

Frequently Asked Questions (FAQ's) for All County Letter 24-35

[ACL 24-35](#): Elimination of Required Mental Health Screening and Replacement with Required Referral to County Mental Health Plans for All Children with an Open Child Welfare or Juvenile Probation Placement Case

Below is a list of frequently asked questions that have been collected from technical assistance submissions to CWShealth@dss.ca.gov email. If you do not find an answer to your question, please contact us via email for further assistance.

General FAQs – This section includes both Child Welfare and Juvenile Probation populations

1. Since the mental health screening requirement is rescinded, is the screening frame in Child Welfare Services/Case Management System (CWS/CMS) no longer a requirement?

- The screening frame in CWS/CMS is no longer a requirement. If a screening still occurs, for whatever reason, information can still be entered into the screenings frame in CWS/CMS. See [ACL 15-11](#) for further guidance on how to document screenings.

2. If the initial referral was already sent, when would a subsequent referral be needed?

- Referrals should occur on an ongoing basis, as determined necessary by the Child and Family Teams (CFTs) and as informed by the Child and Adolescent Needs and Strengths (CANS) tool. Please refer to page four of [ACL 25-10](#) for the required timelines of the CANS.
- It is required to convene the Mental Health Plan (MHP) and Child Welfare Agency (CWA) to complete the CANS together during a CFTs.
 - The MHP is a required member of the CFT ([WIC Section 16501 \(B\)\(i\)\(IV\)](#)). The MHP's participation in the CFT process is vital to ensure children receive needed services in a timely and coordinated manner.

3. How do we document referrals?

- Documentation for referrals has not changed. Please follow directions set forth on page five of [ACL 15-11](#).
- The wording in [ACL-24-35](#) states, "Further, CWAs and Juvenile Probation Departments (JPDs) must follow prior guidance articulated on page 5 in the "Referrals Frame" section of ACL 15-11 regarding documentation requirements when submitting a referral to MHPs." The use of the word "documentation" in this excerpt from ACL 24-35 is in reference to "Mental Health (MH) referrals" data-entry requirements in CWS/CMS.

4. Where do you document that a mental health referral was not submitted?

- It is best to mark the option of "No Referral Needed" in the Screenings tab of CWS/CMS to ensure the data is captured by SafeMeasures.

5. What if a parent does not consent to signing any of the release of information form or release of treatment forms?

- If parents will not consent, the county can obtain a court order within the initial hearing and submit the mental health referral when the order is approved in court involved cases. This may extend the timeline past the 3 days, but the referral should still be submitted as soon as possible.
- If parents do not consent and it is a voluntary family maintenance case, it is crucial to document any efforts to engage the family to agree to a MHP referral and their refusal would be suffice in lieu of submitting the referral. If a child is over the age of 12, they can agree or not agree to the referral themselves.

6. Do the mental health services need to start within the 3 days of case opening?

- It is required that counties will ensure that the initial mental health referral is received within 3 days of case opening. The 3-day requirement does not mean the mental health services must be in place within this timeframe.

7. What if our MHP has a waitlist for services and cannot get a child enrolled within 3 business days?

- The referral is still required within 3 business days regardless of the waitlist for services. The MHPs need to adhere to their respective policies set forth for timely access to care once they have received the referral and ensure needs are met.

8. What will happen if not all the referral documents are completed prior to submitting for the mental health referral within the 3 days?

- County policies and procedures should include timelines for document submission to the MHPs if the documents are not available at the time of referral submission.
 - Signed release of information form
 - Signed consent to assess and consent to treat forms or a court order
 - Child welfare/juvenile probation case plans, including permanency plans (if applicable)
 - Needs and services plans from current placement provider (if applicable)
 - Most recent completed CANS tools (if applicable)
- The absence of these forms should not delay the referral being sent within 3 days of case open. Once these forms are completed, they can be sent to the MHP to accompany the referral.

9. What information should be included in the mental health referral to the MHP?

- Observations of behavioral or emotional needs of the child should be included in the referral and that the referral is completed in its entirety. This information is critical for the initial referral to the mental health plan. Otherwise, the county mental health plan may not have the needed information to begin the mental health assessment.

10. Does ACL 24-35 guidance suggest we no longer have to screen for medical necessity for a youth to enter a Short-Term Residential Therapeutic Program (STRTP)?

- Placements into STRTPs must still adhere to the existing assessment/admission requirements, including the Interagency Placement Committee (IPC), and the Qualified Individual (QI)

Assessment under [ACL 21-113](#). A child being placed into an STRTP still needs to have the case reviewed by IPC per [WIC Section 4096](#) for approval of the STRTP placement. The youth is required to be assessed by a Qualified Individual prior to or in the case of an emergency placement within 30 days of the placement. IPC is also required per [WIC Section 4096](#) to review the Qualified Individual when making their decision about approving the STRTP placement.

11. Does a youth's entry into an STRTP qualify as a mental health referral?

- For youth entering an STRTP, the placing agency has to submit a referral to the MHP for a QI assessment, which is a MH assessment. So, entry into the STRTP would not count, but the QI assessment would count. See [ACL 21-113](#) for further details.

12. What if a non-minor dependent re-enters foster care after previously exiting after age 18, does this letter apply to them?

- Yes, the non-minor dependent would have to consent for the referral as their case is still considered an open child welfare case or probation placement case.

13. What if the child is already receiving mental health services upon entry to child welfare or probation?

- A referral does not need to be made if the child is already receiving private mental health services.
- However, if a child is receiving private mental health services, counties should coordinate and connect with the assigned mental health clinician so that they can be included in the CFT process to collaborate for care coordination.
 - The child's assigned clinician is a vital attendee in a CFT regardless of what insurance they have and should be included when possible
 - Please see [ACL 18-23](#) and [ACL 16-84](#) for reference to who should be in attendance of the CFT process
- If the child is receiving school-based mental health services, it is still required to submit the initial mental health referral as behavioral health can determine if additional mental health services could benefit the child.

14. Can youth who are 12 years old or older access mental health services through Medi-Cal without parental consent?

- Youth enrolled in full-scope Medi-Cal should be able to obtain outpatient mental health services without needing to separately apply for the Minor Consent Program. Youth who are not enrolled in full-scope Medi-Cal must apply separately in order to receive these services.

Child Welfare

1. Can we use County or Grant funded programs to meet the requirements of ACL 24-35?

- This does not meet the requirement of ACL 24-35. CWAs must submit referrals to MHPs.

2. When is the case considered open?

- There is not a clear policy definition that defines when a case is considered “open,” nor is there a specific field in CWS/CMS that indicates as such. In the context of this letter, the date of when the emergency response referral is promoted to a case is when the case is considered open.

3. Is there is a minimum age requirement for referrals on open cases?

- There is no minimum age requirement for the submission of the mental health referral for any open child welfare and open probation case.

4. Does this letter apply to non-related, non-dependent legal guardianships for which a child welfare worker has been assigned for purposes of guardianship benefits renewal?

- No, these cases are open for the purposes of eligibility and payment and are not considered open child welfare cases for the purposes of ACL 24-35.

Probation

1. What is considered an open probation placement case?

- For the purposes of this letter, probation departments are required to submit a referral upon opening of a probation foster care case, as evidenced by a Court’s placement order, pursuant to [WIC 727\(a\)](#).

2. Does this apply to all probation youth regardless of status with child welfare (i.e. no open child welfare case and those with an open child welfare case) or only probation youth with an open child welfare case?

- ACL 24-35 applies to all probation youth with an open probation placement case that is in foster care or an open child welfare case. If it is a dual status case, the lead agency is required to do the MH referral.

3. If Child Welfare is the lead agency on the case and they submit the mental health referral, does Probation need to submit another mental health referral should that youth later on be designated Dual Status with Probation becoming lead agency?

- If Probation becomes the lead agency, probation will submit any subsequent referrals to the MHP as determined by the CANS/CFTs.

4. What if a youth is in custody, ordered into placement, and then awaiting suitable placement while still in custody? Who submits the mental health referral?

- Probation would submit the referral to their local MHP.

5. What if a youth is detained in juvenile hall when ordered into foster care and remains there until a placement is secured. Does this impact the timing for submitting referrals?

- No, this should not affect the timing for submitting referrals. "[Per All County Welfare Directors Letter 12-22](#): “A juvenile who is awaiting placement or residing in a juvenile detention center for his or her protection is eligible for Medi-Cal if all eligibility requirements are met. [BHIN 23-059](#) and [CWDL 12-22](#) mean that youth who are in a juvenile correction facility who have a court order for placement into foster care are eligible to receive Medi-Cal services (i.e. SMHS and MH assessment) while they are in the facility.