

ENCLOSURE A - REFERRAL FOR QUALIFIED INDIVIDUAL ASSESSMENT

All Sections must be completed. See Instructions below on Page 9.

DO NOT submit Referral form without a Consent to Treat form in collaboration with the Mental Health Plan (MHP), signed by the youth and a minimum of a Release of Information signed by the youth for the Child and Family Team.

Youth's* Name:	
Preferred Name:	
Pronouns:	
Date of Birth:	
This child is or may be an Indian child: Yes No	
If yes, which Tribe(s) is or may be the Indian child's Tribe:	
Primary Language:	
Case Type:	
Medi-Cal Client ID Number (CIN):	CWS/CMS Client ID Number:

*For purposes of this form, the term "youth" is used to refer to children, youth, minors, and non-minor dependents (NMDs)

Section A. Date and Reason for Referral

Date of last Child and Family Team (CFT) Meeting:
Date Referral Submitted:
Referral Submitted Prior to Placement in Short-Term: Yes No
Residential Therapeutic Program (STRTP) or Community Treatment Facility (CTF)?
If no, provide date youth was emergency placed in STRTP or CTF:
Qualified Individual (QI) Assessment Report Due Date:

Reason for Referral:

QI Referral must be submitted within two (2) business days following CFT recommendation or, in the case of an emergency placement, placement in an STRTP or CTF.

CFT Recommends STRTP

CFT Recommends CTF

Placement Disruption (e.g., transfer away from an existing placement setting, absence from the placement setting for over 14 days, etc.)

Step-down from inpatient level of care

Court Order for Foster Care and/or Probation Recommends STRTP or CTF.

Other:

Provide summary of rationale for QI Referral:

Note: A lack of available family homes is not an acceptable rationale for placing a youth in an STRTP/CTFF

Section B. Contact Information

Referring Agency:		CWS	Juvenile Probation
Worker Name:		Tribes with a California IVE Agreement	
		*Dual Status Lead Agency/ CWS/ Tribes and Probation	
Contact Phone Number:		Email:	
Office Address:			
City:			
State:			
Zip code:			
Supervisor:	Contact Phone Number:	Email:	
*Worker Name (dual status case):	Contact Phone Number:	Email:	
Current MH Provider:	Email:		
Title:	Contact Phone Number:		
	Secure Fax Number:		
Current SUD Provider:	Email:		
Title:	Contact Phone Number:		
	Secure Fax Number:		

Contact Information or System Partners

Is or may be an Indian Child:	Tribe:
	Tribal Representative:
	Contact Phone Number:

	Email: If the child is a member of more than one Tribe, include contact information for other Tribes in Section F below.
Regional Center Consumer:	Regional Center Name: Regional Center Service Coordinator: Contact Phone Number: Email:
Educational Rights Holder:	Name: Relationship to Youth: Contact Phone Number: Email:
Current School:	Name: Level of Education: Role (Foster Youth Liaison, IEP Program Specialist, etc.): Contact Phone Number: Email:

Complete all placement information in full.

Section C. Current Caregiver Information

Current Placement Type:	Date of Placement:
Current Caregiver Name:	Placement Name:
Caregiver's Primary Language:	
Street Address:	
City:	

State:	
Zip Code:	
Contact Phone Number:	Email:

Section D. Members of the CFT

Name:		
Relationship to youth:	Contact Phone Number	Email:
	<i>Preferred Contact Method</i>	<i>Preferred Contact Method</i>
Name:		
Relationship to youth:	Contact Phone Number:	Email:
	<i>Preferred Contact Method</i>	<i>Preferred Contact Method</i>
Name:		
Relationship to youth:	Contact Phone Number:	Email:
	<i>Preferred Contact Method</i>	<i>Preferred Contact Method</i>
Name:		
Relationship to youth:	Contact Phone Number:	Email:
	<i>Preferred Contact Method</i>	<i>Preferred Contact Method</i>
Name:		
Relationship to youth:	Contact Phone Number:	Email:
	<i>Preferred Contact Method</i>	<i>Preferred Contact Method</i>
Name:		
Relationship to youth:	Contact Phone Number:	Email:
	<i>Preferred Contact Method</i>	<i>Preferred Contact Method</i>

Section E. Services Received

Chronic and/or Serious Medical & Behavioral Health Conditions:

Dates of Past Medical Hospitalizations:

Dates of Past Psychiatric Hospitalizations:

Interventions:	Current	Past 12 months
Therapeutic Behavioral Services (TBS)		
Intensive Home-Based Services (IHBS)		
Intensive Care Coordination (ICC)		
Therapeutic Foster Care (TFC)		
Individual Therapy		
Family Therapy		
Group Therapy		
Other Specialty Mental Health Services (specify:)		
Wraparound Services (service provider:)		
Substance Use Disorder (SUD) Treatment Services		
Medication Support Services		
Speech and Language Services		
Occupational Therapy		
Physical Therapy		
Applied Behavioral Analysis (ABA) or Applied Functional Analysis (AFA)		
Regular Educational Support Services		
Special Education-Individualized Educational Plan (IEP)/ 504 Accommodation Plan		
Educationally Related Mental Health Services (ERMH)		
Intensive Services Foster Care (ISFC) (Placement and Services)		
School and Community Based Activities (Strength Building Activities)		
Family Finding and Engagement		
Other (Specify):		
Other (Specify):		
Other (Specify):		
Other (Specify):		

Are SMHS Presumptively Transferred?	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

County:



Section G. Minimum Documentation Required to Initiate QI Assessment

Documents identified below are required and must accompany the QI Referral form. A minimum of a Consent to Treat form and signed Releases of Information by the Child and Family Team members are required to accompany the QI Referral form.

Placing Agency Case Worker

Release of Information forms
(see instructions)

Signed Consent to Treatment forms

Child Welfare/Juvenile Probation Case Plan
including permanency plan

Needs and Services Plan from current
placement provider (if applicable)

Most Recent Completed CANS to be provided
by the appropriate agency's staff.

Mental Health Plan Clinician

Most Recent Mental Health Assessment
(completed in the last 12 months)

Most Recent Behavioral Health Problem
List/Care Plan

Most Recent Completed CANS to be
provided by the appropriate agency's staff.

Explanation and plan for resolution is required for any document named above not submitted with the QI Referral form.

Document	Explanation and plan for resolution

Section H. Additional Documentation to Ensure Complete QI Assessment

The placing agency caseworker and the MHP should collaborate on gathering documentation to complete the QI Referral. Check all that apply.

Placing Agency Case Worker

List of documented placement preservation strategies (per WIC 16010.7(c)).

CFT recommendations (if available).

JV 220 Application for Psychotropic Medication.

Psychological Evaluations.

Any current family visitation orders including no contact orders.

Education records, including current IEP or 504 plan, when applicable (Health and Education Passport) and supporting psychological assessments.

Placement History and services printed out from CWS/CMS-full history.

Medical history, including medical hospitalizations (Health and Education Passport).

Developmental Assessment including documentation related to both being assessed for and receiving services authorized through a Regional Center or provided by a Regional Center vendor.

Juvenile Probation specific assessments and latest social studies report.

Mental Health Plan Clinician

List of services that have been provided during the prior 12 months (at minimum), including wraparound and Specialty Mental Health Services.

Psychological Evaluations.

History of Psychiatric Hospitalizations.

Referral for Qualified Individual Assessment – Instructions

This form is used to request a Qualified Individual (QI) Assessment be completed for a youth being considered for placement in a Short-Term Residential Therapeutic Program (STRTP) or Community Treatment Facility (CTF). Complete all sections of this form in full.

Youth/Nonminor's Information

Youth's Name and Date of Birth: Complete all information in full.

Indian Child: As defined in Section 224.1(b), as used in connection with an Indian child custody proceeding, the term "Indian child" also means an unmarried person who is 18 years of age or over, but under 21 years of age, who is a member of an Indian tribe or eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe, and who is under the jurisdiction of the dependency court, unless that person or their attorney elects not to be considered an Indian child for purposes of the Indian child custody proceeding.

WIC section 224.2, "(i) (1) When there is reason to know that the child is an Indian child, the court shall treat the child as an Indian child unless and until the court determines on the record and after review of the report of due diligence as described in subdivision (h), and a review of the copies of notice, return receipts, and tribal responses required pursuant to Section 224.3, that the child does not meet the definition of an Indian child as used in Section 224.1 and the federal Indian Child Welfare Act of 1978 (25 U.S.C. Sec. 1901 et seq.)."

Case Type: Select from 602 Ward, Dual Jurisdiction, Family Maintenance; Family Reunification, Permanent Plan, Pre-Disposition (Probation Cases).

Client ID Number: In CWS/CMS, in existing Client Notebook (blue button), on Juvenile Court Number Tab.

Medi-Cal Client ID Number: In CWS/CMS, in existing Client Notebook, on ID tab, next to SSN.

Section A. Date and Reason for Referral

Date Referral Submitted: Enter date the Referral form is transmitted to the QI.

Referral Submitted Prior to Placement in STRTP? Mark "yes" or "no".

Date Youth Placed in STRTP: If Referral is submitted *on or after* the date youth is placed in an STRTP (emergency placement), enter the date of placement in the STRTP.

QI Assessment Report Due Date: 30 calendar days following the date the Referral was transmitted (e.g., email date, postmark date, fax date, etc.) to the QI or, if emergency placement, 30 days following date of placement in STRTP, whichever is sooner.

Reason for Referral: Check box next to reason(s) for referral.

Placement Disruption is defined as a transfer away from an existing placement setting, absence from the placement setting for over 14 days, or any other experience related to the youth's living situation in a placement setting that has the potential to negatively impact the youth, including trauma, safety, and interpersonal factors.

Rationale for QI Referral: Describe why the youth's needs require an STRTP/CTF level of care.

Section B. Contact Information

Contact Information: Complete all information in full.

Contact Information for System Partners: Complete all information in full.

Section C. Current Caregiver Information

Current Caregiver: Complete all information in full.

Section D. Members of the CFT

Members of the CFT: Complete all information in full.

Section E. Services Received

Health Information & Behavioral Health Services Received: Identify chronic and serious medical and behavioral health conditions. Enter dates of prior medical and psychiatric hospitalizations.

Interventions: Mark the box of all services youth has a record of having received. For each service checked, mark the "Current" or "Past" box to indicate when the youth received the service.

County of Jurisdiction: County where dependency or delinquency status of the youth was established by the court.

County of Residence: County where the youth resides.

Are SMHS Presumptively Transferred: Indicate if SMHS are transferred.

Section F. Prior QI Referrals/Additional Considerations

Prior QI Referrals/Additional Considerations: Enter the date and county of prior QI Referrals and completed QI Assessment Reports.

Additional Information to be Considered: Describe additional information that is important for a QI to consider but is not reflected in other sections of the Referral form.

Section G. Minimum Documentation Required to Initiate QI Assessment

Required Documents: Documents listed in section G must accompany Referral form.

Explanation is required for any document listed in Section G that is not attached to Referral form.

*If the youth/guardian is unwilling to sign, the placing agency shall request court order for release of information. See section ***Privacy and Confidentiality for the QI Assessment Activities and the QI Assessment Report***. A minimum of a consent to treat form in collaboration with the Mental Health Plan (MHP), signed by the youth and a minimum of a release of information signed by the youth for the Child and Family Team are required to accompany the QI Referral form. If these Releases of Information and Consent to Treat form are not included with this Referral form, the QI will not be able to start the Assessment and it may delay the completion of the QI Assessment and Report beyond the required 30 days post placement window.

Section H. Additional Documentation to Ensure Complete QI Assessment

Additional Documents: Information, as they apply, must be provided to the QI within 5 days of the referral being transmitted to the QI and are needed for the Assessment to be completed. If the information is not provided in a timely manner, it may delay the completion of the QI Assessment and Report beyond the 30 days post placement window.