7.2.36 QUALIFIED INDIVIDUAL REFERRALS AND ASSESSMENTS

Issue Date:	07/16/2026
Revision History:	Not Applicable
References:	ALL COUNTY LETTER (ACL) NO. ACL 21-113. BEHAVIORAL HEALTH INFORMATION NOTICE (BHIN) NO. 21-060 ALL COUNTY LETTER (ACL) NO. 25-52. BEHAVIORAL HEALTH INFORMATION NOTICE (BHIN) NO. 25-031 WIC Section 4096, WIC Section 361.22 or Section 727.12, WIC Section 4096(g)(3)(B), *W&I Code Sections 827, W&I Code Section 10850.1, and Civ. Code, § 56.10,* WIC Section 224.1
Policy Owner:	Behavioral Health Division, Health Program Manager, Foster Youth Team
Director Signature:	**Signature on File**

I. Policy Statement

This policy outlines the standards and procedures governing a Qualified Individual's (QI) referral and assessment activities to support timely, objective, and clinically appropriate determinations of level of care and placement recommendations for youth.

II. Scope

This policy applies to all Department of Health Services – Behavioral Health Division (DHS-BHD) Covered Persons including employees (full-time, part-time, extra-help), unpaid interns, paid interns, temporary agency workers, registered volunteers, and all individual providers contractually designated as Covered Persons. Covered Persons do not include Community Based Organization (CBOs) staff.

III. Definitions

A. **County Placing Agency:** The county child welfare or juvenile probation agency responsible for the care and placement of a youth. Also referred to as the Title IV-E Agency.

B. **County Placing Agency Caseworker:** The social worker or probation officer assigned to a youth's case.

C. **Placement Disruption:** A transfer away from an existing placement setting, an absence from the placement setting for over 14 days, or other experiences related to the youth's placement setting that have the potential to negatively impact the youth, including trauma, safety, and interpersonal factors.

D. **QI Assessment Report:** The QI Assessment Report is required under Welfare and Institutions Code (W&I Code) section 4096(g)(4) and includes a summary of the QI Assessment2 findings, determinations, and recommendations based on an evaluation of the youth's strengths and needs. The QI Assessment Report also includes the QI's recommendation for the appropriate level of care.

E. **QI Referral:** A County Placing Agency must submit a referral to a QI for each Short-Term Residential Therapeutic Program (STRTP) or Community Treatment Facility (CTF) placement, including a change or disruption in placement to or from an STRTP or a CTF. The QI Referral is required by law, and specific criteria require the use of the QI Referral, as described below and in ACL 21-113/BHIN 21-060.

F. **Qualified Individual (QI):** A "Qualified Individual", as defined in ACL 21-113/BHIN 21-060, must be a licensed mental health professional (LMHP), or be a registered, waivered, or trained professional who is working under the clinical supervision of an LMHP. In the case of an Indian child, as defined in WIC Section 224.1, a person may be designated by the child's Tribe as the QI.

G. **Tribal Placing Agency:** Tribes with a Title IV-E Intergovernmental Agreement with the State of California.

H. **Youth:** Children, youth, and nonminor dependents (NMDs).

IV. Policy

A. An assessment by a QI is required prior to any placement of a foster child into an STRTP made on or after October 1, 2021, other than an emergency placement, as a condition of Title IV-E funding eligibility. The QI will conduct an assessment to determine the child's behavioral health needs and goals and make certain determinations regarding whether the child's needs can be met with family members or in a family setting, and if not, the most appropriate level of care, interventions, and treatment for the child.

B. The California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS) are jointly responsible for providing guidance on the requirements for referrals to, and the assessment conducted by, the QI under WIC Section 4096. Pursuant to that authority, CDSS and DHCS recommend that all referrals to a QI for an assessment be discussed and considered through the Child and Family Team (CFT) process.

V. Procedures

A. QI Referral Process

1. The County Placing Agency Caseworker emails the QI referral form (DHCS 8758) to: DHS-QIAssessmentsReferrals@sonomacounty.gov with the necessary documentation outlined in the referral form.

2. In the case of an emergency placement in an STRTP or out-of-state residential facility, the Placing Agency Caseworker shall notify and engage with CFT members about the emergency placement within one (1) business day of the placement and submit a QI Referral form within two (2) business days of the placement.

3. Within three (3) business days of receiving the referral, the DHS-BHD Foster Youth Team (FYT) Clinical Specialist (CS) will provide a confirmation of receipt and review the referral to ensure the required documentation (listed in DHCS 8759) is present. If any required documentation is missing, the DHS-BHD FYT will note the dates and times in the requested program's comment section for each attempt to request the needed document(s) and each attempt to contact the Placing Agency's Social Worker or Probation Officer.

    a. The County Placing Agency shall obtain a signed release of information (ROI) and provide it to the QI so that the QI has access to the relevant medical record information. If the County Placing Agency is not able to obtain a signed ROI, the County Placing Agency shall request a court order to release the medical records.

4. The FYT CS puts the recommended QI program in 'Requested' status in the youth's chart via the client's Electronic Health Record (EHR). If a chart does not yet exist, the FYT CS will start with an inquiry and then create a chart before putting the recommended QI program in requested status.

5. The youth's chart is then updated to "Enrolled Status" for the recommended QI program in the EHR, with the original email date.

6. The QI referral is tracked in the QI tracking list with the name, DOB, date of request, date of receipt of all required documentation, and requesting agency.

7. The QI has 30 calendar days from the date of the referral or from the date the child is placed into an STRTP, whichever comes first, to complete the assessment. In an emergency placement, the QI assessment must be completed no later than 30 calendar days from the date the child is placed into an STRTP. The QI should begin to conduct an assessment with the available information and work with the Placing Agency Caseworker in gathering additional information as needed.

B. QI Assessment Process

1. The QI is responsible for conducting the QI Assessment.

2. Pursuant to WIC Section 4096(h), the QI must participate in the following activities when conducting the assessment:

   a. Information Gathering - Obtain readily available electronic health care information from providers and from system partners who currently or recently have served the child (e.g., child welfare, probation, social services, mental health, regional center, education, etc.).

   b. Information Synthesis - Review information gathered that is pertinent to the QI Assessment, identify any gaps in information, obtain additional information, and begin formulating recommendations.

   c. Safety and Risk Assessment - Identify significant safety risk behaviors and Absent Without Leave (AWOL) risks, protective factors, and harm reduction strategies appropriate for the child.

   d. Family and Child Consultation - Establish connection with family and caregivers, identify strengths and needs of the child.

   e. In the case of an Indian child, consult with the Indian child's Tribal representative in the completion of the assessment.

   f. Identify the mental and behavioral health services and supports needed to achieve the child's short- and long-term goals and the relevant system partners.

   g. The following activities must be completed in consultation with the CFT and in the case of an Indian child, in consultation with the Indian child's Tribe representative:

      i. Engage with the CFT during the assessment or otherwise consult with CFT members.

      ii. In collaboration with the CFT and the Placing Agency Caseworker, develop recommendations for child engagement, trauma-informed service interventions, and transition preparedness.

iii. Assess additional resources and supports to facilitate the provision of mental and behavioral health services in the least restrictive setting.

iv. Collaborate with the Placing Agency Caseworker and CFT members to identify the need for or inform strategies for family finding and engagement and/or other specialized permanency services needed to meet the child's needs.

v. Develop a list of both short- and long-term behavioral health goals to address placement success and stability relative to the QI recommendations in the context of a child's environment and identified needs (i.e., mental health, permanency, education, developmental).

vi. Review treatment goals through coordination with the CFT. Ensure alignment to the transition and permanency plan based on information provided by the placing agency.

vii. Recommend services and supports, which the child welfare social worker or probation officer may incorporate into the development of the child's Needs and Services Plan, case plan, permanency plan, and client treatment plan, to support the child's stable placement in the least restrictive setting. Identify any additional mental and behavioral health resources or supports needed to support the transition plan.

viii. Integrated Practice – Child and Adolescent Needs and Strengths (IP-CANS): Complete an initial or updated CANS using the IP-CANS to assess the child's strengths and needs. If the IP-CANS assessment tool has already been completed as part of the CFT process within the last two months, under WIC Section 4096(g)(3)(B), the QI may either utilize or update those results at the discretion of the QI.

C. QI Referral, Assessment, and Reporting When a Placement Disruption Occurs

1. When a youth experiences a placement disruption, the County Placing Agency shall confer with the CFT, and in the case of an Indian child, consult with the child's Tribe member, who is also a member of the CFT, and make a QI referral. The following are examples of placement disruptions:

   a. A change in facility organization that negatively impacts the youth (distress experienced by the youth).

   b. An environment that negatively impacts the youth or causes incompatibility between youths within the facility (safety, trauma, interpersonal factors, etc.).

   c. An STRTP or CTF program change where the new STRTP/CTF is not a good fit with the youth's identified needs.

d. The youth is away from the placement for more than 14 days and returns within the first 30 days of placement.

e. The youth is away from the placement for less than 14 days and is then placed in a different STRTP or CTF within the first 30 days of the previous placement.

f. The youth is relocated to another STRTP or CTF.

2. When a QI assessment is already in progress, a subsequent QI referral should be assigned to the same QI, ensuring the youth is not over-assessed and there is no duplication in recommended services.

3. The QI shall review the medical record, including any prior QI assessments, progress notes, CFT notes, the youth's placement and service history; and make a clinical decision, as follows:

   a. If the QI's review of the medical record indicates that a comprehensive assessment is clinically indicated, then the QI will perform the assessment and update the QI Assessment Report, including a level of care determination, recommended services, and both short- and long-term goals.

   b. If the QI's review of the medical record indicates to the QI that a medical record review is sufficient to complete the QI Assessment Report and a comprehensive assessment is not medically necessary, the QI shall not perform a comprehensive assessment, but shall instead provide an addendum to add relevant clinical information to the most current assessment, as clinically indicated.

D. QI Qualifications and Certification

1. The QI must be an LMHP, or be a registered, waivered, or a trained professional who is working under the clinical supervision of an LMHP. Any individual service as a QI shall have expertise and training in clinical assessment, treatment planning, and Intensive Care Coordination (ICC), consistent with scope of work requirements necessary to perform the functions of the QI.

2. Consistent with the Family First Prevention Services Act (FFPSA), California has prohibited the QI from being an employee of the Title IV-E agency (child welfare and juvenile probation) and from being connected to, or affiliated with, any placement setting in which children are placed by the Title IV-E Agency, unless the Secretary grants a waiver of these prohibitions.

3. A Certification process will be required for all individuals who serve as a QI. The certification process for the QI includes responsibilities for counties and for the State. DHS-BHD responsibilities consist of the following:

    a. Designate QI candidates.

    b. Review the licensed, registered, or waivered status of the proposed QI candidates and/or verify that the relevant professional license held by the individual is active.

    c. Verify the QI candidate is certified to complete the CANS as directed in ACL 18-81/MHSUDS IN 17-052.

    d. Verify completion of required training, including specialized training on Tribal social cultural norms and the California Indian Child Welfare Act (Cal-ICWA), as determined by CDSS and DHCS (up to 40 hours), via QI Web Page. For the full list of QI training and registration requirements see BHIN 25-031.

4. Ongoing annual training and recertification will include, but not be limited to, the following DHS-BHD responsibilities for Specialty Mental Health Service (SMHS) providers who serve as the QI:

    a. Verification that the individual's license/DHCS waiver or registration is active.

    b. Verification the individual has completed the CANS annual certification.

    c. Verification of the completion of annual training requirements determined by CDSS and DHCS via QI Web Page.

    d. Verification the QI meets all other certification qualifications.

E. Reporting & Monitoring Requirements

1. DHS-BHD is responsible for tracking and maintaining information regarding QI referrals, assessments, and determinations.

2. If at any time the QI does not meet the minimum qualifications, DHS-BHD shall suspend the QI. When a QI has been suspended, they shall not perform QI assessments. DHS-BHD shall provide written notice of the QI's suspension to CDSS, DHCS, and the State designee (UC Davis). When DHS-BHD determines that the individual meets the minimum requirements, the individual may resume the role of a QI. DHS-BHD shall provide written notice to CDSS, DHCS, and the State designee (UC Davis), when the individual's suspension has been lifted and they have resumed the role of a QI.

VI. Forms

A. QI Referral Form - DHCS 8758

B. QI Assessment Report - DHCS 8757

VII. Attachments

None