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CHAPTER TWELVE

Human Services

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Section 1: GENERAL PRINCIPLES

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Counties are committed to the delivery of public social services at the local level. However, counties require adequate federal and state funding, maximum local authority, and flexibility for public social services.

Not funding program costs strains the ability of counties to meet accountability standards and avoid penalties, putting the state and counties at risk for hundreds of millions of dollars in federal penalties. Freezing program funding also shifts costs to counties and increases the county share of program costs above statutory sharing ratios, while at the same time running contrary to the constitutional provisions of Proposition 1A.

At the federal level, counties support economic stimulus efforts that help maintain services levels and access for the state's neediest residents. Counties are straining to provide services to the burgeoning numbers of families in distress. People who have never sought public assistance before are arriving at county health and human services departments. Counties report long lines in their welfare departments as increasing numbers of people apply for programs such as Medicaid, Supportive Nutrition Assistance Program (Food Stamps), Temporary Assistance to Needy Families (TANF), and General Assistance. For these reasons, counties strongly urge that any federal stimulus funding must be shared directly with counties for programs that have a county share of cost.

Counties support federal economic stimulus efforts in the following areas: An increase in the Federal Medical Assistance Percentage (FMAP) for Medicaid and Title IV-E, and benefit increases for the Supplemental Nutrition Assistance Program (SNAP); Temporary Assistance for Needy Families (TANF); the Child Abuse Prevention and Treatment Act (CAPTA); Community Services Block Grants (CSBG); child support incentive funds; and summer youth employment funding.

Prior to Proposition 13 in 1978, property taxes represented a stable and growing source of funding for county-administered human services programs. Until SB 154 (1978) and AB 8 (1979), there was a gradual erosion of local control in the administration of human services due to legislation and regulations promulgated by the state, which included dictating standards, service levels and administrative constraints.

Despite state assumption of major welfare program costs after Proposition 13, counties continue to be hampered by state administrative constraints and cost-sharing requirements, which ultimately affect the ability of counties to provide and maintain programs. The state should set minimum standards, allowing counties to enhance and supplement programs according to each county's local needs. To the extent the state implements performance standards, it should also fully pay the costs for meeting such requirements.

Counties also support providing services for indigents at the local level. However, the state should assume the principal fiscal responsibility for administering programs such as General Assistance. The structure of federal and state programs must not shift costs or clients to county level programs

1 without full reimbursement.
2

3 **Section 2: HUMAN SERVICES FUNDING DEFICIT**

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5 While counties are legislatively mandated to administer numerous human services programs including
6 Foster Care, Child Welfare Services, CalWORKs, Adoptions, and Adult Protective Services, funding for
7 these services is frozen at 2001 cost levels. The state's failure to fund actual county cost increases has led
8 to a growing funding gap of nearly \$1 billion *annually*. This puts counties in the untenable position of
9 backfilling the gap with their own limited resources or cutting services that the state and county residents
10 expect us to deliver.
11

12 Not funding program costs strains the ability of counties to meet accountability standards and avoid
13 penalties, putting the state and counties at risk for hundreds of millions of dollars in federal penalties.
14 Freezing program funding also shifts costs to counties and increases the county share of program costs
15 above statutory sharing ratios, while at the same time running contrary to the constitutional provisions of
16 Proposition 1A.
17

18 Counties oppose instituting performance standards and giving counties a share in penalties without first
19 ensuring reasonable and predictable funding reflective of county statutory and programmatic
20 responsibilities. Counties call for a solution to this issue that provides fair, predictable and ongoing
21 funding for counties to deliver human services programs on behalf of the state.
22
23

24 **Section 3: CHILD WELFARE SERVICES/FOSTER CARE**

25
26 A child deserves to grow up in an environment that is healthy, safe, and nurturing. To meet this goal,
27 families and caregivers should have access to public and private services that are comprehensive and
28 collaborative.
29

30 The existing approach to budgeting and funding child welfare services was established in the mid-
31 1980's. Since that time, dramatic changes in child welfare policy have occurred, as well as
32 significant demographic and societal changes, impacting the workload demands of the current
33 system. Based on the results of the SB 2030 study which provided an updated social worker
34 workload/yardstick in 2000, California's method of budgeting and financing child welfare services
35 needs to be changed. The study confirms that the current financing does not meet the actual
36 workload demands. Additionally, these policy changes necessitate a reevaluation of the required
37 county contribution to child welfare services. Counties support state assumption of an additional
38 portion of non-federal child welfare services costs.
39

40 The ideal focus of children's services is to expand the capacity of families and caregivers to meet the
41 needs of their children. Counties believe that this focus continues to be in jeopardy. While there has
42 been some movement in recent years, the preponderance of spending for child welfare services
43 remains dedicated to court and placement activities, rather than supportive, family-based
44 interventions. Counties have and will continue to provide immediate leadership to focus and obtain
45 additional resources for family preservation and support services.
46

47 When, despite the provision of voluntary services, the family or caregiver is unable to minimally
48 ensure or provide a healthy, safe, and nurturing environment, a range of intervention approaches will
49 be undertaken. When determining the appropriate intervention approach, the best interest of the
50 child should always be the first consideration. These efforts to protect the best interest of children

1 and preserve families may include:
2

- 3 1. A structured family plan involving family members and all providers, with specific goals and
4 planned actions;
- 5 2. A family case planning conference;
- 6 3. Intensive home supervision; and/or
- 7 4. Juvenile and criminal court diversion contracts.
8

9 When a child is in danger of physical harm or neglect, either the child or alleged offender may be
10 removed from the home, and formal dependency and criminal court actions may be taken. Where
11 appropriate, family preservation and support services should be provided.
12

13 When parental rights must be terminated, counties support a permanency planning process that
14 quickly places children in the most stable environments, with adoption being the permanent
15 placement of choice. Counties support efforts to accelerate the judicial process for terminating
16 parental rights in cases where there has been serious abuse and where it is clear that the family
17 cannot be reunified. Counties also support adequate state funding for adoption services.
18

19 Furthermore, counties seek to obtain additional funding and flexibility at both the state and federal
20 levels to provide robust transitional services to foster youth such as housing, employment services,
21 and increased access to aid up to age 25. Counties also support such ongoing services for former and
22 emancipated foster youth to help ensure the future success of this vulnerable population.
23

24 With regards to case- and workload standards in child welfare, counties remain concerned about
25 increasing workloads and decreasing funding, both of which threaten the ability of county child
26 welfare agencies to meet their federal and state mandates in serving children and families impacted
27 by abuse and neglect.
28

29 Existing child welfare budgeting standards, based on 1984 workload considerations, are at best
30 outdated and at worst woefully inadequate. The SB 2030 Child Welfare Workload Study conducted
31 by the University of California at Davis established minimum and optimal caseload standards in
32 2000, and subsequent legislation required the development of a plan to implement the findings of the
33 SB 2030 Workload Study. This plan was released June 2002; however, budget constraints have
34 since prevented the state from allocating sufficient funding to implement the study's
35 recommendations even to the minimum level recommended. Counties support the implementation of
36 the study's recommendations as well as a reexamination of reasonable caseload levels at a time when
37 cases are becoming more complex, often more than one person is involved in working on a given
38 case, and when extensive records have to be maintained about each case. In the absence of
39 implementation, counties support ongoing augmentations for Child Welfare Services to partially
40 mitigate workload concerns and the resulting impacts to children and families in crisis.

41 As our focus remains on the preservation and empowerment of families, we believe the potential for
42 the public to fear some increased risk to children is outweighed by the positive effects of a research-
43 supported family preservation emphasis. Within the family preservation and support services
44 approach, the best interest of the child should always be the first consideration. The Temporary
45 Assistance for Needy Families (TANF) and California Work Opportunity and Responsibility to Kids
46 (CalWORKs) programs allow counties to take care of children regardless of the status of parents.
47

48 **Section 4: EMPLOYMENT AND SELF- SUFFICIENCY PROGRAMS** 49

1 There is strong support for the simplification of the administration of public assistance programs. The
2 state should continue to take a leadership role in seeking state and federal legislative and regulatory
3 changes to achieve simplification, consolidation, and consistency across all major public assistance
4 programs, including Temporary Assistance for Needy Families (TANF), California Work
5 Opportunity and Responsibility to Kids (CalWORKs), Medicaid, Medi-Cal, and Food Stamps. In
6 addition, electronic technology improvements in welfare administration are an important tool in
7 obtaining a more efficient and accessible system.

8
9 California counties are far more diverse from county to county than many regions of the United
10 States. The state's welfare structure should recognize this and allow counties flexibility in
11 administering welfare programs. Each county must have the ability to identify differences in the
12 population being served and provide services accordingly, without restraints from federal or state
13 government. There should, however, be as much uniformity as possible in areas such as eligibility
14 requirements, grant levels and benefit structures. To the extent possible, program standards should
15 seek to minimize incentives for public assistance recipients to migrate from county to county within
16 the state.

17
18 A welfare system that includes time limits on assistance should also provide sufficient federal and
19 state funding for education, job training, child care, and support services that are necessary to move
20 recipients to self-sufficiency. There should also be sufficient federal and state funding for retention
21 services, such as childcare and additional training, to assist former recipients in maintaining
22 employment. Any state savings from the welfare system should be directed to counties to provide
23 assistance to the affected population for programs at the counties' discretion, such as General
24 Assistance, indigent health care, job training, child care, mental health, alcohol and drug services,
25 and other services required to accomplish welfare-to-work goals. In addition, federal and state
26 programs should include services that accommodate the special needs of people who relocate to the
27 state after an emergency or natural disaster. It is only with adequate resources and flexibility that
28 counties can truly address the fundamental barriers that many families have to self-sufficiency.

29
30 The state should assume the principal fiscal responsibility for the General Assistance program.

31
32 Welfare-to-work efforts should focus on prevention of the factors that lead to poverty and welfare
33 dependency including unemployment, underemployment, a lack of educational opportunities, food
34 security issues, and housing problems. Prevention efforts should also acknowledge the responsibility
35 of absent parents by improving efforts for absent parent location, paternity establishment, child
36 support award establishment, and the timely collection of child support.

37
38 California's unique position as the nation's leading agricultural state should be leveraged to increase
39 food security for its residents. Also, with the recent economic crisis, families and individuals are
40 seeking food stamps and food assistance at higher rates. Counties support increased nutritional
41 supplementation efforts at the state and federal levels, including increased aid, longer terms of aid,
42 and increased access for those in need.

43
44 Counties also recognize safe, dependable and affordable child care as an integral part of attaining and
45 retaining employment and overall family self-sufficiency, and therefore support efforts to seek
46 additional funding to expand child care eligibility, access and quality programs.

47
48 Finally, counties support efforts to address housing supports and housing assistance efforts at the
49 state and local levels. Long-term planning, creative funding, and accurate data on homelessness are

1 essential to addressing housing security and homelessness issues.
2

3 **Section 5: CHILD SUPPORT ENFORCEMENT PROGRAM**
4

5 Counties are committed to strengthening the child support enforcement program through
6 implementation of the child support restructuring effort of 1999. Ensuring a seamless transition and
7 efficient ongoing operations requires sufficient federal and state funding and must not result in any
8 increased county costs. Further, the state must assume full responsibility for any federal penalties for
9 the state’s failure to establish a statewide automated child support system. Any penalties passed on
10 to counties would have an adverse impact on the effectiveness of child support enforcement or other
11 county programs.
12

13 More recently, the way in which child support enforcement funding is structured prevents many
14 counties from meeting state and federal collection guidelines and forces smaller counties to adopt a
15 regional approach or, more alarmingly, fail outright to meet existing standards. Counties need an
16 adequate and sustainable funding stream to ensure timely and accurate child support enforcement
17 efforts, and must not be held liable for failures to meet guidelines in the face of inadequate and
18 inflexible funding.
19

20 Moreover, a successful child support enforcement program requires a partnership between the state
21 and counties. Counties must have meaningful and regular input into the development of state
22 policies and guidelines regarding child support enforcement.
23

24 **Section 6: PROPOSITION 10: THE FIRST FIVE COMMISSIONS**
25

26 Proposition 10, the California Children and Families Initiative of 1998, provides significant resources
27 to enhance and strengthen early childhood development. Local children and families commissions
28 (First 5 Commissions), established as a result of the passage of Proposition 10, must maintain the full
29 discretion to determine the use of their share of funds generated by Proposition 10. Further, local
30 First 5 commissions must maintain the necessary flexibility to direct these resources to the most
31 appropriate needs of their communities, including childhood health, childhood development,
32 nutrition, school readiness, child care and other critical community-based programs. Counties
33 oppose any effort to diminish Proposition 10 funds or to impose restrictions on their local
34 expenditure.
35

36 In recognition that Proposition 10 funds are disseminated differently based on a county’s First 5
37 Commission structure and appropriated under the premise that local commissions are in a better
38 position to identify and address unique local needs, , counties oppose any effort to lower or eliminate
39 the state’s support for county programs with the expectation that the state or local First
40 5commissions will backfill the loss with Proposition 10 revenues.
41

42 **Section 7: REALIGNMENT**
43

44 In 1991, the state and counties entered into a new fiscal relationship known as realignment.
45 Realignment affects health, mental health, and social services programs and funding. The state
46 transferred control of programs to counties, altered program cost-sharing ratios, and provided
47 counties with dedicated tax revenues from the sales tax and vehicle license fee to pay for these
48 changes.
49

1 Counties support the concept of state and local program realignment and the principles adopted by
2 CSAC and the Legislature in forming realignment. Thus, counties believe the integrity of
3 realignment should be protected. However, counties strongly oppose any change to realignment
4 funding that would negatively impact counties. Counties remain concerned and will resist any
5 reduction of dedicated realignment revenues or the shifting of new costs from the state and further
6 mandates of new and greater fiscal responsibilities in this partnership program.

7
8 **Section 8: FAMILY VIOLENCE**

9
10 CSAC remains committed to raising awareness of the toll of family violence on families and
11 communities by supporting efforts that target family violence prevention, intervention, and treatment.
12 Specific strategies for early intervention and success should be developed through cooperation
13 between state and local governments as well as community and private organizations addressing
14 family violence issues.

15
16 **Section 9: AGING AND DEPENDENT ADULTS**

17
18 California is already home to more older adults than any other state in the nation, and the state's
19 65 and older population is expected to double over the next 25 years, from 3.5 million in 2000 to
20 8.2 million in 2030. The huge growth in the number of older Californians will affect how local
21 governments plan for and provide services, running the gamut from housing and health care to
22 transportation and in-home care services. While many counties are addressing the needs of their
23 older and dependent adult populations in unique and innovative ways, all are struggling to
24 maintain basic safety net services in addition to ensuring an array of services needed by this
25 aging population.

26
27 Counties support reliable funding for programs that affect older and dependent adults, such as
28 Adult Protective Services and In-Home Supportive Services, and oppose any funding cuts, or
29 shifts of costs to counties, from either the state or federal governments. Furthermore, counties
30 are committed to addressing the unique needs of older and dependent adults in their
31 communities, and support collaborative efforts to build a continuum of services as part of a long-
32 term system of care for this vulnerable but vibrant population.

33
34 **Adult Protective Services**

35
36 The Adult Protective Services (APS) Program is the state's safety net program for abused and
37 neglected adults and is administered at the local level by counties. As such, counties provide
38 around-the-clock critical services to protect the state's most vulnerable seniors and dependent
39 adults from abuse and neglect. Timely response by local APS is critical, as studies show that elder
40 abuse victims are 3.1 times more likely to die prematurely than the average senior.

41
42 Unfortunately, the APS program has been underfunded since its inception in 1999, and cut by
43 10 percent in 2008-09 (also proposed for 2009-10). The 10 percent cut resulted in a loss of 75
44 social workers and 18,775 reports of abuse and neglect going unanswered statewide. These
45 cuts come at a time of rising demand in reported cases of abuse and neglect for this population –
46 reports have increased by 34 percent since 2000. In 2006, statewide county APS programs
47 conducted 83,850 investigations, which represent a 31 percent increase in investigations since
48 2000. Additionally, there are a growing number of seniors being targeted by financial predators.

1 Since 2001, there has been a 21 percent increase in the number of financial abuse cases reported.
2 Additionally, the lack of funding adjustments for inflation exacerbates the funding shortfall,
3 resulting in an annual loss of \$49.0 million (\$31.5 million GF) to APS for direct services to
4 abused and neglected seniors and dependent adults.
5

6 Counties support efforts to increase funding for APS based on caseload and administrative costs
7 and strongly oppose any reductions to an already underfunded program. The consequences of
8 additional cuts will threaten the health and financial stability of older adults across the state, and
9 could ultimately result in untimely and undignified deaths. Additionally, cuts to APS will impact
10 other local agencies including local law enforcement and emergency services, such as paramedic
11 response, and may lead to premature placement into nursing home care at an increased cost to
12 taxpayers.
13

14 In-Home Supportive Services

15
16 The In-Home Supportive Services (IHSS) program is a federal Medicaid program administered
17 by the state and run by counties that enables program recipients to hire a caregiver to provide
18 services that enable that person to stay in his or her home safely. Individuals eligible for IHSS
19 services are disabled, age 65 or older, or those who are blind and unable to live safely at home
20 without help. All Supplementary Income/ State Supplemental Payment recipients are also
21 eligible for IHSS benefits if they demonstrate an assessed need for such services.
22

23 County social workers evaluate prospective and ongoing IHSS recipients, who may receive
24 assistance with such tasks as housecleaning, meal preparation, laundry, grocery shopping,
25 personal care services such as bathing, paramedical services, and accompaniment to medical
26 appointments. Once a recipient is authorized for service hours, the recipient is responsible for
27 hiring his or her provider. Although the recipient is considered the employer for purpose of
28 hiring, supervising, and firing their provider, state law requires counties to establish an
29 “employer of record” for purposes of collective bargaining to set provider wages and benefits.
30 State law also governs cost-sharing ratios between the state and counties for provider wages and
31 benefits.
32

33 IHSS cases are funded by one of three programs in California: the Personal Care Services
34 Program (supported by federal Medicaid funds, state funds and county funds), the IHSS Residual
35 Program (supported by state and county funds), or the IHSS Plus Waiver (supported by federal
36 Medicaid funds, state funds and county funds). IHSS Program Administration is supported by a
37 combination of federal, state and local dollars.
38

39 Costs and caseloads for the program continue to grow. State General Fund costs for the IHSS
40 program have quadrupled over the last 10 years (1998-2008). Federal funds have almost
41 quadrupled. County costs have grown at slightly slower pace – tripling over ten years. According
42 to the Department of Social Services, caseloads are projected to increase between five and seven
43 percent annually going forward.
44

45 Funding to counties to administer the IHSS program has seriously eroded and threatens service
46 quality. Since 2001, counties have not received any funding to cover increases in the cost of
47 administering the IHSS program. The Governor’s veto of \$15 million in the 2008-09 budget

1 exacerbated this problem and will result in 100 fewer social workers to assess and serve needy
2 clients. Program cuts, combined with this failure to fund actual county costs to administer the
3 program, will result in annual under-funding of IHSS administration by \$72.3 million (\$30.1
4 million GF) in 2009-10. In addition, the State’s budgeting yardstick for the program, which was
5 inadequate when it was established in 1993, has remained relatively unchanged despite program
6 changes over the years. This yardstick assumes that county workers need only 11.58 hours per
7 client per year to provide a number of services to administer the program, including recipient
8 enrollment into the program, individualized in-home assessments, coordinating with other
9 service providers for care, and enrolling providers and processing provider timesheets. Factoring
10 in the lack of cost increases for the program reduces the funding level of service hours to just
11 over 8 hours per client per year.

12
13 Counties support the continuation of federal and state funding for IHSS, and oppose any efforts
14 to shift IHSS costs to counties. Counties also strongly support the continuation of services to
15 clients served through the IHSS Plus Waiver, which was granted by the federal Department of
16 Health and Human Services in August of 2004. Furthermore, counties are committed to working
17 with the appropriate state departments and stakeholders to draft, submit, and implement a new
18 plan to continue federal support of the program.

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