ALAMANCE SOCIAL EMOTIONAL REFERRAL

Child Identified By Referral Source*
- ASQ-SE
- Consent for Release Of Information

Child Ages 0-3
CDSA
- Screening/Intake

Early Childhood Mental Health Specialist
- Mental Health Assessment

Child Ages 3, 4, 5
ABSS
- Screening/Intake

LME
Mental Health
- Authorization
- Choice of MH Provider
- Referral for MH Services

Diagnosis / Treatment Indicated

Alliance

Review Assessment Packet:
- Determine Potential Eligibility
- Refer for Enrollment (Eligible)
- Refer for Community Services (Ineligible)

Review Request for Enrollment Form:
- Determine eligibility
- Send notification letter to Care Coordinator
- Refer for National Evaluation

Family Partner Coordinator
- Alliance Enrollment
  - Request for Enrollment Form
- NOMS
- Assign Family Partner

Eligible

MH Provider

Ineligible or Declines Services

Alamance Partnership for Children
- Offer Partnership Services
- Refer to Community Agencies/Services

*If child already has a mental health diagnosis*
Wraparound Care Coordinator contacts the Alliance and requests an Enrollment Packet