



# COUNTY OF MONTEREY HEALTH DEPARTMENT

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Administration  
Behavioral Health

Clinic Services  
Emergency Medical Services  
Environmental Health/Animal Services

Public Health  
Public Administrator/Public Guardian

<b>Policy Number</b>	151
<b>Policy Title</b>	Presumptive Transfer (AB 1299 and 1051)
<b>References</b>	All County Letter No. 18-60 Mental Health and Substance Use Disorder Services Information Notice No. 18-027 Presumptive Transfer Policy Guidance All County Letter No. 17-77 (July 14, 2017) Mental Health and Substance Use Disorder Services Information Notice Number 17-032 Implementation of Presumptive Transfer for Foster Children Placed Out of County Welfare and Institutions Code §14714,14717.1,14717.2, 14717.125, 14717.26 Behavioral Health Information Notice 24-025 Presumptive Transfer Related to Children and Youth in Foster Care Placed in Out-of-County Short-Term Facilities
<b>Forms</b>	N/A
<b>Effective</b>	December 3 <sup>rd</sup> , 2020 November 1, 2021 September 6, 2024

## PURPOSE:

To provide children and youth in foster care who are placed outside their counties of original jurisdiction access to Specialty Mental Health Services (SMHS) in a timely manner in compliance with Presumptive Transfer (AB 1299). Presumptive Transfer does not apply to children or youth with Kinship Guardianship Assistance Payment (Kin-GAP) or Adoption Assistance Program (AAP).

## POLICY:

Upon presumptive transfer to Monterey County of a child or youth residing in Monterey County, the Mental Health Plan (MHP) shall assume responsibility for the authorization and provision of SMHS, and the payment for services (Welfare and Institutions Code § 14717.1, subdivision (f)).

## SCOPE:

This policy applies to all foster child or youth requiring SMHS in Monterey County.

## PROCEDURE:

- I. Monterey County Behavioral Health (MCBH) receives notification regarding a presumptive transfer through the MCBH single point of contact, posted publicly at the Monterey County website and CDSS website, from the placing agency in the county of original jurisdiction.
- II. MCBH assumes responsibility for authorization, provision, and payment of SMHS for foster child or youth placed in Monterey County
  - A. Referral information is entered into MCBH Presumptive Transfer Spreadsheet. This spreadsheet will be maintained by MCBH single point of contact or designee.
  - B. MCBH determines if the child or youth has already been linked or placed with SMHS in the County.
  - C. If the child or youth has not been linked, then MCBH single point of contact or designee will facilitate linkage to SMHS.
  - D. MCBH single point of contact or designee will contact placing agency to gather required mental health documentation not provided in the Presumptive Transfer Request. Necessary information includes:
    - i Confirmation that the foster child's residence address is updated in the Medi-Cal Eligibility Data System (MEDS) reflecting Monterey County address;
    - ii Identifying information about the child: name, date of birth, and address;
    - iii Name, location, and contact information of the referring placing agency;
    - iv Most recent court document to identify legal holder of privilege such as Order After Hearing or Jurisdiction Disposition Report (Juris Dispo).
    - v Name and contact information of who can sign releases of information;
    - vi Name and contact information of who can sign consents;
    - vii Most recent consent for services, and consent for medication, including the JV-220; and JV-223
    - viii Most recent mental health records, including the most recent mental health assessment.
    - ix Monterey County Onset of services must be signed by the court appointed legal authority. Referral source should complete Onset of Services packet and submit to CBH single point of contact or designee
- III. Services provided are to be consistent with the child or youth's treatment needs and goals as documented in the mental health client plan or problem list and as determined by the child or youth's Child and Family Team.
- IV. MCBH is required to accept an assessment, if one exists, of needed SMHS for the foster child or youth from the MHP in the county of original jurisdiction. Nothing should preclude MCBH from updating the assessment or conducting a new assessment if clinically

indicated, but these updates or new assessments may not delay the timely provision of SMHS to the child or youth.

### **EXPEDITED PRESUMPTIVE TRANSFER:**

Youth may require an expedited Presumptive Transfer within 48 hours of placement outside of the County of Jurisdiction. The Placing agency's assigned worker will contact Monterey County Behavioral Health's Point of Contact and request for services to be expedited. The Point of Contact will be collaborating with Placing Agency to get all signed required documents (i.e. release of information) and set up an urgent initial assessment. In situations when a foster child or youth is in imminent danger to themselves or others or experiencing an emergency psychiatric condition, MCBH will provide SMHS immediately, and without prior authorization. In these instances, the county placing agency must immediately contact the county of residence to notify MCBH of the placement and the need to provide or arrange and pay for SMHS to meet the needs of the child or youth.

### **PRESUMPTIVE TRANSFER AND THE CHILD AND FAMILY TEAM PROCESS:**

Presumptive transfer must be discussed by the CFT in situations in which a child or youth is to be placed outside the county of original jurisdiction. The use of an effective CFT process is especially important when an out of county placement is being considered and is the primary vehicle for coordinating care. The CFT process can help families develop and maintain respectful, trusting relationships that can, over time, lead to greater stability and improved outcomes. In the context of presumptive transfer, the CFT process informs placement decisions, as well as the child or youth's foster care case plan, and mental health treatment plan. When an out of county placement occurs and SMHS are presumptively transferred to Monterey County, the SMHS provider(s) becomes part of the child or youth's CFT.

### **EXCEPTIONS TO PRESUMPTIVE TRANSFER AND WAIVER DETERMINATIONS:**

On a case-by-case basis, presumptive transfer may be waived. The responsibility for providing SMHS remains with the county of original jurisdiction when it is determined an exception exists and that the presumptive transfer waiver is appropriate pursuant to the established conditions of and exceptions to presumptive transfer. When an exception to presumptive transfer exists, waiver determinations are made by the placing agency of the county of original jurisdiction, in consultation with the CFT members.

When a Presumptive Transfer waiver is requested, Monterey County's Department of Social Services (DSS) or Monterey County Juvenile Probation Department (JPD) will notify the MCBH by secure email or by phone call. MCBH will then determine if a contract can be established with a SMHS provider in the other county within 30 days, or if MCBH already has a contract with a SMHS provider in the county of residence.

- A. If MCBH has an existing mental health contract or if MCBH can contract with a SMHS provider in the county of residence within 30 days, then the waiver request will be approved. MCBH will then coordinate with DSS or JPD to ensure

access to a SMHS provider for the foster child, youth, or non- minor dependent in their county of residence.

- B. If the mental health contract within 30 days is not feasible and if MCBH does not have an existing contract with the requested out-of-county SMHS provider, MCBH will notify DSS or JPD as soon as possible, and the waiver request will be denied. Monterey County DSS or JPD will then generate a Notification of Presumptive Transfer to link the client to a SMHS provider in the county of residence in a timely manner.

### **SHORT TERM FACILITIES**

Effective July 1, 2024, when a child or youth is placed outside of their original jurisdiction into a community treatment facility (CTF), group home (GH), or short-term residential therapeutic program (STRTP), or admitted to a children’s crisis residential program (CCRP), the responsibility to provide or arrange and pay for SMHS shall remain with the MHP in the county or original jurisdiction unless specific circumstances exist:

1. The child or youth’s case plan specifies that the child or youth will transition to a less restrictive placement in the same county as the facility in which the child has been placed or admitted; or
2. The placing agency determines, as informed by the Child and Family Team (CFT), that the child or youth will be negatively impacted if responsibility for providing or arranging for SMHS is not transferred to the same county as the facility in which the child has been placed or admitted. The placing agency shall document the basis for making this determination in the case record.

If either circumstance described above exists at any time during a child or youth’s placement in an out-of-county CTF, GH, STRTP, or admission to a CCRP, the responsibility to arrange and provide SMHS will transfer to the MHP in the county of residence.

### **PSYCHIATRIC INPATIENT HOSPITALIZATION:**

Presumptive transfer does not distinguish between inpatient and outpatient SMHS with regard to the transfer of the responsibility to arrange, provide, and pay for SMHS from the county of original jurisdiction to the county of residence. Regarding psychiatric inpatient hospital services, the applicability of presumptive transfer depends on the specific scenario, as described below:

1. A foster child or youth that resides in the county of original jurisdiction receives psychiatric hospital inpatient services in a county outside of the county of original jurisdiction. Presumptive transfer does not apply in this scenario because psychiatric inpatient hospitalizations are not considered foster care placements and the foster child or youth will return to the county of original jurisdiction following the psychiatric inpatient hospital stay. The county of original jurisdiction retains responsibility for the provision of and payment for the psychiatric inpatient hospitalization.

2. A foster child or youth that resides outside the county of original jurisdiction, but is waived from presumptive transfer, receives psychiatric hospital inpatient services. Due to the waiver, presumptive transfer does not apply in this scenario and the county of original jurisdiction retains responsibility for the provision of and payment for the psychiatric inpatient hospitalization, regardless of the county in which the hospitalization occurs.
3. SMHS for a foster child or youth that resides outside the county of original jurisdiction are presumptively transferred to the county of residence and the foster child or youth receives psychiatric inpatient hospital services outside of the county of residence. Since SMHS for this foster child or youth have been presumptively transferred, the county of residence is responsible for the provision of, and payment for psychiatric inpatient hospitalization regardless of the county in which the hospitalization occurs.

### **SPECIALTY MENTAL HEALTH SERVICES PROVIDED BY MULTIPLE MENTAL HEALTH PLANS:**

When a foster child or youth's SMHS are presumptively transferred to the county of residence, it is not intended for both MHPs to provide SMHS to the foster child or youth during the course of the placement. However, there are times a foster child or youth is placed outside of the county of original jurisdiction, when it may be appropriate for the MHP in the county of original jurisdiction to provide SMHS while the MHP in the county of residence is also providing or arranging and paying for SMHS provided to the foster child or youth placed in their county. For example:

- When the SMHS provider(s) in the county of original jurisdiction has an established relationship with the child or youth and his or her family members, the provider(s) may continue to provide SMHS throughout the transition of the child or youth to the new SMHS provider(s) in the county of residence. During the transition these SMHS are paid for by the MHP in the county of original jurisdiction; or
- When the SMHS provider(s) has an established relationship with a child or youth's significant support person (e.g. parent, family member) and the provider(s) will continue to be involved in the child or youth's life during and after the out of county placement, the provider may continue to provide collateral services to the foster child or youth's significant support person during a transition period until this relationship can be transferred to a new SMHS provider, or until this service is no longer needed.

The services provided to a parent or family member of a foster child or youth placed outside of the county of original jurisdiction must be clearly linked to the child's mental health needs, goals, coordinated through the CFT, and documented in the client plan. Collateral service activities provided to a child or youth's significant support person may occur on the same day that the foster child or youth receives SMHS provided by the county of residence.

### **SUBSTANCE USE DISORDER TREATMENT SERVICES:**

Presumptive transfer, as defined in statute, only applies to the transfer of the responsibility for the provision, arrangement, and payment of SMHS to MCBH. Therefore, responsibility

for the Drug Medi-Cal benefit remains with the county of original jurisdiction, even if the responsibility for the provision of, and payment for, SMHS has transferred to MCBH.