

# Children and Youth Behavioral Health

## GUIDELINES:

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

2019



# 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 Pathways to Well-Being (formerly Katie A.) 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.**

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

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 MH services

**Pathways to Well-Being Subclass Members:** A child who is eligible for full scope Medi-Cal, meeting medical necessity criteria for Specialty Mental Health Services (SMHS), has an open child welfare services case, and meet either of the following criteria:

- A. Child is currently in or being considered for: Wraparound, therapeutic foster care or other intensive services, therapeutic behavioral services, specialized care rate due to behavioral health needs or crisis stabilization/intervention;

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

or

- B. Child is currently in or being considered for a group home (RCL 10 or above), a psychiatric hospital or 24-hour mental health treatment, or has experienced three or more placements within 24 months due to behavioral health needs.

Note: HCA/CYBH county and contracted providers determine the subclass eligibility for all foster children/youth referred for MH 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, if the HCA/CYBH Plan Coordinator (therapist) is able to answer YES to the question: **“Does the child/youth have an open child welfare case?”**, then the Pathways to Well-Being section is completed.

**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)- 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)

**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 that every 90 days.**

**CFT versus CFT Meeting**

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

**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 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.

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

**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 Services 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. 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
  - (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

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

## Guidelines

### The Referral Process

Referrals for Pathways to Well-Being mental health services will be routed through HCA/CYBH 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.

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

Despite centralizing the referral process, there will still be instances when a potential foster child or youth will land in a provider clinic without having been processed through HCA/CYBH Central.

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.

*"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 at HCA/CYBH Central.
3. The HCA Pathways to Well-Being Coordinator will review the packet for completeness and fax the referral packet, using a **"Pathways to Well-Being Referral"** fax cover (Appendix C), to the Service Chief or Program Director of a county or county-contracted provider clinic.
4. The CYBH county or county-contracted provider will acknowledge receipt of the referral and assign a therapist to the case within five working days using the Pathways to Well-Being Referral fax cover.
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 Plan Coordinator (therapist) receives a Pathways to Well-Being mental health referral packet, the Plan Coordinator will complete the Pathways to Well-Being/Intensive Services Eligibility Assessment form.

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

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.

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

- ASSIGNED SOCIAL WORKER (see attached Mental Health Screening Checklist for email)
- CFT INBOX: [CFSPathway2WellBeing@ssa.ocgov.com](mailto:CFSPathway2WellBeing@ssa.ocgov.com)
- THE PUBLIC HEALTH NURSE: [phncfsinbox@ssa.ocgov.com](mailto:phncfsinbox@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 any of the three Orange County SSA email destinations.

**Step 3:** A SSA social worker will arrange and schedule the PWB CFT meeting through their “CFT Scheduler.”

**Step 4:** The HCA Plan Coordinator (therapist) 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 Plan Coordinator (therapist) will attend all PWB CFT meetings with the child/family and the SSA social worker.

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



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

*“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?”*

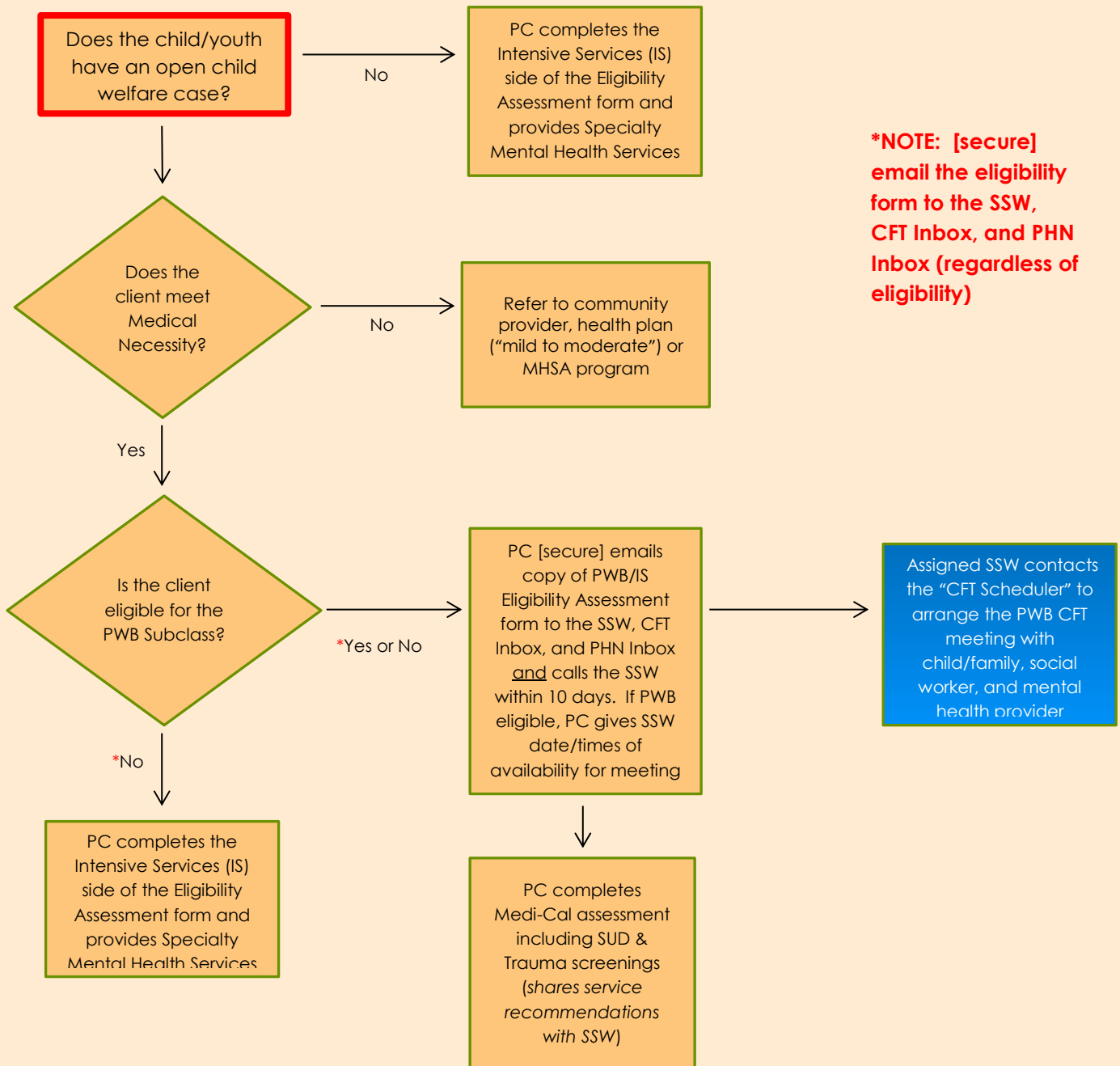
- Great! Continue to work with the assigned SSA social worker to ensure that the CFT meetings continue on a regular basis (based on child and family need).
- Make sure that, at the minimum, the social worker, child/family and therapist attend each CFT meeting.

*“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, complete the Pathways to Well-Being/Intensive Services Eligibility Assessment form; and 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.
- [secure] email the eligibility form to:
  - ✓ ASSIGNED SOCIAL WORKER (see attached Mental Health Screening Checklist for email)
  - ✓ CFT INBOX:
  - ✓ [CFSPathway2WellBeing@ssa.ocgov.com](mailto:CFSPathway2WellBeing@ssa.ocgov.com)
  - ✓ THE PUBLIC HEALTH NURSE:  
[phncfsinbox@ssa.ocgov.com](mailto:phncfsinbox@ssa.ocgov.com)

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

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



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

## 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 (Huma Athar-Macdonald, Psy.D.) at 714-834-3360.

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

### 1. Completing the CFT Plan document

The CFT Plan document is completed by the ICC Coordinator (therapist) for each Pathways to Well-Being client with a CFT. All CFT members will contribute to the CFT Plan, but the therapist 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.

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

*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.

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

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 therapist 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. The intervention or activity conducted by the therapist
4. Response or observed behavior from the CFT
5. Progress towards goal and objectives
6. The CFT Plan was reviewed/modified

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

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. 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

(YES) ←-----Does the child/youth have an open child welfare case? -----→(NO)

Clinic/Agency Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Client Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 MRN: \_\_\_\_\_

#### (Pathways to Well-Being Only)

1. Does the child have full-scope Medi-Cal? Y / N
2. Does the child have an open Child Welfare case? Y / N
3. Does the child meet medical necessity? Y / N  
 (If yes, see Assessment/Annual Update \_\_/\_\_/\_\_, or Progress Note \_\_/\_\_/\_\_)
4. Is the child currently receiving or being considered for any of the following services?

Services/Placement	Receiving	Considered
Wrap/FSP Wrap		
TBS		
Specialized Care Rate		
Crisis Stabilization-CSU		
Other Intensive EPSDT		
RCL 10+ or FFA/ STRTP		
Psychiatric Hospital		

5. Has the child had three or more placements within 24 months due to behavioral needs? Y / N

*\*Children meet criteria for Pathways to Well-Being if: The answers to numbers 1, 2 and 3 are all: "Yes" AND the child is receiving/being considered for, any of the services in 4 OR the answer to 5 is "Yes"*

#### PATHWAYS TO WELL-BEING\*

YES  NO ---→ Provider Only: if "NO," complete right side of form.

Was the child/youth opened/accepted for mental health services?  Yes  No

SSA Social Worker (if available) \_\_\_\_\_

This eligibility assessment was completed by:

- HCA Therapist  HCA Contract Therapist  
 CEGU Therapist  CCPU  Wrap/FSP Provider

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

F346-788 (Revised 05/19)

#### (Intensive Services Only)

1. Does the child have full-scope Medi-Cal? Y / N
2. Does the child meet medical necessity? Y / N  
 (If yes, see Assessment/Annual Update \_\_/\_\_/\_\_, or Progress Note \_\_/\_\_/\_\_)
3. Is the child currently receiving or being considered for any of the following services/conditions?

Services/Placement	Receiving	Considered
Special Ed, Probation, SUD, or other Health & Human Services or Legal Systems		
Wrap/FSP Wrap		
Specialized Care Rate		
Intensive SMHS (TBS, Crisis Stabilization, In-Home Crisis)		
RCL 10+ or FFA/ STRTP		
Psychiatric Hosp. and/or DC'd w/in 90 days		
2 or more psych. hosp. w/in 12 mos.		
2 or more placement changes for behavior w/in 24 mos.		
2 or more antipsychotic meds at same time over 3 mos.		
Age 0-5 w/ 1 or more anti-psychotic meds OR 1+ MH DX		
Age 6-11 w/ 2 or more anti-psychotic meds OR 2+ MH DX		
Age 12-17 w/ 3 or more anti-psychotic meds OR 3+ MH DX		
2 or more ER visits due to mental health w/in 6 mos.		
Received SMHS AND homeless during prior 6 mos.		

*\*Children meet criteria for Intensive Services if: The answers to numbers 1 and 2 are all: "Yes" AND the child is receiving/being considered for any in 3. (Note: the above criteria are guidelines only and should not to be used as absolutes).*

#### INTENSIVE SERVICES\*

YES  NO

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"/> Attempted suicide <input type="checkbox"/> Assaultive <input type="checkbox"/> Suicidal gestures <input type="checkbox"/> Puts self in dangerous situations <input type="checkbox"/> Suicidal ideation <input type="checkbox"/> Sexually molested others (or attempted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the child currently exhibit or have a history of any of the following behaviors? (Check all that apply) <input type="checkbox"/> Fire setting <input type="checkbox"/> Smears feces <input type="checkbox"/> Cruelty to animals <input type="checkbox"/> Repetitive body motions <input type="checkbox"/> Excessive masturbation <input type="checkbox"/> Repetitive vocalizations <input type="checkbox"/> Hears voices or responds to internal stimuli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the child currently receiving or have a history of receiving: (Check all that apply) <input type="checkbox"/> Psychiatric hospitalization <input type="checkbox"/> Prescribed psychotropic medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the child currently exhibit or have a history of problems managing their own feelings? (Check all that apply) <input type="checkbox"/> Severe temper tantrums <input type="checkbox"/> Excessive worries <input type="checkbox"/> Cries inconsolably <input type="checkbox"/> Frequently sad or depressed <input type="checkbox"/> Nightmares <input type="checkbox"/> Restless or overactive <input type="checkbox"/> Withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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



**COUNTY OF ORANGE  
CONFIDENTIAL  
FAX 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

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

FROM: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

**\*\*PLEASE COMPLETE AND FAX THIS FORM BACK TO CYBH  
CENTRAL WITHIN 5 WORKING DAYS**

# APPENDIX D



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: _____	
<b>Pathways to Well-Being (Katie A.) Eligibility Status:</b>			
<input type="checkbox"/> Eligible <input type="checkbox"/> No Longer Eligible <input type="checkbox"/> Referred/Awaiting Assessment <input type="checkbox"/> Not Applicable			
<b>Check <u>all</u> interventions that apply:</b>			
<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: _____	
<b>For children placed in out-of-home care:</b>			
<input type="checkbox"/> 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		

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

**Huma Athar-Macdonald, Psy.D.**

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HCA-CYBH

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