# CWS/CMS : Probation (Non-CWD) Case Overview Presentation for CDSS

April 10, 2019

## Probation & CWS/CMS

- Introductions
- Background
- Case Management section
- Client Management section
- Placement Management section & Non-CWD tab
- Service Management section
- Wrap up

## Introductions

Please share your:

- Name
- Experience with CWS/CMS
- Hope for this overview and how it relates to your work

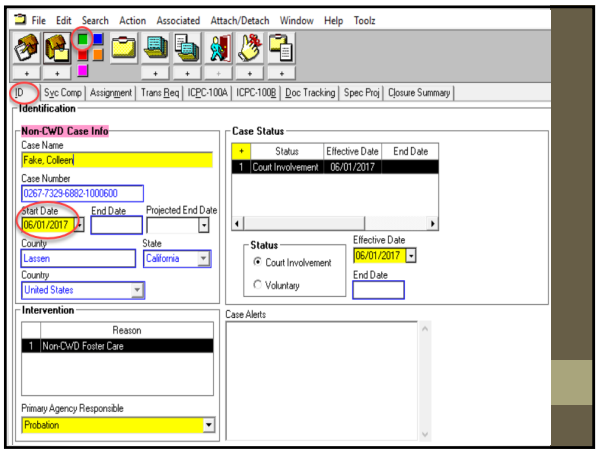
## CWS/CMS for Probation

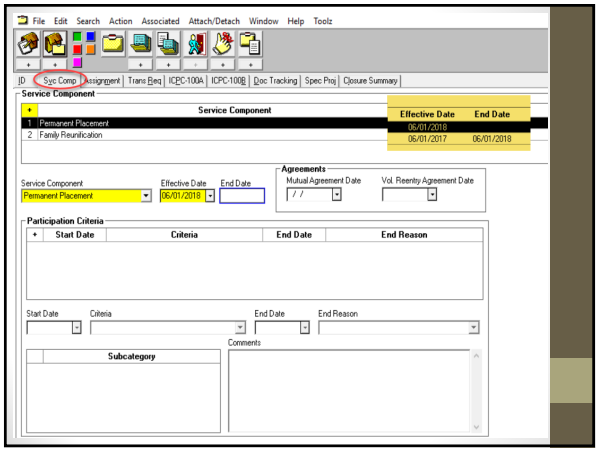
- Responsible for the input of data beginning October 1, 2010
- Required to enter federal/state reporting requirements
  - Adoption and Foster Care Analysis and Reporting System (AFCARS)
  - National Child Abuse and Neglect Data System (NCANDS)
  - National Youth in Transition Database (NYTD)
  - Child and Family Service Reviews (CFSR)

## Federal Reporting Requirements

- Adoption and Foster Care Analysis and Reporting System (AFCARS)
  - Collects case-level information from state and tribal title IV-E agencies on all children in foster care and those who have been adopted with title IV-E involvement. Title IV-E agencies are required to submit AFCARS data twice a year.
- National Child Abuse and Neglect Data System (NCANDS)
  - Collects information about reports of child abuse and neglect
- National Youth in Transition Database (NYTD)
  - Collects information about youth in foster care, including outcomes for those who have aged out of foster care.
- Child and Family Service Reviews (CFSR) federal data outcome measures
  - Comprised of county child welfare system reviews and maximizes compliance with federal regulations for the receipt of federal Title IV-E and Title IV-B funds.

## Case Management Section


File Edit Search Action Associated Attach/Detach Window Help Toolz
ID Syc Comp Assignment Trans Req ICPC-100A ICPC-100B Doc Tracking Spec Proj Closure Summary
Identification
Non-CWD Case Info
Case Name
Fake, Colleen
Case Number
0267-7329-6882-1000600
Start Date
06/01/2017
End Date
Projected End Date
County
Lassen
State
California
Country
United States
Intervention
Reason
1 Non-CWD Foster Care
Primary Agency Responsible
Probation
Case Status
Status
Effective Date
End Date
1 Court Involvement 06/01/2017
Status
Court Involvement
Voluntary
Effective Date
06/01/2017
End Date
Case Alerts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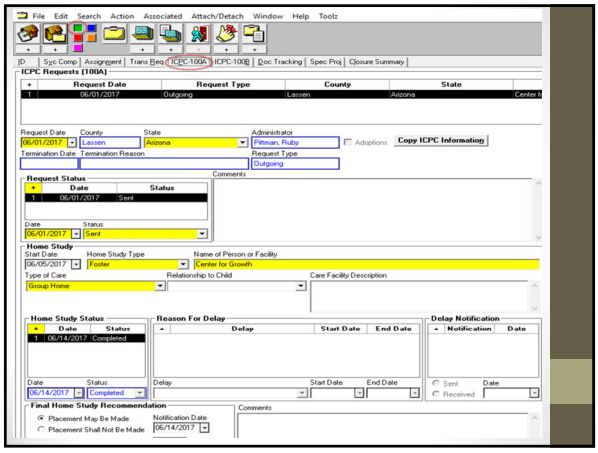
ID Syc Comp Assignment Trans Req ICPC-100A ICPC-100B Doc Tracking Spec Proj Closure Summary
Service Component
Service Component
Effective Date
End Date
1 Permanent Placement
2 Family Reunification
06/01/2018
06/01/2017 06/01/2018
Service Component
Permanent Placement
Effective Date
06/01/2018
End Date
Agreements
Mutual Agreement Date
Vol. Reentry Agreement Date
Participation Criteria
Start Date
Criteria
End Date
End Reason
Start Date
Criteria
End Date
End Reason
Comments
Subcategory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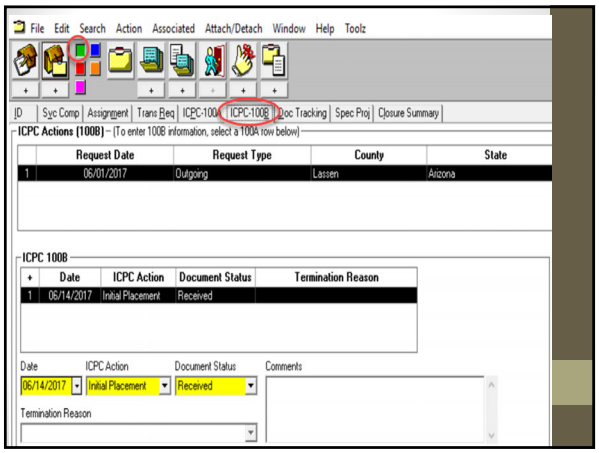
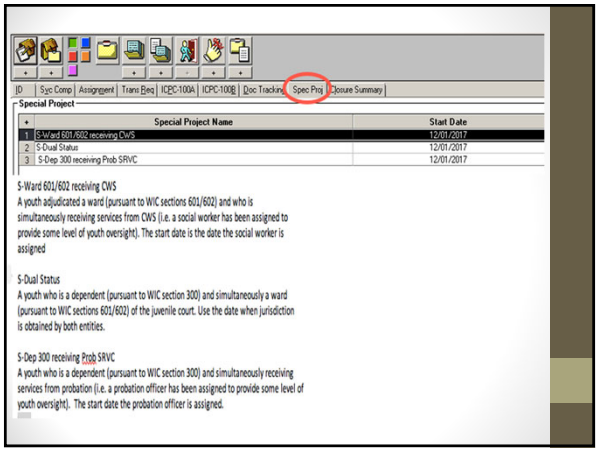
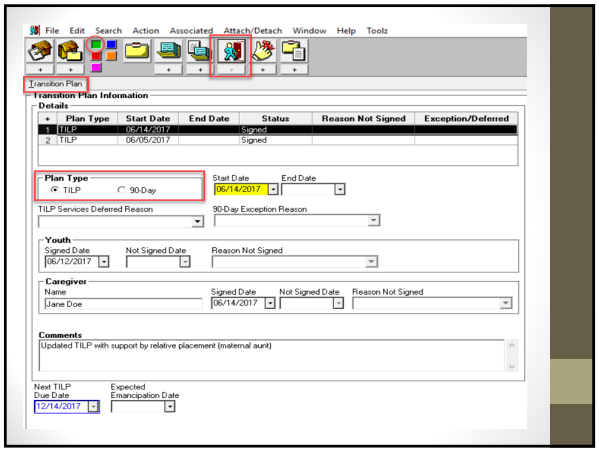
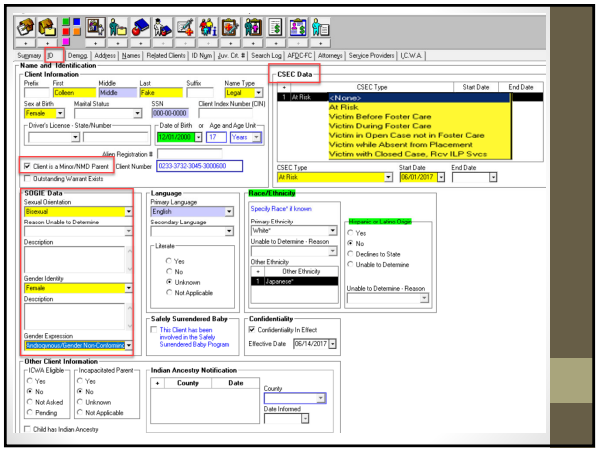
ID Syc Comp Assignment Trans Req ICPC-100A ICPC-100B Doc Tracking Spec Proj Closure Summary
ICPC Requests (100A)
Request Date
Request Type
County
State
06/01/2017 Outgoing Lassen Arizona
Request Date
06/01/2017
County
Lassen
State
Arizona
Administrator
Pittman, Ruby
Adoptions
Copy ICPC Information
Termination Date
Termination Reason
Request Type
Outgoing
Comments
Request Status
Date
Status
1 06/01/2017 Sent
Date
06/01/2017
Status
Sent
Home Study
Start Date
06/05/2017
Home Study Type
Foster
Name of Person or Facility
Center for Growth
Type of Care
Group Home
Relationship to Child
Care Facility Description
Home Study Status
Date
Status
1 06/14/2017 Completed
Date
06/14/2017
Status
Completed
Reason For Delay
Delay
Start Date
End Date
Delay
Start Date
End Date
Delay Notification
Notification
Date
Sent
Received
Date
Final Home Study Recommendation
Placement May Be Made
Placement Shall Not Be Made
Notification Date
06/14/2017
Comments

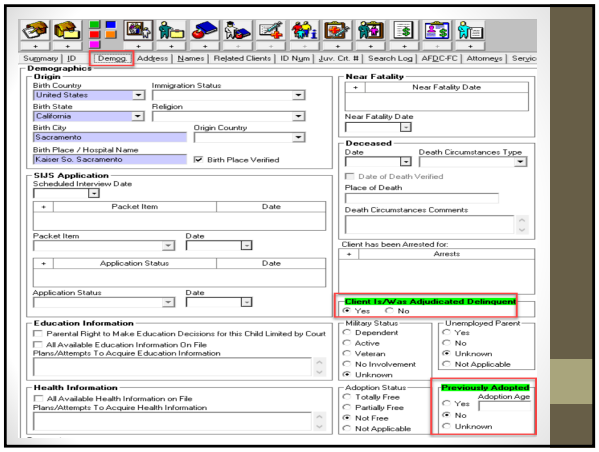

File Edit Search Action Associated Attach/Detach Window Help Toolz
ID | Svc Comp | Assignment | Trans Req | ICPC-100A | ICPC-100B | Doc Tracking | Spec Proj | Closure Summary
ICPC Actions (100B) - (To enter 100B information, select a 100A row below)
Request Date | Request Type | County | State
1 | 06/01/2017 | Outgoing | Lassen | Arizona
ICPC 100B
+ | Date | ICPC Action | Document Status | Termination Reason
1 | 06/14/2017 | Initial Placement | Received
Date | ICPC Action | Document Status | Comments
06/14/2017 | Initial Placement | Received
Termination Reason

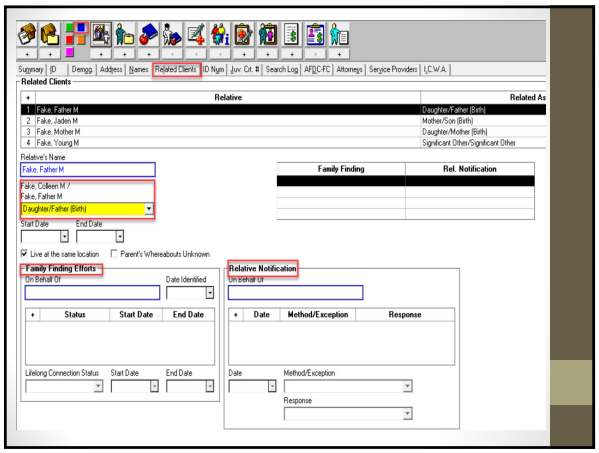

ID | Svc Comp | Assignment | Trans Req | ICPC-100A | ICPC-100B | Doc Tracking | Spec Proj | Closure Summary
Special Project
+ | Special Project Name | Start Date
1 | S-Ward 601/602 receiving CWS | 12/01/2017
2 | S-Dual Status | 12/01/2017
3 | S-Dep 300 receiving Prob SRVC | 12/01/2017
S-Ward 601/602 receiving CWS
A youth adjudicated a ward (pursuant to WIC sections 601/602) and who is simultaneously receiving services from CWS (i.e. a social worker has been assigned to provide some level of youth oversight). The start date is the date the social worker is assigned
S-Dual Status
A youth who is a dependent (pursuant to WIC section 300) and simultaneously a ward (pursuant to WIC sections 601/602) of the juvenile court. Use the date when jurisdiction is obtained by both entities.
S-Dep 300 receiving Prob SRVC
A youth who is a dependent (pursuant to WIC section 300) and simultaneously receiving services from probation (i.e. a probation officer has been assigned to provide some level of youth oversight). The start date the probation officer is assigned.

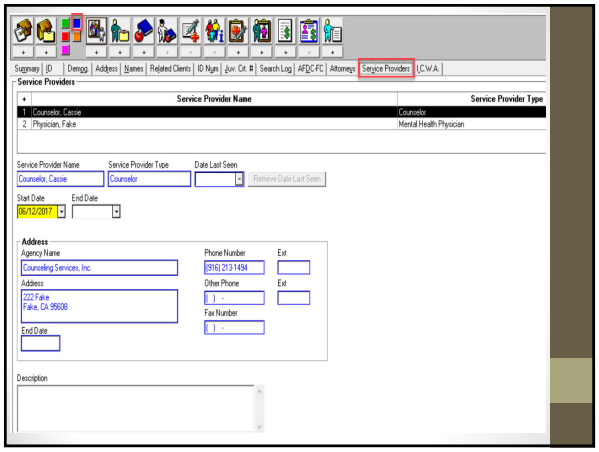

File Edit Search Action Associated Attach/Detach Window Help Toolz
Transition Plan
Transition Plan Information
Details
+ | Plan Type | Start Date | End Date | Status | Reason Not Signed | Exception/Deferred
1 | TILP | 06/14/2017 | | Signed
2 | TILP | 06/05/2017 | | Signed
Plan Type
TILP
90-Day
Start Date
06/14/2017
End Date
TILP Services Deferred Reason
90-Day Exception Reason
Youth
Signed Date
06/12/2017
Not Signed Date
Reason Not Signed
Caregiver
Name
Jane Doe
Signed Date
06/14/2017
Not Signed Date
Reason Not Signed
Comments
Updated TILP with support by relative placement (maternal aunt)
Next TILP Due Date
12/14/2017
Expected Emancipation Date

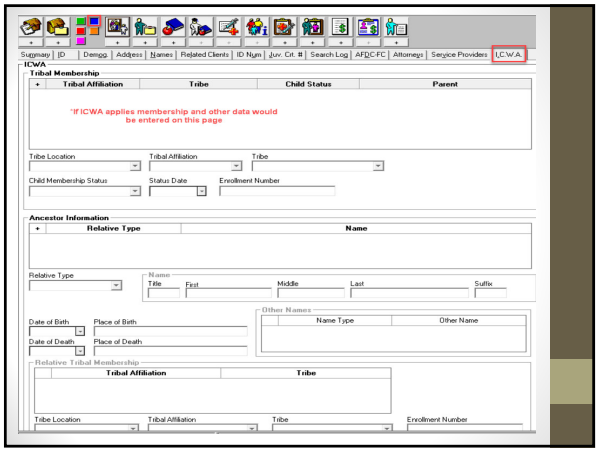
# Client Management Section

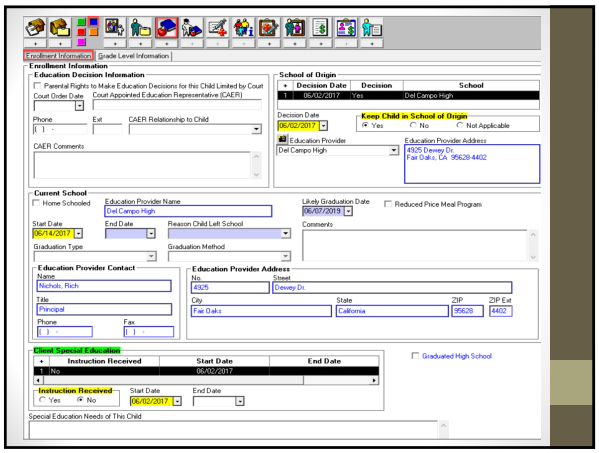


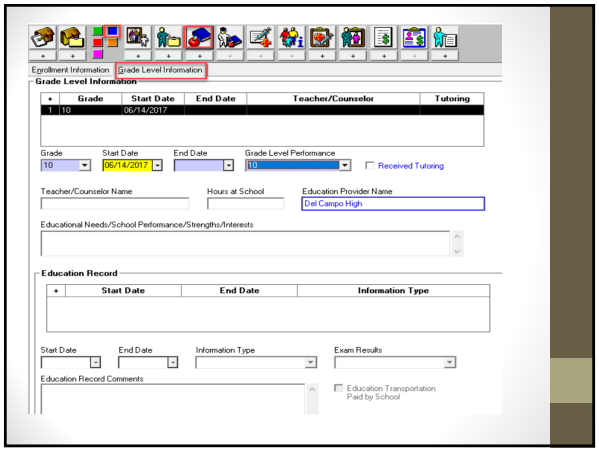



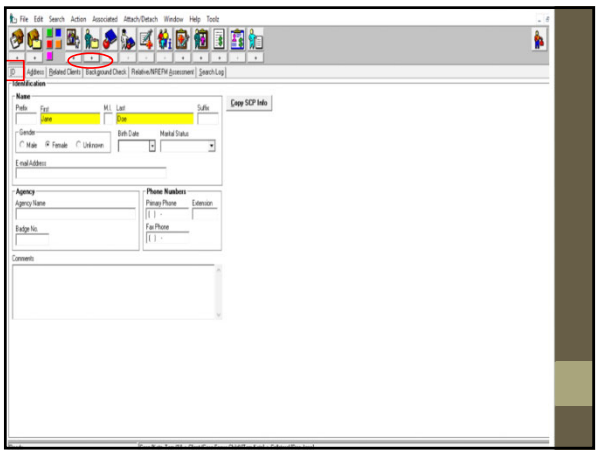

Summary | ID | Demogs | Address | Names | Related Clients | ID Num | Juv. Crt. # | Search Log | AFDC-FC | Attorneys | Service Providers | I.C.W.A.
Related Clients
Relative
Related As
1 Fake, Father M
Daughter/Father (Birth)
2 Fake, Jaden M
Mother/Son (Birth)
3 Fake, Mother M
Daughter/Mother (Birth)
4 Fake, Young M
Significant Other/Significant Other
Relative's Name
Fake, Father M
Fake, Colleen M /
Fake, Father M
Daughter/Father (Birth)
Family Finding
Rel. Notification
Start Date
End Date
Live at the same location
Parent's Whereabouts Unknown
Family Finding Efforts
On Behalf Of
Date Identified
Status
Start Date
End Date
Lifelong Connection Status
Relative Notification
On Behalf Of
Date
Method/Exception
Response

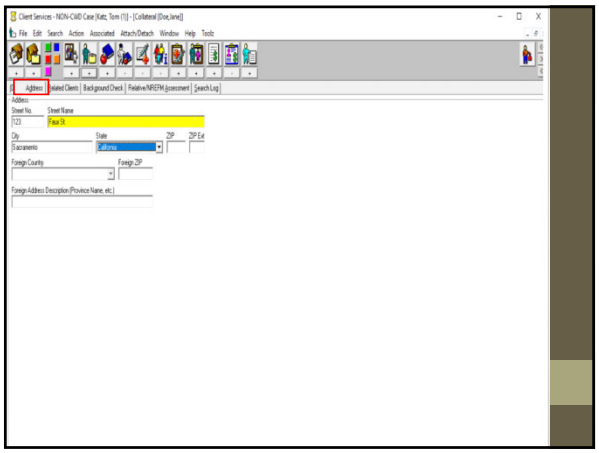

Summary | ID | Demogs | Address | Names | Related Clients | ID Num | Juv. Crt. # | Search Log | AFDC-FC | Attorneys | Service Providers | I.C.W.A.
Service Providers
Service Provider Name
Service Provider Type
1 Counselor, Carsie
Counselor
2 Physician, Fake
Mental Health Physician
Service Provider Name
Counselor, Carsie
Service Provider Type
Counselor
Date Last Seen
Retrieve Date Last Seen
Start Date
06/12/2017
End Date
Address
Agency Name
Counseling Services, Inc.
Address
222 Fake
Fake, CA 95608
End Date
Phone Number
(916) 213-1494
Ext
Other Phone
Fax Number
Description

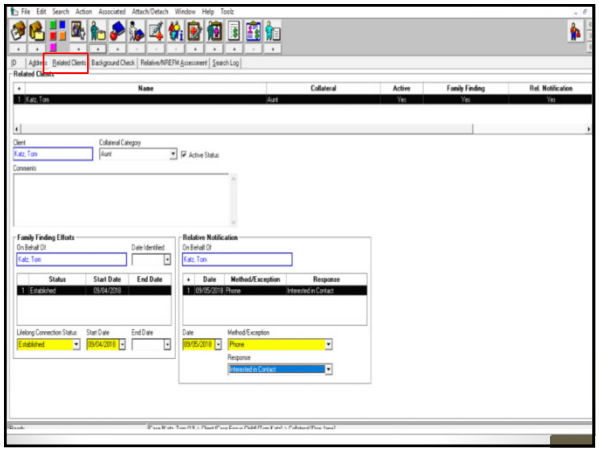

Summary | ID | Demogs | Address | Names | Related Clients | ID Num | Juv. Crt. # | Search Log | AFDC-FC | Attorneys | Service Providers | I.C.W.A.
ICWA
Tribal Membership
Tribal Affiliation
Tribe
Child Status
Parent
*If ICWA applies membership and other data would be entered on this page
Tribe Location
Tribal Affiliation
Tribe
Child Membership Status
Status Date
Enrollment Number
Ancestor Information
Relative Type
Name
Relative Type
Name
Title
First
Middle
Last
Suffix
Date of Birth
Place of Birth
Date of Death
Place of Death
Other Names
Name Type
Other Name
Relative Tribal Membership
Tribal Affiliation
Tribe
Tribe Location
Tribal Affiliation
Tribe
Enrollment Number

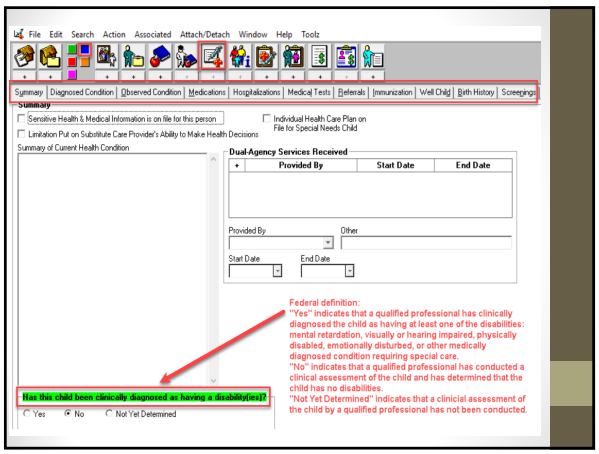

Enrollment Information
Grade Level Information
Enrollment Information
Education Decision Information
Parental Rights to Make Education Decisions for this Child Limited by Court
Court Order Date
Court Appointed Education Representative (CAER)
Phone
Ext
CAER Relationship to Child
CAER Comments
School of Origin
Decision Date
Decision
School
1 06/02/2017 Yes Del Campo High
Decision Date
06/02/2017
Keep Child in School of Origin
Yes
No
Not Applicable
Education Provider
Del Campo High
Education Provider Address
4925 Dewey Dr.
Fair Oaks, CA 95628-4402
Current School
Home Schooled
Education Provider Name
Del Campo High
Likely Graduation Date
06/07/2019
Reduced Price Meal Program
Start Date
06/14/2017
End Date
Reason Child Left School
Comments
Graduation Type
Graduation Method
Education Provider Contact
Name
Nichols, Rich
Title
Principal
Phone
Fax
Education Provider Address
No.
4925
Street
Dewey Dr.
City
Fair Oaks
State
California
ZIP
95628
ZIP Ext
4402
Client Special Education
Instruction Received
Start Date
End Date
1 No 06/02/2017
Graduated High School
Instruction Received
Yes
No
Start Date
06/02/2017
End Date
Special Education Needs of This Child

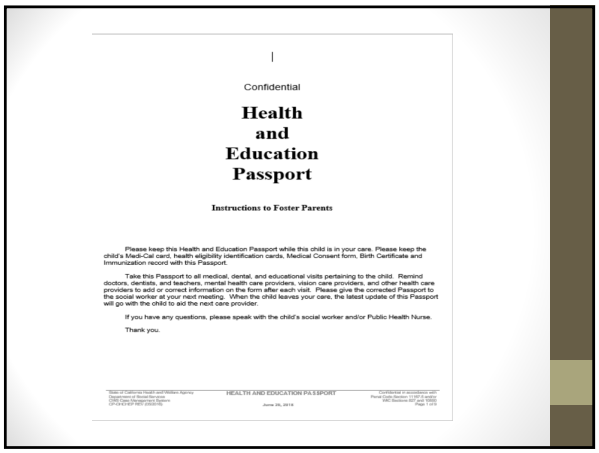

Enrollment Information
Grade Level Information
Grade Level Information
Grade
Start Date
End Date
Teacher/Counselor
Tutoring
1 10 06/14/2017
Grade
10
Start Date
06/14/2017
End Date
Grade Level Performance
10
Received Tutoring
Teacher/Counselor Name
Hours at School
Education Provider Name
Del Campo High
Educational Needs/School Performance/Strengths/Interests
Education Record
Start Date
End Date
Information Type
Start Date
End Date
Information Type
Exam Results
Education Record Comments
Education Transportation Paid by School


File Edit Search Action Associated Attach/Detach Window Help Tools
Address
Related Clients
Background Check
Relative/NREFM Assessment
Search Log
Identification
Name
Prefix
First
Jane
M.I.
Last
Doe
Suffix
Copy SCP Info
Gender
Male
Female
Unknown
Birth Date
Marital Status
E-mail Address
Agency
Agency Name
Badge No.
Phone Numbers
Primary Phone
Extension
Fax Phone
Comments


Client Services - NON-CWD Case [Katz, Tom (1)] - [Collateral [Doe,Jane]]
File Edit Search Action Associated Attach/Detach Window Help Toolz
Address
Related Clients
Background Check
Relative/NREFM Assessment
Search Log
Address
Street No.
Street Name
123
Faux St
City
State
ZIP
ZIP Ext
Sacramento
California
Foreign Country
Foreign ZIP
Foreign Address Description (Province Name, etc.)


File Edit Search Action Associated Attach/Detach Window Help Toolz
Related Clients
Name
Collateral
Active
Family Finding
Rel. Notification
Katz, Tom
Aunt
Yes
Yes
Yes
Client
Collateral Category
Active Status
Comments
Family Finding Efforts
On Behalf Of
Date Identified
Status
Start Date
End Date
Established
09/04/2018
Relative Notification
Date
Method/Exception
Response
09/05/2018
Phone
Interested in Contact
Lifelong Connection Status
Method/Exception
Response


File Edit Search Action Associated Attach/Detach Window Help Toolz
Summary
Diagnosed Condition
Observed Condition
Medications
Hospitalizations
Medical Tests
Referrals
Immunization
Well Child
Birth History
Screenings
Sensitive Health & Medical Information is on file for this person
Individual Health Care Plan on File for Special Needs Child
Limitation Put on Substitute Care Provider's Ability to Make Health Decisions
Summary of Current Health Condition
Dual-Agency Services Received
Provided By
Start Date
End Date
Provided By
Other
Start Date
End Date
Federal definition:
"Yes" indicates that a qualified professional has clinically diagnosed the child as having at least one of the disabilities: mental retardation, visually or hearing impaired, physically disabled, emotionally disturbed, or other medically diagnosed condition requiring special care.
"No" indicates that a qualified professional has conducted a clinical assessment of the child and has determined that the child has no disabilities.
"Not Yet Determined" indicates that a clinicial assessment of the child by a qualified professional has not been conducted.
Has this child been clinically diagnosed as having a disability(ies)?
Yes
No
Not Yet Determined



Confidential

**Health and Education Passport**

**Instructions to Foster Parents**

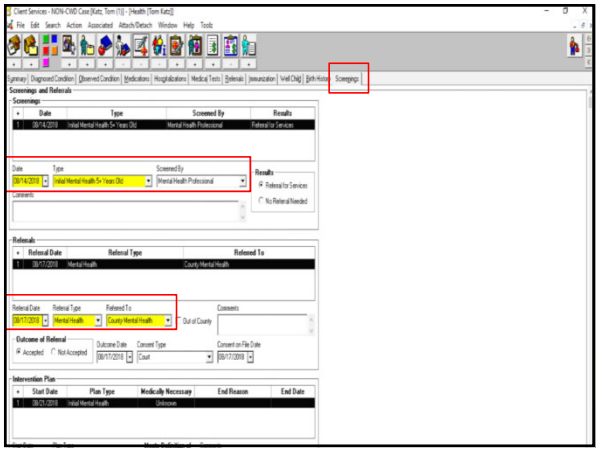
Please keep this Health and Education Passport while this child is in your care. Please keep the child's Medi-Cal card, health eligibility identification cards, Medical Consent form, Birth Certificate and Immunization record with this Passport.

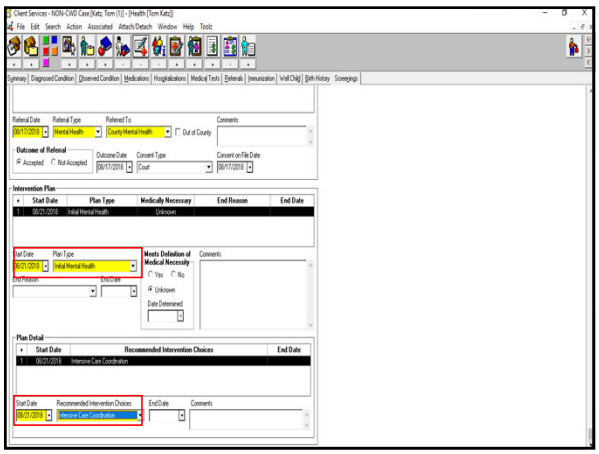
Take this Passport to all medical, dental, and educational visits pertaining to the child. Remind doctors, dentists, and teachers, mental health care providers, vision care providers, and other health care providers to add or correct information on the form after each visit. Please give the corrected Passport to the social worker at your next meeting. When the child leaves your care, the latest update of this Passport will go with the child to aid the next care provider.

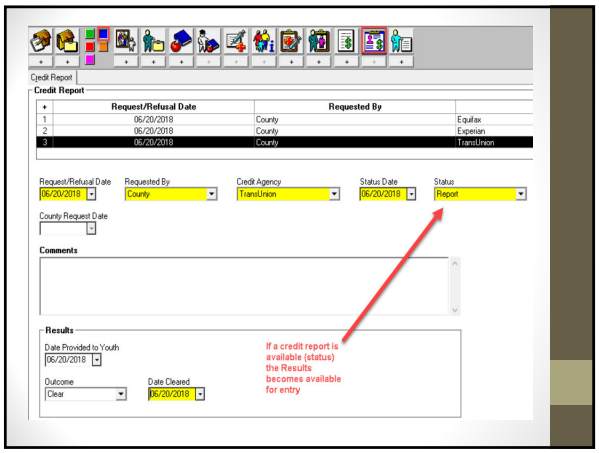
If you have any questions, please speak with the child's social worker and/or Public Health Nurse.

Thank you.

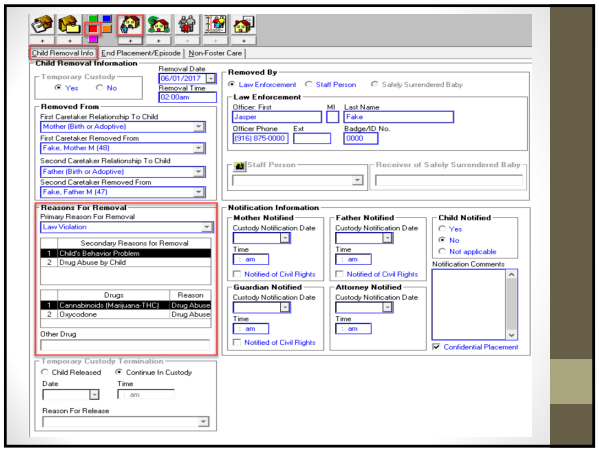
HEALTH AND EDUCATION PASSPORT

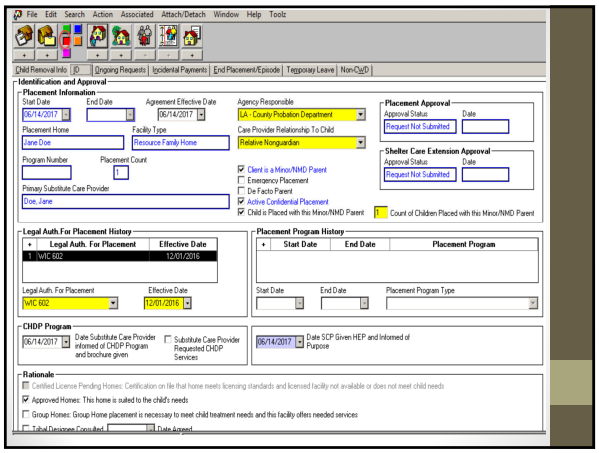


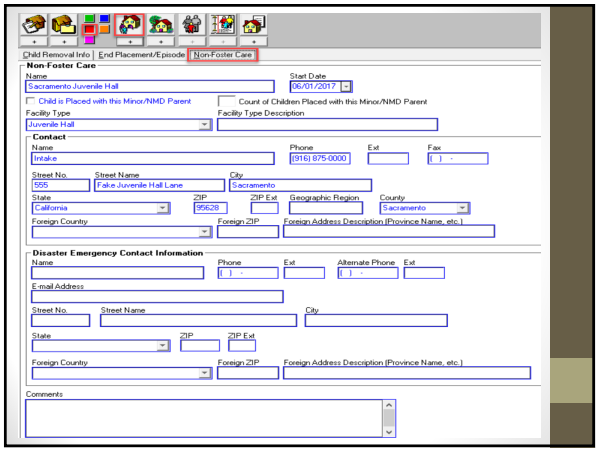



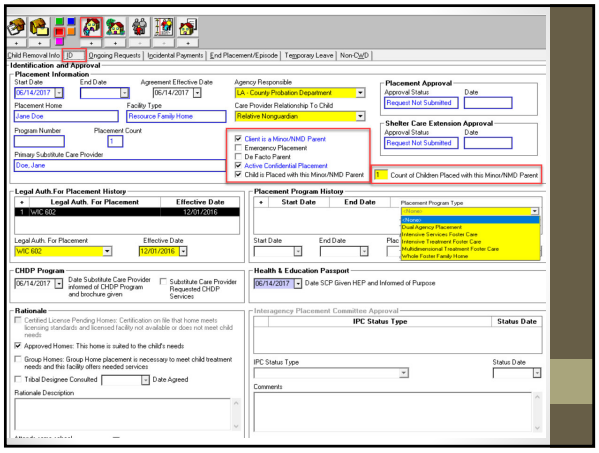


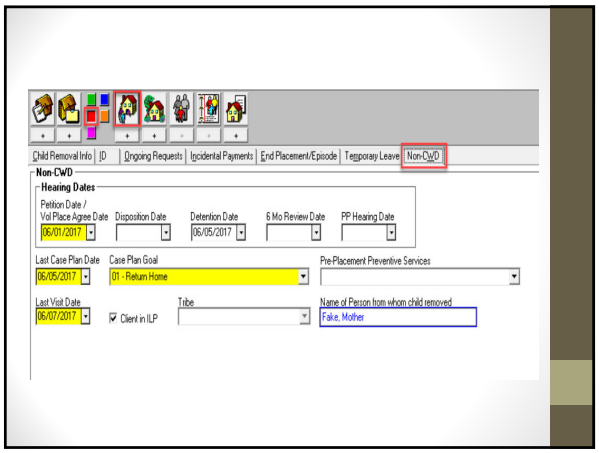

# Placement Management



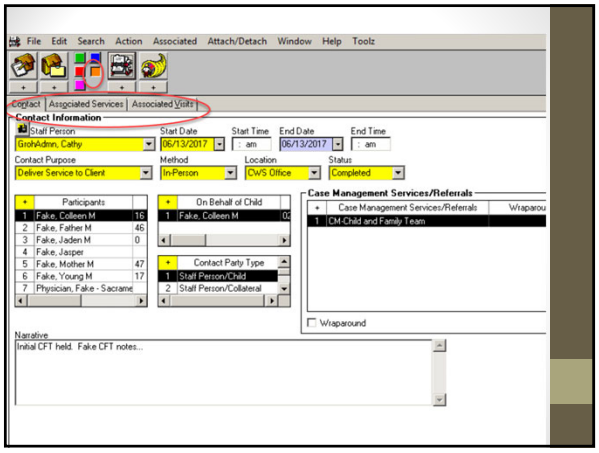

File Edit Search Action Associated Attach/Detach Window Help Toolz
Child Removal Info | ID | Ongoing Requests | Incidental Payments | End Placement/Episode | Temporary Leave | Non-CWD
Identification and Approval
Placement Information
Start Date
End Date
Agreement Effective Date
Agency Responsible
LA - County Probation Department
Placement Approval
Approval Status
Request Not Submitted
Date
Placement Home
Jane Doe
Facility Type
Resource Family Home
Care Provider Relationship To Child
Relative Nonguardian
Shelter Care Extension Approval
Program Number
Placement Count
Client is a Minor/NMD Parent
Emergency Placement
De Facto Parent
Active Confidential Placement
Child is Placed with this Minor/NMD Parent
Count of Children Placed with this Minor/NMD Parent
Primary Substitute Care Provider
Doe, Jane
Legal Auth.For Placement History
Legal Auth. For Placement
Effective Date
WIC 602
12/01/2016
Placement Program History
Start Date
End Date
Placement Program
Placement Program Type
CHDP Program
Date Substitute Care Provider informed of CHDP Program and brochure given
Substitute Care Provider Requested CHDP Services
Date SCP Given HEP and Informed of Purpose
Rationale
Certified License Pending Homes: Certification on file that home meets licensing standards and licensed facility not available or does not meet child needs
Approved Homes: This home is suited to the child's needs
Group Homes: Group Home placement is necessary to meet child treatment needs and this facility offers needed services
Tribal Designee Consulted
Date Agreed

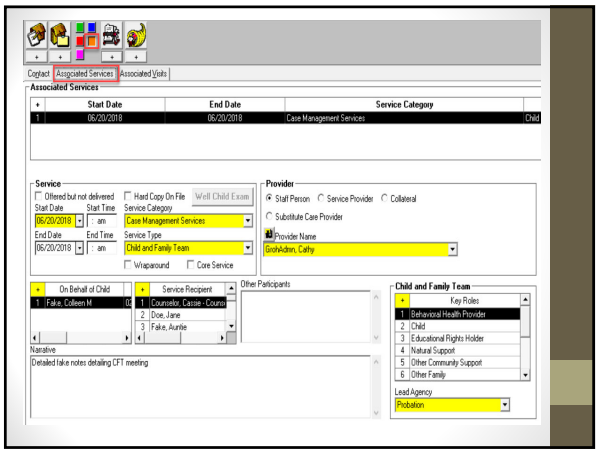

Child Removal Info | End Placement/Episode | Non-Foster Care
Non-Foster Care
Name
Sacramento Juvenile Hall
Start Date
06/01/2017
Child is Placed with this Minor/NMD Parent
Count of Children Placed with this Minor/NMD Parent
Facility Type
Juvenile Hall
Facility Type Description
Contact
Name
Intake
Phone
(916) 875-0000
Ext
Fax
Street No.
555
Street Name
Fake Juvenile Hall Lane
City
Sacramento
State
California
ZIP
95628
ZIP Ext
Geographic Region
County
Sacramento
Foreign Country
Foreign ZIP
Foreign Address Description (Province Name, etc.)
Disaster Emergency Contact Information
Name
Phone
Ext
Alternate Phone
Ext
E-mail Address
Street No.
Street Name
City
State
ZIP
ZIP Ext
Foreign Country
Foreign ZIP
Foreign Address Description (Province Name, etc.)
Comments

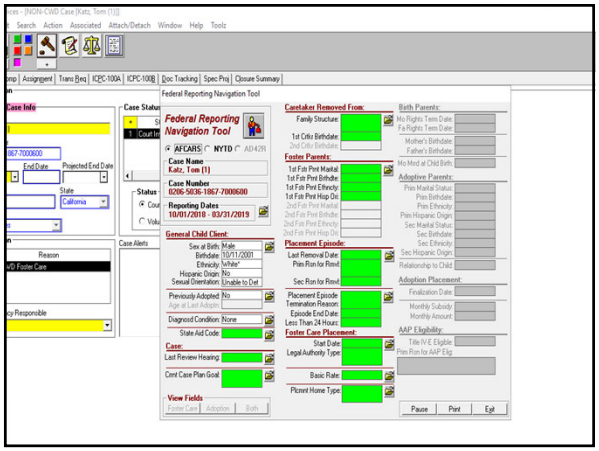

Child Removal Info | ID | Ongoing Requests | Incidental Payments | End Placement/Episode | Temporary Leave | Non-CWD
Identification and Approval
Placement Information
Start Date
End Date
Agreement Effective Date
Agency Responsible
LA - County Probation Department
Placement Approval
Approval Status
Request Not Submitted
Date
Placement Home
Jane Doe
Facility Type
Resource Family Home
Care Provider Relationship To Child
Relative Nonguardian
Shelter Care Extension Approval
Program Number
Placement Count
Client is a Minor/NMD Parent
Emergency Placement
De Facto Parent
Active Confidential Placement
Child is Placed with this Minor/NMD Parent
Count of Children Placed with this Minor/NMD Parent
Primary Substitute Care Provider
Doe, Jane
Legal Auth.For Placement History
Legal Auth. For Placement
Effective Date
WIC 602
12/01/2016
Placement Program History
Start Date
End Date
Placement Program Type
Dual Agency Placement
Intensive Services Foster Care
Intensive Treatment Foster Care
Multidimensional Treatment Foster Care
Whole Foster Family Home
CHDP Program
Date Substitute Care Provider informed of CHDP Program and brochure given
Substitute Care Provider Requested CHDP Services
Health & Education Passport
Date SCP Given HEP and Informed of Purpose
Rationale
Certified License Pending Homes: Certification on file that home meets licensing standards and licensed facility not available or does not meet child needs
Approved Homes: This home is suited to the child's needs
Group Homes: Group Home placement is necessary to meet child treatment needs and this facility offers needed services
Tribal Designee Consulted
Date Agreed
Rationale Description
Interagency Placement Committee Approval
IPC Status Type
Status Date
Comments

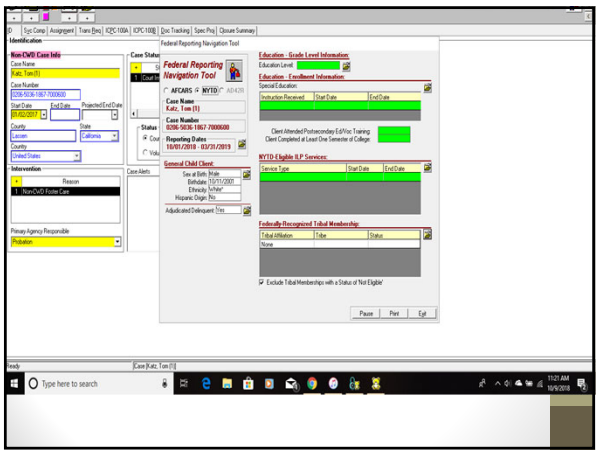



## Service Management




Contact
Associated Services
Associated Visits
Associated Services
Start Date
End Date
Service Category
1
06/20/2018
06/20/2018
Case Management Services
Child
Service
Offered but not delivered
Hard Copy On File
Well Child Exam
Start Date
Start Time
Service Category
06/20/2018
am
Case Management Services
End Date
End Time
Service Type
06/20/2018
am
Child and Family Team
Wraparound
Core Service
Provider
Staff Person
Service Provider
Collateral
Substitute Care Provider
Provider Name
GrohAdmn, Cathy
On Behalf of Child
1 Fake, Colleen M
Service Recipient
1 Counselor, Cassie - Counselor
2 Doe, Jane
3 Fake, Auntie
Other Participants
Child and Family Team
Key Roles
1 Behavioral Health Provider
2 Child
3 Educational Rights Holder
4 Natural Support
5 Other Community Support
6 Other Family
Lead Agency
Probation
Narrative
Detailed fake notes detailing CFT meeting


Federal Reporting Navigation Tool
Federal Reporting Navigation Tool
AFCARS
NYTD
Case Name
Katz, Tom (1)
Case Number
0286-5836-1867-7000600
Reporting Dates
10/01/2018 - 03/31/2019
General Child Client:
Caretaker Removed From:
Foster Parents:
Placement Episode:
Foster Care Placement:
Adoptive Parents:
Adoption Placement:
AAP Eligibility:
Pause
Print
Exit


Federal Reporting Navigation Tool
Federal Reporting Navigation Tool
AFCARS
NYTD
Case Name
Katz, Tom (1)
Case Number
0286-5836-1867-7000600
Reporting Dates
10/01/2018 - 03/31/2019
General Child Client:
Education - Grade Level Information:
Education - Enrollment Information:
NYTD-Eligible ILP Services:
Federally-Recognized Tribal Membership:
Pause
Print
Exit

UC Davis Extension
Center for Human Services

Resource Center for Family-Focused Practice (RCFFP)

Cathy Groh, LCSW