

行政院及所屬各機關出國報告

(出國類別：考察)

內政部兒童局考察美國加州橘郡兒童福利服務措施報告

出國人服務機關：內政部兒童局

職 稱：主任秘書

姓 名：廖靜芝

出國地區：美國加州橘郡

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考察美國加州菊郡兒童福利服務措施報告

主辦機關:

內政部

聯絡人/電話.

/

出國人員.

廖靜芝 內政部 兒童局 主任秘書

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內容摘要 內政部兒童局爲了增進對於國內兒童福利服務的品質及效能，並爲規劃未來兒童福利之政策，汲取先進國家之經驗，乃於九十年編列出國預算，派員至美國加州橘郡考察。本次考察共計參觀四個行政機關，九個機構，並參加五個討論會。本文除介紹橘郡兒童及家庭服務局工作的架構外，並詳細介紹各機構所提供的服務，最後提供九點心得，並做了增加兒保社工員訓練、辦理非營利機構經營管理訓練、發展協助家庭恢復功能的服務方案、保護個案收容機構的分類及加強多專業功能團隊的合作機制等五點建議，期望藉由先進國家提供的發展走向，爲我國福利工作提供下一階段的努力方向，以精進服務品質，爲兒童提供更好的成長環境。

本文電子檔已上傳至出國報告資訊網

報告摘要

內政部兒童局為了增進對於國內兒童福利服務的品質及效能，並為規劃未來兒童福利之政策，汲取先進國家之經驗，乃於九十年度編列出國預算，派員至美國加州橘郡考察。本次考察共計參觀四個行政機關，九個機構，並參加五個討論會。本文除介紹橘郡兒童及家庭服務局工作的架構外，並詳細介紹各機構所提供的服務，最後提供九點心得，並做了增加兒保社工員訓練、辦理非營利機構經營管理訓練、發展協助家庭恢復功能的服務方案、保護個案收容機構的分類及加強多專業功能團隊的合作機制等五點建議，期望藉由先進國家提供的發展走向，為我國福利工作提供下一階段的努力方向，以精進服務品質，為兒童提供更好的成長環境。

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內政部兒童局考察美國加州橘郡兒童福利服務措施報告

壹、前言

內政部兒童局爲了增進對於國內兒童福利服務的品質及效能，並爲規劃未來兒童福利之政策，汲取先進國家之經驗，特於九十年度編列出國經費。原是擬配合參加聯合國兒童高峰會議後，就近赴紐約市兒童局，考察其相關兒童福利服務措施。後因爲遇上美國九一一恐怖攻擊事件，聯合國的兒童高峰會議將延後至二〇〇二年召開。爲節約旅費及旅途時間，乃將考察行程改爲赴加州橘郡。

在民國八十九年十二月間，本局曾經透過兒童福利聯盟，邀請當時在臺灣訪問的加州橘郡副局長 Glorious Lawencem 與資深社工員 Linda Oyoung，爲國內從事兒童保護工作的公私部門社工員，特撥冗兩天，舉行兩天一夜的工作實務研討。對於兒保社工工作過程的技巧、支持的理論及一些實務案例的經驗分享，非常有助益。故而此次的考察行程，乃直接商請 Linda Oyoung 在美國做安排。對於她的鼎力協助，也要在此表達十分的謝意。

貳、參觀的行程

因爲九一一事件的影響，進出美國的機場時間都要加倍，加上飛機行程及時差的關係，其實真正的考察時間只有四個整天。主要的時間安排如下：

12/8 搭機赴美國加州 CI006 16:50-12:10

12/9 週日

12/10 拜會兒童及家庭服務局局長 Dr. Michael L. Riley

拜會郡政府理賓司司長 Joanne C. Sokolski 及
Richard Doubledee

參觀郡政府的求才服務電腦系統

參觀地方法院的少年法庭

簡報橘郡的兒童及家庭服務系統，包含兒保通報熱線、緊急處遇、領養、維繫服務、電腦訓練中心，介紹兒童福利系統(CWS, Children Welfare System)及個案管理系統(CMS, Case Management System)

參觀私立特殊學校 Canal Street Elementary School

參觀郡立橘木兒童之家 Orangewood Children's Home

參觀兒童及家庭服務局的訓練和人力發展中心
(Training and Career Center-Staff Development)

與社工員 Jacquelyn Bradbar 訪談

12/11 參觀私立 Canyon Acres

私立 Regional Center

參加由兒童及家庭服務局長(Dr. Riley)主持的

Strength Based Practice Forum 討論會

參加由資深社工員(Robert Abair, JR)所主持的 MTCB

個案轉介協調會

12/12 參加 Linda Oyoung 所負責 WrapAround 專案的討論

會

參加特殊個案討論會

12/13 參觀南岸兒童基金會的社區團體之家(男孩)

參觀特殊學校

參觀女孩社區團體之家並參加家童個案定期檢討會

為居住於教堂的社區游民送餐服務

12/14 整理資料及行囊

12/15 由加州回台灣 CI005 14:10-20:45(12/16)

12/16 抵達台灣

以上總計參觀十三個機構，參加五個討論會。

參、參觀機構介紹

在進入機構介紹之前，首先對於加州橘郡做一簡介。因為社會問題的性質與福利服務的提供，與所在地整體的社會環境有關。

橘郡為於南加州的中心點，北與洛杉磯郡(Los Angeles County)接壤，南連聖地牙哥(San Diego County)。目前，為加州僅次於洛杉磯(9,884,300 人)與聖地牙哥(2,911,500 人)的第三大郡。

在公元二〇〇〇年一月一日，橘郡的人口數為 2,828,4000 人，在最近的十二年中，平均每年增加 2%。惟近年來人口成長趨緩，預估在二〇〇五年時，會達到 3 百萬人；而到公元二〇二〇年時，會增至 3.3 百萬人。其中白人占 55.9%，西班牙裔占 29.7%，亞裔占 12.5%，非洲裔占 1.5%，其它占 .4 %。平均年齡為 34.5 歲。

在二〇〇〇年一月，全國失業率為 4.2%，而加州的失業率為 5.5%。比較之下，橘郡的失業率為 2.7%，是比較低的。

郡政府是由一個五個人組成的監督委員會負責，郡的行政事務辦公室下設公共保障(Public Protection)、社區服務(Community Services)、基礎與環境資源(Infrastructure &

Environmental Resources)、一般政府服務(General Government Services)四個部門。這次所參觀的兒童及家庭服務局，就是被劃分在社區服務中的社會服務機關(Social Services Agency)的一環。

一、兒童及家庭服務局(Children and Family Services)

(一) 服務內容：共包含有緊急回應服務(Emergency response services)、緊急收容服務(Emergency shelter services)、在宅服務(In-home services)、安置服務(Placement services)、整合持續服務(Integrated continuing services)、特別計畫(Special programs)特別的目標式服務(Specialized, Targeted services)七大類服務。

1. 緊急回應服務：指的是兒童受虐通報(Child Abuse Registry)、緊急回應評估(Emergency Response Assessment)、兒童受虐服務團隊(Child Abuse Services Team)、撫養權中止(Dependency Intake)、撫養權調查(Dependency Investigation)。
2. 緊急收容服務：指的是橘木兒童之家(Orangewood Children's Home)、緊急收容之家(Emergency

Shelter Homes)。

3. 居家服務：指的是危機解除和加強監督計畫 (Conditional Release and Intensive Supervision Program, CRISP)、家庭維繫服務 (Family Maintenance Services, Non-Court)、非正式監督 (Informal Supervision)。
4. 安置服務：指的是寄養家庭 (Foster Home Placement) 團體之家、(Group Home Placement)。
5. 整合的持續服務：指的是家庭維繫服務 (Family Maintenance Services)、家庭重組服務 (Family Reunification Services)、領養和永久計規畫服務 (Adoption and Permanency Planning Services)。
6. 特別計畫：指的是藥癮受害者與兒童支持方案 (Assistance to Drug Victims and Children, ADVANCE)、醫療高危機計畫 (Medical High Risk Program)、整合持續服務 (Integrated Continuing Services/DD)。
7. 特別的目標式服務：指的是家庭首日處遇 (Families First Day Treatment)、獨立生活服務 (Independent

Living Services) 、 家庭保存 (Family Preservation)、家庭統整(Family Unification)、寄養和領養家庭發展團隊(Foster and Adoptive Family Development Team, FAFDT)、寄養家庭證照單位(Foster Family Home Licensing Unit)。

(二) 組織架構：在局長之下，設有五位副局長，各負責不同的業務：

1. 團體之家及安置服務(Group Home and Placement Services)
2. 介入及預防服務(Intervention and Prevention Services)
3. 法院及持續服務(Court and Continuing Services)
4. 計畫操作及釋放服務(Program Operations and Emancipation Services)
5. 專案及新興計畫

(三) 預算及人力：Dr. Riley 稱，橘郡每年社福的預算為五億五千萬元，其中兒童及家庭局獲得二億元。該局共有工作人員一千五百人，目前每位社工員的個案負荷量為 30-40 (團體之家社工的個案量較低為 20

人)，離理想的個案量 15 人，還有一段很長的距離。

此外，該局並與約 20 個民間單位合約購買其服務。

二、郡政府禮賓司(Orange County Office of Protocol)

郡政府禮賓司主要負責外賓的接待、做政府政策的行銷工作，並負責與其他國家城市締結姐妹市等友誼的擴增及國際聯繫事務。因為橘郡與台北市是姐妹市，因此對於來自台灣的訪客，非常熱情。不但司長 Ms. Joanne C. Sololski 撥冗接見，並致贈橘郡的郡徽別針，且贈送相關橘郡的簡介。

三、橘郡求才服務電腦系統

為了顯示公開透明的徵才程序，橘郡的網頁有相關求才的資訊，並在郡政府的行政大樓下設置電腦數部，以供查詢。因為美國人一向避談薪水待遇的話題，無法從面談中瞭解其社工員的薪水，爲了了解其對於社工員的資格要求，特別上網去查詢。

資深社工員的薪水起薪爲每月 3,604 元，最高可至 4,859 元。對於可以說越語的，每一小時可再加 1.15 元。

其資格為：

- (一) 具有社會工作或心理諮商碩士學位者，或有婚姻及家庭治療師執照，社工師執照者。
- (二) 具有行為科學，如心理學、諮商、社會學或社工學士學位，有四年社個案工作經驗者。
- (三) 具有心理、諮商、社會學、社工課程 30 學分及四年社會個案工作經驗者。
- (四) 具有橘郡兩年二級社會工作經驗及 30 學分行為科學課程如心理、諮商、社會學、社工等者。
- (五) 曾於加州其它郡任兩年類似橘郡資深社工員之經驗，並具有行為科學如心理、諮商、社會學、社工等 30 學分者。

至於二級副監護官的月薪，則為 3,708 元至 4,992 元；另臨床心理師一級及二級的月薪，則為 4,362 元至 6,182 元。

四、卡內爾街初級學校(Canal Street Elementary School)

卡內爾街初級學校是治療教育中心(Therapeutic Education Centers)的一個附屬學校。

首先介紹治療教育中心，這個中心共有四個學校 Canal

Street Elementary School, The Ranch School, Rosemead Secondary School, Santa Ana Secondary School. 主要的宗旨是，為特殊學生提供滿足其學業及情緒上需要的個別及創新的教育計劃。這個教育中心是非政府、非營利的機構，願意為孩子提供學業、社會及情緒發展的機會。所運用的方法為基本教育技巧、批判的思維技巧、社會技巧、職業技巧，和發展獨立、互相尊重、自尊、自我肯定的能力。主要透過六個區塊的建立，使每個學生發展出終身喜愛學習的能力：

- (一) 學業表現
- (二) 行為管理
- (三) 批判的思維技巧
- (四) 不同的發展向度
- (五) 情緒的發展
- (六) 家庭價值

針對每個學生採用團隊的服務，包含學生、家長或監護人、老師、助理教師、行為專家、治療師等組成。介入的過程是由，診斷、規劃、實施、評估到修正的一個連續的過程。整個工作，須由學生、學校及家庭合作完成。

中心所服務的對象，是由托兒所到高中階段。這些學校均

由教育部門監督，須符合州政府所要求得標準。學校每天上課時間，是由早上 8:30 到下午 2:00(每天 300 分鐘)，共計 180 天；暑假期間是由 8:30 到 12:30，共計 29 天。每班人數不超過 12 人，師生比為四比一。每年預算為一百五十萬元。

本次所參觀的是中心所附屬最新成立的卡內爾街初級學校，服務的對象是多重障礙、學習障礙、身體障礙及情緒障礙學生（其中情緒障礙者約占 80%）。年齡是由托兒所到小學六年級，容量為八十人。但成立至今約才一年，目前已經收容到六十人，即將額滿，所以已經開始尋覓新的學校。學校的設施是與一般學校一樣，不過多了一個叫安全室(safety room)設施。如果學生有情緒、行為失控時，可以有一個獨處的安靜空間。法令規定不可以上鎖，需有教師在門外監控學生的狀況。

五、橘木兒童之家

橘木兒童之家是一緊急安置機構，對象是受虐的兒童，年齡界於兩天至十八歲，由橘郡社會服務部負責經營，成立於一九八五年，前身是亞伯西登之家(Albert Sitton Home)。目前的設施是由政府與民間以夥伴關係，共同集資成立的機構。

橘木兒童之家於二〇〇一年六月三十一日領到團體之家

執照，內有 216 個床位。目前每月照顧人數由 89 至 177 人，平均為每日照顧 114 人。在 2000/01 兩會計年度，可以照顧 2,545 人。

入家兒童的類型：疏忽 36%，身體虐待 11%，無法提供照顧 25%，性騷擾 6%，言語虐待 13%，情緒虐待 7%，其它 2%。
離院類型：回家 14%，安置於親屬家庭 13%，安置於團體之家或其他機構 29%，安置於寄養家庭 20%，緊急庇護之家 13%，安置於收養家庭或精神病院及其它 11%。兒童種族分佈：白人 39%，西班牙裔 43%，非裔 6%，亞裔 4%，太平洋島裔 1%，其它 7%。平均留院為 16 日。

院內有由郡教育部門核准的由幼稚園至高中的教育課程，是全年無休的。社工員、諮商師、老師和心理學家提供入家兒童個案服務、危機介入、診斷評估、心理社會案史、發展和教育評量。小兒科醫生和護士提供醫療篩檢和照顧，性虐待個案則轉介至兒童虐待服務團隊(Child Abuse Services Team, CAST)。

每位入家兒童均有社區參與之機會，遠足、體育活動、娛樂活動、到主題樂園遊玩、看電影、上餐館、露營、到海濱等活動。同時，大約有 175 位志工參與兒童之家服務。

在 2000/01 的預算為 20,120,078 元，而 2001/02 的預算為 20,619,913 元，平均每位兒童每月照顧費用約為五百餘元。

六、社工員訓練及人力發展中心

這是一個類似南投南埔的社會福利人員訓練中心的單位，機構中有許多大小不一的教室，由中心的人員根據社工員所需要的訓練，安排課程，邀請講師，排定時間後，由需要上課者自行選課參加。

七、Canyon Acres 峽谷兒童服務機構

峽谷兒童服務機構設立於 1980 年，由州政府核准設立，服務區域為橋郡。董事會由 15 至 18 人組成，設執行長一人負責業務，下設五個部門：寄養家庭部、團體之家、住宿收容中心、行政部(負責會計、人事、案主記錄、採購、出納)與發展及操作部(勸募、公共關係、操作專案及績效評估)。

中心任務為為嚴重受虐及情緒有問題的兒童及其家庭，提供整合性的服務，包含住宿、寄養家庭照顧、特殊處遇與支持服務。

主要的服務方案有：

(一) 住宿收容中心(Residential Treatment Center)：

是一個有 30 個床位的住宿機構，位於安那罕山區(Anaheim Hills)的一個峽谷，佔地 4.6 英畝。收容 6-12 歲嚴重心靈受虐，需要加強照顧與行為管理的兒童。院舍原是一個舊的馬場。執行長強調，機構希望孩子要能儘快回到社區正常的家庭中，因此孩子安置於中心時，仍然提供尋求寄養家庭或加強其原生家庭能力的服務。本中心佔地很廣，但是因為社區居民的抗爭，原則上中心如無社區居民的同意，無法增加收容量。也因為如此，縱使有意願要在中心設立特殊學校，也因要增加新院舍，而遭到居民的反對。本中心較為特別的是，有一位善心人士捐的馬匹，雖然需要特別的維護人力，但是帶給孩子的生活有相當大的樂趣。

(二) 中途之家(Intermediate Treatment Residences)：

目前擁有兩個社區中途之家，每家六個床位。對於表現較好的孩子及準備要被家庭收養的孩子，進入社區前的適應。房舍是由私人捐贈的，由於維護需要大筆之經費，目前僅啓用一家。

(三) 寄養家庭服務(Treatment Foster Family Agency)：

主要負責寄養家庭的招募、訓練和支持。

(四) 家庭連帶的合作(Family Ties Collaboration)：

對於永久領養家庭的招募、訓練和支持，由這個部門負責。

本機構雖然有來自郡、州與聯邦政府的經費補助，但是仍然需要募集民間的經費，以資助治療性的和特別的活動、教育計劃、人員薪水、寄養家庭服務、機構設施的維護、提昇服務水準與開創新的服務。二〇〇二年的預算數為 5,547,873 元。

八、少年法庭

少年法庭與一般法庭一樣，都是座落在相同的大樓。對於受虐的個案與一般案件不同的，除了在上法庭的個過程中，需要有社工員陪同外，就是不許外人參與旁聽。而基本上美國的法庭，是開放給有興趣的人都可以去旁聽的。因此內部的設備，除了沒有旁聽席外，沒有什麼不同的。

九、地區中心(Regional Center of Orange County, RCOC)

本中心是根據 1969 年加州所通過的藍特門法案

(California's Lanterman Act)所設立的，是全加州 21 個與州政府簽約提供服務的非營利機構之一。他們與消費者合作，去確保個人與家庭所獲得的服務，可以給予其生活品質最大的提昇。服務的對象是十八歲以下，智障、腦性痲痺、癲癇症、自閉症或其它類似的智能障礙者。此外本中心也是加州早療計畫的一環，因此也提供三歲以前處於高危險群者之服務。

服務的內涵包含，收容照顧、自立生活、日托、喘息照顧與家庭支持、轉介行為管理服務、嬰幼兒發展、社會與娛樂服務、心理與職能治療、行動訓練、職業訓練與工作安置服務、結合學校與重健部門、教育計畫、交通服務、法律與人權服務、轉介相關機構服務等。

十、南岸兒童基金會

本基金會成立於 1984 年，是一個私人的非營利機構，主要的服務對象為 8-17 歲的受虐兒童。共提供三類機構服務：

- (一) 收容中心：約有 40 個床位，對於許多情緒與行為問題的兒童提供服務，而且本中心可以接受許多安置失敗的個案，為其提供支持的治療環境。
- (二) 社區團體之家：每家有六個床位，目前有男孩女孩

個一家。因為機構相信，應該給孩子提供一個最少限制的成長環境。不過同樣的，團體之家在設立之初，仍然要面對社區中居民的反對。即使到現在，遇有會議或活動舉行時參加者需要安排停車的地點，以免影想社區居民的生活，引起其反彈。團體之家成立於二〇〇一年六月，與橘郡簽定委託契約。其案主服務期限原本是到案主十八歲，但因為某些孩子尚未完成其學業，因此團體之家主任正想要與橘郡再談對結案標準的變更。

- (三) 特殊學校(South Coast Priority School)：非營利的私校，是州政府教育部門核准的。目前有學生三十餘人，原則上每班人數不超過十二人。學生一部分是來自團體之家。每班配置特殊教師、語言治療師、學校心理師、助理教師等專業人員。同樣的這個學校也有所謂的安靜室(quiet room)，當某些學生情緒或行為失控時，可以加以隔離。但也是一樣不得設置門鎖，需有人在門外監督。

機構主要的工作方法是：為孩子提供機會，以發揮其潛能；發展出正向的學習態度；促進自尊的成就；教導個人自控

的能力與技巧。

因為所服務的案主，多數是較為嚴重的或麻煩的個案。因此，工作人員與案主的比率是相對地高。以我去參觀的兩個團體之家為例，每一團體之家有一位管家(House manager)、一位心理治療師、一位行為專家、一位生活管家、六位行為治療教練(採一對一方式)此外，還要受一為臨床主任及一位計劃主任的監督。

十一、遊民收容機構

這是一個社區的教堂，裡面收容有五位遊民。礙於政府法令的規定，每次收容期間不得超過三個月。因此教堂協助這些無家可歸者，設計一種可以隨時搬動的床和內務櫃，時間一到就其移至另一區。

南岸兒童基金會的團體之家工作人員事先聯絡教堂，願意為遊民提供晚餐。主要的目的，是透過這樣的服務，孩子可以學習施捨與幫助。藉由這一個被需要的過程中，可以建立自己的信心。事先在家中，孩子與工作人員共同準備晚餐，分車載往教堂。途中，有一位西班牙裔的孩子叫做 Bea，告訴我她很害怕，不知遊民是否會傷害人，所以要一直跟著我。

當我們把食物放好，禱告完之後，有一位遊民在我們旁邊轉來轉去，然後跑回自己的床位中，取了一雙剛好合 Bea 腳的球鞋送給她，下面還有輪子，可以打開當溜冰鞋用。大家才知道，他轉來轉去，是爲了要找合適的贈送對象。Bea 覺得很高興，原本的擔心也就消失了。

神父說，我們也是第一次留下來與遊民用餐的捐助人，因此遊民們也體驗一次社區關懷的感受，尤其是來自台灣的關懷。所以很大方地分享我們他們的閨房，大家對於這種移動式的床，相當好奇。

正要回家前，孩子們因爲心情放鬆玩瘋了，Sheena 跌倒在地兩位有護理經驗的遊民還來幫忙。

肆、專案討論會介紹

一、強化家庭基礎 Strength Based Practice

這個會議是由 Dr. Riley 主持的，主要是檢討目前推行這個實務作法的現況。這是社工員對於服務個案作法的反省，也就是說以往社工員對於案主，認為他們不能為自己的情況做最好的決定，因此會為其作決策，可是卻造成案主的能力無法恢復。這個概念主要是著重在，強化案主解決問題的能力。

其價值為：認為家庭有企圖和能力，可以為孩子和家庭做最佳利益的決策。

其任務為：與家庭合作，去確保孩子是生活在安全、營養與穩定的家庭中。

二、機構間的協調會議

這是一個新的業務作為，剛剛開始第二次會議原則上每月召開一次由資深社工員 Robert Abair, Jr. 負責。主要的目的是協調各機構，以免案主求助無門。

因為各機構之間的分工明確，有一些濱於臨介點的案主，會被各個機構所拒絕。例如當天所討論的案主是由區域中心所提出來的，社工員認為這個案主因為屬於發展遲緩而非智障

者，因此在他們的機構中，因為功能較好，所以會去欺負其他能力較差的案主，造成機構照顧困難，因此希望轉至南岸兒童基金會之機構。但是反之，南灣兒童基金會的代表也表示，如果這個案主能力不夠，也會造成與其它案主相處的困難。因此大家同意請南岸兒童基金會的社工員去做訪視，如果無法接受，再提下次會議討論。

三、RapeAround

這是由梁女士負責的專案，主要的方法是以案主為主體，來為其尋求適當的套裝服務，與教育界的個別教學計劃(IEP)精神相似。這也是一個新興的專案，目前只有三個合約的機構提供服務。每週的定期會議，由兒童及家庭局負責的副局長、梁女士、合約的機構與相關的專業人員，共同針對目前方案進行過程中的問題，交換意見，適時修正方案進行方式。

四、Children's System of Care Case Review

這是一個多專業團隊，針對棘手個案的腦力激盪會議。本次討論的個案為一位移民至美國已十五年的越南婦女，帶著孩子無法找到穩定的工作，孩子雖然沒有受虐，但卻因為母親的

因素，無法有良好的生活環境。有一個孩子已經參加幫會，讓社工員非常擔心。

會議先由輔導的社工員報告案史，說明目前所遭遇的困難，再由大家集思廣義。最後主席請大家提出可以使用的資源，匯集成可以立即行動的作為，請社工員繼續追蹤服務。

五、團體之家的個案討論會

這是南岸兒童之家的女孩團體之家定期個案檢視會議，將六個個案的身心理評估提出報告。同時，舍監也將過去一週的活動與未來的活動，做一個評估與預告，讓兩位執行主任可以掌握孩子的最新狀況。

伍、心得與建議

這次的考察行程雖然短，但是因為網際網路的發達，一切的行程可以透過電子郵件傳輸。許多的要求，可以讓參觀的機構事先做準備，因此資料的獲取相當有效率。雖然民國八十三年到八十四年間，曾在美國華盛頓州受訓近一年，對於西雅圖附近的機構，甚為熟悉，中間亦曾到洛杉磯的機構訪問過。這次到橘郡的訪問，仍然感覺學習到許多新的觀念。茲將這次的心得，歸納成以下數點：

- (一) 兒童指的是十八歲以下者：由機構收容的對象及服務的方案可以看出，橘郡所稱的兒童是指的十八歲以下者。
- (二) 兒保的通報是由政府機關資深的社工員負責：兒童保護是政府公權力介入親權的行為，因此橘郡是由兒童及家庭局的資深社工員負責接案的工作，這與國內目前許多地方政府將這個工作委由民間的處置方法不同。目前民間團體在許多的研討會的機會中，也表達民間應做第二線的兒保服務。這也是我們可以再討論的地方。
- (三) 教育與福利兩個領域在處理特殊兒童的教育問題上

的整合：這次所參觀的兩所特殊學校，雖然都是經加州政府教育部門核可的私校，但是校長均為領有社工師執照的社工員。顯示橘郡的社會工作與教育工作，已由點連接成線的服務。不管孩子的狀況如何，都會有機會繼續接受教育，不至於中斷學業。隨著兒童的人數逐漸減少我國，未來教育部門的重點，應是如何為這些特殊的孩子保有受教育的機會。

(四) 受虐兒童安置機構的分類：目前國內受虐兒童的安置機構，仍然不足，因此並無所謂的分類概念。由橘郡的例子可以瞭解到，許多的孩子之所以受虐，可能是因為其情緒、行為的問題，或是發展遲緩無法達到家長的期望而引起的。因此這些孩子在安置的過程中，需要有專業團隊的協助。

(五) 兒童與家庭同樣需要服務：由橘郡的例子及兒童局兩年多來的服務經驗，我們發現許多兒童的問題起因於家長，因此若要幫助家庭中的兒童，無法切割不幫助家庭。此外，我們深信兒童終將回歸到家庭，如果不幫助家庭恢復正常之功能，孩子如何回到家庭中。但是因為經費分配問題，如果要增加照顧家庭，勢必

稀釋福利的品質。

(六) 人力的品質影響服務的水準：在參訪的過程中，我們可以看見橘郡的政府機關對於社工員的人力品質，非常重視，除了有專責的訓練及人力發展中心外，也透過一些專案會議，鍛鍊社工員的獨立思維能力；提供腦力激盪的機會，激發社工員處理複雜個案的能力；給予民主表達意見的機會，賦予社工員專業權威，增加處理問題的效能。

(七) 非營利機構的經營效能：在訪問的峽谷兒童機構及南岸兒童基金會時，曾與負責人討論及工作人員流動率的問題。這兩所機構所負責照顧的個案，都是較為嚴重的，可是薪水並沒有比其它機構要高。因此，負責人也提及，在這類的社福機構如何以支持性的領導來協助員工，增加其工作的滿意度，進而願意留在現職。

(八) 人力與經費不足是社工界的共同問題：在得知他們的經費比率及人力配置後，會覺得橘郡的政府機關也好，民間福利機構也好，經費及人力都要比我國的好很多。但是，他們的工作人員仍然要抱怨說「如果經

費或資源夠的話，就可以……」。我想主要的原因是，福利的工作沒有做到完美的一天。許多的工作是需要的，社工員必需依照先後順位排序，逐次滿足個案的需求。綜使是資源比我們充裕的美國，也仍然沒法滿足所有的需求。

- (九) 個案隱私權的尊重：以往常在安排機構參觀的時候，面對外國機構的拒絕，非有相識關係，否則不容易見到個案。對於案主的隱私權尊重的程度，美國比我國要高。這次雖然獲得各機構工作人員的信任，得以進入機構翻閱案主的部分檔案，但最後為完成程序，仍然在資身社工員梁女士的見證下，簽下保證書（如附）。

根據以上的心得，謹提供以下的建議：

- (一) 增加兒保社工員的專業訓練：當然我們不一定事事要學美國，但是兒保第一線與第二線服務社工，應予分開。第二線的服務工作，應可全部委託民間機構來辦理。第一線的工作不管委託民間與否，應由資深的社工員來處理，並且有一套共同的處理流程與標準。面對社工的高流動率周全的專業訓練是唯一確保服

務品質的方法，我們應儘速建立初階與進階課程的標準與內容。

(二) 辦理非營利機構經營管理訓練：機構雖然不是兒童成長最好的處所，但是對於一些無法安置在家庭中的個案，仍然是最後一道防線。目前針對兒童保護個案再另設機構，以台灣的地小人稠是困難的。如果現有的育幼院可以轉型收容，是最符效益的。然而，面對這樣具有挑戰性的案主，機構的負責人需要加強非營利機構管理的訓練，以扮演員工的支持者的角色。

(三) 發展協助家庭恢復功能的服務方案：當孩子在家庭中被不當的對待時，就表示這個家庭的正常功能受損的。如果在孩子被緊急或短期的安置在其它的家庭或機構中，原生家庭如果沒有人去協助其恢復功能，那麼孩子回家的可能就遙遙無期。因此我們的兒童保護工作，不應只侷限在受虐兒童的通報與救援工作。

(四) 保護個案收容機構的分類：未來兒保個案收容到機構前，應依期其性質，加以分類收容，如一般的兒童、發展遲緩、智能障礙、情緒障礙、行為障礙等，應要分別安置，否則機構面對不同類型的孩子，所須要的

專業知識不同，必然疲於應付。

- (五) 加強多專業功能團隊的合作機制：面對分工的細緻化，未來兒童保護工作除了救援階段的合作外，處遇部分的團隊合作機制，仍然需要建立；對外與教育、衛生、司法的合作，對內則為公私部門的合作及與身心障礙機構等其他福利團隊的合作，都包含在內。

陸、參觀機構一覽表

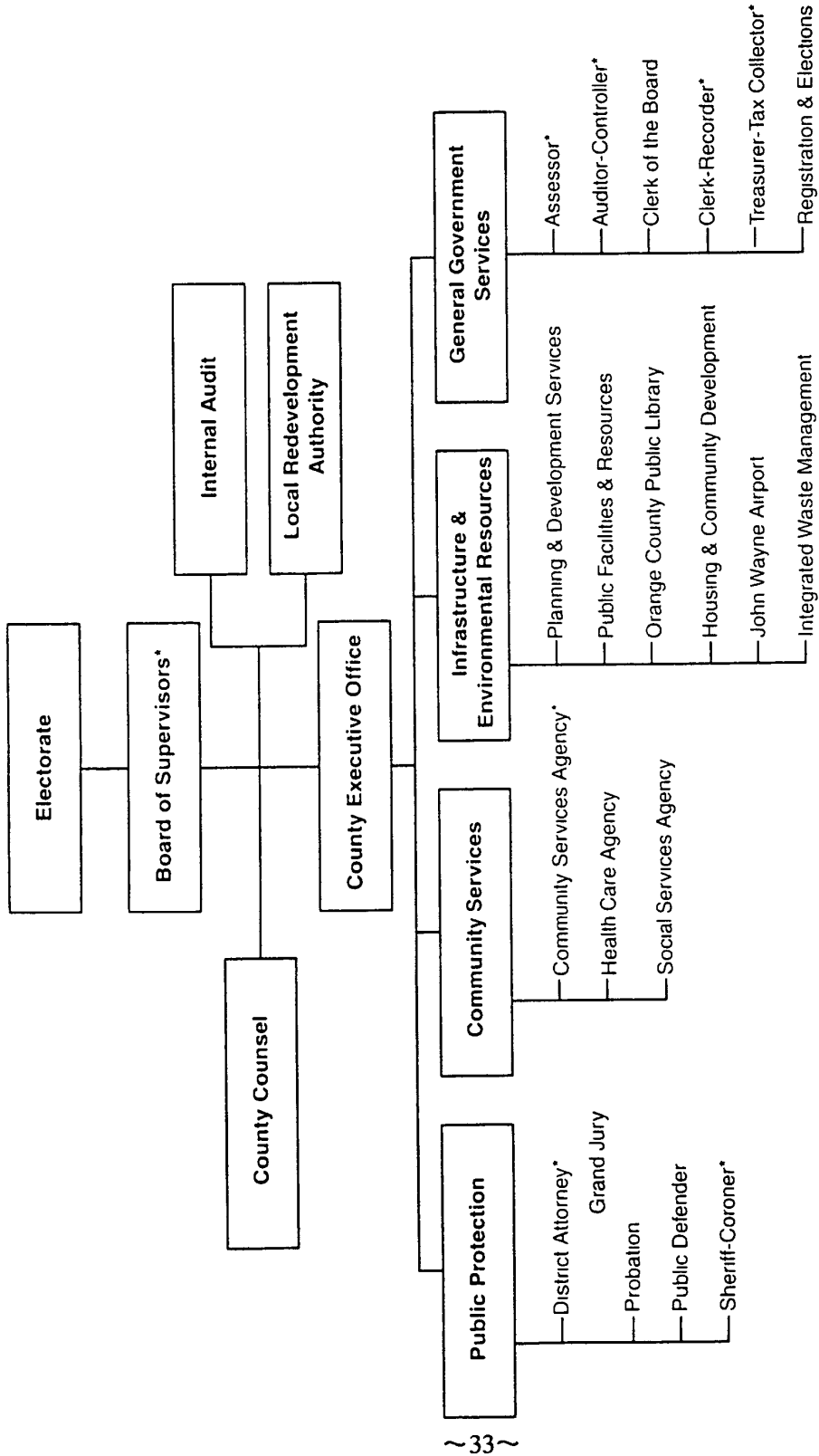
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Canyon Acres children's Services	Executive Director	Mr. Clete Menke	160 S. Fairmont Blvd, Anaheim, CA92808	Tel:(714)998-3272 Fax:(714)921-6090 E-mail: canyonacres@Men.com
Regional Center of Orange County	Project Liaison	Sharon E. Middleton	801 Civic Center Drive West, Suite 100, Santa Ana, CA92702-2010	Tel:(714)7965209 Fax:(714)542-1397 E-mail: smiddleton@rcocdd.com
South Coast Children's Socirty	Clinical Director	Elaine H. Salinger	2025 Newport Blvd., Suite 200, Costa Mesa, CA	Tel:(949)7224070 Fax:(949)7224072 E-mail: ehyer@sccskids.org

			92627	
South Coast Children's Socirty	Director	David Zaldatte	2025 Newport Blvd., Suite 200, Costa Mesa, CA 92627	Tel:(949)7224070 Ext19 FaxⓉ949)7224072 E-mail:
South Coast Children's Socirty	Program Supervisor	Bill Cameron	745 Dover Drive, Newport Beach, CA92663	Tel:(949)5748649 Fax:(949)574-8645 Pager:(714)2018696

柒、附 錄

- 一、橘郡組織圖
- 二、橘郡兒童及家庭服務局組織圖
- 三、橘木兒童之家組織圖
- 四、橘木兒童之家預算表
- 五、峽谷兒童福利機構組織圖
- 六、峽谷兒童福利機構預算表
- 七、社區中心組織圖
- 八、兒保個案流程圖
- 九、兒保個案長期安置的法定流程圖
- 十、安全的徵候－兒保個案工作的方法
- 十一、服務個案保密的訓練手冊
- 十二、機構收容個案的權利聲明
- 十三、個案健康評估表
- 十四、照顧者接案問卷表
- 十五、個案服務計劃表
- 十六、離院表
- 十七、參觀者保密保證書

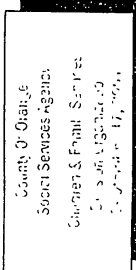
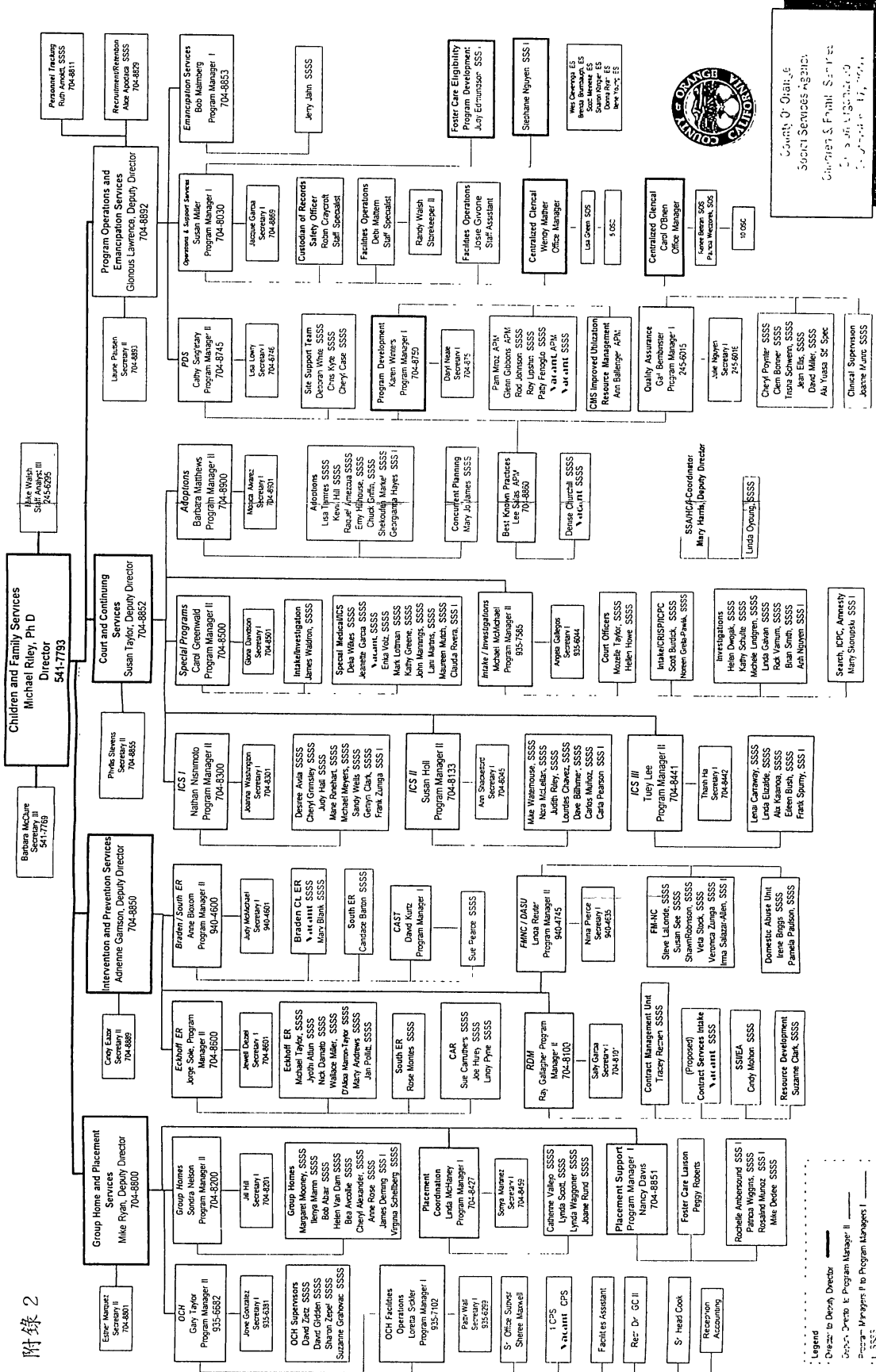
COUNTY OF ORANGE ORGANIZATIONAL CHART



Includes Elected Positions

Does not report to Board of Supervisors

附錄 2

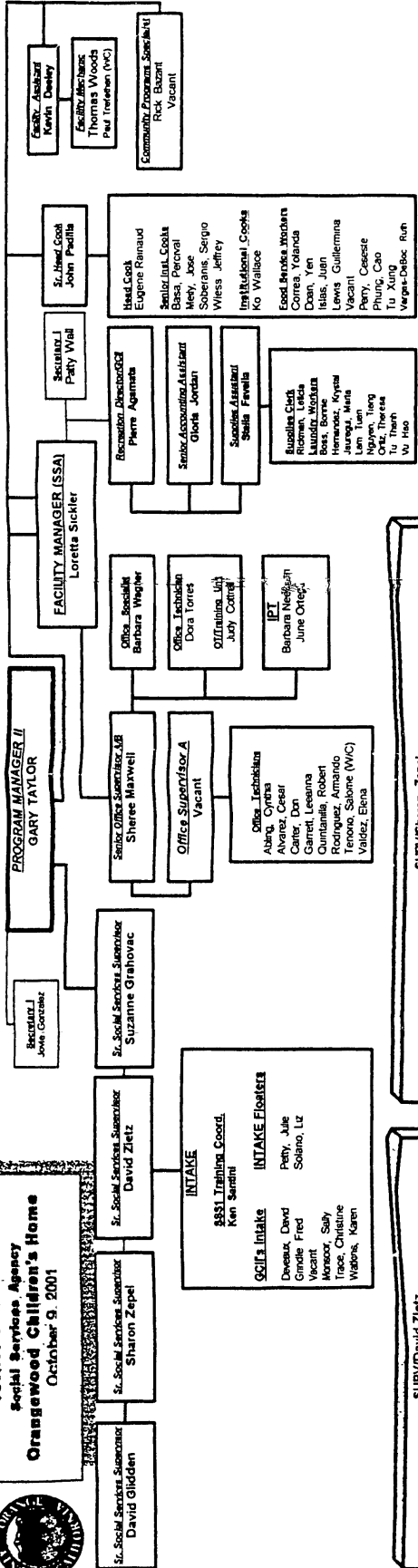


County of Orange
 Social Services Agency
 Children & Family Services
 1000 E. Washington Street
 Orlando, Florida 32801

Legend
 Director to Deputy Director
 Director to Program Manager II
 Program Manager I to Program Managers I
 SSSS



COUNTY OF ORANGE
Social Services Agency
Orangetown Children's Home
October 9, 2001



- SSS (JOB) ENTELLA ROUBEAU
- GCJA Bernard, Robert (FL)
- GCJA Benson, Tracy (FL)
- GCJA Carmon, Wendy
- GCJA Hernandez, Nicole
- GCJA Hermsen, Stephen
- GCJA Jones, Arthur
- GCJA K-M, Ann
- GCJA Roman, Mike
- GCJA Whithead, Kelly
- GCJA Wygate, Sandra (NY)
- GCJA Anderson, Kim
- GCJA Hoppo, Amy
- SSW Akou, Julie (JS)
- SSW Holland, Kim (JS)
- CHUCK DAMBO, BSS1
- Bennett, Brook
- GCJA Conroy, Horacio
- GCJA Corvino, Anna
- GCJA Daniels, Jane
- GCJA Johnson, Paul
- GCJA Johnson, Scott
- GCJA Minkowski, Elton
- GCJA Same, Wayne
- GCJA She, Julie
- GCJA Williams, Barbara
- SSW Akou, Julie (JS)
- SSW Holland, Kim (JS)
- CHUCK DAMBO, BSS1
- Bennett, Brook
- GCJA Conroy, Horacio
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附錄 4

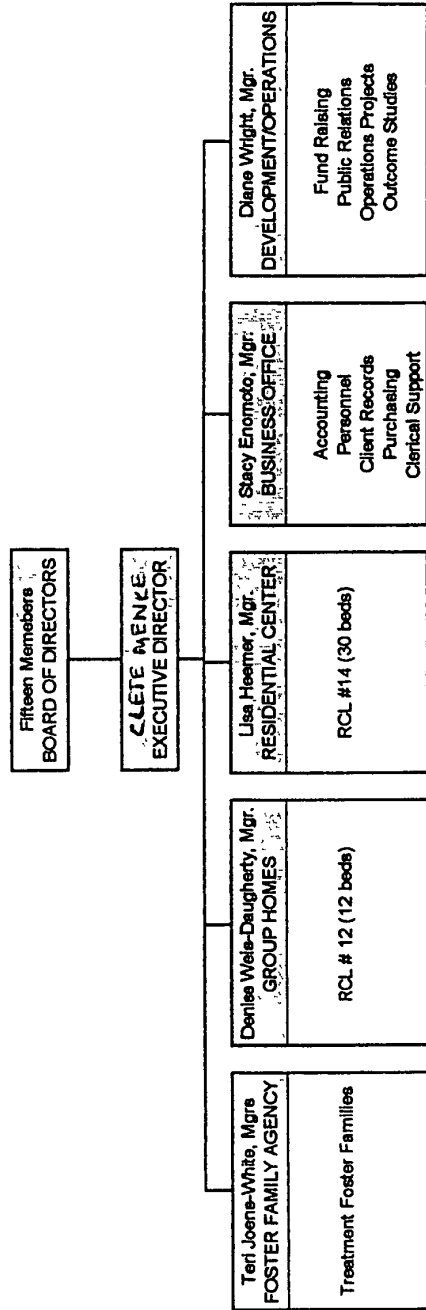
SOCIAL SERVICES AGENCY BUDGET SUMMARY
ORANGEWOOD CHILDREN'S HOME
FY 2001/02

Account	Category	Orangewood (OC11) Base	SAI / ALC	Explanation of Budgeted Items
0100	Salaries and Benefits	1,235,367		
0102	Extra Help	500,000		Needed to meet the staffing ratios for OC11
0103	Overtime	1,859,007		For staff training and educational courses to comply with AB 1107 State regulations. Also staff training for new Crisis Intervention procedure and for the Integrated Behavioral Program. CPR & First Aid to meet the needs of the facility (changing)
0600	Clothing	500,000		Three sets of clothing for each child who leaves OC11 and for children who are diverted from entering OC11
0700	Communications	88,784		FY 00/01 Budget
0900	Food	406,125		FY 00/01 Budget
1000	Household Expense	378,973		FY 00/01 Budget \$365,500 Laundry \$13,473 Cost Apply from Sheriff
1300	Maintenance Equipment	15,000		Facility Equipment Maintenance \$15,000
1400	Maintenance Building & Improvements	976,386		Annual Maintenance Costs \$208,791 Fire Alarms \$16,661, Janitorial \$79,269, Lighting \$11,000 Pool Maintenance \$4,015 Pest Control \$4,400 Landscaping, \$35,200 Termite Infestation, \$10,000 Replace Air Condition unit \$13,000 Interior Paint Interior of Gym, \$25,000, Exterior Paint for 4 Cottages, \$30,000, Appliance Repair and Replacement \$7,000 Carpet for 5 Cottages, \$89,050, Pressure Washing Equipment for Buildings \$4,000, Refurbish Gym Kitchen, \$15,000, Fencing Capital Project \$179,000 Refurbish Sibling/Preschool Capital Project \$75,000 Bathroom Improvements Capital Project \$100,000
1500	Medical	6,000		FY 00/01 Budget
1600	Memberships	125		COSICO \$45 Director of Volunteers in Agency, \$30 Nat'l Inst of Gov'l Purch Cost \$25, Calif Assoc of Public Purch Officers, \$25
1700	Miscellaneous Expense	250		FY 00/01 Budget
1800	Office Expense	158,692		Baseline cost \$80,092 Backpacks for diverted children \$5,000 Modular Furniture for 16 Offices \$64,000 4 water heaters \$6,000, 4 wastebaskets \$3,600
1900	Professional Services	2,913,860		Immunizations/Vaccination \$14,000 Special Dietary or Medical Services \$10,000 Special Security Officers \$135,660 Temporary Clerical Help \$15,000 Child Development Training \$7,500 Specialized Training for OC11 Staff \$5,700 Crisis Intervention Program \$6,000 Registered Dietician \$10,000 Cultural Diversity Training \$5,000, Title IV A Cost Apply from HCA \$2,700,000 HCA coverage Cost Apply \$5,000

SOCIAL SERVICES AGENCY BUDGET SUMMARY
 ORANGEWOOD CHILDREN'S HOME
 FY 2001/02

Account	Category	Orangewood (OCH)		Explanation of Budgeted Items
		Base		
2100	Rent/Lease Equipment	2,500		Rent/Lease Equipment on an as needed basis
2200	Rent/Lease Structure	3,000		Storage Space
2300	Small Tools	6,000		Maintenance Tools
2400	Special Departmental Expense	21,000		Barcode cost \$15,000 Supplies for Volunteer Services Trust Fund \$2,000 Encouragement Costs Trust Fund \$4,000
2500	Transportation & Travel General	105,000		Parking \$70,000 Vehicle maintenance through County Garage, \$35,000
2700	Transportation & Travel Meetings & Conferences	0		Airport Shuttle Travel budgeted at \$467,909
2800	Utilities	201,714		FY 00/01 Budget
4000	Equipment	30,000		Box Van with Lift Gate to be paid with OCH Trust Fund monies
TOTAL BUDGET		20,618,913		

Canyon Acres Management Organizational Chart



2002 ANNUAL BUDGET - COMBINED

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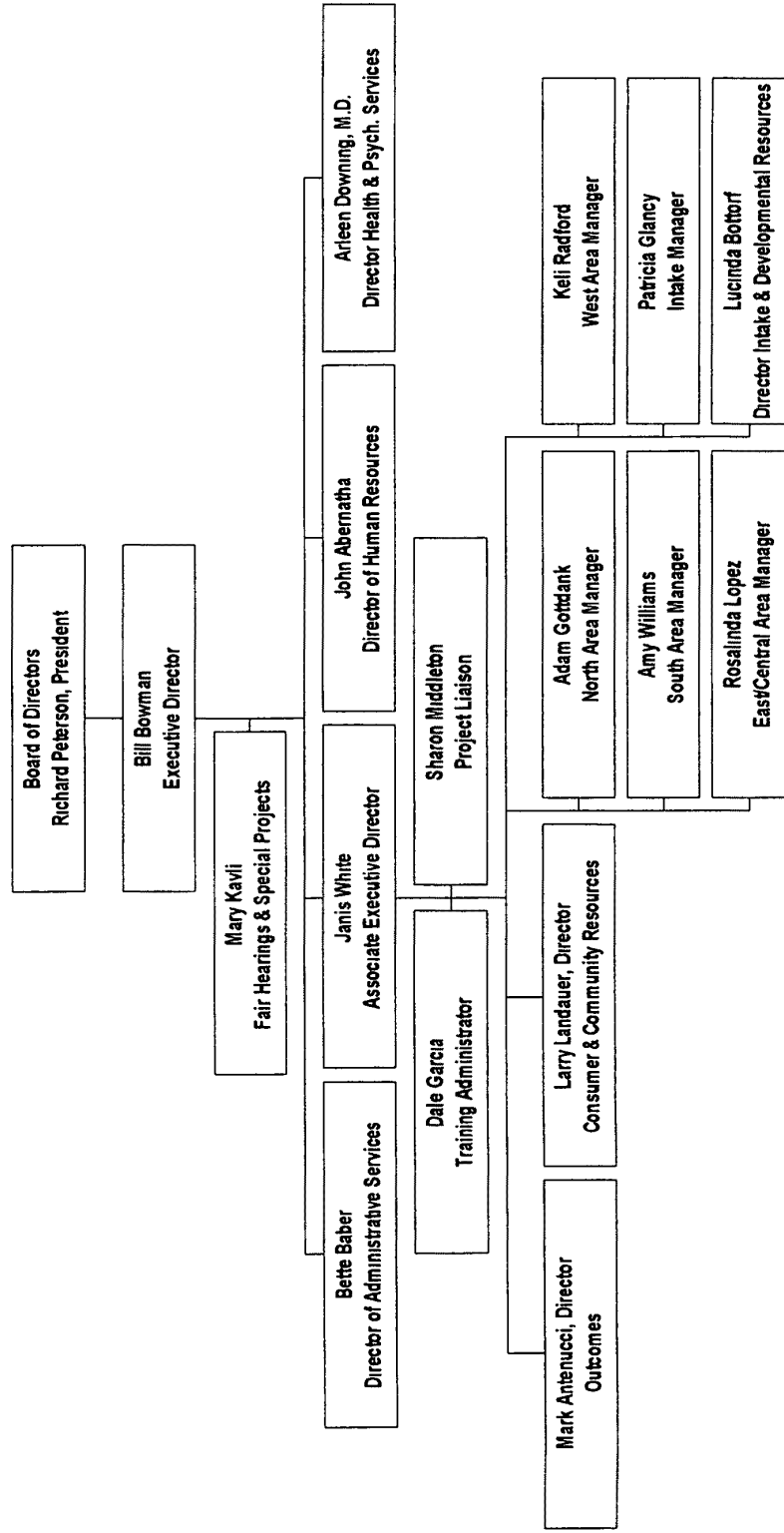
	RANCH	GH 1 (CD)	GH 2 (PA)	GH 3 (JH)	FUND	FOCAS	G & A	FFA	DAY TRX	MH SVS	TOTAL
REVENUE & SUPPORT											
Fees From County	2,178,888	387,288	387,288					697,365	829,427	448,155	3,650,829
Other Government Support	27,900	6,065	6,065		490,000	100,000					1,317,612
Donations					0	0					590,000
Restricted Donations					0	0					-
Interest Income							3,000				3,000
Other Sources				22,900							22,900
Total Revenue	2,206,788	393,353	393,353	22,900	490,000	100,000	3,000	697,365	829,427	448,155	5,584,341
EXPENSES											
Salaries & Wages	1,479,480	237,180	235,440	0	130,860	0	364,980	277,160	492,237	251,536	3,468,873
Temporary Staff	6,600	0	0	0	0	0	0	0	0	0	6,600
Contract Services	29,400	0	0	0	0	0	0	6,000	65,470	132,000	232,870
Employee Benefits	167,580	31,200	27,600	0	13,800	0	23,400	34,800	49,524	24,738	372,642
Payroll Taxes	118,356	18,960	18,840	0	10,464	0	29,196	22,173	42,323	22,818	283,130
Other Employee Expenses	39,600	3,000	2,400	0	1,800	0	3,600	6,000	19,000	8,600	84,000
Food Costs	54,000	13,800	13,800	0	0	0	0	0	4,000	0	85,600
Clothing & Incidentals	24,240	7,320	7,320	0	0	0	0	0	0	0	38,880
Recreation Costs	12,000	5,400	5,400	0	0	0	0	1,800	8,500	2,600	35,700
Horse Expenses	18,960	0	0	0	0	0	0	0	0	0	18,960
FFA Home Payments	0	0	0	0	0	0	0	254,925	0	0	254,925
Professional Fees	0	0	0	0	0	0	24,000	0	0	0	24,000
Utilities	40,800	8,100	8,220	300	3,300	0	10,920	8,220	14,835	0	94,695
Office Supplies	9,000	1,440	1,680	0	19,020	480	13,200	3,600	9,000	1,700	59,120
Rental Expense	1,920	360	360	0	0	0	57,450	30,852	0	0	90,942
Repairs & Maintenance	51,000	7,800	7,800	2,400	2,400	0	8,400	900	10,200	0	90,900
Automobile Expense	26,400	7,980	7,020	0	1,200	0	2,940	21,600	7,800	600	75,540
Dues & Fees	600	300	300	0	0	0	8,400	1,000	2,000	0	12,600
General Insurance	22,340	6,500	5,820	3,488	0	0	7,780	2,632	5,500	0	54,060
Other Operating Costs	2,880	420	420	2,730	4,080	4,050	6,000	26,400	0	0	46,980
Event Costs	0	0	0	0	28,000	16,000	0	0	0	0	44,000
Interest Expense	32,524	14,356	15,076	0	0	0	0	0	10,900	0	72,856
Total Expenses	2,137,680	364,116	357,496	8,918	214,924	20,530	560,266	698,062	741,289	444,592	5,547,873
Excess (deficiency) of Support	69,108	29,237	35,857	13,982	275,076	79,470	(557,266)	(697)	88,138	3,563	36,468
Revenues before Capital Additions											
Capital Additions											
Depreciation	(101,010)	(16,972)	(15,744)	(8,076)	(2,436)	0	(16,368)	(1,848)	(15,876)	0	(178,330)
Net Excess (Deficiency)	(31,902)	12,265	20,113	5,906	272,640	79,470	(573,634)	(2,545)	72,262	3,563	(141,862)

2002 MONTHLY BUDGET - COMBINED BY LOCATION

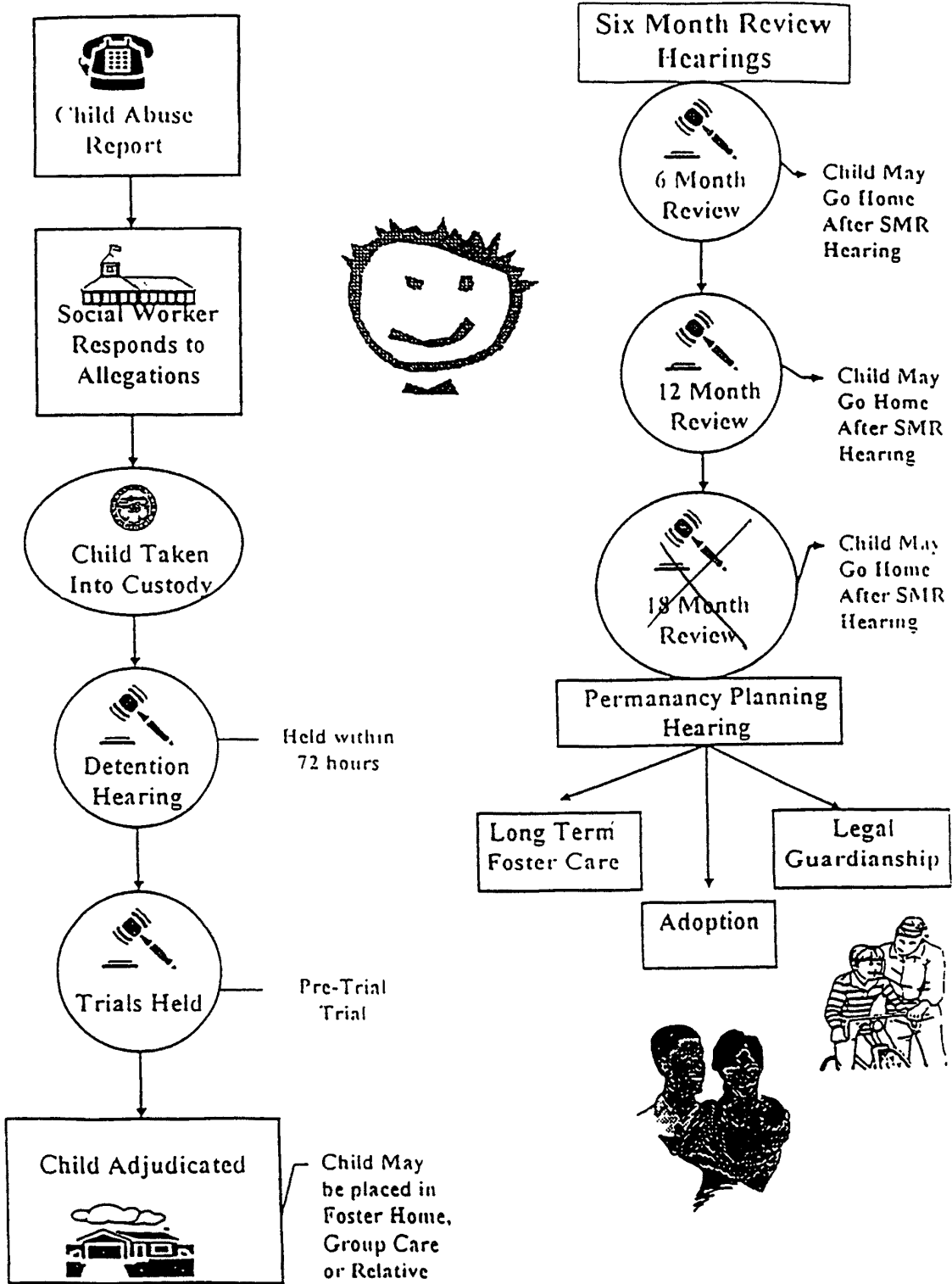
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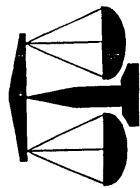
	RANCH	GH 1 (CD)	GH 2 (PA)	GH 3 (JH)	FUND	FOCAS	G & A	FFA	DAY TRX	MH SVS	TOTAL
REVENUE & SUPPORT											
Fees From County	181,574	32,274	32,274					58,114			304,236
Other Government Support	2,325	505	505						69,119	37,346	109,801
Donations					40,833	8,333					49,167
Restricted Donations					0		250				250
Interest Income				1,908							1,908
Other Sources											
Total Revenue	183,899	32,779	32,779	1,908	40,833	8,333	250	58,114	69,119	37,346	465,362
EXPENSES											
Salaries & Wages	123,290	19,765	19,620	0	10,905	0	30,415	23,097	41,020	20,961	289,073
Temporary Staff	550	0	0	0	0	0	0	0	0	0	550
Contract Services	2,450	0	0	0	0	0	0	500	5,456	11,000	19,406
Employee Benefits	13,965	2,600	2,300	0	1,150	0	1,950	2,900	4,127	2,062	31,054
Payroll Taxes	9,863	1,580	1,570	0	872	0	2,433	1,848	3,527	1,902	23,594
Other Employee Expenses	3,300	250	200	0	150	0	300	500	1,583	717	7,000
Food Costs	4,500	1,150	1,150	0	0	0	0	0	333	0	7,133
Clothing & Incidentals	2,020	610	610	0	0	0	0	0	0	0	3,240
Recreation Costs	1,000	450	450	0	0	0	0	150	708	217	2,975
Horse Expenses	1,580	0	0	0	0	0	0	0	0	0	1,580
FFA Home Payments	0	0	0	0	0	0	0	21,244	0	0	21,244
Professional Fees	0	0	0	0	0	0	2,000	0	0	0	2,000
Utilities	3,400	675	685	25	275	0	910	685	1,236	0	7,891
Office Supplies	750	120	140	0	1,585	40	1,100	300	750	142	4,927
Rental Expense	160	30	30	0	0	0	4,788	2,571	0	0	7,579
Repairs & Maintenance	4,250	650	650	200	200	0	700	75	850	0	7,575
Automobile Expense	2,200	665	585	0	100	0	245	1,800	650	50	6,295
Dues & Fees	50	25	25	0	0	0	700	83	167	0	1,050
General Insurance	1,862	542	485	291	0	0	648	219	458	0	4,505
Other Operating Costs	240	35	35	228	340	338	500	2,200	0	0	3,915
Event Costs	0	0	0	0	2,333	1,333	0	0	0	0	3,667
Interest Expense	2,710	1,196	1,256	0	0	0	0	0	908	0	6,071
Total Expenses	178,140	30,343	29,791	743	17,910	1,711	46,689	38,172	61,774	37,049	462,523
Excess (deficiency) of Support	5,759	2,436	2,988	1,165	22,923	6,623	(46,439)	(58)	7,345	297	3,039
Revenues before Capital Additions											
Capital Additions											
Depreciation	(8,418)	(1,414)	(1,312)	(673)	(203)	0	(1,364)	(154)	(1,323)	0	(14,861)
Net Excess (Deficiency)	(2,659)	1,022	1,676	492	22,720	6,623	(47,803)	(212)	6,022	297	(11,822)

Regional Center of Orange County Organizational Structure

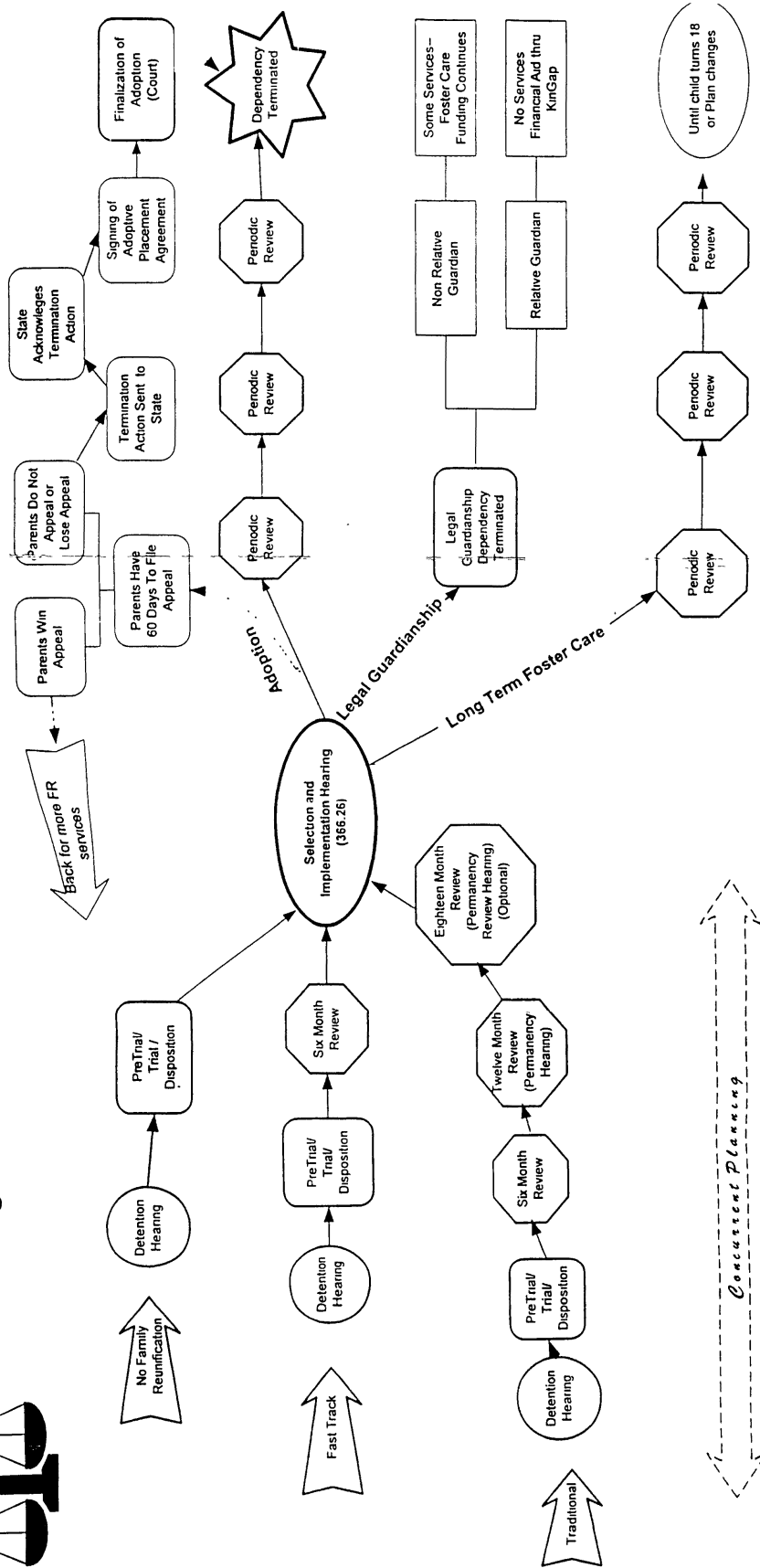


The Abused Child's Journey Through The Dependency Court System





Permanency Options Planning Legal Timelines



SIGNS OF SAFETY

Note: Tables from “Signs of Safety: A Solution and Safety Oriented Approach to Child Protection Casework” by Andrew Turnell and Steve Edwards (1999)

TABLE 2.1
Practice Principles That Build Partnerships

- 1 Respect service recipients as people worth doing business with.

Maintaining the position that the family is capable of change can create a sense of hope and possibility. Be as open-minded toward family members as possible, approaching them as potential partners in building safety.
2. Cooperate with the person, not the abuse.

Workers can build a relationship with family members without condoning the abuse in any way. Listen and respond to the service recipient’s story. Give the family choices and opportunities to give you input. Learn what they want. The worker must be up front and honest, particularly in the investigation. Treat service recipients as individuals.
3. Recognize that cooperation is possible even where coercion is required

Workers will almost always have to use some amount of coercion and often have to exercise statutory power to prevent situations of continuing danger, but this should not prevent them from aspiring to build a cooperative partnership with parents. Recognize that coercion and cooperation can exist simultaneously, and utilize skills that foster this.
- 4 Recognize that all families have signs of safety

All families have competencies and strengths. They keep their children safe, at least some, and usually most, of the time. Ensure that careful attention is given to these signs of safety.
- 5 Maintain a focus on safety.

The focus of child protection work is always to increase safety. Maintain this orientation in thinking about the agency and the worker’s role as well as the specific details and activities of the casework.
- 6 Learn what the service recipient wants

Acknowledge the client’s concerns and desires. Use the service recipient’s goals in creating a plan for action and motivating family members to change. Whenever compatible, bring client goals together with agency goals.
- 7 Always search for detail.

Always elicit specific, detailed information, whether exploring negative or positive aspects of the situation. Solutions arise out of details, not generalizations.

8. Focus on creating small change.

Think about, discuss, and work toward small changes. Don't become frustrated when big goals are not immediately achieved. Focus on small, attainable goals and acknowledge when they have been achieved.

9. Don't confuse case details with judgments.

Reserve judgement until as much information as possible has been gathered. Don't confuse these conclusions with the details of the case. Remember that others, particularly the family, will judge the details differently.

10. Offer choices

Avoid alienating service recipients with unnecessary coercion. Instead, offer choices about as many aspects of the casework as possible. This involves family members in the process and builds cooperation.

11. Treat the interview as a forum for change.

View the interview as the intervention, and therefore recognize the interaction between the worker and the service recipients to be the key vehicle for change.

12. Treat the practice principles as aspirations, not assumptions.

Continually aspire to implement the practice principles, but have the humility to recognize that even the most experienced worker will have to think and act carefully to implement them. Recognize that no one gets it right all the time in child protection work.

TABLE 3 !
The Six Practice Principles

1. Understand the position of each family member

Seek to identify and understand the values, beliefs and meanings family members perceive in their stories. This assists the worker to respond to the uniqueness of each case and to move toward plans the family will enact.

2. Find exceptions to the maltreatment.

Search for exceptions to the problem. This creates hope for workers and families by proving that the problem does not always exist. Exceptions may also indicate solutions that have worked in the past. Where no exceptions exist, the worker may be alerted to a more serious problem.

3. Discover family strengths and resources

Identify and highlight positive aspects of the family. This prevents the problems from overwhelming and discouraging everyone involved.

4 Focus on goals.

Elicit the family's goals to improve the safety of the child and their life in general. Compare these with the agency's own goals. Use the family's ideas wherever possible. Where the family is unable to suggest any constructive goals, danger to the child is probably increased.

5. Scale safety and progress

Identify the family members' sense of safety and progress throughout the case. This allows clear comparisons with workers' judgements

6. Assess willingness, confidence, and capacity

Determine the family's willingness and ability to carry out plans before trying to implement them.

TABLE 8.1
Distinguishing Therapy from Treatment

	Therapy	Treatment
Objectives	Well-being, insight, growth, self-actualization, healthy functioning	Pragmatic focus on creating sufficient change to build enough safety to close the case.
Goals	Essentially defined by the client.	Defined by the service recipient and the statutory agency. Requires close collaboration with the statutory worker since they are crucial to defining what "enough safety" looks like.
Service user	Designed for voluntary clients	Designed for service recipients.
Professional role	Facilitator focused on what client wants.	Therapist's skills of joining and listening are required, and the professional also needs to be comfortable exercising some level of social control and leverage.

CONFIDENTIALITY OF SERVICE CASE RECORDS TRAINING MANUAL 11/25/97

BACKGROUND

There is growing recognition of the need to work closely with other agencies and individuals in providing services to children referred to Children and Family Services. Increasingly there is discussion of the need to improve coordination of case work services, increase interagency collaboration and use of multidisciplinary or interagency teams to provide integrated family services. At the same time there is a need to remain aware of the regulations and laws which protect the confidentiality of case records

Confidentiality of case records is based on the legal direction to protect individual privacy rights. There are certain rules which apply to almost all confidential records. In general, unrestricted access to the records is given only to employees of the agency who created them, pursuant to carrying out the duties and responsibilities of the job. The client (minor) has unlimited access to his/her records and has the authority to release them to others with some important exceptions. The parent or guardian authorizes the release of records for the minor except where special statutory provisions recognize the minor's rights. These exceptions are few. They occur primarily in consent to mental health, drug and alcohol, and maternal care treatment for minors age 12 or older. *No release w/out the agency -*

The requirement to have a properly executed signed authorization to release confidential records is close to a universal rule. The exceptions are written into law, are limited, and are generally situation and/or case specific. Release of information from the record without the child's or his/her parents' written permission, when permitted by law, is restricted to meeting the mandated responsibilities of the agency which created the record. The needs of the requesting agency, serving the same client, are recognized on an exception basis. *HEA/P... WE HAVE A COURT ORDER*

Social Services client (case or referral) record information includes all information and data compiled as a result of SSA receiving a referral or providing services to a minor and his/her family. Confidentiality of Social Services records is governed by Welfare and Institutions Code (WIC) §10850. It states that records made or kept by any public officer or agency in connection with the administration of public social services are confidential and not open for examination for any purpose not directly connected with the administration of such programs.

Juvenile record information includes all records and data compiled as the result of a petition filed in the Juvenile Court; all documents and information referred to in WIC §827; and all other information of an evaluative or diagnostic nature made available to the Court, social worker, attorneys of record, or any other person or agency in accordance with the administration of the Juvenile Court Law.

Confidentiality of Juvenile Court records is primarily governed by WIC §827. It states that these records may be inspected only by court personnel, the district attorney, a city attorney or prosecutor authorized to prosecute criminal or juvenile cases under state law, the minor, his or her parents or guardian, the attorneys for the parties, and hearing officers, probation officers and law enforcement officers who are actively participating in criminal or juvenile proceedings involving the minor, the superintendent or designee of the child's school district, and such other persons as may be designated by court order of the judge of the juvenile court upon the filing of a petition to inspect the records. Child protective agencies, i.e., police or sheriff's department, county probation department or county welfare department, and members of children's multidisciplinary teams are also entitled to inspect these documents as are persons or agencies providing treatment or supervision of the minor.

Confidentiality of child abuse reports is governed primarily by Penal Code §11167 et seq. Section 11167(d) states that the identity of all persons who report abuse or neglect is confidential and to be disclosed only between child protective agencies, to counsel for such an agency, to the district attorney in a criminal prosecution, to county counsel and counsel for the parties in a dependency case, and to a licensing agency

when abuse in out-of-home care is reasonably suspected, or when those persons waive confidentiality, or by court order. Child abuse reports are also confidential and can only be disclosed to the persons listed above, to members of multidisciplinary personnel teams, hospital scan teams, licensing agencies, and coroners when conducting a postmortem examination of a child.

Violations of confidentiality laws are misdemeanors.

REFERENCES

Welfare and Institutions Code, Sections 241.1, 827, 828, 830, 10850, et seq.;

Civil Code, Sections 56.10, 1798 et seq.;

Evidence Code, Section 1040;

Government Code, Sections 6254(a), 13962, 13968;

Health and Safety Code, Section 199.2 et seq., 1536;

Penal Code, Sections 11167, 11167.5,

County Counsel Opinions dated 3-19-82, 8-17-83, 11-6-84, 11-16-84, 5-28-85, 11-12-87, 6-28-88, 12-20-88, 2-27-91,

Juvenile Court Policy re. Confidentiality and Release of Information, 12/17/96, as amended;

Juvenile Court Miscellaneous Orders, effective 3-21-94:

520.2 Authorization for Exchange of Information Concerning Juvenile Court Wards and Dependents Amongst Public and Private Agencies Providing Services:

522.2 Authorization for Mediators to Receive Information from the Orange County Probation Department and the Orange County Social Services Agency;

524.2 Authorization for Orange County Probation Department and Social Services Agency to Exchange Information Pursuant to Section 241.1, WIC;

525.2 Authorization for Employees of a Child Protective Agency to Receive Information;

526.3 CASA Access to Juvenile Court Files and Indices;

528.2 Authorization for Inspection of Records by the Juvenile Justice Commission;

741.2 Authorization for Social Services Agency to Share Information for Individual Education Plans (IEP) and Special Education Needs of Dependent Children;

743.2 Authorization for Release of Information to the Federal Social Security Administration to Apply for Federal Financial Assistance.

California Department of Social Services:

All County Information Notice No. I-93-88;

Manual of Policies and Procedures, Chapter 19, Confidentiality of Records.

FORMS

Authorization to Release Information

FO912-25-228

POLICY

1. It is the policy of the Social Services Agency (SSA) that its employees and parties with whom the agency contracts to provide services to its clients shall protect the confidentiality of client record information and will release such information only to those persons who have both the right to and the need for the information. These policies and guidelines apply to all cases, open and closed.

Those who have the right to client record information are defined in various statutes and in Juvenile Court Policy (see references above). Those who also have the need to know must be considered on a case-by-case basis. The guidelines below can provide guidance in many situations.

NOTE: WIC §327 refers to the petition, reports of the social worker, and all other documents filed in the referral or case or made available to the social worker in making the reports, or to the judge or other hearing officer and kept by the social worker, judge or hearing officer. Juvenile Court Policy and Government Code §6254(a) exclude preliminary drafts, notes, or inter-agency or intra-agency memoranda from being disclosed.

2. Parents of alleged abused children have no special rights with respect to inspection of any records that are not juvenile court records. Penal Code §11167.5 does not include parents as recipients of child abuse reports, absent a court order. Inspection of the rest of non-court records is governed by WIC §10850. Therefore, except where necessary for the administration of child welfare services, there is no authority to disclose any information in non-court case records to parents. If a petition is filed, the records become juvenile court records and information from them can be given to the parents, with the exception of the identity of the reporting party. It is important to note that identity is not restricted to the name, address or other similar means of identifying a person. It also includes any information in the record that could conceivably lead to the person's identity. Therefore, protection of the reporting party may require more than just deleting the name.
3. In general there are three means by which confidential information can be released: a signed Authorization to Release Information form or its equivalent from another agency or service provider; a Juvenile Court Order to release specific information to designated agencies and individuals for a specific purpose; and subpoenas and court orders for investigation and discovery.
 - a. An Authorization to Release Information can be signed by the child's parent or legal guardian. The form must be filled out in its entirety. Blank, signed forms are not to be kept in the case file. A properly executed written release enables SSA to release information or records with the following exceptions:
 - ◆ Information given pursuant to mandatory reporting laws, e.g. identity of the reporting party;
 - ◆ Sensitive health information, e.g. HIV/AIDS test results,
 - ◆ Third party confidential reports, especially health and mental health reports.

It is advisable to have parents sign release of information forms for Children and Family Services staff to share information with any service providers required by the case plan. This will make communication much easier. A release of information is typically valid for only one year. However, the client may authorize it for less time or cancel it at any time. Therefore, attention should be paid to the expiration date.

Telephone authorization can be accepted in lieu of a written one when staff are sure the client has adequately identified him/herself. Identification can include case numbers, mother's maiden name, etc. The telephone authorization should be entered into the referral/case record as a contact with date and time. It should also be followed up with a written authorization as soon as possible.

- b The Orange County Juvenile Court has made several Miscellaneous Orders authorizing release of specific information to designated agencies or individuals for a specific purpose. They are listed under References on page 2. Mention of them can be found in the guidelines below.
- 4 Senior Social Workers (SSW) are obligated to evaluate the appropriateness or accuracy of a request for release of information. Requests can be refused for several reasons. When there is a reasonable doubt as to the identity of the person presenting the authorization, the authenticity of the signature, or the release does not cover the specific information requested, the request can be denied unless and until better information becomes available that would allow it to be released. If there is a possibility that the request will be refused, the SSW should inform his/her supervisor.
- 5 All juvenile court record information given or sent to any other agency or individual shall be stamped as confidential. The stamp should not cover any written material. Each division of Children and Family Services should have such a stamp available.
- 6 When information is released to other agencies/persons by Children and Family Services staff, it should be so noted in the referral/case record in the client's contact notebook including the time.
- 7 In general, it is not good practice to FAX confidential material. It is conceivable that the wrong number could be dialed or someone not entitled to the information could pick it up at the other end.

GUIDELINES

The following guidelines are to be used to aid in decision making for issues of confidentiality. They include the most common instances of requests for information. They are not intended to be a comprehensive list of all possibilities. Situations that are not included are to be dealt with via supervisory conferences and/or consultation with county counsel.

ORANGE COUNTY CHILDREN AND FAMILY SERVICES

CONFIDENTIALITY GUIDE FOR DEPENDENCY CASES (OPEN AND CLOSED)

REQUESTING PARTY/ AGENCY	PURPOSE	INFORMATION TO BE DISCLOSED/POLICY	COURT ORDER REQUIRED?		WRITTEN RELEASE OF INFORMATION REQUIRED?		REGULATORY OR LEGAL REFERENCE *
			YES	NO	YES	NO	
Child	Any purpose <u>not</u> related to a pending dependency proceeding in which he/she is involved. Note for State appeals/fair hearing procedures, the CDSS Appeals Officer will handle disclosure issues.	Information that he/she has provided to SSA staff		x		x	WIC 10850
	Purpose related to pending dependency proceeding (current case) in which he/she is involved	All necessary and relevant information in case record except reporting party		x		x	WIC 10850, 3171, 827 PC 11167 PC 11167.5
Parent/Guardian	Same as above for minor	Same as above for minor, unless Court has ordered otherwise. EXCEPTION: no address of licensed foster family prior to dispositional hearing unless* released by a court order or waived by the foster parents		x		x	Same as above H & S Code 1536
Absent Parent or Noncustodial Parent	Wants to locate his/her child and/or requests information regarding the well being of the child	Absent parent or noncustodial parent is entitled to information regarding abuse/neglect situation to the same extent as the parent who has custody unless Court has ordered otherwise The absent parent or noncustodial parent has right to know where his/her child is, unless the placement is confidential. If the social worker has reason to believe disclosure of the location of the child to the absent parent would endanger them or the caretaker, the social worker should consult his/her supervisor/County Counsel/Program Manager regarding how to proceed in each individual case If a petition is filed, the absent parent is to be notified of all hearings		x		x	WIC 10850 WIC 308
	Information regarding custodial parent	No information without a court order or release of information	x			x	WIC 10850

*WIC - Welfare and Institutions Code
PC - Penal Code
HS - Health and Safety Code
Gov Code - Government Code
CC - Civil Code
CCF - Administrative Code

CHILDREN AND FAMILY SERVICES

CONFIDENTIALITY GUIDE FOR DEPENDENCY CASES

REQUESTING PARTY/ AGENCY	PURPOSE	INFORMATION TO BE DISCLOSED/POLICY	COURT ORDER REQUIRED?		WRITTEN RELEASE OF INFORMATION REQUIRED?		REGULATORY OR LEGAL REFERENCE
			YES	NO	YES	NO	
Persons granted standing by the court	Purpose related to the case in which he/she has been granted standing	Notices of hearing and court reports only unless the court has ordered otherwise If they want greater access to the case record they must request a court order		x		x	WIC 837 Juvenile Court Policy Same as above
			x				
Relatives (Other Than Parent/Legal Guardian)	Concern regarding child's welfare or action being taken on case	If the relative has role in the court ordered case plan for child/family, share information necessary to accomplish his/her role in the plan e.g. If the relative is the child's caretaker, provide same information you would a foster parent If a possible placement for child, treat as potential foster parents If the relative has no role in the case plan, advise the relative you cannot discuss the case, but are willing to receive any information relevant to the case he/she is willing to share		x		x	WIC 361 3
			x				
Attorneys Representing Child	Pending dependency proceedings (current case) Any other purpose	All information relevant to the case Can make copies None without a court order Refer the attorney to Juvenile Court to request access		x		x	CC 4606 WIC 3171 827 Juvenile Court Policy WIC 827
			x				
Parent/Guardian Parent/Guardian Other Parties	Pending dependency proceedings Any other purpose Any purpose	Same as above for "child" Same as above for "child" None without a court order If an order has not been issued, refer the party to the Juvenile Court, or to their attorney		x		x	Same as above Same as above Same as above
			x				
County Counsel	Representing Children and Family Services of Social Services Agency in dependency proceedings, claims or lawsuits against the County	All information Copies OK		x		x	Attorney-Client Relationship WIC 827 Juvenile Court Policy

CHILDREN AND FAMILY SERVICES

CONFIDENTIALITY GUIDE FOR DEPENDENCY CASES

REQUESTING PARTY/ AGENCY	PURPOSE	INFORMATION TO BE DISCLOSED/POLICY	COURT ORDER REQUIRED?		WRITTEN RELEASE OF INFORMATION REQUIRED?		REGULATORY OR LEGAL REFERENCE
			YES	NO	YES	NO	
Law Enforcement e.g. Police/Sheriff Probation Including Parole officers	In connection with a child abuse investigation, criminal investigation, or proceeding brought to declare a person or child a dependent of the Juvenile Court	Share information necessary to accomplish purpose. Copies OK. <u>Exception:</u> No HIV testing/AIDS information is to be provided		x		x	WIC 827, 828, 10850 3, Juvenile Court Policy H & S Code 199 20 & 199 21
District Attorney	In connection with and in the course of an actual or potential court case	All necessary and relevant case information including copies <u>Exception</u> No information regarding HIV testing/AIDS		x		x	WIC 827 Juvenile Court Policy
Mandated Reporters	Learn results or progress of a child abuse investigation they reported	They are entitled to know the results of the child abuse investigations and any actions being taken in general terms		x		x	PC 11170
Non-Mandated Reporters	Learn results or progress of investigation	They are not entitled to receive specific information regarding the case, investigation, etc. You may tell them in general terms that we do assess all referrals and investigate and provide services as appropriate		x		x	PC 11167 11167 5
Multidisciplinary Teams (e.g. Child Death Review Committee, Marine Corps Family Advocacy Representatives, Multi- disciplinary Interview Teams, etc.) or Hospital Scan Teams	Review child death or abuse cases or provide services related to child abuse	Information necessary for the team to complete the review or provide services. Copies OK. <u>Exception:</u> no information regarding HIV testing/AIDS		x		x	PC 11167 5 WIC 830, 10850 1 18951, 18951 (d), 18965
Foster Care Providers	Provide care and supervision of the child in accordance with foster care agreement	Information necessary to provide care and supervision, achieve plan objectives, e.g. dangerous propensities, health (including that child has AIDS, ARC, or is HIV positive) medical and psychological information, elements of the case plan relevant to care and supervision of the child, school problems/ information, etc. <u>Do not</u> include identity of reporting parties		x		x	CDSS Manual Div 31 Sec 31-405 thru 31-420 SSA Policy SL 10 H&S Code 199 2 & 199 21 PC 11167

CHILDREN AND FAMILY SERVICES

CONFIDENTIALITY GUIDE FOR DEPENDENCY CASES

REQUESTING PARTY/ AGENCY	PURPOSE	INFORMATION TO BE DISCLOSED/POLICY	COURT ORDER REQUIRED?		WRITTEN RELEASE OF INFORMATION REQUIRED?		REGULATORY OR LEGAL REFERENCE
			YES	NO	YES	NO	
County Mental Health Services	Obtain information necessary to provide the services requested	All necessary and relevant information for the conduct of official responsibilities. <u>Exception</u> No information regarding HIV testing/AIDS		x		x	Juvenile Court Policy Misc. Order 520 1 H & S Code 199 2 & 21
Psychologists/ Psychiatrists and Court Evaluation & Guidance Unit (HCA)	Authorized by Court to complete an evaluation	Information necessary to complete the evaluation or treatment	Not required when authorization is from Juv Ct Required when ordered by any court other than Juv Ct			x	Juvenile Court Policy
Community Referral Agency/Person (Private Practice & Non-profit agencies)	Ordered/authorized by the Court to provide treatment	Information necessary to provide treatment		x	x	x	Same as above Misc. Order 520 1
Victim/Witness Program	Obtain background information considered necessary to provide the services requested	Information necessary to provide the services for which a referral has been made. No information regarding HIV testing, AIDS, child abuse reports, or identity of reporting party is to be provided <u>Exception</u> Medical practitioners including dentists, CCS and DDC can receive HIV/AIDS information to treat child		x	x	x	WIC 10850 H&S Code 199 2, 21 SSA Policy SL 1 0 Misc. Order 520 1
Court Authorized Child Advocates (CASA)	Obtain information necessary to provide assistance to victims of crime	Upon written request provide information necessary to assist victim including reports of the incidents. Do not disclose information from child abuse reports or AIDS/HIV testing		x		x	Juvenile Court Policy Gov't Code Sec 13962 & 13968(d) P.C. 138 5
Other CTS Agencies	Ensure the child's right to a safe, permanent home and an impartial advocate	Copies of court reports and attachments. All other records and information necessary to assure the minor is placed in a safe, permanent home can be reviewed & notes taken but not copies		x		x	WIC 356 5 Misc. Order 526 3
School Attendance Review Boards (SARB)	Child protective services	All information necessary to provide services Copies OK		x		x	WIC 827 PC 11167 & 11165 5
Housing Authorities (HA)	Any purpose	None without a release of information. If a mandated reporter on a SARB made a child abuse report, only they are entitled to the information given to mandated reporters		x		x	WIC §10850
	To determine eligibility for housing authority program & services	Information to aid HAs in administration of programs. No child abuse or HIV/AIDS information		x		x	WIC §10850 5

CHILDREN AND FAMILY SERVICES

CONFIDENTIALITY GUIDE FOR DEPENDENCY CASES

REQUESTING PARTY/ AGENCY	PURPOSE	INFORMATION TO BE DISCLOSED/POLICY	COURT ORDER REQUIRED?		WRITTEN RELEASE OF INFORMATION REQUIRED?		REGULATORY OR LEGAL REFERENCE
			YES	NO	YES	NO	
California State/County Licensing	Record check of persons applying for a community care license, or for employment in an out-of-home care facility or a complaint alleging child abuse by an operator or employee of an out-of-home care facility	Copies of information from child abuse reports, plus information regarding the results of our investigation. <u>Exception</u> Family Maintenance case record information cannot be released	x			x	PC 11167 & 11170
Welfare Investigator/ District Attorney	Investigating welfare fraud or child support situation	Information relevant to their investigation (No information regarding reporting party, child abuse reports, HIV testing, AIDS, etc)	x			x	WIC 10850
SSA Appeals Officer	Prepare for an appeal/hearing	All information required to prepare for appeal/fair hearing	x			x	WIC 10850
Local, State, Federal Legislative Bodies and Their Committees e.g., Board of Supervisors, Commission, Grand Jury, City Council, Calif State Assembly/Senate, U.S Congress	Follow-up on a client complaint or concern or any other purpose	Release information provided by the client only if the client signs a release. Inform supervisor and program manager	x		x		WIC 827, 10850 Juvenile Court Policy
Juvenile Justice Commission	Follow-up on complaints, concerns or other purpose	None-needs authorization of Juvenile Court Administration	x			x	Juvenile Court Policy Misc Order 528 2
Media Representatives	Any purpose	Do not disclose any information. Notify your supervisor and program manager of the media inquiry. Juvenile record information may not be furnished to the media without the permission of the Presiding Judge of the Juvenile Court	x			x	Same as above
Agencies/Persons Not Listed Above That Are Authorized to Receive Confidential Information, e.g. CDSS	In the Administration of Public Social Services (includes services in the best interest of the child) including fiscal audits and/or procedure reviews	Only that information required to accomplish purposes related to the administration of public social services	x			x	WIC 10850
Superior Court Mediation and Investigative Services	In order to resolve family law custody and visitation disputes	Any information, including copies of reports, in case file relative to child abuse, molest, etc (Do not include identity of the reporting parties or information regarding AIDS/HIV)	x			x	Juvenile Court Policy & Misc Order 522 2

CONFIDENTIALITY GUIDE FOR DEPENDENCY CASES

REQUESTING PARTY/ AGENCY	PURPOSE	INFORMATION TO BE DISCLOSED/POLICY	COURT ORDER REQUIRED?		WRITTEN RELEASE OF INFORMATION REQUIRED?		REGULATORY OR LEGAL REFERENCE
			YES	NO	YES	NO	
Schools	To provide an appropriate education including special education and related services	General information necessary to the Individual Education Plan (IEP) process Information from psychiatric or psychological evaluation/report, including a diagnosis, needs a court order or release of information to be released Exception: School principal is required to be notified if child is HIV positive or has AIDS	x			x	SSA Policy SF 2 11 Misc Order 7412
Surrogate Parents for Special Education Students	Purpose related to the education of the child Any other purpose	Any information relevant to the child's education e.g. IEP and services relevant to the IEP		x		x	SSA Policy SL 1
Courts California or Federal	Any purpose	No information without a court order or release of information NONE: There must be a hearing in Juvenile Court to determine if material is relevant by way of a motion pursuant to WIC 827	x		x		Government Code 7599 5(c) WIC 827
Persons Conducting Research	To gather data for any research project, e.g., dissertation	Refer person to Juvenile Court Administration Written authorization from the Presiding Judge is needed to interview the child	x			x	WIC 827 & 10950 Juvenile Court Policy Same as above Juvenile Court Policy

Additional Restrictions and Conditions

Orange County Juvenile Court Policy regarding confidentiality and release of information states that "all juvenile record information received by an authorized recipient shall be safeguarded from unauthorized access or disclosure and shall not be further released to any other person or agency not authorized to receive such information."

NOTE: All juvenile record information lawfully given or sent to any other agency or individual as described in these guidelines shall be stamped with the following notification

CONFIDENTIAL INFORMATION (WIC 827)

This document contains record information furnished in accordance with your official duties. Further release by you of this information may be accomplished only in accordance with applicable statute or court order or other lawful process.

OTWAGE COUNTY CHILDREN AND FAMILY SERVICES

CONFIDENTIALITY GUIDE FOR NON-DEPENDENCY CASES (OPEN AND CLOSED)

REQUESTING PARTY/ AGENCY	PURPOSE	INFORMATION TO BE DISCLOSED/POLICY	COURT ORDER REQUIRED?		WRITTEN RELEASE OF INFORMATION REQUIRED?		REGULATORY OR LEGAL REFERENCE #
			YES	NO	YES	NO	
Child	Any purpose related to the reasons for service provision	Information that he/she has provided to SSA staff All other information is confidential		x		x	WIC §10850 CDSS MMP, Division 19, Sec 19-005 1
Parent/Guardian	Same as above for minor	Same as above for minor, unless a court has ordered otherwise		x		x	Same as above
Absent parent or noncustodial parent	Wants to locate his/her child and/or requests information regarding the child's wellbeing	No information without a release of information, unless a court has ordered otherwise. Exception: Information in the CAR may be given during the course of investigating, as appropriate, on a case-by-case basis	x		x		WIC §10850
Relatives (other than parent or guardian)	Information regarding custodial parent	No information without a release of information		x		x	CDSS MMP, Sec 19-00172
Attorneys representing any parties	Concern regarding child's welfare or action being taken on the case	None without a release of information from the parent or guardian. Advise the relative that you cannot discuss the case, but are willing to receive any relevant information he/she would like to share		x		x	WIC §10850
County Counsel	Any purpose	None without a release of information or indication that the person is the client's attorney. The release of information only allows information given by the client to be released. The parent/guardian can sign a release for a minor. Contact County Counsel for advice		x		x	WIC §10850 CDSS MMP, Sec 19-005 1
	Representing Children and Family Services of the county	All information		x		x	EC §952 & §954, Attorney-Client privilege

*WIC: Welfare and Institutions Code
 IC: Penal Code
 HS Code: Health and Safety Code
 Gov. Code: Government Code
 CC: Civil Code
 EC: Evidence Code

CHILDREN AND FAMILY SERVICES
CONFIDENTIALITY GUIDE FOR NON-DEPENDENCY CASES

REQUESTING PARTY/ AGENCY	PURPOSE	INFORMATION TO BE DISCLOSED/POLICY	COURT ORDER REQUIRED?		WRITTEN RELEASE OF INFORMATION REQUIRED?		REGULATORY OR LEGAL REFERENCE *
			YES	NO	YES	NO	
Other CPS Agencies (defined as police or sheriff, county probation or county welfare departments PC §11165.9)	To provide child protective services	All information necessary to provide services		x		x	PC §11167
Law enforcement e.g. Police/Sheriff, Probation officers	In connection with a child abuse investigation	Share information necessary to accomplish purpose Exception: No HIV testing/AIDS information is to be provided		x		x	PC §11166.3
	In connection with a criminal investigation	If the criminal act was committed in a welfare (SSA) department office or against any county or state welfare worker while involved in performing work related duties, the person's name, physical description and address only can be disclosed		x		x	WIC §10850(e)
	In connection with a criminal investigation (other than child abuse) and about a person for whom an arrest warrant has been issued	Information is limited to name, address, phone number, birthdate, social security number, and physical description	Written request is needed			x	WIC §10850.3(a)(b) CDSS MPP Division 19, §19-004 (a)
Multidisciplinary Teams (e.g. Child Death Review Committee, Maine Corps Family Advocacy Representatives) or Hospital Scan Teams	Review child death or abuse cases or provide services related to child abuse	Information necessary for the team to complete the review or provide services Copies OK Exception: no information regarding HIV testing/AIDS		x		x	PC §11166.7, 11167.5 WIC §830, 10850.1, 18952
Mandated reporters	Learn results or progress of an investigation of abuse they reported	They are entitled to the results of the investigation and any action taken, in general terms		x		x	PC §11170
Non mandated reporters	Same as above	They are not entitled to receive information regarding a case You may tell them, in general terms, that we assess all referrals and investigate and provide services as appropriate		x		x	PC §11167, §11167.5
Focusing Authorities (FA)	To determine eligibility for IIA programs and services	Information to aid HAs in determining eligibility		x		x	WIC 10850.5

CHILDREN AND FAMILY SERVICES
CONFIDENTIALITY GUIDE FOR NON-DEPENDENCY CASES

REQUESTING PARTY/ AGENCY	PURPOSE	INFORMATION TO BE DISCLOSED/POLICY	COURT ORDER REQUIRED?		WRITTEN RELEASE OF INFORMATION REQUIRED?		REGULATORY OR LEGAL REFERENCE *
			YES	NO	YES	NO	
Community referral agency/person e.g. mental health, substance abuse, etc (Private practice & non profit agencies)	Obtain background information considered necessary to provide the services requested	Information necessary to provide the services for which a referral has been made		x		x	WIC §10850
Victim/Witness Program	Obtain information necessary to provide assistance to victims of crime	Upon written request, provide information necessary to assist victim, including reports of the incidents. <u>Do not disclose information from child abuse reports</u>		x		x	Gov't Code §13968(d) §13962 PC §138.5
School Personnel	Any purpose	None without a release of information. Exception: If school personnel made a child abuse report they are entitled to the information given to mandated reporters		x		x	WIC §10850 PC §11170
School Attendance Review Boards (SARB)	Any purpose	None without a release of information. If a mandated reporter on a SARB made a child abuse report, only they are entitled to the information given to mandated reporters		x		x	WIC §10850
California State/County Licensing	Record check of persons applying for a community care license, for employment in an out-of-home care facility, or a complaint alleging child abuse by an operator or employee of an out-of-home care facility	Copies of information from child abuse reports, plus information regarding the results of any investigation only		x		x	WIC §10850 PC §11167.5 §11170
District Attorney/Welfare Investigator	Investigating welfare fraud, child support situation or location of families in which the caretaker has kidnapped the child	Information relevant to their investigation (No information regarding reporting party, child abuse reports, HIV testing, AIDS, etc.)		x		x	WIC §10850 CDSS MMP, Div 19, Sec 19-004.311
SSA Appeals Officer	Prepare for an appeal/hearing	All information required to prepare for appeal/fair hearing (No information regarding HIV/AIDS)		x		x	WIC §10850
Persons Conducting Research	To gather data for any research project, e.g. dissertation	None without a release of information. Inform your supervisor and Program Manager		x		x	WIC §10850

CHILDREN AND FAMILY SERVICES

CONFIDENTIALITY GUIDE FOR NON-DEPENDENCY CASES

REQUESTING PARTY/ AGENCY	PURPOSE	INFORMATION TO BE DISCLOSED/POLICY	COURT ORDER REQUIRED?		WRITTEN RELEASE OF INFORMATION REQUIRED?		REGULATORY OR LEGAL REFERENCE *
			YES	NO	YES	NO	
Agencies/Persons Not Listed Above That Are Authorized to Receive Confidential Information, e.g. CDSS	In the administration of public social services, including services in the best interest of the child, such as fiscal audits and/or procedure reviews	Only that information required to accomplish purposes related to the administration of public social services		x		x	WIC § 10850
Local, State, Federal Legislative Bodies & Their Committees, e.g., Board of Supervisors, Juvenile Justice Commission, Grand Jury, City Council, Calif State Assembly/Senate, U.S. Congress	Follow up on a complaint or concern or any other purpose	Release information about a client or case only if a release of information is signed. Inform your supervisor and Program Manager Note: Written inquiries to members of legislative bodies may serve as authorization for release of information to answer the inquiry	x		x		WIC § 10850 CDSS MMP, Div 19, Sec 19002.1
Media Representatives	Any purpose	Do not release any information without authorization from SSA management and a release of information from the client(s). Inform your supervisor and Program Manager	x		x		WIC § 10850
Superior Court Mediation Services and Investigation Services	In order to resolve family law custody and visitation disputes	Information relative to child abuse, child molest and other reasonable information including child abuse reports and investigations. <u>Exception: no</u> identification of reporting parties Information from medical and psychological reports cannot be released without a court order	x			x	Juvenile Court Misc order 522.2 Same as above
Courts California or Federal	Any purpose	Only information that has been subpoenaed or released by the client	x		x		WIC § 10850

PERSONAL RIGHTS

Community Care Facilities and Residential Care Facilities For The Elderly

(a) All Facilities. Each person receiving services from a community care facility and/or a Residential Care Facility for the Elderly shall have rights which include, but are not limited to, the following:

- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
- (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
- (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
- (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the licensing agency's complaint receiving unit, and of information regarding confidentiality.
- (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis.
- (6) To leave or depart the facility at any time, except for house rules for the protection of clients or for minors and others for whom legal authority has been established.
- (7) Not to be locked in any room, building, or facility premises by day or night.
- (8) Not to be placed in any restraining devices without advance approval by the licensing agency.

(b) Residential Facilities. In addition to (a) above, each person provided services by a residential facility should have and may exercise the following rights:

- (1) To visit the facility with his/her relatives or authorized representative prior to admission.
- (2) To have his/her relatives or authorized representative regularly informed by the facility of activities related to care and supervision including but not limited to modifications to needs and services plan.
- (3) To have communications to the facility from his/her relatives or authorized representative answered promptly and completely.
- (4) To be informed of the facility's policy concerning family visits and other communication with clients. This policy shall encourage regular family involvement and provide ample opportunities for family participation in activities at the facility.
- (5) To have visitors, including advocacy representatives, visit privately during waking hours provided such visitations do not infringe upon the rights of other clients, unless prohibited by court order or the authorized representative.
- (6) To wear his or her own clothes, to possess and control his/her own cash resources, to possess and use his/her own personal items, including his/her own toilet articles.
- (7) To have access to individual storage space for his/her private use.
- (8) To have access to telephones, to make and receive confidential calls, provided such calls do not infringe on the rights of other clients and do not restrict availability of telephone in emergencies.
- (9) To mail and receive unopened correspondence unless prohibited by court order or by the authorized representative and for children to have ready access to letter writing materials and stamps.
- (10) To receive assistance in exercising the right to vote.
- (11) To receive or reject medical care or health-related services, except for minors and others for whom legal authority has been established.
- (12) To move from the facility in accordance with the terms of the admission agreement.

Reference: California Code of Regulations - General Licensing Regulations, Section 80072, Community Care Facilities; Section 81072, Social Rehab. Facilities; Section 83072, Small Family Homes; Section 84072, Group Homes; Section 85072, Adult Residential Facilities; Section 87072, Foster Family Homes; Section 87572, Residential Care Facilities for the Elderly; Section 87872, Residential Care Facilities for the Chronically Ill; and Section 102423, Family Day Care Homes.

**PERSONAL RIGHTS — COMMUNITY CARE FACILITIES and
RESIDENTIAL CARE FACILITIES FOR THE ELDERLY**

EXPLANATION: The California Code of Regulations, Title 22 requires that any person admitted to a facility must be advised of his/her personal rights. Facilities are also required to post these rights in areas accessible to the public. Consequently, this form is designed to meet both the needs of persons admitted to facilities and the facility owners who are required to post these rights.

The back of this form describes the personal rights to be afforded each person admitted to a facility. The back of this form also provides the complaint procedures for the client/resident and representative/parent/guardian.

This form is to be reviewed, completed and signed by each client/resident and/or each representative/parent/guardian upon admission to the facility. The client/resident and/or representative/parent/guardian also has the right to receive a completed copy of the originally signed form. The original signed copy shall be retained in the client's/resident's/child's file which is maintained by the facility.

TO: CLIENT/RESIDENT/CHILD OR AUTHORIZED REPRESENTATIVE:

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to

(PRINT THE NAME OF THE FACILITY) (PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CLIENT/RESIDENT/CHILD)

(SIGNATURE OF THE CLIENT/RESIDENT/CHILD) (DATE)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN) (DATE)

THE CLIENT/RESIDENT/CHILD AND/OR THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

_____ CITY	_____ ZIP CODE	_____ AREA CODE/TELEPHONE NUMBER ()
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CONFIDENTIAL PATIENT INFORMATION
See Cal W & I Code, Section 5328

COUNTY OF ORANGE, CA, HEALTH CARE AGENCY
BEHAVIORAL HEALTH SERVICES
CHILDREN AND YOUTH SERVICES

Name: _____
DOB: _____
MIS #: _____

ASSESSMENT SUMMARY

MediCal/EPSDT AB 3632/Ch 26.5 Other _____
 For further information refer to Assessment Report dated ____/____/____
 MHP Handbook and Complaint/Grievance procedures provided and reviewed with:
 parent/legal guardian client SSA (date) ____/____/____

1. Description of Presenting Problem (Medical Necessity):

a. Presenting problem (what brings client into treatment?) _____

 _____ see addendum

b. Duration of the problem (precipitating events, when did it start?): _____

 _____ see addendum

c. Major symptoms (from DSM-IV): _____

 _____ see addendum

d. Areas of impairment: Living situation | Daily activities | Social network | School | Other _____

e. How are the symptoms/problem impairing the client's ability to function?: _____

 _____ see addendum

2. Relevant Mental Health History: (* Explain Yes responses including dates) | See Caregiver Questionnaire

Previous mental health treatment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk	History of psychological testing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk
History of psychiatric hospitalization?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk	Previous psychotropic meds?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk
History of suicide attempts?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk	Current psychotropic meds?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk
History of assaultive behavior?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk	Other:	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk

* _____
 _____ see addendum

3. Relevant Family History: (family constellation, traumatic events, family psych hx) | See Caregiver Questionnaire

 _____ see addendum

4. Developmental/Childhood History: (prenatal, pennatal, milestones, motor/language/cognitive/self-help skills)

Within normal limits | *Significant events/delays | See Caregiver Questionnaire | Info not available
 * _____

 _____ see addendum

Name: _____

DOB: _____

MIS #: _____

5. Relevant Educational/Social/ Sexual/Legal History: (special ed, peer relations, criminal history, legal status)

_____ see addendum

6. Relevant Cultural Background: (ethnicity, gender identity, religion, sexual orientation, disability, etc.)

_____ see addendum

7. Substance Use (alcohol, tobacco, caffeine, illicit, prescribed, over-the-counter, *duration/frequency/amount of use*) None

_____ see addendum

8. Relevant Medical History: (* Explain Yes responses) See Caregiver Questionnaire | See Nursing Assessment (CEGU)

Allergies/Asthma	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk	Vision/Hearing impairments	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk
Allergic to any medications?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk	Head injury	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk
Seizures/Convulsions	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk	Loss of consciousness	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk
Current serious medical conditions?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk	Frequent or severe headaches?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk
Any serious injuries?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk	Immunizations up to date?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk
Any operations?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk	Other	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> Unk

MD Name/Group: _____ Phone: _____ Date of last exam: _____

Dentist Name: _____ Phone: _____ Date of last exam: _____

☆

_____ see addendum

9. Desired Result of Mental Health Services: (in client's own words, "I want . . .")

_____ see addendum

10. Client Strengths: (motivation, interests, social/family/occupational supports)

_____ see addendum

11. Clinical Summary: (dynamic formulation, need for treatment, importance of family involvement)

_____ see addendum

Name: _____
 DOB: _____
 MIS #: _____

12. Mental Status Examination

AREAS OF IMMEDIATE CONCERN None *If any box is checked, details must be included in the Clinical Summary section*
 Suicidal Thoughts Suicidal Plans Homicidal/Assaultive Thoughts Homicidal Plans Psychosis

(*NORMAL = Normal for Culture / Age)

GENERAL APPEARANCE
Personal Hygiene: *Normal Neat Poor Other _____
Manner of Dress: *Normal Inappropriate Odd Seductive Other _____
Age: Stated age Older than stated age Younger than stated age

MOOD / AFFECT / BEHAVIOR
Mood: Euthymic Anxious Depressed Manic Irritable Other _____
Affect: *Normal range Angry Flat Inappropriate Labile
 Restricted/Constricted Sad Other _____
Behavior: Pleasant/Cooperative Apathetic Demanding Dependent Dramatic Eager to Please
 Evasive Hostile Impulsive Manipulative Oppositional Seductive Poor eye contact
 Passive Silly Other _____

MOTOR ACTIVITY
Psychomotor: *Normal Agitated Hyperactive Retarded/Slow Other _____
Movements: *Normal Other _____

SENSORIUM
Impairment in Orientation: None Date Place Person Situation/Environment _____
Impairment in Memory: None Immediate Recent Remote Other _____

THOUGHT CONTENT AND PERCEPTIONS
Themes /Preoccupations: None Depressive Magical Thinking Phobias Sexual
 Obsessions/Compulsions Somatic Other _____
Delusions: None Being Controlled Ideas of Reference Erotomanic Jealousy
 Grandeur Persecutory Religiosity Somatic Other _____
Hallucinations: None Auditory Visual Somatic Tactile Olfactory Gustatory

THOUGHT PROCESS
 *Normal Blocking Circumstantial Disorganized Rambling Flight of Ideas/Racing
 Loose Associations Tangential Perseveration Concrete Other _____

INTELLECTUAL FUNCTIONING
 Average Above Average Below Average Poor General Fund of Knowledge Other _____

INSIGHT
 *Normal Poor Limited Other _____

JUDGMENT
 *Normal Poor Other _____

SPEECH
 *Normal Inaudible Mute Poverty of Pressured Rapid Monotone
 Slowed Stuttering Other _____

Additional Comments/Observations/Clarifications: _____

 _____ see addendum

UPDATE PAGE
 see progress note dated ___/___/___

Name: _____
 DOB: _____
 MIS #: _____

13. DSM-IV Diagnosis (code # and narrative)

INITIAL Axis I: (1°) _____ _____ (2°) _____ _____ Axis II: _____ Axis III: _____ Axis IV: _____ Axis V: Current _____ Past Year _____ <input type="checkbox"/> See addendum	6 MONTH UPDATE: <input type="checkbox"/> Dx unchanged <input type="checkbox"/> Dx changed* Axis I: (1°) _____ _____ (2°) _____ _____ Axis II: _____ Axis III: _____ Axis IV: _____ Axis V: Current _____ * See Progress Note ___/___/___, Update MIS
--	---

14. Referrals/Coordination with Other Services

INITIAL Referrals (within CYS): <input type="checkbox"/> None <input type="checkbox"/> Medication Support <input type="checkbox"/> TBS <input type="checkbox"/> Psych Testing <input type="checkbox"/> Project Together <input type="checkbox"/> Other Referrals (outside of CYS): <input type="checkbox"/> None <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Physical Health <input type="checkbox"/> Dental <input type="checkbox"/> Social Services <input type="checkbox"/> Probation <input type="checkbox"/> Educational <input type="checkbox"/> Vocational <input type="checkbox"/> Other	6-MONTH <input type="checkbox"/> No changes Referrals (within CYS): <input type="checkbox"/> None <input type="checkbox"/> Medication Support <input type="checkbox"/> TBS <input type="checkbox"/> Psych Testing <input type="checkbox"/> Project Together <input type="checkbox"/> Other Referrals (outside of CYS): <input type="checkbox"/> None <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Physical Health <input type="checkbox"/> Dental <input type="checkbox"/> Social Services <input type="checkbox"/> Probation <input type="checkbox"/> Educational <input type="checkbox"/> Vocational <input type="checkbox"/> Other
--	--

15. Treatment Recommendations

Proposed Duration: From ___/___/___ to ___/___/___ Medi-Cal Month/Year of Intake: ___/___

Services provided in Client English Spanish Vietnamese Other _____ Parent/Guardian: English Spanish Vietnamese Other _____

TYPE OF SERVICE PROVIDED	PROVIDER/AGENCY	CONTACT PERSON
<input type="checkbox"/> Mental Health Services		
<input type="checkbox"/> Medication Support Services		
<input type="checkbox"/> Case Management		
<input type="checkbox"/> Day Treatment Intensive <input type="checkbox"/> Day Rehabilitation		
<input type="checkbox"/> _____ From ___/___/___ to ___/___/___		
<input type="checkbox"/> _____ From ___/___/___ to ___/___/___		
<input type="checkbox"/> _____ From ___/___/___ to ___/___/___		

16. Performance Outcome Measures (intake set)

Instrument	Administered?	Progress Note	Reviewed for Tx Plan?	Progress Note
CBCL	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	___/___/___
YSR	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	___/___/___
CAFAS	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	___/___/___
CLEP	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	___/___/___

N/R = Not Required (for meds only or case management). Refer to a progress note to clarify any box checked "Yes" or "No"

Provider Signature/Title _____ Date _____

Licensed Supervisor Signature/Title (if applicable) _____ Date _____

Supervisory 60 Day Review _____ Date: _____ Service Chief/Program Director	Supervisory 6 Month Review _____ Date: _____ Service Chief/Program Director
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CONFIDENTIAL PATIENT INFORMATION
See: Cal W & I Code, Section 5328

CLIENT SERVICE PLAN (CSP)
COUNTY OF ORANGE HEALTH CARE AGENCY
BEHAVIORAL HEALTH SERVICES
CHILDREN AND YOUTH SERVICES

Name: _____
DOB: _____
MIS #: _____

- Problems are related to the diagnosis
- Goals and objectives are observable, time-framed and related to the presenting problem
- Beginning at 16th birthday all clients must have transition goal.

AB 3632/Ch 26.5 services INITIAL UPDATE PAGE 6-MONTH UPDATE ANNUAL UPDATE

PROBLEMS, IMPAIRMENTS OR SYMPTOMS	TREATMENT GOALS	SHORT-TERM OBJECTIVES (MILESTONES)	TYPE OF SERVICE FREQUENCY/DURATION	PERSON(S) RESPONSIBLE	EVALUATION CRITERIA

Progress Update Section

Objective #:	Date of Entry:	Objective #:	Date of Entry:	Objective #:	Date of Entry:

***Client Signature** _____ **Date** _____ ***Parent/Guardian Signature** _____ **Date** _____

Provider Signature/Title _____ **Date** _____

**** Coordinator's Signature/Title (if not primary therapist)** _____ **Date** _____

New Provider Signature/Title (if applicable) _____ **Date** _____

* Signature indicates client has agreed to the above CSP and to participate in the treatment process if signature is not obtained, see progress note dated _____

** If signature is not obtained or if verbal approval is given, see progress note dated: _____

Physician's Signature (Required for Medicare Consumers) _____ **Date** _____

CONFIDENTIAL PATIENT INFORMATION
See: Cal W & I Code, Section 5328

CLIENT SERVICE PLAN (CSP)
COUNTY OF ORANGE HEALTH CARE AGENCY
BEHAVIORAL HEALTH SERVICES
CHILDREN AND YOUTH SERVICES

Name: _____
DOB: _____
MIS #: _____

- *Problems are related to the diagnosis
- *Goals and objectives are observable, time-framed and related to the presenting problem
- *Beginning at 16th birthday all clients must have transition goal.

AB 3632/Ch 26.5 services INITIAL UPDATE PAGE 6-MONTH UPDATE ANNUAL UPDATE

PROBLEMS, IMPAIRMENTS OR SYMPTOMS	TREATMENT GOALS	SHORT-TERM OBJECTIVES (MILESTONES)	TYPE OF SERVICE FREQUENCY/DURATION	PERSON(S) RESPONSIBLE	EVALUATION CRITERIA

Progress Update Section

Objective #: _____ Date of Entry: _____	Objective #: _____ Date of Entry: _____	Objective #: _____ Date of Entry: _____	Objective #: _____ Date of Entry: _____
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CONFIDENTIAL PATIENT INFORMATION
 See. Cal W & I Code, Section 5328

COUNTY OF ORANGE HEALTH CARE AGENCY
 BEHAVIORAL HEALTH SERVICES
 CHILDREN AND YOUTH SERVICES



Caregiver Intake Questionnaire

Please complete the following information about your child to the best of your ability. Your child's therapist will go over this information with you when you meet to help clarify your answers.

Name of person completing this form: _____ Relationship to client: _____

Name of child: _____ DOB: _____ SS#: _____

Is this child in foster care? No Yes Reason for care: _____ How long? _____

Parent's marital status: Married Separated Divorced Widowed Never married

If parents are divorced, who has legal custody? Mother Father Shared Other _____

Mother's Name: _____ Maiden: _____ Address _____

City _____ State _____ Zip _____ Ph(h): _____ (w): _____

Father's Name: _____ Address _____

City _____ State _____ Zip _____ Ph(h): _____ (w): _____

1. PRESENTING PROBLEM

What is the main problem you are seeking help for? _____

Does your child show any of the following behaviors or problems?

Problems with reading	<input type="checkbox"/> No <input type="checkbox"/> Yes (315 00)	Defiant	<input type="checkbox"/> No <input type="checkbox"/> Yes (313 81)
Problems with math	<input type="checkbox"/> No <input type="checkbox"/> Yes (315 1)	Blames others	<input type="checkbox"/> No <input type="checkbox"/> Yes (313 81)
Problems with writing skills	<input type="checkbox"/> No <input type="checkbox"/> Yes (315 2)	Problems with eating	<input type="checkbox"/> No <input type="checkbox"/> Yes (307 xx)
Problems with body coordination	<input type="checkbox"/> No <input type="checkbox"/> Yes (315.4)	Tics	<input type="checkbox"/> No <input type="checkbox"/> Yes (307.xx)
Problems with self expression	<input type="checkbox"/> No <input type="checkbox"/> Yes (315 31)	Unable to control bowels	<input type="checkbox"/> No <input type="checkbox"/> Yes (787 6)
Problems with understanding others	<input type="checkbox"/> No <input type="checkbox"/> Yes (315 32)	Wets the bed	<input type="checkbox"/> No <input type="checkbox"/> Yes (307 6)
Problems with speech	<input type="checkbox"/> No <input type="checkbox"/> Yes (315.39)	Has trouble being alone	<input type="checkbox"/> No <input type="checkbox"/> Yes (309 21)
Stuttering	<input type="checkbox"/> No <input type="checkbox"/> Yes (307 0)	Trouble being away from home	<input type="checkbox"/> No <input type="checkbox"/> Yes (309.21)
Inattentive	<input type="checkbox"/> No <input type="checkbox"/> Yes (314 xx)	Refuses to talk at times	<input type="checkbox"/> No <input type="checkbox"/> Yes (313 23)
Hyperactive	<input type="checkbox"/> No <input type="checkbox"/> Yes (314 xx)	Problems expressing affection	<input type="checkbox"/> No <input type="checkbox"/> Yes (313.89)
Aggressive toward others	<input type="checkbox"/> No <input type="checkbox"/> Yes (312 xx)	Using drugs or alcohol	<input type="checkbox"/> No <input type="checkbox"/> Yes (30x.xx)
Destroys property	<input type="checkbox"/> No <input type="checkbox"/> Yes (312 xx)	Appears depressed	<input type="checkbox"/> No <input type="checkbox"/> Yes (300 x)
Stealing	<input type="checkbox"/> No <input type="checkbox"/> Yes (312 xx)	Mood changes easily	<input type="checkbox"/> No <input type="checkbox"/> Yes (296 xx)
Lying	<input type="checkbox"/> No <input type="checkbox"/> Yes (312.xx)	Appears anxious or fearful	<input type="checkbox"/> No <input type="checkbox"/> Yes (300.xx)
Tries to break rules	<input type="checkbox"/> No <input type="checkbox"/> Yes (312.xx)	Obsesses about things	<input type="checkbox"/> No <input type="checkbox"/> Yes (300.3)
Loses temper easily	<input type="checkbox"/> No <input type="checkbox"/> Yes (313.81)	Wants to be the opposite sex	<input type="checkbox"/> No <input type="checkbox"/> Yes (302.xx)
Argues a lot	<input type="checkbox"/> No <input type="checkbox"/> Yes (313 81)	Problems with sleep	<input type="checkbox"/> No <input type="checkbox"/> Yes (307 xx)

2. MENTAL HEALTH HISTORY

Has your child ever seen a psychiatrist or therapist? No Yes For what condition? _____
 When? _____ With whom? _____

Has your child ever been diagnosed with any of the following disorders? If Yes, what year? _____

Attention Deficit Hyperactivity Disorder	<input type="checkbox"/> No <input type="checkbox"/> Yes	Speech and Language Delays	<input type="checkbox"/> No <input type="checkbox"/> Yes
Learning Disability	<input type="checkbox"/> No <input type="checkbox"/> Yes	Autism	<input type="checkbox"/> No <input type="checkbox"/> Yes
Depression	<input type="checkbox"/> No <input type="checkbox"/> Yes	Pervasive Developmental Disorder	<input type="checkbox"/> No <input type="checkbox"/> Yes

Has your child ever attempted suicide? No Yes When? _____

Has your child ever been on medications prescribed by a psychiatrist? No Yes
 Name of medication: _____ When? _____ Any negative reactions? No Yes _____
 Name of medication: _____ When? _____ Any negative reactions? No Yes _____
 Name of medication: _____ When? _____ Any negative reactions? No Yes _____

Has your child ever had psychological testing No Yes Year _____ With whom? _____
 For what reason? _____ Which tests (if known)? _____

3. FAMILY HISTORY

Has anyone in your family had the following mental health conditions?

Drug Abuse	<input type="checkbox"/> No <input type="checkbox"/> Yes	Suicide	<input type="checkbox"/> No <input type="checkbox"/> Yes	Attention Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes
Alcohol Abuse	<input type="checkbox"/> No <input type="checkbox"/> Yes	Psychiatric Hospitalizations	<input type="checkbox"/> No <input type="checkbox"/> Yes	Learning problems	<input type="checkbox"/> No <input type="checkbox"/> Yes
Depression	<input type="checkbox"/> No <input type="checkbox"/> Yes	Psychiatric Medications	<input type="checkbox"/> No <input type="checkbox"/> Yes	Manic Depression	<input type="checkbox"/> No <input type="checkbox"/> Yes
Suicide Attempts	<input type="checkbox"/> No <input type="checkbox"/> Yes	Therapy or Counseling	<input type="checkbox"/> No <input type="checkbox"/> Yes	Schizophrenia	<input type="checkbox"/> No <input type="checkbox"/> Yes

Names, ages and gender of child's siblings

Name	Age	Gender	Relationship	Name	Age	Gender	Relationship
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> Step			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> Step
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> Step			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> Step
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> Step			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> Step
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> Step			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> Step

Is your child adopted? No Yes At what age? _____

4. DEVELOPMENTAL HISTORY

During the mother's pregnancy did any of the following occur?

Inadequate prenatal care	<input type="checkbox"/> No <input type="checkbox"/> Yes	Mother had emotional problems	<input type="checkbox"/> No <input type="checkbox"/> Yes
Mother smoked	<input type="checkbox"/> No <input type="checkbox"/> Yes	Father used drugs or alcohol	<input type="checkbox"/> No <input type="checkbox"/> Yes
Mother used caffeine	<input type="checkbox"/> No <input type="checkbox"/> Yes	Mother was victim of violence	<input type="checkbox"/> No <input type="checkbox"/> Yes
Mother used drugs or alcohol	<input type="checkbox"/> No <input type="checkbox"/> Yes	Mother had medical problems	<input type="checkbox"/> No <input type="checkbox"/> Yes
Mother using medications	<input type="checkbox"/> No <input type="checkbox"/> Yes	Mother was hospitalized	<input type="checkbox"/> No <input type="checkbox"/> Yes
Mother had accident/injury	<input type="checkbox"/> No <input type="checkbox"/> Yes	Other	

CONFIDENTIAL PATIENT INFORMATION

see: Cal W & I Code, Section 5328

During your child's birth did any of the following problems or conditions occur?

Child was premature	<input type="checkbox"/> No <input type="checkbox"/> Yes	Delayed crying	<input type="checkbox"/> No <input type="checkbox"/> Yes
Complicated labor	<input type="checkbox"/> No <input type="checkbox"/> Yes	Baby given oxygen or transfusion	<input type="checkbox"/> No <input type="checkbox"/> Yes
Breech, caesarian or forceps delivery	<input type="checkbox"/> No <input type="checkbox"/> Yes	Baby placed in incubator	<input type="checkbox"/> No <input type="checkbox"/> Yes
Fetal distress	<input type="checkbox"/> No <input type="checkbox"/> Yes	Baby remained in hospital after mother went home	<input type="checkbox"/> No <input type="checkbox"/> Yes

Were there any special problems, delays or events regarding your child's...

Holding head up	<input type="checkbox"/> No <input type="checkbox"/> Yes	Bowel or bladder training	<input type="checkbox"/> No <input type="checkbox"/> Yes
Learning to bond	<input type="checkbox"/> No <input type="checkbox"/> Yes	Feeding self with a spoon	<input type="checkbox"/> No <input type="checkbox"/> Yes
Learning to sit-up alone	<input type="checkbox"/> No <input type="checkbox"/> Yes	Tying shoes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Learning to crawl	<input type="checkbox"/> No <input type="checkbox"/> Yes	Dressing independently	<input type="checkbox"/> No <input type="checkbox"/> Yes
Sleeping through the night	<input type="checkbox"/> No <input type="checkbox"/> Yes	Writing his or her name	<input type="checkbox"/> No <input type="checkbox"/> Yes
Learning to walk	<input type="checkbox"/> No <input type="checkbox"/> Yes	Ability to make or get along with friends	<input type="checkbox"/> No <input type="checkbox"/> Yes
Learning to talk	<input type="checkbox"/> No <input type="checkbox"/> Yes	Other	

Has your child ever been physically abused? No Yes When? _____Has your child ever been neglected? No Yes When? _____Has your child ever been sexually abused or molested? No Yes When? _____Has your child ever witnessed violent acts? No Yes When? _____Have there been any other events in your child's life, which you consider to have been traumatic? No Yes**5. SCHOOL HISTORY**Your child's current grade level: Preschool K 1 2 3 4 5 6 7 8 9 10 11 12

Has your child ever had...

Problems learning certain subjects?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Disruptive class behavior?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Problems with paying attention?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Suspensions or transfers?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Problems getting along with teachers?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Special education?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Problems with studying?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Special day classes?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Problems with grades?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Tutoring?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Problems with truancy?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Other	

6. OTHER HISTORY

Has your child ever...

Been in trouble with the law?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Used any weapons?	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes
Had anyone close to them die?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Experimented with sex?	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes
Been removed from the family?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Been sexually active?	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes
Been in foster care?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Been on birth control?	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes
Been involved in a gang?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Used drugs or alcohol?	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes

7. MEDICAL HISTORY

Does your child have any allergies? No Yes Allergic to: _____

Is your child currently being treated for any medical condition? No Yes Condition: _____

Name of your child's pediatrician/physician: _____ City: _____

Phone: _____ Date of last exam: _____

Name of your child's dentist: _____ Phone: _____ Date of last exam: _____

Is your child on medications for any medical condition? No Yes

Name of medication: _____ For what condition? _____

Name of medication: _____ For what condition? _____

Name of medication: _____ For what condition? _____

Has your child ever been hospitalized? No Yes For what condition? _____

Has your child had any of the following communicable diseases?

Chicken pox <input type="checkbox"/> No <input type="checkbox"/> Yes	Polio <input type="checkbox"/> No <input type="checkbox"/> Yes	Rubella <input type="checkbox"/> No <input type="checkbox"/> Yes
Mumps <input type="checkbox"/> No <input type="checkbox"/> Yes	Measles <input type="checkbox"/> No <input type="checkbox"/> Yes	Hepatitis <input type="checkbox"/> No <input type="checkbox"/> Yes
Tuberculosis <input type="checkbox"/> No <input type="checkbox"/> Yes	Rheumatic Fever <input type="checkbox"/> No <input type="checkbox"/> Yes	Parasites <input type="checkbox"/> No <input type="checkbox"/> Yes
Meningitis <input type="checkbox"/> No <input type="checkbox"/> Yes	Other: _____	

Has your child had any of the following immunizations

Polio <input type="checkbox"/> No <input type="checkbox"/> Yes	Measles <input type="checkbox"/> No <input type="checkbox"/> Yes	HBV (Hepatitis B) <input type="checkbox"/> No <input type="checkbox"/> Yes
DTP <input type="checkbox"/> No <input type="checkbox"/> Yes	MMR (Measles, Mumps, Rubella) <input type="checkbox"/> No <input type="checkbox"/> Yes	Other _____

Has your child had any of the following medical conditions?

Birth Defects <input type="checkbox"/> No <input type="checkbox"/> Yes	Eating Disorder <input type="checkbox"/> No <input type="checkbox"/> Yes
High Blood Pressure <input type="checkbox"/> No <input type="checkbox"/> Yes	Pregnancy <input type="checkbox"/> No <input type="checkbox"/> Yes
Stomach Problems <input type="checkbox"/> No <input type="checkbox"/> Yes	Kidney Trouble <input type="checkbox"/> No <input type="checkbox"/> Yes
Dizziness or Fainting <input type="checkbox"/> No <input type="checkbox"/> Yes	Bedwetting <input type="checkbox"/> No <input type="checkbox"/> Yes
Head Injury <input type="checkbox"/> No <input type="checkbox"/> Yes	Soiling <input type="checkbox"/> No <input type="checkbox"/> Yes
Asthma, Hay Fever, Hives, Rash <input type="checkbox"/> No <input type="checkbox"/> Yes	Sleep Problems <input type="checkbox"/> No <input type="checkbox"/> Yes
Surgeries/Serious Illnesses/Accidents <input type="checkbox"/> No <input type="checkbox"/> Yes	Speech Therapy <input type="checkbox"/> No <input type="checkbox"/> Yes
Epilepsy, Convulsions, Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes	Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes
Frequent or Severe Headache <input type="checkbox"/> No <input type="checkbox"/> Yes	Hearing Impairment <input type="checkbox"/> No <input type="checkbox"/> Yes
Back, Muscle or Joint Problems <input type="checkbox"/> No <input type="checkbox"/> Yes	Vision Impairment <input type="checkbox"/> No <input type="checkbox"/> Yes
Hepatitis, Jaundice or Liver Problems <input type="checkbox"/> No <input type="checkbox"/> Yes	Other _____

Signature _____ Date: _____

CONFIDENTIAL PATIENT INFORMATION
See: Cal W & I Code, Section 5328

CLIENT SERVICE PLAN (CSP)
COUNTY OF ORANGE HEALTH CARE AGENCY
BEHAVIORAL HEALTH SERVICES
CHILDREN AND YOUTH SERVICES

Name: _____
DOB: _____
MIS #: _____

- Problems are related to the diagnosis
- Goals and objectives are observable, time-framed and related to the presenting problem.
- Beginning at 16th birthday all clients must have transition goal.

DAB 3632/Ch 26.5 services INITIAL UPDATE PAGE 6-MONTH UPDATE ANNUAL UPDATE

PROBLEMS, IMPAIRMENTS OR SYMPTOMS	TREATMENT GOALS	SHORT-TERM OBJECTIVES (MILESTONES)	TYPE OF SERVICE FREQUENCY/DURATION	PERSON(S) RESPONSIBLE	EVALUATION CRITERIA

Progress Update Section

Objective #:	Date of Entry:	Objective #:	Date of Entry:	Objective #:	Date of Entry:

* Client Signature _____ Date _____
 * Parent/Guardian Signature _____ Date _____

Provider Signature/Title _____ Date _____
 Licensed Supervisor Signature/Title (if applicable) _____ Date _____

** Coordinator's Signature/Title (if not primary therapist) _____ Date _____
 Licensed Supervisor Signature/Title (if applicable) _____ Date _____

New Provider Signature/Title (if applicable) _____ Date _____
 Licensed Supervisor Signature/Title (if applicable) _____ Date _____

* Signature indicates client has agreed to the above CSP and to participate in the treatment process.
 If signature is not obtained, see progress note dated ____/____/____
 ** If signature is not obtained or if verbal approval is given, see progress note dated ____/____/____

Color-BUFF
Assessment Summary

CONFIDENTIAL PATIENT INFORMATION
See Cal W & I Code, Section 5328

- Problems are related to the diagnosis
- Goals and objectives are observable, time-framed and related to the presenting problem.
- Beginning at 16th birthday all clients must have transition goal

CLIENT SERVICE PLAN (CSP)
COUNTY OF ORANGE HEALTH CARE AGENCY
BEHAVIORAL HEALTH SERVICES
CHILDREN AND YOUTH SERVICES

Name: _____
DOB: _____
MIS #: _____

AB 3632/Ch 26 5 services INITIAL UPDATE PAGE 6-MONTH UPDATE ANNUAL UPDATE

PROBLEMS, IMPAIRMENTS OR SYMPTOMS	TREATMENT GOALS	SHORT-TERM OBJECTIVES (MILESTONES)	TYPE OF SERVICE FREQUENCY/DURATION	PERSON(S) RESPONSIBLE	EVALUATION CRITERIA

<i>Progress Update Section</i>	
Objective #: _____	Date of Entry: _____
Objective #: _____	Date of Entry: _____
Objective #: _____	Date of Entry: _____

附錄 16

CONFIDENTIAL PATIENT INFORMATION
See Cal W & I Code, Section 5328

COUNTY OF ORANGE, CA, HEALTH CARE AGENCY
BEHAVIORAL HEALTH SERVICES
CHILDREN AND YOUTH SERVICES

Name: _____
DOB: _____
MIS #: _____

DISCHARGE SUMMARY

EXITING PRIMARY COST CENTER _____ EXITING SECONDARY COST CENTER _____

Assigned Therapist No _____ Assigned Psychiatrist No _____ Diagnosing Staff No _____

Initials _____ Date Processed _____

Location	Discharge Date	TX Code	Minutes	Therapist No	Initials	Date Entered
		OJ				

Diagnosis

<p>DISCHARGE</p> <p>Axis I (1°) _____</p> <p>_____</p> <p>(2°) _____</p> <p>_____</p> <p>Axis II _____</p> <p>Axis III _____</p> <p>Axis IV _____</p> <p>V Current _____ Past Year _____</p>	<p>Living arrangement code at point of discharge</p> <p>1 Lives alone in house or apartment <input type="checkbox"/></p> <p>2 Lives with immediate family</p> <p>3 Lives with extended family (relatives)</p> <p>4 Lives with non-related persons (except foster care)</p> <p>5 Foster family home - children</p> <p>6 Small community care facility (6 or less)</p> <p>7 Large community care facility (7 or more)</p> <p>8 SNF-ICF</p> <p>9 Community hospital - psychiatric facility</p> <p>10 State hospital</p> <p>11 Justice related (JH, CYA, other correctional)</p> <p>12 Group quarters (dorm, barracks, migrant camp)</p> <p>13 No identifiable residence (homeless)</p> <p>14 Other</p>
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Other Factors Affecting Mental Health

Developmental Disability? Y N Unk | Physical Health Disorders? Y N Unk | Substance Abuse? Y N Unk

Reason for Discharge

Moved | Hospitalized | Declined Services | No show/Dropped Out | No Longer Requires Services

New Provider | Other: _____

Transfer to another cost center with no change in timelines Transferred to: _____

Prognosis

Excellent | Good | Fair | Poor | Guarded

Last Medications Prescribed Not Applicable/None | See Psychiatric Discharge Progress Note

Performance Outcomes Measures (discharge set)

Instrument	Administered?	Progress Note
CBCL	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	____/____/____
YSR	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	____/____/____
CAFAS	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	____/____/____
CLEP	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	____/____/____
CSQ	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	____/____/____

N/R = Not Required (for meds only or case management). Refer to a progress note to clarify any box checked "Yes" or "No"

Summary of Services (list type of services rendered during course of treatment)

Discharge Summary (course of treatment, client's response, gains, issues remaining to be addressed)

Aftercare Recommendations (suggested activities, programs or treatment)

Provider Signature/Title _____

Date _____

Supervisory Discharge Review	
Service Chief/Program Director _____	Date _____



County of Orange
SOCIAL SERVICES AGENCY

Children And Family Services
800 N Eckhoff Street
Orange, CA 92868
(714) 704-8000

LARRY M. LEAMAN
DIRECTOR
MICHAEL L. RILEY, Ph D.
DIRECTOR
CHILDREN AND
FAMILY SERVICES

I, Ching-Chih Liao, Chief Secretary, Children's Bureau, Ministry of the Interior, ROC, hereby declare my intent of fully honoring each individual consumer's confidentiality at South Coast Children's Society while observing the operation of the facilities on December 13th, 2001, in Fountain Valley, California, USA

Signed Ching-Chih Liao Date 12/13/01
Witness _____ Date _____