

# Children and Youth Behavioral Health

## GUIDELINES:

# Pathways to Well-Being Referrals & Child and Family Team Meetings

2021



# County of Orange Health Care Agency, Children and Youth Behavioral Health

## Pathways to Well-Being Mental Health Services

### Purpose

To describe how **Pathways to Well-Being Mental Health Referrals** from Orange County Social Service Agency social workers are made to Orange County Health Care Agency mental health providers, and to provide guidelines on how the **Child and Family Team (CFT) Meeting** is arranged and conducted.

### Background

In 2011, a settlement was reached from a class action lawsuit (Katie A. vs. Douglas, previously Bonta) that mandates the provision of intensive in-home and community-based services for children who are in foster care or at imminent risk of removal from their families.

The settlement requires that the California Department of Social Services (CDSS) and the California Department of Health Care Services (CDHCS) provide comprehensive and integrated services to child welfare children to reduce overdependence on institutional and congregate care services, provide better access to mental health services, and improve outcomes for this special needs population of children and youth.

Orange County Health Care Agency, Children and Youth Behavioral Health began implementation of Katie A. (currently known as Pathways to Well-Being) services in June 2013 after the Core Practice Model Guide and the Medi-Cal Manual for Intensive Care Coordination (ICC), In-Home Based Services (IHBS) and Therapeutic Foster Care (TFC) Services-1<sup>st</sup> Edition were released by the State. Currently, CYBH providers are providing ICC and IHBS to the Pathways to Well-Being subclass population.

In 2018, the Integrated Core Practice Model and the Medi-Cal Manual for ICC, IHBS, and TFC Services-3<sup>rd</sup> Edition were released by the State, which currently serve as the guidelines for the Pathways to Well-Being implementation.

**Orange County  
HCA and SSA must  
work hand in hand  
at all levels to  
ensure the terms of  
the settlement  
agreement are met.**

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The Integrated Core Practice Model (ICPM) serves as the standard for delivering mental health services to foster youth who are or at imminent risk of foster placement. It is the blueprint for the Child and Family Team and guides the child service system participants, administrators and supervisors throughout the process of providing services and support to the foster child or youth and his/her family. The ICPM includes a shared set of values, principles and practices that include, but are not limited to:

- Working within a team environment to build a culturally relevant and trauma-informed system of supports
- Providing services which are responsive to the strengths and underlying needs of families being served
- Acknowledgement that families are the best experts about their own lives and preferences
- Children have permanency and stability in their living arrangements

## Definitions

**Integrated Core Practice Model (ICPM):** The values, principles, and expectations for team-based practice behaviors and activities for all child welfare, juvenile probation, and mental health agencies, service providers, and community/tribal partners working with children, youth, and families who are being served by more than one public agency.

**Pathways to Well-Being Class Members:** Class members belong to a broader group of children and youth who are at risk of placement and need mental health services.

1. Children and youth who are or at imminent risk of placement in foster care
2. Have a mental illness or condition that has been documented, or if assessed would have a diagnosis with a mental illness or condition
3. Who need individualized mental health services

**Pathways to Well-Being Subclass Members:** A child who has an open child welfare case, is under the age of 21, eligible for full scope Medi-Cal, meeting medical necessity criteria for Specialty Mental Health Services (SMHS), and receiving/being considered for any of the following criteria:

- Special Education, SUD, or other Health & Human Services
- Probation or other Legal Systems
- Therapeutic Behavioral Services (TBS)

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- Wraparound/Full Service Partnership (FSP)
- Specialized Care Rate
- RCL 10+ or FFA/STRTP
- Psychiatric Hospitalization and/or DC'd w/in 90 days
- 2 or more psychiatric hospitalizations w/in 12 months
- 2 or more ER visits due to mental health w/in 6 months
- 2 or more placement changes for behavior w/in 24 months
- 2 or more antipsychotic meds at same time over 3 months
- Age 0-5 w/ more than 1 MH Dx **OR** more than 1 psychotropic meds
- Age 6-11 w/ more than 2 MH Dx **OR** more than 2 psychotropic meds
- Age 12-17 w/ more than 3 MH Dx **OR** more than 3 psychotropic meds
- Received SMHS **AND** homeless during prior 6 months
- Intensive SMHS (In-Home Crisis, Crisis Residential Program, etc.)

Note: HCA/CYBH county and contracted providers determine the subclass eligibility for all foster children/youth referred for mental health services

## **Pathways to Well-Being/Intensive Services Eligibility Assessment**

**Form** (Appendix A): A document used to determine whether or not a foster child/youth meets criteria for the Pathways to Well-Being subclass. Upon receiving a referral for services, the HCA/CYBH county or contract clinician determines medical necessity and then completes the Pathways to Well-Being/Intensive Services Eligibility Assessment. If a youth meets the criteria listed on the eligibility assessment form and the clinician is able to answer YES to the question: **“Does the child/youth have an open child welfare case?”**, then the Pathways to Well-Being box is marked YES.

**Mental Health Referral Packet:** Documents which are submitted by the SSA/CFS assigned social worker when making a referral to HCA/CYBH for mental health services. The packet will include the following:

- Mental Health Screening Checklist (Appendix B) or the Child and Adolescent Needs and Strengths (CANS) Coversheet and full assessment (Appendix C)- completed by SSA/CFS social worker
- Signed HCA consent form to enable child/youth to receive or participate in mental health services
- Prior mental health/psychological reports or evaluations (if available)

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## CFT versus CFT Meeting

**Child and Family Team (CFT):** The Child and Family Team is comprised of the child/youth and family, the child welfare worker, the mental health provider and any other ancillary providers or support persons that are involved in the child's life. Members of the CFT work collaboratively to help the child/youth and family realize their vision for well-being and improved mental health.

**Child and Family Team Meeting:** The CFT Meeting is the “vehicle” by which members of the CFT develop a CFT Plan that includes goals, intervention strategies, services, and timelines for achieving the goals. The CFT also reviews and re-assesses the CFT Plan on a regular basis, **but no less frequent than every 90 days.**

**Intensive Care Coordination (ICC):** ICC includes the following service components: assessing, service planning and implementation, monitoring and adapting, and transition. Examples of activities:

- Developing and preparing the CFT Plan for the CFT meeting.
- Ensuring that services for the child are being provided.
- Communicating with the social worker on a regular basis, as well as other members of the CFT.
- Assessing the progress of the child toward the goals of the CFT Plan.
- Arranging for supportive services that will follow the child as he/she transitions into a permanent placement.

**Intensive Home Based Services (IHBS):** IHBS are intensive, strength-based, needs-driven and individualized intervention activities that support the engagement and participation of the child/youth and family. Examples of activities:

- Educating and training the child's family on how to effectively manage the child's behavioral disorder.
- Improving self-care and addressing social skills deficits that impede the child's ability to engage in daily living activities and that will help the child from being exploited.
- Supporting the development and maintenance of social support networks and the use of community resources.
- Supporting independent living objectives, by identifying and addressing behaviors that interfere with seeking and maintaining housing and living independently.

**CFT Facilitator:** Is responsible for laying out the structure and clarifying the ground rules for the meeting. The facilitator helps the

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team navigate through the process of establishing goals and objectives for the family. The facilitator ensures that the voice of the child/youth and family is central to the CFT meeting and that their vision for well-being is made clear.

**ICC Coordinator:** Is responsible for working within the CFT to ensure that plans from any of the system partners are integrated to comprehensively address the identified goals and objectives and that the activities of all parties involved with services to the child/youth and/or family are coordinated to support and ensure successful and enduring change. The coordinator must be a mental health professional.

**Child and Adolescent Needs and Strengths (CANS):** A multi-purpose assessment tool developed for children serving agencies to support decision-making, including level of care and service planning. The CANS allows for monitoring of services and progress over time towards desired outcomes. This assessment tool fosters input from all parties, ensuring the service plan is individualized and behaviorally based, while incorporating child and family voice and choice.

**Open Child Welfare Case:** Means any of the following: a) child is in foster care; b) child has a voluntary family maintenance case (pre or post, returning home, in foster or relative placement), including both court ordered and by voluntary agreement; c) the youth is a legal adult but still has an open child welfare case (aka Non-Minor Dependent (NMD)). It does not include cases in which only emergency response referrals are made.

**Foster Care Placement:** 24-hour substitute care for all children placed away from their parent(s) or guardian(s) and for whom the State agency has placement and care responsibility. (Section 1355.20 Code of Federal Regulations).

**Specialty Mental Health Services:** Per Title 9, Chapter 11, Section 1810.247, means:

- (a) Rehabilitative Mental Health Services, including:
- (1) Mental health services
  - (2) Medication support services
  - (3) Day treatment intensive
  - (4) Day rehabilitation
  - (5) Crisis intervention

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- (6) Crisis stabilization
- (7) Adult residential treatment services
- (8) Crisis residential treatment services
- (9) Psychiatric health facility services
- (b) Psychiatric Inpatient Hospital Services
- (c) Targeted Case Management
- (d) Psychiatrist Services
- (e) Psychologist Services
- (f) EPSDT Supplemental Specialty Mental Health Services
- (g) Psychiatric Nursing Facility Services

## Guidelines

### The Referral Process

Referrals for Pathways to Well-Being mental health services will be routed through HCA/CYBH Administration for distribution to CYBH county or contracted mental health providers. This method of centralizing the referral process will help improve the tracking and monitoring of potential Pathways to Well-Being subclass members and ensure that linkage to services is completed.

In spite of centralizing the referral process, there will still be instances when a potential foster child or youth will land in an outpatient clinic without having been processed through HCA/CYBH Administration.

Clinicians must keep in mind that every foster child or youth is entitled to a thorough screening/assessment for mental health needs and should be provided the necessary mental health services when appropriate.

**Every foster child/youth should be screened and assessed for mental health needs.**

*“How will OC SSA make referrals to mental health providers?”*

1. The assigned SSA social worker will screen the child/youth for mental health need.
2. The assigned SSA social worker will [secure] email the Pathways to Well-Being Referral Packet to the HCA Pathways to Well-Being Coordinator via the “PWB Inbox.”
3. The HCA Pathways to Well-Being Coordinator will review the packet for completeness; and submit the referral packet to the point of contact at the outpatient county or contract clinic nearest to the residence, using a **“Pathways to Well-Being Referral”** cover form (Appendix D). The Service Chief or Program Director will be Cc'd if the referral is sent via email.

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4. The CYBH county or contract provider will acknowledge receipt of the referral, assign a therapist to the case within 5 working days using the PWB Coversheet, and return the completed PWB Coversheet to the HCA PWB Coordinator.
5. The HCA Pathways to Well-Being Coordinator will track each referral to ensure linkage to the appropriate mental health provider has been completed.

*"What do I do once I receive a Pathways to Well-Being referral?"*

**Step 1:** After the Intake Coordinator receives a Pathways to Well-Being mental health referral packet, he/she conducts an assessment to determine Medical Necessity, and then completes the Pathways to Well-Being/Intensive Services Eligibility Assessment form.

**Step 2:** [Secure] email (**do not fax**) a copy of the Pathways to Well-Being/Intensive Services Eligibility Assessment form to the CFT Inbox even if the youth is not eligible.

- CFT INBOX: [CFSPathway2WellBeing@ssa.ocgov.com](mailto:CFSPathway2WellBeing@ssa.ocgov.com)

If eligible for the Pathways to Well-Being subclass, call the assigned SSA social worker and provide the social worker with dates and times you are available for a PWB CFT meeting.

**Note: For out-of-county Pathways to Well-Being subclass youth, contact the assigned out-of-county social worker to coordinate services. The Pathways to Well-Being/Intensive Services Eligibility Assessment form does not need to be [secure] emailed to the Orange County SSA CFT Inbox.**

**Step 3:** The SSA social worker will work with their "CFT Scheduler" to arrange and schedule the first PWB CFT meeting.

**Step 4:** The primary clinician will be the ICC Coordinator for the CFT. However, if Wraparound is involved, the Wraparound Care Coordinator will take on the role as the ICC Coordinator.

**Step 5:** The primary clinician will attend all PWB CFT meetings with the child/family and the SSA social worker.

**Step 6:** As the ICC Coordinator, the primary clinician will complete the "**CFT Plan**" (Appendix D) at the initial PWB CFT meeting and for all subsequent meetings.

How to compose a "[secure] email":  
(ctrl+click on link below)

[http://balsam/docs/it/vid/eos/security/Composing\\_Secure\\_Email.wmv](http://balsam/docs/it/vid/eos/security/Composing_Secure_Email.wmv)

Ultimately, it is less important how a Pathways to Well-Being child/youth is referred. What is important is that he/she receives a timely assessment and services driven by the Integrated Core Practice Model.

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*“What if I already have a Pathways to Well-Being Client?”*

- *If you currently have a child or youth who meets the Pathways to Well-Being subclass criteria, contact the social worker to begin the process of scheduling a PWB CFT meeting if you have not already done so. Follow procedure in “Step 2” above.*

*“What if I already have a Pathways to Well-Being client and have begun having CFT meetings?”*

- Great! Continue to work with the assigned SSA social worker to ensure that the PWB CFT meetings continue on a regular basis (based on child and family need).
- Make sure that, at the minimum, the social worker, child/family and therapist attend each CFT meeting.

*“What if the Pathways to Well-Being referral was made directly by the caregiver, SSA or another HCA program?”*

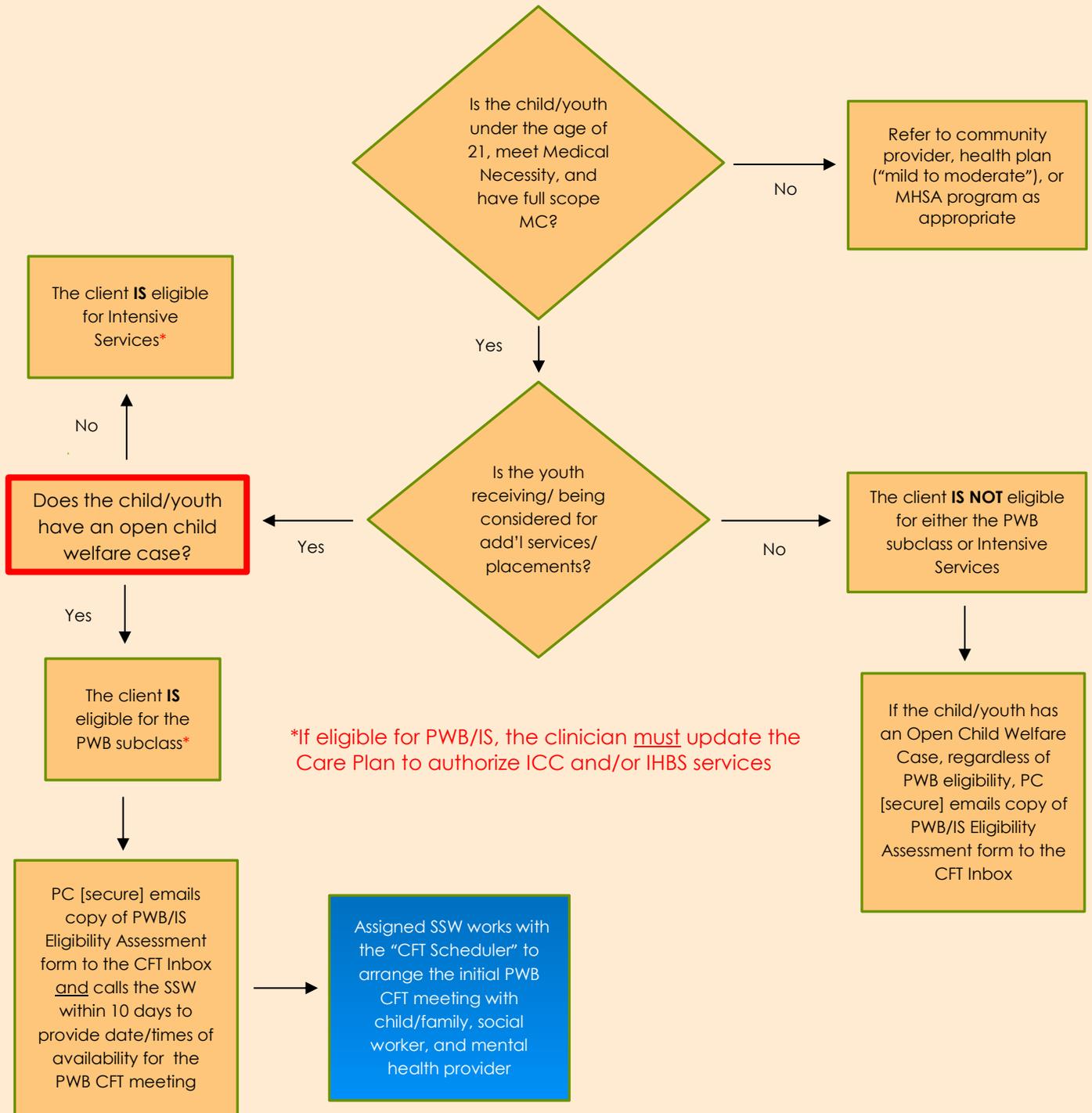
- That's okay, not all Pathways to Well-Being referrals will be routed through the HCA Pathways to Well-Being Coordinator. If another program makes a referral, once medical necessity is determined, complete the Pathways to Well-Being/Intensive Services Eligibility Assessment form. Then contact the SSA social worker as soon as possible to schedule a PWB CFT meeting if the client is eligible for the PWB subclass. Again, follow procedures in “Step 2” above.
- As a reminder, be sure to [secure] email the eligibility form to:

✓ CFT INBOX:

[CFSPathway2WellBeing@ssa.ocgov.com](mailto:CFSPathway2WellBeing@ssa.ocgov.com)

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## Pathways to Well-Being (PWB) Eligibility Assessment, Referral & CFT Scheduling Flow Chart



\*If eligible for PWB/IS, the clinician must update the Care Plan to authorize ICC and/or IHBS services

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## How to contact the assigned SSA/CFS social worker: Index Number

If you are unsuccessful in contacting the assigned social worker, follow these steps:

**Remember... regular and ongoing communication with the social worker is critical to the success of the CFT process.**

1. Call the "Index Number" at **714-704-8875**. This is a message phone and calls are answered three times per day.
2. Leave your name and phone number, child's first and last name, and child's date of birth.
3. Someone from the Index Number line will have the assigned social worker call you.
4. If you know the social worker's name, you can also call **714-704-8000** and you will be connected to the social worker's direct line.
5. Or, Contact the HCA Pathways to Well-Being Coordinator at 714-834-5015.

## Child and Family Team (CFT) Meeting: Responsibilities

### 1. Completing the CFT Plan document

The CFT Plan document is completed by the ICC Coordinator (primary clinician) for each Pathways to Well-Being client with a CFT. All CFT members will contribute to the CFT Plan, but the primary clinician is responsible for completing the CFT Plan form at the initial and all subsequent CFT meetings.

The CFT Plan document will include the following:

- Information about the when/where the meeting was held
- Names of both the CFT Facilitator and ICC Coordinator
- Names of child/youth and parent/caregiver.
- Types of Pathways to Well-Being services (e.g. ICC and/or IHBS)
- Goals, Placement Plan, Topic Areas for the CFT Team
- Recommended Supports and Services, Safety/Action Steps
- Name and signatures of each participant including contact information (e.g. phone number and email)
- Strengths, Issues, Youth's Action Plan

### 2. ICC Coordinator Activities

- **Assessing:** Evaluating child and family's needs and strengths, availability of resources, reviewing information from family, the CANS, and other resources, and monitoring/evaluating effectiveness of interventions.

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*Example:* The ICC coordinator and other members of the CFT team, including the TBS coach, discussed Mary's volatile and aggressive behavior at home. The ICC coordinator and TBS coach helped Mary's parents identify triggers for such behaviors and evaluated how effective current parent interventions have been. Parents expressed that the triggers tend to occur most frequently during the evening hours when both parent are at home.

The ICC Coordinator ensures that all services from the different children service systems are implemented and coordinated.

- **Service Planning and Implementation:** Developing a plan with specific goals/interventions, ensuring active participation of child/family and other members of the CFT, clarifying the roles of each participant of the CFT meeting, identifying interventions/activities that address the child and family's needs.

*Example:* The ICC coordinator, John (client) and his mother, the social worker, and John's rehab worker discussed John's difficulty with feelings of anxiety in social situations. The ICC coordinator asked each participant to describe John's strengths. All participants discussed ways in which the rehab worker and John can use certain strengths when trying to manage his anxiety in social situations. Specific interventions were identified, such as John's rehab worker will encourage John to use his extensive knowledge of cars to help start conversations with others. Rehab worker will develop a list with John on topics/ways he can use to initiate conversation with others.

- **Monitoring and Adapting:** Reviewing and evaluating the effectiveness of interventions/strategies being used to address the child and family's needs; reviewing/adjusting the CFT Plan **no less frequent than every 90 days.**

*Example:* The ICC coordinator, child and family, social worker and Boy Scout Troop Leader discussed Billy's difficulties in getting along with other boys in his troop. Billy becomes easily frustrated with others and becomes aggressive when he feels he is being rejected by others. ICC coordinator suggested that the Boy Scout Troop Leader assign Billy to be an "assistant" to one of the more senior and respected scouts so that Billy would experience less rejection and can be exposed to a more mature scout role model.

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The CFT Plan was changed to reflect this intervention and all CFT participants agreed to adopt this change.

**Permanency is one of the primary goals of the Integrated Core Practice Model. It involves finding a loving family and lasting relationships for the foster child/youth.**

**Transition:** Developing a transition plan for the child and family that ensures long term stability and includes the use of informal supports and community resources.

*Example:* The ICC coordinator met with Emily's entire CFT team including Emily's parents, IHBS worker, family pastor, and social worker. Emily's current progress was reviewed and successes identified. The ICC coordinator and IHBS worker highlighted some of the family's strengths that have contributed to helping Emily meet her goals towards permanent placement with her family. The ICC coordinator, family pastor and parent identified some community resources that they will utilize to ensure the family has support during the transition.

### 3. Availability

The primary clinician must be available to all members of the CFT by phone, email, and face-to-face, particularly to the child/family and social worker. The therapist must be able to accommodate the child and family's scheduling needs and have some flexibility in regards to the location of the meeting. It is important that the child and family feel that their needs are the primary concern of all the professionals involved in their care.

### **How to document/write a progress note for the CFT Meeting**

The following elements should be included in a CFT Meeting progress note:

1. Identify the ICC activity as a "CFT Meeting"
2. Participants should be listed and named (make sure the social worker, therapist, and child/family are all present)
3. Document if an Interpreter was needed at the CFT
4. The intervention or activity conducted by the therapist
5. Response or observed behavior from the CFT
6. Progress towards goal and objectives
7. The CFT Plan was reviewed/modified

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*Example:*

## **Purpose of the Visit/Service:**

A CFT Meeting was held today at the child's foster home. CFT members include ICC Coordinator (Mary Therapist), SSA social worker (Joe B.), and the child and her foster mother. No interpreter was needed at this time. The purpose of today's CFT meeting is to discuss the foster mothers request for additional support services due to the child's recent aggressive behaviors, review the current plan and make adaptations to ensure safety in the home. The resulting impairment of the child's aggressive behaviors puts her at risk for removal from the home.

**Safety, permanency, and mental health are the primary motivating factors behind ICC services. Documentation should reflect these goals.**

## **Interventions (What did I do today?):**

The ICC Coordinator gathered information from each team member and identified that the child has poor stress intolerance when she is academically overwhelmed due to her learning disability. As a result she lashes out verbally and physically at her foster mother who reports, "I can't take this anymore." The ICC Coordinator shared a list of county mental health services that may be able to provide additional support to assist the child and her family achieve safety, permanency and well-being. The ICC Coordinator explained to the foster mother which services would be most helpful in addressing the child's aggressive behaviors at home. The child's foster mother was interested in TBS services that were listed by the ICC Coordinator. Attempts by ICC Coordinator and the team to engage the child's input about her needs was met with indifference. The social worker commented that TBS services would be consistent with efforts to stabilize the child's placement in the home while maintaining a level of safety that is acceptable to everyone. The Individualized Care Plan was reviewed and the CFT agreed to add TBS services to the plan. The ICC Coordinator agreed to initiate a referral for TBS services.

## **Plan:**

ICC Coordinator will follow-up with initiating a TBS referral and contact the patient's foster mother within 10 days. ICC Coordinator will continue to monitor the patient's progress towards reducing aggressive behaviors through coordination of services with the other team members once a week. A CFT meeting has been scheduled for the following month to review if the services have been effective or needs to be adapted to help reduce the patient's aggression.

# Appendix A



## Children and Youth Behavioral Health Pathways to Well-Being/Intensive Services Eligibility Assessment

Client Name: \_\_\_\_\_ Program/Clinic Name: \_\_\_\_\_

DOB: \_\_\_\_\_ MRN: \_\_\_\_\_

1. Is the youth under the age of 21? Y / N
2. Does the youth have full scope Medi-Cal? Y / N
3. Does the youth meet medical necessity? Y / N  
(If yes, see Assessment/Annual update \_\_\_\_/\_\_\_\_/\_\_\_\_ or Progress Note \_\_\_\_/\_\_\_\_/\_\_\_\_)
4. Is the youth currently RECEIVING or BEING CONSIDERED FOR any of the following?

SERVICES/PLACEMENTS	YES	SERVICES/PLACEMENTS	YES
Special Ed, SUD, or other Health & Human Services		Probation or other Legal Systems	
Therapeutic Behavioral Services (TBS)		Wraparound/Full Service Partnership (FSP)	
Specialized Care Rate		RCL 10+ or FFA/STRTP	
Psychiatric hosp. and/or DC'd w/in 90 days		2 or more psych. hosp. w/in 12 months	
2 or more ER visits due to mental health w/in 6 months		2 or more placement changes for behavior w/in 24 months	
2 or more antipsychotic meds at same time over 3 months		Age 0-5 w/ more than 1 MH DX OR more than 1 psychotropic meds	
Age 6-11 w/ more than 2 MH DX OR more than 2 psychotropic meds		Age 12-17 w/ more than 3 MH DX OR more than 3 psychotropic meds	
Received SMHS AND homeless during prior 6 months		Intensive SMHS (In-Home Crisis, Crisis Residential Program, etc.)	

*Note: The above criteria are guidelines only and should not be used as absolutes.*

**(YES) ← Does the youth have an open Child Welfare case? → (NO)**

<p>If 1, 2, &amp; 3 are all YES, <b><i>and</i></b> the youth is receiving/being considered for any service(s) in 4, then the youth meets criteria for Pathways to Well-Being (PWB).</p> <p style="text-align: center;"><b>PATHWAYS to WELL-BEING*</b></p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Was the youth opened/accepted for mental health services? Y / N</p> <p>Regardless of eligibility, [secure] email this form to:</p> <ul style="list-style-type: none"> <li>• <a href="mailto:CFSPathway2WellBeing@ssa.ocgov.com">CFSPathway2WellBeing@ssa.ocgov.com</a></li> </ul>	<p>If 1, 2, &amp; 3 are all YES, <b><i>and</i></b> the youth is receiving/being considered for any service(s) in 4, then the youth meets criteria for Intensive Services (IS).</p> <p style="text-align: center;"><b>INTENSIVE SERVICES*</b></p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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\* If eligible for PWB/IS, clinician **must** update the CARE PLAN to authorize ICC and/or IHBS services.

Staff Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

# Appendix B

Access, Complete, and Save this form in CWS/CMS



## COUNTY OF ORANGE SOCIAL SERVICES AGENCY Children and Family Services

**Type of Screening (Check One):**

- Initial Mental Health 0-5 YO
- Initial Mental Health 5+ YO
- Updated Mental Health 0-5 YO
- Updated Mental Health 5+ YO

This checklist should be used as a guide to assist case workers in determining whether to refer a child for mental health assessment. Any available sources such as the child, caregiver, collateral contacts, or other resources should be used to gather information to assist in making a determination of whether a referral for mental health assessment is indicated. This checklist should be completed in its totality.

### MENTAL HEALTH SCREENING CHECKLIST

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F  Other: \_\_\_\_\_

Referral/Case #: \_\_\_\_\_ Medi-Cal # (if known): \_\_\_\_\_

Primary Caregiver: \_\_\_\_\_ Relationship: <select> \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Language/interpretation services needed for:  Child Language: \_\_\_\_\_  
 Caregiver Language: \_\_\_\_\_

Current mental health services:  Yes  No Agency/Clinic: \_\_\_\_\_

Is the child a Regional Center client?  Yes  No Telephone: \_\_\_\_\_

Developmental screenings are required for children ages 0-5. Was this child screened?  Yes  No Where? \_\_\_\_\_

Person providing information:  Caregiver  Child  Other: \_\_\_\_\_

	YES	NO	UNK
1. Is the child a danger to self or to others or have a history of such behaviors? (Check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Attempted suicide <input type="checkbox"/> Suicidal gestures <input type="checkbox"/> Suicidal ideation <span style="margin-left: 100px;"> <input type="checkbox"/> Assaultive  <input type="checkbox"/> Puts self in dangerous situations  <input type="checkbox"/> Sexually molested others (or attempted)                 </span>			
2. Does the child currently exhibit or have a history of any of the following behaviors? (Check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fire setting <input type="checkbox"/> Cruelty to animals <input type="checkbox"/> Excessive masturbation <input type="checkbox"/> Hears voices or responds to internal stimuli <span style="margin-left: 100px;"> <input type="checkbox"/> Smears feces  <input type="checkbox"/> Repetitive body motions  <input type="checkbox"/> Repetitive vocalizations                 </span>			
3. Is the child currently receiving or have a history of receiving: (Check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Psychiatric hospitalization <input type="checkbox"/> Prescribed psychotropic medication			
4. Does the child currently exhibit or have a history of problems managing their own feelings? (Check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Severe temper tantrums <input type="checkbox"/> Cries inconsolably <input type="checkbox"/> Nightmares <input type="checkbox"/> Withdrawn <span style="margin-left: 100px;"> <input type="checkbox"/> Excessive worries  <input type="checkbox"/> Frequently sad or depressed  <input type="checkbox"/> Restless or overactive                 </span>			
5. Does the child currently abuse or have a history of abusing alcohol/drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If **YES\*** is checked for any of the above questions, the child was/will be referred to (please check all that apply):

CEGU (First Step/OCFC)       Complete a Developmental Screening       Regional Center  
 Health Care Agency (Katie A. Inbox)       Already receiving services (see above)       **REQUIRES FOLLOW UP**  
 CCPU       Other: \_\_\_\_\_

\*See Attachment 2 of CFS P&P Mental Health Screening and Treatment for further information on disposition of checklist.

Refer to [CWS/CMS Data Entry Standards—Developmental & Mental Health Screening and Services](#), for instructions on data entry regarding mental health screenings and services information.

Program:

ER    FMCS    Intake    Dependency Investigations    ICS    PSP    SFS    Adoption    Non-Dependent LG    EFC  
 Courtesy Supervision, County of Jurisdiction: \_\_\_\_\_

Screening Completed by: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

# Appendix C

Access, Complete, and Save this form in CWS/CMS

## Child and Adolescent Needs and Strengths (CANS) Assessment Tool Coversheet / Mental Health Assessment Referral

Type of Screening (Check One):

- Initial Mental Health 0-5 YO
- Initial Mental Health 6+ YO
- Updated Mental Health 0-5 YO
- Updated Mental Health 6+ YO

This coversheet is to be used as a confidential coversheet for the completed CANS Assessment, which will also serve as the Mental Health Screening documentation for CWS/CMS and a Mental Health Assessment Referral to Orange County Health Care Agency (HCA).

**CANS Assessment Date:** \_\_\_\_\_ **Referral/Case #:** \_\_\_\_\_

**Child/NMD's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Caregiver Child/NMD Currently Resides With:** \_\_\_\_\_ **Relationship:** <select>

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Is this a Courtesy Supervision case? Indicate County of Jurisdiction: \_\_\_\_\_

**Language/interpretation services needed for:**  Child/NMD Language: \_\_\_\_\_  
 Caregiver Language: \_\_\_\_\_

**Developmental Screenings are required for children ages 0-5.** **Was this child screened?**  N/A  Yes: Where? \_\_\_\_\_  
 No

Is the child/NMD a Regional Center client?  No  Yes

Is the child/NMD currently receiving mental health services?  No  If yes, a MH Assessment Referral to HCA is not needed (N/A Receiving MH services)

**Mental Health Assessment Referral to HCA** **Date Referred to HCA:** \_\_\_\_\_

Make a referral when all the following apply:  
 The child/NMD is currently NOT receiving mental health services; CANS score is "1" or above in specified domains; AND "Yes" is marked in any Potentially Traumatic/Adverse Childhood Experiences Domain. Refer to page 2 for California IP CANS Tool.

Complete a mental health assessment referral by emailing all the following to [PWBMHReferral@ochca.com](mailto:PWBMHReferral@ochca.com):

Reminder to SSW:  
 CANS Assessment Tool  
 This completed CANS coversheet  
 [Health Care Agency Informed Consent](#) (F346-301E)

**The child/NMD will be referred to the following services** (please check all that apply):

<input type="checkbox"/> Not referred	<input type="checkbox"/> REQUIRE \$ FOLLOW UP
<input type="checkbox"/> CEGU (First Step/OCFC)	<input type="checkbox"/> Complete a Developmental Screening
<input type="checkbox"/> CCPU	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Regional Center

Document completion of the CANS Assessment Tool (mental health screening) and mental health assessment referral to HCA in CWS/CMS, if applicable. Refer to [CWS/CMS Data Entry Standards—Developmental & Mental Health Screening and Services](#), for instructions on data entry regarding mental health screenings and services information.

**Program:**

ER  FMCS  Court Services  Special Medical  SFS—Continuing  ICS  PSP  CCP  TPSP

**Assigned Social Worker:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

THIS FORM CONTAINS PERSONALLY IDENTIFIABLE INFORMATION (PII). DO NOT SAVE COMPLETED FORM TO ANY CF \$ COMPUTER UNLESS ON A CF \$ SECURE DRIVE ESTABLISHED FOR THE PURPOSE OF SAVING DOCUMENTS CONTAINING PII. IF SENDING THIS COMPLETED FORM VIA EMAIL OUTSIDE SSA, USE THE ESTABLISHED PROCEDURE FOR SECURE EMAIL \$.

Appendix D



**COUNTY OF ORANGE  
CONFIDENTIAL  
COVER SHEET**

**PATHWAYS TO WELL-BEING REFERRAL**

COUNTY OF ORANGE / HEALTH CARE AGENCY  
CHILDREN & YOUTH BEHAVIORAL HEALTH  
405 W. 5<sup>TH</sup> STREET, SUITE 590  
SANTA ANA, CA 92701  
TELEPHONE: (714) 834-5015  
FAX: (714) 834-4595  
PWBMHReferral@ochca.com

DATE: \_\_\_\_\_

FROM: Helen Guzman, LMFT

TO: \_\_\_\_\_

FAX#: \_\_\_\_\_  
PHONE#: \_\_\_\_\_

NUMBER OF PAGES INCLUDING COVER SHEET: \_\_\_\_\_

CLIENT: \_\_\_\_\_

DOB: \_\_\_\_\_

ASSIGNED THERAPIST: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE ASSIGNED: \_\_\_\_\_

APPOINTMENT DATE: \_\_\_\_\_

**\*\*PLEASE COMPLETE AND RETURN THIS FORM BACK TO  
CYBH ADMINISTRATION WITHIN 5 WORKING DAYS\*\***

# Appendix E



Initial    Subsequent CFT meeting

## COUNTY OF ORANGE CHILD AND FAMILY TEAM (CFT) PLAN

Date: _____	Time: _____	Location: _____
Facilitator: _____	Coordinator: _____	Language: _____
Child/Non-Minor Dependent (NMD) Name: _____	Child/NMD DOB: _____	Child's CWS 19 digit number: _____
DL Number: _____		
Other Associated Child(ren) and DOB(s): _____		
Parent/Guardian: _____		Caregiver: _____
Social Worker: _____		Social Worker Phone: _____
Deputy Probation Officer: _____		DPO Phone: _____
Educational Liaison: _____		Liaison Phone: _____

### Mental Health Info (If Applicable)

Provider Name: \_\_\_\_\_ Agency: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Pathways to Well-Being (Katie A.) Eligibility Status:**  
 Eligible    No Longer Eligible    Referred/Awaiting Assessment    Not Applicable

**Check all interventions that apply:**

<input type="checkbox"/> Intensive Care Coordination (ICC)	<input type="checkbox"/> Pathways to Well-Being Child and Family Team
<input type="checkbox"/> Intensive Home-Based Service (IHBS)	<input type="checkbox"/> Short Term Residential Therapeutic Program (STRTP)
<input type="checkbox"/> Therapeutic Foster Care (TFC)	<input type="checkbox"/> Other: _____

**For children placed in out-of-home care:**  
 Court Authorization obtained for the sharing of the child's mental health information with the parent(s)/guardian(s)

### Identified Goal (Permanency Plan) / Safety Plan/Family Vision:

\_\_\_\_\_

### Identified Placement Plan:

\_\_\_\_\_

If recommending step-up or down from a Short-Term Residential Therapeutic Program (STRTP) placement, complete and attach *Inter-Agency Placement Committee Referral for STRTP Placement (F063-25-807)*.

**Future Communication:** Schedule next CFT meeting to occur no later than 180 days, prior to updating case plan.  
*Exception:* If child/NMD is receiving ICC/IHBS/TFC, schedule next CFT meeting to occur in 90 days or less.

### Select topic areas for CFT meeting

<input type="checkbox"/> Safety/Risk	<input type="checkbox"/> Placement	<input type="checkbox"/> Family/Social Relationships
<input type="checkbox"/> Visitation/Trial Visit	<input type="checkbox"/> Emotional/Behavioral	<input type="checkbox"/> School/Educational
<input type="checkbox"/> Money Matters	<input type="checkbox"/> Housing/Living Environment	<input type="checkbox"/> Social Relationships
<input type="checkbox"/> Fun/Recreational	<input type="checkbox"/> Health/Medical	<input type="checkbox"/> Work/Vocational
<input type="checkbox"/> Cultural/Spiritual	<input type="checkbox"/> Presumptive Transfer _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Reunification Barriers/Permanency		

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**Contact info:**

**Helen Guzman, LMFT**

Behavioral Health Clinician II

HCA-CYBH

Continuum of Care Reform (CCR) Coordinator

405 W. 5<sup>th</sup> Street, Suite 590

Santa Ana, CA 92701

Phone: 714-834-2018

Fax: 714-834-4595

Email: [hguzman@ochca.com](mailto:hguzman@ochca.com)

**Alice Kim, LMFT**

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