County of San Diego Health and Human Services Agency (HHSA) Mental Health Services Policies and Procedures MHS General Administration						
Subject:	**Transition Age Youth Referral**	No:	**01-02-212** **Formerly: 01-01-114**			
Reference:	**Mental Health (MH) Youth Transition Service Plan, July 2000**	Page:	**1**	of	**3**	

PURPOSE:

To support system of care practice by establishing a process for the transition of clients from County and contracted Children's Mental Health Services (CMHS) when routine referrals have been unsuccessful.

POLICY:

Provide a collaborative process between CMHS and Adult/Older Adult Mental Health (A/OAMH) Services when routine referrals have been unsuccessful to determine an appropriate referral disposition for youth in CMHS who are attaining 18 years (or older in some cases, i.e., AB2726) and who may need continued care in the A/OAMH System of Care.

BACKGROUND:

Youth receiving mental health services in the Children's Mental Health System of Care and who are reaching 18 years of age may require system coordination to successfully transition to the Adult System of Care. To provide integrated services; the following procedure is established when routine referrals have been unsuccessful.

PROCEDURE(S):

1. Youth who need transition planning due to their unique needs but for whom routine referrals have been unsuccessful will be identified by the Children's System of Care staff, either their Case Manager or Care Coordinator, who shall submit a referral packet containing the following information:
   - Referral Form/Cover Letter,
   - 650 Children's Mental Health Assessment and most recent update,
   - Current Five Axis Diagnosis,
   - Youth Transition Evaluation,
   - Mental Status conducted by psychiatrist within the last 45 days,
   - Physical Health Information,
   - Medication Sheet,
   - Service Plan and other plans, e.g., Flexible Service Plan, Therapeutic Behavioral Services (TBS)Plan,
   - Psychological testing done within past year (if available),
   - Individual Education Plan and Individual Transition Plan,

Approved Date: 1/25/10	Approved: Alfredo Aguirre's Signature on File
	Director, Mental Health Services/Designee

- Assessment of financial needs (may need referral to apply for Supplemental Security Income (SSI) six months prior to 18th birthday), and
- Any self evaluations recently given to youth.

2. This packet shall be submitted with releases to the Mental Health Program Coordinator (MHPC) of Adult Mental Health Services in the region where youth resides. The MHPC offices are located at 3255 Camino del Rio South, San Diego, CA 92108.

3. The MHPC will review the packet to determine medical necessity according to Title 9 and the Service Eligibility Policy for the Adult/Older Adult System of Care (to include AB2726 referrals).

4. If the client does not meet medical necessity criteria (or AB2726 criteria), then the client shall be referred back to the referral source for services in the community. If the youth is 18 or over, an assessment will be requested from an adult provider agreeable to the client and family. If the assessment indicates a Medi-Cal beneficiary doesn't meet medical necessity criteria, a Notice of Action Assessment (NOA-A) will be issued, advising him/her of his/her rights to appeal the decision.

5. If a transition plan is agreed upon, the client's CMHS Case Manager or Care Coordinator will attempt to link the client with the targeted service.

6. If the linkage is not successful, the MHPC shall coordinate an initial meeting with a multidisciplinary team within **two weeks** of the initial referral that will include relevant persons that may include, but are not limited to, the following:
   - Youth,
   - Support System (parent, social worker, family members),
   - Children's Mental Health Case Manager and/or Therapist,
   - Current Psychiatrist,
   - Chief of Children's Outpatient Services (or designee),
   - MHPC
   - Adult/Older Adult Case Management Contracting Officer's Technical Representative (COTR) if applicable, or designee,
   - Probation Officer (if applicable), and
   - Educational/Vocational Specialist.

7. Team will review services and options and create a transition plan, complete the Transition Age Youth Referral Plan form, including all signatures. The Care Coordinator will include a copy of the Transition Plan in the medical record. The plan shall identify the individual that will follow up with the transition plan. Should the youth decide this plan is not acceptable, an alternative shall be identified and same procedure followed.

ATTACHMENT(S):

A -Transition Age Youth Referral Form
B -Transition Age Youth Referral Plan

(See following pages for Attachments A and B.)

SUNSET DATE:

This policy will be reviewed for continuance on or before November 30, 2012.

AUTHOR/CONTACT ON 11/23/09:

Virginia West

TRANSITION AGE YOUTH REFERRAL FORM

To be completed and submitted with referral packet

The following youth has been served by _____program and will be transitioning to Adult Mental Health services by_____ (Date).

I have referred this client to Adult Mental Health Services and have been unable to obtain services due to the following:_____

Name of Youth:_____
Birthdate: _____Date of this referral:_____
Currently Residing :_____
Address:_____Phone Number:_____
Services currently receiving: _____

Insurance Status:_____
Name of provider referring this youth: _____
Address: _____ Phone Number:_____

Mental health needs/services required by this client:

Program client referred to:_____
When: _____Staff member contacted: _____
Results:

Program client referred to:

When: _____Staff member contacted: _____
Results:

Program client referred to:

When: _____Staff member contacted:

Results: _____

Other Issues/Concerns: _____

TRANSITION AGE YOUTH REFERRAL PLAN

Name: _____ InSyst #: _____

Date of Birth: _____ Plan Date: _____

Current Services: _____

Needed Services: _____

Actions Planned: _____

Signature of Youth (to indicate agreement): _____

Person Who Will Follow Up: _____

Comments: _____

_____

_____

Multidisciplinary Team Members' Signatures:

_____

_____

_____

_____

_____

_____