DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



October 26, 2004

ALL-COUNTY LETTER NO. 04-45

TO: ALL COUNTY WELFARE DIRECTORS

ALL COUNTY WELFARE FISCAL OFFICERS

| <u>REASON</u> | <u>FUR</u> | <u>IHIS</u> | TRANSMIT | IAL |
|---------------|------------|-------------|----------|-----|
| | | | | |

[x] State Law Change

[] Federal Law or Regulation

Change Court Order

- [] Clarification Requested by One or More Counties
- [] Initiated by CDSS

SUBJECT: STATE FISCAL YEAR 2004/2005 PROCESS FOR COUNTY

CERTIFICATION TO FULL UTILIZATION OF THE CHILD WELFARE SERVICES CASE MANAGEMENT SYSTEM AND THE AVAILABILITY

OF AN ASSOCIATED FUNDING AUGMENTATION

REFERENCE: CFL 04/05-30, DATED OCTOBER 18, 2004; CFL 04/05-13, DATED

AUGUST 30, 2004; ACL 03-54, DATED NOVEMBER 5, 2003; CFL 03/04-41, DATED JANUARY 21, 2004; AND ACL 00-52, DATED AUGUST 7, 2000

This letter updates last year's instructions to counties for certifying to full utilization of the Child Welfare Services/Case Management System (CWS/CMS) in order to secure the funding augmentation available for CWS Programs. These instructions remain the same as last year and act in conjunction with information contained in County Fiscal Letter (CFL) No. 04/05-13 and dated August 30, 2004, and CFL No. 04/05-30, dated October 18, 2004. An additional CFL containing final allocation information is scheduled for release no later than January 2005, providing the final CWS augmentation allocation for State Fiscal Year (SFY) 2004/05. Information regarding the previous year's augmentation can be found in All County Letter (ACL) No. 03-54, dated November 5, 2003, and in CFL No. 03/04-41, dated January 21, 2004, and their respective attachments.

Pursuant to the Budget Act of 2004, Chapter 845, Statutes of 2004 (SB 1612), an augmentation of \$91,440,000 [\$57,150,000 in State General Funds (SGF)] will be available to counties for Emergency Response, Family Maintenance, Family Reunification, and Permanent Placement services provided under county CWS Programs. This augmentation is for the 2004/05 fiscal year only. In order for counties to access these funds, two criteria must be met:

- 1. Counties must fully expend all budgeted CWS Basic SGF allocations prior to drawing down this augmentation, and
- 2. Counties must provide certification to the California Department of Social Services (CDSS) that they are fully utilizing CWS/CMS as described in the following section.

Definition of Full Utilization

Pursuant to the Budget Act of 2000 and carried forward in the consecutive Budget Acts and Chapter 845, Statues of 2004, the CDSS worked collaboratively with stakeholders in reaching an agreement on the definition of full utilization. These stakeholders included members from the County Welfare Directors Association and labor groups representing social workers. The following is the result of that collaboration:

All functional areas within the client services and adoptions components will be utilized, with all mandatory fields completed. The accompanying Attachment (A) details the mandatory data elements to be completed.

In the past four years, several events have occurred which highlight the need for complete, accurate, and timely data and information documentation in CWS/CMS. Both the federally required Program Improvement Plan (PIP) and Assembly Bill 636 require extensive and frequent reporting of multiple critical program outcomes. CWS/CMS is the primary source of that data. Both county performance reporting and the potential for federal funding penalties will be based on that data. To a large extent, individual county performance will reflect how much counties utilize the system to document complete, accurate, and timely program and client information. The CDSS will continue to work with the counties to ensure that the additional CWS/CMS data elements associated with performance outcomes are fully reflected in the system.

Certification Process

To certify compliance with this definition of full utilization, county welfare directors shall use one of the following options:

- A. The county certifies that it currently completes all mandatory yellow and green data fields applicable to the casework being done;
- B. The county cannot certify to full utilization as outlined above in Option (A), and submits an action plan indicating the current status of utilization, steps, milestones, and timelines by which full utilization will be achieved or;
- C. The county cannot certify to full utilization as outlined above in Option (A), and submits an action plan indicating the current status of utilization, along with the steps, milestones, and timelines for those components/indicators by which full utilization will be achieved. Additionally, the county requests an exemption(s) from some aspect(s) of full utilization. All exemption requests must be accompanied by a valid business case reflecting local circumstances.

Certification will be done via a letter from each county welfare director to Bruce Wagstaff, CDSS Deputy Director, Children and Family Services Division. The letter must include one of the options listed above. Any required action plan, exemption request, or business case must be included in the letter.

ACL 04-45 Page Three

All letters should be sent to the following address:

County Certifications of CWS/CMS
California Department of Social Services
CMS Support Branch
744 P Street, MS 10-75
Sacramento, California 95814

If a county is unable to certify compliance, counties shall develop and submit an action plan for reaching their goal of full utilization. County action plans shall use a target date of no later than June 30, 2005, or shall provide an alternate target date accompanied by appropriate justification. The CDSS shall provide a confirmation of county certifications of full utilization, as referenced in Option (A) above, within two weeks of receipt of the county certification. Validation and acceptance of county certifications referencing Option (B) or (C) shall be responded to as quickly as possible.

If a county is unable to certify to any of the full utilization options described above, CDSS will redistribute that county's augmentation funds to the counties with approved certifications. In order for CDSS to have the opportunity to redistribute the funds of those counties that do not meet certification guidelines, counties must submit their letters no later than November 30, 2004; distribution of the final augmentation calculation is scheduled for no later than January 2005. If any county fails to receive an approval letter from CDSS in response to a submitted Letter of Certification, please contact the CMS Support Branch at the number listed below prior to December 14, 2004.

Selected CWS/CMS data identified as indicators of full utilization (see ACL No. 00-52) will continue to be reported monthly by the CWS/CMS Project and delivered to the County Welfare Director in the form of a self-monitoring report. Counties continue to be accountable for ensuring compliance with all aspects of full utilization.

Fiscal Impact/Claiming

Counties must match their total CWS Basic SGF allocation prior to drawing down any portion of this augmentation. Distribution of these funds will be in accordance with the instructions outlined in CFL No. 04/05-13. There is no provision for rolling unexpended funds into the next fiscal year.

Questions related to this allocation, may be addressed to <u>fiscal.systems@dss.ca.gov</u>. For questions related to the claiming process, please e-mail your questions to

ACL 04-45 Page Four

<u>assistance.claims@dss.ca.gov</u>. For questions or further clarification related to the certification process, please contact Brenda Usher in the CMS Support Branch, at (916) 657-1655.

Sincerely,

Original Document Signed By:

BRUCE WAGSTAFF
Deputy Director
Children and Family Services Division

Attachment

c: Meg Sheldon, CWDA

Attachment A Full Utilization Indicators

| Functional Area | Indicators | Explanation |
|----------------------|---|--|
| Referral Management | Referrals openedReferrals disposed | This will capture all the work in the "Referral Management" section of the application. Referrals cannot be saved to the database without completing all the mandatory fields, including allegations, clients and contacts. |
| Client Management | Child client createdAdult client created (at least one) | The completion of the demographic fields in the "Client" notebooks covers the mandatory and most important aspects of the Client Management section. |
| Court Management | Complete the Hearing Notebook for the most recent hearing, with all the findings and orders on the Results Page. Complete the Hearing Notebook for the next hearing. | This will provide the minimal Court information required on all court cases and take into consideration that some counties will not be able to use the Court Report or Petition sections of the application. |
| Service Management | Staff Person/Child contact exist in the Contact Notebook Staff Person/Parent Contact exists in the Contact Notebook Staff Person/Substitute Care Provider contact exist in the Contact Notebook | The Service Management section captures all the services in the form of contacts, services and visits. |
| Placement Management | Current placement for all children in FR/PP or Adoption. Mandatory AFCARS fields are entered. | These indicators will confirm that the placement is documented and that the placement home (FFH) information is supplemented to make the Placement Match process possible. |
| Case management | All Referrals/Cases over 30 days have an in Effect Case Plan. | The Case Plan is the main aspect of the Case Management section. The data for the Case Plan needs to be entered even if the user does not use the Case Plan Document. The In Effect Case Plan requires completion of the Case Plan Notebook, creation of the case plan document and supervisor's approval. |
| Adoptions | Adoptive placement made/Adoptions finalized. Mandatory AFCARS fields are entered | These indicators will validate that the Adoption functionality is utilized and all AFCARS fields are completed. |

Functional Area Usage Indicators

| Functional Area | Indicators | Explanation | Page | Mandatory Fields | Required Fields |
|---------------------|--------------------|-----------------------------------|------------|--|--------------------------|
| Referral Management | Referrals opened | Referrals opened and saved to the | ID | • Date | |
| | | database | | • Time | |
| | | | | Report Method | |
| | | | Reporter | | Unknown |
| | | | | | OR • First Name |
| | | | | | First Name Last Name |
| | | | | | Street |
| | | | | | • City |
| | | | Assignment | Start Date | - 4 |
| | | | | County | |
| | | | | CWS Office | |
| | | | | Unit | |
| | | | | Caseload | |
| Referral Management | Referrals opened | Referrals opened continued | Client | First Name | • DOB |
| | | | | Last Name | • Lang. |
| | | | | Name typeGender | • Ethn. |
| | | | | • Gender | Common Address |
| | | | Allegation | Start Date | 71001033 |
| | | | 3 | Victim | |
| | | | | Abuse Type | |
| | | | | | |
| | | | | | |
| Referral Management | Referrals disposed | Referrals disposed have the same | Determined | Complete | Generate E/R |
| | | fields as Referrals opened with | Response. | Response Dialog | Document (3) |
| | | these additional fields. | | boxes (10) | |
| | | | | | |

| Functional Area | Indicators | Explanation | Page | Mandatory Fields | Required Fields |
|-------------------|-------------------------|---|--------------|---|---------------------------------|
| | | | Contact | Staff Person | |
| | | | | Start Date | |
| | | | | Contact | |
| | | | | Purpose • Method | |
| | | | | MethodLocation | |
| | | | | Status | |
| | | | | Participant | |
| | | | Conclusion | Allegation | |
| | | | | conclusion | |
| | | | Client Dispo | Closure reason | |
| | | | | date | |
| | | | | Closure Reason | |
| | | | Approval | Pending | |
| | | | | Submitted | |
| | | | | Approved | |
| | | | | | Generate x- |
| | | | | | report |
| | | | | | Generate |
| Client Management | Child client created | The Child client (focus child) has to | ID | First Name | 1166/1169 • DOB |
| Chefit Management | Offilia cheffit created | be <19 and a victim. | | Last Name | Language |
| | | So vio and a violini. | | Name Type | Ethnicity |
| | | | | Gender | • Common |
| | | | | Geriaer | Address |
| | | | | | |
| | | | | | |
| | Adult client created | | ID | First Name | |
| | (at least one) | | | Last Name | |
| | | | | Name Type | |
| Count Management | Transing M. C. I. | Llooving Notobook for the proof | ID | Gender | |
| Court Management | Hearing Notebook | Hearing Notebook for the most recent hearing, with all the findings | ID | Hearing Date Court Info | |
| | (current) | and orders on the Results Page. | | Court Info. | |
| | | | Minors | Select Minor | |
| | | | | Hearing type | |
| | | | Results | | Findings |
| | | | | | • Orders |

| Functional Area | Indicators | Explanation | Page | Mandatory Fields | Required Fields |
|----------------------|---------------------|----------------------------------|------------|------------------------------------|---------------------|
| | Hearing Notebook | Create Next Hearing by selection | ID | Hearing Date | |
| | (Future) | "ACTION" | | Court Info | |
| | | | Minors | Select Minor | |
| | | | | Hearing type | |
| Service Management | Staff Person/Child | Contacts | Contact | Staff Person | |
| | | | | Start Date | |
| | | | | Contact | |
| | | | | Purpose | |
| | | | | Method | |
| | | | | Location | |
| | | | | Status | |
| | | | | Participants | |
| | | | | On Behalf One Behalf | |
| | | | | Contact Party Type | |
| | Staff Person/Parent | | | Type same as above | |
| | Staff Person/SCP | | | same as above same as above | |
| | Child/Parent | Visit | Associated | Start Date | must have |
| | Offilia/i arefit | VISIT | Visit | Participant | contact page |
| | | | Viole | Visit Party type | Contact page |
| | | | | Completed | |
| Placement Management | Current Placement | Placement Notebook | ID | Start date | Need to have |
| Ideaman Managaman | for all children in | I lacomone recoposit | | Legal Authority | placement |
| | FR/PP and | | | Care provider | facilities in Cache |
| | adoption | | | Relationship to | (Search for |
| | | | | child | facilities) |
| | | | | Child Removal | |
| | | | | date | |
| | | | | • Time | |
| | | | | Primary reason | |
| | | | | Primary | |
| | | | | Caretaker | |
| | | | | relationship | |

| Functional Area | Indicators | Explanation | Page | Mandatory Fields | Required Fields |
|-----------------|---------------------|-------------|--------------------------|--|---|
| Case Management | In Effect Case Plan | | Case Plan Participant | Start dateEnd DateCase Plan Goal | need client demographic information (language, ethnicity, education and Health Info.) |
| | | | | Supervisor Approval | Should have strengths and service objectives |

SUMMARY

| FUNCTIONAL AREA | INDICATORS | MANDATORY FIELDS | REQUIRED FIELDS |
|----------------------|-----------------------------|------------------|-----------------|
| Referral Management | Referrals Open | 15 fields | 8 fields |
| | Referrals Disposed | 30 fields | 12 fields |
| Client Management | Child Client | 4 fields | 4 fields |
| | Adult Client | 4 fields | |
| Court Management | Hearing Notebook-current | 4 fields | 2 fields |
| | Hearing Notebook-future | 4 fields | |
| Service Management | Staff person/Child-contact | 9 fields | |
| | Staff person/Parent contact | 9 fields | |
| | Staff person/SCP contact | 9 fields | |
| | Child/Parent-visit | 4 fields | |
| Placement Management | Placement-current | 7 fields | |
| | AFCARS | | |
| Case Management | In Effect Case Plan | 4 fields | 6 fields |
| Adoptions | AFCARS | | |