1. **OVERVIEW**

The Emergency Response Program is a response system that provides initial intake services and crisis intervention to maintain children safely in their homes. The Emergency Response (ER) Hotline/Centralized Screening Unit receives calls from law enforcement, hospitals, other mandated reporters, and the general public regarding allegations of child abuse and neglect. The hotline may provide consultation on potential referrals and information about/and referrals to community services.

ER Hotline/Centralized Screening Unit Screeners collect information from the reporter, check in the department’s records (i.e. CWS/CMS, Meds, & Microfiche) for relevant information on the family, check with collaterals, and then assess the information collected to determine the appropriate response to each referral received. Further Child Welfare Services includes assignment for investigation, detention, Intensive Family Services (IFS), court ordered Family Maintenance services, and out-of-home placement.

1. **REFERENCES**

MPP Div 31-082 – 090 and 105 – 120

Penal Code Section 11165.13 and 11167

Welfare & Institutions Code Section 241.1 and 329

Health & Safety Code Section 123605

Probate Code Section 1513 (a) and (b)

[All County Information Notice (ACIN) No. 1-83-15](http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acin/2015/I-83_15.pdf)

[DM 31-907, Structured Decision Making (SDM) Protocol](http://ehsdstars/DepartmentChangeLetters/DMCL2016/DMCL16-16.pdf)

[CWDA, Bay Area Regional Children’s Services Committee, Comprehensive Intercounty](http://www.cwda.org/formsguidelines/inter-county-transfer-protocol)

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1. **PROCEDURES**
2. **ER HOTLINE/CENTRALIZED SCREENING UNIT SCREENERS**
3. **Receiving Referrals – Regular Hours** (8:00 a.m. – 4:00 p.m. business days)
4. The ER Hotline/Centralized Screening Unit receives all referrals and reports regarding a child(ren) endangered by abuse, neglect or exploitation.
5. Referral information shall be recorded on the CCC Referral Information Document (RID) and SDM Hotline Tool to determine the appropriate response needed for each report of suspected child maltreatment.
6. The Screener needs to obtain and review the information gathered from the reporter, including the Standard Areas for Review, as well as CWS/CMS history and other pertinent information, to determine the appropriate response for each report:
7. Is this a referral that meets the criteria, which requires child welfare intervention?

2) If yes, is an immediate in-person response needed? Or could the investigation be made on a non-emergency basis within the next 10 days?

1. Screeners are responsible:
2. For decisions regarding jurisdiction issues regarding referrals that cross over districts and county.
3. To know and follow listed time frame policies in regards to “immediates”, 10-days, and Assessed Outs (A/Os).
4. To know and follow procedures necessary as to when to utilize and/or cross report to law enforcement, Community Care Licensing (CCL), other Counties, and other States.
5. To be familiar with the Bay Area Comprehensive Intercounty Protocol in cooperation with neighboring counties.

1. **Telephone Interviews**
2. The Screener will conduct the telephone interview in a manner that will elicit as much relevant information as possible in order to determine whether the referral meets the criteria for intervention, and if so, the scope of the emergency.
3. The Screener will be customer service oriented and sensitive to the different expectations of callers who may be unfamiliar with the Bureau’s policies and procedures.
4. **Walk-ins**a. When a reporting party advises staff at the district offices that they

would like to make a referral (abuse or neglect), the District ER Worker of the Day (WOD) will assist the reporting party with contacting CCC’s ER Hotline/Centralized Screening Unit by: 1) escorting the reporting party to an interview room and contacting the Screening Unit by phone, 2) identifying yourself as an ER Worker that is assisting a Walk-in reporting party, and 3) remaining with the reporting party through the referral process as a support.

1. **Intake Process**

Using the CCC Referral Information Document (RID) and SDM Hotline Tool as a guide (see DM 31-907):

1. Obtain, as completely as possible, identifying contact and location information about the child or children; parent(s) or person having custody, the reporter and other persons having knowledge of the situation, (i.e. correct DOB, addresses, phone numbers, school information).
2. Determine specifically what happened or is happening in as much detail as the reporter can give, how the maltreatment was or is being caused, and the present condition and whereabouts of the child(ren).
3. Help the caller to be precise, accurate, and avoid exaggerations by conducting the interview in a calm and professional manner.
4. Determine where the reported incident(s) happened.
5. Determine when and the frequency of the incident(s).
6. Determine the basis for the allegation(s). What is the caller alleging? How does the caller know about the problem? Why are they reporting this now?
7. Determine as much as possible about the family situation including potential issues of safety and risk for the child as well as protective capacity of the caretakers. This knowledge helps in the initial approach to the family and in the assessment.
8. Identify the family’s needs and strengths.
9. Determine, if appropriate, what attempts have been made by the reporter or the reporter’s agency to deal with the problem.
10. Determine whether or not the subject family has been informed of the CFS referral. If the caller chooses to have the family know she/he reported, inform the caller about confidentiality laws pertaining to the identity of the reporting party (the caller) pursuant to Penal Code 11167.
11. Determine the best time to contact the family or the child(ren). It is particularly important to know dismissal time from school or day care. Clarify for the reporter, time factors that may be involved in responding and the limits on CFS services.
12. Avoid making definitive statements about specific outcomes from

the report.

1. Contact other person(s) having knowledge of the situation when necessary to obtain a clear understanding of the problem.
2. Briefly explain the agency’s family focus approach, treating the family as a whole, and trying to maintain the child(ren) safely in his/her home.
3. **Immediate Response**
4. Referrals that require an immediate response include, but are not limited to, those that allege current marks or bruises on a child not caused by accidental means, a child has been sexually abused and the perpetrator has access to the child, medical neglect, or flight risk (exception would be if the supervisor, weighing other additional factors, decides otherwise). (For more information on criteria for an immediate response, see the Emergency Response Protocol and Priority of Referrals, Manual Section 31-084.4).
5. The Screener will personally hand referral directly to a Clerk for immediate clearance.
6. All immediate referrals must be entered into CWS/CMS and sent out to the proper district within 2 hours. Time starts when the call is received. (Notify Screening Supervisor if there are further complications or delays).
7. **Completion of Referral Intake Process-Screener’s Determination of Response**

Using the SDM Hotline Tool as a guide (see DM 31-907):

1. Submit the Screener’s CCC RID to the Screening Clerk’s in-box for a full clearance, i.e. history, caseworker, CalWIN, CDS, CWS/CMS, etc.
2. After entering the completed referral, and completing the SDM Hotline Tool, the Screener will determine the response needed in one of the following ways:

1) Accept the report and determine it to need an immediate emergency response.

1. Accept the report for assignment and follow up on a non-emergency basis as a 10-day referral.

**Note:** 10-day referrals must be entered and sent to the appropriate district within 24 hours from the time the call was received.

3) Accept the report pending further collateral telephone contacts.

4) Accept the report and refer the caller to other resources then process as an Assessed Out (A/O). This must be entered into CWS/CMS within 3 business days.

5) Accept the referral and then make referral contact/cross reports to CCL, law enforcement, and other counties/agencies. Then process the referral as an Assessed Out (A/O). This must be entered into CWS/CMS within 3 business days.

**B. ER HOTLINE/CENTRALIZED SCREENING UNIT WORKER OF THE DAY (WOD)**

1. Workers are expected to review and adhere to the worker of the day schedule. If you are unavailable for WOD duty advise your supervisor and clerk.
2. The Screening WOD, unlike a District WOD, is a protected day to be used for catching up on referrals that may be backlogged.
3. The WOD is responsible for verifying that the phones transfer correctly from the Crises Line at 8:00 a.m. and back to the Crisis Line at 5:00 p.m., confirming that it has been done properly. The WOD will log the name of the person covering the Crisis Line and the time he/she was contacted.

**C. “CLEARANCE”…RESEARCHING THE REFERRAL IN CWS/CMS**

1. The Clerk will check in CWS/CMS, regarding any prior history related to the case:
2. Previous referrals and outcomes.
3. Child(ren)’s current placement status, if applicable.
4. Clearance on the parent(s), and all children in the family.
5. Clearance on the alleged perpetrator(s).
6. Verification of addresses and phone numbers.

2. The Clerk will also conduct clearances on CalWIN, CDS, and SSRS to find out if the family has an open case with any other EHSD service/benefit program or have an active service/benefits case in any other California County.

1. For handling referrals with incomplete information, use cross-index directories to locate addresses, phone numbers, or family names associated with addresses or phone numbers.
2. **ER HOTLINE/CENTRALIZED SCREENING UNIT SCREENING SUPERVISOR**

Using the CCC Referral Information Document (RID) and SDM Hotline Tool as a guide (see DM 31-907):

1. Is available for consultation on whether or not to assign a referral to the district for investigation, and determine the time frame for the response (immediate or 10-day).
2. Is responsible to approve all A/Os.
3. Must give approval prior to closure of a referral.
4. **CONFIDENTIALITY OF REPORTING PARTIES**

If a (non-mandated) reporting party asks about the confidentiality of their identity, Screeners should clearly explain that Children & Family Services (CFS) must protect their identity by law and will not disclose their identity to a family member or any member of the public, unless the caller waives confidentiality according to Penal Code 11167. There are circumstances under which their identities may be disclosed to the District Attorney or the police/law enforcement as permitted by law. Screeners also explain that a parent may guess their identity in the event that the matter is investigated, especially if the reporting party is the only person who has the reported information. Advise the reporting party to prepare to be confronted by the parent in such a case.

**NOTE:** non-mandated reporters may make anonymous reports.

**F.** **HOTLINE HOURS**

1. During regular hours (8:00 a.m. – 4:00 p.m. business days), hotline referrals and reports regarding children alleged to be endangered by abuse, neglect, or exploitation, are received at the ER Screening Unit, and assigned to the appropriate district for investigation.

1. After hours (4:00 p.m. – 8:00 a.m.) and on weekends/holidays, hotline calls are received and referred to After Hours Workers (for more information see ER After Hours procedures).
2. **TIME FRAMES**
3. All “immediates” are to be entered into CWS/CMS and sent out to the proper district no longer than 2 hours from the time the referral was received. (Notify Supervisor if there are further complications or delays).
4. 10-Days are to be entered the same working day or no later than 24 hours from the original call.
5. A/Os (Assessed Outs) are to be entered for approval by Screening Supervisor no later than three working days.
6. Late day ER referrals on open referrals or cases will be called into the assigned district Social Work Supervisor or Supervisor of the Day who will be responsible for ensuring appropriate and timely follow-up by the assigned Social Worker, WOD, or other district staff.
7. All new ER referrals received at 4:00 p.m. or later by the Screening Unit that are classified as "immediates” will be assigned to the After Hours Social Worker on duty for immediate face to face response.
8. All new ER referrals received by the Screening Unit prior to 4:00 p.m. are the responsibility of the appropriate district office and should not be forwarded to After Hours for response.

**H.** **SPECIAL SITUATIONS**

1. **Immigrant Children without Legal Status**

Immigrant children without legal status are entitled to protective services. Referrals for these children are handled in the same way as children who are citizens or legal residents.

2**. Out-of-County Referrals**

Per the Bay Area Comprehensive Intercounty Protocol, Contra Costa County will respond and intervene, at the request of an outside County, to children who are deemed at imminent risk and who are physically located within the local jurisdiction. If a child from another county requires emergency shelter care, the child should be placed and his/her county of residence billed for shelter costs. The county of residence should be contacted as soon as possible during normal working hours to verify the child’s status. Residency for a child is determined by consideration of all the following, in order of precedence:

Note: The expectation is to deliver the child to the Receiving Center and contact the other county to pick-up the dependent child within 22 hours.

1. current address of parent/legal guardian as confirmed by parent, child, relative, or responsible adult
2. active public assistance or services for parent
3. siblings under Juvenile Court jurisdiction

 A child whose parent cannot be located and to whom the above three items do not apply is the responsibility of the county in which the report was made, or where the child is currently located.

1. **I. Drug-Exposed Infants**

When a referral regarding a drug-exposed/positive toxicology (pos tox) infant is made, the referral shall be assessed for safety and risk the same as any other referral is assessed currently. The Screener will utilize the CCC RID and SDM Hotline Tool to determine if these referrals should be assigned as Immediate, 10-day or Assessed Out (A/O).

**J. Probation Department Requests for Assistance with W&I §241.1 Investigations**

If the court has ordered the Probation Department to carry out a 241.1 investigation to determine whether Probation or CFS can best serve the interests of a child, and there is *no CFS Social Worker currently assigned* to the child’s case, the Probation Officer who contacts the ER Hotline/Centralized Screening Unit should be referred to the dual jurisdiction committee for discussion and assignment of a Social Worker. If there is a CFS Social Worker currently assigned to the child’s case, the Probation Officer should be referred to that Social Worker.

1. **Application to Commence Proceedings per W&I §329**

Whenever any person applies to CFS (e.g. Probation, Delinquency Court, Family Court, etc.), via the ER Hotline/Centralized Screening Unit, to commence proceedings in the juvenile court, the application shall be in the form of an affidavit, including the use of Judicial Council form JV 210 (Attachment II), setting forth facts to support the allegations that a child living in the county comes within the provisions of W&I §300. The ER Hotline/Centralized Screening Unit will record the referral into CWS/CMS and assign the referral to the appropriate District ER Unit. (See [WIC 329](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=329.) for timeframes)

1. **Request for Assessment of Proposed Nonrelative Legal Guardianship per Probate Code §1513a**

The ER Hotline/Centralized Screening Unit will receive requests (including the use of Judicial Council form JV 210 (Attachment II)), from the Probate Court Investigation Unit, for nonrelative legal guardian homestudy assessments that do not include allegations of suspected child abuse and/or neglect. The ER Hotline/Centralized Screening Unit will track the request for assessment and assign the referral to the Out of Home Investigator.

1. **Request for Assessment of Allegation of Parental Abuse for Proposed Legal Guardianship Placements per Probate Code §1513b (formerly c)**

The ER Hotline/Centralized Screening Unit will receive requests (including the use of Judicial Council form JV 210 (Attachment II)), from the Probate Court Investigation Unit, for investigation of parental abuse for children when legal guardianship placements are being considered. The ER Hotline/Centralized Screening Unit will record the referral into CWS/CMS and assign the referral to the appropriate District ER Unit. (See [WIC 329](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=329.) for timeframes)

1. **Attachments**

I. *Application to Commence Proceedings by Affidavit and Decision by Social Worker (WIC 329)*, form JV 210 (7/10)

**CONTACT PERSON:** First line Supervisors and above may contact the Program Analyst with any questions regarding this Department Manual Section.



