

July 12, 2024

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 24-35

The purpose of this letter is to inform county child welfare agencies (CWA) and county juvenile probation departments (JPD) the required mental health screening referenced in All County Letter 15-11 is eliminated and, in lieu of the mental health screening, CWAs and JPDs must submit a referral to county mental health plans for all children and youth upon case opening, and, thereafter, as determined necessary by the child and family team.



KIM JOHNSON
DIRECTOR

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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GAVIN NEWSOM
GOVERNOR

July 12, 2024

ALL COUNTY LETTER NO. 24-35

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL LOCAL MENTAL HEALTH PLAN DIRECTORS
ALL TRIBES WITH TITLE IV-E AGREEMENTS
ALL CDSS REGIONAL ADOPTION OFFICES

SUBJECT: 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

REFERENCE: [WELFARE AND INSTITUTIONS CODE SECTION 14059.5](#), [ALL COUNTY LETTER \(ACL\) 15-11](#), [BEHAVIORAL HEALTH INFORMATION NOTICE \(BHIN\) 21-073](#), [BHIN 21-023](#), [ACL 18-09](#), [BHIN 20-012](#), [A GUIDE FOR STATES: COVERAGE IN THE MEDICAID BENEFIT FOR CHILDREN AND ADOLESCENTS](#)

PURPOSE

The purpose of this All County Letter (ACL) is to inform county child welfare agencies (CWA), juvenile probation departments (JPD), Tribes with a Title IV-E Agreement with the State, and county mental health plans (MHP) there is no longer a requirement for CWAs and JPDs to conduct a mental health screening for the purpose of determining whether to refer a child or youth to MHPs. This change is effective as of the date of this letter.

Further, in lieu of the required mental health screening, CWAs and JPDs must submit referrals to the appropriate MHPs for all children and youth within 3 business days of opening a child welfare case or juvenile probation placement case, and on an ongoing basis, as determined necessary by the child and family team (CFT) and as informed by the Child Adolescent Needs and Strengths (CANS) tool.

This ACL supersedes [ACL 15-11](#) regarding mental health screening requirements, and the portion of [ACL 18-09](#) regarding the use of the CANS tool as the required mental health screening for children and youth in foster care who are not already receiving Specialty Mental Health Services (SMHS). The remainder of [ACL 18-09](#) regarding the use of CANS as a functional assessment tool to be used in conjunction with the CFT remains in effect.

BACKGROUND

[ACL 15-11](#) articulated CWAs and JPDs are responsible for ensuring every child or youth with an open child welfare case is screened for possible mental health needs at intake and at least annually thereafter. Further, [ACL 15-11](#) stated CWAs and JPDs must refer children and youth who screen positive for mental health needs to the appropriate MHPs for a full, clinical mental health assessment.

The [California Advancing and Innovating Medi-Cal \(CalAIM\) initiative](#) and [Behavioral Health Information Notice \(BHIN\) 21-073](#), updated criteria for beneficiary access to Specialty Mental Health Services, medical necessity, and other coverage requirements. Pursuant to [Welfare and Institutions Code \(WIC\) sections 14184.402\(d\) and \(f\)\(1\)\(A\)](#), a mental health diagnosis is no longer a prerequisite for foster youth to access SMHS, as trauma due to involvement in child welfare or juvenile justice makes children and youth under age 21 eligible for SMHS. A comprehensive, clinical assessment is still necessary to determine medically necessary services.

BEHAVIORAL HEALTH INFORMATION NOTICE 21-073

[BHIN 21-073](#) provides the following guidance regarding medical necessity and criteria to access the SMHS delivery system.

Medical Necessity

Pursuant to [Section 1396d\(r\) of Title 42 of the United States Code](#), individuals under 21 years of age are entitled to all appropriate Early and Periodic Screening, Diagnostic, and Treatment services for possible mental health conditions. For individuals under 21 years of age, a service is “medically necessary” or a “medical necessity” if it corrects or ameliorates a mental illness or condition discovered by a screening service, whether or not such services are covered under the State Plan, per the [Centers for Medicare & Medicaid Services](#).

[Federal guidance from the Centers for Medicare & Medicaid Services](#) state mental health services that sustain, support, improve, or make more tolerable a mental health condition are considered to ameliorate the mental health condition and are thus considered medically necessary. Medically necessary services do not need to be

curative or restorative to improve a mental health condition. This definition of medical necessity was effective as of January 1, 2022, pursuant to [BHIN 21-073](#).

Criteria to Access the Specialty Mental Health Services Delivery System

For enrolled beneficiaries under 21 years of age, MHPs shall provide all medically necessary SMHS required pursuant to [Section 1396dl of Title 42 of the United States Code](#). Covered SMHS shall be provided to enrolled beneficiaries who have a condition placing them at high risk for a mental health disorder due to the experience of trauma, evidenced by child welfare system involvement and/or juvenile justice involvement. This definition of criteria for access to SMHS was effective January 1, 2022, pursuant to [BHIN 21-073](#).

DEFINITIONS

For the purposes of this letter, a “child welfare case” means a case opened by a CWA, inclusive of family maintenance, family reunification, and permanent placement cases. A “probation placement case” means a case opened by a JPD and the is youth placed into foster care as part of the JPD case.

The definitions of child welfare involvement, homelessness, and juvenile justice are articulated in [BHIN 21-073](#) and have been included below for reference:

“Child welfare” is defined as a child or youth having an open child welfare services case or having been determined by a CWA to be at imminent risk of entering foster care, but able to safely remain in their home or kinship placement with the provision of services under a prevention plan, or a child or youth whose adoption, guardianship, or Tribal customary adoption occurred through the child welfare system. A child or youth has an open child welfare services case if: (a) the child or youth is in foster care or in out of home care, including both court-ordered and by voluntary agreement; or (b) the child or youth has a family maintenance case (pre-placement or post-reunification), including both court-ordered and by voluntary agreement. A child or youth can be involved in child welfare whether the child or youth remains in the home or is placed out of the home.

The definition of “homelessness” is established in [section 11434a of the Federal McKinney-Vento Homeless Assistance Act](#). Specifically, this includes:

- (A) Individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1) of the Act); and
- (B) includes—
 - (i) Children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in

motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;

- (ii) Children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C);
- (iii) Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- (iv) Migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

“Juvenile justice involvement” is defined as a youth having ever been detained or committed to a juvenile justice facility, or currently under supervision by the juvenile delinquency court and/or a juvenile probation agency. Youth who have ever been in custody and held involuntarily through operation of law enforcement authorities in a juvenile justice facility, including youth correctional institutions, juvenile detention facilities, juvenile justice centers, and other settings such as boot camps, ranches, and forestry/conservation camps, are included in the “juvenile justice involvement” definition. Youth on probation, who have been released home or detained/placed in foster care pending or post-adjudication, under probation or court supervision, participating in juvenile drug court or other diversion programs, and who are otherwise under supervision by the juvenile delinquency court and/or a juvenile probation agency also meet the “juvenile justice involvement” criteria.

MENTAL HEALTH SCREENING REQUIREMENT RESCINDED

Pursuant to [BHIN 21-073](#), children and youth involved in child welfare and juvenile justice categorically meet medical necessity criteria for SMHS. As such, CWAs and JPDs are no longer required to complete a mental health screening prior to submitting a referral to county MHP. This change is effective as of the date of this letter.

MENTAL HEALTH REFERRAL REQUIREMENT

In lieu of the mental health screening, CWAs and JPDs must submit an initial referral to the appropriate MHP for all children and youth with an open child welfare case or juvenile probation placement case within 3 business days of case opening. CWAs and JPDs must also submit referrals to MHPs as the needs and circumstances of children and youth change. Referrals must be submitted as determined necessary by the CFT

and informed by the CANS, consistent with policies and procedures established jointly by MHPs, CWAs, and JPDs. This change is effective as of the date of this letter.

Further, CWAs and 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.

TIMELY ACCESS STANDARDS FOR SPECIALTY MENTAL HEALTH SERVICES

MHPs must provide SMHS consistent with timely access standards. For specific requirements and information regarding SMHS timely access standards, please see [BHIN 21-023](#) and [BHIN 23-068](#).

COUNTY POLICIES AND PROCEDURES

Consistent with county [System of Care for Children and Youth](#) memorandums of understanding, developed pursuant to [WIC 16521.6](#) and [ACL 19-116/BHIN 19-053](#), and [California’s Integrated Core Practice Model \(ICPM\)](#), CWAs and JPDs should collaborate with MHPs and county Interagency Leadership Teams, to develop policies, procedures, and practice expectations regarding local mental health referral processes. Such policies and procedures should contain information regarding necessary documents to include mental health referrals, timelines, referral submission mechanisms, and communication and follow-up processes to ensure referrals are submitted, received, and assigned in a timely manner. These components of county policies and procedures described below are essential to meeting the responsibilities of CWAs and JPDs as required by law.

REFERRAL FORMS NEEDED

County policies and procedures should reference the inclusion of the following documents when submitting mental health referrals to MHPs, including other providers and system partners with whom this information may also be shared, consistent with existing federal and state law. For MHPs to process referrals for SMHS, CWAs and JPDs must include the following documents:

- Signed release of information forms
- Signed consent to assess and consent to treat forms
- Child welfare/juvenile probation case plans, including permanency plans
- Needs and services plans from current placement provider (if applicable)
- Most recent completed CANS tools

County policies and procedures should ensure that case workers verify referrals are sent to the MHP, are received by the MHP, and the child or youth received an appointment with a SMHS provider. Policies and procedures should reflect that, in the

case of an Indian child, mental health referrals should be shared with the Tribal representative. Additionally, for Indian children, a referral can be sent by primary health care providers, Tribal providers, or Tribal health organizations. Policies and procedures should also include processes for when children or youth have preferences for a specific provider or have pre-established therapeutic relationships with a provider.

CHILD AND FAMILY TEAM MEETINGS AND CHILD ADOLESCENT NEEDS AND STRENGTHS

Additionally, county policies and procedures should include processes regarding collaboration with CFTs, and as informed by the CANS, when determining subsequent referrals to the appropriate MHPs, as necessary. Policies and procedures should also include information regarding engagement of MHPs in the CFT to assess needs and strengths, develop case plans and treatment plans, and determine medically necessary and other needed services and supports.

INQUIRIES

For questions or additional information, please contact the Integrated Practice and Resource Development Section, System of Care Branch at (916)-651-2752 or at CWSHealth@dss.ca.gov.

Sincerely,

Original Document Signed By

ANGIE SCHWARTZ
Deputy Director
Children and Family Services Division

cc: All Federally Recognized Tribes
All Short-Term Residential Therapeutic Programs
All Foster Family Agencies
County Welfare Directors Association of California
Chief Probation Officers of California
County Behavioral Health Directors Association
California Alliance For Children and Family Services