

## **IV. Child Welfare Services Workload Study—Results and Findings**

### ***a) Work Measurement Results***

#### **i) Measured Work**

Employees were categorized for these analyses based on the pattern of their reported work. Three classifications were created. "Primary Case Work" employees are those staff who had successfully downloaded a caseload file from the CWS/CMS network when they initialized their Data Collection Form (for an overview of this process, see the Work Measurement section of this document). Any employee who downloaded any cases or referrals from the CWS/CMS was defined as a primary case work employee for the purposes of this study.<sup>1</sup>

A second category was created for employees who were not classified as primary, case-carrying staff, but who still provided case-related services to clients. These employees were defined as "Non-Primary Case Work" employees if they did not have a caseload file successfully downloaded from CWS/CMS, but they used any case-related unit of service during the workload study. This definition was designed to classify supervisors, case aides, secondary caseworkers, and clerical staff who conducted case-related activities during the workload study.

A third category was created for those staff who recorded only administrative units of service during the workload study.

### **General Overview of Captured Time**

The design of the study was a 100% time sample. However, for many reasons, not all eligible staff provided data or data that could be used for the analysis. An 80% response rate goal for each county was set at the outset of the study and was exceeded for all counties. The average county response rate was 93.8%.<sup>2</sup>

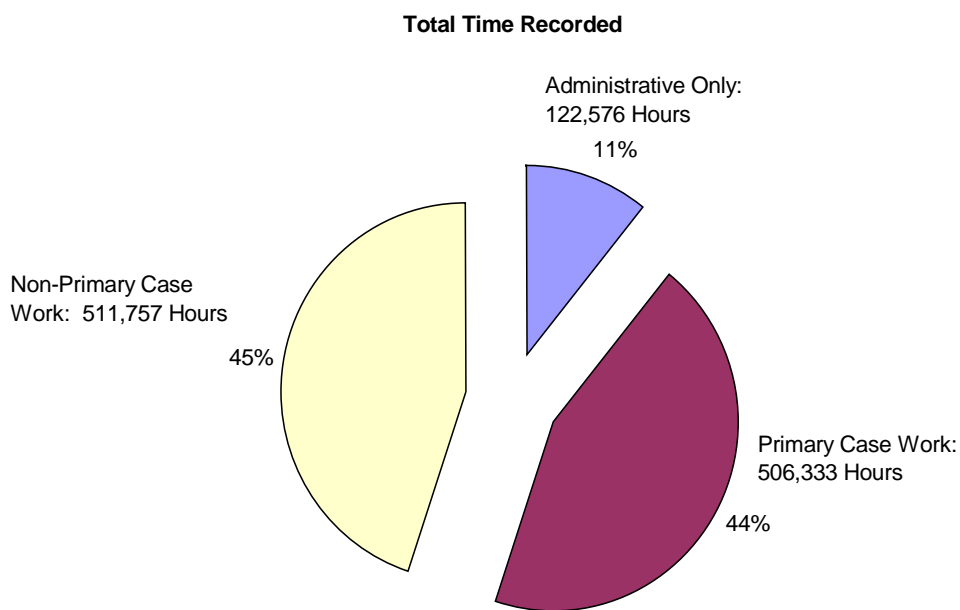
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<sup>1</sup> It is possible that employees were misidentified using this process. Primary caseworkers who did not successfully download their caseload (due to technical problems) would not appear in the appropriate category. Additionally, supervisors who carry a limited number of cases would be included as primary caseworkers, although their work pattern would be significantly different from general case-carrying staff.

<sup>2</sup> The percentage of actual participants compared to a list of eligible employees provided by the counties. Note that this value does not include a count from Yuba county, which had not provided a list of eligible employees at the time of this report.

The study captured work for 13,584 eligible staff who performed 1,465,368 work-related activities during the workload study period. This represents an average of 108 tasks/activities per worker for the 2-week time period. The total hours of work captured was 1,140,667.6, which represents an average of approximately 84 hours of work time per eligible employee for the 2-week study period. An illustration of the total work captured appears in Figure IV.01. As can be seen, Primary and Non-Primary Case Work staff contributed equally to the workload study, with Administrative Only staff providing an additional 11% of the captured time.

Figure IV.01



**Case-Related Time**

Case-related time is the time spent performing tasks that are directly related to CWS services for children and families. The case-related results of the workload study, statewide, were compiled and analyzed by units of service for the primary workers to whom the case was assigned on CWS/CMS.

In addition to Primary Case Work employees, Non-Primary Case Work staff also spend time on case-related units of service. Table IV.01 presents the distribution of time for Primary and Non-Primary staff by units of service programs or categories. The Screening/Hotline category is the

only one where more time is spent by Non-Primary staff than Primary Case Work staff. In the other four basic categories, Non-Primary time ranges from 23% to 55% of the Primary time. The Non-Primary staff time is in addition to the time spent by the Primary staff.

Table IV.01–Case-Related Time by Basic CWS Service Categories

	<b>Primary Case Worker</b>	<b>Nonprimary Worker</b>	<b>Nonprimary as a Percent of Primary</b>	<b>Total</b>
Screening/ Hotline (ERA)	4,625	17,535	379%	22,160
Emergency Response (ER)	86,764	32,599	38%	119,363
Family Maintenance (FM)	33,432	9,056	27%	42,488
Family Reunification (FR)	48,042	26,263	55%	74,305
Permanent Placement (PP)	57,441	13,035	23%	70,476
<b>Total</b>	<b>230,304</b>	<b>98,489</b>	<b>43%</b>	<b>328,793</b>

Table IV.02 presents the discrete unit of service types grouped by the categories used in the budgeting resource allocation model (PCAB). All together, there were 230,304 hours of work associated with identifiable reports, referrals, and cases coded to basic CWS services for these staff. (For a review of basic counts of tasks and units of service captured in the workload study, see Appendix 7.) As described below, some events recorded in the workload study did not have identifiable reports, referrals, or cases associated with them and could not be used in this component of the workload analysis.

There are three considerations regarding the data in Table IV.02. During the 2-week workload study, cases were entering and exiting the unit of service categories (e.g., a permanent placement case became a family reunification case). The entries and exits result in services for the same case being recorded to different units of service during the study time period. For purposes of statewide averages, these are believed to balance out across units of service when included in a total monthly average time. A second consideration is that cases may appear in more than one

unit of service. As a result, the total time of service provision is a correct tabulation, but the counts (i.e., numbers of cases identified with a unit of service) of units of service are likely duplicate counts for some cases across units of service categories.

A third more methodologically difficult consideration is that there is a distinction between cases “touched” by workers during the study versus those that were carried. In some instances these cases would be worked some other time during the month, in other instances they are not required to be worked every month and, for other cases, workers would not have time to provide services during the month. Consequently, even if every single case carrying worker in the state participated in the study, not every case in the statewide caseload study would be included during the 2-week period. This consideration results in an adjustment to the monthly average time based on the proportion of cases for each basic CWS program area “touched” during the workload study compared to monthly caseload counts from the CWS/CMS system. Since the methodology cannot account for cases that should have been worked and were not because workers had no time, the adjusted measured monthly average should be viewed as a conservative estimate of the measured time required to provide services within existing resources.

The measured averages presented in Table IV.02 were used as the basis for the Core Workload Standard Setting Study Focus Groups (see Section III.f. of this report). To calculate the average amount of time spent monthly on a unit of service, the following methodology was employed. In any month, there are 4.33 seven-day weeks. On average, units of service, excluding Screening/Hotline/ Intake, are expected to have a duration of at least a month.

Screening/Hotline/Intake reports are considered different. These reports have shorter durations than other services. An “Ad Hoc” system query has shown that about half are closed in less than a month.<sup>3</sup> Many others, 16%, remain open in the data system for long periods, but may in fact be closed. For purposes of modeling workload, the 2-week duration is considered the best estimate of duration for an “average case.” Since the workload study was a 2-week workload study, the 2-week average for each unit of service (which includes all the relevant subcategories of units of service), excluding Screening/Hotline/ Intake, was multiplied by 2.165 to arrive at a prorated monthly average figure. These were then adjusted to take into account the difference between

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<sup>3</sup> Personal Communication, Lee Stelmack, Health and Human Services Agency Data Center.

the cases worked during the workload study and the numbers of cases from the CWS/CMS monthly counts to address consideration three described above. The adjustment also takes into account the response rate of study participants across the state and the difference from the expected to actual amount of measured time for these staff.

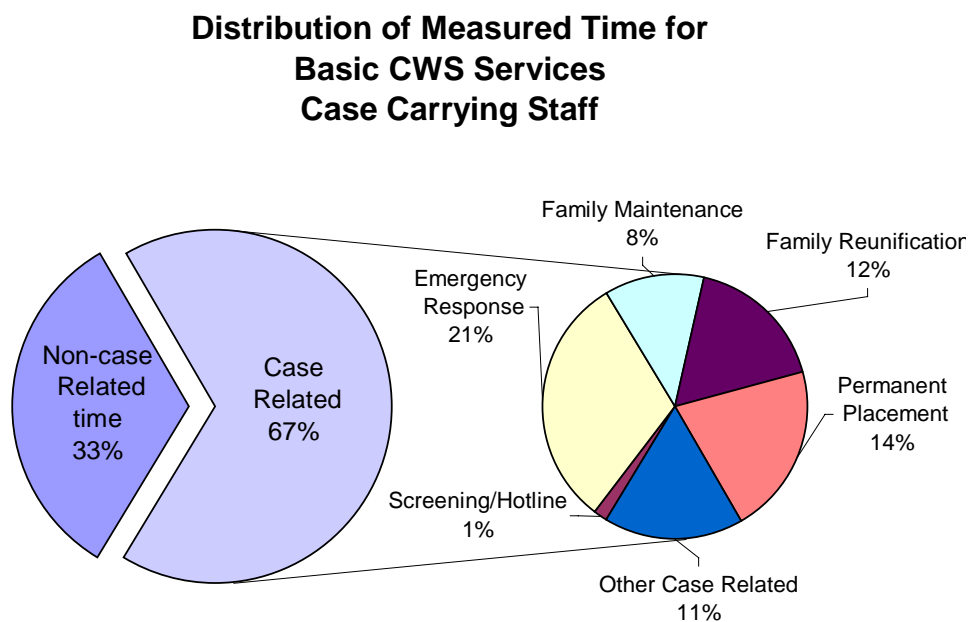
Table IV.02–Case-Carrying (Primary) Staff–Measured Work

Unit of Service	Case/ Referral	Total Hours	Adjusted Hours per Event	
	Count		2-wk Avg.	Month Avg.
<b>Emergency Response Program Area</b>				
ER - Screening/Hotline/Intake	5,962	4,625.00	0.78	n/a
ER - Investigation	18,911	63,243.35	3.34	6.72
ER - Court Intervention	2,152	6,654.88	3.09	6.21
Dependency Investigation Activities	4,082	16,866.05	4.13	8.30
<b>Family Maintenance Program Area</b>				
FM - Investigation/New Allegation	486	967.57	1.99	3.84
FM - Voluntary Services	6,078	13,053.90	2.15	4.15
FM - Court Ordered Services	7,936	15,834.87	2.00	3.85
FM - Family Preservation and Support	1,780	3,575.73	2.01	3.88
<b>Family Reunification Program Area</b>				
FR - Investigation/New Allegation	660	1,185.03	1.80	3.84
FR - Work with Children in OOH Care, Voluntary	781	952.68	1.22	2.61
FR - Work with Children in OOH Care, Court Ordered	12,708	26,715.83	2.10	4.50
FR - Services to Parents with Children OOH Care, Voluntary	2,453	2,983.00	1.22	2.60
FR - Services to Parents with Children in OOH Care, Court	8,751	16,205.35	1.85	3.96
<b>Permanent Placement Program Area</b>				
PP - Investigation/New Allegation	404	749.88	1.86	2.07
PP - Permanency Planning Assessment/Facilitation	8,565	17,565.13	2.05	2.29
PP - Work with Child/Family/Guardian (Case Mgmt)	19,370	39,126.28	2.02	2.26

Workers spent the majority of their time (67%) in case-related activities. Of all the five CWS basic case-related program areas, Emergency Response (21%) measured the highest proportion of case-related time, and Screening/Hotline (1%) measured the least proportion of that time. These results shown in Figure IV.02 are the statewide distribution of primary worker time and are not indicative of the number of reports, referrals, or cases provided service. Other Case-Related activities (11%) include quality assurance, community based collaboration, adoptions, licensing, child care and non-county client service.

About 8% of primary worker’s time was associated with Family Maintenance services. Family Reunification (12%) and Permanent Placement (14%) had about the same proportions.

Figure IV.02



The term, “unit of count,” refers to those entities by which time is divided into the time spent providing service in a CWS basic program area, on average, each month. For each program area described below, excluding Screening/Hotline/Intake and Emergency Response, the unit of count against which time is measured is a case. The Screening/Hotline/Intake unit of count is a report.

The Emergency Response unit of count is a referral. Table IV.03 presents the time per unit of the count for basic units of service, and the sections following describe the findings.

Table IV.03–Time for Basic CWS Services

	<b>Measured # Units*</b>	<b># Hours</b>	<b>Adjusted Average per Month</b>
<b>Screening/Hotline/Intake</b>	5,962	4,625.00	0.78
<b>Emergency Response</b>	24,243	86,764.13	7.19
<b>Family Maintenance</b>	15,121	33,432.07	3.97
<b>Family Reunification</b>	19,206	48,041.90	4.97
<b>Permanent Placement</b>	25,143	57,441.30	2.37
<b>* A "unit" may be a report, referral or a case, depending on the unit of service.</b>			

The Screening/Hotline/Intake (ERA) unit of service category is unique compared to other program categories in that the expected duration of the service would be less than two weeks. While this was expected from the logical design of services, it was confirmed in the standard setting focus groups. As a result, the 2-week time frame, not a monthly average time, is the basis of the case weight calculation for this particular program area. During the study period across the state, there were 5,962 reports of alleged maltreatment which were handled in 4,625 hours of work. This resulted in an average of 0.78 hours per Screening/Hotline/Intake service unit.

The Emergency Response (ER) program category consists of three units of service: Investigation, Court Intervention, and Dependency Investigation. The unit of count for Emergency Response is a referral, which is defined as a report that has been assigned for investigation. As noted above, some referrals may have been associated with more than one ER unit of service during the workload study, therefore, the sum of the counts for the three ER units of service may be a duplicated count.

Total time for an unduplicated count of referrals in the Emergency Response basic CWS program was obtained by aggregating time per referral across the three units of service. During the 2-week workload study, primary case carrying staff spent 86,764 hours investigating and providing services to 24,243 referrals. The 2-week average time for all three Emergency Response units of service is multiplied by 2.165 to obtain a prorated monthly average since, according to study focus groups, ER cases generally have about a 1-month duration. This is adjusted further to account for cases that might not have been captured by the workload study. Emergency Response units of service have an adjusted average of 7.19 hours per referral per month.

The Family Maintenance (FM) category consists of four units of service: Investigation/New Allegation, Family Maintenance; Voluntary Services; Court Ordered Services; and Family Preservation and Support. The unit of count for Family Maintenance services is a case. During the 2-week workload study, primary case-carrying staff spent 33,432 hours providing service to 15,121 cases. Using the prorating formula described above, Family Maintenance Units of Service have an overall adjusted average of 3.97 hours per case per month.

The Family Reunification category of basic CWS service consists of five units of service including: Investigation/New Allegation, Family Reunification; Work with Children in Out-of-Home Care, Voluntary; Services to Parent with Children in Out-of-Home Care, Voluntary; Work with Children in Out-of-Home Care, Court-Ordered; Services to Parent with Children in Out-of-Home Care, Court-Ordered. The unit of count for Family Reunification services is a case. During the 2-week workload study, primary case-carrying staff spent 48,042 hours providing service to 19,206 cases. Family Reunification units of service, therefore, have an adjusted average of 4.97 hours per case per month.

The Permanent Placement category of basic CWS service consists of three units of service: Investigation/New Allegation, Permanent Placement; Permanency Planning Assessment and Facilitation; and Work with Child/Family/Guardian (Case Management). The unit of count for Permanent Placement services is a case.



During the 2-week workload study, primary case-carrying staff spent 57,441 hours providing service to 25,143 Permanent Placement cases. Permanent Placement units of service have an adjusted average of 2.37 hours per case per month.

The average time per month it takes to provide service to a case is critical to the resource allocation budget model. There is an inverse relationship between the average time per case and the number of cases for which a staff person may provide service; the higher the average time per case, the fewer of these cases a staff person can serve in a month. Table IV.04 shows the current PCAB average times per case, the measured actuals, the composite estimated minimum time needed and the composite optimum time needed for the five basic CWS program areas. (Minimum and optimum times reflect the results from the Standard Setting Focus Groups.) There is a closer correspondence between the current PCAB standards used and the measured averages from the workload study than there are between either of those averages and the hourly rates set through the study group standard-setting process. However, with the exception of emergency response, both the measured work and the standard-setting process result in higher rates than are currently used in the PCAB. The gap between the current standards and the minimum standards are considerable.

Table IV.04–Average Service Times for Basic CWS Services (Hours per Month per Case)

<b>CWS Basic Program Area</b>	<b>Current Workload Standard</b>	<b>Measured Workload</b>	<b>Composite Minimum Recommended Standard</b>	<b>Composite Optimum Recommended Standard</b>
Screening/Hotline	0.36	0.78	1.00	1.69
Emergency Response	7.35	7.19	8.91	11.75
Family Maintenance	3.32	3.97	8.19	11.44
Family Reunification	4.30	4.97	7.46	9.72
Permanent Placement	2.15	2.37	4.90	7.07

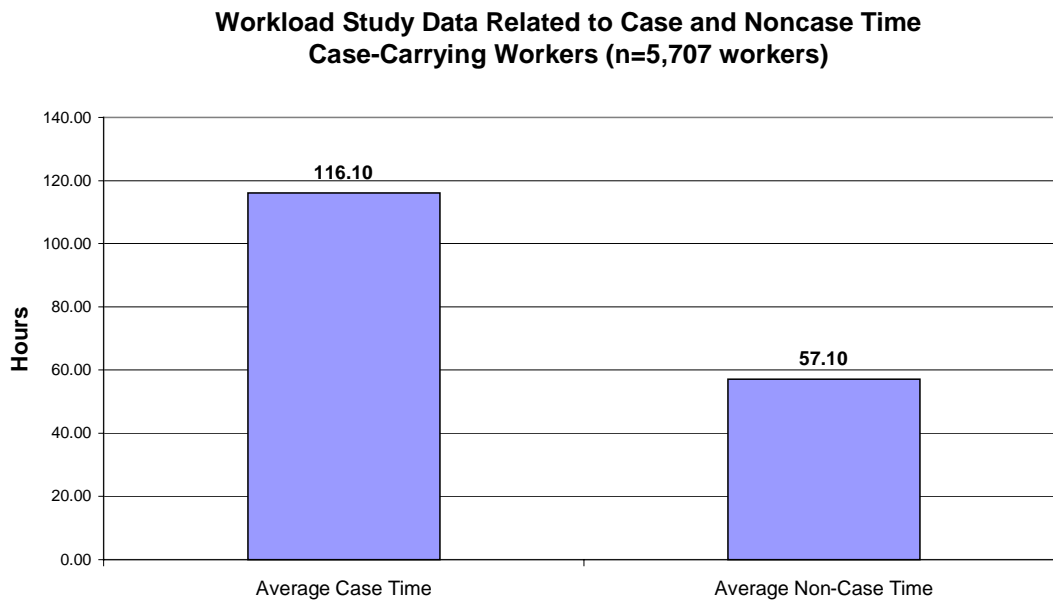
**Noncase-Related Time**

Noncase-related time is the time spent in performing tasks that are not directly related to services for children and families or taking leave benefits. Time expenditure in this category includes

leave, training, administrative documentation, and so forth. Noncase-related time is an important aspect of work measurement since noncase time must be deducted from the time available to serve cases.

Results from this study for case-carrying workers show that in California the average amount of noncase-related time per worker is 57.10 hours per month. This is approximately 33% of time in noncase-related activity, a number that is consistent with other studies of child welfare services workload. For example, in Rhode Island noncase time ranged from 38 to 59 hours per month and in Washington State noncase time was 50.55 hours per month. A total of 116.10 hours per month on average is available for workers to provide direct services to cases, or 67% of time. The estimate reflects data supplied from 5,707 case-carrying workers from throughout the state. These results are illustrated in Figure IV.03 below:

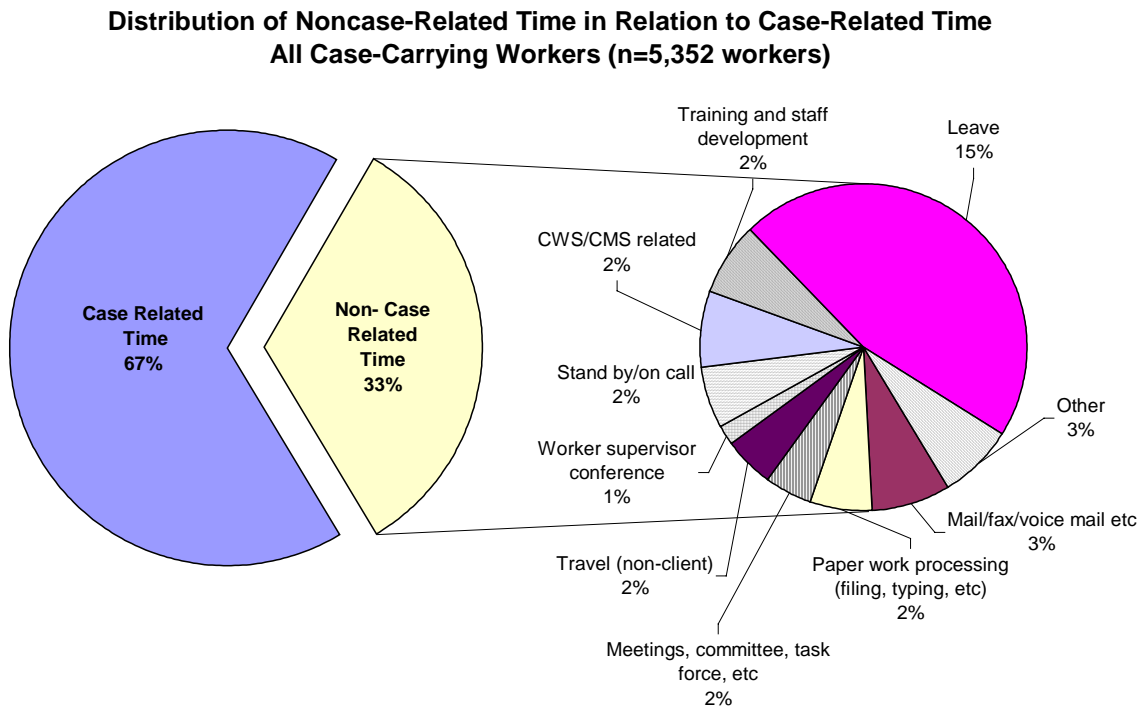
Figure IV.03



A typical concern is how noncase-related time is expended. In the case of California workers, the distribution is fairly consistent with findings from other states. The majority of noncase-related time is spent in leave (15% of total available time and 45% of noncase-related time). Other noncase-related time is spent in a range of areas that is distributed fairly evenly and include training, mail/e-mail/faxing, using the administrative functions of the CWS/CMS

(including waiting time), paperwork processing, participation in meetings, and task forces. The distribution of noncase-related time is shown in Figure IV.04.

Figure IV.04



Of some interest is the amount of time spent in training and staff development. Currently, the workload study measurement indicates that 2% of time is spent in this category by the average worker. If coupled with supervisory conferences (1% of total time), this amount of time is about 3% of all caseworker time. This subject will be examined further under the special studies section of this report as an aspect of best practices.

## ii) Policy-Related and Optimum Standards

### **Policy-Related Standard Setting**

As recognized at the outset of this project, there have been numerous policy changes and new legislative mandates in the 15 years since the California Department of Social Services last set workload standards and connected them to the Department's budgeting methodology. These changes affect practice in every core area studied in the work measurement portion of the study. They have also raised new expectations for the best practice and innovative practice modalities studied in the special studies portion of this project. Taken together, they provide additional justification for expanding the resources available to carry out child welfare work and revising workload standards to accommodate the demands of current policy mandates.

As an example, consider the standards related to Unit of Service 403D Family Preservation and Support - Intensive Home-Based Services. The standard setting groups reviewing this area recommended that the average hours per month, set as minimum standard in this area, be increased from the current 3.88 hours per month to 11.58 hours per month. This may seem to be a very large increase until one considers that 15 years ago there was no federally mandated family preservation and support services program. However, in the intervening years, there have been major federal policy changes in this area. These include the enactment of the Family Preservation and Support Services Program in 1993 in Public Law 103-66 as a mandate to all 50 states. Subsequently, the program has been renewed as part of the Adoption and Safe Families Act of 1997 (ASFA), under the name of Promoting Safe and Stable Families (42 U.S.C. §629a). With such major changes to policy, it is not surprising that the implicit impact on practice has been to redirect and strengthen worker efforts in this area. Federal ASFA mandates to prioritize child safety and to more quickly terminate parental rights when children cannot safely return home have implicitly placed the emphasis on providing more thorough, intensive services to families at the outset of a case when the child remains in the home. In some counties, workers have not been able to provide these services, and the agency contracts with other community providers. When that is the case, the measured time for this unit of service will primarily reflect the case management function rather than intensive service provision. The focus groups, however, set time standards to reflect the time required to provide direct family preservation

services. Thus, two standards may be applicable in this area, depending whether or not the county provides these services directly or contracts with other providers.

Many other policy changes have also affected practice standards in the past 15 years. Key among recent changes is the implementation of new standards for assessment of relative/kinship homes. These standards significantly increase the scrutiny of such placements at a time when they are likely to be a resource more utilized by workers due to the ASFA mandates. In addition, the Health and Education Passport requirements, enacted in California in 1991, are believed by The California Partnership for Children to have never fully realized their promise of ensuring the transmission of vital health and education information about children to out-of-home caregivers due to inadequate practice time to implement these requirements. These and the other policy changes discussed all militate in favor of establishing revised workload standards that more closely reflect current practice, that allow workers to meet policy mandates, and that will serve as a means to meet best practice goals.

### **Minimum and Optimum Workload Standards**

It will not be possible for staff to always achieve an optimum workload standard, therefore, a range from minimum to optimum has been set. It is expected that staff will be able to achieve something approaching best practices with appropriate staffing/workload. The appropriate level of staffing to meet current policy-based requirements would likely be achieved if the minimum workload standards are used for funding. Consistently operating from a best practices standpoint and substantially improving outcomes for children and families would be the anticipated result of implementing the optimum standards.

Measured time from the work measurement study and the minimum and optimum workload standards presented in the tables in this section are all stated in average hours per month per worker per unit of service.

A specialized, virtual caseload has been calculated for the measured time and for each standard, which reflects the caseload for a staff person performing only that one unit of service. Few staff would actually be carrying caseloads specialized in only one unit of service. But the mathematical calculation that converts time into virtual caseloads provides additional understanding of the magnitude of the standards.

The formula for converting workload time into specialized caseload capacity divides the case-related hours available per month per worker by the average hours per unit of service per month, per worker.

**Formula for Converting Hours per Month into Caseload Capacity**

***Case-Related Hours/Month ÷ Average Hours/Unit of Service/Month = Caseload***

**Example:**

Based on 116.10 hours of available case-related time each month	For a Unit of Service requiring 7.0 hours per month	16.59 cases could be worked each month
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For each Basic Program Area and for each Unit of Service considered, there is a table providing the current measured time and caseload, the minimum time/caseload, and the optimum time/caseload. For the basic program areas, the minimum and optimum standards are composites, which are intended for use in the PCAB allocation system. The standards set for units of service, which are more specific sub-tasks under the core program areas, are intended to provide additional detail into time requirements in these areas. The discussion for each program area includes:

- a review of significant state and federal policies that have raised minimum standards and increased workload,
- a list of specific factors identified by the standard-setting focus groups as the key areas that are currently being short-changed and/or that need more time to provide adequate service, and
- a consideration of relevant child welfare outcomes.

These outcomes, for which significant improvement would be expected if optimum standards were used, were identified in a 1998 Report to the Legislature: Outcome Measures, Process Measures, and Conditions in the Child Welfare System.

The standard setting groups identified several common areas they would want to see changed for all program areas if the recommended higher standards were adopted. For example, most of the groups setting the standards, regardless of the program area, said that more time for client and collateral contacts was needed. Also, there was universal agreement in the focus groups that the CWS/CMS statewide computer system requires considerable extra time that would not always

have been captured in the current workload study because coding of other tasks masked some of the time and energy spent waiting for or using the system. Another issue raised across focus groups was the need for more travel time when the family or the out-of-home placement was at a great distance or changed during service to the case. Both of the latter issues are examined in more detail in the Special Analysis section of this chapter.

**Emergency Response Standards**

**Proposed Changes in Emergency Response Standards  
Summary of Workload Study Justification, Policy, Focus Groups and Outcomes**

<b>CWS Basic Program Area</b>	<b>Current Workload Standard</b>	<b>Measured Workload</b>	<b>Composite Minimum Recommended Standard</b>	<b>Composite Optimum Recommended Standard</b>
Screening/Hotline/Intake (ERA)	0.36	0.78	1.00	1.69
Caseload	322.50	148.85	116.10	68.70
Composite Emergency Response	7.35	7.19	8.91	11.75
Caseload	15.80	16.15	13.03	9.88

In the following table, within each unit of service, the first line presents hours measured or recommended, and the second line presents caseloads corresponding to those hours.

<b>Unit of Service</b>	<b>Measured</b>	<b>Minimum</b>	<b>Optimum</b>
204A Dependency Investigation Activities	8.30	11.35	16.35
Caseload	13.98	10.23	7.10
300A Screening/Hotline/Intake	0.78	1.00	1.69
Caseload	148.84	116.10	68.70
301B Investigation (ER)	6.72	7.86	9.98
Caseload	17.27	14.78	11.64
302C Court Intervention (ER)	6.21	9.77	13.67
Caseload	18.68	11.89	8.49

## **Changes in Local or California Policy Standards**

In 1991, Child Welfare Services in California were reorganized into one program with four components, Emergency Response, Family Reunification, Family Maintenance, and Permanent Placement (SB 1125, Chapter 1203, 1991). Under current practice, whenever a child in California is reported as “endangered by abuse, neglect, or exploitation” an initial intake and evaluation of risk is required (Welfare and Institutions Code §16504). For each new allegation the emergency response protocol must be followed and a full in-person investigation performed if warranted (CDSS MPP §31-105 and AB 60, Chapter 780, 1991). The extensive information that must be gathered under the emergency response protocol has substantially impacted the time required to respond to new allegations. In addition, an investigation is often required when there is a new allegation. Investigations have their own set of required elements including in-person contacts that can be time consuming.

To give an idea of time required, the following is a listing of the very specific and extensive information that must be gathered under the current Emergency Response Protocol in order to determine if an in-person investigation of a new allegation is necessary. Pursuant to CDSS MPP §31-105, all local departments are required to follow this protocol or an approved substitute that contains these minimum elements. Mandated information to be gathered includes:

- child (name, birthdate, sex, ethnicity, primary language, current location, name/address of school or daycare, location/phone number of each absent parent),
- referral (time, date, alleged incident location),
- reporter (name, relationship to child, agency affiliation, address, phone number),
- each adult in household (name, relationship to child, birthdate, ethnicity, current location, phone number),
- alleged perpetrator (same elements as for other adults, and information on access to child),
- each minor child in family (name, birthdate, sex, ethnicity, primary language, current location, name/address of school or daycare, location/phone number of each absent parent),
- description of the alleged incident and risk factors including:
  - precipitating incident (severity & frequency, location & description of injury, history of abuse or neglect),
  - child characteristics (age, vulnerability, special circumstances, behavior),



- caretaker characteristics (ability to care for child, interaction with children, other caretakers, parenting knowledge/skill, substance abuse, criminal behavior, mental health),
- family factors (relationships, support systems, history of abuse or neglect, presence of parent substitute),
- environmental conditions, and
- family strengths,
- records review, and
- collateral contacts (date, name, affiliation/relationship to child, summary of information).

Another factor impacting the time required for social workers performing the screening/hotline function has been the addition of a number of types of additional mandated reporters and some expansion in the definition of what constitutes reportable abuse. These changes have increased the number of referrals that must be responded to and have increased the number of reports of abuse or neglect that additionally needed to be reported to other agencies (e.g., law enforcement, district attorney and Department of Justice). The response to the referrals must then be coordinated along with additional training needs for staff on how to address these new issues.

The following specific changes of this type have taken place:

#### Mandated Reporters:

- SB 1695, Chapter 1695, 1992, added District Attorney child support investigators and child visitation monitors as mandated reporters.
- AB 1133, Chapter 132, 1991, and AB 3521, Chapter 931, 1990, adds employees of youth recreational organizations and parole officers to the list of child care custodians who are mandated reporters.
- SB 665, Chapter 510, 1993, adds firefighters and animal control officers as mandated reporters.

#### Additional reportable abuse:

- AB 327, Chapter 83, 1997, added statutory rape to the definition of reportable child sexual abuse.

In addition, if it is determined that a full in-person investigation will be performed, policy requirements for such an investigation must be followed (CDSS MPP §31-125). These requirements include in-person contacts with:

- the child and at least one adult who has information regarding the allegation,
- all children present at the time of the initial in-person investigation,

- all parents who have access to the child, and
- collateral contacts with persons having knowledge of the condition of the children.

If there is imminent danger to the child or an immediate risk of abuse, neglect or exploitation, the investigation must be conducted immediately (CDSS MPP §31-115). In 1987, the laws were changed (SB 1219, c.1459) to require that the in-person investigation, if indicated, must be conducted within 10 calendar days. In 1995, the law (AB 908, c. 307) was changed to require an in-person response within 20 days to a report of a minor parent's pregnant or parenting teenager's jeopardy in the home of a senior parent.

With the passage of AB 1579 (c. 469) in 1994, social workers, during the investigation phase, were required to assess whether the child can stay with the non-offending caregiver, whether that caregiver can protect the child, and whether the perpetrator will voluntarily leave the home and stay out. Additionally, the social workers were to document their assessments in the detention hearing court report.

In 1996, SB 86 (c. 36) required that a social study be completed for jurisdictional hearings, and that social workers be available for cross-examination on these reports. This has increased the time required for social workers to be in courtrooms. This change may especially impact the time requirements of Unit of Service 204A – Dependency Investigation Activities.

Several appellate court rulings in the state of California have changed practice standards in emergency response:

- The broad language of Welfare and Institutions Code section 300 embraces a wide variety of concrete medical and/or physical conditions which come within the parameters of serious physical harm or illness or the risk of serious physical harm or illness, for the purposes of the statute. (See (1997) 55 Cal.App.4<sup>th</sup> 559, (1992) 4 Cal.App.4<sup>th</sup> 155 and (1986) 179 Cal.App.3d 156 [domestic violence between the parents]; (1990) 222 Cal.App.3d 1475 [alcohol abuse by the parent together with failure to adequately supervise one's children]; (1992) 2 Cal.App. 4<sup>th</sup> 1372 [a child born with dangerous drugs in its body when the mother used illegal drugs during pregnancy, failed to obtain prenatal care, etc.]; (1990) 221 Cal. App.3d 629; (1991) 1 Cal. App.4<sup>th</sup> 814 [a child's ingestion of illegal drugs]; (1989) 216 Cal.App.3d 1163 [parents' failure to obtain adequate medical treatment]; (1992) 5 Cal.App.4<sup>th</sup> 728 [physical abuse of a child]; (1991) 230 Cal.App.3d 964 [failure to provide a child with adequate and proper nutrition].

- The court affirmed the order removing two girls from the father’s custody, based on, among other evidence, a court-appointed psychologist’s report describing the father’s history of hostility and violence in relationships with others, including women. The expert coined the term “secondary abuse,” which he defined as “children are affected by what goes on around them as well as what is directly done to them.” The case substantially widens the definition of abuse which social workers have responsibility to address ((1996) 52 Cal.App.4<sup>th</sup> 183).
- Although written reports prepared by county welfare departments are admissible at jurisdictional hearings only where the preparer of report is available for cross-examination, once jurisdiction over a minor has been established, admissibility of such reports is no longer conditioned on availability of author for cross examination ((1998) 64 Cal.App.4<sup>th</sup> 1377).
- A recent California Supreme Court decision (Calabretta v. Floyd (1999) 189 F.3d 808) will also have a future workload impact and should be given consideration. This decision states that, absent of consent, exigent circumstances, or a search warrant, neither social workers nor police officers may force entry into a home. This decision will require social workers to obtain search warrants prior to conducting an in-person investigation.

### **Significant Changes in Federal Policy**

Over the past 15 years there have been two significant policy changes that have significantly impacted emergency response activities as well as the resulting court intervention process. In 1993, the first of these significant policy changes occurred with the passage of the Family Preservation and Support Services initiative (P.L. 103-66). The legislation encouraged states to provide services to prevent the removal of children from their homes, and many localities responded with an effort to provide intensive services early on in the response process aimed at preserving families. Local control over these efforts was a hallmark of the federal legislation. However, because states were required to use a portion of federal IV-E funds to provide family preservation services, it can be said, with certainty, that frontline worker efforts early on in the case process were required to meet the federal mandate.

Recent federal law has swung the pendulum, somewhat in the opposite direction, with passage of the Adoption and Safe Families Act in November 1997. Although family preservation efforts remain in federal policy under the name “Promoting Safe and Stable Families,” the ASFA legislation clearly promotes the child’s health and safety as the “paramount concern” for child welfare services. As a result, greater action is now required at intake to ensure that children are placed outside the home immediately if certain aggravated circumstances would endanger their safety if they remain in the home (42 U.S.C. §671 (a)(15)).

Participants in the focus groups identified numerous areas where additional time above what they currently spend is needed to meet minimum regulatory requirements and to ensure that quality casework is maintained.

### **Screening and Intake Activities**

- Identification of preventive pre-placement services that result in fewer children entering the system. Additional time up front can save time and money later.
- Improved ability to appropriately screen cases in or out at the front end.
- Review of prior referrals more in-depth and accurately. The addition of more time results in more thorough assessments of safety and risk.
- Improved follow-up on clients (e.g., children with multiple last names or aliases) will result in complete identification and assessments of family members.

### **Investigation**

- More client contact to ensure that assessments are as complete as possible.
- Getting better parent information, especially criminal history, will result in increased safety assessments for children.
- More time to prepare and work with the family ensuring that they understand the reason for CPS involvement and are involved in case planning.
- Increased time for more collateral contacts. This allows the social worker to better identify and understand the risk and needs of children and families.
- More time to collect better evidence to build a better case and document the evidence, especially for referrals and for court.
- More time needed to do investigations with law enforcement. This would result in thorough investigations and a fuller understanding of safety and risk factors for children.

### **Assessment and Planning**

- Increased time for assessment and planning that results in more comprehensive case plan development. This includes the need for more contacts with foster families and relatives. More time is needed to engage in a family-centered approach.
- More time is needed for improved safety and risk assessments
- Increased time for identifying and assessing relative placements. Currently we take shortcuts that result in multiple and unnecessary placements for children.
- Improved face-to-face contact with clients (children and parents). Need to talk with both parents, where available, and there is no time for this now. Shortcutting efforts with fathers results in poor case plan development and assessments. Improved discussions with the child about foster care will result in better placements and less placement failures.

- More time for handling Native American cases. Current shortcuts result in children being placed in non-Indian homes and delays in notification of tribal authorities.
- More time is needed to do better placement searches, resulting in the most appropriate homes being found for children and their needs, and compliance with ASFA.
- Increased time conducting relative placement searches and family conferences could keep many cases out of court.

### **Case Documentation**

- Need more time to do CMS (computer) clean-up, mergers, and attachments resulting in fewer entries being required and current household composition being easier to identify.
- To adequately prepare files and refer for the next social worker.
- Write better intakes and distribute more timely, and reduce input errors.
- Answer all the standardized questions.
- Improved screener narrative containing the entire ER referral from CMS.
- Need better documentation to support referrals provided to the families

### **Service Delivery**

- Need to do social work, not just the legal aspects of the work. More time spent with the family reduces the rate of re-referral.
- Follow-up on referrals, especially substance abuse referrals, to determine compliance and assess for the need to remove a child.
- Reviewing prior referrals and case history for risk factors to identify possible safety issues for the child.
- Better supervised visits with parents and children, as visitation is vital to the success of the case plan.

### **Administrative**

- Because of the high staff turnover in screening/hotline/intake positions, more time is needed for training.

The following child welfare outcomes, pertaining to emergency response, were identified in the March 1998 Report to the Legislature: **Outcome Measures, Process Measures, and Conditions in the Child Welfare System.**

- Families who are referred to child protective services receive voluntary services.

In addition to the CDSS outcomes, the federal requirements in ASFA mandate the development of outcomes to address safety, permanence, and well-being.<sup>4</sup> The outcomes applicable to emergency response in California include the following:

- Reduce recurrence of child abuse and/or neglect.

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<sup>4</sup> Part E of title IV of the Social Security Act (42 U.S.C. 670 et seq.)

**Family Maintenance Standards**

**Proposed Changes in Family Maintenance Standards  
Summary of Workload Study Justification, Policy, Focus Groups, and Outcomes**

<b>CWS Basic Program Area</b>	<b>Current Workload Standard</b>	<b>Measured Workload</b>	<b>Composite Minimum Recommended Standard</b>	<b>Composite Optimum Recommended Standard</b>
Family Maintenance	3.32	3.97	8.19	11.44
Caseload	34.97	29.27	14.17	10.15

<b>Unit of Service</b>	<b>Measured</b>	<b>Minimum</b>	<b>Optimum</b>
400A Investigation/New Allegation-FM Caseload	3.84 30.21	4.70 24.68	7.53 15.41
401B Voluntary Services Caseload	4.15 28.00	6.18 18.78	8.74 13.28
402C Court-Ordered Services Caseload	3.85 30.14	7.87 14.75	10.83 10.72
403D Family Preservation and Support- Intensive Home Based Services Caseload	3.88 29.94	11.58 10.03	16.45 7.06

**Changes in Local or California Policy Standards**

Policies regarding emergency response requirements are uniform for all program areas. Policy requirements for the emergency response area are described under the appropriate headings for Emergency Response described above and not repeated here. However, because the policy is the same, the time impacts associated with providing emergency response services are expected to be comparable when conducted in this program area.

California law and policy have provided, since 1982, that prior to entering into a voluntary placement agreement with a parent or guardian, the social worker shall make every attempt to

keep the family together by offering appropriate child welfare services (except for voluntary placements pending relinquishment). Current policy also requires social workers to obtain written consent from parents for any voluntary services that are provided. Voluntary services were limited to six months duration in 1982 and, since 1991, the extension of services for an additional six months has required the approval of an administrative review board (making extension of voluntary services a more time-consuming process for social workers) (California Welfare and Institutions Code §16507.3 (c)). SB 1195, c. 1122, '86 authorizes use of FR services to non-custodial parents.

The provision of Family Maintenance services in California is conditioned on the completion of an assessment of the child and family and on development of a specific case plan for service provision. Over the past 15 years, numerous policy changes at both the state and federal levels have made the assessment and case planning process more complex and extensive in an effort to make it more responsive to the needs of children and families. These changes (the details of which are summarized below) require that social workers expend more time on Family Maintenance case practice.

Assessment information that is now required in case plans includes:

- Relevant social, cultural, & physical factors for child, child's parents or guardians, other significant persons residing in the home. (CDSS MPP §31-205.11)
- Apparent problems & strengths for problem resolution. (CDSS MPP §31-205.12)
- Whether child can safely remain in home if preplacement preventive services are provided and which services. (CDSS MPP §31-205.13)
- Special services needed by child if child is a parent. (CDSS MPP §31-205.14)
- Known social services previously offered to family. (CDSS MPP §31-205.16)
- Need, if known, for health or medical care. (CDSS MPP §31-205.18).

In addition, some specific California policy and statutory changes that have impacted the provision of Family Maintenance services include:

- the requirement for case plan updates no less frequently than every 6 months on voluntary cases (CDSS MPP §31-235),
- requirements that Family Maintenance services be provided to minor parents who are reported to be in jeopardy in the home of a senior parent until the minor parent reaches age 18 (AB 908, c. 307, 1995),



- legislation requiring diligent efforts to keep siblings placed together or provide frequent visitation for siblings placed apart (AB 2129, c. 1089, 1993, and SB 17, c. 663, 1994),
- FM services may be given to non-custodial parents (SB 1195, c. 1122, '86).

Case planning is further complicated and lengthy as a result of AB 1542 (c.270) passed in 1997 that required coordination with the CalWORKs program and child welfare services. CalWORKs is the state's implementation of the federal TANF Act of '96. It requires coordination of the CPS FR/FM plan with the parent's welfare to work plan. It requires the CPS worker to assess needy relative caregivers for exemption from work activities required by TANF. AFDC-Foster Care eligibility is de-linked from CalWORKs, requiring separate eligibility determinations.

### **Significant Changes in Federal Policy**

Enactment of the federal Family Preservation and Support Services Program by the federal government, and subsequent California legislation implementing this program in 1994 (AB 3364, c. 961), significantly impacted localities throughout California. Under this program, counties were required to allocate set percentages of the federal funding to providing both family preservation and family support services through locally established programs. Some counties chose to do so by establishing specific units or worker specialties in these areas, significantly increasing the amount of social worker time devoted to the provision of these specific services. These types of services have remained a part of good social work practice through the continuation of the federal program under the Adoption and Safe Families Act of 1997 under the new name of "Promoting Safe and Stable Families."

Implementation of the Adoption and Safe Families Act of 1997 has compressed time frames for the provision of Court-Ordered Family Maintenance services through its requirement that a permanency planning hearing be held within 12 months.

Participants in the focus groups identified numerous areas where additional time above what they currently spend is needed to meet minimum regulatory requirements and to ensure that quality casework is maintained.

### **Court-Ordered Services**

- More adequate and thorough documented court reports for case planning.
- More time for pre-court preparation so that time in court is as productive as possible.

### **Assessment and Planning**

- More time for additional case conferencing and for contact with collaterals for better case planning.
- More time to better coordinate and find services and especially to coordinate services with CalWORKs, so that available resources are brought to bear on resolving family problems.

### **Case Documentation**

- More time to complete CWS/CMS adequately so that records are accurate and helpful to case management.
- More time to improve documentation so that full and accurate pictures of the child/family are available.

### **Service Delivery**

- More time for communicating with collaterals to track case progress.
- More time to increase frequency and intensity of client contacts, especially face-to-face contacts, and more time to enhance relationship building to improve chances for successful family maintenance.
- More time for monitoring child safety and for making safety arrangements for the children, including time to make unannounced visits to homes, to better ensure child safety.
- More time to follow up on services to ensure that clients are participating and are getting the right services and are benefiting from them (Why waste time and money if there is no significant benefit?).
- More time is needed to mentor and teach parents to better ensure family maintenance.

## **Administrative**

- Need more time to accurately translate Spanish language material into English for entry into the CWS/CMS computer system so that accurate and complete records are available for this population.
- Need more time to improve case management so that workloads and resources can be more efficiently allocated.

The following child welfare outcomes pertaining to family maintenance were identified in the March 1998 Report to the Legislature: **Outcome Measures, Process Measures, and Conditions in the Child Welfare System.**

- Families access community services systems to provide an alternative to involvement with the child welfare services system.
- Families of children who received in-home child welfare services show improved ability to care for their children in safe manner.
- Families who are referred to child protective services receive voluntary services.

In addition to the CDSS outcomes, the federal requirements in ASFA mandate the development of outcomes to address safety, permanence, and well-being. The outcomes applicable to family maintenance in California include the following:

- Reduce the incidence of child abuse and/or neglect.

**Family Reunification Standards**

**Proposed Changes in Family Reunification Standards  
Summary of Workload Study Justification, Policy, Focus Groups and Outcomes**

<b>CWS Basic Program Area</b>	<b>Current Workload Standard</b>	<b>Measured Workload</b>	<b>Composite Minimum Recommended Standard</b>	<b>Composite Optimum Recommended Standard</b>
Family Reunification	4.30	4.97	7.46	9.72
Caseload	27.00	23.36	15.58	11.94

<b>Unit of Service</b>	<b>Measured</b>	<b>Minimum</b>	<b>Optimum</b>
500A Investigation/New Allegation-FR	3.84	5.13	7.19
Caseload	30.24	22.65	16.16
501B Work with Children in Out-of-Home Care, Voluntary	2.61	4.11	5.91
Caseload	44.51	28.27	19.66
502C Work with Children in Out-of-Home Care, Court Ordered	4.50	6.34	8.24
Caseload	25.83	18.32	14.09
503D Services to Parents with Children in Out-of-Home Care, Voluntary	2.60	3.72	5.32
Caseload	44.65	31.24	21.84
504E Services to Parents with Children in Out-of-Home Care, Court Ordered	3.96	5.29	6.89
Caseload	29.32	21.93	16.84

## Changes in Local or California Policy Standards

Policies regarding emergency response requirements are uniform for all program areas. Policy requirements for the emergency response area are described under the appropriate headings for Emergency Response described above and not repeated here. However, because the policy is the same, the time impacts associated with providing emergency response services are expected to be comparable when conducted in this program area.

As is the case for Family Maintenance, the provision of Family Reunification services in California follows the completion of a full assessment and the development of a case plan. The requirements for assessment and case planning listed in the section for Family Maintenance developed for this project apply as well to assessments and case plans developed for Family Reunification services. In addition to those requirements, Family Reunification case planning also involves:

- whether the child was removed based on circumstances or parental conduct that constituted aggravated circumstances under California law (e.g., parent killed another child, severe physical or sexual abuse, torture, abandonment, or others listed in law), what those circumstances were and whether not providing FR would be detrimental (CDSS MPP §31-205.15, California Welfare and Institutions Code §361.5(b), 42 U.S.C. §671 (a)(15), 45 CFR 1356.21 (b)(5)),
- relatives who could assist with permanency if FR services fail (CDSS MPP §31-205.17),
- need, if known, for health or medical care (CDSS MPP §31-205.18),
- documentation of whether grandparent visitation is in the best interest of the child (SB 551, c. 913, '89),
- diligent efforts to place siblings together, plan for frequent visitation for siblings placed apart and documentation in the case plan (AB 2129, c. 1089, '93 and SB 17 663, '94).
- Reasonable reunification services tailored to the parents' individual needs must be offered before parental rights may be terminated. (In re Joanna Y. (1992) 8 Cal. App. 4<sup>th</sup> 433),
- FR services do not have to be limited solely to the allegation made in the petition. This widens the possible scope of services involved in FR cases. (In re Christopher H. (1996) 50 Cal. App.4<sup>th</sup> 1001),
- FR services may also be offered to non-custodial parents (SB 1195, c. 1122, '86)

- Juvenile courts may order reunification services beyond the normal 18-month statutory limit. This impacts social worker caseload as it requires cases to be kept open and services provided for longer periods than the statutes provide for. (Mark N. v. Superior Court (1988) 60 Cal. App. 4<sup>th</sup> 996; In re Elizabeth R. (1995) 35 Cal. App. 4<sup>th</sup> 1774, 1790-1792; In re Daniel G. (1994) 25 Cal. App. 4<sup>th</sup> 1205, 1213-1214; In re Dina E. (1992) 6 Cal. App. 4<sup>th</sup> 1768, 1777)
- In re Joel T. (1999) 70 Cal. App. 4<sup>th</sup> 263, has the potential significantly to increase social worker caseload. The Court of Appeal held that although the mother had received 18 months of family maintenance services, the provision of reunification services was required when the child was thereafter removed from the parent. This ruling increases the time set by statute that a case may be open and services provided.

Case planning is also more complex due to policy requirements that case plans include, for each person named in the plan, measurable, time-limited objectives, documentation of advisement to the parents that they can request adoption counseling and services at any time (added by AB 1544, c. 793, 1997); and list specific services to be provided and who will provide and manage those services. Most importantly, in all cases in which the child is placed out of the home and is receiving Family Reunification services, the case plan must now include two required service tracks: (1) an FR services track and (2) a concurrent planning track that identifies steps to be taken toward permanency if family reunification fails. In addition, health and education information in the form of a health and education passport document or equivalent must be gathered and provided to out-of-home care providers. Contact with these providers must occur once per month (with a face-to-face visit at least every 6 months) with certain exceptions for legal guardians and relatives (CDSS MPP §31-330.2).

Case planning is further complicated and lengthy as a result of AB 1542 (c. 270), passed in 1997, that required coordination with the CalWORKs program. CalWORKs is the state's implementation of the federal TANF Act of '96. It requires coordination of the CPS FR/FM case plan with the parent's welfare to work plan. It requires the CPS worker to assess needy relative caregivers for exemption from work activities required by TANF. AFDC-Foster Care eligibility is de-linked from CalWORKs, requiring separate eligibility determinations. Legislation passed in 1982 (SB 14), 1986 (SB 1195), and 1987 (SB 243) enacted a substantial revision of California dependency law intended to afford children maximum protection from abuse and neglect, reunite families whenever possible, and expeditiously secure permanent homes for children who cannot be reunited with their families. Some of this legislation directly affected practice in family

reunification. The court reviews the parents' progress at the status review hearing held every six months. Parents generally have a maximum of 18 months to reunify with their child. These more narrow time frames require intensification of the social worker's efforts at family reunification.

Additional enhancements to permanency activities include the requirement that workers ask parents about all maternal and paternal relatives. There are newly added enumerated circumstances for not ordering reunification services. Courts are required to make paternity determinations at the detention hearing and order family reunification services to mothers and presumed fathers. Pursuant to this, the social worker is to document in the court report concurrent planning efforts and placement, if any. In 1997, changes brought about through passage of AB 1544 (c. 793) established criteria to assess relatives for placement (see above), require advising birth parents of option of relinquishment, and require the social worker to disclose to relatives, being assessed for placement, reasons the child is in care. Additionally, AB 3441 (c. 495), passed in 1992, required the social worker to ask the parents which relatives they want considered for placement and this must be documented in the court report.

In 1996, the law changed (AB 1524, c. 1083) to expedite permanency in some cases – infants and toddlers under age 3. In these cases, family reunification services may be limited to 6 months. FR may not be ordered at all if there is abandonment, if the sibling has a permanent plan, if the parent is convicted of a violent felony or if there is parental substance abuse. Assessment of these circumstances places a greater load upon the worker.

Further increasing workload, SB 475, c. 820 passed in 1991 requiring Juvenile Courts to determine whether female prisoners and their dependent children should be admitted to Community Treatment programs, based upon the best interest of the child. Review of these cases increases social worker case responsibility, possibly substantially in some counties.

### **Significant Changes in Federal Policy**

The most significant changes in federal policy have been those stated in the Adoption and Safe Families Act of 1997, including the prioritization of child safety, the compressed time frames for attempts to reunify families before proceeding with another permanent plan for the child(ren);

and a formal policy statement that concurrent planning for reunification and for another permanency option is not only acceptable, but is good practice.

Participants in the focus groups identified numerous areas where additional time, above what they currently spend, is needed to meet minimum regulatory requirements and to ensure that quality casework is maintained.

### **Court-Ordered Work**

- More in-depth conferences with attorneys so they understand case.
- Improved adequacy of court reports so that mandate does not over or under utilize resources.
- Adequately prepare parents for court so that they are more able to participate in the process.

### **Assessment and Planning**

- Earlier and more thorough concurrent planning, collaborative planning, and brokering of services so that resources are not wasted and so that resources necessary and available for positive outcomes are brought to bear on a case.
- Better assessment of needs and a better job of referral for services so that services match needs and resources are not wasted.
- Time for collateral contacts and contacts with care providers to ensure that services match needs.
- Forensic multi-disciplinary team interviews require time but help to ensure thorough assessment so that resources are matched to needs and not wasted.
- Relative assessments and searches take additional time since these homes are not identified or screened in advance.
- Parent searches.
- Achieve culturally appropriate services. More detailed, tailored services take additional planning efforts and time.
- Do more thoughtful initial placements and re-placements so that efforts do not have to be duplicated later. Spend more time doing pre-placement visits with foster parents; not doing this results in a lot of replacements.
- Coordinate/communicate more with other workers who have children in the same home so that efforts are not duplicated and so that information is shared.
- Do more in-depth assessment of relative placements so that children are suitably placed.
- Do more case conferencing.



### **Case Documentation**

- More in-depth narratives and better and more timely documentation so that service delivery is appropriate and efficient.
- Appropriately use interpreter services so that records for this population are complete and accurate ensuring that service delivery is appropriate.
- Better job of CWS/CMS (computer) documentation so that records are complete and accurate, facilitating efficient use of resources.

### **Service Delivery**

In service delivery there is a general sense of a need for more and better contacts and a feeling of lack of depth to current work. Depth would add to success with these children/families.

- More client contacts, face-to-face, especially with low-level functioning parents to provide more support to ensure better outcomes.
- Contact with foster parents to provide support, monitor and ensure better outcomes.
- More thorough child contacts to provide support and to monitor.
- Family conferencing.
- Time to work with siblings.
- Time to facilitate more intensive services for parents; this will mean earlier reunifications.
- Time to help families build more supportive relationships in the community. Support systems help prevent re-entry to the system.
- More in-depth problem solving.
- Time to facilitate parent-child visits.
- Time for better follow-up of services to ensure they are working and not wasted.
- For wraparound services.

### **Administrative**

- Deal with licensing regulations in foster homes and/or group homes.
- Work adequately with Indian tribes.

The following child welfare outcomes pertaining to family reunification were identified in the March 1998 Report to the Legislature: **Outcome Measures, Process Measures, and Conditions in the Child Welfare System.**

- Children in out-of-home care are in a safe, healthy living environment.
- Children in out-of-home care shall achieve timely, legal permanence.
- Children removed from home maintain family and/or community ties.

- Families access community systems to provide an alternative to involvement with the child welfare services system.

In addition to the CDSS outcomes, the federal requirements in ASFA mandate the development of outcomes to address safety, permanence, and well-being. The outcomes applicable to family reunification in California include the following:

- Reduce recurrence of child abuse and/or neglect.
- Reduce the incidence of child abuse and/or neglect in foster care.
- Increase permanency for children in foster care.
- Reduce time in foster care to reunification without increasing re-entry rates.
- Increase placement stability.
- Reduce placements of young children in group homes or institutions.

**Permanent Placement Standards**

**Proposed Changes in Permanent Placement Standards  
Summary of Workload Study Justification, Policy, Focus Groups, and Outcomes**

<b>CWS Basic Program Area</b>	<b>Current Workload Standard</b>	<b>Measured Workload</b>	<b>Composite Minimum Recommended Standard</b>	<b>Composite Optimum Recommended Standard</b>
Permanent Placement	2.15	2.37	4.90	7.07
Caseload	54.00	48.99	23.67	16.42

<b>Unit of Service</b>	<b>Measured</b>	<b>Minimum</b>	<b>Optimum</b>
600A Investigation/New Allegation-PP	2.07	4.87	7.28
Caseload	56.02	23.85	15.95
601B Permanency Planning Assessment and Facilitation	2.29	7.94	11.24
Caseload	50.71	14.62	10.33
602C Work with Child/Family/Guardian	2.26	2.50	2.89
Caseload	48.99	46.46	40.23

**Changes in Local or California Policy Standards**

Policies regarding emergency response requirements are uniform for all program areas. Policy requirements for the emergency response area are described under the appropriate headings for Emergency Response described above and not repeated here. However, because the policy is the same, the time impacts associated with providing emergency response services are expected to be comparable when conducted in this program area.

Considerations related to the permanent placement of children are covered in policy in the Department’s Child Welfare Services Manual of Policy and Procedures, §31-425. This section

of the policy manual has undergone substantial change in the past 15 years in accord with amendments to California statutes that:

- prioritized placing children with relatives when possible,
- mandated carefully assessing the suitability of relative placements, and
- gave the court the authority to allow relatives the same capacity as parents to legally consent to a child's medical, surgical, and dental care, and education.

(See California Welfare and Institutions Code, §§ 361.2 and 361.3, as amended by Assembly Bill 1544, Chapter 793, Statutes of 1997, and California Welfare and Institutions Code, § 366.27, as amended by AB 2129, Chapter 1089, Statutes of 1993.)

Prior to 1993, policy required that permanent placement be based on specific listed needs of the child and the capability of out-of-home care provider(s), adoptive parent(s), or guardian(s) to meet the child's specific needs, and other relevant factors even if not listed in policy.

Consideration of the factors listed prior to 1993 alone (i.e., degree of permanency offered by the available alternatives; child's age, sex and cultural background, including racial or ethnic and religious identification; child's health and emotional factors; special needs) is a time intensive practice mandate. Amendments to the statutes made in 1992 and 1993 to further respond to the best interests of children now require preferential consideration of requests by relatives for placement of the child with the relative, specify the priority order in which relatives in different degrees of relation to the child must be considered, and list factors to be considered in assessing the suitability of specific relatives as placements. These statutory amendments (which have been incorporated into policy by reference) require that social workers now additionally consider a set of specific factors for relative placements, some of which are listed below to give an idea of the time impact:

- placement of siblings and half-siblings in the same home,
- good moral character of the relative and any other adult living in the home,
- nature and duration of the relationship between the relative and child,
- ability of the relative to
  - provide a safe, stable, secure home,
  - exercise proper and effective care and control of the child,
  - provide a home and necessities for the child,
  - protect the child from his or her parents,

- facilitate court-ordered reunification efforts with the parents,
- facilitate visitation with the child's other relatives,
- facilitate implementation of the child's case plan, and
- provide legal permanence for the child if reunification fails,
- the safety of the relative's home (which must be assessed and documented in the case record).

In 1991, SB 1125, c. 1203 reorganized Child Welfare Services in the state of California so that there is one program with four components (ER, FM, FR and PP). Further, this legislation requires closer monitoring of children and families, strengthening case plan requirements and tracking changes more closely. Case plans must be written within 30 days of removal. It permits an additional 6-month extension of family reunification services in certain permanent placement cases. DSS must write CWS regulations to conform to SB 1125 (Division 31).

In addition, state statutes have been amended in the last 15 years to conform to the requirements of the federal Adoption and Safe Families Act (see below).

Furthermore, ACL 94-15, 2-15-94 requires the re-determination of deprivation every 6 months on all federal foster care cases, including permanent placement and documentation of good faith efforts to contact parents.

In 1989, AB 2268, c. 1437 and SB 1466, c. 1175 established that appropriate placements for children with special health care needs are the responsibility of the county. The county must implement a plan and train providers. Furthermore, there is a limit of two placements per specialized home.

Since 1990, successive legislation increased the screening of caregivers. In 1990, AB 2617 (c. 1570) required that social workers obtain a full criminal records check, including arrests for the purpose of screening foster and adoptive parents. SB 426 (c. 892, '93) required the social worker to investigate all possible relatives for placement and provides standards for evaluating relatives when re-placing a child. AB 1196 (c. 268, '97) set safety standards for relative's home for placement, including review of criminal records.

With the passage of AB 2129 (c. 1089, '93) and SB 17 (c. 663, '94), state law now required that workers make diligent efforts to place sibling together, to plan for frequent visitation for siblings placed apart, and to document the efforts in the case plan. Additionally, the two bills would require counties to evaluate placement resources, examine out-of-county and out-of-state placements, and develop resources for placement in county.

In 1994, SB 1407 (c. 900) was passed and allowed that juvenile courts may now appoint a legal guardian to the child at the dispositional hearing, in lieu of a dependency, if parents do not want family maintenance or family reunification services, and all parties agree. The social worker must assess the suitability of the proposed guardian.

In 1997 the law changed through the passage of AB 1544 (c. 793) to require additional activities specific to the permanency of children be completed by social workers. These activities include the requirement that workers ask parents about all maternal and paternal relatives. There are newly added enumerated circumstances for not ordering reunification services. Courts are required to make paternity determinations at the detention hearing and order family reunification services to mothers and presumed fathers. Pursuant to this, the social worker is to document, in the court report, concurrent planning efforts and placements if any. These changes establish criteria to assess relatives for placement (see above), require advising birth parents of option of relinquishment, and require the social worker to disclose to relatives being assessed for placement, reasons the child is in care. Additionally, AB 3441 (c. 495), passed in 1992, required the social worker to ask the parents which relatives they want considered for placement and this must be documented in the court report.

Furthermore, in the adoption assessment that is required for the .26 hearing, a case-by-case review of the minor's contact with his extended family must be documented by the worker (SB 475, c. 820, '91).

AB 1524 (c. 1083), passed in 1996, provided that expedited permanency may now occur in some cases—infants and toddlers under age 3. In these cases, family reunification services may be limited to 6 months. FR may not be ordered at all if there is abandonment, if the sibling has a permanent plan, if the parent is convicted of a violent felony or if there is parental substance abuse. Assessment of these circumstances places a greater load upon the worker.

ACL 89-26 expands the application of the Indian Child Welfare Act to non-federally recognized tribes for adoption services. Consequently, ICWA entails additional provisions for the social worker to meet in relation to permanent placement.

### **Significant Changes in Federal Policy**

Federal policy has also imposed additional requirements in the permanent placement arena in the last 15 years. The most significant changes in federal policy have been those stated in the Adoption and Safe Families Act of 1997 (ASFA), to prioritize child safety and achieve permanency for children in the child welfare system more swiftly. These include requirements for:

- placing children outside the home immediately if certain aggravated circumstances would endanger their safety if they remain in the home (42 U.S.C. §671 (a)(15)),
- filing a petition to terminate parental rights (with certain exceptions) when a child has been in foster care for 15 of the most recent 22 months (45 CFR §1356.21 (i)),
- conducting a permanency planning hearing within 12 months of the date that a child is considered to have entered foster care (formerly the requirement was 18 months and the hearing was denominated as a “dispositional hearing”). ASFA further requires that at the permanency hearing, a permanency plan must be developed that includes whether, and as applicable when, the child:
  - will be returned to the parent,
  - will be placed for adoption and the state will file to terminate parental rights,
  - will be referred for legal guardianship, or
  - if there is a documented, compelling reason that it is not in the best interests of the child to be placed for adoption, with relatives, or in legal guardianship, to determine another “planned permanent living arrangement” for the child (42 U.S.C. §675 (5)(c)).

Due to inadequate time, support, and resources, staff members are burning out. Participants in the focus groups identified numerous areas where additional time above what they currently spend is needed to meet minimum regulatory requirements and to ensure that quality casework is maintained. Current policy and good practice requires workers to spend more time in the following areas:

#### **Permanency Planning and Assessment**

- Finding resources so that permanency can be provided.

- Working with service providers so that contacts are maintained and so that service provision is monitored.
- Preparing proper plans to reduce court contests which cost resources.
- For conducting better assessments of parent/child relationship and client history so that information regarding permanency is accurate and complete.
- Matching child with placements so that services provided are appropriate and support permanency efforts.

### **Case Documentation**

- Adequately inputting information into the CWS/CMS and doing more in-depth documentation and writing reports so that records are complete and resource allocation is based on accurate and complete information.

### **Service Delivery**

- For contacts, especially face-to-face contacts, with the family and children.
- Training relatives as is required for foster parents.
- Facilitating parent/child visitations.
- Collaboration and follow-up with other agencies. Coordinating with public health.
- Working with long-term guardians.
- Following up on treatment to ensure that it is appropriate and adequate.
- Preparation of child for adoption.
- Preparation of parents for separation.
- Educating adoptive parents.

### **Administrative**

- Case management work in order to reduce placement moves for children and conserve resources on current placements.
- Supporting and preserving resources for future placements.

The following child welfare outcomes pertaining to permanent placement were identified in the March 1998 Report to the Legislature: **Outcome Measures, Process Measures, and**

### **Conditions in the Child Welfare System**

- Children aging out of foster care shall be able to meet their basic needs.
- Children in out-of-home care are in a safe, healthy living environment.
- Children in out-of-home care shall achieve timely, legal permanence (reunification, adoption, guardianship).



- Children removed from home maintain family and/or community ties.

In addition to the CDSS outcomes, the federal requirements in ASFA mandate the development of outcomes to address safety, permanency and well-being. The outcomes applicable to permanent placement in California include the following:

- Reduce time in foster care to adoption finalization.
- Increase placement stability.
- Reduce placements of young children in group homes or institutions.

### Other Program Services Standards

While the prior four program areas are the core program areas against which PCAB funding levels are set, additional program areas were addressed by the standard setting focus groups as well. These additional areas were: Prevention and Community-Based Collaboration, Out-of-home Care and Licensing, and other Program Services (OTI, ICPC, Inter-County, Non-CWS home study). The results of the time estimations made by the standard setting groups for these other program areas may be of use at the county level for allocating worker time and at the state level in the future if PCAB allocation standards are revised to include them.

**Prevention and Community-Based Collaboration Standards**

**Proposed Changes in Prevention and Community-Based Collaboration Standards  
Summary of Workload Study Justification, Policy, Focus Groups and Outcomes**

<b>Unit of Service</b>	<b>Measured</b>	<b>Minimum</b>	<b>Optimum</b>
221A Child Abuse Prevention Caseload	2.34 49.62	3.33 34.86	6.00 19.35
222B School/Center/Police-Based Prevention		NSS	NSS
200A Collaborative/Direct Services (CWS) Caseload	2.07 56.09	4.54 25.57	8.16 14.23
201B Collaborative/Direct Services (Non-CWS) Caseload	2.51 46.25	4.54 25.57	8.16 14.23
202C Collaborative/Planning (CWS) Caseload	1.61 72.11	2.33 49.83	4.33 26.81
203D Collaborative/Planning (Non-CWS) Caseload	1.81 64.14	2.00 58.05	3.50 33.17

**Changes in Local or California Policy Standards**

The county shall establish a system of preplacement preventive services for children through liaison with the courts and with probation, law enforcement and other public and private agencies. The system shall provide for cooperative working arrangements with other county and community agencies for receiving referrals and developing remedial resources for the protection of children (CDSS MPP Sec. 31-005.1.11).

The county shall encourage community planning by delineating children’s needs, encouraging and assisting in developing and planning of services which reduce the need for out-of-home care; developing and expanding facilities which can provide care, supervision and services; and developing and expanding services and activities that are beneficial to children (CDSS MPP Sec. 31-005.14). Furthermore, the county must establish working relationships with the court to delineate responsibility for maintenance of confidentiality of records of parent and children, enforcement of court orders and reporting of developments to the court (CDSS MPP Sec. 31.005.15). The county shall contact each health care facility in the county that provides acute

care to infants to obtain the name, title and telephone number of the person who is designated to act as a liaison to the county for medically neglected infants as defined in CDSS MPP 31-002(n)(1). Furthermore, the county shall at least, once a year, recontact each health care facility to update information (CDSS MPP Sec. 31-005.17).

Furthermore, the county may use volunteers to supplement professional child welfare services. They must ensure that volunteers comply with all statutes and regulations governing the child welfare services program (CDSS MPP 31-305.1.11).

In 1993 Senate Bill 35 (c. 69) established the Special Care Incentives program (SCIAP) for special need payments for foster children in basic rate homes. The establishment of foster care eligibility has become more difficult.

Senate Bill 997, c. 1303, passed in 1989, authorized the county Board to establish an Interagency Children's Services Coordination Council. Duties include identification of gaps in service, interagency case management and county planning for service delivery. It also allows the council to request waivers of state regulations that act as barriers to collaboration. Furthermore, the passage of AB 3010 (c. 1688) in 1990 authorized counties to create local Perinatal Coordinating Councils to be eligible for planning grants. In 1988, passage of AB 3871 (c. 1314) established pilot projects for child abuse prevention and treatment. It authorized establishment of multidisciplinary teams, training and qualifications of members, and disclosure of information. As a consequence, more social worker time is spent in collaboration with non-CWS entities.

### **Significant Changes in Federal Policy**

Changes in federal policy have not significantly affected these Unit of Service areas.

More time is needed for prevention efforts and for collaborative work. Spending no more time than currently is available for prevention work leaves children at risk of harm. One group felt that all workers should spend 25% of their time on preventive activities. Current prevention efforts barely touch Federal guidelines, according to the focus group response. If Best Practices

are to be implemented, much more time should be allocated for prevention efforts. Then, perhaps as a result, the number of child abuse/neglect referrals received would be reduced.

The focus groups raised the concern that the reasonable amount of effort for effective collaboration should be 75% of total staff work. The following areas were identified by focus groups as areas of work requiring more time so that regulatory requirements are met and so that quality work is maintained.

### **Prevention**

- Making referrals to community resources.
- Increasing community awareness (speeches, meetings, training, etc.).
- Developing better training materials and handouts for the community.
- Developing resources, especially in small counties.

### **Collaborative Services**

- Work with multi-disciplinary teams.
- Expand efforts by working with volunteers.
- True collaboration efforts would include attending meetings and developing relations with other community agencies.

The following child welfare outcomes pertaining to prevention & collaboration services were identified in the March 1998 Report to the Legislature: **Outcome Measures, Process Measures, and Conditions in the Child Welfare System.**

- Families access community systems to provide an alternative to involvement with the child welfare services system.

## **Out-of-Home Care and Licensing Standards**

### **Proposed Changes in Out-of-home Care and Licensing Standards Summary of Workload Study Justification, Policy, Focus Group and Outcomes**

<b>Unit of Service</b>	<b>Measured</b>	<b>Minimum</b>	<b>Optimum</b>
700A Investigation/New Allegation-OHC Caseload	3.72 31.21	7.68 15.12	9.88 11.75
702C Recruitment, Inquiries and Preliminary Screening of Licensed Foster Parents and Relative Homes Caseload	1.27 91.42	NSS NSS	NSS NSS

#### **Changes in Local or California Policy Standards**

Policies regarding emergency response requirements are uniform for all program areas. Policy requirements for the emergency response area are described under the appropriate headings for Emergency Response described above and not repeated here. However, because the policy is the same, the time impacts associated with providing emergency response services are expected to be comparable when conducted in this program area.

If a case is an open case and the social worker assigned to the case is skilled in emergency response and investigation, the social worker must perform an investigation within required time frames and provide any ER services needed. If the social worker assigned to the case is not skilled in providing ER services, it is assigned to an ER worker (CDSS MPP sec.31-084).

In emergency situations, workers must give priority to relative homes, if a child can safely be placed there on a temporary basis, as determined by an emergency assessment in accordance with §31-002(e)(2) (CDSS MPP §31-410.41).

Furthermore, the appropriateness of attempting to maintain the child in his/her school must be evaluated (CDSS MPP §31-420.15).

Additionally, the requirements of Section 31-515 must be met when placing an Indian child. Section 31-515 requires that children who may be or are Indian and are in a dependency position be asked or their parent/custodian be asked whether the child is or may be a member of an Indian tribe or whether the child identifies himself/herself as a member of a particular Indian organization in pursuance of the Indian Child Welfare Act (CDSS MPP Sec. 31-515.1.11.111) .

Furthermore, each child must be assisted in understanding the reason(s) for placement (CDSS MPP §31-405.1 (a) & (b)).

There must be an assessment of any relative home considered for placement including, but not limited to, the factors required in Welfare and Institutions Code §361.3 (CDSS MPP §31-405.1 (2)). This preliminary screening includes, but is not limited to:

- best interests of child; including special needs,
- wishes of parent, relative, child (if appropriate),
- placement of siblings together if in best interest,
- relative's good moral character (prior criminal acts or incidents of child abuse or neglect),
- nature of relationship between relative and child.

Furthermore, the worker must determine the ability of the relative to: provide a safe and stable environment, exercise proper care and control of the child, provide a home and necessities for the child, protect the child from parents, facilitate court-ordered reunification, facilitate visitation with other relatives, implement a case plan and provide legal permanence if reunification fails (Welfare and Institutions Code §361.3).

If no placement with preferred relatives can be located, the possibility of placing a child with a non-relative extended family member must be investigated.

The worker must complete the following preliminary screening:

- home study
- child abuse index clearance
- determination of non-relative extended family member to care for child
- written certification that the home meets health and safety standards
- proposed plan for supervision of child in non-relative extended family member home
- criminal background check

- submission for fingerprint clearance  
(Welfare and Institutions Code §362.8)

If no relative or non-relative extended family member placement can be located, the possibility of placing the child in a non-relative foster home must be investigated. Following preliminary screening of foster homes, the worker must complete the following pending licensure:

- on-site evaluation of home
- assessment of foster parents' ability to meet child's specific and any special needs
- safety check of home
- verify that home is sufficient size and adequately furnished
- apply for foster home license is pending
- no possible license denial issues raised by application
- foster parent agreement signed by foster parents
- foster parent signs statement of no criminal convictions (except minor traffic violations)
- Complete documentation specified in §31-420.231 and 31-445.12, including written supervisory approval (CDSS MPP §31-445.15)(CDSS MPP §31-445.1)

### **Significant Changes in Federal Policy**

ASFA requires, in the case of a child who has been in foster care under the responsibility of the state for 15 of the most recent 22 months, or if a court has determined conditions such as outlined under AFSA Sec. 101 (a) (15) (D&E), that the state shall file a petition to terminate the parental rights of the child's parents or join the petition of another party, and shall concurrently, identify, recruit, process and approve a qualified family for an adoption (AFSA Sec. 103 (a) (3) (E)). Exceptions are if the child is being cared for by a relative, a state agency has documented in the case plan a compelling reason that such a petition is not in the best interests of the child, or the state has not provided to the family services the state deems necessary for the safe return of the child home if reasonable efforts, as under 471 (a) (15) (B) (ii), are required to be made (AFSA Sec. 103 (a) (3) (E) (i&ii)).

Furthermore, criminal records checks for prospective foster parents are now required (AFSA Sec. 106 (1) (20) (A) and placement is denied if felony, child-related, drug-related or violent convictions are found. In 1990, the law changed through passage of AB 2617 (c. 1570) to

require that full criminal records, including arrests, for screening foster and adoptive parents be obtained by the social worker or licensing agency.

Additionally, AFSA Sec. 107 (2) (E) requires documentation of the steps the agency is taking to find an adoptive family or other permanent living arrangement for the child; to place the child with an adoptive family, a fit and willing relative, a legal guardian or another planned permanent living arrangement; and to finalize the adoption or legal guardianship. It shall include, at a minimum, specific recruitment efforts such as the use of adoption exchanges including electronic exchange systems.

Furthermore, as ASFA proposes to move the system toward outcome measures and a state rating system based on outcomes, additional future time shall be expected to be spent on documenting measurable outcomes for data construction and reports (ASFA Sec. 479b (A)).

These changes require more information gathering, documentation and decision making within timeframes than in the past.

Participants in the focus groups identified numerous areas where additional time, above what they currently spend, is needed to meet minimum regulatory requirements and to ensure that quality casework is maintained. The groups did not feel that they could set standards for the area of Recruitment, Inquiries and Preliminary Screening of Licensed Foster Parents and Relative Homes, but they did believe that a good deal more time should be devoted to this area.

In follow-up contacts, several counties provided estimates of current or optimal effort spent on foster parent recruitment. San Bernardino County currently takes approximately 220 calls from potential foster parents per month, and has approximately 195 potential foster parents attend an orientation session. They would like to recruit 120 foster parents per month and estimate that the recruitment effort would take 2 hours per foster family.

San Diego County estimated that the recruitment effort should take approximately 3 hours per foster family.

Los Angeles County takes approximately 700 calls from potential foster parents per month, and has approximately 300-400 attend an orientation per month. They would like to add 100 foster



families per month (net gain, as foster families become unavailable through retiring, or taking on adoption or guardianship). Their effort includes resources spent on special media recruitment, such as a video to reach potential foster parents.

### **Recruitment, Inquiries and Preliminary Screening of Licensed Foster Parents and Relative Homes**

- Need time for collateral contact.
- To do adequate exit interviews to determine why foster parents are leaving. It takes three years from point of inquiry to recruitment, so a lot of time has to be invested in recruitment. Retention is just as important as recruitment, so more time needs be spent both places.
- Currently money is wasted because children have to be placed at higher levels of placement than they need because appropriate resources are not available; therefore, more time is needed for recruitment.
- Overall, child welfare standards are dropping because of inadequate resources, therefore, more time is needed on recruitment.
- CWS is losing foster homes because they are not able to support them.
- Cases are much more complex now, requiring more time and more highly skilled foster parents.
- A lack of foster homes, especially in small counties, ends up costing more money because kids are put into group homes instead of foster homes.
- FFAs are being paid, in some cases, because the department workers are so overworked.
- Recruitment has to be done comprehensively—not in bits and pieces—to be successful; it requires adequate infrastructure to support, maintain, and retain. The need is so great now that kids are being placed before the foster parents are prepared. Currently there are no resources for dealing with the negative effects on a foster family when a very troubled child is placed with them.
- Every county needs at least one full-time recruiter.
- Counties have to compete with agency foster homes because of their higher reimbursement rates.

### **Assessment and Planning**

- Time to do standardized risk assessment.
- Time to comply with state regulations regarding concurrent planning.
- Time to better match children with placements, especially kids who don't need group homes.
- Risk assessment is being shortchanged because of inadequate time and resources.

### **Case Documentation**

- Better job on the CMS/CWS computer system so that records are complete and accurate and decisions about resources flowing from those records match actual needs.

### **Service Delivery**

- Client contact now takes more time now because kids have to be placed throughout the state.
- More time for respite care is needed.
- Time needed to prepare foster families for the placement. Time to support foster families after placement. This helps to prevent re-placement and helps to retain foster families.
- A mechanism needs to be created for foster families to buy into state-subsidized health insurance for self-employed individuals.
- A means needs to be created, such as a low-cost loan, to help foster families meet licensing code regulations for physical features.

### **Administrative**

- Better administrative coordination.
- To do training and cross-training of workers on licensing requirements, probation needs, and mental health requirements.
- Need better supervisor-to-worker ratio to ensure sufficient supervisory time on each case.

The following child welfare outcomes pertaining to out-of-home care and licensing were identified in the March 1998 Report to the Legislature: **Outcome Measures, Process Measures, and Conditions in the Child Welfare System.**

- Children in out-of-home care are in a safe, healthy living environment.
- Children in out-of-home care shall achieve timely, legal permanence.
- Children removed from home maintain family and/or community ties.

In addition to the CDSS outcomes, the federal requirements in ASFA mandate the development of outcomes to address safety, permanence, and well-being. The outcomes applicable to permanent placement in California include the following:

- Reduce the incidence of child abuse and/or neglect in foster care.
- Increase placement stability.
- Reduce placements of young children in group homes or institutions.

**Other Program Services Standards**

**Proposed Changes in Other Program Services Standards  
Summary of Workload Study Justification, Policy, Focus Groups and Outcomes**

<b>Unit of Service</b>	<b>Measured</b>	<b>Minimum</b>	<b>Optimum</b>
1001B OTI (Out-of-Town Inquiries)	1.41	1.75	1.75
Caseload	82.34	66.34	66.34
1002C ICPC (Interstate Compact for the Placement of Children)	2.05	3.35	4.10
Caseload	56.63	34.66	28.31
1003D Inter-County Work (Inter-County Transfer/Courtesy Supervision)	2.07	6.63	8.13
Caseload	56.09	17.51	14.28
1004E Home Study – Non-CWS (ordered by Probate or Family Court)	3.75	6.15	6.15
Caseload	30.96	18.88	18.88

**Changes in Local or California Policy Standards**

For out-of-county placements, the children shall be placed in their parents’ or guardian’s county of residence unless they are placed with relatives or there is no suitable placement in that county. Parents or guardians shall be notified (CDSS MPP Sec. 31-505.1.11). When out-of-county placements are necessary, the sending county is responsible for providing direct supervision and services or for arranging for the provision of supervision and services by the receiving county. The sending county must specify in the case plan how the service needs of the child, including social worker visitation/contact requirements, are to be met while the child is placed out-of-county. The sending county is responsible for services to the child’s parents or guardians and for continued case plan updates. If the receiving county accepts responsibility for providing supervision and services, there shall be a written agreement which specifies responsibilities of each county; the receiving county shall provide periodic written reports to the sending county on

the child's condition and progress in order to facilitate required case plan updates; the sending county shall provide consultation as needed (CDSS MPP 31-505.12).

The Interstate Compact on the Placement of Children (ICPC) requires that for children leaving or entering the state of California, the agency comply with the following:

- Provisions of Family Code Sections 7900 through 7909 for either a child leaving or a child entering the state.
- Complete Sections I, II and II of Form ICPC 100A (Rev. 10/91), Interstate Compact Request if the child is leaving the state.
- Retain one copy of the Interstate Compact Request for the agency files if the child is leaving the state.
- If a child is leaving the state, forward four copies of the ICPC100a to the appropriate public authority in the receiving state, with two copies of applicable legal documents; two copies of summaries of significant information on the child and the prospective foster or relative family; and two copies of a financial and medical services plan, including information on the eligibility of the child for federal title IV-E assistance.
- The child shall not be sent out of state until the agency has received an ICPC 100A (Rev. 10/91) from the receiving state and until a home study has been conducted. The home study shall assess the amount of supervision available from the receiving agency; the ability of the community of placement to meet any special needs of the child; parental capabilities and problems if the plan involves movement as a family unit; and appropriate information concerning the family with whom placement is to be made.
- When the child is placed, the sending agency shall complete form ICPC 100B (Rev.10/91), Interstate Compact Report on Child's Placement Status and forward two copies to the appropriate authority in the receiving state.
- The California agency shall cooperate in case planning for the duration of the placement if the child is placed out-of-state.
- Changes in placement status shall be reported by the sending agency using Form ICPC 100B (Rev. 10/91) and two copies forwarded to the appropriate authority when there is change in placement, when placement is terminated by adoption decree or when there is any other significant change in plans for the child.
- The California receiving agency shall notify the sending state's authority of approval or disapproval of the plan for the child by completing Section IV of Form ICPC 100A (Rev. 10/91) and forwarding two copies of the form with all other pertinent forms and information to the sending state's appropriate authority.
- Prior to placement, the California receiving agency shall assure that a financial plan has been developed for the child, in cooperation with the sending agency. The California receiving agency shall verify the acceptance of the plan in writing.

- If the social worker determines that it is too dangerous to maintain a dependent minor of the court of another state in the home in which the child has been placed under the ICPC, the worker shall provide emergency shelter care services to the child; notify the sending agency, and the appropriate authority in the sending state, of the child's removal within 48 hours; and assist the sending agency to resolve the placement issue.

(CDSS MPP 31-510)

Under the schedule of social work visits, for out-of-state placements, either the social worker or the other state's supervising agency must visit the child in a foster family or relative placement at least every 12 months. For out-of-state group home placements, contact must be monthly (SB 933, c311, '98).

In 1993, the passage of AB 2129, c. 1089 provided for new legal consent for relatives of LTFC children for medical and educational purposes, the same as parents. It requires that the out-of-county placement reason be documented in the case record and the receiving county be advised of children's dangerous behavior via CMS.

A change in the law in 1998 (SB 933, c. 311) declared out-of-state placements by social services or probation are subject to the ICPC, and the State Department of Social Services is the single state agency to administer ICPC with authority to investigate allegations of abuse. Starting in March 1999, counties are required to obtain an assessment and a placement requirement by a county multi-disciplinary team prior to placing a child out-of-state in a group home. The multi-disciplinary team shall consist of members from county social services, mental health, probation, county schools and others as determined by the county.

An All County Letter (ACL 93-66) shifted the responsibility to perform the duties of State ICPC Coordinator from the State to each county (ACL 93-66).

Policy changes on Non-CWS Home Study are not available.

### **Significant Changes in Federal Policy**

The Adoption and Safe Families Act of 1997 Sec. 107 requires that placement efforts include documentation that child specific efforts for placement include the use of state, regional and national adoption exchanges including electronic exchange systems. Furthermore, ASFA Sec.

202 requires that states develop plans for the effective use of cross-jurisdictional resources to facilitate the timely adoptive or permanent placements for waiting children.

Policy changes on Non-CWS Home Study are not available.

Participants in the focus groups identified numerous areas where additional time, above what they currently spend, is needed to meet minimum regulatory requirements and to ensure that quality casework is maintained.

### **Out-of-Town Inquiries**

- Dealing with jurisdictional issues takes caseworker time.
- Time must be spent for public relations activities around these out-of-town inquiries.

### **Inter-County Work**

- Counties need more time so they can open many of these cases that are now merely getting a cursory once-a-month visit, often by a different person each time.

### **Home Study-Non-CWS**

- To do more complete facility checks for licensing requirements.
- To do workers' regular work because court orders to do home studies take time away from regular caseload.

### **Assessment and Planning**

- Assessing information from multiple parties is taking more time as cases are becoming more complex.
- Time is needed for collateral contacts—currently not checking all relevant collaterals, thus are not validating important information.
- To validate better with outside sources the information the parents give the worker so that information is more reliable and decisions flow from more reliable information.
- To do better background checks (e.g., DMV, and criminal records) and to talk with all of the relatives so that regulatory requirements are met and so that crucial information is obtained.

### **Case Documentation**

- To be able to keep up with inputting contacts into CMS so that records are accurate and complete and decisions about resources are based on accurate and complete records.

### **Service Delivery**

- Client interviews are more logistically difficult and time consuming.

- In these cases, more time is needed for client contacts. Currently workers are making inadequate numbers of visits for too short a duration each time. Need more contacts and more in-depth contacts. Once per month contacts with a child placed in a facility is inadequate. Need to make some unannounced visits to facilities where the children are placed.
- To provide support to the substitute care providers and to better facilitate services and resources so that care providers are retained and so that necessary resources are brought to bear on the case.

#### **Administrative**

- Time is needed for regional supervisors' meetings to coordinate information sharing and problem solving. There is no time at all for this now.
- Cross-training of staff on licensing issues as well as other issues.

The following child welfare outcomes pertaining to other program services were identified in the March 1998 Report to the Legislature: **Outcome Measures, Process Measures, and Conditions in the Child Welfare System.**

- None defined

For additional information, see Appendix 8.