

Indian Child Welfare - Indian Health Council's Child Assessment Center

(Revised 11/01/24)

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Related Policies

Additional information can be found in the following policies and protocols:

- Drug Endangered Children and Law Enforcement Liaison Protocol
- Protocol for Working with Indian Families, Children and Tribes
- Medical Treatment/Medical Releases
- Placement Coordinators Office (PCO)
- Polinsky Children's Center Entries
- Foster Youth Bill of Rights
- Mandated Reporters
- Placement Forms

Forms

The following forms are referenced in this policy:

- 04-24P Consent For Examination and Treatment of a Child
- 04-24Psp Consent to Treat (Spanish)
- 04-24C Order Authorizing Examination and Treatment-Court
- 04-24A-P Authorization to Use or Disclose Protected Health Information –
- 04-24A-Psp All Providers (English/Spanish)
- 04-75 Dangerous Propensity (CWS/CMS Template)
- SAWS1 Initial Application for CalFresh, Cash Aid, And/or Medi-Cal/Health Care Programs

Background

The Indian Health Council, Inc. (IHC) is a healthcare institution serving nine federally recognized consortium tribes of the Native American reservations in San Diego's North County region. IHC provides a wide range of services, including medical, dental, behavioral health, and pharmacy services to all residents of affiliated tribal land. These services are primarily for Native American and Alaska Natives, however, they do offer some services to non-Native Individuals. If there are specific situations or need more detailed information, contact IHC.

One of the components of the IHC is the Child Assessment Center (CAC) which opened in May

Background (Cont.) 2010. The IHC-CAC is for Native American children residing in IHC's service area who are registered at IHC. IHC-CAC provide medical screening and assessments to all children up to age 18 when taken into protective custody or experiencing a change of placement on tribal land. The IHC-CAC will assess the child/youth for indicators of child abuse and/or neglect.

Below are some of the services offered by the IHC- CAC:

- Provide assessment and medical evaluation to determine the physical well-being for new intakes and change of placement of Native American children. When needed, a referral to a Child Abuse Medical Expert will be made for treatment and/or assessment.
- For Native American child/youth to remain within their community, child/youth will be taken to IHC-CAC instead of A.B. and Jessie Polinsky Children's Center (PCC) when a child/youth is detained or there is a change of placement.
- Provide trauma informed services to Native American children by preventing them from seeing a medical provider outside of their community of origin.
- Provide transportation services to resource homes when possible.
- Coordination of any necessary follow-up medical appointments.
- Increase awareness and involvement in child abuse prevention through cultural and community activities as measured by assessment instruments to measure change in awareness of activities and/or utilization of services.

Policy

The IHC-CAC is for Native American children residing in IHC's service area who are registered at IHC. Native American children who are not registered at IHC will be seen at PCC. Children referred to the IHC-CAC should be assigned to Indian Specialty Unit (ISU). If the case/referral is not assigned to ISU, consult with the ISU PSS for procedures.

Drug Endangered Children (DEC) Level I cases are not appropriate for an IHC-CAC exam. See [Drug Endangered Children and Law Enforcement Liaison Protocol](#) and [DEC Entry Process](#) below.

If the SW is conducting a child abuse investigation that results in the removal of the child(ren) or is facilitating a change of placement, the SW will contact Tribal Family Services or contact the IHC staff outlined below to consult and arrange a CAC exam:

CAC Contact information

- Tribal family Services, Front Desk
- Or Nancy Spence, Director of Social Services

Referral Procedures

The following table describes the steps to make a referral to the IHC-CAC:

Step	Who	Action
1	SW	<ul style="list-style-type: none"> • Follow existing procedures for removal of a child (see Polinsky Children’s Center Entries)
2	PSS	<ul style="list-style-type: none"> • Contact Tribal Family Services at the IHC-CAC contacts mentioned above in the Policy section. • Jointly determine if the child is an appropriate entry to the IHC-CAC. • If it is assessed to be appropriate for the child to be seen at IHC-CAC, a placement plan will be developed. • The following information will be provided to the CAC: <ul style="list-style-type: none"> ○ Child’s name – Date of Birth (DOB) ○ Ethnicity ○ Case Number or Referral Name ○ Parent’s names, addresses and if known, telephone number ○ Relatives names, addresses and if known, any telephone numbers ○ Reason for entry ○ Time of pick up ○ Any known medications, injuries or disabilities ○ Dangerous propensities ○ SW/PSS name(s) and a call back number including cell number.
3	SW	<ul style="list-style-type: none"> • Obtain a signed (04-24P from the parent(s) • If unable to obtain signature of parent, a 04-24C is necessary before an intake exam can occur.
4	IHC	<ul style="list-style-type: none"> • Alert IHC-CAC contacts (see above) of child(ren)’s arrival and begin to coordinate placement activities. <p>NOTE: Parents have the right to be present for all intake exams. See Medical Treatment/Medical Releases</p>
5	SW	<ul style="list-style-type: none"> • Complete the 04-75 form • Sign the SAWS 1.

Drug Endangered Children and Law Enforcement Liaison Protocol Entry Process

Drug Endangered Children, (DEC) entries referrals/cases are categorized as follows:

- DEC I: Children found in settings where labs are present
- DEC II: Children found in settings involving the use, possession, selling or transportation of drugs

DEC II cases involving Native American children who are served by Indian Health Council (IHC), should receive an assessment (to include a well-child exam and toxicology screening) through the IHC-CAC. DEC I referrals/cases are **not** appropriate for IHC-CAC exam. The table below outlines the entry process for DEC II case/referrals:

Step	Who	Action
1	PSS	Advise IHC-CAC contact that a DEC child is in custody.
2	IHC-CAC	Inform the IHC-CAC medical provider that the child is a DEC II entry.
3	SW	Provide IHC-CAC with a signed 04-24P or the child will have to go to PCC. NOTE: Parents have the right to be present for all intake exams. See Medical Treatment/Medical Releases policy for more information.

See policy on [Drug Endangered Children and Law Enforcement Liaison Protocol for details.](#)

Initial Placement Process

When considering initial and continued placement, the SW will make every effort to place the child according to the ICWA placement preferences. Indian children must be placed in the least restrictive setting resembling a family environment, in which the child/youth’s cultural norms and special needs are met, and within reasonable proximity to the child’s home and community. See [Protocol for Working with Indian Families, Children and Tribes.](#) The SW has the primary responsibility for locating initial and/or emergency placements and will:

Step	Description
1	Consult with the tribal SW regarding placement options including prospective relatives and Non-Related Extended Family Member (NREFM) for Emergency Resource Family Approval or Tribally Approved Homes (TAH)
2	Identify prospective tribally-approved resource parents by referring to the resource parent vacancy list.

Initial Placement Process (Cont.)

Step (cont.)	Description
3	Call the Placement Coordinator's Office (PCO) to clear the identified home for placement, if one is found.
4	Check other available resources to include non-treatment Foster Family Agency (FFA) homes. If a child is removed due to DEC II and there is no reason to believe that the child may have been exposed to or ingested a harmful substance, the child may be detained with an approved relative, NREFM.
5	Prior to removal: Call to schedule a Virtual Assessment Team (VAT) when no placement options are available through the placement unit. If the removal already happened: follow up and schedule a VAT as soon as possible if unable to schedule one prior to entry. See policy on Polinsky Children's Center Entries .

IHC-CAC Assessment

IHC-CAC will assess each child entering the clinic. The assessment will include:

- medical check-up and address any concerns, see Medical Exam below.
- current behaviors
- current risk behaviors
- history of behavior concerns
- school history
- social relationships
- mental health status
- strengths/cultural considerations

The IHC-CAC medical provider will complete a medical report, SW will provide input if offered or requested. This report will be sent to the primary SW once the report is completed.

The SW will refer to placement forms policy for forms needed for Change of Placement (COP)/detentions.

Medical Exam

The IHC-CAC medical provider will complete a basic medical exam of the child. If the medical practitioner discovers a medical condition that is serious and/or requires immediate care, the medical provider will inform the SW and Tribal SW. The child either will receive immediate medical care or be taken to a resource home if the problem is less emergent. The results of the medical exam will be shared with the SW, the Tribal SW, the care provider and the foster care Public Health Nurse (PHN).

**Medical Exam
(cont.)**

CAC	Will...
<p>Medical practitioner</p>	<p>Pre-admission screening:</p> <ul style="list-style-type: none"> • A child with more severe medical needs such as, but not limited to, breathing concerns, head injuries or severe bleeding will immediately be transported for emergency medical services. • Evaluate a child for a known or suspected contagious disease or potential medical abnormalities, which might require special or unusual health or custodial care. • Develop and communicate (as necessary) medical treatment plans, which involve recommendations to the SW/PSS, Tribal SW regarding the child’s health needs in order to ensure the caregiver is aware of the general health conditions of the child. • Conduct (as needed) discharge planning. • When necessary, arrange for medical appointments, lab test and follow-up care. • Conduct medical follow-up and CHDP equivalent exams with Change of Placement (COP) children that are not considered intakes for IHC-CAC. • Arrange with the PHN for follow-up services. <p>NOTE: The medical provider will contact the assigned SW/PSS if a child discloses suspected sexual/physical abuse not already identified at the time of admission, indicating the necessity for an immediate forensic examination. The SW/PSS will then call and coordinate further investigation and forensic examination with law enforcement. The medical provider will also report all suspicions of child abuse and neglect to the Child Abuse Hotline. See Mandated Reporters.</p>
<p>Medical practitioner will provide direct health and support services to:</p>	<ul style="list-style-type: none"> • Treat injuries or illness by rendering clinical care to a child with medical complaints or emergencies. • Prescribe, procure, dispense, administer and maintain records for all pharmaceutical and medical supplies. • Determine the need and provide for referrals to medical services, including dental, hearing, vision, physical/occupational therapy and mental health services.

**Available
Transportation and
Hours**

When a child entering CAC is unable to be placed in an emergency bed, and permission has been received to take the child to PCC, the assigned SW will transport the child to PCC.

In order not to duplicate interviews, a copy of the CAC interview will be given to the SW.

The Tribal SW is able to transport children to their placement/resource home, when necessary, a prior conversation should be had to ensure that this is feasible and that the Tribal SW is available.

Alignment with SET

This policy aligns with SET [Value 3](#) and the guiding principle of actively striving to preserve connections to familiar people and their culture and tribal affiliation by meeting the youth's medical, dental and emotional needs in their community of origin. This policy also aligns with SET [Value 4](#) and the guiding principle of strengthening resources in the community.
