkbox"/>	<input type="checkbox"/>
2. Displays one of the following:		
Psychotic Features	<input type="checkbox"/>	<input type="checkbox"/>
Risk of Suicide	<input type="checkbox"/>	<input type="checkbox"/>
Risk of Violence	<input type="checkbox"/>	<input type="checkbox"/>
3. AND has a diagnosis (within one year) of:		
1. F43.10 Post-traumatic Stress Disorder, Unspecified		
2. F91.3 Oppositional Defiant Disorder		
3. F90.2 Attention Deficit Hyperactivity Disorder, Combined Type		
4. F12.20 Cannabis Dependence, Uncomplicated		

I certify that Name meets the diagnostic criteria of ***Seriously Emotionally Disturbed (SED)*** as defined in the California Welfare and Institutions Code, section 5600.3 and is in need of:

☐ Short Term Residential Therapeutic Program

PPRT meeting Date: x/xx/xxxx

PPRT Licensed Mental Health Clinician

PPRT Child Welfare

PPRT Probation

PPRT Education

PPRT Nursing

# Questions and Answers

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# State Resource and Guidance (1)

- AB 2083 MOU Guidance - <https://chhs-data-prod.s3.us-west-2.amazonaws.com/uploads/2019/12/CHHS-Trauma-Informed-System-of-Care-MOU-Guidance-FINAL.pdf>
- ACIN on School/Child Welfare Teaming-  
[https://www.cdss.ca.gov/Portals/9/ACIN/2018/I-71\\_18.pdf?ver=2018-11-19-143902-550](https://www.cdss.ca.gov/Portals/9/ACIN/2018/I-71_18.pdf?ver=2018-11-19-143902-550)
- ACIN for IPC use and coordination for STRTP care-  
<https://www.cdss.ca.gov/Portals/9/ACL/2017/17-122.pdf?ver=2019-06-26-153224-307>

## State Resources and Guidance (2)

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- Best Interest Determination (CDE) -  
<https://www.cde.ca.gov/ls/pf/fy/documents/bidjointletter.pdf>
- Best Interest Determination Guidance  
(CDSS) [https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACINs/2021/I-05\\_21.pdf](https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACINs/2021/I-05_21.pdf)

# State Level Technical Assistance Request Form

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<https://www.surveymonkey.com/r/ZJNKLKY>



# Children and Youth System of Care State Team Email

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[SystemofCare@DSS.CA.GOV](mailto:SystemofCare@DSS.CA.GOV)

# Calling for System of Care Presenters

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- Recruitment and Training in Cross Agency Systems
- Information and Data Sharing Processes
- Coordination of Services (system partner collaboration for school stability and permanence)
- Fiscal Resource Sharing and Management

# Addendum C

Slide 39 is titled “Mapping Tool” it has a space at the top for youths name, date of birth, date, social workers name, and says intensive services mapping, the rest of the image includes a form with 6 boxes on it the boxes include titles:

- Purposes
- Risks
- Strengths
- Complicating factors
- Next steps

# Addendum D

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Slide 51 is titled “Forms” and includes three images of clients forms. The form collects client information and is titled Interagency Placement Committee Request – Form PPRT.

# Addendum E

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Slide 52 is titled "Forms Continued" and includes two forms. One form is Mental Health Report For Short-Term Therapeutic Program/IFSC/TBS/Wraparound. The other form is titled Severely Emotionally Disturbed Survey for Certification of Child.