

Chapter Eleven

Human Services

Section 1: GENERAL PRINCIPLES

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.

1 Counties also support providing services for indigents at the local level. However, the state should
2 assume the principal fiscal responsibility for administering programs such as General Assistance.
3 The structure of federal and state programs must not shift costs or clients to county level programs
4 without full reimbursement.
5

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

7

8 While counties are legislatively mandated to administer numerous human services programs
9 including Foster Care, Child Welfare Services, CalWORKs, Adoptions, and Adult Protective
10 Services, funding for these services is frozen at 2001 cost levels. The state's failure to fund actual
11 county cost increases has led to a growing funding gap of nearly \$1 billion *annually*. This puts
12 counties in the untenable position of backfilling the gap with their own limited resources or cutting
13 services that the state and county residents expect us to deliver.
14

15 Not funding program costs strains the ability of counties to meet accountability standards and avoid
16 penalties, putting the state and counties at risk for hundreds of millions of dollars in federal penalties.
17 Freezing program funding also shifts costs to counties and increases the county share of program
18 costs above statutory sharing ratios, while at the same time running contrary to the constitutional
19 provisions of Proposition 1A.
20

21 Counties oppose instituting performance standards and giving counties a share in penalties without
22 first ensuring reasonable and predictable funding reflective of county statutory and programmatic
23 responsibilities. Counties call for a solution to this issue that provides fair, predictable and ongoing
24 funding for counties to deliver human services programs on behalf of the state.
25

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

27

28 A child deserves to grow up in an environment that is healthy, safe, and nurturing. To meet this goal,
29 families and caregivers should have access to public and private services that are comprehensive and
30 collaborative.
31

32 The existing approach to budgeting and funding child welfare services was established in the mid-
33 1980's. Since that time, dramatic changes in child welfare policy have occurred, as well as
34 significant demographic and societal changes, impacting the workload demands of the current
35 system. Based on the results of the SB 2030 study which provided an updated social worker
36 workload/yardstick in 2000, California's method of budgeting and financing child welfare services
37 needs to be changed. The study confirms that the current financing does not meet the actual
38 workload demands. Additionally, these policy changes necessitate a reevaluation of the required
39 county contribution to child welfare services. Counties support state assumption of an additional
40 portion of non-federal child welfare services costs.
41

42 The ideal focus of children's services is to expand the capacity of families and caregivers to meet the
43 needs of their children. Counties believe that this focus continues to be in jeopardy. While there has
44 been some movement in recent years, the preponderance of spending for child welfare services
45 remains dedicated to court and placement activities, rather than supportive, family-based
46 interventions. Counties have and will continue to provide immediate leadership to focus and obtain
47 additional resources for family preservation and support services.
48

49 When, despite the provision of voluntary services, the family or caregiver is unable to minimally

1 ensure or provide a healthy, safe, and nurturing environment, a range of intervention approaches will
2 be undertaken. When determining the appropriate intervention approach, the best interest of the
3 child should always be the first consideration. These efforts to protect the best interest of children
4 and preserve families may include:

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

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

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

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

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

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

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

1 (CalWORKs) programs allow counties to take care of children regardless of the status of parents.

2
3 **Section 4: EMPLOYMENT AND SELF- SUFFICIENCY PROGRAMS**

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

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

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

33
34 The state should assume the principal fiscal responsibility for the General Assistance program.

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

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

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

1
2 Finally, counties support efforts to address housing supports and housing assistance efforts at the
3 state and local levels. Long-term planning, creative funding, and accurate data on homelessness are
4 essential to addressing housing security and homelessness issues.
5

6 **Section 5: CHILD SUPPORT ENFORCEMENT PROGRAM**

7

8 Counties are committed to strengthening the child support enforcement program through
9 implementation of the child support restructuring effort of 1999. Ensuring a seamless transition and
10 efficient ongoing operations requires sufficient federal and state funding and must not result in any
11 increased county costs. Further, the state must assume full responsibility for any federal penalties for
12 the state's failure to establish a statewide automated child support system. Any penalties passed on
13 to counties would have an adverse impact on the effectiveness of child support enforcement or other
14 county programs.
15

16 More recently, the way in which child support enforcement funding is structured prevents many
17 counties from meeting state and federal collection guidelines and forces smaller counties to adopt a
18 regional approach or, more alarmingly, fail outright to meet existing standards. Counties need an
19 adequate and sustainable funding stream to ensure timely and accurate child support enforcement
20 efforts, and must not be held liable for failures to meet guidelines in the face of inadequate and
21 inflexible funding.
22

23 Moreover, a successful child support enforcement program requires a partnership between the state
24 and counties. Counties must have meaningful and regular input into the development of state
25 policies and guidelines regarding child support enforcement.
26

27 **Section 6: PROPOSITION 10: THE FIRST FIVE COMMISSIONS**

28

29 Proposition 10, the California Children and Families Initiative of 1998, provides significant resources
30 to enhance and strengthen early childhood development. Local children and families commissions
31 (First 5 Commissions), established as a result of the passage of Proposition 10, must maintain the full
32 discretion to determine the use of their share of funds generated by Proposition 10. Further, local
33 First 5 commissions must maintain the necessary flexibility to direct these resources to the most
34 appropriate needs of their communities, including childhood health, childhood development,
35 nutrition, school readiness, child care and other critical community-based programs. Counties
36 oppose any effort to diminish Proposition 10 funds or to impose restrictions on their local
37 expenditure authority.
38

39 In recognition that Proposition 10 funds are disseminated differently based on a county's First 5
40 Commission structure and appropriated under the premise that local commissions are in a better
41 position to identify and address unique local needs, , counties oppose any effort to lower or eliminate
42 the state's support for county programs with the expectation that the state or local First
43 5commissions will backfill the loss with Proposition 10 revenues.
44

45 **Section 7: REALIGNMENT**

46

47 In 1991, the state and counties entered into a new fiscal relationship known as realignment.
48 Realignment affects health, mental health, and social services programs and funding. The state
49 transferred control of programs to counties, altered program cost-sharing ratios, and provided

1 counties with dedicated tax revenues from the sales tax and vehicle license fee to pay for these
2 changes.

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

10
11 With the passage of Proposition 1A the state and counties entered into a new relationship whereby
12 local property taxes, sales and use taxes, and Vehicle License Fees are constitutionally dedicated to
13 local governments. Proposition 1A also provides that the Legislature must fund state-mandated
14 programs; if not, the Legislature must suspend those state-mandated programs. Any effort to realign
15 additional programs must occur in the context of these constitutional provisions.

16
17 **Section 8: FAMILY VIOLENCE**

18
19 CSAC remains committed to raising awareness of the toll of family violence on families and
20 communities by supporting efforts that target family violence prevention, intervention, and treatment.
21 Specific strategies for early intervention and success should be developed through cooperation
22 between state and local governments as well as community and private organizations addressing
23 family violence issues.

24
25 **Section 9: AGING AND DEPENDENT ADULTS**

26
27 California is already home to more older adults than any other state in the nation, and the state's 65
28 and older population is expected to double over the next 25 years, from 3.5 million in 2000 to 8.2
29 million in 2030. The huge growth in the number of older Californians will affect how local
30 governments plan for and provide services, running the gamut from housing and health care to
31 transportation and in-home care services. While many counties are addressing the needs of their
32 older and dependent adult populations in unique and innovative ways, all are struggling to maintain
33 basic safety net services in addition to ensuring an array of services needed by this aging population.

34
35 Counties support reliable funding for programs that affect older and dependent adults, such as Adult
36 Protective Services and In-Home Supportive Services, and oppose any funding cuts, or shifts of costs
37 to counties, from either the state or federal governments. Furthermore, counties are committed to
38 addressing the unique needs of older and dependent adults in their communities, and support
39 collaborative efforts to build a continuum of services as part of a long-term system of care for this
40 vulnerable but vibrant population.

1 **Adult Protective Services**

2
3 The Adult Protective Services (APS) Program is the state’s safety net program for abused and
4 neglected adults and is administered at the local level by counties. As such, counties provide around-
5 the-clock critical services to protect the state’s most vulnerable seniors and dependent adults from
6 abuse and neglect. Timely response by local APS is critical, as studies show that elder abuse victims
7 are 3.1 times more likely to die prematurely than the average senior.
8

9 Unfortunately, the APS program has been underfunded since its inception in 1999, and suffered
10 drastic cuts in each budget since 2007, including a 10 percent cut in 2008-09. The cuts have resulted
11 in fewer social workers and thousands of reports of abuse and neglect going unanswered statewide.
12 These cuts come at a time of rising demand in reported cases of abuse and neglect for this population
13 Additionally, there are a growing number of seniors being targeted by financial predators.
14 Additionally, the lack of funding adjustments for inflation exacerbates the funding shortfall, resulting
15 in an annual loss of \$49.0 million (\$31.5 million GF) to APS for direct services to abused and
16 neglected seniors and dependent adults.
17

18 Counties support efforts to increase funding for APS based on caseload and administrative costs and
19 strongly oppose any reductions to an already underfunded program. The consequences of additional
20 cuts will threaten the health and financial stability of older adults across the state, and could
21 ultimately result in untimely and undignified deaths. Additionally, cuts to APS will impact other
22 local agencies including local law enforcement and emergency services, such as paramedic response,
23 and may lead to premature placement into nursing home care at an increased cost to taxpayers.
24

25 **In-Home Supportive Services**

26
27 The In-Home Supportive Services (IHSS) program is a federal Medicaid program administered by
28 the state and run by counties that enables program recipients to hire a caregiver to provide services
29 that enable that person to stay in his or her home safely. Individuals eligible for IHSS services are
30 disabled, age 65 or older, or those who are blind and unable to live safely at home without help. All
31 Supplementary Income/ State Supplemental Payment recipients are also eligible for IHSS benefits if
32 they demonstrate an assessed need for such services.
33

34 County social workers evaluate prospective and ongoing IHSS recipients, who may receive
35 assistance with such tasks as housecleaning, meal preparation, laundry, grocery shopping, personal
36 care services such as bathing, paramedical services, and accompaniment to medical appointments.
37 Once a recipient is authorized for service hours, the recipient is responsible for hiring his or her
38 provider. Although the recipient is considered the employer for purpose of hiring, supervising, and
39 firing their provider, state law requires counties to establish an “employer of record” for purposes of
40 collective bargaining to set provider wages and benefits. State law also governs cost-sharing ratios
41 between the state and counties for provider wages and benefits.
42

43 IHSS cases are funded by one of three programs in California: the Personal Care Services
44 Program (supported by federal Medicaid funds, state funds and county funds), the IHSS Residual
45 Program (supported by state and county funds), or the IHSS Plus Waiver (supported by federal
46 Medicaid funds, state funds and county funds). IHSS Program Administration is supported by a
47 combination of federal, state and local dollars.
48

1 Costs and caseloads for the program continue to grow. State General Fund costs for the IHSS
2 program have quadrupled from 1998 to 2008. Federal funds have almost quadrupled. County
3 costs have grown at slightly slower pace – tripling over ten years. According to the Department
4 of Social Services, caseloads are projected to increase between five and seven percent annually
5 going forward.

6
7 Funding to counties to administer the IHSS program has seriously eroded and threatens service
8 quality. Since 2001, counties have not received any funding to cover increases in the cost of
9 administering the IHSS program. The Governor’s veto of \$15 million in the 2008-09 budget
10 exacerbated this problem and will result in 100 fewer social workers to assess and serve needy
11 clients. Program cuts, combined with this failure to fund actual county costs to administer the
12 program, will result in annual under-funding of IHSS administration by \$72.3 million (\$30.1
13 million GF) in 2009-10. In addition, the State’s budgeting yardstick for the program, which was
14 inadequate when it was established in 1993, has remained relatively unchanged despite program
15 changes over the years. This yardstick assumes that county workers need only 11.58 hours per
16 client per year to provide a number of services to administer the program, including recipient
17 enrollment into the program, individualized in-home assessments, coordinating with other
18 service providers for care, and enrolling providers and processing provider timesheets. Factoring
19 in the lack of cost increases for the program reduces the funding level of service hours to just
20 over 8 hours per client per year.

21
22 Counties support the continuation of federal and state funding for IHSS, and oppose any efforts
23 to shift IHSS costs to counties. Furthermore, counties are committed to working with the
24 appropriate state departments and stakeholders to draft, submit, and implement new ideas to
25 continue federal support of the program.

26
27 **Section 5: VETERANS**

28
29 Counties provide services such as mental health treatment, substance use disorder treatment, and
30 social services that veterans may access. Specific strategies for intervention and service delivery to
31 veterans should be developed through cooperation between federal, state and local governments, as
32 well as community and private organizations serving veterans.