

SYSTEMS OF CARE

FOR CHILDREN AND YOUTH

SYSTEM PROFILE: CHILD WELFARE SYSTEM*

Children under the age of 18 are brought into child welfare services (i.e., the dependency system) when allegation of maltreatment has been substantiated and it is determined that family maintenance or reunification services are necessary for the safety and well-being of the child(ren).

All county child welfare services (CWS) offices host a Child Abuse Reporting Hotline where Hotline social workers receive referrals from mandated reporters or concerned members of the community. When a call is received, the Hotline worker collects information from the caller and used a required hotline assessment, the Structured Decision Making (SDM) tool, to help make a determination whether an investigation is warranted.

If the Hotline worker determines the information provided does not meet the definition of abuse, neglect or exploitation and an investigation is not indicated, the referral is closed (or “evaluated out”). If the Hotline worker assesses the information and determines it is sufficient to initiate an investigation, the referral is sent to an Emergency Response social worker and, depending on potential danger to the child, occurs either immediately or within 10 days of the referral.

If the investigation social worker determines that there has been some abuse, neglect or exploitation, and risk and safety issues cannot be ameliorated without intervention, they will obtain a warrant for removal unless exigent circumstances exist. The worker must then file a petition to the court and within 48 hours a detention hearing will occur to remove the child to be placed into foster care with Family Reunification services. If the investigating social worker believes the child can remain safely in the home with court and

OVERVIEW

Our goal is simple: our programs must meet the needs of the children and youth we serve. These are our collective children, and they all deserve the very best.

We recognize that it is our obligation to ensure that the services we are providing are coordinated, timely, and trauma-informed. We must come together as one government to break down silos and build a culture that is focused on delivering services that are person-centered and not program-centered.

PURPOSE

As a resource to state, county, and local staff, we developed system profiles that provide an overview of the services offered by our various systems that all serve children and youth.

This is our compendium of resources available to children and youth served by are various systems. The system profiles outline how eligibility is determined, what the denial appeal processes entail, how the system interacts with other systems or programs, how information is shared, and how referrals are made

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*This document provides a summary of the Child Welfare System. It is not an exhaustive review of all relevant legal authorities and does not constitute legal advice.

child welfare oversight, they will recommend Family Maintenance services.

ELIGIBILITY CRITERIA

Children and their families must be served by CWS if there is sufficient evidence of child neglect or abuse as defined under Article 6, commencing with Welfare and Institutions (WIC) Section 300, and Article 14, commencing with WIC Section 601. These sections provide authority for courts to accept petitions to take jurisdiction over children.

Children and families can be served either while the child is in foster care or while the child remains home with court oversight. To be eligible, the child/youth must meet the definition of candidates for foster care. This includes any youth who are at imminent or serious risk of removal and placement into a foster care setting should preventative services fail, and certain requirements must be met. There are some probation youth who are in foster care, but not in the dependency system. A probation youth may be identified as a candidate for Foster Care when they are at imminent risk of coming into foster care because of such things as child abuse and/or neglect issues at home.

Another option for serving children without removal from the home is through preventative services that do not have to be supervised by the court. This includes voluntary Family Maintenance.

DENIAL OF ELIGIBILITY

If an ER worker conducts an in-person investigation and determines the child is safe and the evidence reported is unfounded or inconclusive, the referral will be closed. If the referral is evaluated out or closed, no other party needs to be notified unless related parties ask about the referral. If the report was made by a mandated reporter pursuant to

Penal Code 11166 or 1166.05, the investigating agency must inform the mandated reporter of the results of the investigation and of any action the agency is taking, even if none, with regard to the child or family. This information is communicated through form IN-MNRPTR (Rev 12/93).

If the case goes to Juvenile Dependency Court, the Juvenile Dependency Court could determine there was not enough evidence to prove that the child was abused/neglected. In this case, all the parties would be notified through Court Orders.

For probation youth who are in foster care, after the DPO completes the Risk Assessment tool, if it is determined the youth will not be removed and placed into a foster care setting, the youth is then continued under Probation supervision. The Juvenile Delinquency Court could determine that the child was not abused/neglected. In this case, all parties would be notified through Court Orders.

APPEAL PROCESS

When a child welfare case is supervised by the Juvenile Dependency Court, the Court will be the final arbiter of disputes between the child welfare agency and the parent and/or youth. Decisions regarding appropriate case plan requirements and services are often negotiated or litigated throughout a child welfare case. The same process is true with probation youth supervised by the Juvenile Delinquency Court.

In addition to the court resolution process, counties may have informal methods to resolve complaints, such as grievance reviews. Additionally, many counties have an Ombudsperson who can assist persons receiving child welfare services to resolve complaints. At the state level, the State Office of the Foster Care Ombudsperson (FCO) seeks to resolve complaints made by or

on behalf of children placed in foster care, related to their care, placement, or services.

With regard to foster care eligibility, recipients who disagree with the provision of foster care benefits, such as eligibility for a foster care rate or supplement to the rate, may request a State Fair Hearing.

SB 2083 (Chapter 815, Statutes of 2018), requires local level MOU's that can be used to resolve disputes across systems.

PROGRAM INTERACTIONS

Medi-Cal Managed Care – Children under the jurisdiction of a county child welfare or probation department are categorically eligible for Medi-Cal and may be served by managed care plans which provide medical and non-specialty mental health services. Child welfare or probation departments are responsible to ensure that children in foster care are screened for a variety of needs, such as developmental or mental health needs. If the results of the screens are positive or indicates a need for services, a referral for formal assessment by a licensed health professional should be made.

Medi-Cal Fee-For-Service – Children under the jurisdiction of a county child welfare or probation department are categorically eligible for Medi-Cal. Many children and youth receiving CWS are not enrolled in a managed care plan and receive services through Fee-For-Service, including certain non-specialty mental health services.

Medi-Cal Specialty Mental Health/Substance Use Disorder Services – Children under the jurisdiction of a county child welfare or probation department are categorically eligible for Medi-Cal and are required to be screened for mental health and substance use disorder needs. When applicable, children may be referred to the county for specialty mental health services and substance use disorder treatment.

Regional Centers – Children under the jurisdiction of a county child welfare or probation department are required to be screened for possible referral to a regional center for assessment of those services if they are not already regional center consumers. Children who are dually served by child welfare or probation and a regional center are eligible for a “dual agency” board and care foster care rate. In addition, regional centers must assist county child welfare and probation departments in identifying appropriate placement resources for foster children who are eligible for regional center services pursuant to WIC 4684.

For children under 3 years of age that are in a foster care or adoptive placement, the California Department of Social Services (CDSS) provides a dual agency and supplemental rate if they are receiving services from a regional center.

Early Start – Early Start (commencing with Section 95000 of Welfare and Institutions Code) is California's early intervention program for infants and toddlers (birth to age 36 months) with disabilities and their families. Early Start services are available statewide and are provided in a coordinated, family-centered system. Early Start Family Resource Centers, who work in partnership with regional centers and others, offer parent-to-parent support and local resource information.

After contacting the regional center, a regional center staff member is assigned to complete the process of determining eligibility for the Early Start program.

Within 45-days of referral, the regional center shall:

- Assign a service coordinator to assist the family through evaluation and assessment procedures.
- Obtain parental/Legal Guardian's consent for evaluation.
- Schedule and complete evaluations and assessments of the child and family.

- If an infant or toddler is eligible for early intervention services, an Individual Family Service Plan (IFSP) will be developed that addresses the strengths, and needs of the infant or toddler, parental concerns, and early intervention services.
- Identify on the IFSP the early intervention services that are to be provided in the child’s natural environment or appropriate setting.

Rehabilitation – Offers employment and independent living services to youth that have disabilities to enable them to transition to the workforce. Foster youth are eligible for services that range from job search, supported employment, and vocational rehabilitation. Foster youth are prioritized for specific workforce supports.

Schools – Teachers, counselors, and a majority of school staff are required to be mandated reporters and may be present at any point of the CWS process. Schools may report potential abuse or assist in any part of a family’s improvement plan created by CWS. Child welfare social workers and deputy probation officers are required to work with schools to determine if a foster youth requires an individualized education plan. In addition, federal and state laws require child welfare/probation and local education agencies to work together to implement various requirements related to maintaining foster youth in their schools of origin, including transportation services, and to promote continuity when foster youth change schools.

CalWORKS - Provides temporary financial assistance and employment-focused services to eligible families whose incomes are not adequate to meet their basic needs. These programs also coordinate case planning and other services to families in both CalWORKS and the child welfare system and the delinquency system.

INFORMATION SHARING

Section 11165.13 of Penal Code, which is part of the Child Abuse and Neglect Reporting Act, requires that any indication of maternal substance abuse shall lead to an assessment, pursuant to Section 123605 of Health and Safety Code, of the needs of the mother and infant. This includes a determination of the level of risk, which could include a developmental or fetal alcohol screening. This assessment is performed at the hospital by a health practitioner or a medical social worker. If any factors are present that indicate risk to an infant, then a report to child welfare services shall be made. Failure to make such a report subjects the individual to the penalties set forth in Section 11166(c) of Penal Code. In addition, all primary care physicians and other providers are mandated reporters which requires developmental and fetal alcohol screenings to be shared with social workers. If a report to child welfare services is needed, pursuant to Section 16501.1 of Welfare and Institutions Code, the State has developed the Child Welfare Services/Case Management System (CWS/CMS) which collects comprehensive data from the counties. All County Letter (ACL) 03-61 reinforces the requirement that counties provide complete and accurate data to the State. The data necessary to allow the State to monitor the referral and delivery of appropriate services for the infant and affected caregiver is currently being recorded in the CWS/CMS system.

The CDSS and DHCS have a global data sharing agreement, and to support this the CDSS has individual county agreements for the sharing of psychotropic medication usage.

Child Family Teams (CFTs) are described through a joint letter with CDSS (ACL 16-84) and Department of Health Care Services (Mental Health Substance Use Disorder Services Information Notice 16-049). A CFT is a group of individuals that includes the child or

youth, family members, professionals, community supports and others as identified by the family who have a vested interest in the child and family's success. The purpose is to identify supports and services needed to achieve permanency, enable a child to live in the least restrictive setting and promote normal childhood experiences. The CFT must occur within the first 60 days a child comes into care and on a regular basis thereafter.

County Interagency Placement Committees (IPCs) are comprised of representatives from the county placing agencies, county mental health and others who have shared responsibility for the well-being and safety of the child. Pursuant to Section 4096 of Welfare and Institutions Code, IPCs must approve any placement into a Short Term Residential Treatment Program (STRTP), certain group homes, and certain out-of-state residential programs. ACL 17-122 outlines the procedures and requirements of an IPC.

REFERRALS

CWS/CMS is supposed to track services, however if some of those fields are not a required field within the system, they may be overlooked and subsequently not tracked. For example, the Child and Adolescent Needs and Services (CANS) tool (ACL 18-09/IN-18-007) requires that if a foster youth needs a referral to mental health based on the mental health screening component, the referral from child welfare to the mental health plan should be tracked.

If CWS opts into Part I of the federal Families First Prevention Services Act of 2018, counties receiving prevention funding will be required to track referrals to other programs to comply with the federal program.

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Our Systems of Care work has been accelerated by the implementation of Assembly Bill 2083 (Chapter 815, Statutes of 2018), which requires each county to develop and implement a Memorandum of

Understanding outlining the roles and responsibilities of the various local entities that serve children and youth in foster care who have experienced severe trauma.

The legislation is focused on the child welfare system, but can and must be expanded to look at children and youth served by various other systems.

The legislation calls for the establishment of a Joint Interagency Resolution Team to provide guidance, support, and technical assistance to counties with regard to trauma-informed care to foster children and youth.

We have identified the mission of the State Restitution Team to be:

1. Promote collaboration and communication across systems to meet the needs of children, youth and families;
2. Support timely access to trauma-informed services for children and youth; and
3. Resolve technical assistance requests by counties and partner agencies, as requested, to meet the needs of children and youth.

For additional system profiles, including mental health services, rehabilitation services, developmental services and education services, please visit our website at www.chhs.ca.gov.