

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

June 16, 1987



ALL COUNTY INFORMATION NOTICE I-49-87

ALL COUNTY WELFARE DIRECTORS

SUBJECT: SURVEY ON THE INTERAGENCY IMPLEMENTATION OF AB 3632/  
AB 882

REFERENCE: ALL COUNTY LETTER (ACL) 86-48; ALL COUNTY INFORMATION  
NOTICE (ACIN) I-44-87

Attached is a county welfare department survey on the interagency implementation of AB 3632 (Chapter 1747/Statutes of 1984) and AB 882 (Chapter 1274/Statutes of 1985). The purpose of this survey is to collect the data necessary to meet the AB 882 requirement that the State Departments of Social Services and Education report to the Joint Legislative Budget Committee by January 1, 1988 regarding any growth in the number of seriously emotionally disturbed (SED) children determined to need out-of-home care as a result of AB 3632.

County welfare departments are instructed to report information for the first year of implementation: July 1, 1986 through June 30, 1987. Completed surveys must be returned no later than July 24, 1987 to:

State Department of Social Services  
Foster Care Program Bureau, M.S. 5-800  
744 P Street  
Sacramento, CA 95814

If you have any questions on this survey, please contact Lisa Foster at (916) 445-0813, ATSS 485-0813.

A handwritten signature in black ink, appearing to read "Robert A. Horel", is written over the typed name.

ROBERT A. HOREL  
Deputy Director  
Welfare Program Division

Attachment

cc: CWDA

SURVEY: INTERAGENCY IMPLEMENTATION OF AB 3632/AB 882

**PURPOSE:** To collect information necessary to prepare report by State Departments of Social Services and Education to the Joint Legislative Budget Committee by January 1, 1988 regarding any growth in the number of seriously emotionally disturbed (SED) children determined to need 24-hour out-of-home care as a result of AB 3632 (Chapter 1747/Statutes of 1984). This report is mandated by AB 882 (Chapter 1274/Statutes of 1985).

**INSTRUCTIONS:** Report all information requested for the period **July 1, 1986 through June 30, 1987**. Return this form no later than July 24, 1987 to:

State Department of Social Services  
Foster Care Program Bureau, M.S. 5-800  
744 P Street  
Sacramento, CA 95814

**COUNTY WELFARE DEPARTMENT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CONTACT PERSON/TITLE:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**PART ONE: SED POPULATION**

1. Report the total number of SED children who received an AB 3632 payment: \_\_\_\_\_
2. Report the total number of payments made for children reported in #1 above: \_\_\_\_\_
3. Based on the total reported in #1 above, report the number of previously dependent SED ("Christopher T.") children who had been receiving an AFDC-FC payment but for whom dependencies were dismissed:
  - A. Previously receiving State AFDC-FC: \_\_\_\_\_
  - B. Previously receiving Federal AFDC-FC: \_\_\_\_\_
  - C. Total children: [Note: A + B must equal C] \_\_\_\_\_
4. Report the number of SED children who received an AB 3632 payment and were dependents living at home prior to being placed out-of-home solely for educational purposes (not protection). \_\_\_\_\_
5. Report the anticipated number of dependent SED ("Christopher T.") children for whom dependencies will be dismissed between July 1, 1987 and June 30, 1988 and who will subsequently receive an AB 3632 payment: \_\_\_\_\_
6. In reference to the children reported in #5 above, report the anticipated length of time (in months) it will take to dismiss all dependencies and initiate AB 3632 payments: \_\_\_\_\_

**PART TWO: SOCIAL WORKER ROLE/RESPONSIBILITIES**

1. Do social workers routinely function as the dependent SED child's legally responsible agent (in place of the parent) for IEP purposes? [YES/NO] \_\_\_\_\_

A. If YES, state average hours per child/case per month spent on this task: \_\_\_\_\_

B. If NO, explain: \_\_\_\_\_

2. Are social workers routinely requested to assist the IEP team with information on placement resources? [YES/NO] \_\_\_\_\_

A. If YES, state average hours per child/case per month spent on providing assistance: \_\_\_\_\_

B. If YES, describe social workers' typical activities in response to request: \_\_\_\_\_

3. Are social workers routinely included as a member of the IEP team when SED child is not a dependent? [YES/NO] \_\_\_\_\_

A. If YES, state average hours per child/case per month spent on IEP team responsibilities: \_\_\_\_\_

**PART THREE: IMPLEMENTATION EXPERIENCES**

1. Describe any implementation barriers or problems your county experienced/is continuing to experience:

2. Describe any positive experiences as a result of AB 3632/AB 882: