



Edition 2011-07

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REMINDERS

Don't forget to take a look at the documentation trainings placed on the Internet by Quality Assurance. The Assessment Training Powerpoint and CCCP Training Module are now available .

http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/admin_forms

NEW FORMS AVAILABLE ON THE INTERNET

MH 698 TREATMENT UPDATE TO DCFS FOR CHILDREN IN NEED OF URGENT MENTAL HEALTH SERVICES

MH 696 CONSULTATION & CLIENT-SPECIFIC FURNISHING PROTOCOL

MH 649A DMH REFERRAL TO HEALTHCARE & MH 649B DMH RESPONSE TO HEALTHCARE REFERRAL

(http://dmh.lacounty.gov/wps/portal/dmh/clinical_tools/clinical_forms)

see Medication Notes and Referrals & Communication to Other Departments

Several new forms have been developed in conjunction with program and Department staff in order to capture valuable information which assists staff in ensuring mental health clients are receiving appropriate services and care is properly coordinated with DHS, DCFS and DPSS.

The **MH 698 Treatment Update to DCFS for Children in Need of Urgent Mental Health Services** has been developed with the Children's System of Care (CSOC) in order to coordinate services with DCFS for children with urgent treatment needs and ensure DCFS is aware of the mental health services these children are receiving. Urgent service needs are defined by DCFS and DMH as a situation involving children who have recently been subjected to abuse, chronic neglect, or other traumatic events, and who, because of these experiences, have significant emotional and/or behavioral problems that must be addressed promptly for their safety and well-being. Directions on the use of the form are attached to the form and the Specialized Foster Care Co-located Protocols on the coordination of care for children with urgent mental health treatment needs is attached to this Bulletin. This form is a REQUIRED* form for all children involved with DCFS who are receiving urgent mental health services.

Important to Remember:

- This form must be completed and sent to DCFS on a weekly basis for clients who meet the definition of urgent service need and are receiving mental health services
- For Directly-Operated Agencies: An authorization to release information is not required to release this information to DCFS due to the need to coordinate services with DCFS.

Implementation:

- Directly-Operated - immediately as of the date of this Bulletin
- Contractors - immediately as of the date of this Bulletin

DO YOU KNOW THE ANSWERS TO THESE QUESTIONS? (FOR DIRECTLY-OPERATED ONLY)

- I. Does the Consent for Services form have an expiration date? Does it have to be completed on an annual basis? Answers on the next page



In addition, the **MH 696 Consultation and Client-Specific Furnishing Protocol** form has been developed with the assistance of the Office of the Medical Director and in accord with DMH Policy and Procedures 103.01 “Standards for Prescribing and Furnishing of Psychoactive Medications.” This form is an Optional* form for Contractors and is Required for all DMH Psychiatric Mental health Nurse Practitioners.

Important to Remember:

- This form is only to be used by Psychiatric Mental Health Nurse Practitioners
- The use of the form is indicated when prescribing a Schedule II drug, Schedule III drug, or the furnishing regimen is outside of DMH medication parameters

Implementation:

Directly-Operated: Immediately as of the date of this Bulletin

Lastly, the **MH 649A DMH Referral from Healthcare Providers** and **MH 649B DMH Response to Healthcare Providers** forms have been developed in association with DHS and DMH to facilitate the referral process between Primary Care Providers and Specialty Mental Health Service Providers. While a referral form and response form is required for all Healthy Way Los Angeles (HWLA) clients, this form is Optional* for Contractors.

Important Information about the Revised Forms:

- All prompts on the form must be completed

Implementation:

Directly-Operated: The new forms should be used immediately for HWLA referrals.

Contract: Within 6 months of the date of this Bulletin

*For Contractors, please refer to Clinical Records Bulletin Edition 2011-03 for definitions of the types of forms such as Required or Optional.

If you have any questions regarding this Bulletin, please contact your Service Area QA Liaison.

c: Executive Leadership Team
District Chiefs
Department QA Staff

Program Heads
Provider Record Keepers
QA Service Area Liaisons

TJ Hill - ACHSA
Nancy Butram - RMD

I KNOW THE ANSWERS TO THOSE QUESTIONS!

1. No, the Consent for Services does not have an expiration date and it does not have to be completed annually. A Consent for Services must be completed when an episode is opened on the client. If the client's episode is closed and the client returns for services, a new Consent for Services should be completed.

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Protocol for Handling Referrals of DCFS Children and Youth in Urgent Need of Mental Health Services

Introduction

- A. This protocol provides guidelines for handling, coordinating and documenting mental health treatment to children and adolescents referred by the Department of Children and Family Services (DCFS) to the Department of Mental Health (DMH) and who have been identified by DMH as having an “urgent” need of mental health services.
- B. While these children do not require immediate hospitalization, their needs are severe enough that they need to receive prompt and efficient mental health treatment, so that their conditions can be stabilized as quickly as possible.
- C. These guidelines apply only to children and youth served by DCFS offices where a Coordinated Services Action Team (CSAT) has been activated. While at this time the CSAT process is not operational in all DCFS offices, it will be in place for all DCFS offices by July, 2011.

Background

- A. The Los Angeles County Department of Mental Health (DMH) currently has 152 Specialized Foster Care (SFC) staff co-located with Department of Children and Family Services (DCFS) staff within 19 DCFS regional offices.
- B. SFC staff receive referrals from DCFS and identify the mental health needs of the children according to the acuity and urgency of the situation presented.
- C. Children and youth referred to regional offices where CSAT has been activated are formally identified by DMH staff as having either acute, urgent or routine mental health needs, based upon the information available at the time of the referral.
- D. Of those children and youth referred to DMH by DCFS, approximately 4-6% have mental health needs considered to be “urgent.”
- E. This protocol is intended to ensure that those children identified as having urgent mental health needs receive prompt and efficient treatment by requiring that these referrals be handled in a timely manner, and that the mental health service providers and DCFS Children’s Social Workers (CSW) work together as a team throughout this period of high acuity.

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Definition of Urgent Need

For purposes of this protocol DMH and DCFS have jointly determined that children who have an urgent need of mental health services are typically those who have recently been subjected to abuse, chronic neglect, or other traumatic events, and who, because of those experiences, have significant emotional and/or behavioral problems that must be promptly addressed.

Expedited Handling of Urgent Referrals

- A. Referrals of children with an urgent need for mental health treatment must be handled as expeditiously as possible. When DMH co-located staff refer such a case to a mental health treatment provider, DMH co-located staff are responsible for alerting the treatment provider that the referral involves a child with urgent mental health treatment needs, and that treatment services should be initiated within three business days.
- B. Co-located staff are also responsible for providing treatment providers with a copy of this protocol and a copy of the MH 698, Treatment Update to DCFS for Children in Urgent Need of Mental Health Services form, referenced below, if those documents are not already available to the treatment provider.
- C. If the child is MAT-eligible, the initiation of a MAT assessment may be considered to be the initiation of mental health treatment provided that the MAT assessment/intervention directly addresses and responds to the symptoms and behaviors that led to the determination that the child had an urgent need of mental health services.

Timeliness of Response

- A. While certain barriers and obstacles will arise from time to time, treatment providers must initiate mental health treatment as soon as possible, and no later than three business days from the date the referral was received by the treatment provider. DCFS, DMH, and treatment provider shall make every reasonable effort to initiate mental health treatment for these children within this timeframe.
- B. The three-business-day timeframe applies whether or not treatment services are provided by DMH co-located staff or by DMH contracted providers or by treatment staff of DMH's directly operated programs.

Use of Teaming

- A. Consistent with the goal of coordinating care, it is important that those providing treatment and services to these children utilize a team approach and effectively share pertinent information with one another in a timely manner.
- B. Teaming calls for each of those involved in the case to coordinate their thinking and planning to ensure that their overall efforts are sufficiently integrated and coordinated to support the attainment of the treatment goals for the child.

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- C. A vital component of coordination is communication and the mutual sharing of information. It is important therefore that those providing services to these children maintain ongoing communication with the DCFS CSW.
- D. The CSW must be informed whenever there is a significant change in the treatment plan or provision of treatment that impacts the coordination of care to the child. Examples of such changes would be repeated no shows for treatment, psychiatric hospitalization, transfer to a lower or higher level of care, transfer of the case to another treatment provider, and the discontinuation of treatment services.
- E. To ensure that mental health provider staff share pertinent mental health information with the DCFS CSW, staff should be advised that these disclosures are permissible under Welfare and Institutions Code section 5328.04 (disclosure to county social worker for purposes of coordinating child's care) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, specifically 45 C.F.R. section 164.502(a)(1) (covered entity may disclose protected health information for treatment of the individual), and 45 C.F.R. section 164.501 (treatment means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party).

Documentation

- A. It is important that the mental health treatment provider document in the case progress notes the reasons why the child is considered to be in need of urgent mental health treatment, as well as the treatment plan and goals.
- B. To facilitate the coordination of care and the tracking and documentation of the provision of mental health treatment to these children, DMH has designed a form entitled MH 698, Treatment Update to DCFS for Children in Urgent Need of Mental Health Services.
- C. Use of this form will enable the CSW to provide any needed assistance and will facilitate the coordination of care by keeping the CSW aware of the types of treatment provided to the child, the dates of treatment, and the types and scheduled dates of treatment planned for the future.
- D. In instances when it is not possible to initiate treatment within three business days, the reasonable efforts made to initiate treatment, including contacts made or attempted with the child and caregiver, should be clearly and thoroughly documented and described on the Treatment Update form.
- E. This form is to be completed by the mental health treatment provider, whether a co-located staff person or a DMH contracted provider or a DMH directly operated program staff person, at the end of the first week following receipt of the referral, and weekly thereafter, until such time as the child is no longer in urgent need of mental health treatment.

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- F. In instances when the mental health treatment provider determines that the child is no longer in urgent need of mental health treatment, but still needs routine treatment, the treatment provider indicates this change in status by checking the appropriate box on the MH 698, Treatment Update to DCFS for Children in Urgent Need of Mental Health Services, and submits the form to the CSW.
- G. While the use of the Treatment Update form is not required once the child is no longer considered to be in urgent need of mental health treatment, treatment providers are encouraged to maintain and document ongoing communication with the CSW from that point on, until the case episode is closed.
- H. Completed update forms are to be faxed to the following centralized DCFS fax number: (213) 639-1946 using a HIPAA compliant procedure.
- I. DCFS staff who receive the updates at the centralized fax number will confirm receipt of the Treatment Update form and forward the data to the local CSAT Service Linkage Specialist (SLS) for entry into the DCFS Child Welfare Services/Case Management System (CWS/CMS) data base.