

COUNTY OF HUMBOLDT  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**CHILD WELFARE SERVICES**

**POLICY & PROCEDURE**

<b>POLICY NUMBER:</b> CWS 24-07	<b>POLICY TITLE:</b> OPENING CASES	<b>EFFECTIVE DATE:</b> 05/21/2025
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<b>PROGRAM(S):</b> All Programs	<b>REVISION DATES:</b>	<b>REFERENCES:</b>
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**OVERVIEW**

Child Welfare Services (CWS) opens families to cases in order to support safety, permanency and wellbeing to children. Humboldt CWS will make group decisions and collaborate internally and with community partners. CWS will work closely and in partnership with a child’s Tribe on all case opening that involve a tribal child.

**POLICY**

This policy complies with provisions of the Child Abuse and Neglect Reporting Act (Penal Code section 11164 et seq.), Penal Code (PC) 11165.6 and Welfare & Institutions Code (W&I) Section 300 and as described in California Department of Social Services’ (CDSS) Division 31 Regulations 31-100.

It is the policy of Humboldt County CWS to work proactively with families, Tribes and other community partners to decrease and eliminate recurrence of child maltreatment. When it is determined through an Emergency Response investigation that a child is unsafe and/or the risk of future maltreatment is high or very high and the family is not able to address the situation without CWS involvement a case will be opened. A case will be determined using the Case opening Matrix.

The emergency response (ER) and ongoing teams will work collaboratively to ensure the most streamline process of case transferring for the family. Both teams will follow all procedures listed below.

**PROCEDURE**

**1. Case Promotion Decisions**

- 1.1. After completing the SDM Safety and Risk Assessments, the investigating social worker will use the Case Opening Matrix to determine if opening a case is appropriate. The investigating social worker will review the investigation and Matrix decision with the supervisor. SDM completions,

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investigation review, and decision-making will be completed in partnership with the tribal representative when working with a tribal child.

- 1.2. When the Case Opening Matrix indicates opening a case would be appropriate, and the investigating social worker and supervisor determine this is not in the best interest of the child(ren), the rationale will be clearly documented in the Investigation Narrative.
- 1.3. If the risk is “high” or “very high”, and the child is under the age of three, or if the risk is “high” or “very high”, and the allegation conclusion is inconclusive or substantiated, and the investigator is recommending closure without promotion, the investigation will be submitted to the Emergency Response Program Manager for higher approval.
- 1.4. When the investigating social worker and supervisor are recommending opening a Family Maintenance case without Court involvement, a promotional staffing must occur to make a group decision. *For Staffing meeting guidance see Staffing section.*
- 1.5. When the Case Opening Matrix indicates case opening is not appropriate, and the investigating social worker and supervisor are recommending case opening, a promotional staffing must occur to make a group decision. *For Staffing meeting guidance see Staffing section.*

## **2. Staffings**

### 2.1. Overview

The purpose of an Emergency Response staffing is to broaden the base of decision-making, keep decision-making consistent with agency policy and procedure, and empower and support social worker decision-making. In accordance with the Humboldt Practice Model decisions about children, youth, and families are made collaboratively and always with the Tribe when working with a tribal child. Decisions are supported by Structured Decision Making® (SDM) assessment structure and definitions, state regulations, law and ethics, as well as child, youth and family voice to meet the needs of child safety, health and wellbeing. Staffings are meant to be a gathering of key staff members responsible for decision-making in a particular referral/case and not as a forum for broad information sharing.

2.1.1. Staffings that may occur include:

2.1.1.1. Warrant Staffing- Imminent risk of removal is indicated and warrant is recommended.

2.1.1.2. Promotion Staffing

2.1.1.2.1. The investigation is completed and the recommendation is to promote to Family Maintenance without Court.

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2.1.1.2.2. The investigation is complete and the investigating SW is recommending case opening against SDM recommendation.

2.1.1.3. Transfer Staffing- A family is moving from intake to the ongoing program.

2.1.1.4. Pre- Child and Family Team (CFT) meeting Staffing (pre-meet)- prior to a CFT, the primary SW, supervisor and partners come together to create a clear articulation of the past harm and future danger, as well as determine roles during CFT, and plan initial purpose.

2.1.1.5. Consultation Staffing- The primary social worker of a referral or case would like input and guidance from supervisors and peers on engagement strategies, resources, case planning etc.

2.1.1.6. Case plan staffing- The ongoing social worker would like input and guidance from supervisors and peers on resources and expectations specific to a family's case plan.

2.2. Staffing Instructions:

2.2.1. Prior to a staffing, the investigating social worker will be prepared to present the investigation, including the current referral and prior history, as well as SDM® safety and risk assessments.

2.2.2. Staffings will include the following staff:

2.2.2.1. Assigned investigating social worker and supervisor (or designees)

2.2.2.2. Designated ongoing (ICWA ongoing/FM/FR/PP) program supervisor (If the child is currently in an open case, the assigned ongoing social worker and/or their supervisor should attend, rather than the "on duty" ongoing program supervisor).

2.2.2.3. Tribal social worker (when the child has been identified as enrolled or eligible for enrollment in a federally recognized Tribe).

2.2.2.4. Court intake supervisor or designee

2.2.2.5. Placement social worker and or Placement supervisor if there are or may be placement problems or needs.

2.2.2.6. Emergency Response Public Health Nurse if working with the family.

2.2.2.7. Cultural Coach, when the assigned social worker has been working with the coach regarding the family or the team believes the coach would be an asset to the decision making.

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- 2.2.2.8. Other partners as appropriate (i.e. children behavioral health, state adoptions)
- 2.2.3. The primary supervisor will coordinate the time/location for the staffing, including a calendar invitation, via email. In the correspondence email, the supervisor will attach the documents listed below for staffing attendees to review prior to the staffing.
- 2.2.4. For a promotional or transfer staffings the primary social worker will come prepared with:
  - 2.2.4.1. Completed SDM Safety and Risk Assessments.
  - 2.2.4.2. Completed transfer checklist
  - 2.2.4.3. Other relevant documents when available- (face sheet, active safety plan, investigative narrative).
  - 2.2.4.4. The social worker will be prepared to present the case in an organized, concise manner and with a proposed plan as follows:
    - 2.2.4.4.1. Nature of current referral and investigative findings.
    - 2.2.4.4.2. Prior history of referrals, service delivery and dependency.
    - 2.2.4.4.3. Justified recommendation supported by supervisor, regarding course of action, consistent with SDM, CA Penal Codes, W&I Codes and agency policy.
    - 2.2.4.4.4. The emergency response and ongoing supervisors will agree upon additional information brought to each type of staffing as needed.
  - 2.2.4.5. The social worker then presents the information and provides recommendations.
- 2.2.5. Staffings will be conducted in a structured, respectful and supportive manner. During the promotional staffing, warrant staffing the attendees will jointly do a safety mapping and update harm and danger statements.
- 2.2.6. The team present in the staffing will jointly decide the case direction. The staffing attendees will make a collaborative decision on next steps and case outcome, using scaling as a tool.
- 2.2.7. The next steps, and who will perform them, will be clearly articulated and documented by the primary supervisor present. The steps will be completed on staffing forms when available and the supervisor of the primary SW will follow up with the next steps via email to all attendees. A contingency plan will be developed during the staffing that addresses what will happen next if the joint plan does not work.

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- 2.2.8. When an agreement (using scaling, or other agreed on tools) cannot be achieved during the initial staffing, the staffing will end and will be rescheduled to have additional supervisors join. If the inclusion of additional supervisors at a second staffing is not successful in reaching an agreement, the staffing will end and will be rescheduled to have program managers attend.

**3. Case Promotion Considerations**

**3.1. Detained Children**

- 3.1.1. There were no plans that could be made with the family to mitigate the safety threat(s). See Case Opening Matrix Unsafe- Low/ Moderate Risk and Unsafe- High/ Very High Risk for considerations below.
- 3.1.2. Children that a recommendation to enter into Voluntary Family Reunification should be treated as Family Maintenance for the promotion process and should have a manager and deputy present for the promotional decision.

**3.2. Family Maintenance**

- 3.2.1. The goal of CWS is to provide the lowest level of intervention necessary to keep children safe from abuse/neglect. CWS will offer services to families who are able to benefit from short-term (1-6 months) services without the need for court intervention. Services provided in absence of Court intervention are less restrictive and the preferred mode of service provision providing children can be safely maintained in their home.

**3.3. Considerations**

- 3.3.1. Structured Decision Making (SDM) case opening is recommended: risk assessment level is high or very high
- 3.3.2. There is no identified safety threat or a safety threat exists and with interventions is permitting the child(ren) to be maintained in the home as “safe with plan”.
- 3.3.3. The identified risk factors and behavioral concerns must be resolvable within a defined time period between 1-6 months.
- 3.3.4. Children are in the legal caregiver’s care. \*This can include children who are in alternative safe living situation as long as the legal caregivers are available and active in meeting the child(ren)’s medical, educational, basic necessities etc.
- 3.3.5. If the parent(s) has significant untreated mental health, or substance abuse issues, they must acknowledge the need to make behavioral changes. Prior to the case promotion, the

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parent(s) must make concrete steps towards addressing the concerns leading to the case opening. Examples include but are not limited to: Scheduling an appointment for an SUD or mental health assessment AND attending the appointment. Steps towards behavioral change should be documented clearly in the delivered service log.

- 3.3.6. The family will take an active part in the assessment and case planning process, including:
  - 3.3.6.1. Sign Releases of Information for all relevant collateral contacts and service providers.
  - 3.3.6.2. Be present for scheduled appointments and home visits with the social worker and willing to remain in contact.
  - 3.3.6.3. Allow access to the child(ren).
  - 3.3.6.4. Participate in development of the case plan process.
  - 3.3.6.5. Acknowledge the identified safety goal and agree to take corrective action towards the safety goal.
  - 3.3.6.6. The family has an understanding of why child welfare is involved and why a case should be opened and are willing to listen to and consider the harm and danger statement and safety goal.
- 3.3.7. If the parent(s) fail to engage in services in the first thirty days, the ongoing SW/ sup will set-up a consultation staffing on the case (including the same workers that were previously involved) to determine appropriate intervention. The ongoing SW will follow the guidelines for a promotional staffing.

**4. Court Family Maintenance**

- 4.1. Families are appropriate for Court FM, if they are unable to meet the above criteria for FM without Court intervention, or the following apply:
  - 4.1.1. Previous case with Child Welfare Services in which the family did not comply with the case plan. This may include, but is not limited to, parents who did not reunify or Family Maintenance in which the case was closed due to non-compliance.
  - 4.1.2. Previous referrals investigated and parent(s) did not engage in recommended services, or have previously refused services.
  - 4.1.3. The Court intake unit will file all Court Family Maintenance initial reports within 10 business days of receiving the Matrix email.

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**5. General Case Transfer**

5.1. Detained Children

5.1.1. After the removal of a child from the legal caregivers, the ER supervisor will send an email to the ongoing supervisor alerting them to the new detention and providing the ICWA020 (or rational for the reason they could not be obtained). The detention reports are provided to the ICWA ongoing and FM/FR supervisors by the Leal Office Assistance (LOAs) and supervisor team assigns a case carrying SW. The case assignments will happen every Tuesday and Thursday afternoons.

**6. Non-Detained Children**

6.1. The primary social worker will inform the family there will be a case and explain to the family what a family maintenance case is, including:

6.1.1. Describing to the family what led to the decision to open a case and what they have done during the investigation that has led us to believe Family Maintenance (with or without Court) is appropriate for this family, including the harm and danger statements.

6.1.1.1. The goal of CWS is to provide the lowest level of intervention necessary to keep children safe from abuse/neglect. CWS will offer services to families who are able to benefit from short-term (1-6 months) services without the need for court intervention. Services provided in absence of Court intervention are less restrictive and the preferred mode of service provision providing children can be safely maintained in their home. The goal of CWS is to provide the lowest level of intervention necessary to keep children safe from abuse/neglect. CWS will offer services to families who are able to benefit from short-term (1-6 months) services without the need for court intervention. Services provided in absence of Court intervention are less restrictive and the preferred mode of service provision providing children can be safely maintained in their home. This conversation should be happening throughout the course of the investigation and at the joint CFT meeting.

6.2. After the primary SW and their supervisor use the case promotion matrix (see below) to determine a FM case would be appropriate, an email will be sent to the ongoing supervisor team with the subject line "Ongoing worker needed". The email will include the following information:

6.2.1. Family demographics (Child(ren)'s name(s) and age(s), Caregiver(s) name(s)) and location of the family

6.2.2. Matrix category

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- 6.2.3. If a tribal child- what Tribe and the tribal social worker assigned
  - 6.2.4. ICWA020 for each parent
  - 6.2.5. Harm and Danger statements
  - 6.2.6. Copy of most up to date safety assessment
  - 6.2.7. Any active safety plans (these must also be documented in CMS)
  - 6.2.8. Risk assessment- when a discretionary override is used the ER sup will include the reason for override
  - 6.2.9. Investigative narrative
  - 6.2.10. Existing family law orders/ restraining orders
  - 6.2.11. WIC 300 (a-j) counts the ER SW/SWS recommend should be included in the petition for all FM cases
- 6.3. If any of these items cannot be included a rationale will be included in the email.
- 6.4. If there is a disagreement on the final risk level or case promotion, the supervisor will use the conflict resolution section below
- 6.5. A joint CFT meeting with ER, ongoing and the family is recommended to discuss harm/danger, safety goal and next steps/case planning.
- 6.6. When a case is being promoted with an active Safety Plan a safety reassessment should be completed within a week prior to transferring the case. A copy of the most up-to-date safety plan will be brought to the transfer staffing. The updated safety plan reassessment date will be communicated to the ongoing social worker and their supervisor at the time of transfer. The safety plan will be revisited in the joint CFT meeting after the completion of a safety reassessment.

**7. Ongoing Assignment Process**

- 7.1. Ongoing supervisors will assign all cases received after 2pm on Thursday thru Monday on Tuesday afternoon. All referrals received on Tuesday after 2pm to Thursday before 2pm will be assigned on Thursday afternoon.
- 7.2. If there are questions that prevent case assignment the assigning team will reach out to the emergency response team with these questions. This will be assigned after the questions are answered on the next assignment day.
- 7.3. The ongoing supervisor will email the ER SWS with the name of assigned ongoing social worker by 10am the following day. The ER SWS will assign the ongoing social worker to the referral/case as

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**8. Case Transfer Process**

- 8.1. The emergency response supervisor will schedule the transfer staffing for the following Monday or Wednesday between 3pm and 5pm. *[It is mandatory that both emergency response and ongoing supervisors are present (supervisors of the day or program manager can stand in for a supervisors when necessary.)]* The ER supervisor schedules the Transfer Staffing by sending an invitation to the Ongoing SW, Ongoing supervisor, ER SW and Court supervisor. The Placement supervisor will be invited if the child is in placement. Any CWS Public Health Nurse working with the youth or family will also be invited.
- 8.2. In the event the above was followed and ongoing social worker is unable to attend the scheduled transfer staffing the emergency response team will transfer the information to the ongoing supervisor to provide to the social worker and the case will be considered transferred.
- 8.3. For cases with Native American Children, the Tribe(s) will be invited to the transfer staffing.
- 8.4. During the Transfer staffing:
  - 8.4.1. The ER SW will come prepared to provide summary of the reason for CWS involvement, the findings of the investigation and their recommendation on how to move forward with the family. The ER SW will bring the following items:
    - 8.4.1.1. Transfer checklist
    - 8.4.1.2. Any Active Safety Plans
    - 8.4.1.3. SDM Safety and Risk Assessments
    - 8.4.1.4. Investigation Narrative
    - 8.4.1.5. Any other relevant documents that were not previous shared and would need immediate attention (i.e. restraining orders, custody orders, new police reports).
  - 8.4.2. During the transfer staffing the SDM safety and Risk Assessments and any active safety plans will be reviewed.
  - 8.4.3. During the transfer staffing the transfer staffing checklist will be reviewed and the next steps will be documented in the next steps section of the transfer staffing checklist

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8.4.4. The joint visits/ CFT meeting will be scheduled and will happen no later than 10 calendar days after the transfer staffing. The case management responsibility moves to the ongoing SW at the conclusion of the joint visit

8.4.4.1. In the event the investigating social worker is unable to attend the joint visit within 10 calendar days, the emergency response supervisor will connect with the ongoing social worker to schedule a joint visit. The joint visit will be scheduled immediately and will occur no later than 13 calendar days from the transfer staffing.

8.4.4.2. In the event the ongoing social worker is unable to attend the joint visit within 10 calendar days, all case management responsibilities will transfer regardless of completion of the joint visit.

8.5. In the event the above was followed and ongoing social worker is unable to attend the scheduled transfer staffing the emergency response team will transfer the information to the ongoing supervisor to provide to the social worker and the case will be considered transferred.

**9. Case Planning**

9.1. The initial case plan will be completed within sixty (60) days of the initial face-to-face contact with the child, following the completion of the SDM Safety Assessment and Risk Assessment.

9.2. The ongoing SW will complete the initial case plan, provided that the case has been transferred within forty-five (45) days of the first face-to-face contact. If the case has not been transferred within forty-five (45) days, the investigating SW will be responsible for completing the initial case plan.

**10. Child and Family Team Meeting and Joint Visits**

10.1. During the transfer staffing the ER and ongoing SW will find a time to have a CFT meeting to bring the family and supports together. The CFT should work with the family's schedule and be in a location that works best for the family.

10.1.1. When a case is being promoted with an active safety plan the ER SW will schedule the CFT to occur within 5 business days of the transfer staffing, this must occur prior to the safety plan review date. Present in the meeting will be the ER SW and ongoing SW, a supervisor will be present as needed. The Court SW will be invited to all CFTs for Court FM cases so they are able to connect with the family before or after the meeting or attend the meeting when appropriate.

10.1.2. CFT regulations now state that if there is an ICWA child, a CFT must be held within 30 days. Otherwise, it is within 60 days of first contact.

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- 10.2. If a CFT cannot happen for any reason the ER and ongoing supervisors must approve this and a joint visit will be scheduled.
- 10.3. During the CFT and joint visit the social worker team will explore the following with the family:
- 10.3.1. Support network who should be involved in CFTs, case planning and visitation (see Child and Family Team meeting policy).
  - 10.3.2. The issues that brought CWS into the family's life and the clear steps the family needs to take.
  - 10.3.3. Any placement or visitation needs.
  - 10.3.4. Case plan.
  - 10.3.5. Monthly visits with SW.
  - 10.3.6. If Family Maintenance without Court is appropriate describe to the family what they have done during the investigation that has lead us to this decision.
  - 10.3.7. What is the Risk Level and why.
  - 10.3.8. Harm and Danger statement.

**11. Conflict Resolution**

- 11.1. When there is disagreement between ER and ongoing or questions regarding case promotion:
- 11.1.1. The ongoing supervisor will review all provided documents and DSL's.
  - 11.1.2. If the questions do not prevent promotion the case will be assigned and the questions will be discussed at the transfer staffing.
  - 11.1.3. If there is still disagreement or questions that prevent case assignment, the ongoing supervisor will reach out to the ER supervisor to discuss. If the supervisors are unable to come to agreement around case promotion the program managers will be asked to participate.
  - 11.1.4. The ER and ongoing supervisor will meet prior to the next case assignment date or the OD supervisor will send the ER supervisor a list of their questions. \*If the ER supervisor is unable to meet, the case will not be assigned until the meeting happens. If the ongoing supervisor is unable to meet the case will be assigned and the questions will be discussed at the transfer staffing.

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- 11.1.5. When a majority consensus cannot be achieved at this level, the staffing will end and will be rescheduled to have program managers attend. In the event the addition of program managers to the staffing does not help create consensus, the deputy director will be invited.

**12. Case Opening Matrix**

- 12.1. Proposed criteria for case opening. Refer to [Proposed Criteria for Case Opening](#) on the CWS SharePoint.

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