

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



May 4, 2005

ERRATA**TO: ALL COUNTY WELFARE DIRECTORS****FROM: LYN VICE, Chief
Budget Bureau****SUBJECT: ERRATA TO ALL COUNTY INFORMATION NOTICE
(ACIN) NO. 1-08-05**

Attached is the corrected Title XX Social Services Block Grant Post-Expenditure Report for the period July 1, 2003 through June 30, 2004. The In-Home Supportive Services Program, Residual Program average number of recipients and hours of services have been corrected from the original ACIN submitted February 18, 2005.

This report is to be provided, upon request to any interested public agency that may wish to provide its comments to Congress.

If you have any questions or comments please contact Ms. Sue Tognet at (916) 654-0643 no later than May 31, 2005.

Attachment

c: CWDA

TITLE XX BLOCK GRANT POST-EXPENDITURE REPORT

July 1, 2003 through June 30, 2004



Prepared by
California Department of Social Services

Health and Human Services Agency
State of California
Arnold Schwarzenegger, Governor

TITLE XX SOCIAL SERVICES BLOCK GRANT

POST-EXPENDITURE REPORT

This report covers the period July 1, 2003 through June 30, 2004 summarizing the activities and programs supported with Title XX funds.

Copies of this report are being provided to all 58 County Welfare Departments. Additional copies may be obtained through a request to the Department at the following address:

California Department of Social Services
Budget Bureau
744 P Street, **M.S.** 8-601
Sacramento, California 95814

I. PROGRAM INTRODUCTION

The public social services system in California is administered locally by the 58 Counties and is supervised by the State through the California Department of Social Services. The State-County system addresses four of the five statutory goals under Title XX (See Attachment I) through an array of social services administered by two divisions within the Department. These divisions are Disability and Adult Programs Division and Community Care Licensing Division. Specific social services programs supervised by these divisions include Child Welfare Services, Community Care Licensing, Deaf Access and Welfare to Work.

II. DEFINITION OF ADULT AND CHILD

The definition of adult is a person who is eighteen years of age or older. The definition of a child for most programs is a person who is under eighteen years of age.

III. PROGRAM OUTLINES

The following section is a description of the individual program areas. Each program description summarizes the types of activities supported and the categories and characteristics of the individuals served.

CHILD WELFARE SERVICES

The Child Welfare Services Program provides numerous programs including Family Reunification and Permanent Placement programs.

The Family Reunification Program provides social services to parents of children who have been removed from the home and placed in foster care pending successful rehabilitation and the Juvenile Court's determinations that the child can safely return home.

The Permanent Placement Program provides social services to foster children who cannot safely reunify with their parents and where an alternative permanent home must be secured through adoption, guardianship, or permanent placement with a relative. Youth who will be emancipating from foster care at age 18 are also included in this program.

In SFY 2003/04 the average monthly caseload for Family Reunification was 23,519 and 62,294 for Permanent Placement for a total of 85,813.

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM

The IHSS Residual Program provides supportive services to aged (47 percent), blind (3 percent), or disabled (50 percent) persons who are unable to perform the services themselves and who cannot remain safely in their homes unless supportive services are provided. Some of supportive services include domestic services, heavy cleaning, non-medical personal services, accompaniment to health related appointments, protective supervision, and paramedical services. These services make it possible to establish and maintain an independent living arrangement.

Most IHSS residual recipients are considered non-severely impaired (77 percent). The remaining recipients are defined as severely impaired (23 percent) needing assistance at least 20 hours per week to carry out activities of daily living such as dressing, oral hygiene and grooming, bowel and bladder care, feeding, meal preparation and clean-up, rubbing of skin to promote circulation, ambulation, and assistance with prostheses. The IHSS Residual Program served an average of 68,990 recipients and providing over 5.6 million hours of services each month during SFY 2003/04.

DEPARTMENT OF DEVELOPMENTAL SERVICES

Regional Centers are private nonprofit agencies which the Department of Developmental Services contracts with annually to provide the services specified in the Lanterman Developmental Disabilities Act (W&IC, Division 4.5, Section 4602, et al.). Each regional center design reflects the maximum cost-effectiveness possible and is based on a service coordination model.

There are 21 regional centers which were selected based on geographic accessibility and population density. The catchment area boundaries for the regional centers conform to county boundaries or groups of counties, except in Los Angeles County. Los Angeles County is divided into seven areas and, each area is served by a regional center.

The program will serve any person believed to have a developmental disability. Any person believed to have a high risk of parenting a developmentally disabled infant is eligible for initial intake and assessment services in the regional centers. In addition, the program will serve any infant having a high risk of becoming developmentally disabled. A child less than 36 months of age whose genetic, medical, or environmental history is predictive of a substantially greater risk of developmental disability than the general public is defined as a "high-risk infant". The total regional center California community population was estimated to be 194,769 in SFY 2003/04.

COMMUNITY CARE LICENSING

The Community Care Licensing Division (CCLD) is a regulatory enforcement program with the responsibility of protecting the health and safety of children and adults residing or spending a portion of their time in out-of-home care.

This is accomplished through the three components of the program:

- **Prevention** - The reduction of predictable harm by screening out unqualified applicants and by providing applicants and licensed providers with information regarding the laws and regulations concerning the operation of CCLD facilities.
- **Compliance** - The process which ensures that CCLD facilities are operated according to applicable laws and regulations. Compliance is maintained through facility inspection and issuing deficiency notices.
- **Enforcement** - A range of corrective actions (from civil penalties to facility closure) taken when a provider fails to protect the health and safety of people in care or is unwilling to maintain compliance with licensing laws and regulations.

There are 15 licensing categories including Adoption Agencies, Adult Day Care, Adult Residential Facilities, Child Care Centers, Community Treatment Facilities, Family Child Care Homes, Foster Family Agencies, Foster Family Homes, Group Homes, Residential Care for the Chronically Ill, Residential Care for the Elderly, Small Family Homes, Social Rehabilitation Facilities, Transitional Housing Placement and Transitional Shelter Care Facilities.

In SFY 2003/04 there were 26,835 state and county licensed residential programs and 62,528 state and county licensed child day care programs, serving a combined capacity of approximately 1,453,869 children and adults.

CHILD CARE SUBSIDY

Child Care Stage One

A child that is eligible to receive Stage One child care shall be a member of the CalWORKs assistance unit; or be a person who would be a member of the assistance unit if not for the receipt of foster care benefits or SSI/SSP benefits; or be a member of a family with a former CalWORKs client who has become employed. Also, if a client is responsible for the support of a child that is not in the assistance unit and the lack of child care would result in the client not being able to work or participate in his/her approved WtW activity, that child would receive Stage One child care.

The child must be 10 years of age or under, or must require supervision due to a physical, mental, or developmental disability or other similar conditions verified by the county, or who is under court supervision. To the extent funds are available, paid child care shall be available to 11 and 12 year olds.

Child Care Stage Two

A child is eligible to receive Stage Two child care if living with an eligible family, including, children receiving foster care benefits, or SSI/SSP benefits and if the client is responsible for the support of the child and the lack of child care would result in the client not participating in his/her approved WtW activity.

If the child is being reimbursed with State funds, the child must:

- Be under 14 years of age; or
- Be under 22 years of age if the child has exceptional needs (ED code 8208 (1) and is physically or mentally incapable of caring for him/herself as determined by a legally qualified professional.

If the child is being reimbursed with Federal funds, the child must:

- Be under 13 years of age; or
- Be under 19 years of age and is physically or mentally incapable of caring for him/herself as determined by a legally qualified professional.

DEAF ACCESS ASSISTANCE PROGRAM

The Deaf Access Assistance Program (OAP) was created to assure that State and local government programs are routinely adapted to meet the communication needs of the 2.9 million persons in California who are deaf or hard of hearing. In addition, the OAP is designed to enable children, adults, and families to receive all the benefits and services they are entitled.

Services are provided by eight contracted private non-profit corporations to 58 counties. The mandated services include: Communication Services, Counseling, Advocacy Service, Independent Living Skills Instruction, Job Development and Placement, Information and Referral, and Community Education.

During State Fiscal Year 2003/04 approximately 515,131 persons in California received OAP services.

**WELFARE TO WORK
OUTPATIENT SUBSTANCE ABUSE PROGRAM FOR LOW-INCOME WOMEN**

The Outpatient Substance Abuse Program for Low-Income Women is an alternative service delivery strategy to help women who are transitioning from residential treatment services achieve and maintain sobriety and reduce or eliminate welfare dependency. To accomplish this goal, the Outpatient Substance Abuse Program for Low-Income Women:

- Provided transitional services, including transitional housing;
- Focused on preventing, reducing, and eliminating dependency, and increasing self-sufficiency;
- Assisted in preventing or remedying neglect, abuse, and exploitation of children and adults unable to protect their own interests; and
- Provided services for preserving, rehabilitating, or reuniting families.

The program also integrated treatment with benefits and services provided through other social services programs, including the California Work Opportunity and Responsibility to Kids (CalWORKs) Program, child welfare services, and education and employment programs. In State Fiscal Year 2003-04, approximately 326 women received services.

**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
PROGRAM APPLICATION TO TITLE XX GOALS**

STATE PROGRAM	GOAL1	GOAL2	GOAL3	GOAL4	GOALS
Child Welfare Services			X		
Developmental Services			X	X	
Community Care Licensing			X	X	
Dept of Education Child Care Program	X	X	X		
CalWORKs Child Care Program	X	X	X		
Low-Income Women's Substance Abuse	X	X	X		
Deaf Access	X	X	X		
IHSS			X	X	

- Goal 1:** Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency.
- Goal 2:** Achieving or maintaining self-sufficiency, including reduction of prevention of dependency.
- Goal 3:** Preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families.
- Goal 4:** Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care.
- Goal 5:** Securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions.