

Voluntary Services Protocol

(Revised 01/12/24)

[Forms](#)
[Resources](#)
[Introduction](#)
[Criteria](#)
[Safety and Risk Assessment](#)
[Families Appropriate for VS](#)
[Families that May Not Be Appropriate for VS](#)
[ER SW Actions to Determine Eligibility](#)
[VS SW Responsibilities](#)
[WIC 301 and 360\(b\)](#)
[Filing a Petition Procedure](#)
[Timelines and Extension Criteria](#)
[Services](#)
[Case Plan](#)
[Contact Requirements](#)
[Release of Information](#)
[Out of Home Placement](#)
[Out of Home Placement Procedures](#)
[ICWA Out of Home Placement Requirements](#)
[Alignment with SET](#)

Forms

The following forms are referenced in this policy:

- 04-24A-P Authorization to share Health Care information. (Parent will sign consent to treat at the Health Care Service provider's office).
 - 04-74 ICWA Out of Home Voluntary Cover Sheet
 - 04-75 Statement of Dangerous Propensities (CWS/CMS Template)
 - 04-119 Case Transfer Checklist (CWS/CMS template)
 - 04-128 Voluntary Services Screening Tool
 - 04-258 Placement Needs and Services Plan
 - 04-296 QPI Partnership Agreement Form
 - 04-600 RFA Referral (CWS/CMS Template)
 - 07-65 Placement Information and Payment Authorization (CWS/CMS Template)
 - ICWA 101 Agreement of Parent or Indian Custodian to Temporary Custody of Indian Child
-

Forms (cont.)

- [EA1-CWS](#) Emergency Assistance Application For Child Welfare Services
- FC-2 Statement Of Facts Supporting Eligibility For AFDC-FC (Located in Client Management Section/FC-2 Notebook)
- ICWA 101 Agreement of Parent or Indian Custodian to Temporary Custody of Indian Child
- SAWS 1 Application For Cash, Food Stamps, and/or Medical Assistance (Located in Client Management Section/SAWS 1 Notebook)
- SOC 155 Voluntary Placement Agreement-Placement Request (Located in Client Management Section/Create New Document State of California)
- SOC 156 Agency-Foster Parent Agreement or 04-275 Agency/SCP Placement Agreement (Located in placement section)

Resources

The following publications are referenced in this policy:

- Voluntary Services Brochure-English
- Voluntary Services Brochure-Spanish

Introduction

Voluntary Services (VS) is the provision of non-court and/or court-supervised, time-limited protective services to families whose children are at risk of abuse, neglect, or exploitation. Children may either safely remain in the home or in a voluntary out of home placement while the parent(s)/guardian accepts and participates in voluntary services. The agreement for voluntary services may be initiated by the Office of Child Safety (OCS) (WIC 301) or by the court (WIC 360 (b)).

The family must voluntarily agree to engage in VS, participation will not be coerced or coercive.

Criteria

Voluntary Services (VS) may be provided to families when:

- The child(ren) is/are at risk for abuse, neglect or exploitation based on a High or Very High Structured Decision Making (SDM) risk assessment rating. **NOTE:** Social Workers (SW) should consult with the Protective Services Supervisor (PSS) if a SDM risk assessment override is needed and the child remains at risk as defined under WIC 300 code.
- At least one allegation of child abuse is inconclusive or substantiated in current the referral.
- The family is willing and able to participate in services voluntarily.

NOTE: If opening a VS for a parenting youth and their child, the parenting youth's parent must give consent for the parenting youth to participate, and sign the case plan and releases

Criteria (cont.)

- The child(ren) can remain safely in the home or voluntarily out of the home if services and supports are provided.
- The protective issue(s) can be resolved within six months.
- Multi-Disciplinary Team (MDT) Meeting determines that the family meets the criteria and is appropriate.

NOTE: The 04-128 Voluntary Screening Tool will be used in determining eligibility for VS and will be presented at the MDT meeting.

NOTE: Families residing in countries other than the U.S.A. are not eligible for VS. Out of County VS must be approved by VS Manager prior to offering it to the family.

Safety and Risk Assessment

Completion of the Structured Decision Making (SDM) Safety Assessment and SDM Risk Assessment provides important guidance for the SW through the decision-making process in determining whether to offer VS.

The following criteria must be met to qualify for VS:

- At least one allegation of abuse and/or neglect must be inconclusive or substantiated **AND**
- The SDM Risk Assessment must have a rating of High or Very High.

An SDM risk assessment of high or very high, in and of itself, does not require assessment for VS. If the rating is low or moderate, the SW can consult with their PSS to determine if an override to high risk is appropriate to open a VS case.

NOTE: Highly Vulnerable Children (HVC) cases are generally not appropriate for VS and an assessment should be completed to determine if a petition should be screened. Refer to Highly Vulnerable Children Protocol for additional information.

Families Appropriate for VS

When determining whether VS is appropriate for a family, the following factors should always be considered:

- Is there an active safety threat?
 - Is there an active safety plan?
 - Is the safety plan and the actions taken by the parents and safety network working to create safety?
 - Have they demonstrated protective capacities that can be enhanced within the 6-month VS timeline with a case plan? See SDM policy for protective capacity examples.
 - Do the parents have the capacity to participate in VS?
 - If a parenting youth, does the parenting youth's parent agree for their youth to participate?
 - What have the parents done to demonstrate they are willing to participate in services?
 - What do you need to see the parents demonstrate that would help you feel confident they are willing to follow through with participating in a VS case plan? Were perceived barriers addressed with the family?
 - Do the parents recognize the need to participate in the services identified?
-

**Families
Appropriate for
VS (cont.)**

The table below provides additional factors to consider for the specific type of abuse/neglect. The ER SW is responsible for reviewing these factors prior to completing the 04-128 VS Screening Tool to determine appropriateness.

Sexual Abuse	<ul style="list-style-type: none"> • Perpetrator is out of the home. • Child is able to communicate their concerns and/or whether they feel safe remaining in the home. • Parent believes the victim. • Parent is willing and able to protect the child from contact with the perpetrator. • Parent is willing to obtain counseling for the child(ren) and themselves. • If perpetrator is a parent, they are in agreement and willing to follow the child/parent contact specified in the safety plan.
Physical Abuse	<ul style="list-style-type: none"> • Victim has regular in-person contact with a mandated reporter outside of the home (e.g., school, licensed childcare facility, specialty medical care, etc.). • Victim feels safe remaining in the home. • Previous substantiated reports for physical abuse are not of a severity, frequency, or recent timeframe that supports Juvenile Court involvement. • Perpetrator and non-protecting parent (if applicable) are willing to participate in services to address the abuse that occurred. • If the perpetrator is out of the home and the non-protecting parent is willing to participate in services to address the abuse that occurred. <p>NOTE: Refer to Physical Abuse Protocol for what is NOT appropriate for VS.</p>
Sexual Exploitation	<ul style="list-style-type: none"> • Perpetrator is out of the home and not a member of the household. • Parent understands sexual exploitation is not a choice. • Parent shows acceptance of the child/youth’s vulnerabilities that lead to sexual exploitation. • Parent is willing and understands the need to protect the child/youth from contact with the perpetrator. • Parent and child/youth is willing to accept resources/tools to address or prevent further sexual exploitation.

**Families
Appropriate for
VS (cont.)**

<p>Mental Health of Parent/Guardian</p>	<ul style="list-style-type: none"> • Parent acknowledges their mental health is negatively impacting their parenting or their ability to ensure the safety of the child. • Non-offending parent or safety network person in the home is willing to participate in supportive services and take protective action, if needed. • Consult with a Clinical Staff Psychologist regarding parent’s Serious Mental Illness (SMI) diagnoses/symptoms and likelihood of improvement of symptoms in 6 months. SMI is defined as a mental, behavioral or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. Examples of SMI include current psychotic symptoms, severe major depression, and severe bipolar disorder. See Case Consultation policy for more information on Clinical Staff Psychologist consults. • Parent’s mental health is not severe in nature and parent has the current cognitive and developmental capacity to participate in and benefit in services to address the protective issue. • Parent’s history or lack of psychiatric hospitalizations, violence, or arrests suggest mental health is likely to be stabilized within a six-month timeframe and VS appears sufficient to ensure the safety of the children.
<p>Mental Health/Behavioral Needs of Child</p>	<ul style="list-style-type: none"> • Parent acknowledges that their child is experiencing mental health and/or behavioral challenges and is willing to seek support. • Consult with a Clinical Staff Psychologist regarding Serious Mental Illness (SMI) diagnoses/symptoms and likelihood of improvement in 6 months. SMI is defined as a mental, behavioral or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. Examples of SMI include current psychotic symptoms, severe major depression, and severe bipolar disorder. See Case Consultation policy for more information on Clinical Staff Psychologist consults. • Child’s history or lack of psychiatric hospitalizations, violence, or arrests suggest mental health is likely to be stabilized within a six-month timeframe and VS appears sufficient to ensure the safety of the child. • Child’s mental health/behavioral health symptoms do not include significant self-harm or significant physical assault on others in the home and they are assessed as not presenting ongoing risk of harm to selves or others.

**Families
Appropriate for
VS (cont.)**

<p>Intimate Partner/Family Violence</p>	<ul style="list-style-type: none"> • Aggressor/Abuser and survivor agree to all terms of the safety plan which could include but is not limited to: The abuser not living in the home, no contact between the Aggressor/Abuser or survivor, no contact between the Aggressor/Abuser and children. • Survivor and child(ren) feel safe with the living situation and the identified protective actions safety plan. • Abuser AND survivor agree to comply with any services, living arrangement agreement safety plan OR • Survivor has taken actions necessary to protect themselves and the children against the abuser who is unsafe, unwilling, to participate in the safety plan (e.g., restraining order, domestic violence shelter, etc.). • Review Family Violence Protocol for further information.
<p>Infant with Prenatal Substance Exposure</p>	<ul style="list-style-type: none"> • Other children/siblings in the home appear well cared for. • There is an existing outside support network willing to assist the family and amenable to reporting concerns to the SW. • Parent acknowledges substance misuse and demonstrates with actions they are going to participate in services. This includes an assessment with a Substance Use Specialist (SUS) and following recommendations made from that assessment. See Substance Use Disorder Protocol for more information. • The extent, duration, and severity of the parent’s substance abuse history suggests that dependency/addiction likely to be resolved within a six-month timeframe. • Parent is willing to participate in drug/alcohol testing and treatment AND this willingness is not contradicted by a history of resistance/non-compliance with Substance Use Disorder treatment. • Non-offending parent or safety network is willing to participate in supportive services and take protective action, if needed.
<p>Medical Neglect</p>	<ul style="list-style-type: none"> • Parent’s level of concern is consistent with the severity of the child’s medical condition. • Parent is willing to facilitate the recommended treatment for the child (including medication, appointments, therapy, or other treatment methods). • The medical condition can be <i>safely</i> managed by the parent at the level of supervision, intervention, and services provided by VS.

**Families
Appropriate for
VS (cont.)**

Non-Household Members	<ul style="list-style-type: none">• If a parent is substantiated for abuse and/or neglect due to a non-household member (parent knew/should have known of abuse) AND there is a substantial risk of abuse/neglect by the non-household member, the parent and non-household member may be entitled to VS services IF in the best interest to the child AND it is likely that the non-household member will be a permanent fixture in the child's life (i.e. stepparent, grandparent, etc.).• If parent is willing to protect the child from future abuse/neglect by the identified non-household member.
-----------------------	--

**Families That
May Not be
Appropriate for
VS**

The following are some examples of referrals that are generally not appropriate for VS and the MDT should consider whether a petition should be screened:

- Child has been subjected to acts of cruelty by the parent or a member of the child's household or the parent had failed to adequately protect the child from an act or acts of cruelty when the parent knew or reasonably should have known that the child was in danger of acts of cruelty (torture, bite marks, burns, non-accidental poisoning, etc.).
- Severe sexual abuse (bleeding, deep bruising, significant internal or external swelling).
- A serious injury is a result of an incident that causes or puts a child at risk of death, physical harm, or illness requiring medical or emergency mental health treatment. Examples of serious injuries include brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, or severe cuts, and the child requires medical treatment.
- Child's medical needs are immediate and could be life threatening (including severe non-organic failure to thrive) or result in severe impairment without medical attention and parent is unwilling to provide medical treatment.
- Parent is incapable of benefiting from services due to a serious mental illness/cognitive issue/developmental disability. See Case Consultation for Clinical Staff Psychologists consults.
- The parent has caused the death of another child through abuse or neglect.
- Aggressor/Abuser has a lengthy history of violence and aggression, and violence is extreme in frequency and severity. The survivor is in denial and there is a lack of empathy for the child(ren).
- Neglect of the child resulted in serious physical injuries.
- Parent has willingly abducted the child, sibling, or half-sibling previously.
- Parent knowingly participated in or permitted sexual exploitation of the child.
- Unidentified perpetrator.
- Child or a sibling of a child that had a previous case and has a referral for similar allegations.
- Prior Court-ordered termination of reunification services or parental rights for any siblings (including half sibling) and the parent/guardian has not made any effort to alleviate the protective issue that led to the removal.

Families That May Not be Appropriate for VS (cont.)

If there is an above circumstance where VS may need to be considered, the following should be in place to ensure that there is sufficient safety before proceeding with an assessment about the appropriateness:

- A Safety Network has been established with multiple participants who know about the worries of the Office of Child Safety (OCS) and they have agreed to take clear and specific actions to mitigate the danger.
 - This could include making visits to the home in the evening, taking a parent to a 12-Step meeting to help them avoid relapse, assisting the family’s daily routine, checking in on the children daily (in person/video chat), going to the home to avoid an argument escalating, using a safety object to help elicit if a child is feeling unsafe, etc.
- The Safety Network knows what to look out for (i.e. in the case of a frustrated parent who might use too much force with an infant or indicators a parent maybe struggling with thoughts about relapsing) and there is a clear plan for what they will do if they are concerned.
 - This could include, calling the network together to make an action plan, transporting a parent to a 12-Step meeting, informing the SW, calling Law Enforcement, transporting the kids to a safe environment, etc.
- The Safety Network is committed to supporting the family throughout the entirety of the case.

ER/CI SW Actions to Determine Eligibility

The following are the ER/CI SW actions to take to determine eligibility for VS:

If the...	Then the ER SW will...	Action
Risk Assessment: High or Very High AND There is a substantiated allegation or inconclusive allegation that meets exception criteria	Assess whether VS may be appropriate.	<ul style="list-style-type: none"> • Review VS Protocol. • Consult with PSS. • Complete the 04-128 VS Screening Tool.
Parent(s) are willing to participate in Child Family Team Meeting (CFTM) or Mapping	Arrange a CFTM or Mapping with the family, support network, and include prospective VS PSW or PSS NOTE: If the family is Native American, the tribe and ISU PSS will be invited to the CFTM.	<ul style="list-style-type: none"> • Have a CFTM or Mapping with the family and support network. • Identify any barriers, strengths, and needs. Provide the family with a VS Brochure and answer any questions they may have regarding the program.

**ER/CI SW
Actions to
Determine
Eligibility (cont.)**

If the...	Then the ER SW will...	Action
<p>Parent(s) are willing to participate in Child Family Team Meeting (CFTM) or Mapping</p>	<p>Arrange a CFTM or Mapping with the family, support network, and include prospective VS PSW or PSS</p> <p>NOTE: If the family is Native American, the tribe and ISU PSS will be invited to the CFTM.</p>	<ul style="list-style-type: none"> Inform the parent(s) that VS includes 2-4 monthly visits in their home that are both announced and unannounced. Update the 04-128 tool. <p>NOTE: VS should not be offered at this meeting but can be discussed as a possible option. The VS and ER PSS and/or PSW should be assessing as to whether they appear willing and appropriate for VS during this meeting.</p>
<p>The VS and ER worker agree that the family appears willing and appropriate for VS</p>	<p>Schedule an MDT meeting.</p>	<p>Present 04-128 VS Screening Tool at MDT meeting.</p>
<p>MDT finds VS appropriate</p>	<p>Contact the parents</p>	<ul style="list-style-type: none"> Offer the parents VS. Inform the parents verbally (document in CWS/CMS) that if the VS is unsuccessful and there is an active safety threat or exigent circumstance during the VS case, further action may need to occur to keep the child safe. This could include legal action that may result in the removal of the child(ren) from the home.
<p>Parent(s) have accepted VS</p>	<p>Obtain PSS approval and prepare case to transfer</p>	<ul style="list-style-type: none"> ER/CI PSS will approve the closure of the referral and will open a new case prior to 30 days from first contact with the family.

**ER/CI SW
Actions To
Determine
Eligibility
(cont.)**

If the...	Then the ER SW will...	Action
Parent(s) have accepted VS	Obtain PSS approval and prepare case to transfer	<ul style="list-style-type: none"> • Ensure all in person contacts have been completed within the last 30 days. See Contact-SW and Child policy. • Complete the transfer summary in Case Notes. • For In-Home VS, transfer the case within 5 business days of making decision to open voluntary. For Out of Home VS, transfer within 5 business days of RFA clearance. NOTE: See Out of Home Placement section and ICWA Out of Home Placement for additional requirements. • Arrange warm handoff between ER SW and VS SW. NOTE: See Case Transfers policy for additional requirements.

NOTE: If there is an active Family Reunification dependency case (including Medically Fragile and Indian Specialty Unit) with the same family being offered voluntary services, the family’s VS case will be transferred to the primary dependency SW.

**VS SW
Responsibilities**

VS PSS will assign a VS case within 2 business days after arriving in their inbox.

Throughout the VS case, the SW should be continually assessing for safety and risk throughout the case and immediately take action if a safety threat arises or the risk level changes. The following are an outline of the responsibilities of the assigned VS SW:

Steps	Action
1	Visit with the parent(s) and child(ren) at the home within 5 business days of assignment in CMS/CWS. During this visit, gather additional information on the family.
2	Coordinate a CFTM and complete the CANS (Child and Adolescent Needs and Strengths).

VS SW Responsibilities (cont.)

Steps	Action
3	Complete case plan in CMS/CWS based on needs identified in the CANS tool and actions/services agreed upon in the CFTM. NOTE: The initial case plan must be completed and approved by the PSS and signed by the parent(s) within 30 days of initial contact with the ER/CI SW per Division Regulations 31-215.
4	Make any additional referrals to services.
5	Review the case plan with the parent(s) and have them sign it.
6	Continue to have contact as specified in contact section of this policy and continue to assess the child(ren) for safety in the home throughout the life of the family's VS Case.
7	Bring the case plan to all contacts with the parent(s) and child(ren) (if age appropriate) and identify any needs, barriers, and progress. If appropriate, have a discussion regarding an extension of VS if it would benefit the family and they are willing to participate.
8	One month prior to the case plan end date, complete the SDM Risk Re-Assessment and arrange a CFTM to discuss whether the family's case will close, if an extension is appropriate, or a petition needs to be filed.
9	If an extension is appropriate and the parents agree to it, update the CANS and Case Plan.

NOTE: A Notice of Action (NOA) needs to be completed with all initial and updated/modified case plans and upon closure of the VS. See Notices of Action policy for more information and timelines.

WIC 301 and 360(b)

There are two types of VS: Non-court-ordered (WIC 301) and court-ordered (WIC 360 (b)):

WIC 301 (NON-COURT-ORDERED)	WIC 360 (b) (COURT-ORDERED)
<ul style="list-style-type: none"> No petition is filed or a petition is filed and dismissed at the OCS request, and Child appears to be at risk and is within, or will probably soon be within, the jurisdiction of the Juvenile Court, and Family appears interested in accessing and benefitting from using services/resources, and SW determines that the child can be protected without court action. 	<ul style="list-style-type: none"> A 300 petition is filed and a true finding is made, but the child is not declared a dependent of the court, and Parents are provided information about VS, consult with their attorneys about their legal rights and understand VS and are agreeable to VS, and Family is agreeable to VS but the SW has documented reason(s) to believe that they may not continue to cooperate without court involvement, and Court orders the family to comply with VS (this is a 360 (b) disposition).

Filing a Petition Procedure

After a VS case is established and the family becomes unwilling to participate or the safety threat is unable to be mitigated through VS the following steps should be completed:

If the family has a VS WIC 360 (b) case (court-ordered) the following should be completed:

- Have an MDT meeting to discuss returning to court and requesting a new disposition.
- VS SW files a 360 (c) petition.
- Document in the CWS/CMS notebook/case plan:
 - parents' unwillingness to cooperate with plan
 - how the prior disposition has been ineffective in improving the situation
 - current risk

If the family has a VS WIC 301 case (non-court-ordered), the VS SW must have an MDT meeting to determine whether to close the case or screen a petition.

NOTE: Consult with County Counsel for procedures on filing a petition on a failed 360 (b) case.

See the ER-Open Case Investigation and/or Court Intervention-Procedures policies for procedures on assignment of filing a petition on VS.

Timelines and Extension Criteria

The parent(s)/guardian have a 6-month timeframe to complete the services and objectives on the case plan and demonstrate that the child(ren) can remain safely in the home or return to the home without any further intervention; however, there are some exceptions and extensions to this timeline.

In home VS: May be extended for six months if the family has made progress in their case plan and need some additional time to complete case plan services/objectives. To extend, the PSS must obtain VS manager approval and document this approval in CWS/CMS.

Out of Home VS: If the child has been out of the home for 6 consecutive months or at least 90 days before the child attains 18 years of age, the SW will do one of the following:

- Return the child to the physical custody of the parent
- Screen a petition with County Counsel
- Assess if the situation meets the exception criteria below

Exception Criteria: Pursuant to [WIC §16507.3](#), an out of home VS placement may only be extended an additional 6 months, not to exceed 12 months, in either of the following circumstances:

- The parent or guardian is in a residential treatment facility and is demonstrating progress that indicates the problems warranting the initial placement are likely to be resolved within the extended time period.
 - The child has a diagnosis of seriously emotionally disturbed, requires placement in a residential treatment facility and would otherwise likely be found to fit the description of W&IC 300 (c) and reasonably may be expected to return home within the extended period.
-

Services

VS (in home and out of home) services may include, but are not limited to the following:

- Case management
- Counseling
- Therapy
- Intensive Family Preservation Program (IFPP)
- Respite care
- Parent training/education
- Substance use testing
- Substance Use Disorder treatment
- Community resources (National Alliance on Mental Illness (NAMI), Alcoholics/Narcotics Anonymous (AA/NA), Co-Dependents Anonymous (CoDA), etc.)
- Military Services (Fleet and Family Support, Marine Family Support, etc.)
- Tribal Services (Indian Health Council, etc.)
- Other Culturally Appropriate Services
- Child Abuse Group
- Transportation

NOTE: See Mental Health Treatment and Services policy for more information on referring families to individual therapy services.

Case Plan

The initial case plan must be completed and approved by the PSS and signed by the parent within 30 days of initial contact with the ER/CI SW (per Division Regulation 31-215).

NOTE: If offering VS to a parenting youth and their child, the parenting youth's parent must also sign the case plan.

The case plan will be guided by the CFT, CANS tool assessment and developed with the family and safety network. Culturally appropriate objectives, safety actions, and services should be included in the case plan. The VS SW should bring the case plan to all contact visits with the parent(s) and child(ren). Ensure that the parent and the child (if appropriate) has a copy of the case plan. The case plan progress in services and objectives as well as any barriers, strengths, and needs will be discussed during every contact visit.

In addition to this case plan criteria, the case plan for **out-of-home placements** must include:

- Medical/Dental care that places attention on preventative services through California Department of Public Health (CDHP) or equivalent preventative health services in accordance with CDHP's schedule.
- Schedule of planned parent contacts and visits with the child and sibling contacts with the child.

NOTE: SWs cannot mandate supervised visits for families with in home or out of home VS cases. However if the parents agree to participate in supervised visits, the SW will support the family in their visitation plan. SW's can request the family follow any restraining orders or criminal protective orders.

For parenting youth who are dependents and parenting non minor dependents (NMD), the SW must advise the dependent child/parent to consult with their attorney prior to signing a VS case plan. This will be documented in the case plan and in CWS/CMS.

NOTE: See Case Plans policy for additional information.

Contact Requirements

VS will require additional monthly in person contacts for both in home and out of home VS. **The VS SW will have at minimum two (2) to four (4) contacts with the parents and children per month.** Visits should be both announced and unannounced. At minimum, one of these monthly contacts for each case plan participant needs to include a private conversation in a setting in which the parent and child feel comfortable and the majority should be where the child resides.

The SW and PSS will assess the risk and safety of the child to determine how many face-to-face contacts are necessary. All areas of abuse will be assessed at least once per month. There should also be consideration as to the circumstances of the case and the needs of the family.

PSS and Managers should take these increased contacts into consideration when determining caseload size (suggested 12-15 children per SW). It is recommended that VS SW's only carry a VS caseload.

NOTE: See the Contacts - SW and Parents and Contacts - SW and Child policy for information on the quality and expectations of these contacts. See the Contact Elements Guides in Resources for guidance on conversations during contacts. Also see Contacts-SW and Other Service Providers for additional information on contacts.

Release of Information

Pursuant to Superior Court of California, County of [San Diego Rules of Court](#): Rule 6.6.10, Child and Family Well-Being Department is allowed to share certain information from its files regarding children and families who are receiving VS. The information that can be released includes:

- health care
- mental health services
- educational services, and
- other social services, including San Diego Regional Center or wraparound services provided to the child and/or family.

This information may be shared only with individuals/organizations providing these services. It can only be exchanged when it is necessary to better serve the needs of the child and/or family and it must be kept confidential. (See Confidentiality - General for further information.)

Out of Home Placement

The decision to open a case must be considered anytime an allegation is substantiated and a safety plan is in place. The SW must be actively assessing whether or not the temporary safety interventions established by the safety plan will be sustainable and if safety goals are maintainable without ongoing involvement. If it is determined that the family needs further intervention, the SW must follow the out of home VS requirements.

NOTE: Signing a safety plan where the child is out of the home is **NOT** the same as opening a case for out of home VS. See Safety Plans policy for more information.

Placement with a relative is the first choice when a child cannot remain with their parent. The primary goal is to ensure the child is placed in a safe, nurturing environment with the least amount of trauma and disruption in a child's life, and this can often be accomplished by placing a child with a relative or nonrelated extended family member (NREFM). All caregivers relative or non-related must be approved as a resource family or as a Tribally Approved Home, if applicable, prior to the placement of a child.

Out of Home Placement (cont.)

An emergency placement may be made with a relative/NREFM if the emergency placement criteria is met and they are willing to complete the full Resource Family Approval (RFA) process. See Emergency Placements policy and the Out of Home Placement Procedure section.

Caregivers with children placed pending Resource Family Approval (RFA) or Tribally Approved Home approval are eligible for the Emergency Caregiver Funding, which is payment in an equal amount to the basic level rate paid to approved resource families.

A child can be placed in a Licensed Group Home (LGH/Short Term Residential Therapeutic Program (STRTP) if necessary for up to a maximum of 6 months (if in residential treatment and meets exception criteria, up to 12 months). See Timelines and Extensions. An Interagency Placement Committee (IPC) must be held prior to placing the child in an LGH/STRTP as well as additional requirements. See How to Make an STRTP Placement for more information.

Out of Home Placement Procedure

The ER/CI worker should complete the following tasks when placing the child out of home.

Step	Action
1	<p>If Emergency Placement with a relative or NREFM, submit the following documents to placement:</p> <ul style="list-style-type: none">• 04-600• The CFTM notes with out of home placement recommendation and name of relative(s)/NREFM(s).• MDT approval for out of home VS.• Department of Justice (DOJ) results. <p>NOTE: This is not a placement until RFA approval.</p> <p>If there is no relative or NREFM, email placement to find an approved RFA home.</p>
2	<p>Once RFA clearance is received, obtain parent signature on the following forms:</p> <ul style="list-style-type: none">• Voluntary Services Agreement (SOC 155) (date must match the 07-65)• EA1• 04-24AP• NOA 981

Out of Home Placement Procedure

The ER/CI worker should complete the following tasks when placing the child out of home.

Step	Action
3	Provide the following forms to the caregiver: <ul style="list-style-type: none">• SOC 156• 04-75• 04-24AP• 04-258• 04-296
4	The SW will inform the caregiver of the following and document this conversation in CWS/CMS: <ul style="list-style-type: none">• The caregiver will need to bring the signed 04-24AP to obtain medical, dental or psychiatric records or services for the child• The medical authorization is limited (see Medical Treatment/Medical Releases).• To contact child's school to update emergency contact card.• The parent(s) will be updated on medical care given to the child(ren) and if possible notify the parent prior to the medical care, and provide a record of the child's medical care when returned to their care.

NOTE: Complete all other ER/CI Tasks prior to transferring to VS.

ICWA Out of Home Placement Requirements

If it is known that a child is a tribal member, enrolled or participating in tribal activities/functions on a regular basis there are additional requirements for an out of home VS. In accordance with California law (WIC § 16507.4 (b)), the following criteria must be met to provide out of home VS to an Indian child:

- The parent or Indian custodian must consent to the out of home voluntary placement by signing the SOC155 and ICWA-101 form.
- A judge must certify that the terms and consequences of the consent were fully explained to the parent or Indian custodian in a language that they understand.
- The parent or Indian custodian may withdraw their consent at any time and have the child returned to their care.

NOTE: ICWA noticing is not required. Consult with County Counsel on questions regarding requirements.

The following are the additional out of home voluntary placement steps that the SW must take the day of placing the child out of home:

ICWA Out of Home Placement Requirements (cont.)

STEP	WHO	ACTION
1	ER SW	<ul style="list-style-type: none"> Inform the parent(s) or Indian Custodian that they will be required to attend a court hearing for a judge to certify their consent in an out of home VS. NOTE: Attendees may attend court hearing virtually. If the parent(s) or Indian Custodian(s) agree to out of home VS, ask them to sign the SOC155 and ICWA-101 forms the date the child is placed. Complete and submit the ICWA Out of Home Voluntary Cover Sheet, SOC155(s) and ICWA-101(s) in-person to the Court Business Office Clerk. NOTE: Use the Zip Code Assignments SD County Juvenile Court list to determine which Court Business Office. <p>NOTE: Only one ICWA Out of Home Voluntary Cover Sheet is needed per family. Each child must have their own SOC155 and ICWA-101 form.</p>
2	Court Clerk	<ul style="list-style-type: none"> Set court hearing for three business days. Notice the parent(s), Indian custodian(s) tribe, and SW of the date and time of the court hearing.
3	ER SW	Attend court hearing.
4	Court Clerk	After the Judge signs certifications, provide copies of completed ICWA-101 and SOC155 forms to the SW, parent(s), or Indian custodian(s), and tribe.
5	ER SW	Send certification to Program Office Assistant to upload into Electronic Records Management System (ERMS). See Records Management policy for additional instructions.

NOTE: Complete all other Out of Home Placement Procedures and ER/CI Tasks prior to transferring to VS.

Alignment with SET

This policy aligns with SET [Value 1](#) and the guiding principles and agency practices to maintain a clear understanding of child safety and build a share understanding and agreement through family engagement; [Value 3](#) and the guiding principle to recognize that the optimal place for children is in the safety of their own homes.