

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.

ACL 24-35 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 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.

POLICY

ACBHD's Acute Crisis Care and Evaluation for Systemwide Services (ACCESS) Unit or other ACBHD contracted behavioral health agencies shall receive referrals from the Alameda County Probation Department (ACPD) and the Alameda County Department of Children and Family Services (DCFS). Referrals to ACCESS or ACBHD contracted agencies will be made by ACPD and DCFS for all children and youth within three (3) business days of opening a Child Welfare case or Juvenile Probation placement case, and on an ongoing basis, as determined necessary by the CFT and as informed by the CANS tool.

Definition of an Open Case:

A Child Welfare case, for purposes of this policy, is any open case in the Child Welfare System (CWS) except for Non-Dependent Guardianship cases. Child Welfare cases in Family Maintenance, Informal Family Maintenance, Family Reunification, Adoptions, Permanent Youth Connections, and Non-Minor Dependents require mental health referrals.

A Juvenile Probation case is a case opened by the JPD when a youth is placed into foster care as part of their JPD case.

PROCEDURE

I. Referral Process for Alameda County Child Welfare and Juvenile Probation Agencies

- A. When DCFS or ACPD opens a case in their system for a member, a referral to the MHP (ACBHD ACCESS team) or an ACBHD contracted SMHS provider, shall occur within three (3) business days. A mental health referral can be made by phone, the completion of a referral form to the ACCESS email account at ACCESSReferrals@acgov.org, or an email/phone call to a ACBHD contracted provider.
- B. Once a referral is made to the ACBHD ACCESS team, it is reviewed by an ACCESS clinician and the clinician may follow up with DCFS or ACPD for additional information, as needed.
- C. The ACCESS clinician will determine the level of care and referral to the appropriate provider. The member will receive an appointment within ten (10) business days of the

initial referral for outpatient SMHS and 15 business days for psychiatry in accordance with Department of Health Care Services (DHCS) timely access to care requirements.¹

- D. ACCESS clinicians will inform the referring party of the disposition of the referral by phone call, email, and/or fax of the referral letter.
- E. ACPD or DCFS can refer members to their Agency's contracted providers within the required three (3) business day period. Some providers can accept referrals directly without ACBHD involvement. All referrals should be documented in the appropriate agency log.

II. Supplemental Documentation Needed for Referral

- A. Per existing Federal and State laws, CWAs and JPDs shall 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.
- B. For MHPs to process referrals for SMHS, CWAs and JPDs shall include the following documents:
 - 1. Signed release of information forms.
 - 2. Signed consent to assess and consent to treat forms.
 - 3. Child welfare/juvenile probation case plans, including permanency plans.
 - 4. Needs and service plans from current placement provider (if applicable).
 - 5. Most recent completed CANS tool.
 - 6. In the case of an Indian child who is affiliated with a tribe, mental health referrals should be shared with the Tribal representative. The referring party (ACPD/DCFS) should always note if the child/youth have preference for a specific provider or has a previous therapeutic relationship with a provider.
- C. Not providing documentation in a timely matter may result in delay or inability to refer members.

III. Monitoring and Tracking Referrals

- A. Each agency is responsible for monitoring and tracking the youth referrals to mental health treatment programs.

NON-COMPLIANCE

- I. Contractors not in compliance with contract provisions, or with State or Federal law and/or regulations, shall be immediately responsible for remedy.
- II. ACBHD may, at its discretion, issue a Corrective Action Plan (CAP) or Contract Compliance Plan (CCP), as appropriate.
- III. The cost to implement the CAP or CCP shall be borne by the Contractor.

¹ [ACBHD Policy # 100-2-3 Timely Access to Service Standards and Tracking Requirements](#)

- IV. Staff shall report incidents of non-compliance to their department manager, who shall submit those incidents of non-compliance to ACBHD Quality Management (QM).
- V. Incidents of non-compliance shall be submitted within 15 days of reasonable awareness of the non-compliance.
- VI. Failure to address identified issues may result in further action by ACBHD up to and including program termination, as specified in [ACBHD Policy # 1302-1-1](#), Contract Compliance and Sanctions for ACBHD-Contracted Providers.
- VII. Staff shall not face retribution for submitting incidents of non-compliance.
- VIII. Any communication that contains protected health information (PHI) or otherwise confidential information (e.g., as defined by the Health Insurance Portability and Accountability Act (HIPAA), 42 Code of Federal Regulations (CFR), Part 2, etc.) shall be sent through secure methods such as email with secure encryption.

CONTACT

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DISTRIBUTION

This policy will be distributed to the following:

- ACBHD Specialty Services Staff
- ACBHD ACCESS Staff
- Alameda County Social Services Agency (SSA), Child and Family Services Staff
- Alameda County Juvenile Probation Agency, Placement Staff

ISSUANCE AND REVISION HISTORY

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Revision Author	Reason for Revision	Date of Approval by (Name, Title)

DEFINITIONS

Term	Definition
Child Welfare Agency (CWA)	Manages the investigations of child abuse and provides foster care services and case management in addition to services to maintain/support families.
Family Maintenance	Youth who remain home with parents/guardians and have an open dependency case.
Family Reunification	Youth in out-of-home care and parents/guardians are working on reunifying.
Informal Family Maintenance	Youth who remain at home with parents/guardians and do not have an open dependency but require supportive services.
Juvenile Probation Department (JPD)	Provides social services to assist in rehabilitation of juvenile law offenders in custody or on probation.
Managed Care Plan (MCP)	An organized system of care which emphasizes primary/preventive physical and mental health care.
Mental Health Plan (MHP)	County run program that provides SMHS to Medi-Cal members with serious mental illness
Non-Minor Dependents	A current dependent child or ward of juvenile court who is aged 18-21 with a transitional living case plan.
Non-Dependent Guardianship	Court order that gives non-parents the legal authority to care for a child.
Permanent Youth Connections	Youth in out-of-home care in long term foster care system.

APPENDICES

None