



The California County Platform | Chapter 11 Human Services

Adopted by the CSAC Board of Directors November 2020

SECTION 1: GENERAL PRINCIPLES

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

Inadequate funding for program costs strains the ability of counties to meet accountability standards and, in some programs, avoid penalties, putting the state and counties at risk for hundreds of millions of dollars in federal disallowances and fiscal 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 additional federal funding to help maintain service levels and access for the state's neediest residents. Counties are straining to provide services to the burgeoning numbers of families in distress. With each downturn in the economy, counties experience an increased need of individuals and families seeking assistance through vital safety net programs such as Medicaid, Supplemental Nutrition Assistance Program (SNAP, or Food Stamps), Temporary Assistance to Needy Families (TANF), and General Assistance. Even in strong economic times, millions of Californians struggle to make ends meet. For these reasons, counties strongly urge that any additional federal or state funding must be shared directly with counties for programs that have a county share of cost.

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 local needs of each county. If the state implements performance standards, the costs for meeting such requirements must be fully reimbursed.

SECTION 2: HUMAN SERVICES FUNDING DEFICIT

While counties are legislatively mandated to administer numerous human services programs including Foster Care, Child Welfare Services, CalWORKs, Adoptions, Adult Protective Services, CalFresh, and In-Home Supportive Services, funding for these services has generally been frozen at 2001 cost levels. The state's failure to fund actual county cost increases contributes to a growing funding gap of nearly \$1 billion annually. This places counties in the untenable position

of backfilling the gap with their own limited resources or cutting services that the state and county residents expect us to deliver.

2011 Realignment shifted fiscal responsibility for the Foster Care, Child Welfare Services, Adoptions and Adult Protective Services programs to the counties. Counties remain committed to the overall principle of fair, predictable, and ongoing funding for human services programs that keeps pace with actual costs.

Please see the Realignment Chapter of the CSAC Platform and accompanying principles.

SECTION 3: CHILD WELFARE SERVICES/FOSTER CARE

A child deserves to grow up in an environment that is healthy, safe, and nurturing. To meet this goal, families and caregivers should have access to public and private services that are comprehensive and collaborative. Further, recent system reforms and court-ordered changes, such as the Continuum of Care Reform (CCR) effort require collaboration between county child welfare services/foster care and mental health systems as well as other systems.

The existing approach to budgeting and funding child welfare services was established in the mid 1980's. Since that time, dramatic changes in child welfare policy have occurred, as well as significant demographic and societal changes, impacting the workload demands of the current system. 2011 Realignment provides a mechanism that will help meet some of the current needs of the child welfare services system, but existing workload demands and continued pressure to expand services remain a concern without additional investments by the state and federal government.

Further, court settlements (Katie A.) and policy changes (AB 12 Fostering Connections to Success Act of 2010 and AB 403, CCR) require close state/county collaboration with an emphasis on ensuring adequate ongoing funding that adapts to the needs of children who qualify. Additionally, the specified court settlements and policy changes require close coordination across local county systems to ensure that children and youth receive all medically necessary behavioral health services.

The Continuum of Care Reform (CCR) enacted significant changes in the child welfare program and the county behavioral health delivery system that intended to reduce the use of group homes and improve outcomes for foster youth. In addition, CCR is designed to increase the availability of trauma-informed services and utilize child and family teams to meet the unique needs of foster youth. Counties remain firmly committed to the ongoing implementation of these comprehensive and systematic changes, while seeking the flexibility to create programs and placements to foster success for this unique population.

- 1) Counties support comprehensive array of prevention, intervention and post-permanency services for children, youth and families. Both counties and the State have

a stake in achieving desired outcomes and as such, these services should be resourced appropriately.

- 2) When, despite the provision of voluntary services, the family or caregiver is unable to minimally ensure or provide a healthy, safe, and nurturing environment, a range of intervention approaches should be available for families. When determining the appropriate intervention approach, the best interest of the child should always be the first consideration.
- 3) When a child is in danger of physical harm or neglect, either the child or alleged offender may be removed from the home, and formal dependency and criminal court actions may be taken. Where appropriate, family preservation, and support services should be available in a comprehensive, culturally appropriate, and timely manner.
- 4) Counties support efforts to reform the congregate care – or youth group home – system under AB 403, the CCR. Providing stable family homes for all of our foster and probation youth is anticipated to lead to better outcomes for those youth and our communities. However, funding for this massive post-2011 Realignment system change is of paramount importance. Any reform efforts must also consider issues related to collaboration, capacity, and funding. County efforts to recruit, support, and retain foster family homes and provide pathways to behavioral health support are but some of the challenges under CCR. Additionally, reform efforts must take into account the needs of juveniles who are wards of the court.
- 5) When foster children/youth cannot return home, counties support a permanency planning process that matches foster children/youth through adoption and/or guardianship, with a foster caregiver. Counties support efforts to accelerate the judicial process for terminating parental rights in cases where there has been serious abuse and where it is clear that the family cannot be reunified.
- 6) Counties support adequate state funding for adoption services and post-permanency supportive services.
- 7) Counties seek to obtain additional funding and flexibility at both the state and federal levels to provide robust transitional services to foster youth such as housing, employment services, and increased access to aid up to age 26. Counties support such ongoing services for former and emancipated foster youth up to age 26. Counties have implemented the Fostering Connections to Success Act of 2010 for non-minor dependents in foster care (aged 18-21) and have assumed hundreds of millions of dollars in costs that have not been reimbursed by the State, an issue that remains unresolved.
- 8) With regards to caseload and workload standards in child welfare, especially with major policy reforms such as CCR, counties remain concerned about increasing workloads and

the possibility of reduced Realignment funding in an economic downturn, both of which threaten the ability of county child welfare agencies to meet their federal and state mandates in serving children and families impacted by abuse and neglect.

- 9) Counties support a reexamination of reasonable caseload levels given significant recent changes in policy and practice, including CCR and AB 12, and the complex needs of children, youth and families, often requiring cross-system collaboration (i.e. youth with developmental disabilities, behavioral health needs, and special education needs) with youth and families. Counties support ongoing augmentations for Child Welfare Services, including investments in workforce development and workload reduction, to support children and families in crisis. Counties also support efforts to document workload needs and gather data in these areas so that we may ensure adequate funding for this complex system.
- 10) Commercial sexual exploitation of children (CSEC) is a growing national and statewide issue. Counties believe this complex problem warrants immediate attention, including funding for prevention, intervention, and direct services through county child welfare services agencies. Counties support efforts to build capacity within local child welfare agencies to serve child victims of commercial sexual exploitation. Counties support close cooperation on CSEC issues with law enforcement, the judiciary, and community-based organizations to ensure the best outcomes for child victims.
- 11) As our focus remains on the preservation and empowerment of families, we believe the potential for the public to fear some increased risk to children is outweighed by the positive effects of a research-supported family preservation emphasis. Within the family preservation and support services approach, the best interest of the child should always be the first consideration. Counties support transparency related to child fatality and near-fatality incidents so long as it preserves the privacy of the child and additional individuals who may reside in a setting but were not involved or liable for any incidents.

SECTION 4: EMPLOYMENT AND SELF-SUFFICIENCY PROGRAMS

Self-sufficiency and employment programs play a critical role in the well-being of county residents and provide needed cash assistance, food assistance, and employment services for eligible individuals. The California Work Opportunity and Responsibility to Kids (CalWORKs) program is California's version of the federal Temporary Assistance for Needy Families (TANF) program, which provides temporary cash assistance to low-income families with children to meet basic needs as well as welfare-to-work services that help families become self-sufficient. CalFresh is California's version of the federal Supplemental Nutrition Assistance Program (SNAP), which provides food assistance benefits to help improve the health of low-income families and individuals.

There is a need for simplification of the administration of public assistance programs. The state

should continue to take a leadership role in seeking state and federal legislative and regulatory changes to achieve simplification, consolidation, and consistency across all major public assistance programs, including CalWORKs, Medi-Cal, and CalFresh. In addition, electronic technology improvements in human services administration are important tools to obtaining a more efficient and accessible system. It is only with adequate and reliable resources and flexibility that counties can truly address the fundamental barriers that many families have to self-sufficiency.

- 1) California counties are far more diverse from county to county than many regions of the United States. The state's welfare structure should recognize this diversity and allow counties flexibility in administering welfare programs, while providing overall state-level leadership that draws on the latest understanding of how families in poverty interact with public systems and how to best support them toward self-sufficiency. There should remain as much uniformity as possible in areas such as eligibility requirements, grant levels and benefit structures. To the extent possible, program standards should seek to minimize incentives for public assistance recipients to migrate from county to county within the state.
- 2) The welfare system should also recognize the importance of and provide sufficient federal and state funding for education, job training, child care, and support services that are necessary to move recipients to self-sufficiency. There should also be sufficient federal and state funding for retention services, such as childcare and additional training, to assist former recipients in maintaining employment.
- 3) Any state savings from the welfare system should be directed to counties to provide assistance to the affected population for programs at the counties' discretion, such as General Assistance, indigent health care, job training, child care, mental health, alcohol and drug services, and other services required to accomplish welfare-to-work goals.
- 4) Federal and state programs should include services that accommodate the special needs of people who relocate to the state after an emergency or natural disaster.
- 5) Counties 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 without full reimbursement.
- 6) Welfare-to-work efforts should focus on prevention of the factors that lead to poverty and welfare dependency including unemployment, underemployment, behavioral health and/or illness, lack of educational opportunities, food security issues, and housing problems. Counties support the development of a continuous quality improvement system with agreed upon measures and the consideration of incentives for improvement. Prevention efforts should also acknowledge the responsibility of absent parents by improving efforts for absent parent location, paternity establishment,

child support award establishment, and the timely collection of child support.

- 7) California's unique position as the nation's leading agricultural state should be leveraged to increase food security for its residents. Counties support increased nutritional supplementation efforts at the state and federal levels, including increased aid, longer terms of aid, and increased access for those in need.
- 8) Counties recognize safe, dependable, and affordable child care as an integral part of attaining and retaining employment and overall family self-sufficiency, and therefore support efforts to seek additional funding to expand child care eligibility, access, and quality programs.
- 9) Counties support efforts to address housing supports and housing assistance efforts at the state and local levels. Long-term planning, creative funding, and accurate data on homelessness are essential to addressing housing security and homelessness issues.
- 10) The state should fully fund county costs for the administration of the CalWORKs and CalFresh programs, and consult with counties on all policy, operational, and technological changes in the administration of the programs.

SECTION 5: MEDICAID ELIGIBILITY

Counties support health care reform efforts to expand access to affordable, quality healthcare for all California residents, including the full implementation of the federal Patient Protection and Affordable Care Act of 2010 (ACA) and the expansion of coverage to the fullest extent allowed under federal law. Health care eligibility and enrollment functions must build on existing local infrastructure and processes and remain as accessible as possible. Counties are required by law to administer eligibility and enrollment functions for Medi-Cal, and recognize that many of the new enrollees under the ACA may also participate in other human services programs. For this reason, counties support the continued role of county welfare departments in Medi-Cal eligibility, enrollment, outreach, and retention functions.

The state should fully fund county costs for the administration of the Medi-Cal program, and consult with counties on all policy, operational, and technological changes in the administration of the program. Further, enhanced data matching and case management of these enrollees must include adequate funding and be administered at the local level.

SECTION 6: AGING AND DEPENDENT ADULTS

California is home to more older adults than any other state in the nation and this population continues to grow. The huge growth in the number of older Californians will affect how local governments plan for and provide services, running the gamut from housing and health care to transportation and in-home care services. While many counties are addressing the needs of

their older and dependent adult populations in unique and innovative ways, all are struggling to maintain basic safety net services in addition to ensuring an array of services needed by this aging population.

The Adult Protective Services (APS) Program is the state's safety net program for abused and neglected adults. APS is now solely financed and administered at the local level by counties. As such, counties provide around-the-clock critical services to protect the state's most vulnerable seniors and dependent adults from abuse and neglect. Counties must retain local flexibility in meeting the needs of our aging population, and timely response by local APS is critical, as studies show that elder abuse victims are 3.1 times more likely to die prematurely than the average senior.

- 1) Counties support reliable funding for programs that affect older and dependent adults, such as Adult Protective Services and In-Home Supportive Services, and oppose any funding cuts, or shifts of costs to counties without revenue, from either the state or federal governments.
- 2) Counties support efforts to prevent, identify, and prosecute instances of elder abuse.
- 3) Counties support investments of new state and federal resources to support the APS workforce and enhance the direct services available to victims of abuse and neglect.
- 4) Counties are committed to addressing the unique needs of older and dependent adults in their communities, and support collaborative efforts to build a continuum of services as part of a long-term system of care for this vulnerable but vibrant population.
- 5) Counties support federal and state funding to support Alzheimer's disease and dementia research, community education and outreach, and resources for caregivers, family members and those afflicted with Alzheimer's disease and dementia.
- 6) Counties support legislative efforts to prevent homelessness among at-risk older adults and people with disabilities.
- 7) Counties support funding for the full range of aging programs that provide services to older adults including services provided by Area Agencies on Aging (AAAs), senior nutrition programs, caregiver supports, resource centers, ombudsman programs, and home and community-based supports.

In-Home Supportive Services

The In-Home Supportive Services (IHSS) program is a federal Medicaid program administered by the state and run by counties that enables program recipients to hire a caregiver to provide services that enable that person to stay in his or her home safely and prevents institutional care, which supports California in meeting federal Olmstead Act requirements. Individuals eligible for IHSS services are disabled, age 65 or older, or those who are blind and

unable to live safely at home without help.

County social workers evaluate prospective and ongoing IHSS recipients, who may receive assistance with such tasks as housecleaning, meal preparation, laundry, grocery shopping, personal care services such as bathing, paramedical services, and accompaniment to medical appointments. Once a recipient is authorized for service hours, the recipient is responsible for hiring his or her provider.

Although the recipient is considered the employer for purpose of hiring, supervising, and firing their provider, state law requires counties to establish an “employer of record” for purposes of collective bargaining to set provider wages and benefits.

As California’s aging population continues to increase, costs and caseloads for the program continue to grow. According to the Department of Social Services, caseloads are projected to increase between five and seven percent annually going forward.

In response to the end of the Coordinated Care Initiative and the County IHSS Maintenance of Effort (MOE), a new MOE was negotiated during the 2017-18 state budget process. The new MOE included specific offsetting revenue, including a State General Fund contribution.

- 1) Counties support the continuation of federal and state funding for IHSS, and oppose any efforts to shift additional IHSS costs to counties.
- 2) The IHSS MOE negotiated in the 2017-18 state budget was not sustainable for counties as the county share of IHSS costs would have significantly outpaced the available revenues in the out years. Counties support changes that provided additional state funding for IHSS costs and lowered the county share of IHSS costs. Counties support a long-term solution that aligns the county share of IHSS costs with the available revenues, which could occur through a lowered sharing ratio, restructured MOE, or increased State General Fund contribution.
- 3) The state should fully fund county costs for the administration of the IHSS program, and consult with counties on all policy, operational, and technological changes in the administration of the program.
- 4) Counties support moving collective bargaining for the IHSS program to a single statewide entity.

SECTION 7: CHILD SUPPORT PROGRAM

Counties are committed to strengthening the child support program through implementation of federal mandates and state statutes. Ensuring effective and efficient ongoing operations requires sufficient federal and state funding and any federal or state child support policy

changes should not result in increased county costs. Counties support maximizing federal funding for child support operations at the county level.

- 1) The way in which child support funding is structured prevents many counties from efficiently meeting state and federal collection guidelines and occasionally leads smaller counties to adopt a regionalized approach or, more alarmingly, fail to provide needed services as mandated by existing standards. Counties need an adequate and sustainable funding stream and flexibility at the local level to ensure timely and accurate child support efforts, and must not be held liable for failures to meet guidelines in the face of inadequate and inflexible funding.
- 2) Counties must have the freedom to make local decisions at the local level. While program standards and mandates are codified in state statute and federal mandate, the unique decisions on how to operationalize those mandates must remain a decision that is made at the local level.

A successful child support program requires a partnership between the state and counties. Counties must have meaningful and regular input into the development of state policies and guidelines regarding the child support program and the local flexibility to organize and structure effective programs.

SECTION 8: REALIGNMENT

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

In 2011, counties assumed fiscal responsibility for Child Welfare Services, adoptions, adoptions assistance, Child Abuse Prevention Intervention and Treatment services, foster care and Adult Protective Services as part of the 2011 Public Safety Realignment. Please see the Realignment chapter of the CSAC Platform and accompanying principles.

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

- 3) Any effort to realign additional programs must occur within the context of the constitutional provisions of Proposition 1A or Proposition 30.

SECTION 9: PROPOSITION 10: THE FIRST 5 CHILDREN AND FAMILIES COMMISSIONS

In November 1998, California voters passed Proposition 10, the “Children and Families Act of 1998” initiative, which created the 58 First 5 county commissions across the state. The act levies a tax on cigarettes and other tobacco products and provides funding for early childhood development programs and mandates that commissions work across systems to integrate service delivery and promote optimal childhood development.

First 5 Children and Families Commissions believe that every child deserves to be healthy, safe, and ready to succeed in school and life. Based on extensive research, First 5 promotes the importance of collective impact to support children and families from the earliest moments possible. This prevention framework leads to improved child health and development outcomes, increased school success, and over time increases economic benefit across all public systems.

- 1) Counties recognize the importance of policies that advance whole child, whole family approaches, increase racial equity, build integrated systems and focus on prevention to enhance critical services for children and families. As such, counties support strengthening early care, comprehensive health and development, and learning programs and systems, with a focus on programs that counties administer, facilitate participation in, or that enhance the ability of First 5 commissions to serve communities and families. Counties will also consider how improved early childhood and family outcomes lead to positive impacts related to other programs and systems that counties administer.
- 2) Counties support efforts that improve system coordination and encourage leveraging of resources within counties and between local and state agencies to enhance critical services for children and families.
- 3) Counties oppose any effort to diminish First 5 funding, lower or eliminate state support for county programs with the expectation that the state or local First 5 commissions will backfill the loss with Proposition 10 revenues. Due to the declining nature of tobacco tax revenues, counties support the inclusion of existing tobacco taxes, including Proposition 10, in any subsequent tobacco proposal.
- 4) Counties oppose any effort to restrict local First 5 expenditure authority. First 5 commissions must maintain the necessary flexibility to direct these resources to address the greatest needs of communities surrounding family resiliency, comprehensive health and development, quality early learning, and systems sustainability and scale.

SECTION 10: FAMILY VIOLENCE

CSAC remains committed to raising awareness of the toll of family violence on families and communities by supporting efforts that target family violence prevention, intervention, and treatment. Specific strategies for early intervention and success should be developed through cooperation between state and local governments, as well as community and private organizations addressing family violence issues, taking into account that violence adversely impacts Californians, particularly those in disadvantaged communities, at disproportionate rates and that these impacts have long ranging health and economic consequences for these individuals and the state as a whole.

SECTION 11: VETERANS

Specific strategies for intervention and service delivery to veterans should be developed through cooperation between federal, state, and local governments, as well as community and private organizations serving veterans.

Counties support coordination of services for veterans among all entities that serve this population, especially in housing, treatment, and employment training.