



**UNDERSTANDING  
THE CHILD WELFARE  
SYSTEM IN CALIFORNIA**

**A Primer for Service Providers  
and Policymakers**

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**2<sup>nd</sup> Edition  
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Dear Social Service Providers and Policymakers:

One hundred years ago, President Theodore Roosevelt held the first White House conference on children and youth, which focused on the care of dependent children. Today policymakers, providers and families continue to debate and refine the laws, programs and practices that will best serve children at risk of abuse or neglect and their families.

*Understanding the Child Welfare System in California: A Primer for Service Providers and Policymakers* was first released in 2002, and this updated edition serves the same fundamental purpose as the original publication—to provide local and state leaders and service providers a concise overview of the public institutions, laws, funding streams, and key issues that one must understand to successfully navigate, serve, and improve California’s child welfare system.

Two advances in the field are particularly worth noting.

Since 2002, Child Welfare Services has undergone a significant reorientation, shifting at both the federal and state levels to an outcomes-based approach. States and counties must now conduct regular assessments of the outcomes and effectiveness of their child welfare systems.

There has also been dramatic—but mostly unsung—success in reducing the number of children in the child welfare system, particularly foster care. From 1998 to 2008, the number of children in out-of-home placement, or foster care, decreased by 37 percent, from 108,057 to 68,475, due largely to increases in the adoption and placement of children with extended family members, improved efforts to coordinate services, and stepped-up prevention activities.

As we endeavor to support the children who are our shared responsibility and to help their parents create safe and secure homes, we hope that you find this Primer an aid to your understanding of California’s child welfare system.

Sincerely,



Kate Karpilow, Ph.D.  
Executive Director  
California Center for Research on Women and Families (CCRWF)

## Introduction

Since the release of the 1<sup>st</sup> edition of this primer, California's child welfare system has moved to an outcomes-based approach; and state and local policymakers and providers have intensified their efforts to identify effective practice, secure improved outcomes, maximize efficient use of resources, and most importantly, protect and nurture abused and neglected children.

This 2nd edition of *Understanding the Child Welfare System in California* provides an overview of this complex system—its history, structure, and funding streams. It also presents a profile of the children in the system and summarizes the issues and challenges being addressed to optimally serve the children and families of California.

## ACKNOWLEDGEMENTS

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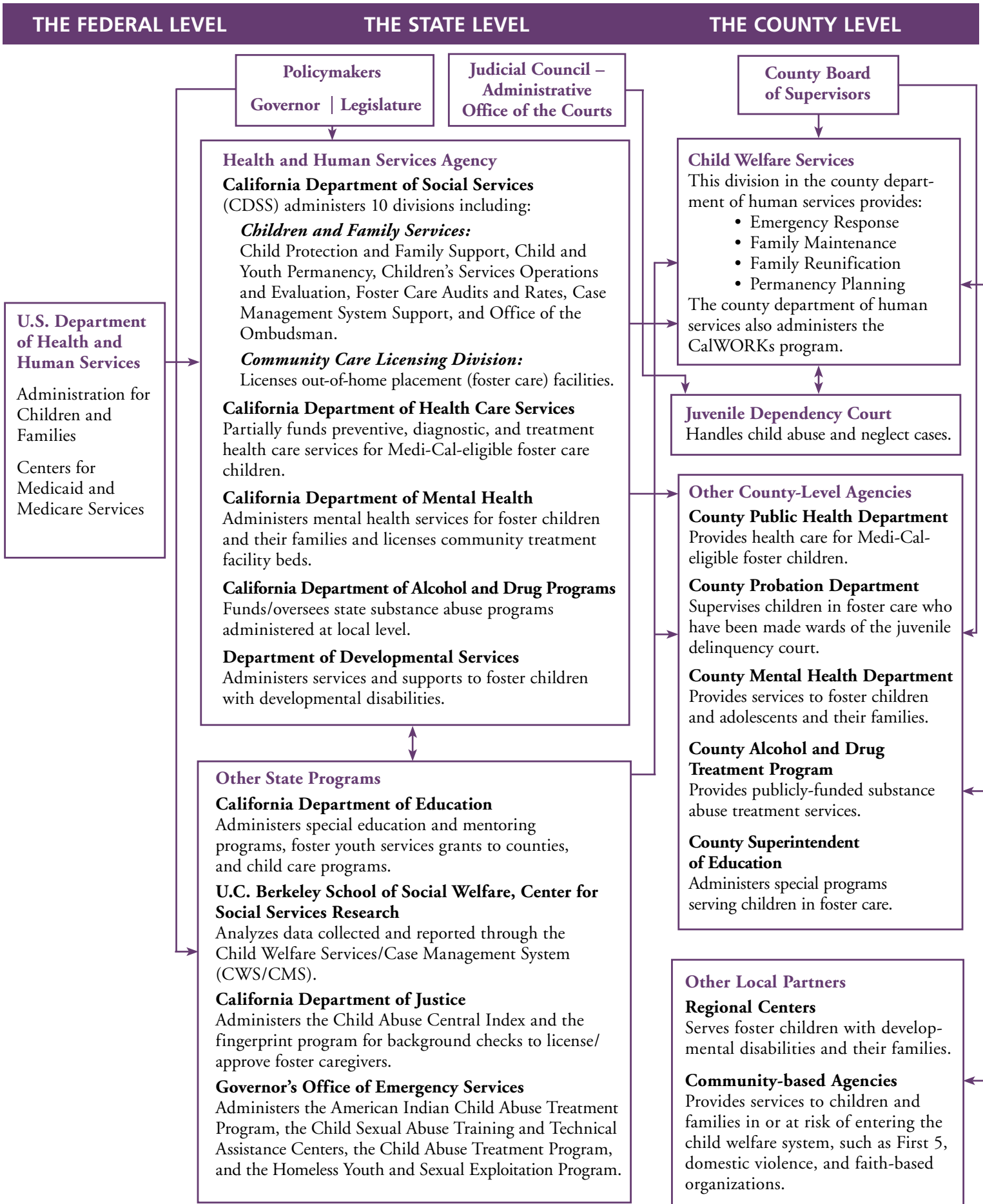
Thanks also to Deborah Yip-Lowery and the Resource Center for Family Focused Practice, The Center for Human Services, U.C. Davis Extension, for printing the primer through a grant from the California Department of Social Services' Office of Child Abuse Prevention.

## Understanding the Child Welfare System in California: A Primer for Service Providers and Policymakers

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**Figure 1: California’s Child Welfare System: Primary Institutions**



# THE CHILD WELFARE SYSTEM

The child welfare system is made up of multiple federal, state, and county agencies, the juvenile courts, and private social service agencies, all of which share the goals of providing for the safety, permanence, and well-being of children and their families. Both federal and state laws<sup>a</sup> establish the legal, regulatory, and fiscal frameworks that govern the roles and responsibilities of agencies and organizations for children and families that enter and leave the child welfare system.

## FEDERAL GOVERNMENT

The federal government develops and implements national child welfare policy by creating legislation, issuing regulations, overseeing state performance, and conducting compliance reviews. It also allocates federal funds for child welfare and related programs to state, county, city, and tribal governments and public and private local agencies that meet federal requirements.

## U.S. Department of Health and Human Services

The Department of Health and Human Services (DHHS) is the primary federal agency that regulates and partially funds services to maltreated children and their families.<sup>b</sup> Within DHHS, the Administration for Children and Families and the Centers for Medicaid and Medicare Services oversee services provided to children and families involved with the child welfare system. Federal funding for child welfare programs requires state matching funds; states, in turn, may require matching funds from counties for county-implemented services.

## Administration for Children and Families

Responsible for about 60 programs that provide services to children and families, the Administration for Children and Families (ACF) assists state, county, city, and tribal governments and public and private local agencies to provide services through funding allocations, policy direction, and information services. ACF also supports state programs to provide foster care and adoption assistance; administers the state-federal welfare program, Temporary Assistance to Needy Families (TANF); administers the national child support enforcement system and the Head Start program; and provides funds to assist low-income families pay for child care. ACF also administers demonstration grants and the IV-E Waiver (see page 41).

Within ACF, the Children's Bureau funds a number of programs that focus on preventing abuse, protecting children from abuse, finding permanent placements for children who cannot safely return to their homes, and supporting independent living program services for youth who will or have left the foster care system. The Children's Bureau also supports system improvements through a series of National Resource Centers, Regional Implementation Centers, and discretionary demonstration grants to states, counties, and community-based organizations.

## The Centers for Medicaid and Medicare Services

The Centers for Medicaid and Medicare Services (CMS) administer the Medicaid program (known as Medi-Cal in California) that provides health care coverage to foster children, as well as treatment for mental health and substance abuse problems for eligible children and their families. Medi-Cal programs are delivered at the local level by public and private health, mental health, and substance abuse providers.

## Cost of Child Abuse and Neglect

Nationally, the annual cost of child abuse and neglect is conservatively estimated to be **\$103.8 billion** (in 2007 value). This includes direct costs (associated with the immediate needs of abused or neglected children) of \$33.1 billion for hospitalization, mental health, child welfare services, and law enforcement, and indirect costs (associated with long-term or secondary effects of child abuse and neglect) of \$70.7 billion for special education, the juvenile delinquency and adult criminal justice systems, health and mental health care, and lost productivity.

Source: Wang, C., & Holton, J. (2007). *Total Estimated Cost of Child Abuse and Neglect in the United States (Economic Impact Study, September 2007)*. Washington, DC: Prevent Child Abuse America. Retrieved from [http://www.preventchildabuse.org/about\\_us/media\\_releases/pcaa\\_pew\\_economic\\_impact\\_study\\_final.pdf](http://www.preventchildabuse.org/about_us/media_releases/pcaa_pew_economic_impact_study_final.pdf)

<sup>a</sup> A list of key federal and state laws can be found at [www.ccrwf.org](http://www.ccrwf.org). Go to "Publications."

<sup>b</sup> Other agencies, such as the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Substance Abuse Treatment (CSAT), while not categorically targeted to children and families in the child welfare system, are critical to funding services to support mental health and substance abuse treatment.

## Brief History of Child Welfare Services

Our attitudes, beliefs, and ways of caring for and protecting abused or neglected children and supporting families have changed profoundly over the past 300 years. In the 1700s, orphans and children in need of care typically were indentured to other families to learn a trade. By the mid-1800s, family poverty was accepted as enough reason to remove children from their parents, and orphanages were established by private religious and charitable organizations to care for dependent children. By the last half of the 19th century, children increasingly were placed with families instead of institutions, but agencies did only minimal screening and placement follow-up. Some of the more zealous groups removed children from their homes with little regard for parental rights, including the forced removal of many Native American children from their homes in some states. Up to 90 percent of Native American children who were removed from their homes were placed in non-Indian homes by state courts, welfare agencies, and private adoption agencies. In the early 1900s, a separate court system was established for minors, out-of-home care began to be reimbursed, and public supervision of foster homes increased. In 1909, the first White House Conference on Children and Youth focused on family reunification and emphasized placing children in foster homes with families rather than orphanages.

The federal government first developed policies to deal with child abuse and neglect in 1935 and authorized the first federal grants for child welfare services. Over the next 30 years, Congress created a federal foster care payment system to reimburse foster parents and strengthened the role of the court in removing children from their families when there was neglect or abuse. In 1974, Congress passed mandatory child abuse reporting laws in the Child Abuse and Prevention Treatment Act (Public Law 93-247) requiring certain groups of professionals to report suspected cases of abuse or neglect. The subsequent recognition that children in out-of-home placements were having poor outcomes highlighted the need for prevention and early intervention services. Public policy shifted once again toward reducing unnecessary foster care placements and emphasizing the safe reunification of children with their families when possible.

The Adoption Assistance and Child Welfare Act of 1980 (PL 96-272), landmark legislation that created today's goal-oriented, time-limited child welfare case management system, called for reasonable efforts to maintain children in their homes and established specific permanency goals for children who must be removed. This Act also established federal sharing ratios (where costs are shared with states) for the maintenance of children in foster care and created a federal adoption assistance program. In the late 1980s, the deaths of some children involved in the child welfare system and widespread coverage of parental substance abuse led to demands to better protect children and contributed to increased federal spending on foster care. The Adoptions and Safe Families Act of 1997 (PL 105-89) continued to refine the goals and activities established in PL 96-272 and established the outcomes-oriented approach discussed later in this Primer (see page 5).

Overall, the last 40 years of child welfare policy have witnessed a series of pendulum swings between parental rights and family preservation versus greater emphasis on ensuring child safety and well-being through out-of-home care. Increased concern that children are in foster care for too long when there is little hope of reunification with their birth families has led to policies and practices to terminate parental rights more quickly. This in turn has increased pressure on child welfare professionals unable to find adoptive parents for the children already in the system. Today, child welfare professionals continue their primary commitment to child safety, but increasingly use approaches based on evidence and focused on identifying family strengths. Federal and state policymakers now require that child welfare programs track their outcomes with data, and the child welfare field has increased its focus on reducing disproportionality (see page 35), increasing kinship care, and better serving transition-age youth.



## SHIFT TO OUTCOMES-BASED APPROACH<sup>c</sup>

Policymakers at both the federal and state levels have passed laws requiring regular assessments of the outcomes and effectiveness of the child welfare system. (See page 6.)

### Federal Accountability Requirements

The federal Adoption and Safe Families Act (ASFA) of 1997 (PL 105-89) required DHHS to adopt a set of child welfare outcome measures and a way to systematically collect data from states. Now, as a condition of federal funding, states must meet child welfare outcome and performance standards in 14 specific areas. In each state, DHHS conducts a *Child and Family Services Review* (CFSR), which includes a statewide assessment, an onsite review of 65 cases per state, and stakeholder interviews at the state and county level. States that fail in any of these areas can face fiscal sanctions

Upon completion of the first CFSR in 2002, California was found to be out of substantial conformity for all 7 outcomes and 5 of the 7 systemic factors assessed.<sup>d</sup> The state was then required to submit a comprehensive Program Improvement Plan (PIP), including goals, strategies, and action steps to address the areas needing improvement.

California's PIP was submitted to DHHS in April 2003, was approved, and became effective (as a two-year PIP) July 1, 2003. All action steps and tasks were completed by June 30, 2005. California met all but one of the outcome improvement goals in the PIP.

California's second CFSR was conducted in early 2008, and the state has submitted a new PIP to DHHS. At the time this Primer went to press, CDSS was waiting for DHHS to finalize the PIP. Unfortunately, California's performance in the 2008 CFSR will not be directly comparable to its performance in 2002 because the federal government revised outcomes measures after the 2002 CFSR.

### California Child and Family Services Review (C-CFSR)

In 2001, the California Legislature enacted the Child Welfare System Outcomes and Accountability Act (AB 636, Chapter 678, Statutes of 2001). AB 636 established the outcomes-based California Child and Family Services Review process (C-CFSR), which replaced the existing statewide compliance system that used *process* measures to assess delivery of services (e.g., the social worker visits the child each month).

<sup>c</sup> The CWS Outcomes and Accountability system (including the California Child and Family Services Review, or C-CFSR) is part of the Child Welfare System Improvements, which also includes the federal Child and Family Service Review (CFSR), the Child Welfare Redesign, and a demonstration project piloted in 11 counties.

<sup>d</sup> No state in 2002 was in substantial conformity for all of the outcomes.

<sup>e</sup> In California, children enter the foster care system under the auspices of either county child welfare services or juvenile probation departments. This population of foster children and youth is described in the Probation-Supervised Foster Care section (see page 25).

## Overview of Outcomes Approach

The federal government, through ASFA, established *outcomes* for child welfare programs in all 50 states. These federal *outcomes* are assessed through the CFSR process using federally defined *measures*. In California, AB 636 requires that the federal outcomes also be assessed with additional state measures and this is accomplished through the C-CFSR.

AB 636 requires that the federal AFSA outcomes be assessed with additional state measures, which creates a more exacting assessment of the federal outcomes than achieved solely with the federal measures.

The C-CFSR, which is conducted every 3 years, is a collaboration among CDSS, the counties, and local stakeholders. CDSS provides technical assistance and monitoring of activities for each county. The first cycle began in June 2004 and was completed by all 58 counties in June 2007.

The C-CFSR consists of four primary components:

- *Quarterly data reports* (compiled by the state using data collected and entered by county workers) are sent to each county child welfare agency and provide county-specific quantitative data on outcome measures related to safety, permanency, and well-being.
- *County self-assessments* are undertaken by county child welfare and probation<sup>e</sup> agencies and their community partners to analyze how well services are being provided to child welfare and probation-supervised foster children and youth. The quarterly data reports inform these analyses.
- *Peer quality case reviews* involve experienced peers from neighboring counties who conduct case reviews and stakeholder interviews to identify strengths and areas for improvement in the county's child welfare system and practice.
- *County system improvement plans* (SIPs) are developed by the child welfare and probation agencies with local partners to establish program priorities, define the steps a county will take to improve performance and outcomes over the next 3 years, and monitor progress.

## Federal and State CWS Outcomes and Measures

	<i>Federal Child Welfare Outcomes</i>	<i>Federal Measures (Indicators and Composites*)</i>	<i>Additional State Measures (AB 636)</i>
<b>Safety Outcomes</b>	Children are first and foremost protected from abuse and neglect.	No recurrence of maltreatment No maltreatment in foster care	Participation rates (referral, substantiation, entry, in care) Timely response to investigations Timely social worker visits with child
	Children are safely maintained in their homes whenever possible and appropriate.	<i>No data indicators</i>	
<b>Permanency Outcomes</b>	Children have permanency and stability in their living situations.	Reunification and reentry* Adoption* Permanency for children in long-term care* Placement stability*	Least restrictive placements Placed with siblings Native American children placed with family or tribe
	The continuity of family relationships and connections is preserved for children.	<i>No data indicators</i>	
<b>Well-being Outcomes</b>	Families have enhanced capacity to provide for their children's needs.	<i>No data indicators</i>	Status of youth aging out of care Authorized for psychotropic medications Timely medical and dental exams** Health records documented*** Individualized Education Plans documented***
	Children receive appropriate services to meet their educational needs.		
	Children receive adequate services to meet their physical and mental health needs.		

\* Composites are a compilation of several data indicators, and are identified with an "\*".

\*\* New measure to be released in July 2009 by CDSS.

\*\*\* New measure to be released in October 2009 by CDSS.

CCRWF thanks Barbara Needell, Research Specialist at the U.C. Berkeley Center for Social Services Research, for her input and review of this chart.



## STATE GOVERNMENT

### California Department of Social Services

The California Department of Social Services (CDSS) is the primary state entity responsible for the state's child welfare program.

California is one of 11 states that operates using a state-administered/county-implemented model of governance. Under this system, each of California's 58 counties administers its own child welfare program, while CDSS monitors and provides support to counties through regulatory oversight, administration, and the development of program policies and regulations.

Among its many roles, CDSS:

- receives federal funding that provides partial support for state and county child welfare programs;
- develops and oversees programs and services for at-risk children and families;
- provides direct licensing services to some counties and contracts with other counties to provide licensing of out-of-home (foster) care providers;
- secures state and county funds for services to children in out-of-home (foster) care;
- provides technical assistance to private and public adoption agencies;
- provides direct agency adoption services to 28 counties and direct independent adoption services to 55 counties through 7 CDSS Adoption District Offices;
- contracts and conducts special studies;
- provides oversight and evaluation of local and statewide demonstration projects and statewide "best practices" training for social workers;
- monitors and oversees county child welfare systems through a quality assurance system (C-CFSR); and
- oversees operation of the statewide automated Child Welfare Services/Case Management System (CWS/CMS).

Two divisions within CDSS are responsible for providing child welfare services: the Children and Family Services Division and the Community Care Licensing Division.

#### **Children and Family Services Division**

The state's Children and Family Services Division (CFS) provides training, technical assistance, incentives, and program evaluations to help county and community agencies implement child welfare programs. The division consists of five branches and an Office of the Ombudsman:

*Child Protection and Family Support* develops policy and practice for child abuse prevention, Emergency Response, and Family Maintenance; provides training services to counties; and provides oversight and implementation of the Indian Child Welfare Act in California.

*Child and Youth Permanency* develops policy and programs related to services that support out-of-home care, reunification, kinship care, adoption, guardianship, and transitional services and resources for children, youth, and families.

*Children's Services Operations and Evaluation* coordinates the federal Child and Family Services Review (CFSR) process within the Division and among the counties; partners with counties in conducting the California Child and Family Services Review (C-CFSR) process; and provides direct services adoption programs for 28 counties. The branch also provides county-level policy support for and ensures compliance with the Interstate Compact on the Placement of Children and the Interstate Compact on Adoption and Medical Assistance, as well as reporting and relative placement approval requirements under the Child Abuse Prevention and Treatment Act (CAPTA).

*Foster Care Audits and Rates* sets rates for foster care group homes and foster family agencies; conducts program and provisional rate compliance audits of group homes; reviews and follows-up financial statement audits submitted by group homes and foster family agencies; and provides training and technical assistance to group homes and foster family agencies.

*Case Management System Support* oversees and develops policy for the automated Child Welfare Services/Case Management System (CWS/CMS) to minimize administrative and systems barriers and provides technical support services to the Children and Family Services Division.

*The Office of the Ombudsman* disseminates information on the rights of children and youth in foster care and the services provided by the Office; investigates and attempts to resolve complaints made by or on behalf of children placed in foster care; and compiles all complaints received in an annual report to the Legislature. All county child welfare workers are required to provide foster children with information about the Ombudsman's Office and its toll-free help line (1-877-846-1602).

### **Community Care Licensing Division**

The Community Care Licensing Division (CCLD) licenses adoption agencies and six different types of out-of-home placement settings for foster children: foster family homes, small family homes, foster family agencies, group homes, community treatment facilities, and transitional housing placement facilities. CCLD monitors facility safety standards, food storage and preparation, medical services, staff qualifications and training, supervision, and documentation requirements. CCLD also investigates potential licensing violations, such as physically punishing a child who is in out-of-home care.

### **Other State Departments and Programs**

Numerous other state departments have a role in providing services to children and families involved in the child welfare system.

*California Department of Health Care Services* provides funds for health care services for eligible children through the Child Health and Disability Prevention (CHDP) Program and the Medi-Cal program. CHDP provides health screening according to the American Academy of Pediatrics periodicity schedule and offers preventive services, such as immunizations. Medi-Cal provides treatment services through fee-for-service and managed care programs, which vary by county. Children in foster care have the right to choose fee-for-service coverage, even if they are served by a managed care county.

*California Department of Mental Health (DMH)* oversees local mental health service delivery and provides funds for mental health services through the Medi-Cal Mental Health Managed Care Program and the Mental Health Services Act, also known as Proposition 63, passed by California voters in 2004. Medi-Cal mental health services are provided by a mental health plan in each county. In most counties, this plan is administered by the county department of mental health. Children access services through Early Periodic Screening, Diagnosis, and Treatment (EPSDT) funding. The Mental Health Services Act provides flexible funding to counties for a variety of early intervention and treatment services and the support needed to provide those services.

*California Department of Alcohol and Drug Programs* provides funding for community-based substance abuse programs through the federal Substance Abuse Block Grant and the Drug Medi-Cal program.

*California Department of Developmental Services* provides, through Regional Centers, some services to families with children in foster care who need developmental services.

*California Department of Education* provides funding for special education and academic mentoring programs. It also awards non-competitive Foster Youth Services and Foster Youth Services Juvenile Detention grants.

*The Center for Social Services Research, University of California at Berkeley*, in collaboration with CDSS, maintains a longitudinal database of children in California's child welfare system and manages the California Child Welfare Performance Indicators Project, funded by CDSS and The Stuart Foundation. The project analyzes data collected and reported through the centralized statewide computer system, the Child Welfare Services/Case Management System (CWS/CMS).

*Judicial Council of California* is the policymaking body of the California courts. Under the leadership of the Chief Justice and in accordance with the California constitution, the Council provides guidelines to the courts, makes recommendations annually to the Governor and Legislature, and adopts and revises California Rules of Court in the areas of court administration, practice, and procedure. CDSS provides training and technical assistance to judges and other court officers on the Indian Child Welfare Act (ICWA) and other dependency court topics.

*California Department of Justice*, through the Attorney General's Child Protection Program, administers the Child Abuse Central Index, a registry of all substantiated and inconclusive child abuse reports submitted by county child welfare agencies. The Department of Justice also administers a fingerprint program that is used for background checks required for licensing and approving foster caregivers and for employment as county child welfare staff.

*Governor's Office of Emergency Services* administers a number of child welfare programs, including the American Indian Child Abuse Treatment Program, the Child Sexual Abuse Training and Technical Assistance Centers, the Child Abuse Treatment Program, and the Homeless Youth and Sexual Exploitation Program.

## **COUNTY GOVERNMENT**

Counties are the primary governmental entities that directly interact with children and families to address child abuse and neglect, keep families safely together, and place a child who is at risk in either a temporary or permanent out-of-home placement. Children and families involved in the child welfare system receive services from several county-level departments.

The county department or agency of human services through its child welfare division administers and provides local child welfare and foster care services under Sections 300 et seq. and 16500 et seq. of the California Welfare and Institutions Code. The child welfare services division (or department,

depending on the county) is the primary county agency that deals with abused and neglected children.

The child welfare division manages an Emergency Response Hotline, investigates reports of child abuse, screens and assesses families, provides foster care services, provides case management and other services to help families stay together, develops permanency plans for children who cannot safely return to their parents, and provides adoption services.

Case management services, which are performed by the social worker, include assessing the child's and family's needs, developing the case plan, monitoring progress in achieving the objectives of the case plan, and ensuring that all services specified in the case plan are provided, including linking children and families, when appropriate, to other county government services. (See text box below.)

## Other Local Partners

Collaboration between the public and private sectors to provide and enhance family-focused, child-centered child welfare services has increased throughout California. Regional Centers are local private nonprofit corporations that contract with the state Department of Developmental Services to help access, fund, coordinate, and monitor services and supports available to children with developmental disabilities and their families. Community-based agencies, such as substance abuse treatment programs, domestic violence service agencies, health and mental health clinics, and Children and Families (First 5) Commissions, are other partners county child welfare agencies work with to provide comprehensive services and resources to support children and families.

## Other County Government Services

In addition to child welfare services, a variety of county programs also provide services to children and families in the child welfare system, and these programs typically operate under separate funding streams, laws, and regulations.

**CalWORKs.** Administered by the county department or agency of human services, the California Work Opportunity and Responsibility to Kids program (CalWORKs) provides temporary financial assistance and employment-focused services to eligible families whose incomes are not adequate to meet their basic needs. These programs also coordinate case planning and other services to families in both CalWORKs and the child welfare system (see information on Linkages on page 39).

**Public Health.** Provides preventive, diagnostic, and treatment health services for Medi-Cal-eligible foster children at county and community-based clinics. Many counties also hire, fund, and supervise public health nurses (PHNs) to oversee the physical health, behavioral, dental, and developmental needs for children in foster care.

**Probation.** Supervises and provides services to children in their homes and in foster care who have been adjudicated for violations under California Welfare and Institutions Code 602 and been made wards of the juvenile delinquency court. If the child is placed in foster care and Probation is claiming federal Title IV-E funds, Probation officers provide the same investigative, case planning, and case management services as those provided by social workers for children in the child welfare system. (See section on Probation-Supervised Foster Care on page 25.)

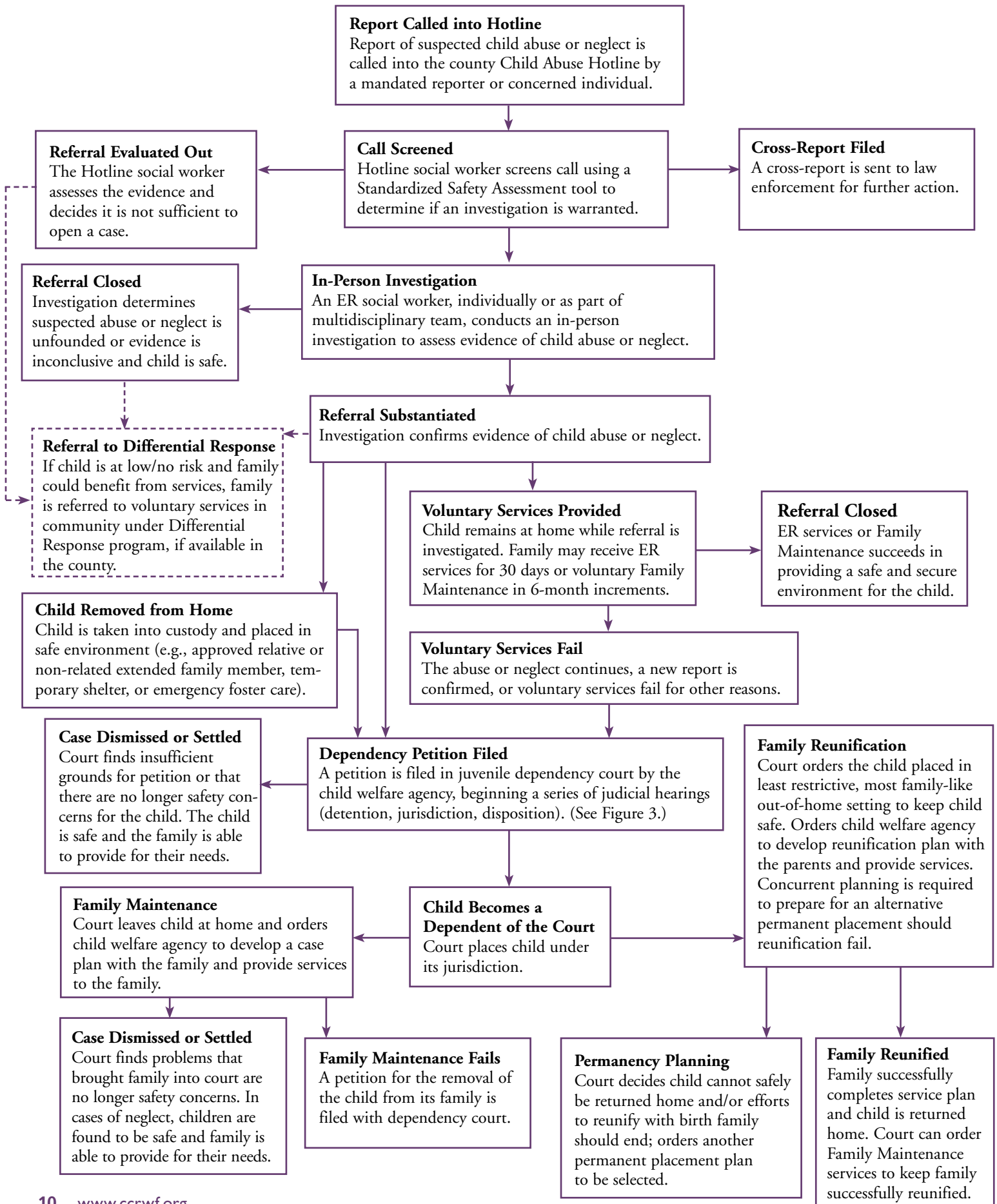
**Mental Health.** Provides services through the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program to children and youth who are in the foster care system. County mental health agencies also provide managed mental health care for eligible children and families through county and community-based clinics and through contracts with community providers.

**Alcohol and Drug Treatment Services.** Provides detoxification, outpatient, and residential services through county and/or community-based treatment programs to individuals with substance abuse problems.

**Juvenile Dependency Court.** Determines (following petitions filed by the child welfare agency and hearings) whether a child can remain safely at home while the family receives services to help it stay together, or whether the child must be removed from the home with custody and care responsibilities assigned to the social services agency.

**County Superintendent of Education.** Administers special programs serving children in foster care, including Foster Youth Services in 57 county offices of education and 28 county-operated juvenile detention facilities. The Superintendent is also responsible for implementing policy to make the school system more responsive to the needs of foster children and for designating a foster youth education liaison in each school district.

**Figure 2: Going Through the Child Welfare System**





# COUNTY CHILD WELFARE SERVICES

County human services departments administer the Child Welfare Services (CWS) program under federal and state statutes and regulations and are responsible, either directly or through public and private service providers and partners, to provide or obtain interventions and services to address child abuse and neglect and increase the well-being of children and families.

County child welfare programs have four service components established through state legislation (Senate Bill 14, Chapter 978, Statutes of 1982) to implement federal requirements under the Adoption Assistance and Child Welfare Act of 1980 (PL 96-272). These four components are:

- **Emergency Response**
- **Family Maintenance**
- **Family Reunification**
- **Permanent Placement**

## EMERGENCY RESPONSE (ER)

### A Call Comes into the Hotline

Every year in California, nearly half a million *referrals* of suspected child abuse and neglect are called in to the local Emergency Response (ER) 24-hour Hotline or crisis line by mandated reporters (individuals required by law to report suspected maltreatment) and by other concerned individuals. Each county has its own telephone number for reporting suspected abuse.

When a call comes into the ER Hotline, it is first screened by a Hotline social worker using a state-approved Standardized Safety Assessment tool to determine if there is enough information to warrant an in-person investigation. The Standardized Safety Assessment System evaluates the safety, risk, and needs of children and families.

### Mandated Reporters of Child Abuse and Neglect

The California Child Abuse Reporting Law (Penal Code Section 11165) identifies 37 categories of individuals who are legally required to report known or suspected child abuse. In addition to workers in county welfare, police, and probation departments, mandated reporters include clinical social workers, clergy, school teachers and counselors, employees of day care facilities, nurses and physicians, and commercial film and photographic print processors. Nationally, in 2006, over half (56.3%) of all reports of alleged child abuse and neglect were made by legally mandated reporters. The three most common report sources were teachers (16.5%), lawyers or police officers (15.8%), and social services staff (10%). The remaining reports were made by friends, neighbors, relatives, and others. State law is amended periodically to add new categories of mandated reporters.

Source: *Child Welfare Information Gateway. (2008). Child Maltreatment 2006: Summary of Key Findings. Washington, DC. Retrieved from <http://www.childwelfare.gov/pubs/factsheets/canstats.cfm>*

## ER Overview

**Hotline workers** in ER receive **referrals** from mandated reporters and others through county Hotlines and conduct **safety assessments** for each referral to evaluate risk to the child. ER Hotline workers determine if referrals should be assessed and closed (or “**evaluated out**”), or they order an **in-person investigation** to begin immediately (within 24 hours) or within 10 days. **ER workers** conduct the investigations, provide, in some instances, short-term ER services, and for those referrals not assessed and closed, develop **case plans** for the services to be provided through **open cases** in Family Maintenance, Family Reunification, or Permanent Placement.

Key questions at this stage include:

- Is the child in imminent danger?
- What is the risk of maltreatment?
- What are the family’s strengths and resources?
- Does the suspected child abuse meet the legal definition of abuse or neglect?
- Is an in-person response required and, if so, how quickly?

After assessing the risk to the child using the Standardized Safety Assessment (see textbox on page 12), a Hotline worker must make one of two decisions:

1. They can decide that the referral should be closed or “evaluated out” (no further action is to be taken through CWS); or
2. They can determine that an in-person investigation must be conducted either immediately (within 24 hours) or within 10 days. While policies for response times vary within counties, an immediate response typically occurs as soon as practically possible and within 2 to 24 hours.



## Closed Referrals

If a Hotline worker determines that there is no risk to the child and that the family is not in need of child welfare services, the referral is closed or “evaluated out,” and does not move forward in the county’s child welfare services system.

### Standardized Safety Assessment

The use of a Standardized Safety Assessment System allows child welfare workers to assess safety, risk, protective capacity, and family strengths consistently across workers and counties. Counties must use a state-approved, evidence-based risk and safety assessment tool. The Structured Decision Making (SDM) tool was first piloted in 1998 and is used by 50 California counties. The Comprehensive Assessment Tool (CAT) was made available in 2005 and is used by 8 California counties\*

With these assessment tools, child welfare workers can systematically collect and assess information, decide how and when to respond, evaluate the appropriateness of a placement or need for a change, and utilize evidence-based guidelines for if and when a case should be closed. The tools offer child welfare workers a consistent methodology to address critical safety factors at key decision points in the life of a case, including: the child abuse Hotline report, initial safety determination, placement, referral disposition, case planning, reunification, and case closure. Each tool screens for family challenges and strengths, including current and prior maltreatment/CWS history, cultural and language issues, domestic violence, alcohol and other drug abuse, permanency needs of the child, caregiver’s protective capacity, health and mental health care needs, and sibling placement considerations.

\* Many experts expect that SDM will become the sole assessment tool in the next few years.

Source: Wright, M., Tickler, S., & Vernor, K. (2008). *Eleven-County Pilot Project Evaluation Report. Sacramento, CA: The Results Group. Retrieved from <http://www.cwda.org/downloads/11CountyPilot2008.pdf>*

In counties that use a Differential Response (DR) model (see page 13), ER workers can refer families whose children are at relatively no or low risk of harm to Path 1 DR services, which offer families community-based services.

In counties without DR, families either receive no services or follow-up contacts or they may receive information about, or referral to, community-based services that have no formal relationship with the child welfare system.

### In-Person Investigation

The Hotline worker determines if an in-person investigation<sup>f</sup> needs to occur immediately (within 24 hours) or within 10 calendar days.<sup>g</sup> In either case, interviews of the parent or caretaker and the child are conducted by an ER social worker responding individually or as part of a multidisciplinary team, which may include law enforcement or public health officials.

### Child Is Removed from Home

If the ER Social Worker (or a police officer) determines that the child cannot remain safely at home, immediate steps are taken to remove and place the child in a safe environment—with an approved relative, in a temporary shelter, or in emergency foster care. The child can be placed into protective custody for up to 48 hours pending a court hearing.

During this time, an ER worker will assess whether the child can safely be returned home with supportive services or whether the intervention of the juvenile dependency court is needed to remove the child from the home. In cases of serious abuse, the perpetrator may also be arrested and referred to the district attorney for criminal prosecution. It is thus possible to have two parallel court proceedings occurring in juvenile dependency court and criminal court.

If the ER worker determines that the child needs the protection of the juvenile court, the worker must prepare and file a petition with the juvenile dependency court within 2 working days after the child has been removed from the parent or guardian. The petition is a legal document that provides evidence that court intervention is necessary for the safety of the child.

<sup>f</sup> Some leaders in the child welfare field are beginning to use the term “assessment” instead of investigation, advocating an approach that goes beyond investigating the incident that generated the referral to assessing possible abuse or neglect of all children in the family.

<sup>g</sup> California law mandates these response times. Some counties have even more stringent requirements.

## Differential Response

Because circumstances vary among families, a traditional investigation by a child welfare agency is not needed in every case. While maintaining a fundamental commitment to child safety, Differential Response (DR) is a strategic, three-path approach that provides counties with flexibility in how to respond to reports of abuse and neglect.

In DR, an ER/Hotline social worker assesses risk to the child and then directs the child and family to one of three paths, with higher numbered paths providing services for progressively higher levels of risk to the child.

**Path 1** is the community response, chosen when the child welfare agency finds that the referral does not meet the statutory definitions of abuse or neglect, but the family appears to be at risk and needs support that could be addressed by community services. The family is referred to community providers and can either voluntarily participate in or refuse these services.

**Path 2** involves the child welfare agency and its community partners. This response is chosen when the child welfare agency finds the referral does meet statutory definitions of abuse and neglect, the risk to the child is low to moderate, and the assessment indicates that with targeted services, a family is willing and likely to make needed changes to improve child safety. This path focuses on voluntary involvement in services; however in the interest of protecting the child, the authority of the court may be utilized.

**Path 3** is chosen when the child welfare agency finds that a referral meets statutory definitions of abuse and neglect, the risk to a child is moderate to high, and action is necessary to protect the child. Actions may be taken with or without a family's consent. While this path is most similar to the child welfare system's traditional response, efforts are made to engage the family, especially non-offending parents or other protective adults, to preserve the connections between the child and other family members.

Differential Response is now utilized by 43 of California's 58 counties.

### ***ER Services During the Investigation***

While the referral is open and while the investigation is being conducted, the ER social worker can offer the caregivers up to 30 days of Emergency Response services. The referral must either be closed or promoted to a case within 30 days. If it is promoted to a case, the worker has 30 to 60 days to develop a case plan. Counties are encouraged to develop the case plan within 30 days, but if a worker needs to gather additional information, the time allowed to develop the written case plan can be extended up to 60 days.

ER services can also be provided to families when there is a problem that does not require removal of the child and when the child welfare worker believes that the problem can be ameliorated within 30 days. ER services can include emergency shelter care, temporary in-home caregivers, therapeutic day services, parenting training, substance abuse testing, transportation, and respite. The family is referred to services based on the assessment of the ER worker and the availability of resources in the county.

## What Is Child Abuse and Neglect?

The California Penal Code defines specific categories of child abuse and neglect to guide mandated reporters about what to report:

**Physical abuse** is bodily injury inflicted by other than accidental means on a child, including willful cruelty, unjustified punishment, or corporal punishment or injury resulting in a traumatic condition.

**Sexual abuse** is the victimization of a child through sexual activities, including molestation, indecent exposure, fondling, rape, incest, or sexual exploitation.

**General neglect** is the negligent failure of a parent, guardian, or caretaker to provide adequate food, clothing, shelter, medical care, or supervision, in cases where no physical injury to the child has occurred.

**Severe neglect** involves situations of neglect, including severe malnutrition, where the child's health is endangered.

**Emotional abuse** is non-physical mistreatment, including willfully causing any child to suffer, inflicting mental suffering, or endangering a child's emotional well-being.

Source: California Penal Code Section 11165.

## After the Investigation

The completion of the investigation ends the referral period. Referrals are closed, closed after a period of ER services of up to 30 days, or opened as a case in Family Maintenance (FM), Family Reunification (FR) or Permanent Placement (PP).

If the investigation finds evidence of continuing risk of neglect or abuse and the need for Child Welfare Services,

ER workers develop case plans for the services to be subsequently received from Family Maintenance (voluntary or court-ordered)<sup>h</sup> or Family Reunification.

In the most serious cases where a child has been removed and a petition has been filed in juvenile court and there is no intention to provide reunification services, the case can also be opened directly in Permanent Placement.

**Table 1. Children with Investigations of Child Abuse and Neglect, California, 2007**

Reporting Category	Referrals	Substantiated	Percent Substantiated	Entered Foster Care
General neglect	188,078	44,536	23.7	} 26,670
Severe neglect	7,067	3,361	47.5	
Caretaker absence/incapacity	13,505	6,693	49.5	
Physical abuse	84,867	9,707	11.4	3,415
Sexual abuse	38,417	6,613	17.2	1,109
At risk, sibling abused	60,167	7,263	12.1	} 1,865
Substantial risk	58,940	19,130	32.4	
Emotional abuse	41,440	10,185	24.6	
Exploitation	283	34	12.0	
<b>Total</b>	<b>492,764</b>	<b>106,706</b>	<b>*21.6</b>	<b>**32,961</b>

\* 21.6 percent is the statewide *average*.

\*\* Foster care entry numbers are for all children who remained in care for 8 or more days. The data for two children are missing.

Source: Needell, B., et al. (2009). *Child Welfare Services Reports for California*. Retrieved 3-21-09 from University of California at Berkeley Center for Social Services Research website. [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

<sup>h</sup> In counties that use Differential Response, this is another juncture where families can be referred to community-based services.

## Outcome of Referrals

Of the nearly one-half million (492,764) California children alleged to be victims of child abuse and neglect in 2007, most reports to the Hotline were closed after an initial screening:

- 17 percent of the children had referrals that were assessed and closed (no in-person investigation or case opened);
- 44 percent had referrals that were investigated and classified as unfounded;
- 17 percent had referrals that were investigated and found to be inconclusive; and
- 22 percent, or over 107,000 children, had referrals that were investigated and substantiated by credible evidence confirming that abuse or neglect had actually taken place.

About one third of children with substantiated cases of abuse are eventually placed in out-of-home (foster) care.

*Source: Needell, B., et al. (2009). Child Welfare Services Reports for California. Retrieved 3-21-09 from University of California at Berkeley Center for Social Services Research website. [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)*

## FAMILY MAINTENANCE (FM)

Family Maintenance (FM) provides services to families in crisis to prevent or remedy abuse or neglect, allowing social workers to work with the family while keeping the child in the home. Services are provided based on a *case plan* developed by a child welfare worker and the family services can include, but are not limited to, counseling, emergency shelter care, respite care, emergency in-home caretakers, substance abuse treatment, domestic violence intervention and services, and parenting education.

FM services may be based upon a *voluntary agreement* with the parents, or the juvenile dependency court may intervene and *court-ordered services* may be provided under Section 300 of the Welfare and Institutions Code.

The Family Maintenance funds that counties receive from the State cover up to 12 months of services. Court-ordered FM services may be extended by 6-month intervals and continued indefinitely if it can be shown to the court that the objectives of the service plan can be achieved within the extended time periods and if the services can be provided within the county's Child Welfare Services allocation.

## Who are the Child Welfare Workers?

The term "child welfare workers" is often used interchangeably with caseworker and social worker. In a county child welfare agency, child welfare workers assess and investigate referrals of suspected child abuse and neglect; conduct standardized safety assessments; develop working relationships with families, children, caregivers, and other service providers; meet statutory deadlines; prepare reports; testify in juvenile dependency court; recommend courses of action; develop case/service plans with families; monitor compliance and progress; and find and monitor appropriate out-of-home placements for children. Working with large caseloads typically comprised of families with multiple problems, child welfare workers and probation officers (see Probation-Supervised Foster Care section on page 25) face many challenges to keep children safe and, when appropriate, keep families together.

Under its Division 31 regulations, CDSS requires that at least 50 percent of professional staff providing Emergency Response services and at least 50 percent of professional staff providing Family Maintenance services possess a master's degree in Social Work or its equivalent in education and/or experience. In addition, standardized core curricula are used statewide to train both new and more experienced public child welfare caseworkers. Continuing education is required for both child welfare workers and probation officers.

## FAMILY REUNIFICATION (FR)

Family Reunification (FR), which is typically court-ordered but can also be voluntary, provides intervention and support services for a limited time period to parents/caregivers and children who have been removed from the home (placed into a foster home, with a relative, or into a group home) to make the family environment safe for the child to return.

A *reunification plan* is developed by the child welfare agency in consultation with the parents and either voluntarily signed by both parties or ordered by the juvenile court. Pursuant to that plan, services are made available to the parents, including but not limited to counseling, emergency shelter care, substance abuse treatment, domestic violence intervention, parent education, and homemaking training. The service plan must be satisfactorily fulfilled for the child to be returned home.

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

Services may be extended beyond 6 months for a child under the age of 3, or beyond 12 months for a child over age 3 if “[the court] finds that there is substantial probability that the child will be returned to the physical custody of his or her parent or guardian within the extended time period or that reasonable services have not been provided to the parent or guardian” (Welfare and Institutions Code Section 361.5[a]).

Child welfare agencies are required to file a petition to terminate parental rights when a child has been in foster care for 15 of the past 22 months. Under certain conditions, services may be extended up to 24 months from the initial removal from physical custody of the parent or guardian. In determining whether court-ordered services may be extended, “the court shall consider the special circumstances of an incarcerated or institutionalized parent or parents, or parent or parents court-ordered to a residential substance abuse treatment program, including, but not limited to, barriers to the parent’s or guardian’s access to services and ability to maintain contact with his or her child” (Welfare and Institutions Code Section 361.5[a][2]).

FR is typically court-ordered, but child welfare agencies can also provide voluntary, short-term (180 days) FR services to families without being mandated by the court.

If the family chooses voluntary FR services, the child is placed in care for up to 180 days while the family works on issues to make the home safe for the child. (During voluntary FR, the family is not subject to the permanency hearing timelines described above.) If the child cannot be returned within 180 days, the child welfare agency must file a petition for court-ordered FR services.

If FR services succeed, in either voluntary or court-ordered FR, Family Maintenance funds can be used to pay for court-ordered or voluntary services to provide a safe environment after the child has been returned home. In this circumstance, the case is transferred to FM usually for 6 months, which can be extended if risk of harm to the child remains.

## Trends

In the past 11 years, while the rate of referrals or reports of suspected child abuse and neglect in California has remained fairly stable, the number of children in the child welfare system at any given time has declined. From July 1998 to July 2008, the number of children in Emergency Response fell by 38 percent, the number of children receiving services in their own home (Family Maintenance) declined by 10 percent, the number of children in out-of-home placement (Family Reunification) declined by 33 percent, and the number of children waiting for adoption or other permanent placement (Permanent Placement) dropped by 38 percent.

These declines can be attributed to a variety of factors, including stronger prevention efforts at the “front end” that have kept children at home. There has also been an increase in effective programs at the “back end” to move children out of the child welfare system into permanent placements, such as relative guardians and adoption.

*Source: Needell, B., et al. (2008). Child Welfare Services Reports for California. Retrieved 11/22/08 from University of California at Berkeley Center for Social Services Research website. [http://cssr.berkeley.edu/uch\\_childwelfare](http://cssr.berkeley.edu/uch_childwelfare)*

## Concurrent Planning

To ensure that children are not in out-of-home placement longer than necessary, child welfare workers are required to do concurrent planning so that timely permanency is achieved in the event a child cannot be returned home safely. Concurrent planning is a two-track process that involves reasonable efforts to reunify children with parents and the development of the most appropriate alternative for a legally permanent family, which is generally adoption but might include legal guardianship.



## PERMANENT PLACEMENT (PP)

Permanent Placement (PP) services are meant to ensure that children who have been removed from families where there has been neglect or abuse have safe, stable, and permanent homes to grow up in. All children and youth need lifelong connections with a caring adult. When children cannot live safely with their parents, federal policy prefers adoption as the first alternative permanency option, followed by legal guardianship. When those options are unavailable, other placement arrangements are made, which vary in their degree of permanency and stability, including longer-term foster care placements with non-relatives or group homes.

## Adoption

Adoption is a process that creates a new legal parent-child relationship by terminating the parents' rights and transferring those rights and responsibilities to the adoptive parents.

Once the timeframes described above have expired, the court must terminate parental rights unless certain circumstances warrant an exemption based on the child's best interest. Examples of exemptions include a child whose parents have maintained regular contact where the child might benefit from continuing the relationship; a child who is 12 years of age or older and objects to being adopted; and

### CDSS Oversight of Adoptions

CDSS regulates, provides oversight and technical assistance, and maintains records for 1) adoptions that occur through public agencies, 2) adoptions that occur through private adoption agencies, 3) independent adoptions that are handled by a private attorney without the support of public or private agencies, and 4) adoptions of children from countries outside the United States. Seven CDSS district offices provide agency adoption services to 28 counties and independent adoption services to 55 counties. The remaining counties are licensed by the state to conduct their own adoption services.

interfering with the connection of a Native American child to his or her tribal community or the child's tribal membership rights. (In some Native American tribes, adoption with termination of parental rights can mean the child loses citizenship in the tribe along with the benefits received from tribal membership.)

To prevent completely severing a child's existing family connections, California adoption law now allows parents or relatives to enter into a Post-Adoption Contact Agreement with the adoptive parents, subject to court approval, where parents or relatives continue receiving information about and/or maintaining contact with the child.

## Legal Guardianship

If adoption is not a viable option, county child welfare staff work to identify a person willing to accept legal guardianship of the child. This is a legal arrangement in which an adult, including a relative or non-related extended family member (NREFM), has court-ordered authority and responsibility to care for a minor child. While guardianship does not provide the same level of permanency that is afforded through adoption, this option can facilitate continuity of formal and legal ties to the child's biological family, which may be in the child's best interest. Legal guardians have authority to make the decisions on behalf of the child that a biological parent would make, but have no legal obligation to support the child financially; the biological parents continue to be legally required to provide financial support for the child. A guardian is responsible for a child's personal needs, including shelter, education, and medical care.

If a relative becomes a guardian, the child welfare and dependency court cases may be closed. Through the Kinship Guardian Assistance Program (Kin-GAP), the relative may receive ongoing financial assistance for the child in the same amount that the child would have received in a foster home.<sup>i</sup> Most non-related legal guardians (NRLG) receive similar financial assistance under the state AFDC-Foster Care program and remain under the supervision

<sup>i</sup> Financial support given to both relative and non-related legal guardians is equivalent to the county's basic rate of support for foster parents, typically between \$446-\$627 per month as of January 2009, depending on the age of the child. Children in the home of a related legal guardian can continue to receive the specialized care increment (SCI) if the child was receiving it at the time the child/caregiver was moved to guardianship/Kin-GAP. SCI is a system that allows a county to pay a higher rate than the foster family home basic rate for children who require additional care due to health and/or behavioral problems and who are placed in a licensed or approved foster family home, certified foster family agency home, or home of a relative or non-related legal guardian.

of the county child welfare agency, but not under the jurisdiction of the juvenile dependency court. However, if the child's income is adequate (e.g., Social Security benefits, or the family has sufficient resources) and the NRLG can provide health insurance benefits, there would generally be no reason for the child to remain in the foster care system.

Legal guardianship can be terminated when a parent successfully petitions to resume guardianship of the child, when a judge determines that a guardianship is no longer necessary, or when a guardian resigns. Guardianship automatically ends when a child reaches the age of 18.

## **Alternative Forms of Permanency**

When efforts to place a child in a permanent home through reunification, adoption, or guardianship have not succeeded, alternative forms of permanency are considered, including foster care. Longer-term foster care placements may be with relatives, non-relatives, or in group homes. While this is the least desirable option, children may continue in foster care indefinitely.

For children in relative placement or longer-term foster care (including group care and residential treatment), a permanency review (an assessment of foster care as the child's permanency option) must be conducted every 12 months by the juvenile court. A 6-month review is also required, which may be conducted by the court or, with mutual agreement, by the child welfare agency.

Court jurisdiction and foster care placement generally end on the youth's 18<sup>th</sup> birthday, when they are emancipated from the child welfare system. If still attending high school and likely to graduate before their 19<sup>th</sup> birthday, foster youth can continue to remain in foster care while attending high school, up until age 19.

At the time this Primer went to press, legislation had been proposed in California to implement a new federal statute, the Fostering Connections to Success and Increasing Adoptions Act of 2008 (PL 110-351) which, among other provisions, helps youth who turn age 18 in foster care without permanent families to remain in care up to age 21. Implementation of this federal program is a state option; if the legislation results in statutory changes in California, federal resources will be available to increase the foster youths' opportunities for success in their transition to adulthood.

## Specialized Services for Older Youth

Services are offered to older youth currently or formerly in foster care. These services may include the Independent Living Program and the Transitional Housing Programs.

### **Independent Living Program**

The Independent Living Program (ILP) helps youth to prepare for self-sufficiency. Youth who meet one of the following criteria are eligible for ILP services<sup>j</sup> up until their 21<sup>st</sup> birthday:

- The youth has been in foster care at any time from their 16<sup>th</sup> to their 19<sup>th</sup> birthday, or
- The youth has participated in Kin-GAP between the ages of 16 and 18.

For each eligible youth, the child welfare agency works with the youth and caregiver to develop a written Transitional Independent Living Plan describing the programs and services that will help the youth prepare for their transition from foster care to independent living. A wide range of training and services are available, including needs assessment, assistance in earning a high school or equivalent diploma, training in daily living skills, financial assistance for college or vocational school (e.g., for tuition, cost of books, housing), mentoring, help in obtaining employment, training in money management, and assistance with securing transitional housing.

Some Independent Living Programs—because of their commitment to permanency and lifelong connections—are beginning to support older foster youth in establishing or re-establishing these important connections.

### **Transitional Housing**

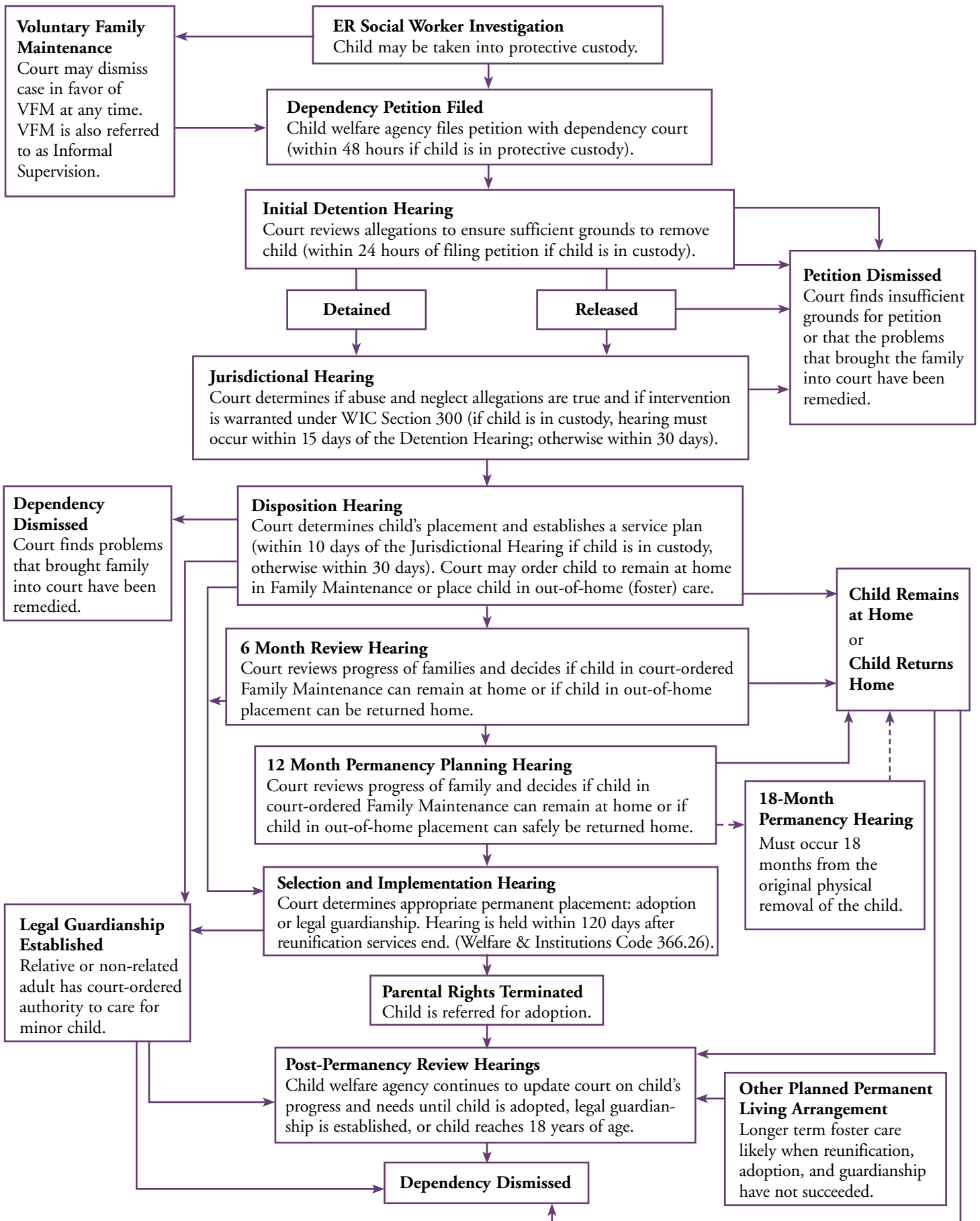
For foster youth between the ages of 16 and 18 participating in an ILP, the Transitional Housing Placement Program (THPP) provides a community-based licensed placement that offers care and supervision. The goal of the Transitional Housing Placement Program is to provide a safe environment for youth to practice the skills they learned in the Independent Living Program.

The Transitional Housing Program-Plus (THP-Plus) serves emancipated young adults 18-24 years old. Counties that choose to participate in the program provide supervised independent living housing and support services.

Youth who participate in the THPP and THP-Plus programs develop goals using a Transitional Independent Living Plan (TILP). Individualized services are developed using TILP goals. For example, participants receive training on basic fundamentals of self-sufficiency, including how to develop a budget, take care of an apartment, find employment, use transportation, make timely payments for utilities and other bills, make and attend appointments, and attain high school or college diplomas.

<sup>j</sup> States and counties are required to offer ILP services beginning at age 16, but counties have the option of offering ILP services at age 14.

**Figure 3: Juvenile Dependency Court Process**



Adapted with permission from *Flow Chart of the Administrative Office of the Courts*, published by the Center for Families, Children and the Courts, Judicial Council of California.

## JUVENILE DEPENDENCY COURT

The juvenile dependency court is a division of the county superior court that handles child abuse and neglect cases. This court has ultimate authority over what happens to children who are alleged to have suffered abuse or neglect while in the care of a parent or guardian. California Welfare and Institutions Code (WIC) Section 300 provides the legal basis for juvenile court jurisdiction and authorizes the court to remove children from the care and custody of their parents if such action is necessary to keep them safe.

When a social worker or law enforcement officer removes a child from the care of a parent or guardian and places the child in protective custody, the county child welfare agency files a petition with the juvenile court. If the petition is approved by a juvenile court judge, the child becomes a “dependent” under the court’s jurisdiction. During the hearing process, each party, including the parents, child, and child welfare agency, is represented by an attorney. The juvenile court will appoint an attorney for parents that cannot afford one.

Following a series of hearings that assess the allegations of the petition and the needs of the child (see Figure 3), the juvenile court judge can either dismiss the petition or take dependency jurisdiction over the child. If the latter, the court can allow the child to stay at home or place the child in out-of-home (foster) care. If the child remains in the home, the judge may order Family Maintenance services to address concerns that the child welfare agency may have about the family. If the child is placed in out-of-home care, the judge usually must order Family Reunification services to help the parents regain custody of their child. If the court orders out-of-home placement, the child welfare agency is required by law to explore and assess placement first with a non-custodial, non-offending parent, followed by relatives or non-related extended family members. Non-familial foster care becomes an option only after the legally mandated alternatives have been exhausted.

Whenever the court removes a child from his/her home because of abuse or neglect, the court grants responsibility for meeting the child’s placement, health, and educational

needs to the county child welfare agency. A case plan, individualized to meet the needs of the family and address safety concerns about the home environment, is developed jointly with the social worker and the family and approved by the court.

The court relies on the child welfare agency to engage in concurrent permanency planning to avoid delays in getting permanent family placements for children in the foster care system. This process includes reunification with the birth family while simultaneously, in the event reunification efforts fail, identifying a second permanent placement goal and working to place the child with a caregiver who will commit to permanency, such as adoption or guardianship.

The court may dismiss a case at any point if the issues that brought the family into court have been remedied and the child is no longer at risk. A permanency hearing must be held within 12 months of a child’s entering foster care. In certain situations, the deadline for reunification may be extended to 18-24 months. For a child under the age of 3, or a sibling group in which one is a child under age 3, parents are generally only entitled to 6 months of reunification efforts. If the parents are unable to reunify within specified time periods, the court must select among permanent placement options for the child, including, in order of preference, an appropriate relative, adoption, legal guardianship, or another planned permanent living arrangement, including foster care.

The Indian Child Welfare Act (ICWA) sets federal requirements that apply to state custody proceedings involving Native American children who are members of or eligible for membership in a federally recognized tribe. When ICWA applies to the case of a Native American child, the child’s tribe and family can petition to transfer jurisdiction of the case to their own tribal court. The tribe can also participate as a party in the state court. The state court must follow ICWA guidelines for court procedure and placement when the federal law applies to a case.



# CHILDREN IN THE CHILD WELFARE SYSTEM

Understanding the child welfare system not only requires knowledge of governmental laws and programs, but also of the children involved in the system.

## REASONS FOR CHILD WELFARE SYSTEM INVOLVEMENT

Each year, nearly a half million children in California come to the attention of child welfare officials through reports of suspected child abuse or neglect. Of 106,706 *substantiated referrals* for child abuse and neglect in 2007, 41 percent were for general neglect; 18 percent involved children at substantial risk of abuse; 9 percent were for emotional abuse; and 9 percent were for physical abuse.

Referrals about children who were at risk but not abused—but whose sibling was abused—accounted for 7 percent of substantiated referrals; 6 percent were for sexual abuse referrals; another 6 percent were for referrals where the caregiver was absent or incapacitated; and 3 percent were for severe neglect (see Figure 4).

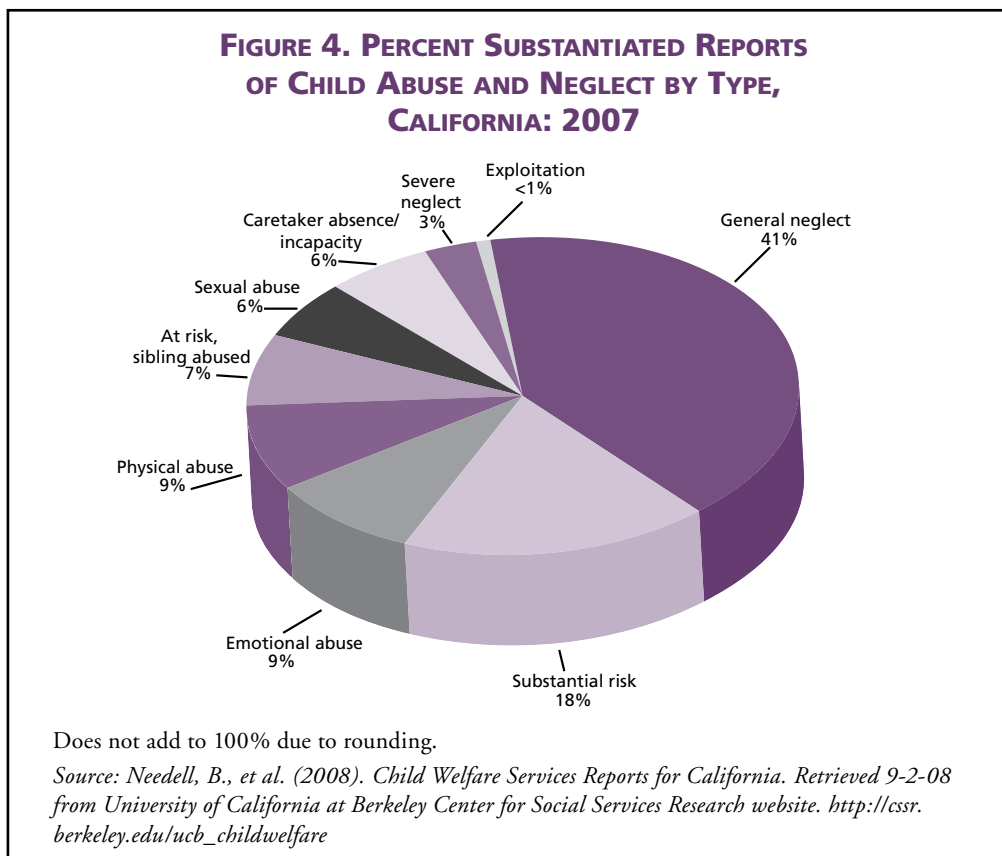
## CHILDREN RECEIVING SERVICES

On July 1, 2008, 104,698 California children had *open cases* in California's county child welfare agencies and were receiving either mandatory or voluntary services. Of those, 3 percent were receiving Emergency Response (ER) services; 28 percent were receiving Family Maintenance (FM) services; 24 percent were receiving Family Reunification (FR) services; and 45 percent were receiving Permanent Placement (PP) services.<sup>1</sup>

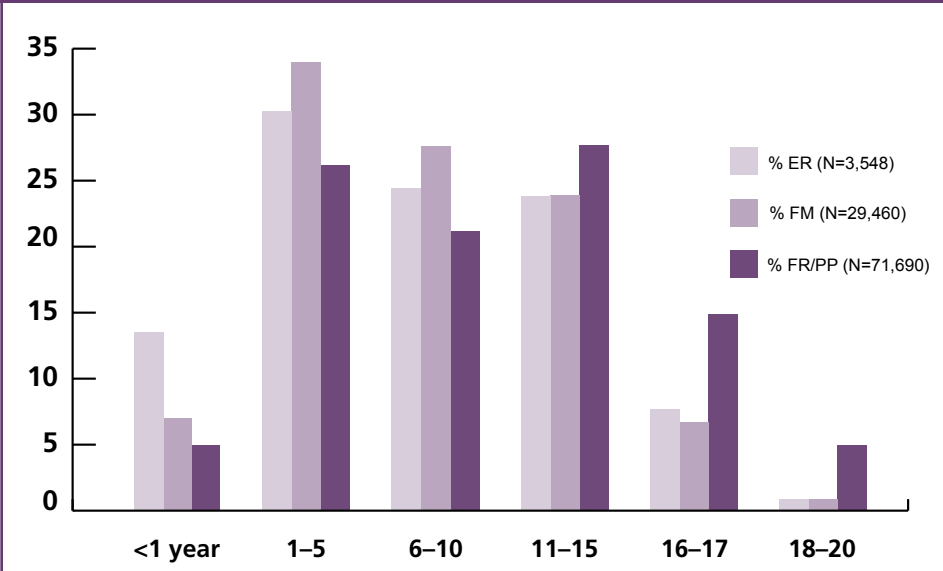
Data from the U.C. Berkeley Center for Social Services Research provides additional information about the characteristics of children and youth in the child welfare system.

## Age

On average, children and youth receiving Emergency Response and Family Maintenance services were younger than those in foster care (Family Reunification and Permanent Placement). Sixty-eight percent of children in ER and 69 percent of children in FM were under 10 years of age, compared to 52 percent in foster care (FR and PP). Children 11 and older made up 32 percent of children in ER and 31 percent of children in FM, compared to 48 percent of those in foster care (FR and PP). (See Figure 5)

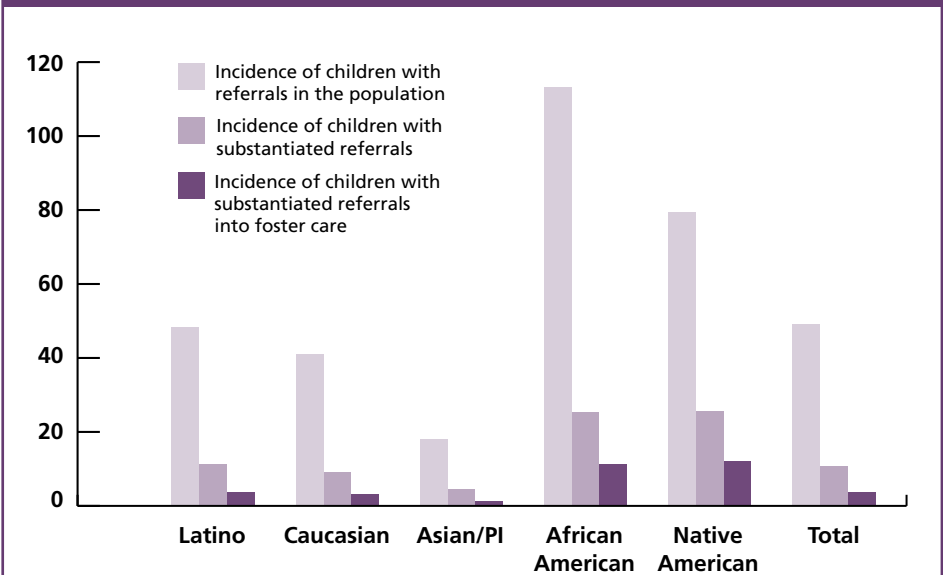


**Figure 5. Children in the Child Welfare System, by Age and Component, July 1, 2008**



Source: Needell, B., et al (2009). *Child Welfare Services Reports for California*. Retrieved 2-19-09, from University of California at Berkeley Center for Social Services Research website. [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

**Figure 6. Child Abuse/Neglect Referrals, Substantiations, and Entries, by Race/Ethnicity, Rate/1,000, 2007**



Source: Needell, B., et al. (2009). *Child Welfare Services Reports for California*. Retrieved 2-19-09 from University of California at Berkeley Center for Social Services Research website. [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

## Race/Ethnicity

On July 1, 2008, children of color, including African American, Native American, Latino, and Asian/Pacific Islander, comprised the majority—or 75 percent—of children in the child welfare system.<sup>2</sup>

In 2007, the latest calendar year for which data are available (see Figure 6), the incidence rate of African American and Native American children with referrals for suspected child abuse and neglect, substantiated referrals, and entries into foster care were significantly higher than those for their Caucasian, Latino, and Asian/Pacific Islander counterparts.

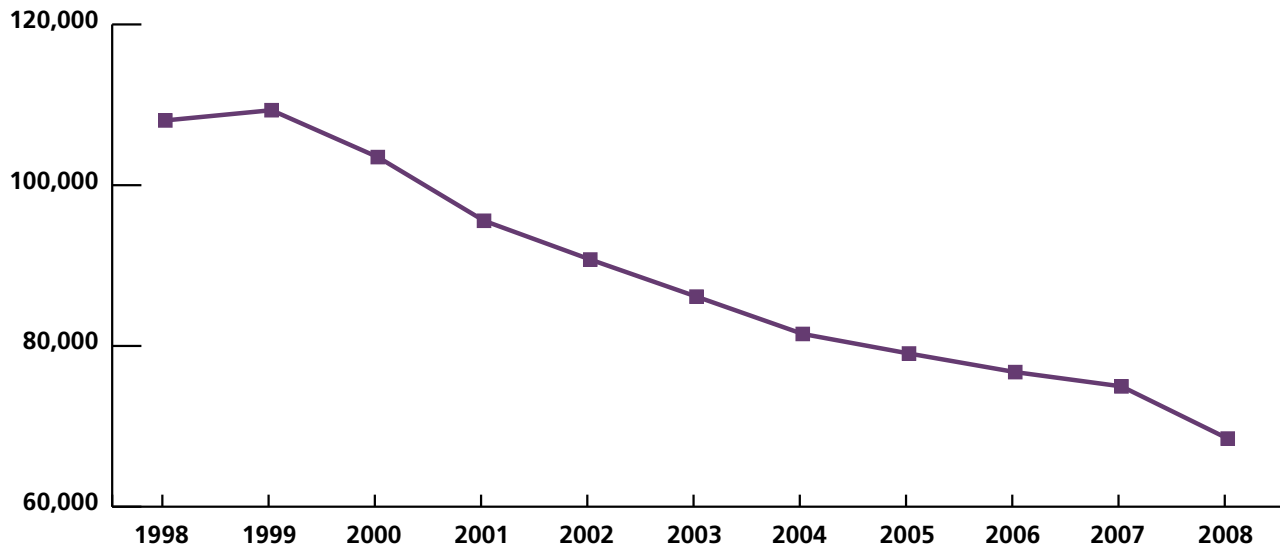
## CHILDREN IN FOSTER CARE

On July 1, 2008, children in out-of-home placement made up nearly 7 out of every 10 children in California’s child welfare system. From 1998 to 2008, the number of children in out-of-home placement, or foster care, decreased by 37 percent, from 108,057 to 68,475.<sup>k,3</sup> This decline is primarily due to the large numbers of children who exited the child welfare system to stay with relative guardians receiving Kin-Gap (see Out-of-Home Care Providers section on page 27). Other reasons for the decline include reduced entries into foster care and policies and programs leading to more children being adopted.

From July 1, 2007 to June 30, 2008, more than 2 placements were experienced by 18 percent of California’s foster children who were in care for less than one year, by 37 percent in care for at least 12 months but less than 24 months, and by 67 percent in care for at least 2 years.<sup>4</sup> Although many children cycle through the foster care system more than once and experience multiple placements, the actual number of foster children experiencing multiple placements from 1998 to 2008 declined.<sup>5</sup>

k According to U.S. Children’s Bureau data, there was a 5 percent drop in out-of-home placements nationally from FFY 2002 to FFY 2007. This is in contrast to an 18 percent drop in California during the same time period. See [http://www.acf.hhs.gov/programs/cb/stats\\_research/afcars/trends.htm](http://www.acf.hhs.gov/programs/cb/stats_research/afcars/trends.htm)

**Figure 7. Children in Child Welfare-Supervised Foster Care, California, on July 1 of each year: 1998-2008**



Source: Needell, B., et al. (2009). *Child Welfare Services Reports for California*. Retrieved 2-19-09 from University of California at Berkeley Center for Social Services Research website. [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

Nearly 37,000 children in foster care for 8 days or more left the foster care system from July 1, 2007 to June 30, 2008<sup>6</sup>. Of those, nearly 20,000 (54 percent) were reunified with their families; about 7,800 children were adopted; 1,200 exited to Kin-GAP; and 1,600 were living with

legal guardians. Another 4,600 turned age 18 and were discharged from the system, and 1,800 children had “other” types of exits from foster care, including running away and incarceration.

# PROBATION-SUPERVISED FOSTER CARE

Children and youth enter the foster care system either through county child welfare agencies or probation departments. Youth with juvenile dependency cases who are charged with acts of delinquency are typically placed in probation-supervised foster care.

## THE LEGAL PROCESS

Juveniles alleged to have committed a crime are referred by law enforcement agencies to the probation department. A probation officer reviews the police report, meets with the youth and family, and conducts an assessment. The assessment evaluates parental ability to supervise the youth, family conflicts, current and prior involvement with the child welfare system, school behavior and grades, substance abuse, health and mental health issues, and the family's ability and willingness to address the concerns. Based on the needs, problems, and strengths identified in the assessment, the probation officer may handle the case through an informal process or, if the offense is serious and the support structure is unclear, file an affidavit for petition to the district attorney, which is then filed in juvenile court.

The juvenile court may establish jurisdiction over a child who has committed acts that warrant delinquency jurisdiction (WIC Sections 601 or 602). If the minor is in custody, a detention hearing is held to determine whether or not to release the child. Following a series of hearings and the preparation of a report and case plan by the probation officer, the court decides whether to dismiss the case, place the minor on informal probation, or declare the minor a "ward" of the court. If the youth is made a ward of the court, the judge decides whether to send the child home with probation supervision, place the minor in a camp or other detention facility for a period of time before being sent home, or place the child with relatives or in a foster or group home. If the child is placed in a relative's home, foster care, or a group home, the probation officer updates the case plan, and the court reviews the placement on a regular basis. To terminate a youth's status as ward of the court, the probation officer must file a petition with the juvenile court.

## PROBATION-SUPERVISED CHILD WELFARE SERVICES

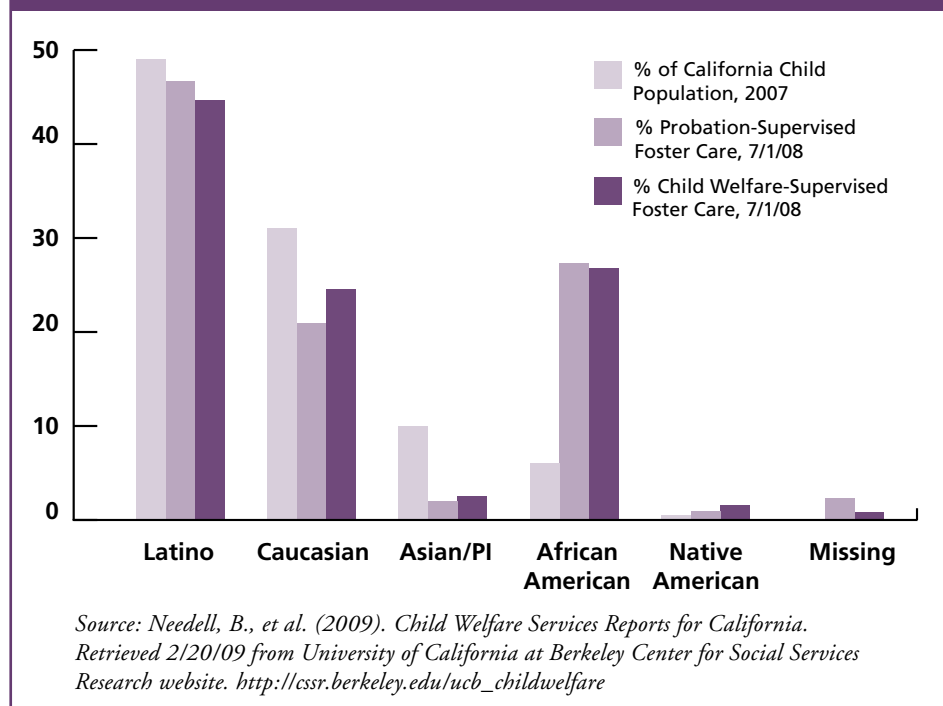
In California, county probation departments provide probation-supervised youth and their families with pre-placement preventive services, Family Reunification services, and Permanent Placement services.<sup>1</sup>

### Pre-Placement Preventive Services

Pre-placement services are provided to youth who the court has allowed to stay at home with probation supervision. Children at high risk of being removed from their homes may receive Wrap-around program services (see page 40). Services are provided through probation departments and collaborating agencies, including child welfare, mental health and public health, as well as schools, community-based organizations and faith-based groups.

Many counties operate specialized programs for youth sex offenders, substance abusers, and youth involved in gang activity. With an average FM

**Figure 8. Child Welfare- and Probation-Supervised Foster Children, by Race/Ethnicity, 7/1/08**



<sup>1</sup> Pre-placement preventive services are reimbursed by the county; case management activities are reimbursed through federal Title IV-E administrative funds and the county. Out-of-home foster care placement costs are reimbursed by the local child welfare agency through Title IV-E funds, state general funds, and county matching funds. Intensive supervision programs primarily rely on two state funding sources, the Juvenile Justice Crime Prevention Act of 2000 and Juvenile Probation and Camps funding legislation of 1998.

caseload size of 60 children, probation officers visit each child at least once a month and review and update case plans every six months. In 2008, probation officers supervised 72,000 wards of the court placed in their homes or with relatives.<sup>7</sup>

### Family Reunification Services

A Memorandum of Understanding (MOU) between the county child welfare agency and the probation department is required to claim federal Title IV-E funds for probation-supervised foster care services. The MOU must specify the services and placement activities performed by probation departments for wards in foster care, and the procedures that will be used to ensure probation-supervised foster children receive eligibility reviews based on the best available information. The MOU also must specify procedures the probation department will use in submitting claims to the county child welfare agency. Once a child is placed, the probation officer completes required documents and sends the information to CDSS for entry into the Child Welfare Services/Case Management System (CWS/CMS) system. Probation officers work with service providers and make monthly visits to ensure the child is receiving the services required by the case plan.

### Permanent Placement Services

Permanent Placement is often a challenge for probation departments. Adoption alternatives for a delinquent child age 14 and older are minimal. While the least desirable option, longer-term foster care is the most commonly used permanent plan for probation-supervised foster youth who cannot return home.

## PROBATION-SUPERVISED CHILDREN AND YOUTH

On July 1, 2008, 7,112<sup>m</sup> children were in probation-supervised foster care in California.<sup>8</sup> Over half (56 percent) were 16-17 years of age, 23 percent were ages 11-15, and 21 percent were ages 18-20. While males and females enter child welfare-supervised foster care in nearly equal numbers, males outnumber females in probation-supervised foster care by more than four to one.

Like their child welfare-supervised counterparts, disproportionality is an issue with probation-supervised foster children. African American and Native American children are over-represented in both child welfare-supervised and probation-supervised foster care, while Latino, Caucasian, and Asian/Pacific Islander children are underrepresented (see Figure 8).

Approximately 25 percent of children in probation-supervised foster care had previously been in the child welfare system.<sup>9</sup>

### Out-of-Home (Foster Care) Placement

During July 2008, 45 percent of probation-supervised foster children were placed outside their home counties, and 2 percent were placed out of state.<sup>10</sup> While attempts are made to place children near their parents and with or near their siblings, long-distance placements occur for various reasons. The youth might be placed with relatives or another desirable member of the non-relative extended family who live out-of-county or in another state. There could be a shortage of foster homes or other care facilities near the child's family, or the child might have special care or treatment needs that are not locally available.

On July 1, 2008, 44 percent of children in probation-supervised foster care were placed in group homes;<sup>11</sup> 2 percent were placed with relatives;<sup>n</sup> 2 percent were placed in foster homes, Foster Family Agencies, transitional housing, or with a guardian; 17 percent were in "other" placements; and 30 percent were runaways.<sup>o</sup>

### Dual-Status Youth

Under AB 129 (Chapter 468, Statutes of 2004), counties are able to establish "dual status" for children and youth with active child welfare cases by placing them under the jurisdiction of both the dependency and juvenile court systems. For youth who "cross over" from the care of a child welfare agency to the juvenile justice system, this dual status provides for better service coordination and communication which benefits both children and their families.

m Due to a manual data-collection process and a centralized data-entry process that is somewhat cumbersome for tracking placement moves and exits, the number of foster youths in probation placements may be overestimated. A proposed move to give county probation officers direct access to CWS/CMS for case management activities could result in more accurate data in the future.

n In 2006, Kin-GAP was expanded to include probation-supervised youth who had lived with a relative for at least 12 consecutive months and had guardianship established with the relative.

o The data on runaways and "other" placements cannot be accurately interpreted. A high percentage of these cases may have ended, but not closed on CWS/CMS. Personal communication, April 10, 2009, B. Needell, Center for Social Services Research, U.C. Berkeley.



## OUT-OF-HOME CARE PROVIDERS

Federal law requires that children who are removed from their homes be placed in the least restrictive, most family-like setting possible that will meet their needs. Federal law also requires, to the extent possible, that children remain in their own schools and communities. These goals are not always achieved. In July 2008, 21 percent of children in foster care were placed outside their own counties, and 3 percent were placed outside of California.<sup>12</sup>

Foster children are placed in a variety of settings that provide different levels of structure and services. These include kinship (relative) care, foster family homes and agencies, group homes, community treatment facilities, and transitional housing. On July 1, 2008, more child welfare-supervised children (nearly 24,000 or 35 percent) were placed in the homes of relatives or non-related extended family members than in any other placement. About 27 percent of children were placed in foster family agency facilities, 12 percent were living with legal guardians, 10 percent were placed in foster family homes, and 8 percent were placed in group homes. The remaining 9 percent were in a variety of settings, including pre-adoptive placements, shelters, transitional housing, and institutions.<sup>13</sup>

Before placing children in a foster home, the state or county licensing child welfare agency assesses a prospective foster parent's suitability. The assessment includes performing a criminal records check, checking for prior child abuse/neglect allegations, and checking out-of-state child abuse registries. In addition, an orientation/training is provided to the caregiver; the caregiver is advised of the child's personal rights in foster care; and an in-home inspection of the caregiver's home is conducted.

### KINSHIP CARE

Relative caregivers have always been a primary source of care for children whose parents are absent or unable to care for their children. The law requires that, when a child is placed in foster care, preferential consideration be given to adults who are relatives by blood, adoption, or other close relationship.

Relative caregivers often face unique challenges. Nationally, in contrast to non-relative foster families, relative caregivers tend to be older, single, low-income, and more likely to be African American or Latino. Relative caregivers are also more likely to have less education, be in poorer health or disabled, lack health insurance, and experience household food insecurity.<sup>14</sup> Despite many challenges, kinship placements are more stable than non-relative placements, and in many cases, allow siblings to remain together.

To support relative caregivers, California has enacted two programs: the Kinship Guardianship Assistance Payment (Kin-GAP) program and the Kinship Support Services Program (KSSP).

California's *Kinship Guardianship Assistant Payment* (Kin-GAP) program was implemented in 2000 as a strategy to achieve permanency for foster children who will not be reunified with their biological parents. Kin-GAP is a voluntary program that provides financial assistance to relative caregivers who assume legal guardianship of their related foster children at a rate equal to that received for foster care. The program enables foster children and youth to live in stable homes with their own families and has helped reduce demand for traditional foster care.

Until the passage of federal legislation in 2008, the State and counties shared the entire cost of this program. States now have the option, through the federal *Fostering Connections to Success and Increasing Adoptions Act of 2008* (PL 110-351), to use federal Title IV-E funds for subsidized kinship guardianship placements for children raised by relative caregivers who care for them in foster care and are committed to caring for them permanently. At the time this Primer went to press, legislation had been proposed in California to implement this Act.

Kin-GAP has been successful in exiting many children from the formal foster care system to safe and stable homes. Children who leave foster care for Kin-GAP are relatively unlikely to reenter foster care.<sup>15</sup> While many relative caregivers have utilized Kin-GAP, others have been unwilling and financially unable to forego non-cash benefits and services, such as case management, available to families with foster children. To eliminate financial disincentives, in 2006 the Legislature enhanced basic Kin-GAP benefits to more closely match those paid to foster parents. The enhanced benefits include Specialized Care Increments (SCI) payments if the child was receiving SCI while in foster care, the annual state clothing allowance, and any county clothing allowance the child would have received while in foster care.

From 2000 through 2007, the last calendar year for which data are available, over 12,000 children left the foster care system for subsidized guardianship in Kin-GAP. Of those, 41 percent were African American, 39 percent were Latino, 18 percent were Caucasian, 2 percent were Asian/Pacific Islander, and less than 1 percent were Native American.<sup>16</sup>

The *Kinship Support Services Program* (KSSP) provides supports and services to children in foster care, upon their exit from foster care, and to children at risk of foster care being cared for primarily by relatives. KSSP is a community-based continuum of care model, offering services from prevention to post-permanency support. State KSSP funding provides start-up and expansion resources for local kinship support programs and services to all relative caregivers and the dependent children placed in their homes by the juvenile court, or children who are at risk of dependency or delinquency. Many communities and private providers augment state funding to expand the scope of their programs.

KSSP funds can be used to provide a variety of services:

- assessment and case management;
- referrals to housing, homemaker services, legal services, day care, respite care, and support groups;
- transportation for education, recreational activities, and medical care;
- information and referral;
- individual and group counseling related to parent-child relationships and group conflict;
- counseling and referral to promote permanency, including kinship adoption and guardianship; and
- tutoring and mentoring.

As of June 30, 2009, 20 out of California's 58 counties had KSSP programs in neighborhoods throughout their counties.

## **FOSTER CARE PLACEMENTS**

The CDSS Community Care Licensing (CCL) Division licenses six types of foster care facilities: foster family homes, small family homes, Foster Family Agencies (which certify their own family homes), group homes, Community Treatment Facilities, and Transitional Housing Placement Program facilities. Counties can have their facilities licensed by the state or can contract with CCL to conduct their own foster family home licensing. In addition to licensing in-state group homes, CCL certifies out-of-state group homes according to California licensing standards to ensure that the same safeguards for children placed in group home care within California are afforded to children placed outside of the state.

CLL licenses five types of facilities, which provide increasingly specialized or restrictive levels of care:

*Foster Family Homes* are licensed residences that provide 24-hour care for no more than six children (or eight if it is a sibling group). As part of the licensing process, CCL or the county licensing unit conducts home inspections and family interviews to ensure compliance with minimum safety and space requirements. Foster parents are required to have pre-placement training; the number of pre-placement training hours varies from county to county. Foster parents must have sufficient income available without the foster care payment, and foster parents that work must make appropriate child care arrangements.

Relatives who are caregivers of foster children and non-related extended family members (NREFMs) are a subset of foster family homes. In order to have a foster child placed with them, relatives and NREFM must be assessed and either approved or denied by the county child welfare agency as meeting licensing standards.

*Small Family Homes* provide 24-hour care in the licensee's family residence for six or fewer children who are mentally disabled, developmentally disabled, or physically handicapped, and who require special care and supervision as a result of their disabilities.

*Foster Family Agencies* (FFAs) are private, nonprofit corporations created to provide treatment or therapeutic foster care for children with emotional, behavioral, developmental, or other special and higher level needs, or to provide temporary care for children awaiting adoption through licensed adoption agencies. FFAs certify and provide placements for children in foster family homes and assign their own social workers to provide services to children and foster parents. For children placed in FFAs, the county social workers retain case management responsibilities, including reports and recommendations to the juvenile dependency court. Although counties are required to find placements based on the child's needs, some counties turn to facilities such as FFAs due to a lack of alternative placement resources in other less restrictive facilities. (See Shortage of Foster Family Homes on page 43.)

*Group Homes* provide 24-hour supervision in a more structured and restrictive environment than FFAs. These facilities range from small group homes for up to six foster children to group homes that can house large numbers of children, depending on the program. All group homes have a treatment component as a part of their plan of operation.

*Community Treatment Facilities* (CTFs) are the most restrictive foster care placement option. These facilities have secure environments and serve seriously emotionally disturbed children who cannot be appropriately treated in a group home, but need a less restrictive setting than a psychiatric hospital. A county inter-agency placement committee must recommend any placement in a CTF. CDSS and the California Department of Mental Health jointly regulate CTFs. California currently has three CTFs with a total licensed capacity of 102 beds. CTFs are limited by statute to a maximum of 400 beds statewide.

In addition, the *Transitional Housing Placement Program* (THPP) supports community care licensed facilities that provide care and supervision for 16- to 18-year old foster youth in independent living arrangements that allow youth to work on skills they learned in an Independent Living Program. Counties must be approved by CDSS before they can participate in THPP. Currently, 32 counties are THPP-approved.

## **OUT-OF-HOME PLACEMENT PAYMENTS\* AS OF JANUARY 2009**

Foster care providers receive maintenance payments on behalf of the child for board and care, food, clothing, daily supervision, school supplies, personal incidentals, liability insurance for the child, and travel to visit the child's home. Rates vary according to the needs of children and where they are placed. Payment levels are set in state law and vary by the child's age, with the lowest rates paid for children under 4 years of age and increasing for each four-year age group to age 18. Monthly rates for foster care facilities are also set in state law and increase as levels of care or treatment become more specialized or restrictive:

*Least Restrictive:* Foster family homes, relatives of federally eligible children, small family homes, guardians, and NREFM (based on age of child).

Base rate for board and care only: \$446–\$627\*\*

*Treatment:* Foster family agency.

Base rate: \$1,589–\$1,865

*Residential:* Group home and Community Treatment Facilities:

\$1,486–\$6,694 by level of treatment intensity in the program. Includes staffing and overhead costs.

*Transitional Housing Placement Program:*

Rates set by counties. Maximum rate by law is 70 percent of average county group home expenditures.

*Dual Agency Rates* (children in a foster care home, adoptive placement, or adopted from the foster care system who receive benefits through AFDC-FC or Adoption Assistance Program and services from a Regional Center):

\$2,006 + supplement of up to \$1,000 as applicable (children age 3 and older)

\$898 (children under age 3 without developmental disability receiving services under California Early Start Intervention Services Act)

\$2,006 (children under age 3 determined to have a developmental disability)

\*Due to California's budget crisis, many expect these payments will be reduced.

\*\*Most counties have a specialized care rate schedule to provide, on a case-by-case basis, an additional monthly payment, called the specialized care increment (SCI). For a child in kinship care or a foster family home, an SCI can range from under \$100 to over \$1000. The SCI can be used to provide services for the child's health needs or behavior problems. The SCI can also be used to provide an annual clothing allowance of \$100 to \$600.

Source: California Department of Social Services, January 2009

## FUNDING THE CHILD WELFARE SYSTEM

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

California has both a federal and state foster care program. Approximately 75 percent of California's foster care children in out-of-home care are eligible for and receive Title IV-E funding from the federal government. The federal Aid to Families with Dependent Children-Foster Care (AFDC-FC) program is funded in part with Title IV-E funds, which pay for placement (board and care). Foster children are also categorically eligible for Medi-Cal. Children who do not meet the eligibility criteria for federal foster benefits are eligible for assistance under the state foster care program or the CalWORKs program if they are placed with a relative. A small number of children are not eligible for federal or state funding and are supported in foster care by county-only resources.

### TITLE IV-E

Title IV-E, a major funding source for foster children who have been placed in out-of-home care, makes up approximately 80 percent of the \$1.9 billion in CWS funding California receives annually from the federal government.<sup>17</sup> Title IV-E was established as an uncapped entitlement, which means that the federal government is obligated to make payments to any person who meets the federal eligibility criteria established by law. The funds provide half of the monies for allowable board, care, and related administration for children in foster care who meet

the eligibility requirements of the former Aid to Families with Dependent Children (AFDC) program as it existed in July 1996.<sup>p</sup> The remaining 50 percent must be matched (or paid) by the state (20 percent) and by the counties (30 percent).

Combined with the required state- and county-matching funds, Title IV-E covers a variety of out-of-home care costs, including state and local child welfare staff training, case management associated with supervising and placing children in foster care and supervising children at imminent risk of foster care, and out-of-home care maintenance payments. Title IV-E also provides funding for the Adoption Assistance Program (AAP) to encourage the adoption of special needs children. Monthly adoption assistance maintenance payments are based on the child's age, and additional specialized rates are based on a child's special care needs. Under the Fostering Connections to Success and Increasing Adoptions Act of 2008, states are also eligible to receive federal IV-E funds for Kin-GAP cases.

In 2007, California received a waiver from DHHS allowing selected counties to opt into flexible use of Title IV-E funds for prevention projects to help families avoid the removal of a child from their home. California's Title IV-E Waiver Demonstration Project is described in a later section (see page 41). California is one of 10 states that currently have a Title IV-E waiver.

p Although AFDC ended on July 16, 1996 with the passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, eligibility for Title IV-E funds continues to be based on the 1996 AFDC eligibility standards.

## TITLE IV-E ELIGIBILITY

To be eligible for federal foster care (Title IV-E), a child must meet certain requirements:

### *Categorical eligibility requirements*

- Be under age 18.
- Reside in California.
- Must be either a U.S. citizen or a “qualified” immigrant.

### *Conditions of removal and placement*

- The child is deprived of parental support or care (e.g., through death, physical or mental incapacity, or continued absence).
- There must be legal authority for the child’s removal by court order or voluntary placement.
- The child’s care must be the responsibility of a state agency or county child welfare agency.
- The child is placed by the county child welfare agency in a licensed or approved home or facility.

### *Financial*

- Eligibility for the child is “linked” to the former AFDC program as it was in effect on July 16, 1996 (e.g., the child’s parents would have received or been eligible for AFDC benefits under the 1996 eligibility rules at the time the child was removed from the home). Under federal Public Law 110-351, adopted in 2008, linkage requirements will be slowly phased out for Adoption Assistance Program (AAP) recipients.
- The child must also meet specific income and resources or property eligibility requirements.

Children who are not eligible for federal AFDC-FC funds may be eligible for California’s state foster care program. Under this program, the state pays 40 percent and the county pays 60 percent of placement costs.

*Source: Western Center on Law and Poverty, Spring 2008. [http://www.wclp.org/fostercaremanual/FosterCarePDFs/Chap\\_Two\\_Eligibility.pdf](http://www.wclp.org/fostercaremanual/FosterCarePDFs/Chap_Two_Eligibility.pdf)*

## TITLE IV-B

Title IV-B is a capped (limited) allocation to each state to use for a wide range of services to preserve or support families, reunify children, and promote and support adoptions. The Child Welfare Services program (subpart 1 of Title IV-B) funds preventive intervention, alternative placements, and reunification services. The Promoting Safe and Stable Families program (subpart 2) provides funds to states for family support, family preservation, time-limited family reunification services, services to promote and support adoptions, and grants through the Court Improvement Program to help state courts improve how proceedings relating to foster care and adoption are handled.

Compared to Title IV-E, the use of Title IV-B funds is much less restricted and allows states to support a range of prevention, early intervention, and permanency-related services and supports for children and families. However, Title IV-B funds make up only 4 percent of the annual funding California receives from the federal government for child welfare programs. Further, only a small portion of

Title IV-B funds can be used to keep children out of the foster care system and for youth who have exited the foster care system; the remainder must be used for children in foster care.

## TITLE XIX

Title XIX provides health and mental health care services to foster children through the federal Medicaid program (known as Medi-Cal in California). Title XIX also pays for services for developmental disabilities, substance abuse treatment, health-related social services, and the Early Periodic Screening Diagnosis and Treatment (EPSDT) program.

## TANF

The Temporary Assistance for Needy Families (TANF) Block Grant provides some funding for child welfare services. California uses TANF funds to assist families in the child welfare system in a number of ways:

- to provide CalWORKs cash assistance to relatives caring for children who do not meet federal eligibility criteria for foster care payments;



- to continue to provide assistance payments to CalWORKs recipients whose child welfare case plan goals are reunification with the family;
- to provide support through the Emergency Assistance (EA) program for children who do not meet federal eligibility requirements for AFDC-FC but do meet the EA “single episode” criteria; and
- to support initial Emergency Response activities.

## FUNDING STREAMS

For Fiscal Year 2008-09, California spent \$5.4 billion in federal, state, and county funds for Child Welfare Services, foster care, adoptions, Kin-GAP, prevention services, and the Title IV-E Waiver Program (see Table 2).

<b>Table 2. State of California Child Welfare Services Budget, Fiscal Year 2008-2009</b>	
Child Welfare Services	\$2,028,000,000
Foster care grants to providers of care	\$1,051,000,000
Foster care social work/case management	\$60,000,000
Adoptions	\$140,000,000
Kin-GAP	\$139,000,000
KSSP	\$4,000,000
Adoption Assistance Payments to adoptive parents	\$777,000,000
Office of Child Abuse Prevention	\$26,000,000
Title IV-E Waiver Program	\$1,175,000,000
<b>Total</b>	<b>\$5,400,000,000</b>
<i>Source: California Department of Social Services, April 2009.</i>	

Federal funds are provided to state agencies through a complex application and approval process and provide funding for a variety of services. Counties must then access funds through numerous state agencies to coordinate service delivery for children and families.

- CDSS provides funds for Family Reunification, Family Maintenance, adoption, foster care, and child abuse prevention services.
- The California Department of Health Care Services provides funds for Medi-Cal coverage for foster children.
- Special education funds pass through the California Department of Education.
- The California Departments of Mental Health, Rehabilitation, Developmental Disabilities, and Alcohol and Drug Programs also fund services through local and regional agencies.

## Philanthropy

Private philanthropy has become a vital partner in providing resources for innovative programs and improving statewide child welfare outcomes. Philanthropic organizations contribute about \$20 million each year in grants to support families, children, and youth who are in, have recently exited, or are at risk of entering the child welfare system in California. Foundation initiatives typically provide training, technical assistance, peer-to-peer learning, grants, and supportive infrastructure to advance promising practices to improve child and family safety, permanency, and well-being.

*Source: Child and Family Policy Institute of California and County Welfare Directors Association (December 2006). California's system to protect children and strengthen families.*

## SERVICE COORDINATION

Child Welfare Services agencies are required by law to ensure that services are offered to protect children and to prevent or remedy problems or promote solutions to the circumstances that led to abuse or neglect. The services needed by children and families in the child welfare system are often provided through partner agencies. CWS contracts for services with CalWORKs and health care, mental health, substance abuse, domestic violence, and education programs to ensure that families receive effective assistance.

### CALWORKS

The California Work Opportunity and Responsibility to Kids program (CalWORKs) is a welfare program that provides cash aid and employment services to eligible California families through the federal program, Temporary Assistance to Needy Families (TANF), which replaced the former Aid to Families with Dependent Children (AFDC) program.

From July 2007 to December 2008, an estimated<sup>18</sup> 5.3 percent of the more than 1 million children on CalWORKs were also in the child welfare system, and 26.5 percent of the nearly 210,000 children in child welfare were also CalWORKs recipients.<sup>q</sup> Of the children who were in both systems (55,707), the majority in Child Welfare Services were in Family Maintenance (64 percent). Another 23 percent were in Family Reunification, and 13 percent were in Permanent Placement.<sup>r</sup>

Families involved in both systems are often overwhelmed by multiple and sometimes competing requirements from the two systems. Many counties throughout California are now working to increase coordinated services between CalWORKs and Child Welfare Services through the Linkages program (see page 39) so that families can more easily negotiate these two systems.

### HEALTH CARE

A recent national study revealed that 25 percent of foster children have some type of recurring physical or mental health problem and, when compared to children in the general population, tend to fall below the norm in cognitive capacities, language development, behavioral problems, and academic achievement.<sup>19</sup> When children experience multiple

### Cross-system collaboration

#### *State Interagency Team*

The State Interagency Team (SIT) for Children and Youth was created in 2003 as part of Child Welfare System Redesign efforts undertaken by CDSS. Comprised of deputy directors from 10 state agencies and departments, the SIT is charged with examining issues across state agencies that affect children and families in the child welfare system. Several workgroups have been formed, including groups on the co-occurrence of domestic violence and child maltreatment, use of alcohol and other drugs, and elimination of disparities. Another group is working to develop a core set of indicators of child and family well-being for the California Outcomes and Accountability System.

#### *Child Welfare Council*

The California Child Welfare Council was established through passage of AB 2216 (Chapter 384, Statutes of 2006), the Child Welfare Leadership and Performance Accountability Act. The Council, which meets on a quarterly basis, is an advisory body responsible for increasing interagency collaboration and recommending system changes.

<http://www.chhs.ca.gov/initiatives/CACChildWelfareCouncil/Pages/default.aspx>

placements, health problems often become more acute, which can result in over-immunization, misdiagnosed symptoms, and under-treated chronic conditions.

To address these problems, public health nurses (PHNs) are placed in county child welfare agencies to help ensure that foster children receive required medical and dental examinations. PHNs also accompany social workers investigating child abuse and neglect to assess the physical condition of the children and to help social workers monitor any chronic medical conditions the children might have.

q Includes children who were on CalWORKs for at least one month and had an open case in CWS, not necessarily concurrently.

r The CalWORKs child population of 1,043,369 unduplicated child records were extracted for the 18-month period between July 2007 and December 2008 (where the child is on CalWORKs for at least one month during this period). For the same period, 209,961 open child welfare cases with California jurisdiction were identified in CWS/CMS. Based on these populations, 55,707 children were successfully matched between the systems.

CDSS has developed a data measure as part of California's Outcome and Accountability System to track and monitor medical and dental services provided to foster children. Preliminary data on this measure, made available in 2007, indicate that 85 percent of foster children have received medical exams and over 55 percent have received dental exams in accordance with CHDP guidelines.<sup>20</sup>

## MENTAL HEALTH

All foster children are required to have a mental health screening. However, California lacks a universal process to ensure that all foster children are screened, diagnosed, and referred to a broad range of mental health services, including early intervention. A recent statewide survey found that only 60 percent of foster children were screened and, of those who needed services, only 65 percent received them<sup>21</sup>.

Efforts are being made at the state and county levels to address these challenges. At the state level, the State Interagency Team helps to increase collaboration between CDSS and the Department of Mental Health. At the local level, some county child welfare agencies are working with community partners to provide a range of mental health services for children up to age 5, while others are co-locating mental health and child welfare staff to increase the quality of mental health assessments and expand available mental health services. Additional services may become available through the Mental Health Services Act (passed by California voters as Proposition 63 in 2005). As counties implement their plans, it is anticipated that the level of service will increase.

## SUBSTANCE ABUSE

Parental substance abuse is a factor in an estimated 50 percent to 80 percent of child welfare cases.<sup>22</sup> Although the dependency court may order parents to enroll in a drug treatment program as a condition of reunification, these parents are not given priority access to California's publicly funded programs, which tend to stay filled to capacity, unless they are involved with Dependency Drug Courts (see page 40). Child welfare agencies consistently report that limited substance abuse treatment options prevent parents from getting and completing treatment services in time to meet mandated reunification deadlines.

CDSS and the Department of Alcohol and Drug Programs (DADP) have improved substance abuse-related data collection. Standardized Safety Assessment tools are used by child welfare workers to collect data on parental alcohol and other drug use, and DADP documents whether clients have children and are able to regain custody of their children following treatment. The State Interagency Team's Alcohol and Other Drug workgroup is also working to improve data coordination, collection, screening, and referral.

## DOMESTIC VIOLENCE

Some families experience domestic violence at the same time child abuse or neglect is occurring. Separate service systems with unique histories, philosophies, and goals have evolved to address each form of violence. Child welfare agencies are charged with protecting children from abuse and neglect, while battered women's advocates focus on protecting abused women, believing that a child's safety and well-being are often dependent on the victim's safety and the perpetrator being held accountable.

As a part of the Standardized Safety Assessment, child welfare agencies throughout California now routinely screen for domestic violence throughout the life of each case. Because two assessment tools are used—and each collects data in slightly different ways—the following data are not comparable. At the time of the study, the Comprehensive Assessment Test was used in 9 counties and identified domestic violence in 34 percent of substantiated cases.<sup>23</sup> The Structured Decision Making instrument was used in 49 counties and identified domestic violence in 20 percent of substantiated cases.<sup>24</sup> Screening has resulted in improved awareness about the co-occurrence of child abuse/neglect and domestic violence and has increased cooperation and service referral between child welfare agencies, domestic violence advocates, and batterer intervention programs.

## EDUCATION

Many of California's foster children and youth struggle in school. Three-fourths work below grade level, 83 percent are held back by the third grade, and 46 percent eventually drop out of high school.<sup>25</sup> Foster children who are moved from one placement to another often face transfers to different schools and delays in starting school due to missing academic and immunization records. Every move to a new school means the loss of friends and the need to learn new rules, standards, and curricula.

AB 490 (Chapter 862, Statutes of 2003) is intended to begin to address these issues and to help schools more effectively meet the educational needs of children in foster care.

This new law requires each school district to have an educational liaison to help foster children with proper and timely educational placement, transfer, and enrollment. AB 490 also allows children entering foster care to remain in their school of origin if it is in the child's best interest.

Fifty-seven counties also have a Foster Youth Services Program (FYS), funded through California Department of Education. These programs provide instruction, counseling, tutoring, and other educational services for foster youth placed in foster family homes, foster family agencies, and group homes. In 2004-2005, FYS program activities resulted in significantly fewer expulsions of foster youth and decreased the average number of days to transfer school records for foster children.<sup>26</sup>

## KEY ISSUES: 2009 AND BEYOND

As the child welfare system strives to provide more appropriate services to families with multiple needs and focuses on achieving outcomes, practitioners and policymakers continue to grapple with many challenges. Key issues include social and cultural factors affecting children and families in the child welfare system, funding for prevention, issues related to permanency, and system capacity.

### KEY ISSUE: CHILDREN AND FAMILIES IN THE CHILD WELFARE SYSTEM

A number of issues relating to children and families in the child welfare system are of considerable concern to child welfare professionals and policymakers. These include emancipating youth, disproportionality, children of incarcerated parents, children of immigrants, and probation-supervised foster youth.

#### Emancipating Youth

Each year, over 4,000 foster youth in California leave or emancipate from the child welfare system at age 18 or upon graduating from high school. Many leave foster care without connections to supportive adults or systems of support and are ill-prepared to be self-sufficient. Former foster youth have poor outcomes compared to youth in the general population. For example, at age 21, former foster youth were less likely than youth in the general population to have attained a high school diploma or GED, to have completed a year of college, or to have enough money to pay rent and utilities. They were also more likely to be involved in the criminal justice system.<sup>27</sup>

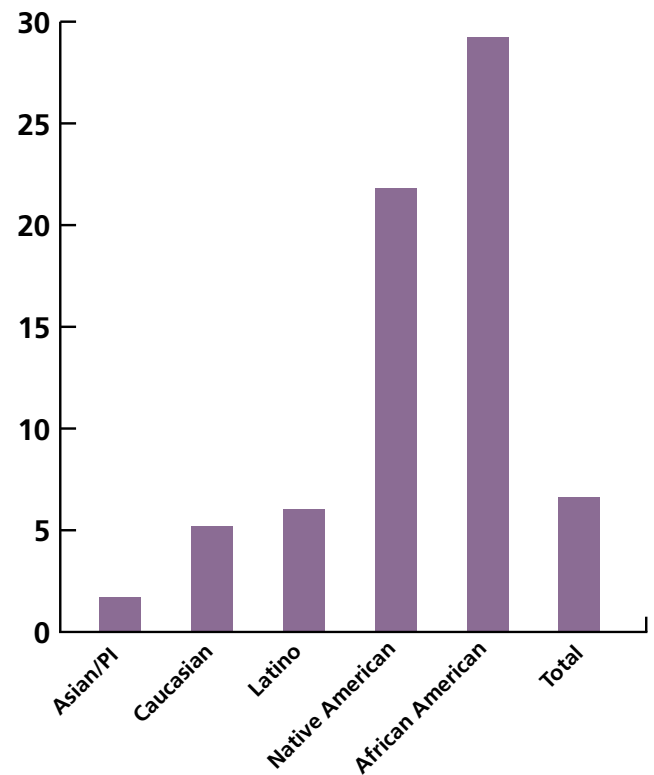
Passage of the federal Foster Care Independence Act of 1999 (PL-106-169) increased funding to assist emancipated youth ages 18-21 with housing, employment-related training, Medi-Cal, and other services. In California, the Transitional Housing Program-Plus provides supervised independent living and support services to emancipated young adults up to age 24.

In the past several years there has also been increased emphasis placed on collecting outcomes data. The 1999 Foster Care Independence Act included requirements to track national outcomes for foster youth. Regulations for the new database were released in February 2008. The first complete set of outcomes data that follows youth from ages 17 to 21 will be available in 2015.

#### Disproportionality

Disproportionality is the term used when children of a certain race, culture, or ethnicity are involved in the child welfare system at a higher or lower rate than they appear in the general population. African American and Native American children are disproportionately represented in California's child welfare system. California data reveal striking differences at key decision points in the rates of referral, investigation, substantiation, and placement in out-of-home care.<sup>28</sup>

Figure 9. Prevalence Per 1,000 of California Children in Foster Care, Ages 0-17, by Race/Ethnicity, July 1, 2008



Source: Needell, B., et al. (2009). *Child Welfare Services Reports for California*. Retrieved 2/20/09 from University of California at Berkeley Center for Social Services Research website. [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

## California Disproportionality Project

The California Disproportionality Project, directed by the nonprofit Child and Family Policy Institute of California (CFPIC) and funded through a partnership between CDSS and philanthropic foundations, convenes 14 county-level teams to address disproportionate representation of racial and ethnic groups in the child welfare system.

Launched in Summer 2008, participants collect and review data; facilitate open communication to allow challenging conversation to occur; foster active engagement by families, youth, and the larger community; and train child welfare staff about the impact of their daily practices on disproportionality and how to change those practices.

Source: [http://calswec.berkeley.edu/CalSWEC/2007\\_FE\\_CADisproportionalityProject.ppt](http://calswec.berkeley.edu/CalSWEC/2007_FE_CADisproportionalityProject.ppt)

On July 1, 2008, 17,100 African American children and more than 1,000 Native American children were in foster care. The rate of African American children in foster care is 5 times higher than for Caucasian and Latino children and 17 times higher than Asian/Pacific Islander children. Similar disparities exist for Native American children (see Figure 9).

## Children of Incarcerated Parents

According to federal Bureau of Justice statistics, 11 percent of incarcerated mothers and 2 percent of fathers report having children in foster care.<sup>29</sup>

Many more children have parents on probation or parole. Data from the National Survey of Child and Adolescent Well-Being reveal that as many as 1 in every 8 children who are reported victims of child abuse or neglect have a parent who was arrested within 6 months of the report.<sup>30</sup>

## Why Are More African American Children in the Foster Care System?

African American children are more likely to have longer stays in out-of-home care and are less likely to reunify than Caucasian children and other groups. Some of the socioeconomic, cultural, and systemic factors that contribute to the disproportionate number of African American children in the foster care system in California and nationally include:

- Low-income African American families who have few resources and inadequate support services to help keep their families stable and children safely at home are more likely to be brought to the attention of the child welfare system than are families with sufficient resources.
- Racial bias, cultural misunderstandings, and distrust between child welfare workers and families contribute to children being removed from their homes and into foster care.
- African American children experience difficulties finding appropriate permanent homes and have longer stays in foster care.

Various strategies have been recommended or are being implemented to reduce disproportionality. These include efforts to:

- increase support services to families through collaboration with neighborhood-based organizations;
- increase the availability of permanent homes by searching for fathers and other paternal kin;
- include family members in case planning;
- provide training to strengthen child welfare workers' competency in working with families from various cultures;
- provide resources to increase strategies that prevent the removal of children from their homes in the first place; and
- increase the capacity of state child welfare agencies to collect, analyze, and utilize data in choosing and implementing strategies.

Sources:

Needell, B. (2008). *Child Welfare in California: Ethnic/Racial Disproportionality and Disparity*. Presentation. Center for Social Services Research. [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

General Accounting Office, *African American Children in Foster Care: Additional HHS Assistance Needed to Help States Reduce the Proportion in Care*, GAO-07-816; Washington, D.C.: July 11, 2007

Lemon, K., et al. (July 2005). *Understanding and Addressing Disproportionality in the Front End of the Child Welfare System*. Center for Social Services Research, Bay Area Social Services Consortium.

Center for the Study of Social Policy. *An Embedded Inequities Lens for Child Welfare Practice*. Annie E. Casey Race Matters Tool Kit Action Card. <http://www.cssp.org>



CDSS does not systematically collect data on children in the child welfare system who also have a parent involved in the criminal justice system. A one-time survey of all 58 counties conducted by CDSS as a part of its 2002 C-CFSR found that of the 49 responding child welfare agencies, 29 had a specialized process for engaging incarcerated parents; in addition, 10 counties cited parental incarceration at distant facilities as a barrier to parental involvement.<sup>31</sup>

Federal law requires states to make “reasonable efforts” to reunify families. However, reunification efforts often face daunting challenges when a parent is in the prison system. These include:

- Long distances from the community to the prison facility discourage visitation (nationally, 62 percent of parents in state prisons are more than 100 miles from home, and about half of incarcerated parents report never having had a visit from their children).<sup>32</sup>
- Variations exist in prison policies and visitation rules, and parents may have difficulty accessing parenting classes and other required programs.
- Child welfare workers face challenges, such as being able to locate a parent within the criminal justice system,<sup>s</sup> lack of information about the length of the sentence and prospects for parole, and not being notified when an incarcerated parent is transferred to another facility.<sup>33</sup>

- Foster parents and other caregivers may not understand the multitude of prison visiting policies and may be unable or unmotivated to arrange for children to visit their incarcerated parents.<sup>34</sup>

An additional impediment to reunification is that many incarcerated parents have sentences that exceed the time limits imposed by federal law to terminate parental rights. Research shows that children of incarcerated mothers are less likely to reunify with their parents, be adopted, or enter into a subsidized guardianship program like Kin-GAP, and are more likely to be in the foster care system until age 18.<sup>35</sup>

AB 2070 (Chapter 482, Statutes of 2008) requires the court to consider barriers facing incarcerated parents in maintaining contact with their children and, when it is in the best interests of the child, allows up to 24 additional months for reunification.

## Children of Immigrants

Over one third of all California children have legal immigrant parents, and 14 percent have undocumented parents.<sup>36</sup> Despite this large immigrant population, reliable data are not collected about the number of immigrant children and families in the child welfare system. Yet, the percentage of Latino children in foster care has increased from 32 percent in 1998 to 45 percent in 2008. In contrast, from 1998 to 2008, Asian American children in foster care increased from 1.6 percent to 2.6 percent,

## When a Parent Is Arrested

Children are often overlooked when a caregiver is arrested. The lack of coordinated response by law enforcement and child welfare agencies means that some children are left unsupervised and alone to fend for themselves and their siblings. Recently, legislation was passed to help keep children safe when their parents are arrested:

AB 1942 (Chapter 729, Statutes of 2006) encourages law enforcement and county child welfare agencies to collaborate with other local entities in developing protocols to cooperatively respond when a caretaker parent or guardian of a minor child is arrested, and thus ensure the child’s safety and well-being.

AB 760 (Chapter 635, Statutes of 2005) allows an arrested parent to make two telephone calls at no expense to arrange for the care of his or her minor child and avoid a referral to Child Welfare Services.

Some child welfare agencies in California have implemented approaches to better serve children whose parents are arrested or incarcerated, including:

- hiring social workers who can work out of police stations and immediately respond when children are present at an arrest, and
- hiring a liaison to work inside the county jail and/or travel to state prisons to serve as a link between social workers and incarcerated parents, help maintain family bonds, and ensure that reunification plans are met.

Sources:

Puddefoot, G. & Foster, L.K. (2007, July). *Keeping Children Safe When Their Parents are Arrested: Local Approaches That Work*. California Research Bureau. CRB 07-006.

Personal communication, April 4, 2009, Nell Bernstein, author “All Alone in the World: Children of the Incarcerated”.

<sup>s</sup> CWS/CMS maintains address data for parents in a manner that specifically identifies correctional facilities and thus has the potential to identify those children whose parents are incarcerated for extended periods of time.

Native American children increased from 1.1 percent to 1.5 percent, African American children dropped from 36.8 to 26.8, and Caucasian children declined from 28.2 percent to 24.5 percent.<sup>37</sup>

Immigration raids can result in the deportation of some parents who are forced to leave children behind. These children may then come to the attention of child welfare agencies. Interviews conducted with California child welfare workers found that there is no standardized practice among child welfare agencies about how to work with undocumented families (whose children may either be undocumented or U.S. citizens).<sup>38</sup> These agencies may also lack experience working with Immigration and Customs Enforcement, foreign consulates, and immigrant providers and communities, making it difficult to facilitate transnational reunification between parents and children, place a child with relatives living outside the U.S., or identify options to make permanency arrangements in the best interest of the child.

Key challenges facing child welfare agencies in serving immigrant families include:<sup>39</sup>

- Child welfare agencies must use local funds to serve undocumented children who are not eligible for state or federal Title IV-E foster care funds.
- There is a lack of training and technical assistance available to child welfare staff on immigrant issues.
- Relative caregivers of immigrants may have difficulty meeting licensing requirements for foster homes.
- There is a shortage of linguistically and culturally appropriate foster homes.
- There is a lack of bilingual/bicultural staff and services at all levels of the child welfare system, including parenting and substance abuse treatment services often needed for immigrant families to fulfill their case plans.
- Undocumented children who cannot be returned to their parents and who are eligible for long-term foster care can become immediately eligible to file for permanent residency in the U.S. by applying for Special Juvenile Immigrant Status. The process, however, is complicated and lengthy.

## Probation-Supervised Foster Youth

A number of challenges confront California's probation departments responsible for supervising foster youth. These challenges include a shortage of foster and group homes, high caseloads, permanency planning issues, and lack of prevention resources.

- There is an inadequate number of local foster and group homes to meet the needs of probation-supervised children (who generally are not placed with child welfare-supervised children) and their families. Most probation-supervised foster youth are between the ages of 14 and 16 and require a high-level group home placement. As a result, only 53 percent are placed in foster care homes within their local county.<sup>40</sup> By the time these youth enter the juvenile justice system, most of the available local resources have been utilized without success (e.g., the child and family may have been involved in counseling, intensive supervision, life skills programs, or in Wraparound or other multi-agency service programs).
- Probation officers supervising children in foster care have high caseload ratios. With nearly one-half of their caseload living outside their county or the state, probation officers spend considerable time traveling to visit each child once a month, which is required by law. Probation officers also must meet with parents, prepare 6-month review reports, find appropriate homes for children newly placed by the court, and deal with children who run away or commit a new offense.
- While probation-supervised foster children are likely to return home, the time needed to resolve all of the issues may be longer than the 12-18 months allowed for reunification. Permanency planning is difficult when neither the parent nor the child wants to sever the relationship and no abuse or other legal reason to do so exists, except that the parent is not available (e.g., the parent is incarcerated and not due for release prior to the child turning 18). Other conditions that may prevent a child from returning home include a child who has sexually or physically abused another family member or family health, mental health, or life skill problems.
- There are few prevention resources to serve at-risk children and youth who are not yet in the system. Many crisis centers and other programs previously operated by county probation departments have suffered severe state and local cutbacks, and community-based organizations are struggling to fill the void.

## Best Practices

Many family-centered, strength-based programs and approaches that just a few years ago were seen as promising practices have become much more widely used, although all are not yet implemented statewide. Many of these approaches, which engage parents and communities to achieve more effective case planning and placements, are now considered an adjunct to the basic structure of child welfare practice in California.

### **Linkages: CalWORKs and Child Welfare Collaboration to Improve Outcomes**

[http://www.cfpic.org/linkages/linkages\\_001.htm](http://www.cfpic.org/linkages/linkages_001.htm)

The Linkages project seeks to improve collaboration between CalWORKs and Child Welfare Services. Currently implemented in 33 of California's 58 counties, Linkages coordinates individualized services to families served by the two systems. Counties are required to develop protocols that enhance communication and case coordination between social workers while reducing bureaucratic burdens for families.

### **Family to Family (F2F)**

<http://www.f2f.ca.gov/>

This Annie E. Casey Foundation initiative has been implemented in many U.S. communities. In California, 25 out of 58 counties participate in F2F, reaching 85 percent of families involved in California's child welfare system. F2F works to better screen children who are being considered for removal from their home, develops a safety plan to keep children at home, brings children in congregate or institutional care back to their neighborhoods, involves foster families as team members in efforts to reunify families, and invests in the capacity of communities from which children in foster care come. The program focuses on building community partnerships and collaboration in neighborhoods with high child welfare referral rates, developing team decision-making, finding and maintaining foster and kinship homes, and evaluating program effectiveness.

Key F2F strategies or approaches include:

*Team Decision Making*

<http://www.f2f.ca.gov/team.htm>

A Team Decision Making (TDM) meeting is held each time a decision is made to move a child from one placement to another. TDM engages and involves parents in making placement decisions and establishing visitation guidelines. Other key TDM meeting participants include service providers, agency staff, and neighborhood-based community members.

*California Connected by 25*

<http://www.f2f.ca.gov/res/CACConnected.pdf>

California Connected by 25 (funded by four foundations in addition to Annie E. Casey) has been implemented in seven California counties to help public child welfare agencies and their communities build comprehensive supports and services for transitioning foster youth.

### **Family Group Decision-Making**

<http://www.americanhumane.org/protecting-children/programs/family-group-decision-making/>

California child welfare workers use family group decision-making approaches to engage parents, children, and extended family members in making critical decisions regarding the safety and possible placement of the children and identifying services the family needs to continue or resume safely caring for the children.

### **Shared Family Care**

<http://www.cachildwelfareclearinghouse.org/program/23>

Shared Family Care is an innovative program that temporarily places a parent (generally the mother) and at least one young child in the home of a host family. The host is trained to mentor and support the biological parent to develop the skills and supports necessary to care for their child and move toward self-sufficiency. Families receive comprehensive services to increase their social and life skills and to connect them to ongoing support in the community.

## **Best Practices** *(continued)*

### **Permanency Planning Mediation**

[http://www.dss.cahwnet.gov/getinfo/acin00/pdf/I-04\\_00.PDF](http://www.dss.cahwnet.gov/getinfo/acin00/pdf/I-04_00.PDF)

Permanency Planning Mediation (PPM) is an approach that can be offered to a biological family when services to reunify the family have been terminated and before any court action to terminate parental rights has begun. The biological family participates in developing a permanency plan for their child that provides for safe and ongoing contact between them and the adoptive parents. The program has been implemented in 48 of California's 58 counties.

### **California Permanency for Youth Project**

<http://www.cpyy.org/description.html>

California Permanency for Youth Project is an initiative funded by several foundations to facilitate collaborations, identify and overcome structural barriers, and promote advocacy efforts addressing the need for foster youth to achieve permanent lifelong connections. The project has provided technical assistance in 20 California counties to help them develop youth permanency practice.

### **Wraparound**

<http://www.dss.cahwnet.gov/cfsweb/PG1320.htm>

Originally established as a pilot project in 1997, Wraparound is now required by the Mental Health Services Act of 2005. Wraparound is designed for children and youth with severe emotional, behavioral, or mental health problems and their families. Most of the youth are either in or at risk of out-of-home, institutional, or other restrictive placements and have multi-system involvement (e.g., child welfare, juvenile justice, mental health). Wraparound engages families, providers, and key members of the family's support network to develop a plan that responds to specific needs of the child and family. The team implements the plan, meets regularly, and monitors progress until consensus is reached that a formal process is no longer needed. Wraparound is currently implemented in 40 of California's 58 counties.

### **Residential-Based Services (RBS)**

<http://www.rbsreform.org/AboutRBS/>

California's RBS initiative is a new approach to out-of-home care that combines short-term residential stabilization and community-based services to reconnect youth to their families, communities, and schools. AB 1453 (Chapter 466, Statutes of 2007) authorizes the selection of four counties or consortia of counties to implement, in collaboration with other partners, alternative program and funding models consistent with the RBS framework. The four applicants selected include a Bay Area consortium (San Francisco, Contra Costa, San Mateo and Santa Clara counties) and the counties of Sacramento, Los Angeles, and San Bernardino. Lessons learned from these pilot projects are due to the California State Legislature in 2011.

### **Dependency Drug Courts**

<http://www.adp.state.ca.us/DrugCourts/DependencyDrugCourts.shtml>

The Dependency Drug Courts (DDC) provide access to treatment as an alternative to incarceration for parents whose substance abuse contributes to child abuse or neglect and results in involvement with juvenile dependency court. The goal of this program is to provide parents with substance abuse treatment and parenting skills so that children can remain safely in their care and to help decrease the number of children placed in foster care. In collaboration with the Department of Alcohol and Drug Programs, CDSS is expanding DDC and assessing evaluation data. To date, 31 of California's 58 counties have Dependency Drug Courts.

### **ILP Breakthrough Series Collaborative**

[http://www.cwda.org/downloads/CILP\\_BSC\\_Coll\\_App\\_info.pdf](http://www.cwda.org/downloads/CILP_BSC_Coll_App_info.pdf)

The Breakthrough Series Collaborative (BSC), coordinated by the nonprofit Child and Family Policy Institute of California (CFPIC) and New Ways to Work, is funded by a partnership between CDSS, the Administrative Office of the Courts, and philanthropic foundations. BSC is training 10 California county teams to test, refine, and implement new practices to improve outcomes for foster youth in employment, education, and permanency. County teams include representatives from child welfare, probation and care providers, including Independent Living Program providers. A state team has also been formed to facilitate and strengthen state and local partnerships, policy, and practice. The project will continue implementation activities through June 2010.



## KEY ISSUE: FUNDING FOR PREVENTION

Child welfare leaders advocate for investment in the services and supports needed to deal with the underlying factors that cause child abuse and neglect. Current federal child welfare funding policy, however, caps prevention and early intervention initiatives, providing little incentive to reduce the need for out-of-home placement. As California struggles with budget deficits, innovative new prevention and early intervention practices passed by the State Legislature lack funding to become operational. Nonetheless, the State and counties have collaborated, frequently with philanthropic support, to develop a number of prevention-oriented initiatives.

### Flexible Funding

About eight of every ten federal dollars dedicated to child welfare must be used for costs related to foster care (e.g., board and care), while comparatively little is allocated to *prevent* child abuse and keep children safely at home. At a time when there is increased focus on achieving better outcomes, greater flexibility in how federal foster care dollars can be spent would help states to better accommodate the needs of children and families.

California recently received approval to implement a flexible funding waiver demonstration project (the Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project) in Alameda and Los Angeles counties. While the project gives counties greater flexibility to use funds typically restricted to board and care for prevention and early intervention, there are risks involved. Because the waivers are a capped allocation, should caseloads increase during the waiver period, the counties bear the financial risk.

## KEY ISSUE: PERMANENCY

Leaders and providers in the child welfare system continue to be concerned about improving permanency outcomes for children to help them establish lifelong connections with caring adults. Key permanency-related issues include older children and youth adoptions, interracial/multiethnic adoption, and involving fathers.

### Older Children and Youth Adoptions

On July 1, 2008, nearly 47,000 California children and youth were waiting for a permanent home; of these, 58 percent were over the age of ten.<sup>41</sup> While adoption trends have improved in the past decade, older foster children and youth encounter multiple challenges finding adoptive families or other permanent placements. These include: assumptions by social workers, attorneys, and judges that older youth are not adoptable; the over-use of longer-term foster care, emancipation, and independent living as

### Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project

California was granted a waiver by the federal DHHS in 2007 to implement a demonstration project allowing two counties (Alameda and Los Angeles) to use Title IV-E funds to provide direct services to children and their families. Los Angeles County is using its funding to implement a countywide prevention initiative and up-front assessments on high-risk cases, including expanding use of Team Decision Making, a strategy used in the Family-to-Family initiative.

Alameda County is developing a series of reinvestment strategies that allocate financial resources toward prevention, early intervention, and long-term support by redirecting funds away from costly congregate care into more cost-effective, family- and community-based services. One approach will be to quickly locate relatives when children first enter the system to increase the number of relative and non-related extended family placements.

permanency goals; not including older foster youth in permanency planning decisions; difficulties transitioning older youth from group home care to families; youth having special needs for supports that would help sustain a permanent placement; resistance on the part of youth to sever ties with their family; and limited contact with a broad range of caring adults with whom the youth could establish and maintain a permanent lifelong connection.<sup>42</sup>

### Interracial/Multiethnic Adoption

Interracial/multiethnic adoption refers to parents of one race or ethnicity adopting a child from another. While less of an issue in the public spotlight than in recent years, the pros and cons of this type of adoption have long been debated. Those in favor believe the importance of finding a loving home for a child should precede consideration of the race/ethnicity of the children and parents involved. Those opposed argue that parents need to have first-hand experience to pass on to children of color living in a racist society. Enacted in 1994 and amended in 1996, the federal Multi-Ethnic Placement Act (MEPA) prohibits federally funded agencies from using a child's or prospective parent's race, color, national origin, or geographic location when considering adoption placements. Only limited research has been conducted on the outcomes of interracial/multiethnic adoption, yielding sometimes contradictory findings. In general, however, studies have not found significant differences in short-term outcomes.<sup>43</sup>



## Supporting Father Involvement

The Supporting Father Involvement (SFI) project, funded by CDSS, is the first controlled, clinical study focusing on father involvement that is specifically designed for low-income families from various cultural backgrounds. The project involves a 16-week group (for fathers only or couples), case management, and organizational change. SFI has been implemented in Family Resource Centers located in small towns and rural areas in four California counties (San Luis Obispo, Santa Cruz, Tulare, and Yuba) and one urban setting in Contra Costa. Early results have shown significant benefits for men and women participating in the fathers' and couples' groups. Given the positive outcomes in father-engagement and family well-being, this project now aims to increase awareness among service providers, practitioners, policymakers, and public and private organizations to think of fathers as caretakers of children.

Source: <http://supportingfatherinvolvement.org/>

## Involving Fathers

Historically, child welfare agencies have focused on working with mothers, even though the involvement of fathers is a critical aspect of a child's growth and development.<sup>44</sup> With the number of non-custodial and single fathers on the rise, child welfare agencies have adopted new strategies to connect fathers with their children. Strategies include using concurrent case planning to locate fathers and paternal relatives and working more with non-custodial fathers and their families as potential placement options. Other approaches include family group decision-making that actively targets fathers and their families and providing peer support (fathers working with fathers) within community-based partnerships.

### KEY ISSUE: SYSTEM CAPACITY

Policymakers, advocates and providers debate issues related to the capacity of the child welfare system to provide services to children and families. These issues include a shortage of social workers, child welfare worker caseloads, and a shortage of foster family homes.

## Social Worker Shortage

California has a severe shortage of social workers, with high vacancy rates in many county child welfare departments and no immediate pool of candidates to fill the empty slots. Each year, 15 to 25 percent of child welfare workers leave the public sector.<sup>45</sup> The shortage of social workers can result in heavy caseloads for existing staff, and sometimes affects morale and staff turnover.

Suggestions to alleviate the social worker shortage include: expand the Title IV-E social work student stipend program; create a statewide recruitment program for social workers; expand high school human service academies; support the development of a career ladder for social services careers; build a culturally competent workforce as the state implements recruitment and training activities; and provide resources to expand social work student enrollment.<sup>46</sup>

## Child Welfare Worker Caseload

The SB 2030 Child Welfare Workload Study, published in 2000, established minimum (to comply with federal and state laws) and optimal (necessary to implement best practices) caseload standards. The study found that twice as many social workers were needed to meet minimal standards. The SB 2030 recommendations for caseload standards have not been adopted in California.<sup>47</sup>

Since the SB 2030 study and recommendations were published, the Legislature and Administration have provided funding augmentations that have enabled counties to hire social workers and support staff. However these augmentations have provided only partial workload relief and are at risk during budget crises.<sup>48</sup>

## Federal Stipend Training Program (Title IV-E)

This Title IV-E program was implemented in 1992 to improve the education and training of social workers to meet the needs of publicly supported Child Welfare Services. The program is offered at each of California's 19 accredited graduate schools of social work/social welfare. The program provides two years of needs-based financial support (\$18,500 per student, per year) to full-time graduate social work students preparing for careers in public child welfare. Part-time students receive full tuition and fees, costs for required textbooks, and a travel allowance for each day of class or fieldwork. Support for part-time students is limited to current employees of a county child welfare agency or CDSS.

In exchange for financial support, students agree to work in a county child welfare services agency or a CDSS child welfare division for a period of time equal to the period that they received support.

From 1993 to 2008, California's Title IV-E program graduated 3,224 MSWs and 74 BASWs, who were then hired to work in the public child welfare system.

Source: Personal communication, January 22, 2009. S. Jacquet, California Social Work Education Center, University of California at Berkeley, School of Social Welfare. Also see: <http://calswec.berkeley.edu/>

**Table 3. Trends in Child Welfare Foster Care Placements, July 1, 1998-2008**

	% Relative/ NREFM*	% Foster home	% FFA	% Group home*
July 1, 1998	43.0	17.1	15.9	6.7
July 1, 2008	34.9	9.4	26.9	7.6

*\*The percentage of children in relative and NREFM homes has declined primarily as a result of the implementation of the Kin-GAP program. The absolute number of children in group home placements has declined, although not as rapidly as the foster care population as a whole.*

*Source: Needell, B., et al. (2009). Child Welfare Services Reports for California. Retrieved 2/19/09 from University of California at Berkeley Center for Social Services Research website. [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)*

Another mechanism to assist counties has been the “hold harmless” policy. For counties with declining foster care caseloads, the state has adopted a “hold harmless” budgeting policy which allows counties with declining foster care caseloads to maintain the level of social workers funded in the prior year. Staff are then able to provide upfront services to divert families from the foster care system, and thus maintain low foster care caseloads.

Despite these efforts, there has been no long-term state allocation to permanently increase the child welfare workforce based on SB 2030 recommendations. Moreover, the state continues to estimate its costs for social workers using 2001 salary levels and does not factor in annual increases for operating costs. While many counties utilize local funds to draw down additional federal dollars, declining local resources are an unstable funding source to permanently reduce child welfare caseloads.

### Shortage of Foster Family Homes

The dwindling supply of foster family homes, one of the least restrictive placement options, is a troubling issue. A 2007 survey of 21 California counties (which together provide care for 86 percent of the state’s foster care population) found that 16 of the counties reported a loss in licensed foster family homes in the last decade.<sup>49</sup> The supply of licensed homes decreased an average of 30 percent, though some counties reported even greater declines.

Data from the U.C. Berkeley Center for Social Services Research (see Table 3) indicates that placement of children in foster family homes has decreased from 17.1 percent of all foster care placements in 1998 to 9.4 percent in 2008. Meanwhile, placement in more restrictive and expensive Foster Family Agencies has increased from 15.9 percent in 1998 to 26.9 percent in 2008, and in group homes from 6.7 percent in 1998 to 7.6 percent in 2008.

The 2007 study of 21 counties found that the most important factor in the decrease of available foster family homes was low board and care reimbursement rates that have not kept up with inflation, particularly in high-cost regions of California, such as the Bay Area. These rates remained unchanged from 2001 to 2007 and, when adjusted for inflation, were approximately 25 percent lower than 2000 rates. Foster families also indicate the need for increased supports, such as respite care, mentoring, and ongoing access to experienced foster and adoptive parents, caseworkers and professionals.

Another reason that the number of foster homes has declined is that relative caregivers who previously offered foster care have transitioned into Kin-GAP. The emphasis on concurrent planning has also resulted in some foster parents leaving the foster care program to become adoptive parents.<sup>50</sup>

## CONCLUSION

As in many states, leaders and practitioners in California’s child welfare system are grappling with numerous issues relating to the safety, permanency and well-being of children. By offering a thorough review of the public agencies, programs and financing mechanisms that support Child Welfare Services, and by presenting a profile of the children and families involved in the system, this Primer aims to inform dialogue and contribute to ongoing efforts to optimally serve the children and families of California.

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## ABOUT CCRWF

The California Center for Research on Women and Families (CCRWF) provides information, facilitation, analysis and policy options to help leaders improve the lives of women, families and children in our state and nation. Home to the California Working Families Policy Project, CCRWF also produces a series of primers to assist practitioners and policy leaders in advancing their basic knowledge of complex social services systems.

Professionals at CCRWF typically work collaboratively with individuals from a wide variety of fields and backgrounds. Research, development of educational materials, facilitation, training and other convenings hosted by CCRWF often involve policymakers; academic scholars and other researchers; national, state and local program managers; nonprofit leaders; and other issue experts and community leaders.

In addition to our commitment to collaboration and broad-based information gathering, staff at CCRWF are also dedicated to translating research and recommendations into practice and policy. CCRWF is a program of the Public Health Institute.

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