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Assessing Children with Special Needs in ER Investigations

0070-528.10 | Revision Date: 07/01/14

Overview

This policy guide helps the CSW identify abuse or neglect of special needs children and identify their special needs.

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Version Summary

This policy guide was updated from the 03/10/11 version as part of the Policy Redesign, in accordance with the DCFS Strategic Plan. Also, the title of the policy has been changed from Assessment of Medical, Educational and Mental Health Special Needs to Assessing Children with Special Needs in ER Investigations.

POLICY

Special needs children are especially vulnerable due to their disabilities and are at a greater risk for abuse, neglect and exploitation. Some examples of special needs are:

- Physical condition or medical disability,
- Emotional/mental/behavioral disorders, or
- Special educational needs

It is important to assess the children's special needs to determine whether the child is being abused or neglected, or if the child needs services to address their special needs.

In order to determine if a special needs child is abused or neglected the CSW must consider the family as a unit as well as the many services required for this child to reach his or her full potential.

Continued child welfare services are not appropriate for special needs children when the CSW's assessment has concluded that there is no parental abuse or neglect involved. Every effort must be made to refer these children to other appropriate agencies such as the Los Angeles County Department of Mental Health, or (if the child is school age) to the local school offices for further assistance.

Special Medical Needs

Some medical needs are temporary and others are chronic. Children with temporary disabilities such as victims of burns, broken bones, temporary colostomies or children with surgical wounds require medical assistance only for a specified period of time. However, those children who suffer from chronic disabilities such as asthma, HIV/AIDS, and diabetes, require ongoing assistance in coping with their disabilities. Those conditions which depend on technologies such as wheelchairs, braces, tracheotomies, internal feeding tubes, cardio-respiratory monitors, ventilators or dialysis, also require assistance from family members for an indeterminate period of time.

Another group of children within this population are those who are considered medically fragile. Typically, these are infants or children under three years of age that are prone to re-hospitalizations. The risk of deterioration, resulting in permanent injury or death, persists, even though all procedures and ministrations are correctly performed. Examples of this may include children diagnosed with AIDS, congenital or hereditary defects (e.g., hydrocephalus, sickle cell anemia, or cystic fibrosis), severe burns, epilepsy and complications from prenatal exposure to drugs and/or alcohol.

[Medical Hubs](#) are now available to provide the state-required initial medical exams for newly detained children as well as forensic exams when appropriate. Initial medical examinations are to be conducted within the first 72 hours of initial placement for high risk children and children from 0-3 years of age; all other children are to have their initial medical examination within the first 30 days of initial placement. The Initial Medical Examination is conducted within 10 days of initial placement following detention for high risk children and children 0-3 years of age. Further, per state regulations, all other children are to have their Initial Medical Examination within the first 30 days of initial placement following detention.

The Bureau of the Medical Director, (213) 351-5614, is available to [answer all questions](#) regarding general medical, dental, mental health and substance abuse for all DCFS children and families.

All CSWs, including the Emergency Response Command Post (ERCP) are required to immediately [consult with a PHN](#) regarding children with a known or suspected medical condition. This applies to new referrals, open referrals and cases.

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Special Mental Health Needs

Extreme behavior patterns frequently place children in conflict with parents, siblings, teachers, peers and society at large. Diagnostic impressions may vary, but most revolve around psychosis, borderline personality conditions, severe character and personality disorders, lack of social skill, aggressive disorders, and attention deficit/hyperactivity disorder. These children are usually serviced through mental health clinics, psychiatric hospitals or therapists, and often prescribed psychotropic or other medications. These children are also placed in special education programs.

When dealing with a mentally ill child, the CSW must assess the safety of all siblings in the home. This is particularly relevant when the mentally ill child presents with symptoms of violence, rage, fire setting, or sexual acting out.

The origin of psychological problems in children may be organic and/or environmental. The CSW should investigate and assess the environmental factors such as parental neglect and/or physical or sexual abuse as contributory factors in producing these types of symptoms in children. For example, a parent's failure to follow through on prescribed treatment and medication can exacerbate a child's mental illness. In contrast, a parent may have complied with all recommendations and exhausted all private and community resources, but still is unable to protect their child from harm.

The CSW should be alert to the depressed and/or suicidal child, especially pre-teens, as the behaviors and symptoms of depression are initially less discernable.

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Special Educational Needs

Many children with special medical needs or emotional/mental/behavioral disorders require [special education services](#) as well. The CSW must [refer the child to Regional Center](#) for an assessment. These include children from infancy (screening for vision/hearing impairments), pre-school age (3-5), and school age (5-19) who are served by Regional Center (mental retardation, autism) or who have one or more of the following impairments:

- Hearing or vision
- Speech or language
- Mobility (requires braces/crutches/wheelchair)
- Brain injury
- Developmental delay , retardation, autism
- Special learning disability: Learning Handicapped (LH) or Learning Disabled (LD)
- Mental Disorder (Seriously Emotionally disturbed or SED) as found in the Diagnostic and Statistical Manual (DSM) with substantial impairment in two of the following categories: self-care, school, community functioning, family relationships along with one of the following categories: psychotic features, risk of suicide and/or violence.

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PROCEDURE

Identifying Abuse or Neglect of Special Needs Children

[CSW Responsibilities](#)

1. Obtain a diagnosis and a treatment plan if possible.
2. Identify the number and the nature of the special needs that must be met.
3. Identify what resources are being used or should be used to meet the child's special needs.
4. Conduct the investigation per [policy](#).
5. Determine the parents/caregivers' response to their special needs child.
 - Is there neglect (e.g., medical) through intentional actions or omissions due to problems such as parental/caregiver's substance abuse, mental illness, developmental delay, etc.?
 - Is there unintentional neglect due to parental or caregiver:
 - i. Lack of knowledge?
 - ii. Inability to access resources (lack of transportation, child care, medical insurance)?
 - iii. Limited ability (illiterate, unable to follow complex medical directions)?
 - Are the available resources insufficient to meet the special needs, such as children with severe mental illness or conditions that cannot be controlled/resolved with the usual medical, psychological, and/or educational interventions?
6. Determine if the siblings are being appropriately cared for.
7. Assess the stress level and coping skills of the parents.
8. Determine if the parent/caregiver is willing and able to provide for the needs of all of the children in the household.
9. Determine what support systems are available to the family.
10. Provide referrals as needed.
11. Document your findings in the Contact Notebook. (Include the child's strengths and needs in your findings.)

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Referrals for Special Medical Needs

CSW Responsibilities

1. When a referral is received with the designation of MCMS (Medical Case Management Services) on the screener narrative in the Referral Folder, consult the Public Health Nurse regarding the identified medical condition.
2. Interview parents and obtain:
 - Child's health history
 - Information related to child's health condition, equipment, medications, supplies, all doctors treating the child and their phone numbers.
 - Consent to release of information
 - Determine source of health insurance, if any
3. Contact school personnel and obtain:
 - Medication provided at school
 - Known health problems
 - Special education needs
 - Current IEP (with parent's consent)
 - Attendance record
 - Health/immunization record
4. Interview siblings to determine how well they are able to cope with the effects of the medical needs of the identified patient.
5. Obtain information from collateral contacts. Include teachers, counselors, community agencies, and current and previous healthcare providers.
6. Conduct the investigation, per [policy](#)
7. Document your findings in the Contact Notebook. Include the child's strengths and needs in your findings.

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PHN Responsibilities

1. Assist CSW by explaining the condition and providing accepted standards of care, including medical regimens, equipment and supplies.
 - Provide resources to the parent(s)
 - Locate a CHDP provider, if appropriate
 - Consult with school personnel, as needed
 - Consult with hospital personnel and discharge planner as needed
 - Request medical records when necessary
 - Call community agencies for various resources

2. Document any findings and actions taken in the Health Notebook.

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Assessing Special Mental Health Needs

CSW Responsibilities

1. When assessing for a potential emotional/mental/behavioral disorder, consider:
 - Acts or threats of violence, such as, threats to harm self or others, self-mutilation, harming of animals, outburst of rage, excessive verbal or physical aggressiveness,
 - A pattern of stealing, lying, fire-setting, or sexual acting out
 - Sleep difficulties or depression,
 - A history of enuresis or encopresis
 - Impairment in reality testing, judgment, or communication
 - Visual and or auditory hallucinations
2. Initiate a [mental health screening](#).
3. Assess the safety of all members of the household.
4. [Consult with the "D" Rate coordinator](#), if appropriate.
5. Provide referrals and assist family in accessing all available assistance as appropriate.
6. Determine if all of the child's special needs are being met.
7. Conduct the investigation, per policy.
8. Document your findings in the Contact Notebook. Include both positive and negative findings.

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Assessing Special Educational Needs

CSW Responsibilities

[Conduct the investigation](#), per policy, with a focus on:

1. Obtaining information from the child's school regarding the nature of the child's special educational needs.

2. Determining the parent's level of cooperation with the school on behalf of their child.
3. Advocating on behalf of the parent and child in terms of either requesting and/or participating in an Individual Educational Plan (IEP).
4. Providing referrals as appropriate.
5. Documenting your findings in the Contact Notebook. Include the child's positive and negative aspects.

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HELPFUL LINKS

Forms

CWS/CMS

Screeners Narrative

LA Kids

[DCFS 561\(b\)](#), Dental Examination Form

[DCFS 561\(c\)](#), Psychological/Other Examination Form

[DCFS 149A & 149W](#), Medical Care Assessment & Cover Letter

[DCFS 179](#), Parental Consent and Authorization for Medical Care and Release of Health and Education Records

[DCFS 1361](#), Referral for Educational Consultant Services

[DCFS 4158](#), Authorization for General Medical Care for a Child Placed by an Order of the Juvenile Court

[Medical HUB Notice to Caregivers](#)

[Medical HUB Referral Form](#)

[Suicide Prevention Fact Sheet](#)

[Suicide Prevention Fact Sheet - Spanish](#)

Referenced Policy Guides

[0070-516.10](#), Assessing a Child's Development and Referring to and Collaborating with Regional Center

[0070-516.15](#), Screening and Assessing Children for Mental Health Services and Referral to the Coordinated Services Action Team (CSAT)

[0070-548.10](#), Disposition of Allegations and Closure of Emergency Response Referrals

[0070-560.05](#), Joint Response Referrals: Consulting with PHNs

[0600-500.00](#), Medical Hubs

[0700-504.20](#), Referring Children for Special Education or Early Intervention Services

[0900-522.10](#), Specialized Care Increment D-Rate

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