

  
2019

**San Diego County Mental Health Services  
Short-Term Residential Therapeutic Program (STRTP)  
TRANSITION DETERMINATION PLAN**

**WHEN:** Completed and signed within five (5) days prior to the child's/youth's discharge from a Short-Term Residential Therapeutic Program (STRTP).

**ON WHOM:** All children/youth placed in the STRTP.

**COMPLETED BY:** A licensed/registered/waivered mental health clinician.

**MODE OF COMPLETION:** Entered in the Electronic Health Record (EHR).  
\*A copy shall be provided, as applicable, to the parent, guardian, conservator, or person identified by the court to participate in the decision to place the child/youth in the STRTP.

**REQUIRED ELEMENTS:**

- Client name:** Enter the client's name.
- Client Preferred Pronouns:** Enter pronouns based on child's preference.
- Case number from EHR:** Enter the client's unique client number.
- STRTP name:** Enter the name of the STRTP facility.
- Date of admission:** Enter the date the client was admitted to the program.
- Anticipated transition date:** Enter the planned date of discharge from the STRTP (not including aftercare services provided by the STRTP).

**1. Reason for Admission**

- Describe events in sequence leading to admission into the STRTP.
- Describe primary need upon admission to the STRTP.

**2. Reason for Discharge from STRTP Placement**

- Choose the most appropriate reason for discharge from the drop-down menu (higher level of care, lower level of care, alternate STRTP/residential setting, client did not return/AWOL, other)
- If a child/youth transitions to a family or home-based placement select- Lower level of care.
- If the child/youth was hospitalized or incarcerated select- Higher level of care.
- If other is selected, provide an explanation of reason for transition.

**3. Living Placement upon Discharge from STRTP**

- Choose the most appropriate living placement from the drop-down menu (biological family, extended family member, non-related extended family member, resource family, foster family agency, extended foster care/transitional housing program, San Pasqual Academy, alternate STRTP, other).
- If other is selected, provide explanation of living placement at discharge.

**4. Course of Treatment during the Child's Admission**

- Provide summary services provided over the course of treatment.
- Include mental health treatment interventions (frequency/duration) used to promote stability in placement, client's response to interventions, and outcomes of treatment provided.

**5. Mental Health Diagnosis and Follow Up Required:**

- List all current diagnosis in order of priority.
- Provide a brief description of symptoms and follow up required to address symptoms.

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**6. Recommendations Regarding Treatment that are Relevant to the Child's Care**

- The following questions (a-c) should be reviewed with the child/youth prior to transition. Use the child/youth's own language when applicable.
  - **Resiliency Strategies:** Identify the child/youth's preferred activities, hobbies and soothing or calming techniques. Identify persons of support, transitional objects, or other strategies that will contribute to child or youth's success in next placement. Include specific caregiving strategies that promote resiliency and wellbeing.
  - **Triggers:** Discuss with child/youth social, emotional or environmental factors that may trigger traumatization or otherwise decrease the child/youth's ability to be successful in next placement. Discuss methods to reduce triggering events and promote stability.
  - **Other:** Include recommendations not previously listed to improve safety, permanency and well-being with transition that are pertinent to the child/youth's successful transition.

**7. Substance Use Treatment Recommendations:**

- If applicable provide an explanation of substance use treatment recommendations.

**8. Medical History:**

- a. List Medical and Dental services and date of services received while admitted to the STRTP.
  - Indicate if follow up is required, and the scheduled date and time of appointment if applicable.
  - If follow up is needed and appointment is yet to be scheduled, note needs scheduling.
- b. List current non-psychotropic medications including dose and frequency.
- c. List current psychotropic medications including dose and frequency.
- d. Note any allergies and adverse medication reactions.

**9. Educational Information**

- Include grade, grade level functioning, educational needs, education plans (for example IEP or 504 plan) and follow up required.
  - a. What is the child/youth's current grade?
    - Enter child/youth current grade, if on summer break enter grade that will begin the following school year.
  - b. What are the child/youth's educational strengths?
    - Educational strengths may include academic skills, preferred academic subjects, extracurricular activities, educational goals as expressed by the child/youth, etc.
  - c. What are the child/youth's educational needs?
    - Enter areas in which child/youth requires academic support.
  - d. What are the child/youth's educational plans (for example IEP or 504 plan) and follow up required.
    - Enter any educational plans child/youth has in place and/or any recommendations to begin process to make an educational plan.
    - Include next scheduled educational meeting or follow up required.

**10. Referral(s)**

- Check all that apply (Wraparound, TBS, FFAST, CASS, School-Based Therapy, Outpatient Mental Health Clinic, TERM provider, Teen Recovery Center TRC, Incredible Families or other).
- If other, explain referral.
- Include referrals to providers of mental health and non-mental health services not listed in medical information.

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- If no referrals provided, provide explanation for reason why no referrals were provided.

**Preferred Language**

- Document the client's and the caregiver/guardian's primary language.
- Was the transition determination plan explained in the client's and caregiver/guardian's primary language? Mark yes or no.
- If no, include reason why the transition determination plan was not explained in the primary language noted.

**Copies of Transition Determination Plan**

- It is required for a copy to be offered to the client and as applicable, to the parent, guardian, conservator, or person identified by the court to participate in the decision to place the child/youth in the STRTP.
- It is required for copy of the Transition Determination Plan to be offered to the placing agency representative.
- Note the placing agency (CWS PSW or Juvenile Probation Officer) representative name and phone number.
- If copy was not offered document reason why.

**Signatures**

Obtain signatures from client, parent, guardian, conservator, placing agency, and/or person identified by the court to place the youth in the STRTP.

**Print, Sign and date the assessment in the appropriate signature section include CCBH ID number**

**BILLING:** Can only occur when connected to a direct client service