

PRESUMPTIVE TRANSFER

- AUTHORITY:** California Assembly Bill 403 (Chapter 603, Statutes of 2016)
California Rules of Court 5.647
Welfare and Institutions Code Sections 316.2(h), 14717.1, 1830.210,
16501(a)(4)(B)
California Department of Social Services All County Letters 17-77, 17-032,
18-60
- RESCINDS:** New
- FORMS:** Presumptive Transfer Notice Worksheet F063-25-829
County Points of Contact www.cdss.ca.gov/inforesources/foster-care/presumptive-transfer/county-points-of-contact
Presumptive Transfer Notification for County Mental Health Plan (Attachment A)
JV 214 <https://www.courts.ca.gov/documents/jv214.pdf>
JV 214(a) <https://www.courts.ca.gov/documents/jv214a.pdf>
JV 215 <https://www.courts.ca.gov/documents/jv215.pdf>
JV 220 <https://www.courts.ca.gov/documents/jv220.pdf>
JV 223 <https://www.courts.ca.gov/documents/jv223.pdf>
- PURPOSE:** To standardize a procedure for notifying families, Orange County mental health service providers, and the county of residence of the responsibility to provide Medi-Cal and specialty mental health services (SMHS) for youth placed outside of Orange County's jurisdiction.

I. GENERAL INFORMATION

- A. Assembly Bill 1299 established presumptive transfer which addresses prompt access to Medi-Cal and SMHS for youth in foster care that are placed outside of their county of jurisdiction. The county of jurisdiction's Mental Health Plan (MHP) provider is responsible for authorizing, arranging, and distributing payments for SMHS.
- B. The Child and Family Team (CFT) meeting is designed to include the youth, parent(s), extended family members, a CFT facilitator and interested parties so they can be fully informed and provide input on placement decisions. The CFT meeting will determine if a short-term residential therapeutic program (STRTP) is an appropriate placement for the youth and to also discuss presumptive transfer options. At the conclusion of the CFT meeting, a case plan will be formulated to address the identified barriers and the steps necessary to achieve family reunification or another permanent plan.
- C. Once custody is vested with probation for placement of a youth and prior to an out of county placement, the assigned placement deputy probation officer (DPO) shall provide notice of a presumptive transfer to the youth, youth's lawyer, parents/relative or appropriate parties. A description of the exceptions and their right to request a waiver will be provided by the DPO upon request.

A waiver request places a hold on a presumptive transfer until such time the placement unit supervisor and DPO have determined if the waiver request meets the required conditions and is in the best interest of the youth.

Presumptive transfer waiver decisions are made on a case-by-case basis, and only when an exception to presumptive transfer exists:

1. The transfer would disrupt continuity of care or would delay the youth's access to services.
 2. The transfer would interfere with family reunification efforts documented in the youth's case plan.
 3. The youth's out of county placement is expected to last less than six months.
 4. The youth's residence is within 30 minutes of travel time to the established SMHS provider in the county of jurisdiction.
- D. The individual who requested a waiver, or any party to the case who disagrees with a determination made by the Placement Unit, may request a judicial review prior to final determination. The court has up to five court days to set a hearing on the matter and until such time, presumptive transfer is on hold. The youth's delivery of SMHS services shall not be interrupted, however.
- E. Upon final determination of presumptive transfer, the DPO shall notify and ensure the MHP provider in the county of residence has all the information and materials necessary to deliver timely SMHS. Further, the MHP provider in the county of jurisdiction will also be notified to authorize, arrange, and distribute payments for SMHS.

In the event a youth/NMD is placed back to the county of original jurisdiction, the DPO will notify both MHP providers that the responsibility of providing SMHS returns to the county of original jurisdiction.


II. PRESUMPTIVE TRANSFER PROCEDURE

- A. When a case is pending a Placement Suitability Hearing and the recommendation is a suitable placement order, a CFT meeting will take place. The placement case plan will set family reunification goals and discuss presumptive transfer consideration.
1. The CFT facilitator will explain the presumptive transfer process and the right to request a waiver.
 2. The youth, parent (caregiver) and the youth's lawyer will be provided with a Presumptive Transfer Notice Worksheet.
 - a. Documentation that a Presumptive Transfer Informing Notice was provided will be documented in ICMS.
- B. Once custody is vested with probation for placement of a youth, the DPO will inform interested parties of a placement in an out of county STRTP and advise of the right

to make a waiver request.

1. The Presumptive Transfer Notice Worksheet can be submitted within 7 days of notification.
- C. Upon receipt of a waiver request, the assigned DPO will notify all legal parties of its submittal.
1. The assigned DPO will consult with the supervising probation officer and CFT facilitator to determine if at least one of the legal exceptions exist and if the waiver request is appropriate and in the best interest of the youth.
- D. Upon determination to continue with out of county placement, all legal parties will be notified.
1. If there is a disagreement with the determination, authorized individuals may request a judicial review within seven calendar days of notification. The DPO may assist as necessary.
 - a. A JV 214 form requests a court hearing to challenge the Placement Unit's determination.
 - b. A JV 214(a) form (Notice of and Order on Request for Hearing on Waiver of Presumptive Transfer) is also filed.
 - c. The court has up to five days to set a hearing on the matter.
 2. Once a hearing is set, the DPO will prepare and provide a report for court resolution.
 - a. The report will have a description of the presumptive transfer process.
 - b. A CFT summary stating the barriers and resources needed for family reunification.
 - (1) A summary of the Waiver Request review and the justification for an out of county placement.
 - (2) A JV 215 form (Order After Hearing on Waiver of Presumptive Transfer).
 - c. If the waiver request is denied, the Placement Unit will notify the MHP providers and place the youth in assigned STRTP.
- E. Notification to MHP providers.
1. The assigned DPO will notify, via email, the MHP providers from the county of residence and the county of jurisdiction of a youth/NMD's placement to an STRTP.
 - a. The assigned DPO is to review the County Point of Contact to determine the appropriate MHP provider for the county of

residence.

- (1) A current County Point of Contact list can be located at www.cdss.ca.gov/inforesources/foster-care/presumptive-transfer/county-points-of-contact.
- b. The MHP provider for Orange County can be notified via the following:
- (1) 
- c. Both MHP providers will be provided with the Presumptive Transfer Notification for County Mental Health Plan form (see attachment D).
- (1) The assigned DPO will plan to provide the following documents as applicable. Note, at times, county of residence MHP providers will contact the assigned DPO for additional documentation. For example.
 - (a) Copy of recent JV 220 Application for Psychotropic Medication and JV 223 Order on Application for Psychotropic Medication.
 - (b) Authorization for Medical Consent
 - (c) Copy of most recent medical records.
- d. If the youth is discharged from an STRTP, the assigned DPO will notify the MHP county of residence and the MHP county of jurisdiction.
- (1) An email correspondence will indicate the date of discharge and the destination of the youth.
 - (a) Returned to the county of jurisdiction.
 - (b) Placed in another county of residence.

REFERENCES:

G. Garcia

APPROVED BY:



Presumptive Transfer Notification for County Mental Health Plan (MHP)

- Expedited Referral
 Child does not require SMHS

Date: _____

Child/Non-Minor Dependent (NMD) Information:

Name:	D.O.B.:	DP/DL #:	CIN #:
County of Original Jurisdiction: Orange		County of Residence:	
Date of Placement:			
Type of Placement:	Caregiver/Facility Name:		
Address:	Phone #:		

Placing Agency Representative (Assigned Senior Social Worker (SSW) or Deputy Probation Officer (DPO):

Name:	Agency:	<Select>
Mailing Address:		
Phone #:	(714) -8351	Email:

County Responsibility for Child/NMD's Specialty Mental Health Services (SMHS):

County of Residence is responsible for authorization, provision, and payment of the child/NMD's SMHS
 waiver not requested waiver denied by placing agency/upheld by judicial review

OR

County of Original Jurisdiction remains responsible for authorization, provision, and payment of the child/NMD's SMHS
 waiver requested waiver approved by placing agency waiver denial overturned by judicial review

Individual with Rights to Sign Consent for Child/NMD's Mental Health Treatment: (Check all that apply)

Child (12 years or older)/NMD Child's Parent/Guardian (Contact Information below) Placing Agency Representative

Parent/Guardian Name: _____ Phone Number: _____ Email: _____

Individual with Rights to Sign Release of Child/NMD's Mental Health Information:

Child (if 12 years or older **and** child signed consent for treatment)/NMD

Individual authorized by the Orange County Juvenile Court to sign release of child/NMD's mental health information:
 Name: _____ Relationship to Child: _____
 Phone #: _____ Email: _____

Court Authorization is required to release the child/NMD's mental health information. Contact the Placing Agency Representative above to obtain authorization.

Documents: The placing agency will make arrangements to provide the following documents, as applicable to the responsible Mental Health Plan (MHP):

- Copy of signed **Consent for Medical Care and Physical Examination (F063-28-13)**
- Copy of most recent **JV-220 Application for Psychotropic Medication** and **JV-223 Order on Application for Psychotropic Medication**
- Copy of most recent mental health records and assessment