

**County Welfare Directors Association
Comments on California Performance Review Recommendations**

HHS 01: Transform Eligibility Processing

Please see our in-depth analysis of recommendation HHS 01 on the CWDA website. The document is available at <http://www.cwda.org/downloads/analysis.PDF>.

HHS 02- Realign the Administration of Health and Human Services Programs

A. In-Home Supportive Services

In the In-Home Supportive Services program, counties have raised concerns about rising costs and increasing state prescriptiveness, especially in recent years. In particular, costs have been driven by legislatively mandated collective bargaining requirements enacted several years after the initial, early-1990s realignment of IHSS and other programs. Realigning the fiscal responsibility for the program back to the state, as recommended by the CPR, is consistent with these overall trends. Such a move would recognize the substantial, state-driven changes to the program since the original realignment; the move toward a program in which nearly all recipients receive some federal Medicaid dollars; and the rapid, unanticipated and underfunded growth in IHSS service costs to counties.

In any realignment proposal, the potential effect on clients is an important consideration that gives rise to several implementation issues. First, while IHSS realignment would be transparent to clients if the move is primarily fiscal and clients continue to enter the program through existing channels, the CPR also recommends moving program administration to the state level and making the state responsible for client assessments. The state could conduct assessments itself or contract with counties or other service providers to do so. Given the counties' history and expertise with respect to client needs assessments, as well as the new quality assurance initiative designed to ensure uniformity statewide, and, continuing program operations at the county level appears to be the best approach from a customer service perspective. The counties are the most familiar with other local resources and programs available to help recipients maintain independence and participate in their communities.

The consideration of fiscal and programmatic realignment options leads to an additional implementation issue regarding provider relations. Most counties have established public authorities to act as the employer for the purpose of bargaining for wage and benefit increases. If the fiscal responsibility for the program were realigned to the state, the state would have to decide whether to assume this role or continue to bargain through the county-based public authorities. Likewise, if the state became the bargaining entity, the role of public authorities would need to be reviewed and possibly recast.

B. Child Welfare Services

Setting aside the program requirements put into place by the federal government and the courts, realigning the responsibility for child welfare services and maximizing local control has policy merit, as this program is integrally woven into the network of services available in each community. However, several significant implementation issues, both programmatic and fiscal, must be addressed prior to the realignment of child welfare services (CWS) responsibility.

First, with regard to program operations, the question is whether program authority can be sufficiently realigned to allow for a degree of local control that is commensurate with the increased local funding responsibility. The state has grown increasingly prescriptive over county CWS activities in recent years. The inherent tension between state oversight and local control is

illustrated by two of the CPR recommendations: Realign CWS program responsibilities to the counties, while also creating a new state-level position to take responsibility for the foster care program. This tension would likely continue even in a realignment environment.

An additional implementation issue is how a county-based system would operate within the existing federal rules. For example, the federal government requires a single statewide agency for child welfare services and calls for “statewideness” in the program. While some of California’s regulations are based on California policies; many mirror federal requirements or are the result of past court cases. Each of these requirements would need to be addressed and, as needed, waivers sought from the federal government to enable local assumption of responsibilities that were previously fulfilled by the state.

From a fiscal perspective, the question is whether the program would be realigned to the counties at the current underfunded level, or at an increased funding level that takes into account new requirements and best-practice recommendations. As documented by the SB 2030 Child Welfare Workload study released in 2000, county workers carry caseloads that are far too high to meet even the minimum state and federal mandates, let alone new mandates and court decisions that have yet to come. Realignment would need to identify a revenue source that is adequate to not only continue the decided-upon level of funding, but also enable appropriate growth over time. Further, the package should protect against new mandates or automatically fund any mandates enacted at the state and federal levels post-realignment.

HHS 03 – Child Support

While we do not administer child support programs, we will track what happens with the CPR recommendations. This is because child support agencies need to work directly with linked programs such as CalWORKs. Bringing administration of DCSS to the state level could make it more difficult for county human services agencies to obtain needed information.

HHS 04 – Child Care

Because county welfare departments administer employment services for CalWORKs, it appears to be simpler for our clients to work with one entity – the county welfare department – rather than two entities. Reducing the number of entities involved with child care administration should improve program efficiency and result in less confusion for providers, thus reducing wait times for recipients. Clients would likely be able to more easily find and remain in child care programs.

The recommendation that CalWORKs clients be placed onto waiting lists once they begin participating in CalWORKs raises several implementation issues. First, the report indicates that former CalWORKs families would move out of the Stage 3 set-aside 24 months after leaving aid, which could cause these families to lose their child care and re-enter the welfare system. We oppose placing any time limits on the receipt of care for families leaving CalWORKs, due to these potentially damaging ramifications. Second, the report does not recognize the transience of many CalWORKs families and their common movement between counties. Finally, there is no recognition that the current waiting list system is piecemeal and uncoordinated; one centralized waiting list would be a prerequisite before we considered supporting the proposal.

Some new workload would be associated with placing families onto waiting lists and ensuring they understood how the redesigned system could meet their needs. Imposition of new time frames for families could create additional requirements for counties to track funding sources and families’ time on and off of aid.

With regard to the proposal to consolidate contracts, we believe there may be advantages to reducing the number of contracts that exist. To implement such a proposal, technical issues would need to be addressed to make sure no groups of children are disadvantaged.

HHS 05 – Unlicensed Child Care Providers

The CPR proposal misses a key problem with the background screening process. The Trustline clearance process is extremely slow, and any system that would increase reliance on Trustline is premature until the system is improved. Additionally, LiveScan is not widely available. Increasing the availability of LiveScan would help in the implementation of this proposal. However, until the state improves the background screening process, the proposal is premature.

HHS 06 – Foster Care Criminal Background Checks

The CPR recommends state assumption of the criminal background check process for prospective foster parents, because county-licensed foster parents who move from one county to another must be re-checked under current law. The CPR indicates that state-conducted background checks would correct this inefficiency.

We agree that already-licensed foster parents and approved relative caregivers should not have to undergo a new background check when they move across county lines. However, the problem identified in the CPR has largely been corrected, and the solution proposed in the report would actually make the licensing process less efficient.

The problem described by the CPR was created by a statutory impediment that prevented the Department of Justice from providing foster parent criminal history information, including subsequent arrest reports, to an entity other than the county originally requesting it. AB 1240 by Assemblyman Mullin, signed into law by Governor Schwarzenegger in September 2004, amended Health and Safety Code Section 1596.871 to permit criminal background information on county-licensed foster parents to flow to the new county or to the state licensing agency when the parent moves across county lines.

Note that AB 1240 does not specifically apply the same rules regarding the transfer of subsequent arrest notification to county-approved relative caregivers. Because the federal Adoption and Safe Families Act requires that the same standards be applied to both licensed foster parents and relative caregivers, we believe that any implementing regulations for AB 1240 should conform the relative caregiver process to the process for licensed foster parents.

The CPR recommendation, if implemented, would actually introduce a new inefficiency into the system by carving out just one element of the broader licensing process. The counties that license foster parents would (apparently) continue to perform all other foster parent licensing approval functions. However, it would be impractical to return just one element of the process to the state, while leaving the other functions at the county level.

HHS 08-A – Designate an Organization or Individual as the State Leader for Foster Care

Improved communication and coordination among multiple state agencies to improve foster care is a laudable goal. Each of the programs that serve current and former foster children, ranging from mental health and substance abuse to education and rehabilitation programs, have complex regulations and unique funding streams that make it challenging and time-consuming to coordinate and integrate service delivery. Appointment of a state-level “foster care czar” – or the creation of some mandate or process within the Administration – to bring the state departments that oversee these necessary services to the same table is a meritorious idea.

Several questions would need to be answered regarding the function and purpose of this individual or organization.

First, the creation of a new position dedicated to foster care coordination can only go so far in the existing environment, with existing resources. This is because the barriers to coordination often are related to federal funding shortfalls and restrictions on the use of funds. A state-level foster care czar would need to have the authority to compel coordination of funding and services to the fullest extent possible – which still may not result in full coordination, depending on his or her ability to change federal rules and increase funding streams.

Second, it is not clear how the job of a foster care czar would differ from that of the Deputy Director of the CDSS Children & Family Services Division, who is tasked with providing both state oversight and leadership. Moreover, leadership in coordinating across multiple human services programs also has historically come from the Health and Human Services Agency. This is logical because most of the systems that serve foster children (though not all) are under the oversight of Health and Human Services Agency. It is not clear whether a new position is needed, or whether the individuals holding existing positions need additional authority to convene representatives across departments and compel them to work toward greater coordination of their programs and funding.

Third, the recommendation appears to carve out foster care from the rest of child welfare and adoptions as if it is a standalone entity. In truth, these three programs are intertwined, and interagency coordination must start before children are ever removed from their homes, if we are to achieve the desired improvements in foster care and prevent involvement in the child welfare system to the extent possible. Treating foster care as a separate, standalone program could sidetrack efforts to operate seamless programs for children and families.

Finally, for a system as large as California's, local coordination efforts are likely to have the most effect on day-to-day services and operations. Leadership from the state is vital to these efforts, and we encourage the state to seek ideas from counties regarding their existing collaborations, how those efforts can be supported, and how to address any barriers in current statutes, including but not limited to restrictions on the use of funds and confidentiality requirements.

We note that this recommendation is potentially incongruent with proposal HHS 02 to realign CWS at the county level, "to give full responsibility for non-federal programs to the counties." It acknowledges that there is a state function to coordinate service delivery from major systems outside of formal child welfare services (education, mental health, Medi-Cal, CalWORKs, alcohol and drug, etc.) that are critical for improved outcomes and efficiencies. The devolution of CWS to the counties by itself, without coordination with other critical services, would result in little change to outcomes for children and families.

HHS 08-B – Develop an Assessment Tool to Measure Foster Care Outcomes

The CPR seems to be unaware of the massive AB 636 Outcomes and Accountability system that was launched in all 58 counties as of January 1, 2004. This new system accomplishes all the objectives in this CPR recommendation, plus additional objectives not addressed by the CPR. The AB 636 system establishes a series of outcome measures in the area of safety, permanency and child well-being, based on the existing federal measures but using research-based, enhanced cohort tracking methodologies and longitudinal data from the CWS-CMS automated statewide database.

AB 636 requires all counties, over a three-year cycle, to perform self-assessments of their CWS programs in partnership with their communities, analyzing the outcome data and scrutinizing the

effectiveness of systemic factors. These self-assessments lead to county self-improvement plans, which are approved by each county's Board of Supervisors and the state. Self-improvement plans target areas needing improvement, identifies milestones and timeframes for action steps and tracks progress of improved outcomes. It would be inefficient to create a second outcome measurement system when one already exists.

It is important to note that the CPR conclusion that a massive data tracking effort, the development and utilization of community partnerships, and the undertaking of quality improvement efforts can be accomplished statewide simply by redirecting existing staff is unrealistic. Counties need dedicated staff to coordinate their self-assessment activities and implement and monitor the quality improvement activities. Improvement activities may include additional social worker training, recruitment of additional foster parents, creating a mediation process at court, developing contracts with community based providers and a host of other systemic reforms. The 2004-05 state budget acknowledges and funds some AB 636 activities; as this new mandate is more fully operationalized, additional local costs may be identified.

HHS 09 – Adoption

As recognized in the CPR report, the process of identifying and approving prospective adoptive parents can be time-consuming and uncertain, entailing an orientation, at least three interviews, training, and a criminal background check. Because many foster parents ultimately seek to become adoptive parents, representatives of the state and counties have been meeting for more than a year to discuss ways of streamlining, or “melding,” the foster parent licensing and adoptive parent approval processes in order to expedite the approval of adoptive homes and “resource homes” for relative or foster family placement.

Our comments on the HHS 09 recommendations are based on our experiences and findings regarding the ongoing state-county melding workgroup. The melding workgroup has already completed an exhaustive analysis of existing regulatory and statutory barriers to a consolidated and expedited home study process and is poised to deliver an implementation plan incorporating its recommendations. The workgroup should be directed to move forward with developing implementation strategies for the melding conceptual design.

A & B: State-level media and outreach campaigns to recruit adoptive parents.

Both of these recommendations make sense. Existing Family Code 8707 and 8710.1, *et seq*, require the state to establish an accessible inter-jurisdictional adoption exchange system, to include photo-listing of waiting children. Periodic media campaigns to heighten awareness of this exchange are necessary, and as the CPR points out, half of the costs of such outreach are federally funded.

C: Pass federal incentive dollars through to counties as a supplement to adoption funding.

We agree that federal adoption incentive monies should be passed through to counties as a supplement so that improved performance can be sustained using these earned resources. This would conform to existing statutory intent for the use of the incentive funds as expressed in Section 16131 of the Welfare and Institutions Code.

D & E: Improve and streamline the adoption home study process.

Recommendation D would require CDSS to adopt regulations providing for a waiver of the criminal background check for prospective adoptive parents if the applicant is a foster parent. This has already been identified as a duplicative barrier by the melding workgroup and would be supported by counties.

Recommendation E, regarding the use of teams to conduct home studies, is one of several best practices the melding workgroup has identified and will be recommending.

F: Establish a workgroup to explore privatizing adoptions.

We acknowledge the CPR for identifying this as an area where more work is needed, though much already has been done in this area. Current law, Section 16122 of the Welfare and Institutions Code, encourages the use of private adoption agencies for foster children eligible for AAP, and counties work closely with private adoption agencies to find and approve adoptive homes. Though there is not sufficient detail to understand how F would differ from existing law and practice, the recommendation merits further exploration.

As our state-county workgroup has found, “melding” the foster home approval process with the adoptive home study for that family is critical to expediting permanency. Because this upfront approval and placement is a public CWS function, a public-private partnership should be explored to delineate tasks and responsibilities throughout the concurrent planning process to identify which agency can most efficiently and effectively perform each duty.

HHS 10 – Repeal the \$50 Child Support Disregard Payment to TANF Recipients

Eliminating the \$50 child support disregard for TANF clients would take \$50 per month away from needy families with children. In addition, the pass-through has a social value in that it gives the absent parent the satisfaction of contributing something tangible to his or her family, while the family receives something directly from that individual. If the behavior of child support obligors changes as a result of the pass-through being eliminated, the most likely scenario would be a reduction in their overall payments. See the Public Policy Institute of California’s 1999 report, “Child Support and Low-Income Families: Perceptions, Practices, and Policy,” for a discussion of this issue.

HHS 11 – Use Technology ... in the Women, Infants and Children Nutrition Program

Although we do not administer the WIC program, the Electronic Benefit Transfer (EBT) has proven to be an excellent system for the provision of Food Stamp benefits and CalWORKs cash aid payments. The card is popular with both clients and agencies, and it makes sense to consider expanding it to the WIC program.

Using one card for the CalWORKs cash grant, Food Stamps, and WIC would help clients access these benefits at a wide range of locations. Client stigma would be reduced, and mostly likely eliminated, when redeeming benefits. Further, lost coupons could be handled with card replacement allowing the client to receive needed nutritional foods rather than do without.

Note that we encourage the use of a single card for all of these benefits, rather than the establishment of a new, separate card for WIC. Using one card would avoid client confusion and make lost cards less likely.

WIC providers who do not currently have EBT terminals installed would need to do so in order for clients to use their benefits. Logistical and technology issues will need to be addressed, but pilots in other states should help set the stage for a similar move in California.

HHS 16: Develop a statewide web-based online immunization registry system.

Access to a statewide registry could reduce duplicate immunizations of foster children and ensure greater compliance with the requirement to share Health Passport data with caregivers. If an immunization history is not available for foster children, health providers often have no

choice but to re-immunize these children, an unnecessary expense that causes a possible increased exposure to the risk of side effects.

A central data base of immunizations would facilitate current administrative processes while improving timeliness of vaccinations. County welfare departments must collect immunization data on school-aged CalWORKs children and for all ages of foster children for the federally mandated Health and Education Passport (see WIC 16010). An interface to the statewide CWS/CMS data system would provide county CWS social workers with critical information to pass on to foster parents to assist them in obtaining needed immunizations for children in their care and eliminate often severe difficulties in tracking down these records when they enroll a child in school. A similar interface to the SAWS systems would facilitate fulfillment of the CalWORKs eligibility requirement that childhood immunizations are up to date.

The CPR did not estimate the costs of developing such a database. However, it seems reasonable to conclude that some of the costs would be offset by savings to local entities currently charged with obtaining this information from less centralized and manual records.

We note that SB 1764, now chaptered, permits sharing of this immunization information with “foster care agencies.” While that term is not clearly synonymous with county child welfare agency, this permissive disclosure authority is an important implementation step.

HHS 19 – Standardize Criminal Background Reviews

HHS 21 – Consolidate Licensing and Certification Functions:

Both of these recommendations refer to the broad range of licensing activities conducted by the departments within the Health and Human Services Agency, apparently including licensure of foster parents and approval of relative caregivers and adoptive parents for children in foster care. Foster care and adoptions should be carved out of both HHS 19 and HHS 21. These are essential components of the continuum of care for abused and neglected children and should be based in the same area as the rest of the services to these children.

Including recruitment and licensure/approval of relatives, non-relative extended family members, foster parents, and adoptive parents in this proposal could actually reduce access. The state-county melding workgroup (see HHS 09) has found that the recruitment and approval of these caregivers ought to be a separate and distinct process from that of licensing a residential facility or institution.

Foster parents and relative caregivers are not operating a business. They are recruited to open their homes and welcome a child into their family, to nurture and to love. They are asked to mentor the child’s parents and model good parenting skills and prepare to be the child’s permanent family should reunification fail. As such, the melding workgroup’s conceptual design dictates that the upfront psycho-social assessment of the adoption home study be the paramount factor in approving these resource families. In such a model, strict adherence to a uniform standard for background clearances, useful for business license and employment, is not applicable for family assessments. The current use of case-by-case assessment of the good character of a prospective caregiver, especially one who already knows or is related to the child, is appropriate if done by a skilled and trained social worker.

While recommendation HHS 21 appears to focus on licensing of health facilities, the narrative frequently makes reference to child day care and other non-medical residential settings licensed by CDSS or licensed/approved by counties, which include the range of foster care facilities. As with HHS 19, the licensing/approval process for foster caregivers and adoptive families should be carved out of the processing of licensed facilities as a business and under the “melding”

conceptual design be made a single, streamlined approval process with those of relative caregivers and adoptive parents.

There is room to improve efficiency for the approval of child caregivers. We suggest that the state-county melding workgroup be charged with resolving the different criteria for background clearances for adoptive families and foster families, and create a uniform background clearance process for relative caregivers, non-related extended family members, foster families and adoptive families.

HHS 28 – Improve Integrity in Medi-Cal Through the Use of Smart Cards

Inclusion of smart card technology in the current EBT card could allow clients to use one card for medical services, CalWORKs benefits, and Food Stamps further enhancing access to services. The use of magnetic stripe cards for Electronic Benefit Transfer (EBT) has already proven the benefits of this method.

The extent to which program administration will improve depends on implementation. If customers are given too many cards to keep track of, it may not be simpler for them. If their information can more readily be kept up-to-date, however, they may find it easier to access services.

A number of implementation questions would need to be addressed, such as who would issue the benefit cards, who would maintain the data that is accessed when a card is scanned by a provider and ensure that it is up-to-date, who will fund the installation and maintenance of card processing equipment for providers, and how will HIPAA compliance be ensured.

If the logistical issues can be successfully addressed, smart cards can provide enhanced services to clients by making their personal health information readily available to the medical practitioner. This would be of particular benefit to Foster Children moving between care providers. Even greater benefit could be achieved if this same information is made available to foster parents and county child welfare agencies.

Success also is contingent on the provider community's commitment to deploying the necessary technology and updating client information on a timely basis when needed.