Child Welfare Services in California: A Primer for Mental Health Providers in Small or Rural County Settings

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Richard Knecht, MS

• Former Transformation Manager to the State of California, focused on shared management structure

• Family Centered Residential Services research

• Retired Director of Placer County’s Children’s System of Care
Cori Allen

• Deputy Director with the Department of Social Services in Tuolumne County

• 20 years serving the public sector

• Primary focus has been in child welfare
Goals for today’s webinar...

• Understand key historical elements of child protective, foster care and related welfare efforts

• Understand the purpose and role of current Child Welfare organizations and structures, with particular attention to small and rural county concerns

• Understand the relationship between federal, state and county welfare efforts

• Recognize some of the unique issues associated with service provision to youth and families, from a small county perspective.
Continuum of Care Reform – AB 403

• Several significant areas of change to California’s Child Welfare System that are tailored toward the ultimate goal of maintaining a stable, permanent family

• Congregate care limited to short-term therapeutic interventions

• Planning & Implementation efforts at state, regional and local level - Social Services, Behavioral Health & Probation

• Integrated Training and Core Practice Guides, Interagency Memoranda/Agreements
The Small County Dilemmas

• Staff often have broad “Vertical Scope”/Multiple Hats
• Limited administrative support
• Limited Human Capital and Recruitment Issues
• Geographic Isolation/Transportation Issues
• CPS and Foster Care circumstances have unique sensitivity in small communities.
Part I—History of Child Protection and Foster Care
History

• Prior to 1800, orphans and children in need of care typically were indentured to other families to learn a trade. No government involvement.

• Mid-1800s, family poverty was accepted as enough reason to remove children from their parents, and orphanages were established by private religious and charitable organizations.

• By 1875, children increasingly were placed with families instead of institutions, but agencies provided few services other than boarding.
Late 1900s found states removed and relocated large numbers of Native American families, and placed their children into foster care.

1935--First federal grants for child welfare services, followed by structured federal payment system to states, and strengthening role of the court as authority to remove children and/or terminate rights.

In 1974, Congress passed first mandatory child abuse reporting law--Child Abuse and Prevention Treatment Act, which mandated some professionals to report suspected cases of abuse or neglect.
Part II—Government Structures
Three Administrative Levels working together...

- Child Welfare Services is comprised of multiple federal, state, and county agencies, state administered juvenile courts, and private social service agencies, all of which embrace as primary objectives—the safety, permanence, and well-being of children and their families.
Federal: Administration for Children and Families (ACF or ACYF)

- Federal Health and Human Services Department, responsible for more than 50 Child Welfare programs in all states.
- Supports state programs to provide foster care and adoption assistance:
  - Administers the state-federal welfare program;
  - Temporary Assistance to Needy Families (TANF);
  - National child support enforcement system, and;
  - Head Start and other child care programs
- Administers demonstration grants and the IV-E Waiver, similar to SAMHSA.
Outcomes and Accountability

The federal Adoption and Safe Families Act (ASFA) of 1997, required Feds to adopt child welfare outcome measures and data collection from states.

All states must meet outcome and performance standards in 14 specific areas.
Federal Oversight of States

**Quarterly data reports** provided to each county child welfare agency. Provide specific quantitative outcome measures related to safety, permanency, and well-being. (Safe Measures)

**County self-assessments** are undertaken by child welfare and probation agencies along with key community partners to determine effectiveness of services to foster children and youth.

**Case reviews (Peer and Self Review)** Structured, comprehensive case analysis and stakeholder interviews to identify strengths and areas for improvement in child welfare service delivery.

**County system improvement plans** (SIPs) Improvement plans are developed in 5 year cycles, by the child welfare and probation agencies with local partners to establish service priorities, define how the county will improve performance and outcomes and monitor progress.
• Receives federal dollars in partial support of state and county programs;
• Designs and monitors services and programs for at-risk children and families;
• Provides direct licensing services to some counties and contracts with other counties to provide licensing of out-of-home Resource Family care providers;
• Secures and distributes state funds for services to children in out-of-home care;
• Provides technical assistance to private and public adoption agencies
• Oversees Adoptions, either directly or through county CWS.

• Provides oversight and evaluation of local and statewide demonstration projects and statewide “best practices” training for social workers;

• Monitors and oversees county child welfare systems through a quality assurance system (C-CFSR); and

• Administers operation of the statewide automated Child Welfare Services/Case Management System (CWS/CMS).
Ombudsman

• Office of the Ombudsman disseminates information on the rights of children and youth in foster care and the services provided by the Office.
• Toll Free Hotline for Complaints/Issues
• State recently hired a former foster youth as Ombudsman!
Community Care Licensing (CCL)

- Licenses adoption agencies and six different types of out-of-home placement settings for foster youth.
- Monitors facility safety standards, food storage and preparation, medical services, staff qualifications and training, supervision, and documentation requirements.
- Investigates potential licensing violations, such as physically punishing a child who is in out-of-home care.
- Also has Adult Residential and other facility licensing duties.
Child Welfare Council

• Experienced Former Judges, Advocates, State Department leaders and other deeply committed persons comprise an independent panel of Oversight and Accountability.

• Appointed by the Governor and Serving under the Secretary or Health and Human Services and the Judicial Council’s Presiding Judge.

• Quarterly Meetings and Committees.

• Pursue enhancements to the system and provide recommendations to State and counties.
County: Child Welfare, Social Services, HSA

- Most often housed within Department of Social Services or Department of Health and Human Services
- Child Protection and Prevention of Abuse and Neglect
- Foster Care, Guardianship, Adoptions
- County Ombudsman
- Compliance, outcomes and accountability
Part III-County Service Processes and Care Delivery
Emergency Response

Every year in California, around 500,000 referrals of suspected child abuse and neglect are called in to the local Emergency Response (ER) Hotline by mandated reporters, and by other concerned individuals.

Each referral is screened by a social worker using a state-approved Standardized Safety Assessment tool to determine if there is enough information to warrant an in-person investigation.
Alternative Response

**Path 1**—Referral does not meet the statutory definitions of abuse or neglect, but the family appears to be at risk and needs community supports. The family is referred to Community Partners, and can either voluntarily participate in or refuse assistance.

**Path 2**—Referral meets statutory definitions of abuse and neglect, the risk to the child is low to moderate, and the assessment indicates that with targeted services, a family is willing and likely to make necessary changes.

**Path 3**—The referral meets statutory definitions of abuse and neglect, the risk to a child is moderate to high, and action is necessary to protect the child. Actions may be taken with or without a family’s consent.
Family Maintenance (FM)

• Provides services to families in crisis to prevent or remedy abuse or neglect, allowing social workers to work with the family while keeping the child in the home.

• Services may be based upon a voluntary agreement with the parents, or the juvenile dependency court may intervene and court-ordered services may be provided under Section WIC 300.
Family Reunification (FR)

• Usually court-ordered, but can be voluntary. FR provides intervention and support services for a limited time to parents/caregivers and children who have been removed from the home (placed with a Resource Family, with a relative, or into an STRTP) to make the bio-family environment safe for the child to return.

• A reunification plan is developed, using Child and Family Teaming and other engagement processes, and the plan is either voluntarily signed by both parties or court ordered. Services are made available to the parents, including but not limited to counseling, substance abuse treatment, domestic violence intervention, parent education and training.

• Under current federal law, a permanency hearing must be held 12 months from the date a child age 3 or older is removed from the home. In California, this hearing can be held 6 months from the date a child under 3 years of age was removed.
Permanent Placement (PP)

• Services intended to ensure that children who have been removed from families where there has been neglect or abuse have safe, stable, and permanent homes.

• When children cannot live safely with their bio kin, federal policy prefers adoption as the first alternative permanency option, followed by legal guardianship.

• When those options are unavailable, other placement arrangements are made, which vary in their degree of permanency and stability, including longer-term foster care placements with non-relatives.
Adoption

• Creates a new legal parent-child relationship by terminating the bio parents’ rights and transferring those rights and responsibilities to the adoptive parent(s).

• Once the CWS timeframes for reunification have expired, the court, with certain exemptions, must terminate parental rights unless circumstances warrant.
Adoption Supports

• Counties have long recognized need for specialized supports for youth and families managing adoption related issues.

• Under AB 1799, state exploring viability and structure to mandate Adoption Competent Mental Health services, recognizing that most people experience significant challenges during and after adoption process.

• Adoption Competent Mental Health Services—Legislation recently passed and further in development to assure that counties have “Adoption Ready MH Services”. National Training Initiative bringing unique supports and learning to CA in 2017.
Kinship Care

• Relative caregivers have always been the first and primary source of care for children whose parents are absent or unable to care for their children.

• When a child is placed in foster care, preferential consideration must be given to adults who are relatives by blood, adoption, or other close relationship.

• Intensive “Family Finding” has been a particular focus since 2003.
Guardianship

• If adoption is not viable, county child welfare staff work to identify a person willing to accept legal guardianship.

• An adult, including a relative or non-related extended family member (NREFM), has court-ordered authority and responsibility to care for the child.
Non Minor Dependency

• 2009 legislation extended to foster youth the ability to voluntarily remain in care.
• Supports, placement and educational incentives through age 21.
• Youth in both dependency and delinquency systems are eligible.
**ICWA**

- The Indian Child Welfare Act (ICWA) sets federal requirements that apply to state custody proceedings involving Native American children who are members of, or eligible for membership in a federally recognized tribe.
- If ICWA applies, the child’s tribe and family can petition to transfer jurisdiction of the case to their own tribal court. The tribe can also participate as a party in the state court. The state court must follow ICWA guidelines for court procedure and placement when the federal law applies to a case.
- California has many federal qualified tribes, but very few sovereign courts.
Part IV—Court Partners
CDSS provides training and technical assistance to judges and other court officers on a host of dependency court topics.

Judicial Council of California--policymaking and administrative body for California courts.
Dependency and Delinquency Courts

Usually a division of the County Superior Court that handles child abuse and neglect cases. Has ultimate authority over what happens to children who are alleged to have suffered abuse or neglect while in the care of a parent or guardian.
Legal Advocates

• Three parties in each dependency case are allowed and encouraged to have counsel.
  • County Department
  • Youth/Child
  • Biological Family Members
Juvenile Probation Department

- Emphasizes guidance, education, treatment, and rehabilitation over punishment, but with clear obligation to public safety.

- Juveniles who were under age 18 at the time of their offense.

- Minors can be arrested for felony, misdemeanor, or status offenses. Four distinct WIC code sections govern probation practice.

- Options short of incarceration--Response depends on seriousness and also on the offender’s background.
Juvenile Probation Department

• Recent Reforms--In the mid-1990s, the state began to shift responsibility for juvenile offenders to counties. The reforms have not increased county caseloads—in part due to declining youth felony arrest rates, and due to access to enhanced services and interventions.

• The Juvenile arrest rate in CA has dropped by 65% since 2005.

• Violent Crime arrests down from 15,000 to 8,000 in 2014.

• Detained youth in CA reduced from 3,741 to 2,231.
Juvenile Probation Population Summary

- Minors of Record in California—39 Million
- Active Juvenile Population—39,000
- Wardship Population—30,000
- Youth in Detention or Camps—5,500
- Foster Care Population—3,700 (52% are in Group Homes/15% out of state)
- Group Home Use—1,950

- Total Population has gone from 90k in 2007, to 40K in 2015.
Part VI—Partners in Child Protection and Foster Care
Parent and Youth Advocacy

• Increasing awareness of the value and need for youth and family to have voice and choice in care and service planning and delivery.

• Support Youth Rights and Parent Engagement

• Child and Family Teaming

• Community Liason

• Interagency Placement Committee Facilitation and “Parent Orientation”
Critical Mental Health/SUD Partnerships

• County Mental Health Plans (MHPs)
  • Delivery of Specialty Mental Health Services to Medi-Cal Eligible Minors
  • Mental Health Services Act Administration

• Managed Care Organizations (MCOs)—Delivery of Other Medi-Cal Eligible Mental Health Services

• Substance Use Disorder Services
Other Community Partners

• Court Appointed Special Advocates
• Law Enforcement
• Schools
• Family Resource Centers and Community Based Organizations
• Temporary Housing/Shelter Services
• Physicians/Hospitals
• First Five and Mental Health Alcohol and Drug Commissions
Part VII—Recent System Enhancements
California Actively Pursues Enhanced Practices

- Safety Organized Practice
- Wraparound
- Resource Family Approval
- Integrated Core Practice Model
- Integrated Training Plan
- Continuum of Care Reforms
  - Shared Funding of Intensive Services
  - Child and Family Teaming
  - Cross System Case Planning
  - Group Home Reforms (Training/Accreditation)
Part VIII--Funding Sources

• Primary federal funding for Child Welfare Services are authorized in Title IV-E, IV-B, and Title XIX of the Social Security Act. These funds are passed through to states. In California, the funds are further distributed to the counties.

• California has both a federal and state foster care program. Approximately 70 percent of California’s foster care children in out-of-home care are eligible for and receive Title IV-E funding.

• Funding reform is a frequent, but difficult federal conversation.
Part IX—Current Service Utilization

• In recent years, about 400,000 actionable referrals are processed, representing about 68% of all calls received.

• There are currently about 63,000 Dependency Cases Open.

• Youth in foster care has dropped by 42% since the year 2000, but has plateaued in recent years.

• Non Minor Dependents number around 7,500 statewide.

• About 12,000 youth are waiting for adoption. About 6,100 adoptions completed per year.
Additional Resources

CIBHS:

Recordings of CIBHS Katie A/CCR Webinars
http://www.cibhs.org/katie-webinars

CIBHS website
http://www.cibhs.org/continuum-care-reform-ccr
Kimberly Mayer, MSSW
Associate Director, CIBHS
kmayer@cibhs.org

Kelly Bitz
Program Coordinator
kbitz@cibhs.org
Thank You!

For more information and resources visit:
http://www.cibhs.org/continuum-care-reform-ccr

For questions or comments: ccr@cibhs.org