

STATEMENT OF COOPERATION
between
THE DEPARTMENT OF FAMILY AND CHILDREN'S SERVICES
and
THE PUBLIC HEALTH NURSING DIVISION

I. Purpose

The purpose of this statement is to clarify the roles and responsibilities of the Department of Family and Children's Services and the Division of Public Health Nursing in relation to:

- A. Assessment of need for services to abused or potentially abused children and their families/caretakers.
- B. Provision of services to abused children and their families.
- C. Cooperation between the two agencies including referrals to and coordination between personnel of each agency regarding abused children and their families.
- D. The Family Preservation Program: Interagency cooperation for the delivery of intensive, comprehensive direct services (90 days) to prevent the removal of children from their homes/parents, or to expedite the return of children to their homes/parents, when appropriate.

The Department of Family and Children's Services and the Public Health Nursing Division are committed to:

- The alleviation of child abuse and neglect
- The provision of services in a timely manner to realize this commitment. The Department of Family and Children's Services provides services within the legal framework set by law, primarily in W&I Code Sections 16500 et seq. These laws and the regulations stemming from them provide the legal and operational framework in which Child Welfare Services exist. Public Health Nursing provides services under the mandate of Title 17, California Code of Regulations.
- Family preservation, when appropriate.

II. Statement of Need

As the numbers of reported cases of abuse and neglect continues to increase, so does the need for a broad and comprehensive variety of services to child victims of abuse/neglect and their families. Public health nurses offer a large repertoire of health-related services which provide an important resource to the Department of Family and Children's Services staff who are responsible for case management and delivery of services. This is even more important within the legal mandate addressing "reasonable efforts" and its underlying philosophy of family preservation. This mandate requires that all reasonable efforts be made to keep families together or to reunite families where children have been separated from parents or guardians. These efforts may include the collaborative effort between Social Services and Public Health Nursing to promote a healthy family life situation.

III. The Role of Social Services Agency

The Santa Clara County Social Services Agency and its Department of Family and Children's Services is a Child Protection Agency as defined by Penal Code Section 11165, W&I Code 16504, and SDSS Regulation 30-194.12 specifies Child Welfare Agency to provide these services, and as such, accepts reports for assessment of risk to children and the need for services to child victims and their families when there is evidence of or reasonable suspicion that a child is or is at substantial risk of becoming a victim of:

1. Physical Abuse

2. Sexual Abuse
3. Severe Neglect
4. Neglect
5. Emotional Abuse
6. Exploitation
7. Caretakers Absence or Incapacity

Social Services' interventions include a continuum of services ranging from reasonable efforts to prevent removal of children from their families and family reunification services when removal is necessary to permanency planning including termination of parental rights.

Entrance into the Child Welfare System is through the Emergency Response Program, which has responsibility for the timely assessment of risk to the child and the need for services. Assessment is conducted often in conjunction with Public Health Nursing and other agencies involved with the family. Responses to reports from public health nurses are made within the following timeframe:

- A. **Immediate Response** (right away) shall be made in situations likely to cause immediate physical pain, injury, disability, severe emotional harm or death to the child, or at the request of a local law enforcement authority.
- B. **Urgent Response** (a face-to-face contact with the alleged child victim within three calendar days of receipt of the report information by the Emergency Response Social Worker) shall be made in situations of other alleged abuse when the child is not in immediate danger.
- C. **10-Day Response** (a face-to-face contact with the alleged child victim within 10 calendar days of receipt of the report) shall be made in situations of general neglect (failure of parent or guardian to provide adequate food, clothing, shelter, or supervision) where no physical injury has or is likely to occur.

The identity of any Public Health Nursing staff who reports child abuse shall be kept confidential as per Penal Code, Article 2.5. Child Abuse and Neglect Reporting Act - Section 11167.d. A written letter or telephone communication regarding the Emergency Response disposition of the report and relevant information will be forwarded to the reporting public health nurse within 10 days of the assessment and/or termination of intake services by the Emergency Response Social Worker. (P.C. 11170 Subdivision b)

The findings of the Emergency Response Social Worker determine the further involvement of the Child Welfare System. The following are possible dispositions for the cases:

- A. **Services Terminated** (case closed) by Emergency Response.
- B. **Voluntary Family Maintenance** means that the family has signed a voluntary family maintenance agreement for services with SSA. These cases need administrative approval and usually last for six months unless another child abuse report is received. Families receiving these services are referred by the Emergency Response Social Worker to a continuing SSA Unit.
- C. **Pending Dependency Investigation** These cases have been referred by the Emergency Response Social Worker for a dependency investigation based on findings that physical abuse, sexual abuse, or severe neglect did occur. During this investigation phase, the child may have been "taken into custody" (i.e., placed in foster care or group home) or the child may be remaining with the parents or a relative.
- D. **Informal Supervision (IFS)** are those cases where there is sufficient grounds to proceed with a dependency petition, but where the family voluntarily agrees to sign a contract stipulating activities required by the parent necessary to avoid court action. Failure of the parents to abide by the contract may result in a dependency petition being filed. The case is managed by a continuing unit of SSA.

- E. **Court Dependent or Dependency Petition Sustained** means that the Santa Clara County has jurisdiction or custody of the child. Physical custody may reside with the parents, foster parents, or a relative. The case is managed by a continuing unit of SSA.
- F. **Family Preservation** A strategy to prevent removal of children from their homes, while still ensuring their safety from abuse/neglect. Family preservation integrates services from several DFCS programs, including: Intensive Intervention, Informal Supervision, Voluntary Family Maintenance, Pregnant & Parenting Teen Program, Intensive Family Counseling, Parent Education, Home Supervision.

IV. The Role of Public Health Nursing

Public health nurses are mandated reporters of child abuse/neglect by virtue of Penal Code 11165. They are required to have at least seven hours of specific training related to child abuse prevention, identification, intervention, and reporting. They are mandated to report abuse and neglect immediately to a Child Protective Agency, and to follow-up the verbal report in writing within 36 hours. Written reports will be sent to the agency to which the telephone report was made.

The Public Health Nursing Division provides two types of nursing services:

- A. **Child Health & Disability Prevention Program (CHDP) Public Health Nursing Services:** CHDP public health nurses give service to foster parents, social workers, and clients in the following ways:
- Answer questions and concerns about the health needs of a specific child.
 - Refer for CHDP exams.
 - Provide names of doctors and dentists who accept Medi-Cal.
 - Follow-up for conditions found on CHDP exams.
 - Make referrals to resources for other health care needs.

Specifics of these services are covered by an interagency agreement between CHDP and the Social Services Agency.

- B. **District Public Health Nursing Services:** These services are provided largely in the home or clinic setting. The remainder of this Statement of Cooperation refers to District Public Health Nursing Services.

The Public Health Nursing Division Child Abuse Program Coordinator serves as a liaison to other county agencies involved with the prevention and treatment of child abuse and coordinates the Multi-disciplinary Child Abuse Team and Death Review Team. The Coordinator acts as a consultant regarding child abuse/neglect laws and intervention for the public health nurses and their supervisors.

Public Health Nursing services may be appropriate at any point throughout the continuum of the Child Welfare process. Public Health Nursing accepts referrals for assessment and follow-up services as indicated in the following categories:

- A. Infants who were substance exposed in utero, especially newborns having signs and symptoms of withdrawal or fetal alcohol syndrome/effects.
- B. Infants or children where there are unmet health needs and/or coordination of medical care is needed.
- C. Infants of parents who are mentally ill or developmentally delayed.
- D. Infants where there is concern regarding weight gain and/or growth and development.
- E. Families who do not follow through with the treatment plan for identified health needs for their child/children.
- F. Families who need assistance with parenting skills.
- G. Families who are lacking understanding of growth and development of children and/or who are having difficulty coping with their children.
- H. Families of children who are "accident prone," such as ingesting drugs or having frequent falls.

Cases which do not directly fit the above criteria may be accepted for Public Health Nursing Services following case-specific discussion with the Public Health Nursing Child Abuse Program Coordinator (Fran Bergman, 299-5971).

Public Health Nursing responds to child abuse referrals, including Family Preservation case referrals, within five working days.

The functions of the public health nurse include assessment and monitoring of health, growth/development, environmental/safety factors, family interaction patterns, and parenting skills. Interventions include health and parenting education, coordination of medical care, referral to private and public agencies as indicated by need, and coordination with other professionals working with the child and family. Ongoing PHN services are provided as long as the family and child need and utilize the service. Written reports will be provided upon request by the social worker. Testimony and/or records will be provided as per subpoena.

If, at any point, the client cannot be contacted or located, the public health nurse shall inform the involved social worker.

Public Health Nursing cases are closed based on any of the following criteria:

- A. Parents, consistently and over a period of time, have failed to learn parenting skills, failed to improve their are techniques, or failed to show movement to solve problems identified.
- B. Parents refuse or do not utilize public health nursing assistance and intervention despite active efforts by PHN to establish effective relationship.
- C. Family is maintaining a program of preventive health care and uses community resources appropriately.
- D. PHN determines that services are not currently needed, and family knows how and will seek PHN assistance when needed.

When a family is enrolled in the Family Preservation Project and the PHN is considering closure for any reason, the PHN will case conference prior to closure with the social worker. (Refer to Addendum.) In other cases, the public health nurse will notify, in writing or by phone, the social worker regarding a decision to close a case and reason for closure.

V .Cooperative Agreement for Collaborative Services Between Public Health Nursing and Department of Family and Children's Services

To promote and support cooperative and collaborative efforts in behalf of shared child abuse/neglect cases, the Department of Family and Children's Services and the Division of Public Health Nursing establish the following guidelines for joint intervention strategies.

- A. Understanding of the services provided by each agency is promoted during new staff orientation and informational sessions for continuing staff members.
- B. In order to provide optimal services, it is desirable that both Public Health Nursing staff and Department of Family and Children's Services staff verify if a case open to them is open to the other agency.

Social workers may call 299-5971 to obtain this information; public health nurses may call 441-5100 for this information.

- C. Social workers will solicit input from an involved public health nurse at the emergency response level when indicated. Ideally, this will also be done when the public health nurse is not the reporting party.
- D. Referral to and utilization of Public Health Nursing is encouraged as soon as need is identified for continuing Child Welfare cases, including selected Family Preservation cases. Referrals to Public Health Nursing may be made either by phone to the district office or by faxing (408-885-2106) the "Referral to Public Health Nursing" form (#SC 837) to Public Health Nursing Administration. Joint case planning is to occur within

two weeks after the referral is accepted for service. This may include a joint home visit or, minimally, a telephone discussion for assessment and coordination of case plans.

- E. Interagency communication shall be fostered by regular contact between the Child Welfare Social Worker and the public health nurse:
 - 1. Arranging case conferences or multidisciplinary team consultations as needed with both professionals attending.
 - 2. Reporting on important aspects of the shared cases in a timely manner.
 - 3. Responding to telephone messages within two working days.
 - 4. Making periodic joint home visits, if indicated.
- F. Each agency shall have a designated liaison to the other agency to facilitate communication, coordination of services, and problem solving. The liaison will act as the key link on systems issues or particular problems that go beyond individual cases.
- G. Each agency will keep the other informed of any major changes in legal, regulatory, or operational areas that would bear on interdepartmental relationships.

VI. Agreement Conditions

This agreement is to be reviewed annually and will be considered in effect until or unless either agency revokes it with notice or there is mutual agreement to a revision.

_____ Sylvia Pizzini _____

_____ Barbara A. Rider _____

Director, Department of Family
and Children's Services Division

Director, Public Health Nursing

_____ 4/9/92 _____

_____ 4/6/92 _____

Date

Date

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04/03/92