



CDSS

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ARNOLD SCHWARZENEGGER
GOVERNOR

April 21, 2010

ALL COUNTY LETTER NO. 10-19

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY CHIEF PROBATION OFFICERS
ALL COUNTY CHILD WELFARE SERVICES PROGRAM MANAGERS
ALL FOSTER FAMILY AGENCY DIRECTORS

SUBJECT: MONTHLY CASEWORKER VISITS WITH CHILDREN FORMS AND DOCUMENTATION

REFERENCE: WELFARE AND INSTITUTIONS CODE (W&IC) SECTION 16501.1(k); SENATE BILL (SB) 703 (CHAPTER 583, STATUTES OF 2007); ALL COUNTY LETTER (ACL) 09-11; AND COUNTY FISCAL LETTER (CFL) 08/09-37

The purpose of this ACL is to transmit the new forms and document instructions for monthly caseworker visits with children. Two new forms have been developed: Placement Agency – Foster Family Agency Agreement (SOC 154A) and Foster Family Agency (FFA) Child Welfare Services/Case Management System (CWS/CMS) Contact/Service Delivery Log (SOC 160). This ACL also provides instructions on how counties are to input FFA Social Worker (SW), and Interstate Compact on the Placement of Children (ICPC) SW contacts into the CWS/CMS application and how this will impact Assembly Bill (AB) 636 Data Outcome Measure 2C.

SOC 154A

As discussed in ACL 09-11, Public Law 109-288 requires that by federal fiscal year 2011 at least 90 percent of children in foster care, under the jurisdiction of the court, must be visited each month the child is in foster care and a majority of those visits **must** occur in the child's home. The ACL 09-11 also explains that visits completed by FFA SWs for children in FFA certified homes and visits completed by SWs in other states that are providing supervision for California dependents placed out-of-state through an ICPC agreement, will be counted for federal reporting purposes, provided the data is

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

entered into CWS/CMS. County social workers or probation officers are still required to visit children placed in group homes out-of-state.

Accordingly, the California Department of Social Services (CDSS) and a workgroup of representatives from the county welfare and probation departments, the County Welfare Directors Association (CWDA), the Chief Probation Officers of California, and the California Alliance for Child and Family Services developed the attached Placement Agency -- Foster Family Agency Placement Agreement (SOC 154A—Attachment A) which includes, among other things, the new requirement to report minimum information on FFA SW visits with a child to the placing agency on a monthly basis. The SOC 154A is to be completed by both the FFA and the county placing agency.

We understand that, presently, counties generally use the SOC 154 (Agency – Group Home Agreement) for placements with FFAs. Henceforth, counties must use the SOC 154A for all new placements with an FFA and any placements into new homes within an FFA.

SOC 160

When the FFA accepts the placement of the child and the responsibility for the visitation of the child by signing the SOC 154A (discussed above), the FFA is then required to document their visitation with the child on the new FFA CWS/CMS Contact/Service Delivery Log (SOC 160—Attachment B) and provide the SOC 160 to the Child Welfare Service (CWS) SW on a flow basis but at a minimum of once a month. If the FFA sends more than one SOC 160 in any given month, it is at the county's discretion whether to enter more than one visit into CWS/CMS. Some FFAs have requested that they be permitted to submit this data electronically and we encourage counties to work with their FFAs to facilitate this exchange. In addition, in any month in which both the FFA and county SW visit the child, the visit by the county SW shall be entered into CWS/CMS. It is also at the county's discretion whether to enter the additional FFA visit(s) into CWS/CMS.

ICPC Requests

For ICPC requests, counties should continue to make requests of other states to provide supervision for California dependent children who are placed out-of-state through the existing ICPC agreement process. Supervision should be requested on a monthly basis for children placed out-of-state.

CWS/CMS Data Input Instructions

Attached are screen shots from CWS/CMS illustrating the data input process which will be necessary for counties to input visits made by FFA SWs and by SWs in other states operating under an ICPC agreement into the CWS/CMS application. These visits will be counted in the State's Data Outcome Measure 2C (in Placement). However, CDSS will revise the description of the 2C methodology to reflect the incorporation of FFA SW and out-of-state visits.

Plans to update the CWS/CMS application in Release 6.5 are in progress so that this data can be captured within the application appropriately. However, Release 6.5 updates to the application are not scheduled to take effect until fall of 2011. Thus, the data input instructions explained below need to be implemented by counties now so that this new data can be captured and reported to the federal government to reflect compliance with the new federal visit requirements.

Funds have been allocated to counties for additional data entry. Please see CFL 08/09-37 for claiming instructions.

FFA SW Visits

In order to input FFA SW visits into CWS/CMS, staff must first create an FFA staff person in the Resource Management Section (this only needs to be done once per staff person, per case). To do this, please perform the following tasks:

- Open the Resource Management Section.
- Open the desired CWS Office.
- Click on Create a New Staff Person.
- Complete the first and last name fields **exactly** as shown on the attached screen shots (Attachment C). Enter the first name as "FFA" and last name as "SW." Enter the FFA SWs phone number in the phone number field. The start date field should be completed with the date of the visit. The SW's actual name must be put in the narrative section. These fields are mandatory. It is imperative that data in these two fields be completed in every contact in the same manner by every county as shown in the attached screen shots in order to preserve data collection integrity. Other mandatory fields on this page should also be completed. Save to Database.

Once the FFA SW has been "created," please perform the following tasks to enter the contact information:

- Open desired case or referral and click on the Service Management Section icon.
- Click on Create New Contact.
- Select the On Behalf of Child and then click OK.
- Search for the FFA SW staff person.
- Select the FFA SW staff person and complete the Contact page as appropriate. An example is on Page 3 of Attachment C.
- Save to Database.

ICPC SW Visits

In order to input ICPC SW visits into CWS/CMS, staff must first create the ICPC staff person in the Resource Management Section (this only needs to be done once per staff, person per case). To do this, please perform the following tasks:

- Open the Resource Management Section
- Open the desired CWS Office.
- Click on Create a New Staff Person.
- Complete the first and last name fields **exactly** as shown on the attached screen shots (Attachment C). Enter the first name as "ICPC" and last name as "SW." Enter the ICPC SWs phone number in the phone number field. The start date field should be completed with the date of the visit. The SW's actual name must be put in the narrative section. These fields are mandatory. It is imperative that data in these two fields be completed in every contact in the same manner by every county as shown in the attached screen shots in order to preserve data collection integrity. Other mandatory fields on this page should also be completed.
- Save to Database.

Once the ICPC SW has been "created," please perform the following tasks to enter the contact:

- Open desired case or referral and click on the Service Management Section icon.
- Click on Create New Contact.
- Select the On Behalf of Child and then click OK.
- Search for the ICPC SW staff person.
- Select the ICPC SW staff person and complete the Contact page as appropriate. An example is on Page 4 of Attachment C.
- Save to Database.

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Any questions about data input should be directed to the County Single Point of Contact (SPOC). The SPOC's needing assistance should contact their System Support Consultant at the CWS/CMS Project. If you have any other questions you may contact me at (916) 657-2614, or the Concurrent Planning Policy Unit at (916) 657-1858.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

**PLACEMENT AGENCY - FOSTER FAMILY AGENCY AGREEMENT
CHILD PLACED BY AGENCY IN FOSTER FAMILY AGENCY**

NAME OF CHILD	FFA NAME
BIRTH DATE OF CHILD	DATE PLACED WITH FFA
CASE NUMBER	DATE FIRST ENTERED FOSTER CARE

The Placement Agency will pay \$ _____ per month in return for the above named child's care and supervision as defined in Welfare and Institutions Code 11460 and other applicable law and regulations. First payment to be made within 45 days after placement with subsequent payments to be made monthly.

PLACEMENT AGENCY AGREES TO	FOSTER FAMILY AGENCY AGREES TO
<ol style="list-style-type: none"> 1. Provide the Foster Family Agency (FFA) with knowledge of the background and needs of this child. This shall include but not be limited to the social work assessment, medical reports, educational assessments, psychiatric/psychological evaluations and identification of special needs. This shall be made available to the FFA within 14 days from date of placement. 2. Inform the FFA, before placement, of this child's behaviors and proclivities that might be harmful to others (including pets) in the home, school or neighborhood. 3. Work with the FFA in the development and progress of a needs and services plan. The county placing agency will notify and invite the FFA to participate in any child and family team meetings to discuss the child's needs and services plan. 4. Work with FFA staff toward successful completion of the child's needs and services plan, a positive placement outcome and timely permanency for the child. Provide the FFA a JV 220A, Prescribing Physician's Statement, if applicable, and subsequent renewals. 5. Work together with the FFA to develop and maintain positive relationships with the child's parents (or guardians) and other family members, and cooperate with the reunification process, e.g. provide written information regarding a child's medical and transportation needs. 6. Maintain contact with the child monthly or as specified in the child's approved case plan. 7. Continue paying for the child's care as long as the child remains in placement or in the absence of the child the placing agency asks the FFA to retain an open placement. 8. Provide a MediCal card or other medical coverage and a Medical Consent form signed by the child's parents, legal guardian or court at the time of placement. 9. Inform the FFA of its clothing allowance policy and provide the funding consistent with those policies or any revised policies. 10. Pay for medical costs incurred prior to the establishment of Medi-Cal eligibility. 11. Verify and remit/reconcile any underpayments within 45 days of FFA notification of such underpayments. 12. Notify the FFA within 12 months of suspected overpayments, in accordance with applicable laws and regulations. 13. Provide a contact telephone number for emergencies and after business hours: Emergency # _____ 	<ol style="list-style-type: none"> 1. Provide this child with foster parent(s) who have been certified to care for the child's needs in accordance with applicable laws and regulations. 2. Conform to applicable Title 22, Division 6 regulations and all laws governing foster care. 3. Notify the placing agency within 24 hours (unless there is a separate written agreement with the placing agency) by phone followed in writing of significant changes in the child's health, behavior or location as well as significant issues including suspected physical or psychological abuse, death, injury, unusual incidents, absence of a child, placement issues and school non-attendance and all items listed under Section 80061 of Title 22, Division 6. 4. Work together with the placing agency to encourage the maintenance of the familial-child relationship and include the child's family members, as indicated in the needs and services plan, in treatment planning and/or child and family teams whenever possible and cooperate with the reunification process. 5. Use constructive alternative methods of discipline; not use corporal punishment; deprivation of meals, monetary allowances, visits from parents, or home visits; threat of removal or any degrading or humiliating punishment. 6. Respect and keep confidential information given about this child and his/her family. 7. Work with the placing agency to develop and submit to them a needs and services plan that develops an understanding of the responsibilities, objectives and requirements of the agency in regard to the care of this child, including the information listed on the reverse side of this form, within 30 days of placement of the child. The needs and services plan shall be updated at least every six months. 8. Written progress reports shall be provided at least every six months or more frequently by mutual agreement. 9. Give placing agency 7 day notice of intent to discharge or move this child. Notify the placing agency of any intended move of this child between certified homes prior to the move. The FFA has the authority to move a child in the case of imminent risk to the child or family. The FFA shall notify the placing agency within 24 hours of such move. 10. FFA social worker shall visit this child in private in their foster home at least once per calendar month and provide documentation of these visits to the placing agency caseworker/probation officer on a flow basis every month as visits are completed. 11. Provide state and federal agencies access to records as provided by state and federal law. 12. Notify the placing agency if the child receives any source of income such as income from work, SSI, SSA, child support, etc. Notify the county of any property the child obtains, including bank accounts. (It will be the county's responsibility to verify the income/property.) 13. Follow any requirements associated with the county's clothing allowance policy and procedures. 14. Remit any overpayment in full to the county welfare department upon receipt of a notice of action or following the completion of due process. 15. Inform county upon discovery of any apparent overpayment.

Initial needs and services plan summary shall include:

- A. Medical and Dental needs
- B. Psychological/psychiatric evaluation obtained or scheduled
- C. Staffing review summaries
- D. Educational assessment
- E. Peer adjustment
- F. Relationship to adults
- G. Involvement in recreation programs
- H. Behavior Problems
- I. Short-term treatment objectives (goals established for next 3 months)
- J. Long-range goals including anticipated length of placement
- K. Tasks planned to reach objectives and goals and who will be performing these tasks, including agency service activity
- L. Identification of unmet needs
- M. Involvement of child and his parents in the treatment program

Periodic update of needs and services plan shall include:

- A. Current status of child's physical and psychological health as well as confirmation of medical and dental exams
- B. Reassessment of child's adjustment to the foster home, treatment program, peers and school
- C. Progress toward short-term objectives and long-range goals including tasks which have been performed to reach these objectives and goals
- D. Reassessment of unmet needs and efforts made to meet these needs
- E. Modification of treatment plan, tasks to be performed and anticipated length of placement
- F. Involvement of child and his parents in treatment program

By this signature I attest that I have read this agreement and agree to fulfill these requirements and I am authorized on behalf of my agency to sign this. The terms of this agreement shall remain in force until changed by mutual consent, in writing, of both parties.

CHILD'S PLACEMENT WORKER REPRESENTATIVE'S NAME		PHONE	
PRINT:	SIGNATURE:	()	
COUNTY AND NAME OF AGENCY	TITLE	DATE	
FOSTER FAMILY AGENCY REPRESENTATIVE'S NAME		PHONE	
PRINT:	SIGNATURE:	()	
NAME OF AGENCY	TITLE	DATE	
FFA ADDRESS			

FOSTER FAMILY AGENCY (FFA) CWS/CMS CONTACT/SERVICE DELIVERY LOG

PRIMARY ASSIGNED COUNTY SOCIAL WORKER'S NAME _____

COUNTY: _____

FOSTER FAMILY AGENCY NAME/ADDRESS: _____

START DATE: _____ END DATE: _____

Contact Purpose:	Method:	Location:	Status:
<input checked="" type="checkbox"/> Deliver Service to Client	<input checked="" type="checkbox"/> In-Person	<input type="checkbox"/> COURT <input type="checkbox"/> CWS OFFICE <input type="checkbox"/> HOME--Referring to Biological or Reunification Home <input type="checkbox"/> IN-PLACEMENT--Certified Home <input type="checkbox"/> OTHER <input type="checkbox"/> SCHOOL	<input checked="" type="checkbox"/> Completed

Participants: [Include all contact participants including the FFA SW and child(ren)]	On behalf of Child (include name(s) and DOB(s) of all siblings present during visit who are also placed with the FFA):	Case Management Services
	CHILD'S NAME: _____ DATE OF BIRTH _____	<input checked="" type="checkbox"/> CM-SW Plan Contact
	CHILD'S NAME: _____ DATE OF BIRTH _____	
	CHILD'S NAME: _____ DATE OF BIRTH _____	
	CHILD'S NAME: _____ DATE OF BIRTH _____	
	CHILD'S NAME: _____ DATE OF BIRTH _____	
	CHILD'S NAME: _____ DATE OF BIRTH _____	
	Contact Party Type: <input checked="" type="checkbox"/> Staff person/Child	

Narrative: Required monthly visit completed by FFA social worker; narrative of this visit included in written progress report.

NAME OF FFA SOCIAL WORKER	DATE	NAME OF FFA SOCIAL WORK SUPERVISOR	DATE
FFA SW Phone Number: ()		FFA SW Supervisor Phone Number: ()	

*Siblings seen on different days and/or different homes/locations **MUST** be entered on separate forms.
 Unrelated children in the same home **MUST be entered on separate forms.

DOCUMENTING FFA AND ICPC CONTACTS WITH CHILDREN IN CWS/CMS

- Create the FFA staff person in **Resource Management**

- ✓ Open **Resource Management**



- ✓ Open the desired **CWS Office**.

	Local	County	Office Number	Office Name	Phone #	Contact	Action
1	<input checked="" type="checkbox"/>	Sacrame...		Administration			Yes

- ✓ Click on **Create New Staff Person**.



- ✓ Complete the **First, Last, and Primary Phone** fields as shown below.

Identification

Prefix: [] First: FFA Middle: [] Last: SW Suffix: []

Primary Phone: (916) 000-0000 Ext: [] Telecommuter Start Date: 08/11/2009 End Date: []

Job Title: [] Licensing Worker ID: []

- ✓ Save to Database

- Create the ICPC staff person in **Resource Management**

- ✓ Follow the steps above and complete the **First, Last, and Primary Phone** fields as shown below.

The screenshot shows a software window titled "Resource Management - CWS Office [Administration] - [Staff Person [SW ICPC]". The window has a menu bar with "File", "Edit", "Action", "Associated", "Window", and "Help". Below the menu bar is a toolbar with several icons: a green square, a blue square, a red square, an orange square, a teddy bear at a desk, a person with a teddy bear, a desk with a chair, and a purple folder. There are four "+" buttons below the icons. Below the toolbar is a tabbed interface with tabs for "ID", "Specialties", "Caseload", "Logon", and "Staff Rights". The "ID" tab is selected. The form is titled "Identification" and contains the following fields:

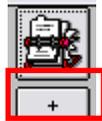
Prefix	First	Middle	Last	Suffix
	ICPC		SW	
Primary Phone	Ext	<input type="checkbox"/> Telecommuter	Start Date	End Date
(916) 000-0000			08/11/2009	
Job Title	Licensing Worker ID			

- ✓ Save to Database

- Create a contact with the FFA social worker as the staff person.

✓ Open desired case or referral and click on the **Service Management Section** icon. 

✓ Click on **Create New Contact**.



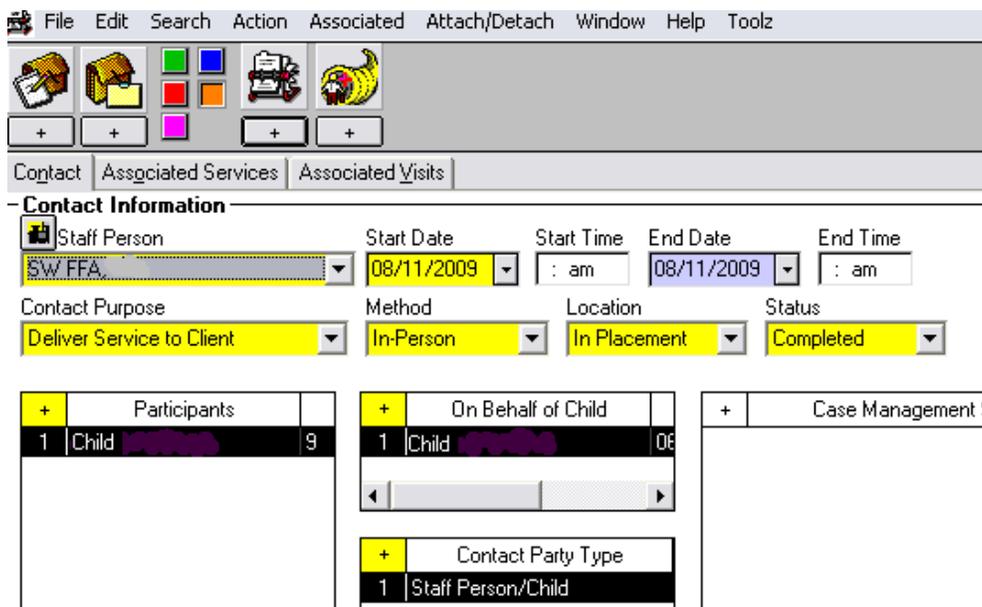
✓ Select the **On Behalf of Child** and then click **OK**.



✓ Search for the FFA SW staff person.  Staff Person



✓ Select the FFA SW staff person and complete the **Contact** page as appropriate. See example below.



✓ Save to Database

- Create a contact with the ICPC social worker as the staff person.
- ✓ Follow the steps above and search for the ICPC SW.  Staff Person

- ✓ Select the ICPC SW staff person and complete the **Contact** page as appropriate. See example below.

- ✓ Save to Database