

County of San Diego Mental Health Plan
AB1299 STRTP ADMISSION REPORT

A blue graphic in the top right corner consisting of three concentric circles of varying shades of blue, with the year '2021' centered in the innermost circle.

COMPLETED BY:

Short-Term Residential Therapeutic Program (STRTP) Behavioral Health Services (BHS) Program Manager

PREPARED BY:

Documentation for the AB1299 STRTP Admission Report may be prepared by a member of the Mental Health Program staff prior to review, verification, and submittal from the BHS Program Manager

COMPLETION REQUIREMENTS:

1. The AB1299 STRTP Admission Report is completed for all foster youth placed in a STRTP from out of County under Presumptive Transfer
2. The AB1299 STRTP Admission Report serves as verification that the STRTP received documentation indicating the following:
 - A Notice of Presumptive Transfer form has been completed by the County of origin
 - An Interagency Placement Committee recommended/approved the STRTP level of care
 - Lower levels of intervention were insufficient and/or client's needs can only be met at the STRTP level of care
 - Client meets Medical Necessity for the level of Specialty Mental Health Services (SMHS) offered at the STRTP level of care
 - The placing County has communicated that they will be an active part of the Child and Family Team (CFT)
3. Once completed, the AB1299 STRTP Admission Report and a copy of the NOPT are submitted via secure email to the following:
 - BHS COR (via secure email)
 - BHS Continuum of Care Reform (CCR) Program Manager (via secure email)
 - Optum San Diego mental health point of contact per the CDSS Presumptive Transfer Website (via fax) <https://www.cdss.ca.gov/inforesources/foster-care/presumptive-transfer/county-points-of-contact>
4. Supporting documentation for items #1-5 of the AB1299 STRTP Admission Report may be requested by the BHS COR

DOCUMENTATION STANDARDS:

The following elements of the AB1299 STRTP Admission form shall be addressed:

A. Identifying Information

- **Include Client Initials**
- **Include Date of Admission**
 - As of March 15th, 2021, the Date of Discharge is no longer required to be noted on the AB1299 STRTP Admission Report and it is no longer required for the AB1299 STRTP Admission Form to be submitted at discharge
- **Include County of Original Jurisdiction (Placing County)**

B. Items #1-5 and Emergency Placement

- Indicate if the youth was placed in STRTP as an Emergency Placement (placed prior to being screened by an IPC)
- 1. **Notice of Presumptive Transfer** - Indicate by checking “Yes” or “No” if the STRTP has completed the following:
 - STRTP has obtained and reviewed a copy of the Notice of Presumptive Transfer form (NOPT) to confirm need for STRTP level of care prior to admission; and
 - STRTP has forwarded a copy of the NOPT to the Optum San Diego mental health point of contact per the CDSS Presumptive Transfer Website: <https://www.cdss.ca.gov/inforesources/foster-care/presumptive-transfer/county-points-of-contact>; and
 - STRTP has attached a Copy of the NOPT when submitting the AB1299 STRTP Admission Form
 - ❖ If “No” is selected provide detail in the STRTP “Comments” section below

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2021

2. Interagency Placement Committee (IPC)

- Indicate by selecting “Yes” or “No” if the STRTP received written documentation from the placing county that an IPC recommended/approved Group Home/ST RTP level of care for the youth
 - ❖ Documentation of IPC screening may be part of the NOPT form

3. Level of Care (LOC)

- Indicate by selecting “Yes” or “No” if STRTP received written documentation from the placing county that lower levels of intervention were insufficient and Group Home/ST RTP level of care is warranted
 - ❖ Documentation of IPC screening may be part of the NOPT form
 - ❖ Additional examples of documentation indicating STRTP Level of Care may include but are not limited to previous mental health assessments, service assignment history and psychological assessments

4. Specialty Mental Health Services (SMHS)

- Indicate by selecting “Yes” or “No” if the STRTP received written documentation from the placing county that client meets Medical Necessity, and the level of Specialty Mental Health Services offered through the San Diego County contract is necessary to address client's needs
 - ❖ Documentation of IPC screening may be part of the NOPT form
 - ❖ Additional examples of documentation indicating STRTP Level of Care may include but are not limited to previous mental health assessments, service assignment history and psychological assessments

5. Child and Family Team (CFT) - Indicate by checking “Yes” or “No” if the STRTP has completed the following:

- STRTP has communicated to placing county expectation that placing county be an active participant in all CFT Meetings; and
- STRTP obtained written confirmation from placing county to be an active part of the Child and Family Team (CFT); and
- Ongoing verification of placing county participation is managed with STRTP ensuring active participation and documentation through CFT Meeting Notes
 - ❖ Examples of written confirmation that placing county will be an active participant in CFT meetings may include but are not limited to email correspondence or a signed form developed by the STRTP

C. STRTP Section

- Select if the STRTP Admission Report and NOPT form have been submitted via secure email to the following and provide date of submittal:
 - BHS COR
 - CCR Program Manager via secure email at Seth.Williams@sdcounty.ca.gov
 - Optum San Diego Mental Health point of contact via fax at 866-220-4495
- Provide the legal entity name, name of STRTP and Program Manager who verified documentation for items #1-5 above
- Provide comments if applicable.
 - If any items in 1-5 are checked “No”, provide explanation/detail in the comments section

D. COR Section (left blank by STRTP)

- If any items in #1-5 are marked “No”, the COR will review and may request additional information
- COR will provide notes in this section if applicable

REFERENCE: DHCS MHSUDS INFORMATION NOTICE NO.: 17-032 Dated 6/30/17: [Implementation of Presumptive Transfer for Foster Children Placed Out of County](#)