

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

April 17, 1986



ALL COUNTY INFORMATION NOTICE I-38-86

TO: ALL COUNTY WELFARE DIRECTORS
ALL PROBATION DEPARTMENTS

SUBJECT: AB 3632/AB 882: REFERRING CHILDREN RECEIVING CHILD WELFARE
SERVICES (CWS) FOR ASSESSMENT

REFERENCE: ALL COUNTY LETTER (ACL) 86-17; ALL COUNTY INFORMATION NOTICE
(ACIN) I-20-86

As described in ACIN I-20-86, issued March 7, 1986, AB 882 (Chapter 1274/Statutes of 1985) provides for funds to be appropriated to the State Department of Mental Health for the purpose of conducting mental health assessments of identified handicapped children (individuals with exceptional needs) to determine necessary services for inclusion on the individualized education program (IEP). Handicapped children include seriously emotionally disturbed (SED) children. This assessment period is from March 1 through June 30, 1986. The purpose of this letter is to provide instructions for referring children currently receiving CWS for assessment during this period.

Identification

As described in ACL 86-17, the county welfare department (CWD) is responsible for referring any child receiving CWS to the local education agency (LEA) if the CWD has reason to believe that the child is handicapped and may need special education and related services. In addition, AB 882 provides for a new payment system for SED children who are placed out-of-home pursuant to an IEP. This payment system is separate from the Aid to Families with Dependent Children - Foster Care Program which primarily serves neglected or abused children. Effective July 1, 1986, the AB 3632 Payment System is a funding resource for SED children who are not in need of protection from abuse or neglect but who have been determined to be SED and in need of out-of-home placement for educational purposes. Therefore, the following two groups of children should be identified:

1. Children receiving CWS who have a current IEP (with or without "SED" as a primary diagnosis) in their case records;* and

* A record of the child's IEP may sometimes be on file with the residential facility instead of in the case record.

2. Children receiving CWS who are suspected of being handicapped and in need of special education and related services.

Referral

For each child identified in #1 on the previous page, the CWD should contact in writing the appropriate LEA to request that the current IEP be reviewed to determine if it is meeting the child's needs. (For this purpose, the appropriate LEA is that agency identified on the child's IEP.) A copy of this written notification should be sent to the county mental health (CMH) department in the child's county of origin. The purpose of this step is to alert the CMH that this child may need IEP related mental health services either in the current placement or, if he/she is returned, in the county of origin. A sample notification letter is attached (Attachment 1). Pursuant to Welfare and Institutions Code Sections 10850 and 827, all information provided about the child is confidential. In order to share information about dependent children with the LEA and other agencies pursuant to the IEP process, the CWD must obtain Juvenile Court approval. For children who have been voluntarily placed, the CWD must obtain parental approval. It is essential that the LEA be informed that the information provided to them cannot be shared with anyone outside the LEA except for IEP related purposes.

As the legally responsible agent for a dependent child, the CWD should be notified of all subsequent actions by the LEA. However, after the IEP is reviewed, CWDs should also request a meeting with LEA representatives to discuss any other necessary procedures and resolution.

For each child identified in #2 above, the CWD should send a written referral to the principal of the school the child is currently attending. If the child attends a school program located at a residential facility, the referral should be sent to the Special Education Local Plan Area (SELPA) administrator for the area in which the facility is located. The referral must include the reasons for suspecting that the child is handicapped and in need of special education services. A sample referral letter is attached (Attachment 2).

As the legally responsible agent for a dependent child, the CWD should be informed of any activities pertaining to the development of an IEP. The CWD is required to consent to assessments and the IEP before it can be implemented. (However, when reunification is anticipated, the child's parents should also be encouraged to participate in the IEP process.)

The CWD activities associated with identifying and referring voluntarily placed and dependent children and functioning as the legally responsible agent on the IEP team are part of the CWS case management activities and are to be charged to the appropriate CWS Program and funded by the counties' CWS allocation.

If you have any questions regarding identifying children for referral, please contact Ms. Lisa Foster at (916) 445-0813, ATSS 485-0813. For questions regarding procedures and activities following the referral, contact the LEA. We will be issuing further AB 3632/AB 882 implementation instructions, including data reporting requirements, in the near future.



ROBERT A. HOREL
Deputy Director
Welfare Program Division

Attachments

cc: CWDA

SAMPLE FORM FOR REQUESTING LEA
FOLLOW-UP ON CHILDREN WITH IEPS

TO: Special Education Director, Local Education Agency
(where child currently attends school)

Pursuant to Public Law 94-142 (Education for All Handicapped Children Act) and the assessment requirement in AB 3632/AB 882 (Education Code Section 56320 et seq and California Administrative Code Section 60040 et seq), we are requesting a review of the current IEP for the child listed below in order to determine if it is continuing to meet his/her needs. Generally, the review should determine if the total range of services being provided continue to be appropriate and/or if additional services are required.

 child's name is currently residing/placed with
 (home/facility name) at address
and attends (school of attendance/address).

[] This agency and the child's parents have a voluntary placement agreement and the parents continue to be legally responsible for the child. The child's parents are (parents' names). They reside at (parents' address) [DO NOT INCLUDE THIS INFORMATION IF CHILD IS A DEPENDENT]

[] This child is a dependent of the Juvenile Court. (CWD name) is the legally responsible agent as designated by the court and has the authority to consent to assessments and the IEP. Please inform us of all actions which will be initiated in response to this letter. The contact person is (name/phone number/address).

All information included in this referral is confidential. The (CWD name) has received Juvenile Court approval to provide this information regarding dependent children to you. For voluntarily placed children, the parents have agreed to provide this information. The referral information must not be provided to anyone outside the local education agency except for IEP related purposes.

cc: County Mental Health Department
Child's parents (if child is voluntarily placed)

SAMPLE FORM FOR REFERRING CHILDREN
SUSPECTED OF BEING HANDICAPPED

To: School Principal (or County Superintendent of Schools)
(where child currently attends school)

Pursuant to Public Law 94-142 (Education for All Handicapped Children Act), we are referring the child indicated below to you to determine the need for special education and related services. This referral is based on observations of the child from (date) to (date) and includes the following specific behaviors (behavior which has been observed in school, community or home):

[] This agency and the child's parents have a voluntary placement agreement and the parents continue to be legally responsible for the child. The child's parents are (parents' names) . They reside at (parents' address) . [DO NOT INCLUDE THIS INFORMATION IF CHILD IS A DEPENDENT]

[] (child's name) is a dependent of the Juvenile Court. (CWD name) is the legally responsible agent as designated by the Court and has the authority to consent to assessments and the IEP. This child is currently residing/placed with home/facility name at (address) and attends (school of attendance/address) . Please inform us of all actions which will be initiated in response to this referral. The contact person is (name/phone number/address) .

All information included in this referral is confidential. The (CWD name) has received Juvenile Court approval to provide information to you. For children voluntarily placed, the parents have agreed to provide this information. The referral information must not be provided to anyone outside the local education agency except for DEP related purposes.

cc: Child's parents (if child voluntarily placed)