STANDARD FOR CHILD WELL-BEING

PURPOSE

The purpose of this standard is to provide direction and guidance to the Child and Family Services (CFS) program regarding child well-being. This standard is intended to achieve statewide consistency in the development and application of CFS core services and shall be implemented in the context of all applicable laws, rules and policies. The standard will also provide a measurement for program accountability.

INTRODUCTION

A child who comes to the attention of child protection often has unmet physical, mental health, or educational needs. It is the responsibility of the CFS social worker to consider and address these areas of need throughout the life of a case.

TERMS

Child Well-being
For purposes of this standard, child well-being includes all aspects of screening, assessing, identifying, and meeting the physical, mental health, and educational needs of a child. Child well-being also includes maintaining a child's connectedness to family, supportive relationships, and the community.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
The EPSDT program is part of Medicaid that covers preventative health care for children ages birth to 21 (including the month of their 21st birthday). Well baby and child check-ups include a physical and developmental screening. EPSDT will cover medical services ordered by the child's physician for any physical or mental health condition found during a well-child check even if the services needed are beyond what Medicaid usually covers. For services not covered by Medicaid, a certification of medical necessity and preauthorization are required. (See IDAPA 16.03.09 for more information regarding EPSDT and rules governing the Medical Assistance Program.)

Infant Toddler Program
The Infant Toddler Program is the "lead agency" for children birth to three years old who qualify for early intervention services under federal education law (Part C – IDEA). Through the Infant Toddler Program, multiple agencies and programs, both public and private, coordinate activities and resources to ensure appropriate referrals, screening, assessment, identification, and treatment of children with suspected or identified developmental delays.

IMPLEMENTING THE STANDARD

Child Well-being in Family Preservation In-Home Cases
CFS social workers must address well-being for children receiving in-home services if the physical, mental health, or education needs are relevant to the reason why the agency is involved with the family or the need to address any need in these areas is a reasonable expectation given the circumstances of the family and the agency's involvement. For example, if a child was determined to be in need of in-home services as a result of a referral alleging child physical or sexual abuse, it is reasonable to expect the agency to assist the family in locating community resources so the child will receive the needed physical or mental health services.

Child Well-being in Out-of-Home Cases
Federal funding sources requires that the agency screen and, when indicated, further assess and provide services to meet the physical, mental health and educational needs of a child when he/she is placed out of their home.

In all cases, the CFS social worker should address well-being by assessing and assisting the child so he/she can successfully transition through their respective stages of development.

Family Involvement and Consent for Medical Care in Out-of-Home Cases
Whenever possible, the parent should accompany or meet the child at any medical or dental appointments and be present to sign permission for treatment. This also applies to other aspects of child well-being such as mental health assessments or appointments where medication could be prescribed, developmental screenings, parent teacher education conferences, and IEP meetings.

Parent(s) or legal guardian(s) shall sign a departmental form of consent for medical care and keep the child's social worker advised of where they can be reached in case of an emergency. Any refusal to give medical consent shall be documented in the case record along with the reason for the refusal.

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Signing for Medical Treatment
Whenever possible, the parent should be available and should sign for any non-routine care such as surgery. If a parent is not available to authorize surgery, and the child is in the legal custody of the department, according to the Child Protective Act, the Department can authorize surgery “if the surgery is deemed by two (2) physicians

licensed to practice in this state to be necessary for the child." In cases where the parent is not available, the surgery shall require a supervisor's signature and notification of the program manager prior to the signature.

The parent(s), or Department, if it is the guardian of the child, has the authority to consent to major medical care or hospitalization. In emergency cases where parents can not be located and the child is in the legal custody of the Department, but not the guardianship of the Department, an CFS supervisor will be the one who signs for the necessary emergency medical treatment.

In the parent's absence, if a child is in CFS's custody, a social worker can sign for routine or regular care.

If a parent cannot be located or refuses to sign the Department's medical consent form for medical care, the social worker/supervisor will sign the form on the line provided for guardians. A child must not go without needed services, defined under the category of child well-being, because a parent cannot be located or is refusing to sign the consent form. All controversial situations must be brought to the attention of the regional program manager. When medical care is contrary to the spiritual beliefs of the family, medical treatment can only be administered through a judge's order and must not be authorized by the signature of a Departmental employee.

Medical Emergencies

If there is a medical emergency or serious illness, the well-being of the child is the first priority. In emergencies, the alternate care provider will immediately seek medical help and simultaneously contact the child's case worker or supervisor if the child's case worker is not available. In turn, the case worker will contact the child parent's so they can be involved, as well as the supervisor and program manager. A critical incident report will be completed by the case manager regarding the medical emergency.

Alternate Care Provider's role in Child Well-being

Alternate care providers are a valuable and important resource in supporting the child's well-being and educational progress and goals as they assist with the following:

- Encourage and monitor completion of homework assignments;
- Attend parent teacher's conference (also include the biological parent whenever possible);
- Attend IEP meetings with the parent and social worker (Chapter 5 of the Idaho Special Education Manual states, "A foster parent may act as a parent if the natural parent's authority to make educational decisions on behalf of his or her child has been terminated by law. A foster parent must be an individual who has been residing with the student at least 6 months, is willing to make educational decisions required of a parent, and has no interest that would conflict with the interests of the student.");

- Keep the social worker apprised of the educational progress and needs of the child;
- Work with the school regarding day-to-day school attendance and academic performance;
- Encourage the child with life skill development opportunities;
- Support the child with birth family connections whenever possible; and
- Support the child with positive community connections.

Resource families may transport and accompany children to medical and dental appointments, however, must not sign consents for treatment. The parent or CFS social worker provides treatment consent.

Alternate care providers will follow the prescribed directions of a qualified medical provider, who is designated by the parent and/or the child's case worker, when administering medication. A resource family shall not discontinue or in any way change the medication provided to a child unless directed to do so by a qualified medical professional.

Likewise, a resource family will not change the child's Healthy Connection medical provider or counselor without approval and notification from the legal parent and assigned case worker. At all times, alternate care providers will keep the assigned social worker apprised of the child's physical needs, and of any change in medication or treatment.

Medical Coverage for Children in Alternate Care
Most children placed in alternate care are eligible for a medical card. Regardless of the funding source, every child in alternate care will receive medical care and have his/her medical needs met.

Medical Examination upon Entering Alternate Care
Within thirty (30) days of entering alternate care, a child will receive a medical examination to assess their health status. Thereafter, a child will receive additional medical examinations or treatment according to a schedule prescribed by their physician or other health care professional. Whenever possible, the child’s primary care physician and Healthy Connections provider selected by the child’s parent or guardian prior to entering foster care will be maintained. If a change to the child’s primary care physician or Healthy Connections provider becomes necessary, the social worker will attempt to obtain prior approval from the child’s parent or guardian and notify them of the change.

EPSDT Screening
Children in alternate care will participate in Medicaid’s Early Periodic Screening, Diagnosis and Treatment (EPSDT). Children already receiving Medicaid at the time of placement shall be screened within thirty (30) days of placement. Children not receiving Medicaid at the time of placement shall receive a screening within thirty (30) days from

the date Medicaid eligibility is established. The assigned social worker shall be responsible for completion of the EPSDT screening, and shall coordinate services if needs are determined.

Referrals to the Infant Toddler Program

Any time there are suspected developmental delays, a child age birth to three years old, shall be referred to the Infant Toddler Program.

The federal Child Abuse Prevention and Treatment Act requires all children, birth to three years of age, who are the subject of a substantiated referral, be referred to the Infant Toddler Program for an evaluation and eligibility determination for services. Please see the standard for "Substantiated Reports of Children Birth to Three" for more information regarding the referral process to the Infant Toddler Program.

Immunizations

A child's immunization record will be reviewed and all immunizations will be brought up-to-date with the proposed immunization schedule.

If parents refuse to authorize immunizations for their child a decision to immunize will be made on a case by case basis, following the doctor's recommendations and history of previous immunizations. The case manager must explore and document the reasons for the parents' refusal.

In cases where parents do not want to immunize their child the social worker will address their concerns during the case planning or review hearing in an effort to receive a judge's ruling on immunizing the child.

Dental Care

All children 3 years of age or older, placed in alternate care shall receive a dental examination as soon as possible after placement but no later than ninety (90) days after placement, and thereafter according to a schedule prescribed by the dentist. If a child is under the age of three years, he/she must receive dental services if there are indications of dental problems or service needs.

Children’s dental needs will be addressed, based on the recommendations of the dentist. If dental care, not included in the state medical assistance program is recommended, a request for payment shall be submitted to the state Medicaid dental consultant. For children in shelter care, emergency dental services shall be provided and paid for by the Department, if there are no other financial resources available.

Vision

Vision screening will be completed by the child's school or a medical provider unless otherwise indicated by a child's need.

Hearing
Hearing screening will be completed by the child's school or medical provider unless otherwise indicated by a child's need.

Medication
Whenever possible, the child's parents or guardians should be involved, consulted, and advised when medication is prescribed. Parents and resource families should know which medications a child is taking, the purpose of the medication, directions for administering the medication, and any side effects that could occur as a result of the medication. Youth and young adults in particular, shall be educated regarding their medications, including the need for the medication and its prescribed use.

Mental Health In-Home Cases
The mental health needs of children traumatized by child abuse or neglect should be assessed as a component of the child comprehensive risk assessment process. When addressing mental health issues for an in-home case, a social worker should consider whether the mental health needs are relevant to the reason the agency is involved with the family and whether the need to address mental health issues is a reasonable expectation given the circumstances of the family and the agency's involvement. For example, if the referral indicates mental health concerns or during the comprehensive risk assessment process a child is exhibiting mental health symptoms, a referral should be made for a mental health screening and/or assessment. During ongoing contact with children and their parents, social workers will continue to informally assess the mental health needs of children and provide referrals to formal assessments and services as indicated.

Mental Health in Out-of-home Cases
All children, age three and older, placed in alternate care shall receive a mental health screening, and if recommended, a full mental health assessment. Children shall be referred for mental health treatment as recommended by the assessment. Children age 3 and under who are the subject of a substantiated child abuse referral shall have their mental health needs assessed through the Infant and Toddler Program. During ongoing contact with children and their care providers, social workers will continue to informally assess the mental health needs of children and provide referrals to formal assessments and services as indicated. A suggested mental health screening tool is available on the CW SharePoint under Forms. There is one version for 0-5 and another for 5-adult. They are very behaviorally based and are very good for screening as well as an excellent source of information for anyone conducting a more comprehensive mental health assessment such as a psychologist, psychiatrist or other clinician.

Mental Health Assessments in Level III Placements
All children requiring foster care, at a level III or higher, must receive a mental health assessment unless the mental health of the child has previously been assessed and the information is current, and mental health needs are known and are being met. There may be situations where a child requires foster care at a level III or higher due to known and

documented needs other than mental health, such as a medical condition. In such cases, a variance can be made and approved by the program manager or designee to forgo a mental health assessment as part of the level III or higher placement process.

Educational Stability

Stability in both placement and education are key features of recent federal child welfare legislation. Out-of-home placement can be coupled with the need for many changes which include moving to a new school. Additionally, many of these children are overwhelmed by trauma that affects learning, including, attention, concentration, mood, interpersonal trust, and communication. Changing schools each time a child moves can seriously impair a child's ability to be successful in school.

The case plans of each child in state custody must include a plan for ensuring the educational stability of that child and will be documented on the child's Alternate Care Plan. Department social workers must make diligent efforts to maintain the stability of the child's school setting, through efforts such as placement selection and transportation assistance. The case plan must assure that:

- The initial placement and all following changes in placement must take into account the appropriateness of the child's current educational setting and the proximity to the school in which the child was enrolled at the time of each placement change;
- Through coordination with local education agencies, children will remain in the school they are enrolled in at the time of each placement change, unless that would not be in the child's best interest; and
- If remaining in the same school is not in the child's best interest, the agency must assure that the child has immediate and appropriate enrollment in a new school with all of the educational records of the child provided to that new school.
- Reasons for a change in an educational setting:
    - The child is involved in gang or illegal activity.
    - The child's developmental or educational needs are not being met.
    - There is risk of harm to the child due to proximity and access of the offender.
    - The child has been moved to a permanent home due to adoption or guardianship.
    - The youth is opposed to remaining in the school due to a feasible and arguable reason.
    - The child is in a residential treatment facility with educational services on site.

Mc Kinney Vento Homeless Assistance Act
This act allows school districts to assist students who are homeless and/or awaiting foster care to remain in their school of origin. Federal money is allocated to school districts to assist with work to ensure that youth are able to remain in school despite their living circumstances. Each school district has appointed a liaison to help navigate and provide services to the homeless youth.

Transportation Protocol
School districts are responsible for providing transportation to the school of origin for students identified as homeless under McKinney-Vento. McKinney-Vento includes students "awaiting foster care." Idaho's definition for "awaiting foster care" is a temporary shelter placement or shelter care after the child /youth has been removed from home and before the child is placed in the legal custody of the Department (at the adjudicatory hearing, approximately 30 days after the child has been removed from his/her home); or a hospital or other institutional placement only when the child/youth's release is being delayed due to a lack of placement.

The District liaison, to the extent possible, will make every effort to coordinate school placement, transportation, and other educationally related services with child welfare staff and resource parents..

After the adjudicatory hearing, students who have been placed in foster care also have the right to stay in the school of origin under the Fostering Connections Act (see earlier section on Educational Stability). After the adjudicatory hearing, the Department is responsible for the transportation. IV-E funding may be used for transporting eligible children/youth to their school of origin.

Educational Services
Children, 3 years of age or older with suspected developmental delays, will be referred to their local school district for screening.

Social workers shall advocate obtaining identified educational services for children. This might include arranging for priority testing for special education, participation in individual educational program development (IEP), special classes or meeting with school personnel to address the child's academic performance. The social worker shall include the birth/legal parents and resource parents whenever possible in this process. Regarding IEP development, Chapter 5 of the Idaho Special Education Manual defines "parent" as, "a natural or adoptive parent, a legal guardian, a person acting as a parent, or a surrogate parent who has been appointed by the district. The term 'acting as a parent' includes persons such as a grandparent or stepparents with whom the student lives as well as persons who are legally responsible for a student's welfare. **The term does not include state agency personnel if the student is a ward of the state.** A foster parent may act as a parent if the natural parent's authority to make educational decision on behalf of his or her child has been terminated by law. A foster parent must be an

individual who has been residing with the student at least 6 months, is willing to make educational decisions required of a parent, and has no interest that would conflict with the interests of the student." Though social workers are not authorized to sign IEPs, their continued participation in the process and advocacy for the educational needs of the foster child is essential.

School Attendance
Every child in the custody of the Department will:

- Be enrolled in and attend an accredited on-site public or private school;
- Be instructed in elementary or secondary education in accordance with the educational code of Idaho;
- Will have completed secondary school; or
- If a youth is at least 16 years of age and has previously dropped out of school with his/her parent's permission, the youth will participate in an independent living plan that will address his/her education (GED) and/or training.

If there are extenuating circumstances and it is determined that virtual academy (on-line) is the most appropriate educational setting for a child, a variance can approved by a hub's manager. However, children attending virtual academy must also have a socialization plan to ensure social skill building opportunities and connections.

In the event a child is incapable of attending school on a full-time basis due to the medical condition of the child, the child's inability to attend school will be monitored on a regular basis and supported by regularly updated information in the case plan.

Every school-age child receiving an adoption assistance or subsidized guardianship payment will also comply with the above bullets. However, to meet their educational requirements, if they are no longer in the custody of the Department, they may also participate in private instruction that may include homeschooling or virtual academies without an approved variance from the hub's manager.

Whenever possible, parents or legal guardians should be encouraged to participate in the development of the child's educational plan. When parental rights are intact, the child's parent's or legal guardian's educational preferences for the child should be considered when developing the child's educational plan.

Documentation of Child Well-being
Information regarding a child's physical health, mental health, and education must be entered on the relevant screens in FOCUS.

Any action taken not consistent with this standard must be pre-approved by the FACS Division Administrator or designee. The action, rationale and approval must be documented in the file.