

Child Abuse and Neglect in California

A Review of the Child Welfare Services Program

**Legislative Analyst's Office
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Introduction

The purpose of the Child Welfare Services Program in California is to provide services to abused and neglected children and their families. The current Child Welfare Services Program reflects changes in federal law, the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272), which were incorporated into state law in California through the enactment of Ch 978/82 (SB 14, Presley).

The purpose of this report is to evaluate the extent to which the program has been able to achieve the goals established by Chapter 978. Chapter I examines the growth in the program's caseload and costs since 1982. Chapter II evaluates how successful the program has been at identifying and serving abused and neglected children since 1982. Chapter III assesses the extent to which the availability of staff and services affect the program's performance. Finally, Chapter IV summarizes options for the Legislature to improve the performance of the program.

We would like to thank the staff of the Department of Social Services for their assistance in providing information used in completing this report. We would also like to thank the many county welfare department administrators who provided valuable insights into the operation and funding of the Child Welfare Services Program at the local level. In addition, we would like to extend our appreciation to the members of the County Welfare Directors Association Child Welfare Services Committee for reviewing drafts of our social worker survey and for helping us to disseminate the survey. Finally, we would especially like to thank the many social workers who shared their insights with us either by participating in the survey or by spending time with us in the field.

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Introduction

Executive Summary

Executive Summary

The Purpose of the Child Welfare Services Program

The Child Welfare Services Program in California serves abused and neglected children and their families by (1) investigating allegations of child abuse and neglect, (2) providing services to children and their families in order to end the abuse and neglect, (3) working with the courts to determine when out-of-home care (foster care) and/or adoption is warranted, and (4) supervising children in foster care. The program is administered by county welfare departments, under the supervision of the state Department of Social Services (DSS).

The current Child Welfare Services Program reflects changes in federal law, the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272), which were incorporated into state law in California through the enactment of Ch 978/82 (SB 14, Presley). These changes were enacted in response to widespread criticism by child welfare professionals that the program, during the 1970s, placed too many children into foster care with little or no effort to keep families intact or to arrange for adoption. As a result, the major goals of the federal and state legislation were to create a program that would (1) provide treatment services to families in order to reduce *unnecessary* placement in foster care, (2) safely reunite more foster care children with their families, (3) increase the stability of foster care placements, and (4) place more adoptable foster care children into adoptions.

The Child Welfare Services Program Has Grown Substantially

Expenditures for the Child Welfare Services Program have more than tripled since 1981-82. Specifically, total costs increased from \$134 million in 1981-82 to \$462 million in 1989-90, which reflects an average annual rate of increase of 18 percent. However, this rate of growth slowed considerably in 1990-91. This occurred because the Governor vetoed \$55 million from the \$529 million appropriated by the Legislature

in the 1990 Budget Bill. The higher amount proposed by the Legislature would have funded the anticipated caseload and cost-of-living increases for the program.

Our analysis indicates that the primary reason for the rapid growth in expenditures is due to the increasing number of children served by the Child Welfare Services Program. For example, the number of children placed in foster care as a result of abuse or neglect has increased from 28,000 in 1982 to 65,000 in 1989, an increase of 132 percent, or 11 percent annually.

Despite Substantial Funding Increases, the Child Welfare Services Program Has Had Limited Success in Achieving Its Goals

Specifically, we found that:

- *Some child welfare agencies in California fail to investigate a substantial proportion of cases of child abuse and neglect.* This appears to be due to two factors. First, despite the enactment of strict reporting laws, professionals in the community who have frequent contact with children may still be reluctant to report abuse to a child welfare agency, even if they recognize it. Second, child welfare agencies have increased their use of telephone screening in order to limit the number of face-to-face investigations of child abuse reports. This practice appears to have limited the number of bona fide child abuse cases investigated by child welfare agency social workers.
- *Overall, the Child Welfare Services Program has not been successful at minimizing the use of foster care.* Specifically, we found that relatively few children receive services in their homes. In addition, the number of children reunified with their families or placed for adoption has not kept pace with the rapid growth in the foster care caseload.

- *The program is not effective at preventing reabuse.* In fact, data provided by the DSS indicates that the recidivism rate increased from 29 percent in 1985 to 40 percent in 1989.

Staffing Levels Were Not the Primary Reason for the Program's Problems

Despite the concerns raised by some county administrators and social workers, the evidence suggests that high social worker caseloads were not a major *statewide* problem prior to the 1990-91 funding reduction. Specifically, on average, the caseloads per social worker did not significantly exceed the cases-per-worker budgeting standards established by the DSS. In addition, the data suggest that, where social workers carried particularly high caseloads, this resulted more from choices made by the counties than from any serious funding shortfall on the part of the state. Thus, it does not appear that staffing levels alone can explain the problems that the program has had in achieving its goals. However, the veto of \$55 million in 1990-91 is likely to substantially increase the average caseloads of child welfare services social workers and reduce the amount of time that social workers have to manage each case.

There is a Substantial Shortage of Treatment Services for Child Welfare Services Clients

Specifically, we found that counties, on average, spend only \$11 per month per case to purchase treatment or support services for clients. In addition, community resources, such as publicly funded drug treatment facilities and community mental health services, are frequently difficult for clients to access, because of long waiting lists. As a result, the child welfare services social worker is the sole provider of treatment and support services to over half of all clients in the program. Providing services in this manner limits their effectiveness because (1) social workers frequently visit clients less than once per month and (2) social workers are not trained to provide many of the types of services their clients need, such as drug treatment. In addition, it costs about \$49 per hour for a social worker to provide the service, which is typically more costly than purchasing the service or providing the service in the community.

The shortage of treatment and support services is likely to worsen as a result of the action on the 1990-91

budget, for two reasons. First, the \$55 million veto in the Child Welfare Services Program is likely to reduce the availability of purchased services, as well as limit the amount of time that social workers have to provide services. Second, the Governor vetoed \$40 million from Community Mental Health Programs, which is likely to make it even more difficult for children and families who need mental health counseling to obtain this service.

The Child Welfare Services Program is at a Crossroads

In our view, the major issue facing the Legislature with respect to the Child Welfare Services Program over the next several years is deciding what level of service will be provided to abused and neglected children. Specifically, the Legislature has three options:

1. Permanently reducing the level of service to children.
2. Providing the same level of service that has been available to children since the program was restructured in 1982, by returning to the funding approach that the Legislature used throughout most of the 1980s.
3. Enhancing the level of services, by adopting a funding approach that goes beyond what the Legislature used during the 1980s, in order to increase the availability of treatment services for children and families.

All of these options will involve difficult trade-offs, given (1) the state's limited fiscal resources and (2) the performance problems the program has experienced. In the short run, it probably is not possible to reduce costs in the program *and* improve its effectiveness. In the long run, however, a Child Welfare Services Program that provides effective services to treat abusive families while minimizing the use of foster care could prove both less costly and more effective than the current program. Clearly, the Legislature will have to base its decision on the appropriate service level for the Child Welfare Services Program on its overall fiscal and policy priorities for this and other programs.

Assessment of Options for Service Level Reductions

Our analysis indicates that the funding available for the Child Welfare Services Program in 1990-91 is less than the amount that would be required for counties to meet all of the mandated service levels in the program. If the state does not provide enough funding to cover the mandated service levels in future years, counties will face an ongoing shortfall. If a service reduction is required, we believe that statutory and/or regulatory changes should be implemented at the state level rather than leaving the decision to each individual county. The Legislature has four options in this respect:

- Require counties to increase the use of telephone screening of child abuse referrals.
- Require counties to reduce face-to-face contacts between social workers and clients.
- Limit family maintenance services to only those families who have been ordered by the Juvenile Court to receive them.
- Shorten the length of time that families are permitted to receive child welfare services.

In our view, the Legislature would need to implement some combination of the above options in order to effect an ongoing reduction in service levels. However, each of these options represents a fundamental change in the operation of the program that could potentially reduce its effectiveness. In order to decide which, if any, of the service reduction options to implement, the Legislature needs specific information from the DSS.

Therefore, we recommend that the Department of Social Services evaluate various options for reducing service levels and their potential effect on clients and report its findings to the Legislature by April 1, 1991.

Improving Efficiency and Effectiveness

Offsetting the Cost of Services With Health Insurance and Client Fees. One way to help control governmental costs in the Child Welfare Services Program would be to use resources that are available to families to offset the costs of providing services. This could be accomplished in two ways. First, counties could determine whether a family has health insurance that will cover the kinds of services that the worker has determined the family needs and require the family to use the insurance before paying for the services with child welfare services funds. Second, counties could charge families a fee for the services they receive, including case management and treatment services, based on a sliding scale depending on family income. Under this system, low-income families would continue to receive services at no cost, while families with moderate or high incomes would be required to pay for some or all of the costs of the services they receive.

Therefore, we recommend the enactment of legislation requiring counties (1) to determine if their child welfare services clients have health insurance that

will cover the costs of services and require the clients, whenever possible, to use the health insurance to pay for the services they receive, and (2) to charge clients fees, on a sliding-scale basis, for the services they receive. In order to help the Legislature draft the specific fee legislation and to ensure that the fee system is cost-effective to administer, we further recommend that the department report by June 30, 1991 on options for implementing a fee based on a sliding scale.

Making More Efficient Use of Social Workers' Time. Our analysis indicates that at least some of the program's performance problems occur because some counties have not established effective administrative procedures. This conclusion is supported by a DSS study of staffing practices and compliance with program requirements. Specifically, the department found that on the whole, counties where staff carried high caseloads were no less likely to comply with the program's requirements than counties where staff carried low caseloads. This review suggests that some counties have identified methods for making the most efficient use of their social workers' time. However, currently there is no statewide information that would allow the Legislature to identify these methods, or determine which ones are most effective.

At a statewide average cost of \$81,000 per worker, social workers are an expensive resource. Their salaries and benefits, along with their associated support costs, account for 90 percent of the program's total costs. In light of the growing cost constraints facing the program, we think it is particularly important to identify methods to make the best use of this resource.

Therefore, we recommend that the Department of Social Services, in conjunction with county welfare departments, identify (1) those counties that make the most efficient and effective use of their child welfare services social workers' time and (2) the methods employed by these more efficient counties. We further recommend that the department report to the Legislature by September 30, 1991 on its findings and recommendations for improving the efficiency of county child welfare services programs.

Improving Feedback Should Improve Efficiency and Enhance the Program's Performance. In addition to the administrative problems discussed above, we believe that some of the difficulties experienced by the program are due to the lack of procedures to ensure that social workers and their supervisors receive feedback about the outcomes of the children they serve.

Without feedback about their clients, it is difficult for workers to judge the effectiveness of the case management strategies they employ.

The Legislature recognized the importance of feedback when it enacted Ch 1294/89 (SB 370, Presley). Among other things, Chapter 1294 authorized the DSS to develop and implement a statewide automated child welfare services case management system. The case management system represents a major opportunity to improve the performance of the program by (1) helping social workers to manage their clients' cases more efficiently and (2) enabling social workers, county welfare department administrators, and the state to track cases as they move through the program, thereby improving feedback at all levels.

Based on our review, we find that the computerized case management system mandated by Chapter 1294 will enhance performance by increasing feedback at all levels of the program.

Implementing a Statewide Screening Policy Would Improve the Program's Effectiveness. Our review indicates that telephone screening procedures vary significantly from county to county. This lack of consistency is cause for concern, because (1) research suggests that child welfare services social workers are inappropriately screening out bona fide cases of child abuse and (2) a face-to-face investigation is frequently necessary in order to accurately determine whether a child has, in fact, been abused. For these reasons, we believe that there is a need to improve screening policies in the Child Welfare Services Program, regardless of the funding level available for the program.

Therefore, we recommend the enactment of legislation requiring the implementation of statewide standards for telephone screening.

Improving Awareness of Child Abuse Reporting Requirements. Our analysis indicates that there is a need to improve public and professional awareness and reporting of child abuse. This is because research suggests that, despite the enactment of strict reporting requirements in recent years, a large number of child abuse cases still go unreported. Regardless of whether the Legislature decides to restore funds for the Child Welfare Services Program or reduce service levels in the program, it will be important to improve reporting of child abuse and awareness of child abuse reporting laws. We believe that there are two basic approaches available to the Legislature to improve awareness and reporting: (1) improve the current child abuse training programs for professionals who have frequent contact

with children and (2) develop strategies to increase public and professional awareness of abuse and abuse reporting laws.

Therefore, we recommend that the Legislature conduct a joint hearing of the affected committees in order to (1) review the status of current training programs for professionals and (2) obtain further information about possible strategies for enhancing public and professional awareness of child abuse and child abuse reporting laws.

Pilot Programs May Improve the Performance of the Child Welfare Services Program. In response to concerns about treatment shortages for child welfare services clients, the Legislature enacted Ch 105/88 (AB 558, Hannigan). Chapter 105 established a two-year pilot program in Solano, Napa, and Alameda counties that allows each county to receive an amount equal to 10 percent of its expected General Fund expenditures for abused and neglected children in the Aid to Families with Dependent Children-Foster Care (AFDC-FC) Program. The counties can use these funds to purchase or provide treatment and support services for children and families, in order to prevent placing children in foster care. Chapter 105 also specifies that if the county fails to achieve an overall reduction in General Fund AFDC-FC costs while participating in the pilot, the county must cover either part or all of the excess costs, depending on the amount of the excess.

Preliminary results from the first year of the pilots indicate that the program has achieved AFDC-FC savings in the three pilot counties. These results suggest that enhancing the availability of treatment services can reduce foster care placements for at least some children. As a result of these findings, the Legislature enacted Ch 1463/90 (AB 2939, Campbell) and Ch 188/90 (AB 1697, Bronzan), which continued and expanded the pilot in the three original counties and authorized 12 additional counties to operate the program.

It is important to note that, due to the financing mechanism used to support the pilots, participating counties probably cannot provide enhanced services to a substantial portion of their child welfare services caseloads. This is because, in order to be cost-effective, services in these programs must be carefully targeted on those families for whom the county believes the pay-off (in terms of avoided foster care costs) is likely to be very high. Nevertheless, the pilots represent one effective approach for improving the availability of services to some families.

Based on our review, we find that the pilot programs established by Ch 105/88 (AB 558, Hannigan), and expanded by Ch 188/90 (AB 1697, Bronzan) and Ch 1463 (AB 2939, Campbell), have the potential to improve the performance of the Child Welfare Services Program, by allowing counties to use foster care funds in order to provide additional treatment and support services to some children and families.

Priorities for Enhancing the Availability of Treatment Services Should Additional Funds Become Available

One of the primary goals of restructuring the Child Welfare Services Program in 1982 was to help families stay together by providing treatment and support services. However, except in situations like the pilot programs discussed above, the availability of these services appears to be limited statewide. Our analysis indicates that providing more services could improve the effectiveness of the program in two ways: (1) by increasing the likelihood that child welfare services clients will successfully complete a treatment program and (2) by helping the courts to make more timely decisions about families who receive child welfare services. However, providing more services will require an increase in state funding. Thus, the Legislature will need to consider options for increasing the availability of services in light of its overall fiscal priorities. If additional funding for services becomes available, there are two options that would increase the availability of services most effectively and at the least additional cost: (1) increasing the availability of community resources, such as drug treatment and mental health services, and (2) providing additional funds and flexibility so that child welfare services social workers can purchase additional services.

Therefore, we recommend that if additional funds become available to enhance the availability of treatment services for child welfare services clients, the Legislature give priority to approaches that would (1) increase the availability of community resources, such as drug treatment and mental health services, and (2) increase funding and flexibility so that child welfare services social workers can purchase additional services.

Chapter 1

Chapter 1

Services for Abused and Neglected Children in California

This chapter describes the current Child Welfare Services Program in California and its growth since the program was restructured by state law in 1982.

The Current Child Welfare Services Program

In California, abused and neglected children and their families receive services through the Child Welfare Services Program. Under this program, county welfare departments (1) investigate allegations of child abuse and neglect, (2) provide services to children and their families in order to end the abuse or neglect, (3) work with the courts to determine when out-of-home care (foster care) and/or adoption is warranted, and (4) supervise children in foster care. Counties provide these services through four separate child welfare services programs:

- **Emergency Response.** Under this program, county welfare departments provide immediate social worker response to allegations of child abuse and neglect. The primary goals are crisis intervention and referral to other services as needed. In addition to initial investigations and intake, the program provides supportive services for abused and neglected children and their families. These services may include, for example, counseling, emergency shelter care, and transportation.
- **Family Maintenance.** Under this program, counties provide ongoing services to families who have been identified through the Emergency Response Program. The primary goal is to allow

children to remain with their families under safe conditions, thereby eliminating *unnecessary* placement in foster care. Services provided through this program include social worker case management as well as supportive services, such as counseling, emergency shelter care, temporary in-home caretakers, and teaching and demonstrating homemakers. Families may receive family maintenance services for no more than one year.

- **Family Reunification.** Under this program, counties provide services to children in foster care who have been temporarily removed from families because of abuse or neglect. The program also provides services to the families of these children. The primary goal is to safely reunify these children with their families. Services provided through this program include social worker case management and supportive services, such as counseling. Children can remain in the Family Reunification Program for no longer than 18 months. After that time, the child must either be returned to the family or transferred to the Permanent Placement Program.

- **Permanent Placement.** Under this program, counties are required to provide case management and case planning services to children in foster care who cannot safely be returned to their families. The primary goal of the program is to ensure that these children are placed in the most family-like and stable setting available, with adoption being the placement of first choice.

The 1982 Restructuring of the Child Welfare Services Program

The current Child Welfare Services Program reflects federal and state changes enacted in the late 1970s and early 1980s. The impetus for these changes was widespread criticism by child welfare professionals (social workers, attorneys, and academicians) of the services that were provided to abused and neglected children and children in foster care. Specifically, the critics felt that during the early 1970s:

- Too many children were removed from their parents' care, with little or no effort to keep the families intact.
- Children in foster care received few, if any, services to facilitate reunification with their families.

- Children in foster care were allowed to "drift" from one placement to another, with no long-term plan for their future and little likelihood that they would ever enjoy a stable, family-like placement.
- Too many children remained in long-term foster care who should have been placed in adoptions.

In response to these criticisms, the federal government enacted the Federal Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272). This measure required states to enact specific reforms in order to continue receiving federal foster care funds. In 1982, California incorporated the required federal changes into state law through the enactment of Chapter 978 (SB 14, Presley). This legislation established the four child welfare services programs described above. The major goals of Chapter 978 were to (1) provide treatment services to families in order to reduce *unnecessary* placement in foster care, (2) safely reunite more foster care children with their families, (3) increase the stability of foster care placements, and (4) place more adoptable foster care children into adoptions.

The Child Welfare Services Program Has Grown Substantially Since 1982

The Child Welfare Services Program has expanded substantially since the enactment of Chapter 978 in 1982. This expansion has occurred both in the number of families and children served and in program costs. Chart 1 shows that expenditures for the program have more than tripled since 1981-82, the last fiscal year before the program was restructured. Specifically, the Department of Social Services (DSS) estimates that costs increased from \$134 million in 1981-82 to \$462 million in 1989-90, which reflects an average annual rate of increase of 18 percent. As the chart shows, the rate of growth slowed considerably in 1990-91. This occurred because the Governor vetoed \$55 million from the \$529 million appropriated by the Legislature in the 1990 Budget Bill. The higher amount proposed by the Legislature would have funded the anticipated caseload and cost-of-living increases for the program. In his veto message, the Governor indicated that the

state's fiscal crisis made it impossible to fully fund the program in 1990-91.

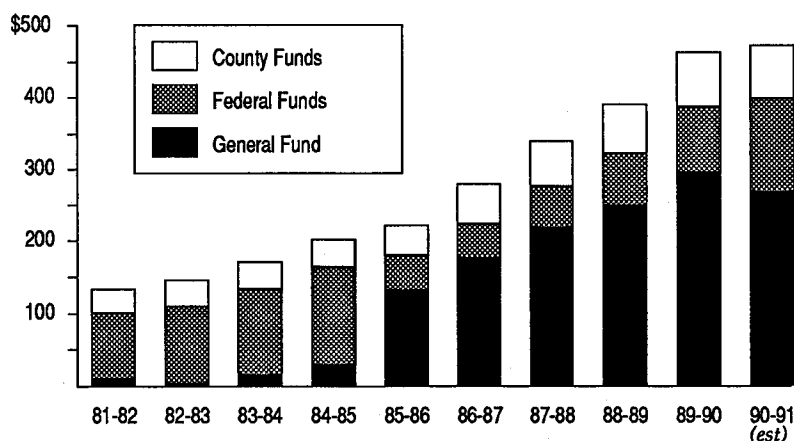
In addition to this increase in child welfare services costs, there has been an equally striking increase in the closely related costs of maintaining abused and neglected children in foster care. Specifically, we estimate that foster care grant costs for abused and neglected children have increased from \$150 million in 1981-82 to \$510 million in 1990-91, which is an average annual increase of 15 percent. (Please see the *Analysis of the 1989-90 Budget Bill* (page 579) for a discussion of the reasons for the increase in foster care costs in recent years.)

Table 1 shows the three components that contributed to the overall cost growth in the Child Welfare Services Program between 1981-82 and 1989-90, the most recent years for which detailed cost estimates are

Chart 1

Child Welfare Services Expenditures ^a

1981-82 through 1990-91
(in millions)



^a Includes all General Fund and federal funds appropriated for the Child Welfare Services Program, and county matching funds, including federal and county funds that are budgeted for the cost-of-living adjustments that counties grant their workers each year.

Source: Department of Social Services

available. These three components are: (1) a 75 percent increase in the number of county welfare department social workers in the four child welfare services programs, (2) a 67 percent increase in the average cost per social worker, and (3) the addition of \$46 million in "direct services" costs to the program. The additional costs for direct services is attributable, in part, to the requirement of Chapter 978 that counties provide a variety of services that are not usually provided by county social workers, such as counseling, emergency

shelter care, transportation, in-home caretakers, and homemaker demonstrators. (We discuss these services and the other activities funded as "direct services" in more detail in Chapter III.)

Costs Per Worker

The primary reason that the average costs per social worker have increased is the cost-of-living adjustments (COLAs) that county welfare departments have

Table 1

Costs and Staffing in the Child Welfare Services Program

1981-82 Compared to 1989-90

(dollars in thousands)

	Costs					
	Social Workers ^a	Costs per Social Worker ^b	Staff and Overhead ^c	Direct ^d	Special Projects ^e	Total ^f
1981-82	2,902	\$46.1	\$133,782	--	--	\$133,782
1989-90	5,087	77.0	391,680 ^g	\$45,803	\$1,750	439,233 ^g
Percent Increase:						
Total	75.3%	67.0%	192.8%	NMF ^h	NMF ^h	228.3%
Average annual	7.3	6.6	14.4	NMF ^h	NMF ^h	16.0

^a Full-time equivalents.

^b Includes the costs of support and administrative staff, rent, utilities, equipment, and all other overhead costs, as well as social worker salary and benefits.

^c Number of social workers times costs per social worker (column 1 times column 2) equals staff and overhead costs (column 3).

^d Reflects costs that are billed directly to the Child Welfare Services Program. These costs include some social worker overtime costs, as well as costs of purchased services, such as emergency shelter, homemaker demonstrators, in-home caretakers, counseling, drug testing, and other services.

^e Includes several pilot projects and a training program for child welfare services social workers.

^f Staff and overhead costs (column 3) plus direct costs (column 4) plus special projects (column 5) equals total costs (column 6).

^g Excludes \$22.5 million in federal and county funds budgeted for the 1989-90 COLAs that counties granted their social workers. This is because, as we discuss in Chapter II, most counties do not spend these funds but instead fund their COLAs by holding positions vacant.

^h Not a meaningful figure.

Source: Department of Social Services

granted their workers. The DSS estimates that counties granted COLAs totaling 67 percent between 1981-82 and 1989-90. This increase is primarily due to increased salary and benefit costs.¹ The increase in these costs exceeded the rate of inflation during this period. For example, the Gross National Product Deflator for State and Local Government Purchases increased by 43 percent and the California Consumer Price Index increased by 38 percent during this period.

Increased Number of Social Workers

Two factors account for the increase in the number of workers since the 1982 restructuring of the Child Welfare Services Program. First, shortly after the enactment of Chapter 978, the state established cases-per-worker standards for use in budgeting for the

Child Welfare Services Program. We discuss these standards in more detail in Chapter III.

Second, since the enactment of Chapter 978 the number of children and families served by the Child Welfare Services Program has increased substantially. In order to maintain the number of cases per worker called for in the cases-per-worker standards, the state has added funds to each year's budget through 1989-90 for additional county social workers. (As we discuss in Chapter III, funding for 1990-91 will not be sufficient to maintain the number of workers called for in the cases-per-worker standards.)

It is not possible to determine the exact magnitude of each of these two factors.² It is clear, however, that the child welfare services caseload has grown substantially since the enactment of the reforms.

¹ The increase in costs per worker also reflects increases in counties' clerical and administrative staffing levels and increases in other administrative costs, such as rent, utilities, and computer costs.

² There are several reasons why it is not possible to precisely estimate the independent effects of the cases-per-worker standards and the caseload growth. The standards are actually four separate standards, one for each of the four child welfare services programs. Since these programs did not exist as distinct programs prior to 1982, it is difficult to assess the impact of the standards on the overall budgeted staffing levels of the programs. It is also not possible to precisely estimate the impact of caseload growth, since the definition of what constitutes a case has changed, both because of the reforms enacted by Chapter 978 and because the counties and the Department of Social Services have made extensive changes in their data collection and reporting.

Perspectives on Child Welfare Services Caseload Growth Since 1982

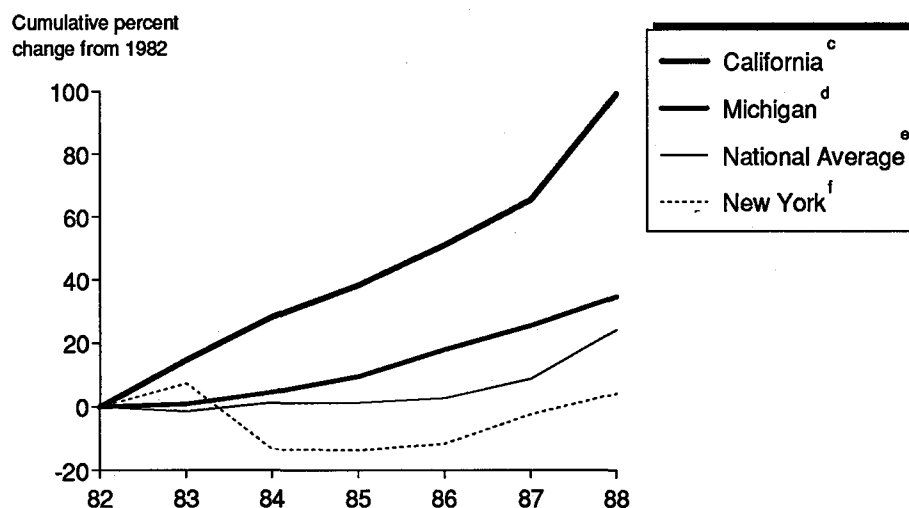
Due to the extensive changes in the Child Welfare Services Program enacted in 1982, it is difficult to compare the program's caseloads before and after the implementation of the restructuring. For example, the Emergency Response and Family Maintenance Programs did not exist as separate programs prior to 1982. As regards the foster care component of the Child Welfare Services Program, we collected data on the actual number of "welfare-supervised" children in

foster care in California since 1985.³ Because actual data are not available prior to 1985, the DSS provided us with *estimates* of the number of these children back to September 1982, the month prior to the effective date of Chapter 978. These data show that this portion of the child welfare services caseload has increased from 28,000 in 1982 to 65,000 in 1989, an increase of 132 percent, or 11 percent annually.

One way to place California's caseload growth in

Chart 2

California's Foster Care Caseload Trend Compared to Other States^{a b}



^a All caseloads are point-in-time counts: California: September 30
Michigan: October 30
National Average: Various
New York: December 30

^b Caseloads include children receiving family reunification and permanent placement services and children in foster care who are supervised by county probation departments.

^c Source: Department of Social Services.

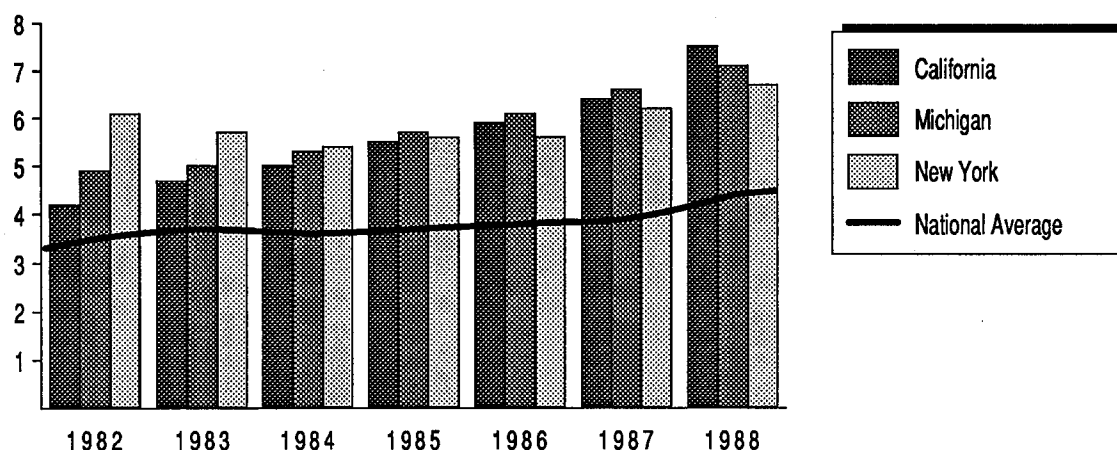
^d Source: Michigan Department of Social Services.

³ The welfare-supervised foster care caseload is comprised of children who were removed from the custody of their parents as a result of alleged child abuse or neglect and who are receiving family reunification or permanent placement services. It includes children who are receiving foster care grants and those who are receiving services, but not a grant. It does not include children who are receiving foster care grants and who are supervised by county probation departments. These children were excluded because they are placed in foster care for reasons other than child abuse or neglect – typically, they have committed status or criminal offenses.

Chart 3

Foster Care Care Placement Rates California Compared to Other States

Foster care cases
per 1,000 children
aged 0-19 years



perspective is to compare it to similar trends in other states. We compared California's foster care caseload to the caseloads in two other large industrial states — New York and Michigan — and to the caseload of the nation as a whole.⁴ Chart 2 shows that California's caseload increased by 99 percent between 1982 and 1988. This is more than four times the growth in the national average. Moreover, it is almost three times greater than the growth rate in Michigan and almost 25 times the comparable growth rate in New York.

While the data show that California's cases are growing at a much faster rate than elsewhere in the nation, these data do not account for population increases. One would expect caseloads to increase in states, like California, experiencing rapid population growth. Chart 3 accounts for the effect of population by showing the number of foster care cases per 1,000 children age 0 to 19 in California and other states. The chart shows that in 1982, there were 4.2 foster care cases per 1,000 children in California. This rate was

higher than the national average, but lower than the rates in both New York and Michigan. By 1988, however, the rate was higher in California than the rate in New York and Michigan and almost double the national average. Thus, it appears that population growth explains only a small portion of the increase in California's foster care caseloads that has occurred since 1982.

Child welfare services professionals offer two other possible explanations for this increase. First, it is possible that the increasing foster care caseload is driven by an increase in the underlying incidence of child abuse and neglect. Second, it is possible that this increase is the result of both an increased public awareness concerning child abuse and neglect and increased funding to treat more abused children due to the Child Welfare Services Program's restructuring in 1982. We discuss these issues in more detail in the next chapter of this report.

⁴ Because the only available national data includes children in foster care who are supervised by probation departments, we have used this data in order to make these state and national comparisons.

Chapter 2

Chapter 2

Assessment of the Program's Effectiveness

In the previous chapter, we showed that the Child Welfare Services Program has grown substantially since major changes were made in the program in 1982. As we indicated, this growth in expenditures is due primarily to an increase in the number of child welfare services social workers, which in turn has been fueled by growth in the number of children receiving services. This growth is of concern for two reasons. First, some observers have questioned whether the increasing caseload reflects an increase in the underlying incidence of child abuse or rather an increase in false or inaccurate allegations of child abuse. Second, two major goals of Chapter 978 are to reduce unnecessary placements in foster care and to increase the numbers of foster care children who are safely returned to their families or placed in adoptions. To the extent that caseload growth reflects un-

necessary reliance on foster care to treat abused children, it could indicate that the program is not achieving these important goals.

In this chapter, we examine the track record of the Child Welfare Services Program since 1982, both to assess how well the program is doing in achieving its goals and to determine the reasons for the caseload growth described in the first chapter. We use three criteria to evaluate the relative success of the program. Specifically, we examine the program's success in:

- *Identifying abused and neglected children.*
- *Limiting the use of foster care for the abused and neglected children it serves.*
- *Preventing further abuse or neglect.*

How Effective and Accurate is the Child Welfare Services Program at Identifying Child Abuse and Neglect?

As we discuss in Chapter I, the number of children receiving child welfare services in California has grown at a rate of 11 percent annually since 1982. In this section of the report, we examine program data and recent studies to determine (1) the extent to which child welfare services caseload growth reflects an increase in the incidence of child abuse and neglect and (2) the program's success in accurately identifying abused and neglected children in California.

Is Child Abuse and Neglect Increasing in California?

The Evidence from Program Data

Abused and neglected children in California enter the Child Welfare Services Program through the Emergency Response Program. Emergency response social workers take reports of alleged child abuse and neglect from various sources, investigate the reports, determine whether the allegations are true, and decide what services, if any, are necessary. Thus, one way to

determine whether there has been an increase in child abuse in California is to examine the trends in the state's emergency response caseload.

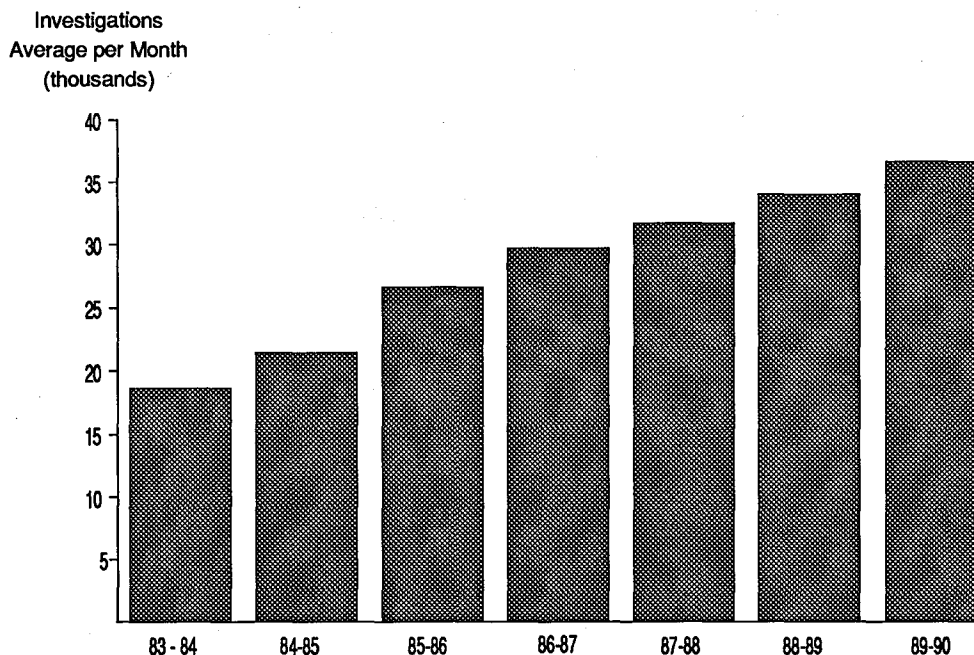
Chart 4 shows that the number of cases of *alleged* child abuse and neglect investigated by emergency response workers has increased from 18,500 investigations per month in 1983-84 to an estimated 36,700 investigations per month in 1989-90. This is an increase of 90 percent over the entire period, or an average annual increase of 12 percent. By comparison, the number of children in the state's general popula-

tion increased by only 2 percent annually during the same period.

This increase in *allegations* of child abuse and neglect suggests that there may have been a substantial increase in the underlying incidence of child abuse and neglect in California in recent years. However, Emergency Response Program data does not necessarily reflect the *actual* amount of abuse that occurs in the state. In order to assess the accuracy of the program data, we conducted a review of the literature in this field.

Chart 4

**Child Welfare Services Program
Child Abuse and Neglect Investigations in California^a**



^a Includes in-person investigations only. Does not include investigations that involved only telephone contact.

Source: Department of Social Services

Evidence from the Literature

The most comprehensive research on the incidence of child abuse in America is a study conducted by the United States Department of Health and Human Services (DHHS) entitled "*Study of National Incidence and Prevalence of Child Abuse and Neglect*." This study was carried out in 29 counties across the country, including 3 counties in California (Los Angeles, Sacramento, and Kern).

The study was based on a sample of doctors, teachers, day care workers, police officers, mental health counselors, and other professionals who have regular contact with children. The researchers trained each professional to recognize child abuse and asked them to submit reports each time they identified a child who had been recently abused or neglected. The researchers reviewed the reports to ensure that they did not count the same child more than once and that each report met the study's definitions of child abuse or neglect. In order for a report to be included in the study, it had to identify a child who had suffered demonstrable physical or emotional harm as a result of suffering some type of physical or emotional abuse or neglect. (For more detail regarding the study's methodology, please see Appendix A.) The researchers used these reports to estimate the national incidence of child abuse. The study was conducted in 1980 and again in 1986. The study found that the estimated number of children recognized as abused or neglected by community professionals nationwide increased from 625,100 in 1980 to 930,500 in 1986. This amounts to an increase of 49 percent, or an average annual increase of 8 percent. These national estimates corroborate the evidence from the state's Emergency Response Program data that the incidence of child abuse has been increasing substantially in recent years.

Does the Child Welfare Services Program Accurately Identify Abused and Neglected Children?

At the same time that the recognized incidence of child abuse and neglect appears to be increasing, several observers have raised concerns about the accuracy of the Child Welfare Services Program in identifying abuse. These concerns generally fall into two major categories. Some observers have raised concerns that the program receives too many false reports of abuse, and too often intrudes into the lives of innocent parents. On the other hand, some observers have expressed concerns that the program may not be identifying all children who are actually abused or neglected.

There is No Evidence That False and Inaccurate Reporting is a Widespread Problem

In recent years, some newspaper articles have raised concerns that stricter reporting requirements, an increase in public awareness of child abuse, and the expansion of the Child Welfare Services Program have resulted in an increase in false and inaccurate reports of child abuse. At a minimum, false or inaccurate reporting results in an unnecessary investigation of parents (or other caretakers). These investigations can be traumatic for families and are costly for child welfare agencies. In the worst cases, false or inaccurate reporting could also result in some parents or caretakers being unnecessarily subjected to child welfare agency supervision when they did not, in fact, neglect or abuse their children.

Although there have been isolated incidents, reported in newspaper articles, of parents who inappropriately received child welfare services as a result of false or inaccurate allegations of child abuse, we are not aware of any data that suggest that this is a pervasive problem nationwide, or in California.¹

¹ In our review of the literature, we identified several researchers who have used child welfare services agency data on the number of cases closed after a telephone assessment or investigation as the basis for asserting that false and inaccurate reporting is on the rise. The findings of the DHHS study, which we discuss in the following section of this chapter, indicate, however, that these kinds of data are not valid for estimating the rate of false reporting. This is because many bona fide cases of child abuse may be screened out on the basis of telephone assessment, without an investigation.

Some newspaper articles have also cited several examples of child welfare services cases in which, based on the public record, there appears to be some question as to whether any abuse actually occurred. The problem with this kind of evidence is that it is anecdotal. Thus, its applicability to the entire child welfare services system is hard to assess. Moreover, even in the specific cases that have been reported in newspaper articles, it is not always possible to determine accurately from the public record whether or not any abuse occurred. This is because child welfare agency personnel are not free to discuss the specifics of their cases with the press or public, due to the strict confidentiality rules under which they operate. Therefore, frequently the only information available is the statements of the accused parents or other individuals close to the case.

Table 2

**Number of Abused and Neglected Children^a
Investigated by Child Welfare Agencies**

1980 and 1986

	1980	1986
Number of abused and neglected children identified by community professionals	625,100	930,500 ^b
Number of cases of abuse or neglect investigated by child welfare agencies	203,700	409,400
Percent of identified cases of abuse and neglect that were also investigated by a child welfare agency	33%	44%

^a Includes only those children who met the study's definition of abuse or neglect.

^b In May 1990, researchers at Westat, Inc., the firm that conducted the incidence study under contract with the DHHS, found an error in one of the formulas that they had used to estimate the nationwide incidence of child abuse and neglect. The numbers in this table, and throughout this chapter, reflect Westat's corrected estimates of the incidence of child abuse, which are slightly different from those published in 1988.

Source: Department of Health and Human Services "Study of National Incidence and Prevalence of Child Abuse and Neglect: 1988."

Moreover, California has a couple of legal safeguards that we believe reduce the risk of false reporting by individuals and the inappropriate provision of services to parents who have not, in fact, abused their children. First, under state law, individuals who falsely accuse a parent of child abuse are subject to criminal and civil penalties. Second, a child welfare services agency cannot provide any services to a family or remove a child from the home unless the agency can prove to the Juvenile Court that the child was abused or neglected.

***Nationwide, Child Welfare Agencies
Fail to Investigate Over Half
of All Cases of Child Abuse***

The DHHS study cited above provides evidence that child welfare agencies are investigating fewer than half of all abuse and neglect cases. The study compared the number of child abuse cases investigated by child welfare agencies to the number of cases identified by community professionals. Table 2 displays the results of this comparison for 1980 and 1986.

As the table shows, only 33 percent of the child abuse and neglect cases identified by community professionals were investigated by child welfare services agencies in 1980. While the number of investigations had more than doubled by 1986, child welfare agencies still investigated fewer than half of all the child abuse and neglect cases identified by community professionals. Thus, despite a substantial increase in the number of abuse and neglect cases identified by community professionals, a significant number of abused and neglected children do not receive any form of attention from child welfare services agencies.

Table 3

Percent of Abuse Cases Investigated by a Child Welfare Agency in Selected California Counties

1986

County	Percent of Cases Investigated
Sacramento	100%
Los Angeles	67
Kern	50
National Average	44

Source: Westat, Inc.

Child Welfare Agencies in California May Also Fail to Investigate a Substantial Proportion of Abused Children

Table 3 displays the percent of abuse cases identified in the DHHS study that were investigated by child welfare agencies in the three California counties included in the study. As the table shows, all three of the California county child welfare agencies performed better than the national average. For example, Sacramento County investigated all of the abuse and neglect cases that were identified by professionals in the DHHS study. Kern County and Los Angeles County performed less well, investigating 50 percent and 67 percent of identified abused children, respectively, but still better than the national average of 44 percent. These data suggest that California county child welfare

agencies may be more successful at investigating abuse and neglect than the rest of the nation. However, the data also suggest that in at least some counties, a significant proportion of abused children are not investigated by the child welfare services agencies that are mandated to serve them.

Why do Child Welfare Agencies Fail to Investigate Cases of Child Abuse and Neglect?

The DHHS study, as well as other research, concludes that there are two reasons why child welfare agencies investigate a relatively low percentage of child abuse cases.

Failure to Report. Despite strict reporting laws enacted in California and other states in the early 1980s, some professionals may still be reluctant to report abuse to a child welfare agency, even though there has been an increase in their awareness of, and ability to recognize, abuse when they encounter it. For example, researchers have shown that some physicians are reluctant to report child abuse for fear of losing their patients.

Screening. In recent years, telephone screening of abuse reports has become a popular way of limiting the number of face-to-face investigations and thereby saving staff time. Although this practice has probably reduced the number of investigations of unfounded allegations of child abuse and neglect, it also may have limited the number of bona fide child abuse cases investigated by emergency response workers.

Several child welfare administrators advised us that counties employ different policies for determining which cases of alleged child abuse and neglect to investigate. Program data support these administrators' observations. For example, Santa Clara and Alameda are both large counties with major urban centers and diverse populations, yet these counties close very different proportions of their referrals without an investigation, due to a lack of sufficient information. Specifically, during 1989, Alameda County closed 45 percent of its emergency response referrals because the worker stated that there was insufficient information to open an investigation while Santa Clara closed less than 1 percent of its cases for this reason. While administrators in both counties assert that their screening policies are consistent with state law, both acknowledge that Santa Clara's higher staffing levels allow the county's social

workers to investigate more referrals than Alameda County. (Santa Clara County has higher staffing levels than Alameda because its board of supervisors has elected to provide more county funding for the Child Welfare Services Program than state law requires.)

Implications of These Findings for the Department of Social Services' Proposal to Increase Screening

As we indicated in Chapter I, the Governor vetoed \$55 million from the funding level proposed in the 1990 Budget Bill for the Child Welfare Services Program. In response to the veto, the Department of Social Services (DSS) has promulgated emergency regulations that require counties to increase their use of telephone screening of child abuse reports. The new regulations also identify the types of cases that the department believes counties should screen out in order to help offset the funding reduction. The cases identified by the department as appropriate for screening include those where there is no indication of child abuse (for example, reports alleging only that a child has head lice or reporting a teenager's pregnancy), as well as cases that the department has deemed to be less severe forms of abuse (for example, teenagers who have been neglected or who have not been severely physically abused).

In light of the funding reduction, we believe it was reasonable in the short run for the department to identify specific service reductions rather than to let each county choose which program requirements to ignore. However, we have two concerns with the department's proposal. First, data are not available to suggest that counties currently are investigating a significant number of cases where the referral did *not* allege child abuse. Thus, it is unclear whether counties can substantially reduce their costs simply by screening out such cases. Second, the new regulations in combination with the reduced funding resulting from the veto will put pressure on counties to screen out more cases of bona fide child abuse. As we indicate above, counties may already be screening out a substantial number of bona fide child abuse cases.

It is important to note, however, that the effect of the Governor's veto will be to break the relationship between state support and caseload growth. Unless funding for the program is restored, the Legislature will need to consider options for permanent service reductions to child welfare services clients, including the increased use of telephone screening. Since reducing services is a major policy issue, we believe that the Legislature will need to obtain additional information about the effects of various options before making any long-term changes to the program. We present various options for reducing services and the information the Legislature will need to obtain from the department in order to evaluate these options in Chapter IV.

Does the Child Welfare Services Program Minimize Reliance on Foster Care?

The number of children in California who are placed in foster care as a result of abuse or neglect has grown by 11 percent annually since 1982, a rate of increase that is four times the national average. Although California's Child Welfare Services Program also appears to identify somewhat more child abuse than the rest of the nation, this should not necessarily have led to rapid growth in the state's foster care caseload. This is because the changes enacted in 1982 were intended to allow more abused and neglected children to receive services in their homes, rather than in foster care. Thus, the rapid growth in the foster care caseload raises this question: Has the program been successful in minimizing the reliance on foster care in serving these children?

The 1982 changes included several strategies designed to reduce the reliance on foster care. Specifically, they:

- Set tighter time frames for social workers and the courts in making decisions on the types of services to provide to children and their families.
- Required counties to provide services to more children and families in their homes, through the Family Maintenance Program.
- Emphasized family reunification for children in foster care.
- Encouraged the adoption of children in the Permanent Placement Program.

In this section, we examine the program's track record in implementing each of these strategies.

Overall, Counties Make Timely Decisions, But Some Problems Remain

The 1982 changes require social workers to make decisions about children's service plans within specified time frames. For example, social workers must

identify and develop a plan to provide services to children within 10 days of responding to a referral of abuse or neglect. The changes also require juvenile courts to make timely decisions. For example, the courts are required to review the service plans of all children in foster care every six months.

The DSS Compliance Review Indicates that Counties are Generally Meeting the Established Time Frames. The DSS conducted a compliance review in 1986-87 in order to determine whether counties were complying with these time frames. The review found that most counties were generally complying with time frames for court reviews and administrative actions of childrens' case plans. Specifically, in over 90 percent of the cases surveyed, counties had (1) made timely assessments of the service needs of children and their families and (2) completed the required court reviews and administrative actions on time.

Children Spend More Time in the Emergency Response Program. Although the compliance review indicates that counties made timely decisions for children in the Child Welfare Services Program overall, other data indicate that children remain in the Emergency Response Program longer than they did in the past. For example, the average number of days children spend in the Emergency Response Program has increased from 21.4 in 1984-85 to 32.8 in 1988-89, an increase of 53 percent.² This is a cause for concern because the Emergency Response Program is designed to provide short-term services — defined under current law as initial intake and crisis intervention.

The 18-Month Time Limit for Children in Foster Care is Not Always Observed. Current law requires the courts, with advice from the county welfare department, to develop a permanent plan for any child who has spent 18 months in foster care. The goal is to force courts to make decisions about the future of

² This data is based on two surveys that the Department of Social Services conducted in 1984-85 and 1988-89 to gather information about the characteristics of children in the Emergency Response Program.

children in foster care as early as possible. This is important because protracted delays can (1) increase the length of time children spend away from their parents, potentially increasing the trauma to the child, and (2) hurt a child's chances of being adopted, because older children are more difficult to place for adoption than younger children. At the 18-month hearing, the court must decide whether to reunify the child with his or her parents or develop an alternative permanent plan for the child, which could include adoption, long-term foster care, or legal guardianship.

Data provided by the DSS indicate that the courts do not always observe the 18-month time limit. Specifically, over one-third of the children in the Permanent Placement Program were reunified with their families in 1988-89, despite the fact that the goal of the Permanent Placement Program is adoption, long-term foster care, or legal guardianship -- *not* reunification. Under current law, the courts should have either reunified these children with their parents at the 18-month hearing, or developed an alternative permanent plan. Instead, the courts seem to be placing some children in the Permanent Placement Program while continuing to work towards reunifying them with their families.

The administrators and social workers we spoke to suggested that children who are reunified with their families from the Permanent Placement Program usually have parents or caretakers who require services, such as drug treatment, that will take longer than 18 months to provide. This suggests that the 18-month time limit may not be practical for all families. On the other hand, to the extent that the courts do not observe the 18-month limit, they may be reducing children's chances of finding stable permanent placements.

Few Families Receive Services in Their Homes

The Family Maintenance Program was established with the goal of maintaining children in their homes through the provision of in-home services. The purpose of this program is to reduce the number of children who are placed in foster care.

Available data show that fewer children in the program are receiving family maintenance services than in the past. Specifically, in 1986-87, 40 percent of the children who received ongoing child welfare services lived at home. By 1989-90, only 33 percent of the children received ongoing services in their homes.

There are several possible reasons why fewer children are being served in their own homes:

Counties Can Limit the Number of Families that Voluntarily Receive Family Maintenance Services. In some counties, workers we spoke with estimated that up to one-half of family maintenance cases were "voluntary." Generally, these are families who agree to participate in the program to avoid court proceedings. Typically, voluntary cases are those in which the abuse or neglect is difficult to prove in court or is not serious enough to require court intervention.

According to some social workers and administrators we talked with, counties limit voluntary entry into the Family Maintenance Program if the county has an unanticipated caseload increase in another program. For example, one county we visited experienced an unanticipated caseload increase in the Emergency Response Program several years ago. In order to accommodate this increase, county child welfare services administrators moved staff from the Family Maintenance Program to the Emergency Response Program, and limited the number of families who voluntarily entered the Family Maintenance Program.

Lack of Services May Limit the Number of Families that Can be Served in the Family Maintenance Program. The purpose of the Family Maintenance Program is to provide services to families in their homes. However, in response to a survey conducted by our office in September 1989, most social workers indicated that treatment or support services are often not available. (For further discussion of the survey findings and methodology, please see Appendix B.) This lack of services may limit the number of more severely abused children who can participate in the Family Maintenance Program. This is because more severely abused children can only remain in their homes safely if their families receive intensive supportive services and supervision. (We discuss the issue of the adequacy of the program's services more fully in Chapter III.)

Children Entering the Child Welfare Services Program May Have More Severe Problems Requiring Foster Care Placement, Rather Than In-Home Care. One factor that may explain the limited growth in the family maintenance caseload is the characteristics of the children and families who need child welfare services. Specifically, it is possible that the children currently entering the program are more severely abused than in the past. Since more severely abused children are more likely to need out-of-home care, as opposed

to family maintenance services, it is possible that the limited growth in the Family Maintenance Program is related to an increase in the severity of the problems of children coming into the Child Welfare Services Program. However, no reliable data are available to determine whether the severity of child abuse is increasing in California.

Family Reunification Has Not Kept Pace with Foster Care Caseload Increases

A key strategy for minimizing the use of foster care is to reunify foster care children with their families. Four out of five children who are discharged from the Family Reunification Program return to their families. (Most of the remainder go on to permanent placement.) This suggests that the program is generally successful in achieving its major goal -- reunification.

However, reunifications have *not* kept pace with the overall growth in foster care. Specifically, more children enter foster care than leave each year and the proportion of all foster care children who are reunified with their families is declining. About 22 percent of all children in foster care were reunified with their families in 1985-86, while less than 18 percent were reunified in 1988-89.

Adoptions Are Also Increasing More Slowly Than the Foster Care Caseload

Adoption is another key strategy for minimizing the use of foster care and it is the preferred alternative for children who cannot be reunified with their parents.

Data provided by the DSS indicate that the program has increased its emphasis on adoptions over time. Specifically, the number of abused and neglected children discharged from foster care because they were adopted increased from 5.5 percent in 1984-85 to 9.5 percent in 1988-89. This represents an increase of almost 73 percent.

As is the case for reunifications, however, adoptions have *not* kept pace with the growth in foster care; more children enter foster care each year than leave for *any* reason, including adoption. Thus, while 6.1 percent of all children in foster care were adopted in 1984-85, only 4.2 percent were adopted in 1988-89.

Overall, the Program Does Not Seem to Minimize the Use of Foster Care

Overall, the foster care caseload has grown by 11 percent each year since 1981 (the year prior to the major changes in the Child Welfare Services Program). This is the result of two factors: (1) an increase in the number of children who enter foster care and (2) an increase in the length of time children spend in foster care. First, the number of children entering foster care has grown from 22,379 in 1985-86³ to 28,023 in 1988-89, an increase of 25 percent. Second, the length of time children spend in foster care has increased by 12 percent over this same period of time -- from 17 months in 1985-86 to 19 months in 1988-89. These trends are notable because they indicate that, despite substantial funding increases, the Child Welfare Services Program has not achieved one of the primary goals intended by the 1982 changes: minimizing the use of foster care.

It is difficult to determine the extent to which the growth in foster care caseloads reflects problems with the way the program works and the extent to which it reflects changes in the characteristics and needs of the program's clientele. Some of the county social workers we have contacted believe that the families receiving child welfare services today present more difficult problems than the families the program served eight years ago. Unfortunately, there is no data that can substantiate or refute these claims. On the other hand, some observers believe that reductions in the use of foster care could be achieved if program resources were used more effectively and efficiently.

³ 1985-86 is the first year for which reliable data on abused and neglected children in foster care are available.

Chapter 3

Is the Program Effective at Preventing Reabuse?

One of the primary goals of the Child Welfare Services Program is to ensure that children who are referred to the program receive the services necessary to prevent further abuse or neglect. Surveys conducted by the DSS, however, suggest that the program is not achieving this goal. These surveys of completed emergency response and family maintenance cases were conducted in April 1985 and January 1989, to estimate the number of children who have received child welfare services more than once. Table 4 displays the results of the surveys.

As Table 4 shows, the percent of children who have received child welfare services more than once has increased substantially, from 29 percent of emergency response and family maintenance cases in April 1985 to 40 percent of these cases in January 1989. As with the other indicators of the program's performance that we discuss above, the increasing recidivism rate among abused and neglected children in the program may be due to changes in the caseload that make their families more difficult to serve effectively, or to a lack of effective services.

Table 4

Number of Abused and Neglected Children Who Have Received Child Welfare Services More Than Once

	April 1985	January 1989
Children receiving Emergency Response or Family Maintenance Services during the month ^a	29,578	34,813
Number who had also received child welfare services on a previous occasion	8,527	14,080
Percent of children who had received services before	28.8%	40.4%

^a Includes closed cases only.

Source: Department of Social Services, *Preplacement Preventive Services Survey*, 1985 and *Preplacement Preventive Services Survey*, 1989.

Summary

Despite substantial funding increases, the Child Welfare Services Program (1) does not identify all of the known cases of child abuse and neglect, (2) has failed to minimize the use of foster care in treating abused children, and (3) has not been effective at preventing further abuse. In the following chapters, we examine whether additional resources might improve the program's performance.

Chapter 3

Assessment of the Adequacy of the Program's Resources

The child welfare services budget has increased substantially since 1982. Despite this increase, however, in some California counties the program may be serving as little as one-half of the abused and neglected children. Moreover, the program has not been effective in achieving one of its primary goals: to minimize the use of foster care. In this

chapter, we assess the adequacy of the program's budget up to 1989-90 and the implications of the reduced funding levels provided in 1990-91. We present this assessment in two parts: first, an assessment of the program's staffing levels and second, an assessment of the available treatment and support services.

Background

Prior to 1982, the budget for the Child Welfare Services Program was based, to a large extent, on each county's own fiscal and policy priorities. Counties paid 25 percent of the costs of the program, with the remaining 75 percent covered by federal funds (and a small amount of state money). Each county's allocation of state and federal funds was based on its historical spending patterns; that is, counties that had a history of spending more received a higher allocation than those that had spent less in past years.

Since 1982, the state has taken a much stronger leadership role in setting budget levels for the program. In particular, two major changes resulted in the state assuming most of the responsibility for funding the program and for determining how much to budget for it.

First, Chapter 978 froze the county share of program costs at the 1981-82 level. Specifically, Chapter 978 requires counties to provide the lesser of (1) 25 percent of their total expenditures for the program or (2) the

amount that they spent for the program in 1981-82, adjusted for the cost-of-living adjustments (COLAs) that they have granted their employees in the intervening years. For most counties, this means that the county match is the inflation-adjusted 1981-82 county expenditure level. As a result of this change in the county match, the state (and to a much lesser extent the federal government) has financed all of the program expansion and caseload-related growth that has occurred in the program since 1982. (This can be seen in Chart 1 of Chapter 1.)

Second, the Legislature adopted a caseload-driven approach to budgeting the costs of the program. As a result, the state budget for the program in the last several years has been based on the following factors:

- **Caseload Estimate.** The DSS estimates the number of children and families statewide that will need child welfare services in the coming year, usually based on two- or three-year trends in the program's actual caseloads.

- *Cases-per-Worker Standards.* In 1984, the DSS developed cases-per-worker standards for the purposes of budgeting for each of the four components of the Child Welfare Services Program. These standards, which were developed in conjunction with the County Welfare Directors' Association, were intended to reflect the number of cases that the average social worker should be able to handle, given the full range of social worker activities required by Chapter 978. The department applies the standards to its caseload estimate to develop its estimate of the number of social workers that the counties will need each year.
- *Staff and Overhead Costs.* Once the department has estimated the number of social workers that will be needed to handle the anticipated caseload in the coming year, it uses the statewide average cost of a social worker (which in 1990-91 is estimated to be \$81,000, consisting of \$46,000 for the worker's salary and benefits and \$35,000 for administrative overhead) to develop its estimate of staff and overhead costs.
- *Direct Costs.* Finally, the budget includes funds intended to be used to cover "direct costs." These costs include social worker standby overtime pay and the costs of services such as emergency shelter care, in-home caretakers, and homemaker demonstrators. The department's estimate of direct costs is based on actual county expenditures for these costs in previous years, updated to reflect the department's most recent caseload estimate.

The approach outlined above was used to budget for the Child Welfare Services Program through 1989-90. In fact, the Legislature used this approach in developing the 1990 Budget Bill. However, as we discuss in Chapter I, the Governor vetoed \$55 million from the funding level proposed in the Budget Bill, citing the state's fiscal crisis as the reason for the reduction. This amounted to an 11 percent reduction below the level that would have been necessary under the caseload-driven budgeting approach. We discuss the implications raised by the Governor's veto in more detail later in this chapter.

Is the Staffing Level for the Program Adequate?

Counties Cite Caseloads as High as 100 Cases Per Worker

Despite the use of a caseload-driven approach to budgeting, counties have frequently identified insufficient staffing levels as a major problem that inhibits their ability to effectively serve child welfare services clients. Some have cited caseloads as high as 70 to 100 cases per worker. In September 1989, our office surveyed child welfare services social workers in six counties in order to obtain their views of the Child Welfare Services Program. (Please see Appendix B for further discussion of the survey and its results.) The results of the survey also indicate that social workers believe that high caseloads are a serious problem. Specifically, the social workers we surveyed rated "lower caseloads" as the most important change needed to improve the service provided to their clients.

In 1988-89, Average County Staffing Levels Were Close to the State's Cases-per-Worker Standards

One way to assess the adequacy of the current staffing level for the Child Welfare Services Program is to compare the caseloads that county social workers are *actually* carrying with the cases-per-worker standards used in preparing the state budget. Table 5 displays the results of this comparison for 1988-89 -- the most recent year for which actual data are available. As the table shows, on average, county staff carried about 11 percent more cases than the state standard (the 11 percent discrepancy is the equivalent of 2.4 cases per worker).

Some county staff have raised concerns that the cases-per-worker standards, which have not been validated since 1984, may be outdated. In fact, it is possible that standards for some program compo-

Table 5

Cases Per Worker in the Child Welfare Services Program Budgeted Versus Actual

1988-89

Program	Cases-per-Worker Standard		
	State Budget	Statewide Average	Percent Difference
Emergency Response	15.8	23.8	50.6%
Family Maintenance	35.0	38.1	8.9
Family Reunification	27.0	21.0	-22.2
Permanent Placement	<u>54.0</u>	<u>44.4</u>	<u>-17.8</u>
Weighted ^a average	22.8	25.2	10.5%

^a Average cases per worker were weighted by the number of cases in each of the child welfare services programs. The average includes cases and workers in the Emergency Assistance Program.

Source: Department of Social Services

nents no longer precisely reflect the current workload in each component. For example, Table 5 shows that counties allocate fewer staff to the Emergency Response Program and more staff to the Permanent Placement Program than the department's standards assume, perhaps reflecting changes in workload in these components over time. However, we have no reason to believe that the *overall* standard of 22.8 cases per worker would change significantly if the standards were validated. Moreover, as the only currently available benchmark, we believe that the cases-per-worker standards provide a reasonable basis for assessing the adequacy of the program's staffing levels.¹

Table 5 shows that in 1988-89, the actual caseloads carried by child welfare services social workers were, on average, much lower than the 70 to 100 cases per worker cited by some counties. This does not mean, however, that the claims made by social workers regarding the size of their caseloads are untrue. In some counties, there are undoubtedly social workers who carry caseloads that are significantly higher than the statewide average. For example, while Table 5 shows that the average permanent placement worker carried 44.4 cases, it is quite possible that some permanent placement workers carried caseloads that were significantly higher -- perhaps as high as 70 to 100 cases -- as well as some workers who carried caseloads that were significantly lower than the average. Statewide, however, the actual average number of cases carried by child welfare services social workers was not significantly higher than the department's standard. In addition, the primary reason that actual caseloads were higher than the budgeting standards was that *the counties, in the aggregate, funded fewer staff than the state budget assumed in 1988-89*. Our analysis indicates that this occurred because (1) many counties funded the COLAs that they granted their employees by holding positions vacant and (2) some counties did not spend all of the money allocated to them.

Counties Funded Their Employee COLAs by Holding Positions Vacant

Since 1985, it has been the Legislature's policy, as reflected in the annual Budget Act, not to provide state funds for the costs of the COLAs that counties grant to their welfare department employees until the year *after* the COLAs take effect. This means that the state provides funds in the Budget Act to cover the costs of the COLAs that the counties granted in the previous year, but it assumes that counties will cover the first-year costs of any COLAs that they grant.

Under this policy, counties can either provide the number of social workers called for by the state's cases-per-worker standards (using *county* funds to pay for the additional costs associated with the COLA) or they can provide only the number of social workers that their state and federal allocation (together with their required county match) enables them to afford. Many of the counties we contacted indicated that they do *not* provide the additional county funds to cover their COLA costs that the state budget assumes they will provide. Since the counties granted COLAs for the 1988-89 fiscal year averaging 4.8 percent, it is likely that a significant portion of the 11 percent differential between budgeted and actual staffing levels is attributable to county decisions to fund their COLAs by holding positions open.

¹ The *Supplemental Report of the 1988 Budget Act* required the DSS to conduct a study of the budgeting standards. Although the department had intended to complete the study in the spring of 1992, these plans have been suspended and the funding for the study has been disencumbered from the 1989 Budget Act.

***Some Counties Did Not Spend
All of the State and Federal Funds
Allocated to Them***

The DSS advises that 32 counties have not yet claimed a total of \$16.3 million, or 5.4 percent, of the \$298.8 million in state and federal child welfare services funds allocated to them in 1988-89.² Although this underexpenditure may appear relatively minor, Table 6 shows that a disproportionate amount of the shortfall occurred in nine relatively small counties. The counties displayed on the table are those that spent less than 70 percent of the amounts that the 1988 Budget Act assumed they would need to spend in order to provide services to their anticipated child welfare services caseload.

Staff in some of these counties have advised us that their county's overall fiscal situation in recent years

has deteriorated to the point that the county has undertaken various staffing cutbacks and hiring freezes in *all* departments. While staff cutbacks in the welfare department would not reduce *county* costs significantly (since most welfare department costs, like child welfare services costs, are funded mostly by the state and federal governments), the counties felt that they had to make these reductions in order to avoid the appearance of inequity between the welfare department and other county departments that are more dependent on county funds (for example, the sheriff's department, the assessor's office, and the county executive's office). Since these counties are not spending a substantial amount of their state and federal funds in the Child Welfare Services Program, however, social workers in these counties undoubtedly carried caseloads substantially above the state's cases-per-worker standards.

Table 6

**Counties that Spent Less than 70 Percent
of Available Child Welfare Services Funds**

(dollars in thousands)

1988-89^{a,b}

Counties	Actual Expenditures		
	Funded in the 1988 Budget Act	Amount	Percent of Available Funds
Lake	\$481.2	\$239.0	49.7%
Plumas	292.4	150.4	51.4
San Benito	374.1	194.7	52.0
Tehama	673.5	370.8	55.1
Lassen	229.6	128.6	56.0
Sutter	886.1	537.2	60.6
Yuba	1,152.7	722.4	62.7
Imperial	1,108.1	743.8	67.1
Del Norte	364.6	247.7	67.9
Totals	\$5,562.2	\$3,334.5	59.9%

^a Reflects 1988-89 county claims as of June 30, 1990. Counties have until June 30, 1991 to file supplemental claims against their 1988-89 allocations.

^b Includes the state and federal funds, except for federal Emergency Assistance funds, allocated to each county pursuant to the Budget Act as well as the county match required by Chapter 978.

² While state law allows counties three years in which to file claims against their allocations, adjustments made during the second and third years tend to be minor. Moreover, the expenditure pattern for 1988-89 so far seems quite similar to 1987-88, when counties failed to claim \$10.1 million, or 4.2 percent, of their allocations. Therefore, it seems likely that a substantial amount of the unclaimed \$16.3 million in 1988-89 allocations will probably remain unclaimed even after the books are closed on state fiscal year 1988-89 on June 30, 1991.

There is Considerable Variation in County Staffing Levels for Each of the Four Child Welfare Services Programs

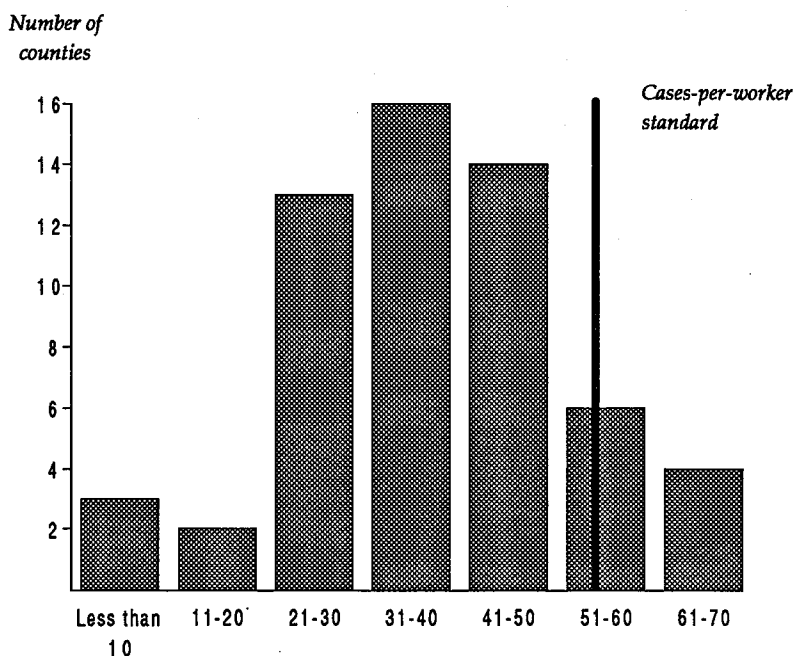
As Table 5 shows, on average, staffing levels for the Child Welfare Services Program have been close to the state's budgeting standards. This does *not* mean, however, that high caseloads are not a problem for at least some social workers. Specifically, our review of county staffing levels indicates that there is considerable variation among counties in the way they allocate their staff resources among the four components of the Child Welfare Services Program. Chart 5 displays the kinds of staffing level differences that are typical among counties, using the Permanent Placement Program in 1988-89 as an example. The chart shows, for example, that 4 counties had worker caseloads of 61 to 70 cases, while 3 counties had caseloads of fewer than 10 cases.

In some cases, this variation occurs because counties do not spend all of their Child Welfare Services Program funds. For example, 5 of the 10 counties with 51 or more permanent placement cases per worker are counties that did not spend all their child welfare services allocation in 1988-89. Social workers in these counties are likely to carry caseloads that are higher than the cases-per-worker standard in *all* of the four components of the Child Welfare Services Program. In other counties, high caseloads in the Permanent Placement Program do *not* reflect a funding problem. These counties have higher worker caseloads in the Permanent Placement Program because they have chosen to assign more workers to the other child welfare services programs. Therefore, the variation reflected in Chart 5 results primarily from county decisions regarding how to allocate their staff resources among program components.

Chart 5

Permanent Placement Cases Per Worker

March 1988 to March 1989



Source: Department of Social Services

Governor's Veto is Likely to Increase Social Worker Caseloads

The DSS estimates that child welfare services caseloads will increase by 11 percent in 1990-91. As a result of the Governor's veto, however, counties will not be able to hire as many additional staff as the state's budgeting standard suggests they would need in order to serve this additional caseload.

The actual effect of the veto on the caseloads that the average worker will have to carry is unknown, however. This is because counties could take steps to reduce their caseloads -- for example, by increased telephone screening, as proposed by the department -- or they could reduce nonstaff-related expenditures, such as expenditures for direct treatment services. If the only adjustment the counties make in response to the reduction is to hire fewer additional social workers than they normally would, we estimate that the average social worker would carry a caseload of 29 children in 1990-91. This is 14 percent higher than the average caseload carried by social workers in 1988-89 and 27 percent higher than the state's budgeting standard.

Inadequate Staffing Has Not Been the Primary Reason for the Program's Problems in the Past

Despite the concerns raised by some counties and social workers, the evidence suggests that high social worker caseloads were not a major, *statewide* problem prior to 1990-91. Specifically, on average, the caseloads per social worker did not significantly exceed the standards established by the DSS. In addition, the data suggest that, where social workers carried particularly high caseloads, this resulted more from choices made by the counties than from any serious funding shortfall on the part of the state. Thus, it would appear that staffing levels alone cannot explain the problems -- identified in Chapter II -- that the program has had in achieving its goals. In fact, our analysis suggests that there are three factors, other than staffing shortfalls, that account for most of the program's problems. We discuss two of these factors -- a lack of effective administrative procedures in some counties and inadequate feedback to social workers and their supervisors -- in the final chapter of this report. The third factor, a lack of treatment and support services for child welfare services clients is the subject of the next section.

Are There Enough Treatment-Related Services Available for Abused and Neglected Children and Their Families?

Children and Families are Eligible to Receive a Variety of Services

Children and families in the Child Welfare Services Program receive two basic kinds of services: (1) case management services and (2) treatment and support services. Case management services are always provided by county social workers. In fact, case management is the primary responsibility of child welfare services social workers. Case management involves crisis intervention, investigation and documentation of cases, preparation of court reports, development of written case plans, and ensuring that the case plan is carried out by coordinating the provision of the services called for in the plan.

Treatment and support services consist of a variety of services intended to end or ameliorate the problems that led to the abuse or neglect of the child. Chart 6 displays the kinds of services that the social workers whom we surveyed indicated their clients receive most frequently.

As Chart 6 shows, the types of treatment and support services workers estimate that they use most frequently in the Emergency Response Program are mental health, shelter care, and transportation (usually to and from shelter, court appearances, or other services). In the Family Maintenance and Family Reunification Programs, workers estimate that they most frequently use parenting training, substance abuse treatment, and counseling and mental health services for their clients. The accessibility of these treatment services is especially important in the latter two programs because judges, out of concern for the safety of the child, frequently do *not* permit children to stay with, or be returned to parents in these two programs unless the parents have obtained these services. Thus, these services are an essential tool in achieving one of the primary goals of the program: minimizing the use of foster care.

Chart 6

Types of Services That Social Workers Estimate Their Clients Receive Most Frequently

Emergency Response

Type of Service	Percentage of social workers who indicated their clients frequently received the service
Mental health counseling	66.5%
Shelter care	57.3
Transportation	41.8
Other	22.8

Family Maintenance

Type of Service	Percentage of social workers who indicated their clients frequently received the service
Parent training	86.2%
Substance abuse treatment/ counseling	83.3
Mental health counseling	74.6
Teaching/demonstrating homemakers	46.2
Transportation	35.4
Respite care	32.9
In-home caretakers	14.2
Other	9.2

Family Reunification

Type of Service	Percentage of social workers who indicated their clients frequently received the service
Substance abuse treatment/ counseling	95.3%
Parent training	91.0
Mental health counseling	83.9
Transportation	47.4
Teaching/demonstrating homemakers	33.2

Source: Legislative Analyst's Office Survey of Child Welfare Services Social Workers, September 1989.

Observers Cite Lack of Treatment-Related Services as a Major Problem

Several county child welfare services administrators have indicated that there are not enough services available in their counties for all of the children and families who need them. In addition, the social workers we surveyed indicated that a lack of these services was a major problem. For example, 42 percent of the social workers we surveyed indicated that they had, on at least one occasion, placed a child in foster care because they were unable to find appropriate services that would have allowed the child to remain in the home.

Social workers rated "more services" as one of the two factors that would help them most to serve their clients better. (As we have indicated above, the other factor was "lower caseloads.") Overall, 64 percent of the workers we surveyed cited a need for additional services in the Emergency Response, Family Maintenance, or Family Reunification Programs. Chart 7 displays the kinds of services that they believe are in short supply.

As the chart shows, workers identified similar service needs for the Emergency Response, Family Maintenance, and Family Reunification Programs. Workers in all three programs believe that additional services are needed most in the areas of in-home services, mental health counseling, parenting classes, and substance abuse treatment and counseling. However, they ranked the need for additional services differently for each program. Workers identified in-home services, mental health counseling, and parenting classes as the most important services for clients in the Emergency Response and Family Maintenance Programs. On the other hand, social workers cited additional substance abuse treatment and counseling as most important for family reunification clients. Workers indicated that if more of these services were available to families, more children could remain in their homes.

Counties provide treatment and support services in three ways: (1) through a fee-for-service provider (for example, many counties pay community-based or-

Chart 7

Types of Additional Services Needed According to County Social Workers

Percent of workers who identified a need for more services	Emergency Response 69.5% (n=197)	Family Maintenance 60.6% (n=208)	Family Reunification 62.4% (n=195)
Type of Additional Service Needed:			
In-home services (such as parent aides and demonstrating homemakers)	37.2%	45.2%	17.2%
Mental health counseling	29.2	28.6	24.6
Parenting classes	23.4	25.4	22.1
Substance abuse treatment	19.7	23.0	40.2
Respite care	18.2	16.7	6.6
Child care	10.9	11.1	4.9
Transportation	0.7	10.3	10.7

Source: Legislative Analyst's Office Survey of Child Welfare Services Social Workers, September 1989.

ganizations to conduct parenting skills classes for abusive parents), (2) by referring the family to other public or private agencies, which provide services free of charge or on a sliding-scale fee assessed on the recipient (for example, many counties refer drug abusing parents to Narcotics Anonymous or publicly funded drug treatment facilities for services), and (3) through the child welfare social worker (for example, social workers often personally provide counseling and transportation). In the remainder of this chapter, we examine the extent to which data regarding the supply of services from these three sources support social workers' perceptions that there is an overall lack of services available to child welfare services families.

Counties Purchase Only a Small Amount of Treatment-Related Service

As Table 1 (Chapter I) indicates, in 1989-90, counties spent \$439 million on the Child Welfare Services Program, of which \$392 million was used for staff and overhead costs, and \$46 million was used for "direct costs." Direct costs consist of any service that the county purchases, or that it bills directly to the program.

Most of the \$46 million that counties spent for direct costs in 1989-90 were used for emergency shelter costs and staff overtime pay. Specifically, we estimate that \$29 million, or 63 percent of counties' direct costs were for these purposes. Although children may receive some treatment while staying in an emergency shelter care facility, the primary purpose of emergency shelter care is to provide board and care to children immediately after they have been removed from the custody of their parents. Staff who receive overtime pay are emergency response workers, who are on call to provide initial intake.

Only \$17 million, or 37 percent of the direct costs were to purchase services other than shelter care or staff overtime pay. These expenditures were used to purchase treatment services designed to ameliorate or prevent abuse or neglect - - for example, parenting classes that teach parents appropriate techniques for disciplining children. These expenditures also were used to purchase support services, such as transportation to counseling or child care, that allow the child and the family to receive treatment. Chart 8 displays the average amount of funds spent per month on each child welfare services case. As the chart shows, of the \$289 that counties spent monthly for each child welfare services case in 1989-90, \$258, or 89 percent, paid

for staff salaries and overhead costs, while only \$11, or 3.9 percent, supported the purchase of treatment and support services.

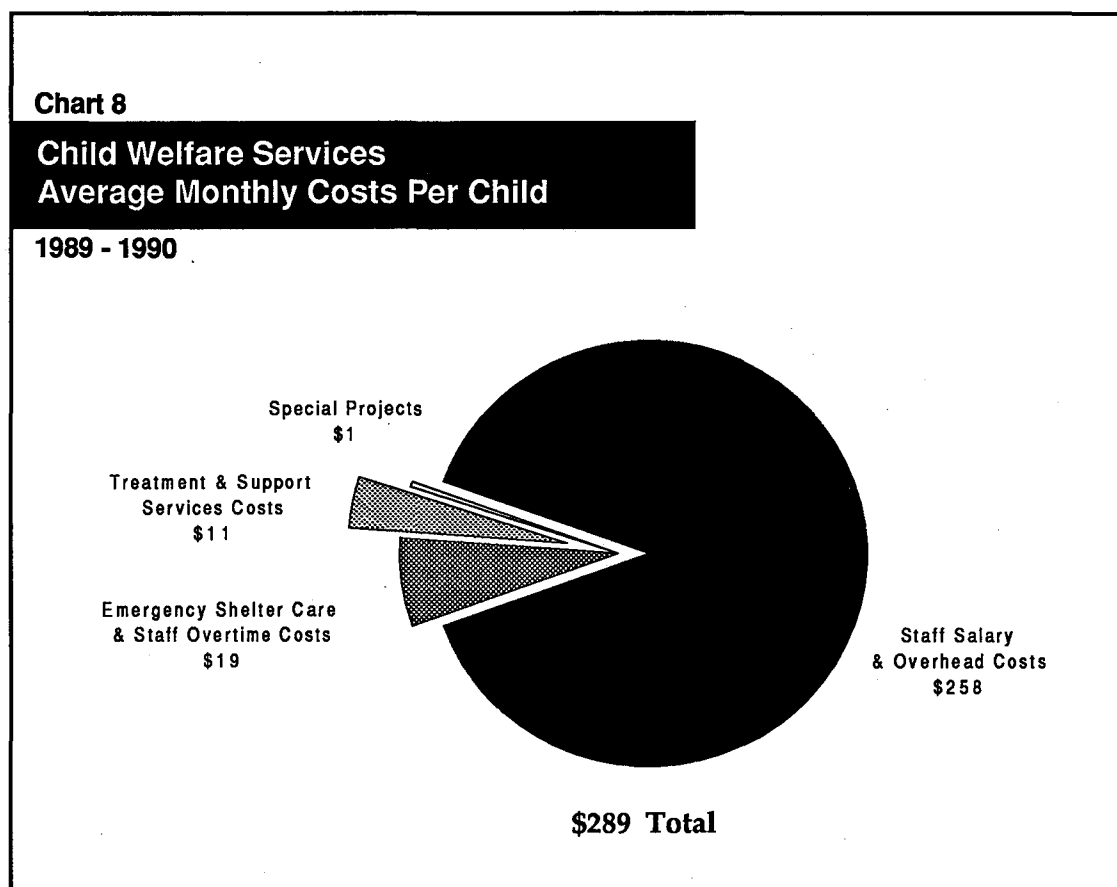
Community Resources in Short Supply

To some extent, all of the counties we visited made use of community services that are available at no charge, such as community mental health centers and publicly funded drug treatment facilities. These resources can be an important link in providing treatment, since many families have problems that go beyond the Child Welfare Services Program's capacity to solve. In fact, state law prohibits social workers from purchasing certain services, such as drug treatment services, for their clients. Thus, community resources are the only treatment option available for certain child welfare services clients.

According to the social workers we surveyed, there are two types of problems faced by child welfare clients for which community resources are especially important: substance abuse and mental health. Specifically, social workers ranked the substance abuse and the mental health problems of parents as the most significant risk factors for child abuse and neglect.

County administrators and social workers in the counties we visited, as well as the social workers we surveyed indicated that there is a shortage of mental health and substance abuse treatment for their clients. Some workers indicated that waiting lists for these services are between two and six months long in their counties. Data from other sources regarding the supply of treatment services also support these claims. For example, the results of a DSS survey indicate that the primary reason that families in the emergency response and family maintenance components of the program failed to receive services was because the potential provider had a waiting list. In addition, in a recent survey conducted by the Department of Alcohol and Drug Programs, county drug and alcohol administrators estimated that they would need a 150 percent increase in funding, or \$220 million above current funding levels, in order to provide drug and alcohol services to all the otherwise eligible people in California who would seek treatment if it were available.

These types of treatment shortages are a particular problem for some child welfare services clients. This is because juvenile court judges frequently will not allow a child to remain with or return to the home until the parents have received services. Thus, treatment



shortages prolong the period of time that these children remain in the Child Welfare Services Program, which probably accounts for at least some of the recent increase in the length of time that children remain in foster care.

Child Welfare Services Social Workers are the Primary Providers of Treatment and Support Services

The primary responsibility of child welfare services social workers is case management. As part of the workers' case management duties, state law requires that they make face-to-face contact with their clients on a regular basis: once every 7 to 15 days in the Emergency Response Program; once every 15 to 30 days in the Family Maintenance Program; once every 30 to 90 days in the Family Reunification Program; and once every 30 to 180 days in the Permanent Placement Program. These face-to-face contacts also provide opportunities for workers to offer services such as

counseling or transportation. In fact, data from a DSS survey indicate that in at least two components of the Child Welfare Services Program — the emergency response and family maintenance components — social workers are the primary providers of treatment and support services to children and families. For example, the survey found that social workers in the emergency response and family maintenance components of the program provided services, including counseling, in-home services, parenting training, and even drug and alcohol rehabilitation services, to 93 percent of the families sampled. Moreover, the survey found that *for at least 56 percent of the families in these two components, their child welfare services social worker was the sole provider of treatment and support services.*

Although these data indicate that social workers are the primary providers of treatment and support services to families, the workers we surveyed did not feel that they were able to spend as much time as they should providing services. In fact, the workers we surveyed estimated that they spend half as much time

providing services as they would need to in order to meet their clients' treatment needs. This is probably because social workers provide services during their face-to-face contacts with their clients. These contacts alone are probably not sufficient to ensure the effective provision of services for two reasons.

First, workers may have face-to-face contact with families too infrequently to provide adequately for the ongoing treatment and support services the families need in order to remain intact or work towards reunification. For example, data from a DSS survey indicate that social workers make face-to-face contact with families at about the minimum frequency allowed by law: emergency response workers make face-to-face contact with children and families about once every 2 weeks; family maintenance workers make face-to-face contact with children and their parents once every 25 days, on average.

Second, the primary purpose of the face-to-face contact is to accomplish such case management tasks as ensuring that the child is safe, making referrals to treatment and support services providers, and assisting the parent(s) in understanding court orders. It is unlikely that enough time would remain after these types of case management tasks were completed for the social worker to effectively provide treatment services to the child or the family.

For these reasons, it is understandable that social workers would prefer to spend more of their time treating their clients, particularly when the social worker is the sole provider of services. We discuss this issue and the various alternatives for increasing the access to services for clients in more detail in Chapter IV.

Even When Services are Available, They are not Always Appropriate

In addition to indicating a need for *more* services, the social workers who responded to our survey also expressed a high level of dissatisfaction with the services that *are* available. For example, workers frequently noted that services, such as mental health counseling were only available during weekdays, even though families might need these services at night or on weekends. In addition, workers pointed out that they did not have a range of a particular service to choose from -- for example, several workers in one county complained that the parenting class offered in the county, was "too simplistic" for many of

the parents. Many workers also noted that the structure of certain services offered few options for keeping families together. For example, 11 percent of the workers surveyed indicated that more families would be able to stay together if residential drug treatment facilities could admit entire families, rather than just the drug-abusing parent. Currently, if a child welfare services parent enters a residential drug treatment program, the social worker has to place the child in foster care because most drug treatment facilities do not accept children.

Action on the 1990-91 Budget Will Exacerbate Some Treatment Shortages

In general, the shortage of some kinds of treatment services is likely to worsen as a result of final action on the 1990-91 budget. Specifically, the action on two major programs affects the availability of treatment services for child welfare clients:

- *The Child Welfare Services Program Itself.* The \$55 million veto discussed above is likely to reduce the availability of services. This is because social worker caseloads are likely to increase, as discussed above, leaving less time for social workers to provide treatment and support services to their clients. In addition, some counties may reduce expenditures for the purchase of services.
- *Community Mental Health Programs.* The Governor vetoed \$40 million from the Community Mental Health Program. This represents a 7.3 percent reduction below the 1989-90 funding level for the program. This reduction is likely to make it even more difficult for children and families who need mental health counseling to obtain this service.

It is important to note, however, that the availability of drug and alcohol treatment services is likely to increase as a result of action on the 1990 Budget Act. This is because funding for substance abuse treatment programs increased by \$34 million, or 28 percent in 1990-91, due to an increase in federal funds. While the additional funds will increase the supply of treatment, it is unlikely to eliminate entirely the shortfall in treatment for child welfare services clients. Moreover, increasing the funding alone will not ensure that the treatment services available in counties are appropriate for child welfare services clients.

Chapter 4

Chapter 4

The Child Welfare Services Program at a Crossroads

In the first three chapters of this report we have shown that, despite substantial increases in funding during the 1980s, the Child Welfare Services Program has had problems in identifying abused and neglected children, minimizing its reliance on foster care, and preventing the reabuse of the children it serves. Despite substantial funding increases since the program was restructured in 1982, there has been a substantial shortage of treatment services for child welfare services clients. It seems likely that the shortage of treatment services accounts for at least some of the problems the program has had. The action taken on the 1990-91 budget will further reduce the availability of treatment services, especially mental health services, and will substantially increase the average caseloads of social workers in the Child Welfare Services Program.

We believe that the recent funding reduction combined with existing performance problems place the Child Welfare Services Program at a crossroads. In our view, the major issue facing the Legislature with respect to the program over the next several years, is deciding what level of service to provide to abused and neglected children. Specifically, the Legislature has three options:

1. Permanently reducing the level of services provided to children.
2. Providing the same level of service that has been available to children since the program was restructured in 1982. This would require a return to the funding approach that the Legislature used in the 1990 Budget Bill and throughout most of the 1980s. This approach is to fund the program based on the DSS' caseload estimates and social worker budgeting standards.

3. Enhancing the level of services beyond what has been provided in previous years, in order to increase the availability of treatment for children and their families. This would require the Legislature to fund the program at levels beyond what would be required under the second option.

As we discuss below, there are also some ways to increase the efficiency of the program at any level of service; however, we do not believe that it will be possible to improve the overall performance of the program solely, or even primarily, by increasing its efficiency. Thus, all of the options presented above will involve difficult trade-offs. On the one hand, the state's limited fiscal resources may make it difficult to support even a reduced level of service in the near future: caseload and cost-of-living increases in the coming years are likely to require budget increases of 10 percent to 20 percent annually, assuming that the historical growth rates discussed in Chapter I continue. On the other hand, reducing the level of service to clients in the program is likely to exacerbate the problems the program has had in achieving its goals.

Clearly, the Legislature will have to base its decision on the service level for the Child Welfare Services Program on its overall fiscal and policy priorities for this and other state programs. In order to assist the Legislature in this decision, this chapter presents (1) an examination of various options for operating the program at a reduced service level, (2) our recommendations for improving the program's efficiency and effectiveness, which we believe would make sense at any funding level, and (3) our recommendations regarding the priorities that the Legislature should adopt in the event it chooses to augment funding in order to enhance the availability of treatment services.

Assessment of Options for Service Level Reductions

Implementing an Ongoing Reduction in Service Levels Will Require State-Level Changes in Program Mandates

Current law and regulations mandate that counties provide specific service levels when operating their child welfare services programs. The current cases-per-worker standards were established in order to ensure that counties had adequate staff to perform the duties mandated by law. Funding for the program in 1990-91, however, is less than the amount required by these standards. If the state is unable to provide the funding that would be required by the cases-per-worker standards in future years, counties will face an ongoing shortfall. This would mean that counties would not have enough staff to perform all of the program's current statutory and regulatory mandates. Counties have two options for accommodating a shortfall in this program:

- *Hire additional social workers with county-only funds.* Some counties may increase their own funding for the Child Welfare Services Program in order to hire additional social workers, thereby continuing to provide all of the services required by law. Under Article XIII B of the California Constitution, these county expenditures would be reimbursable from the state's General Fund through the state mandate reimbursement process. We believe that it is unlikely that many counties would be in a financial position to take this approach. To the extent that counties use this approach, however, in the long run it would have the effect of restoring a portion of the funding reduction.
- *Reduce services below mandated levels.* Counties that do not have an adequate number of staff to perform all of the duties required by law, will be forced to choose which statutory or regulatory service requirements to ignore in order to operate within their budgets.

In our view, neither of these approaches is desirable in the long term since each would lead to disparities in service levels among counties and undercut the Legislature's ability to implement its own fiscal and policy priorities.

If the Legislature's fiscal and policy priorities require a reduction in service levels in this program, we

believe that statutory and/or regulatory changes should be implemented at the state level, rather than leaving these decisions to individual counties. For this approach to be effective, it would be necessary to ensure that the program reductions are adequate to allow the counties to perform the remaining mandates within the staffing levels funded in the budget.

The Department's Emergency Regulations Do Not Constitute an Acceptable Plan for Ongoing Service Reductions

In October 1990, the DSS promulgated emergency regulations that reduce services to clients in the Child Welfare Services Program, in order to assist counties in dealing with the immediate effects of the Governor's veto. Specifically, the department's regulations require counties to screen out more abuse reports (the effect of which is to reduce the number of investigations of alleged abuse and neglect) and to reduce the frequency with which county social workers are required to visit their clients. In the short run, we think it was reasonable for the department to identify service reductions rather than to let each county choose which program mandates to ignore. However, we do not believe the regulations constitute an acceptable plan for ongoing service reductions because:

- The department has not demonstrated that the two major changes incorporated in the regulations would reduce county workloads by enough to cover the long-term effects of the funding reduction.
- The department has not made any change to its budgeting standards to reflect the new regulations.
- These regulatory changes constitute a significant reduction in service that should be reviewed by the Legislature before it becomes permanent.

Reducing Services Could Have Adverse Consequences

We recommend that the Department of Social Services evaluate various options for reducing service levels and their potential effect on clients and report its findings to the Legislature by April 1, 1991.

The Legislature has four major options for reducing the mandates of the Child Welfare Services Program. All of these options, if implemented, would reduce the level of services to clients. At the same time, however, it is likely that these options would reduce, to some extent, the overall effectiveness of the program, which already has had difficulty achieving its goals. This is because all of the options have the potential to increase the risks to children and reduce the availability of services to them and their families. We discuss each of these options below.

Increasing Screening. One option for reducing the scope of the Child Welfare Services Program is to increase the use of telephone screening of child abuse referrals. This would reduce the number of child abuse investigations performed by county social workers and thus, reduce the number of children entering the program. This approach has been incorporated into the DSS' new regulations. Specifically, the regulations describe the kinds of cases that counties should screen using a two-step process. First, the department's regulations identify the type of cases that counties should no longer investigate under any circumstances. For the most part these include cases where there is no indication of child abuse. However, they also include cases that are reportable as child abuse and neglect under current statute. For example, the department's regulations preclude counties from investigating the case of a teenager who has been physically abused, unless the abuse resulted in severe injury.

Second, the department's regulations encourage counties to increase the use of telephone screening in order to triage their caseloads. Specifically, the department's regulations allow counties to screen out a bona fide child abuse or neglect case based on the county's assessment that the case is less severe than other referrals received by the county.

We have several concerns with this type of option. First, as we discuss in Chapter II, some counties are already screening out a substantial number of bona fide child abuse cases. Requiring counties to increase screening will increase even further the number of

abused children who receive no services. Second, we showed in Chapter II that screening policies currently vary substantially from county to county. The department's regulations are likely to perpetuate or even worsen these disparities in screening policies, by encouraging counties to screen out bona fide abuse cases based on each county's judgment of their relative severity. Third, it is unclear whether this option could significantly reduce costs in the program because many counties have already implemented screening policies to reduce the number of investigations of child abuse cases. As indicated above, the department has not estimated the extent of the cost savings that would result from its regulation changes.

Reducing Face-to-Face Contact Between Social Workers and Clients. Another option for reducing service levels in the program, which has also been incorporated into the department's emergency regulations, is to allow counties to reduce the visits that are required of county social workers. This approach has the advantage of allowing social workers the flexibility to prioritize their visits according to the needs of their clients. The disadvantage of this approach, however, is that it may not generate significant savings without jeopardizing the safety of children. This is because, in order to ensure that abused and neglected children are safe, social workers have to make relatively frequent face-to-face visits. Again, the department has not estimated the extent of any savings that would result from this change.

Eliminating Voluntary Family Maintenance Services. Under current law, counties provide family maintenance services if the family is required to participate in the program under court order, or if the family voluntarily agrees to receive services. Another option for reducing the scope of the program would be to limit the provision of these services only to those families who have been ordered by the Juvenile Court to receive them. This approach has the advantage of eliminating services to families with relatively less severe and thus, potentially less dangerous, problems. Unlike the increased telephone screening proposed by the department, however, this prioritization of the caseload would only occur *after* an initial investigation. While eliminating this service would initially result in substantial savings -- statewide, voluntary family maintenance costs were about \$55 million in 1989-90 -- the *net* savings that could be achieved in the long run are unclear for two reasons. First, to the extent that voluntary services are effective at prevent-

ing further abuse, the elimination of these services would result in an increase in the recidivism rate which, as we discuss in Chapter II, is already fairly high at 40 percent. Second, in some counties it is the policy of the Juvenile Court to encourage the county welfare department to provide voluntary services to all but the most severely abused children, if it is their first referral to the program. Eliminating voluntary services may not significantly reduce caseloads in these counties, since, without a voluntary program, the courts may require the counties to provide the services on a mandatory (court-ordered) basis.

Shortening the Length of Time that Families are Permitted to Receive Services. Under current law, families are eligible to receive services for up to 12 months in the Family Maintenance Program and for up to 18 months in the Family Reunification Program. One option for reducing the costs of the program would be to shorten the time limit for services in these program components. This approach would have the advantage of requiring the courts and the counties to make more timely decisions about maintaining and reunifying families. However, this approach may be disadvantageous to some families because they require services, such as drug treatment, that take a long time to complete or that may not be readily available due to long waiting lists. If the time frames for these programs are shortened, the courts may have to (1) return children to their parents without the provision or

completion of services or (2) place children into foster care or adoption, even though they might have been maintained or reunified with their parents if more time had been available to complete services.

In our opinion, the Legislature would need to implement some combination of the above options in order to effect an ongoing reduction in services. However, each of these options represents a fundamental change in the operation of the program that would potentially reduce its effectiveness. In order to evaluate these options, the Legislature will need further information about the effect of each option on the delivery of services, the fiscal effect of each option, how each option would affect the department's cases-per-worker budgeting standards and its caseload estimates, and what statutory and/or regulatory changes would be necessary to implement each option. Therefore, we recommend that the DSS report to the Legislature by April 1, 1991 on its evaluation of options for effecting ongoing reductions in service levels in the Child Welfare Services Program, and that, at a minimum, the report include (1) the effect of each option on the delivery of services, (2) a detailed estimate of the fiscal effects of each option, (3) an estimate of how each option would affect the department's cases-per-worker budgeting standards and caseload estimates, and (4) the department's proposal for the statutory and regulatory changes that would be necessary to implement each option.

Recommendations for Improving Efficiency and Effectiveness

In this section, we present our recommendations for improving the Child Welfare Services Program's effectiveness and efficiency. We believe that these recommendations, if implemented, have the potential to enhance the operation of the program at any funding level either by reducing cost pressures or by improving the program's overall performance in the areas we identify in Chapter II.

Offsetting the Cost of Services With Health Insurance and Client Fees

We recommend the enactment of legislation requiring counties (1) to determine if their child welfare services clients have health insurance that will cover the costs of services and require the clients, whenever possible, to use the health insurance to pay for the services they receive and (2) to charge child welfare services clients fees, on a sliding-scale basis, for the services they receive. In order to help the Legislature draft the specific fee legislation and to ensure that the fee system is cost-effective to administer, we further recommend that the department report by June 30, 1991 on options for implementing a fee based on a sliding scale.

One way to help control governmental costs in the Child Welfare Services Program would be to use resources that are available to families to offset the costs of providing services. This could be accomplished in two ways. First, counties could determine if a family has health insurance that will cover the kinds of services that the worker has determined the family needs. Some health insurance policies cover substance abuse treatment, counseling, and mental health counseling -- services that social workers frequently recommend for their clients. Under current law, however, workers are not required to inquire about the availability of health insurance nor are clients required to use their insurance to pay for the services they receive. While the savings that would result from greater reliance on health insurance are unknown, it is possible that these savings would be significant. Any savings that would result from this change would help to make the governmental funding for the program stretch further, thereby enabling the program to provide more service

than it does now. We therefore recommend the enactment of legislation requiring social workers to (1) determine whether a family has health insurance and (2) use the insurance to pay for services, when possible, before paying for the services with child welfare services or other governmental funds.

A second method for controlling governmental costs in the Child Welfare Services Program would be to charge families a fee for the services they receive, including case management and treatment services. The fee could be based on a sliding scale depending on family income, with low-income families continuing to receive services at no cost, while families with moderate or high incomes would be required to pay for some or all of the costs of the services they receive. Under current law county welfare departments are not permitted to charge a fee to cover the cost of providing services to any of the families who receive them.

Our analysis indicates that it is appropriate to charge a fee for some of the services provided to families who can afford to pay for them, for two reasons:

- *The benefits of receiving these services accrue, to a large extent, to the family, and in particular the parents, who receive the services.* Obviously, society as a whole has an interest in ensuring that abused children remain safely with their families. However, the parents of abused children have a particular interest in obtaining services, because they can only keep their children at home, or have their children returned to them, if they receive services.
- *The Legislature could use the fee revenues to provide additional child welfare services to more families.* Any net revenue that is generated by charging fees could be used to increase services in the program, particularly for families who cannot afford to pay for them.

It is not possible to estimate how much revenue could be generated from fees. This is because neither the state nor the counties collect information on the income levels of child welfare clients. A recent survey conducted by the DSS indicates that 42 percent of the families served in the emergency response and family

maintenance components of the program received some form of public assistance. However, the survey did not provide any information on the income of the remaining 58 percent of families who did not receive public assistance. It seems likely that at least some of these families could afford to pay a fee, especially a fee based on family income.

For these reasons, we recommend the enactment of legislation requiring counties to charge fees, based on a sliding scale, to child welfare services clients. In order to ensure that the collection of the fees and the identification of third-party payers to cover service costs is cost-effective, the legislation should only require counties to implement these systems if the DSS and the county determine that it would be cost-effective to do so.

Making More Efficient Use of Social Workers' Time

We recommend that the Department of Social Services, in conjunction with county welfare departments, identify (1) those counties that make the most efficient and effective use of their child welfare services social workers' time and (2) the methods employed by these more efficient counties. We further recommend that the department report to the Legislature by September 30, 1991 on its findings and recommendations for improving the efficiency of county child welfare services programs.

As we discuss in Chapter III, the evidence suggests that high social worker caseloads were not a major, statewide problem prior to 1990-91. For this reason, we concluded that inadequate staffing levels alone cannot explain the problems that the program has had in achieving its goals. Rather, at least some of the program's problems occur because some counties have not established effective administrative procedures.

This conclusion is supported by a study of staffing practices and compliance with program requirements that was conducted by the DSS in 1986-87. Specifically, the department found that on the whole, counties where staff carried high caseloads were no less likely to comply with the program's requirements than counties where staff carried low caseloads. Instead, the department concluded that a county's ability to meet the program's requirements was determined largely by the administrative practices put in place by the county's management. For example, the department found that counties that passed the review had

established effective administrative systems, characterized by such items as "color-coded forms, accessible state regulation and procedural desk manuals, ongoing quality control efforts, and regular training to update professional knowledge and skills." According to the department, "A county's ability to comply with child welfare services requirements is strengthened by the establishment of effective procedures for handling work-related tasks."

This review suggests that some counties have identified methods for making the most efficient use of their social workers' time. However, currently there is no statewide information that would allow the Legislature to identify these methods or determine which is most effective.

At an average statewide cost of \$81,000 per worker, social workers are an expensive resource. Their salaries and benefits, along with their associated support costs, account for 90 percent of the program's total costs. In light of the growing cost constraints facing the program, we think it is particularly important to identify methods to make the best use of this resource. Therefore, we recommend that the DSS, in conjunction with county welfare departments, identify (1) which counties make the most efficient and effective use of their social workers' time and (2) the methods that these counties have implemented that account for their higher efficiency. We further recommend that the department report to the Legislature by September 30, 1991 on its findings and recommendations for improving efficiency. Since any significant efficiency gain would have implications for the cases-per-worker standards used to budget for the Child Welfare Services Program, the report should also identify any appropriate changes in the standard.

Improving Feedback Should Improve Efficiency and Enhance the Program's Performance

We find that the computerized case management system mandated by Ch 1294/89 (SB 370, Presley) will enhance performance by increasing feedback at all levels of the program.

In addition to the administrative problems discussed above, we believe that some of the difficulties experienced by the program are due to the lack of feedback to social workers and their supervisors about the outcomes of the children they serve. For example, in several counties that we visited, social workers in the family maintenance component of the program

had no way to find out what happened to their cases after they left family maintenance. This lack of feedback is a particular concern given the program's high recidivism rate, which we discussed in Chapter II. Without feedback about their clients, it is difficult for workers to judge the effectiveness of the case management strategies they employ. In fact, most modern management theories identify accurate and timely feedback as a key factor in helping workers to maximize their performance.

The Legislature recognized the importance of feedback when it enacted Chapter 1294. Among other things, Chapter 1294 authorized the DSS to develop and implement a statewide automated child welfare services case management system. The case management system represents a major opportunity to improve the performance of the program in two ways.

First, the system has the potential to help social workers to manage their clients' cases more efficiently. This is because the system will (1) reduce the amount of time workers spend on administrative activities that are currently performed manually, such as filling out forms, and (2) allow workers to access more easily information about their clients' service needs and about the availability of services. Second, the system will enable individual workers, county welfare department administrators, and state staff to track cases as they move through the program, thereby improving feedback at all levels. We therefore believe that the case management system should enhance the performance of the Child Welfare Services Program.

Options for Improving Reporting and Investigation of Child Abuse Cases

As we discuss in Chapter II, the Child Welfare Services Program fails to investigate a substantial number of cases involving abused and neglected children in at least some California counties. This appears to be the result of two factors: (1) professionals in the community are reluctant to report cases of suspected child abuse and (2) some child welfare services agencies screen out too many referrals of child abuse, based on the use of a telephone assessment. We discuss options for improving the effectiveness of the program in these two respects below.

Clearly, increasing the number of investigations would have the potential to substantially increase cost pressures on the program. Whether this additional pressure would result in the allocation of additional resources or in redirection of resources will be a matter

for the Legislature to decide based on its overall fiscal priorities. We believe, however, that improving reporting by professionals in the community and reducing inappropriate screening by county welfare departments should be a high priority because (1) identifying abuse is a basic goal of the program and (2) a face-to-face investigation is frequently necessary, in order to accurately determine whether a child has, in fact, been abused.

Implementing a Statewide Screening Policy Would Improve the Program's Effectiveness

We recommend the enactment of legislation requiring the implementation of statewide standards for telephone screening.

As we discuss in Chapter II, telephone screening procedures vary significantly from county to county. This lack of consistency is cause for concern, because research suggests that child welfare services social workers are inappropriately screening out bona fide cases of child abuse. For this reason, we believe that there is a need to improve screening policies in the Child Welfare Services Program, regardless of the funding level available for the program. Improving the accuracy of screening policies will reduce the disparities among counties in the way that they screen cases. In addition, a statewide screening policy has the potential to improve the performance of the program by helping counties to better identify the kinds of factors that indicate that a child has experienced abuse or neglect. Thus, a well developed screening policy would ensure that the maximum number of bona fide child abuse cases are investigated.

Therefore, we recommend the enactment of legislation to require the implementation of statewide standards for telephone screening. In order to develop the specific screening legislation, the Legislature will need to work with the DSS to obtain information about the current screening policies employed by county child welfare services programs statewide and any effective policies that may be in use in other states, which maximize the investigation of bona fide child abuse cases.

Improving Awareness of Child Abuse Reporting Requirements

We recommend that the Legislature conduct a joint hearing of the affected committees in order to (1) review the status of current training programs for professionals and (2) obtain further information about

possible strategies for enhancing public and professional awareness of child abuse and child abuse reporting laws.

Our analysis indicates that there is a need to improve public and professional awareness and reporting of child abuse. Specifically, the Department of Health and Human Services (DHHS) study cited in Chapter II suggests that, despite the enactment of strict reporting requirements in recent years, a large number of child abuse cases still go unreported. This study, and other research, suggests that many professionals are either unaware of, or unwilling to carry out, their legal responsibility to report child abuse. Regardless of whether the Legislature decides to restore funds for the Child Welfare Services Program or reduce services in the program, it will be important to improve reporting of child abuse and awareness of child abuse reporting laws. At the reduced service level, it will be particularly important to keep professionals who deal with children and who are legally required to report abuse, informed of any changes in reporting laws and/or screening practices (such as the DSS' regulation changes). We believe that there are two basic approaches available to the Legislature to improve awareness and reporting.

Improving Current Child Abuse Training Programs for Professionals. State law requires that professionals who have frequent contact with children, such as teachers, day care workers, doctors, and mental health counselors, be made aware of their responsibility to report cases of suspected child abuse. In addition, many professional training and certification programs provide instruction in recognizing and reporting child abuse and some professional organizations also offer seminars on this topic. Despite these educational efforts, however, many cases of child abuse continue to go unreported. For this reason, we think it would be useful to review the various instructional programs being offered to professionals and assess the need for any improvements.

Strategies for Increasing Public and Professional Awareness of Abuse and Abuse Reporting Laws. Currently, the state devotes relatively few resources to increasing public and professional awareness of child abuse and neglect. In order to enhance the level of awareness about child abuse, the state could intensify these efforts in several ways. For example, the DSS could publish a handbook on identifying and reporting child abuse and neglect and disseminate it to community organizations — such as schools, hospi-

tals, and day care centers — whose employees and volunteers have frequent contact with children, as well as professionals in private practice. The state could also undertake a public awareness campaign to focus attention on the symptoms and effects of child abuse and neglect and the reporting requirements in state law. This would increase awareness among the general public, as well as community professionals who have contact with children.

In light of the literature on abuse reporting and abuse investigations, we believe it is important for the public and professionals to have a clear understanding of the legal definition of child abuse and of their legal reporting requirements. In order to develop specific strategies for improving child abuse reporting, however, the Legislature will need to obtain further information from the various departments and professionals that provide services to children regarding current child abuse training program and ways to improve them. Therefore, we recommend that the Legislature conduct a joint hearing of the affected committees in order to (1) review the status of current training programs for professionals and (2) obtain further information about possible strategies for enhancing public and professional awareness of child abuse and child abuse reporting laws.

Pilot Programs That Allow Use of Foster Care Funds for Treatment May Improve the Performance of the Child Welfare Services Program

We find that the pilot programs established by Ch 105/88 (AB 558, Hannigan), and expanded by Ch 188/90 (AB 1697, Bronzan) and Ch 1463/90 (AB 2939, Campbell), have the potential to improve the performance of the Child Welfare Services Program, by allowing counties to use foster care funds in order to provide additional treatment and support services to some children and families.

As we discuss in previous chapters of this report, the number of children in foster care has increased at an annual rate of 11 percent since the Child Welfare Services Program was restructured in 1982. Many child welfare professionals we contacted during our review believe that the reason for this increase is that the program offers too few treatment and support services to effectively minimize the use of foster care. In response to these kinds of concerns, the Legislature enacted Ch 105/88 (AB 558, Hannigan). Chapter 105

established a two-year pilot program in Solano, Napa, and Alameda counties that allows these counties to "draw down" General Fund monies to support enhanced levels of treatment and support services to children and their families.

Specifically, Chapter 105 allows each county to receive an amount equal to 10 percent of its expected General Fund expenditures for abused and neglected children in the AFDC-FC Program. The counties can use these funds to purchase or provide treatment and support services for children and families, in order to prevent placing the children in foster care. In addition, Chapter 105 specifies that if the county fails to achieve an overall reduction in General Fund AFDC-FC costs while participating in the pilot, the county must cover either part or all of the excess costs, depending on the amount of the excess.

Preliminary results from the first year of the pilots indicate that the program has achieved AFDC-FC savings in the three pilot counties. Specifically, the DSS advises that the three counties reduced General Fund AFDC-FC costs by \$1 million, or 4.4 percent, when compared to the department's estimate of the General Fund AFDC-FC costs that the counties would have incurred without the pilot. These results suggest that enhancing the availability of treatment services can reduce foster care placements for at least some children. As a result of these findings, the Legislature enacted Ch 1463/90 (AB 2939, Campbell) and Ch 188/90 (AB 1697, Bronzan), which continued and expanded the program in the three original counties and authorized 12 additional counties to operate the program. Based on the preliminary results, we believe that the Legislature should continue to support these types of pilot programs as one approach to improving the performance of the Child Welfare Services Program.

It is important to note, however, that this approach probably cannot be expanded to cover a substantial portion of the child welfare services caseload. This is

because these types of programs offer intensive treatment and support services that may be too expensive to be cost-effective for many clients. These programs typically include family counseling, parenting training, employment services, and financial assistance. In addition, the social workers in the programs typically carry caseloads that are significantly lower than the caseloads of regular child welfare services workers -- sometimes as low as two families per worker -- in order to allow frequent contact between the workers and the families. As a result, these pilots are considerably more expensive to operate than services provided through the regular Child Welfare Services Program. For this reason, the pilots can only result in net savings -- by reducing foster care costs -- when used to provide services to children who have a high probability of being successfully diverted from foster care. This approach may not be cost-effective for children when either (1) it is unclear whether a child will enter foster care without the treatment or (2) a child is already in foster care and it is unclear whether or not the child can be reunited with his or her parents even with the treatment. We believe that this is why the three counties currently participating in the pilot program have not spent all of the funds advanced to them under Chapter 105. Specifically, during the first year of the pilot, the three counties spent only \$870,000 or 39 percent, of the \$2.2 million in "draw-down" funds available to them.

Thus, while we find that the pilot programs established by Chapter 105, and expanded by Chapter 188 and Chapter 1463, have shown the potential to be an effective way to reunify and maintain some children with their families, we also find this approach probably could not be expanded to cover a substantial number of the children and families in need of child welfare services in California. In the next section of this chapter, we discuss other options for enhancing the availability of treatment and support services for child welfare services clients.

Priorities for Enhancing the Availability of Treatment Services Should Additional Funds Become Available

Should additional funds become available to enhance the availability of treatment services for child welfare services clients, we recommend that the Legislature give priority to approaches that (1) increase the availability of community resources, such as drug treatment and mental health services, and (2) increase the ability of child welfare services social workers to purchase additional services.

One of the primary goals of the child welfare services restructuring of 1982 was to help families stay together by providing treatment and support services. However, as we discuss in Chapter III, the availability of these services appears to be limited. As a result, many child welfare professionals have cited a need for additional funds in order to increase the availability of services to child welfare clients. Providing more services could improve the effectiveness of the program in two ways: (1) by increasing the likelihood that clients will successfully complete a treatment program and (2) by helping the courts to make more timely decisions about families who receive child welfare services. We discuss each of these issues below.

Improving the Likelihood That Child Welfare Services Clients Will Successfully Complete a Treatment Program. As we discuss in Chapter III, counties purchase relatively few treatment services for clients. Community resources, such as publicly funded drug treatment, are also in short supply. As a result, social workers are the sole providers of treatment and support services to over half of all child welfare services clients, even when they lack the appropriate training to provide these services. It seems unlikely that a parent could benefit significantly from services, such as drug treatment, that are provided by a child welfare services social worker who is untrained in this area, particularly since workers generally make face-to-face contacts with parents less than once a month. Increasing the availability of treatment and support services provided by community-based organizations and private practitioners could, therefore, improve clients' treatment outcomes. This, in turn, would improve the effectiveness of the program in some of the areas we discuss in Chapter II. Specifically, if more parents are able to successfully complete treatment programs,

their children would spend less time in foster care and, potentially, be at less risk of reabuse.

Encouraging the Courts to Make More Timely Decisions About Child Welfare Services Families. Even in cases where providing more services is not effective at treating a parent's problems, increasing access to services has the potential to improve the effectiveness of the program by allowing the courts to make more timely decisions about whether to return a child to the home or remove the child permanently from the parent's custody. This is because increasing the supply of services would allow clients to enter service programs sooner, thereby giving the courts an opportunity to more quickly determine whether they have made enough progress in the service program to return the child to the home.

Options for Increasing the Availability of Treatment Services

Our analysis indicates that there are three basic approaches that could be used to provide more services to child welfare services clients: hiring more social workers, increasing the availability of community resources, and providing more funds for the purchase of services. We discuss each of these options below.

Providing Additional Funds for Counties to Hire More Social Workers. As we discuss in Chapter III, social workers are the sole providers of treatment and support services to over half of all child welfare services clients. However, social workers visit their clients relatively infrequently. Thus, one method for increasing the availability of services would be to provide counties with additional funds to hire more social workers, thereby reducing the average worker's caseload and enabling workers to spend more time with each client. However, there are two major considerations that would argue against this approach. First, as we discuss above, child welfare services social workers are not usually trained to provide the types of services that their clients need most, such as drug treatment. In such cases, it would be better to purchase services directly, or arrange for them through providers in the community.

Second, in many cases, it would not make good economic sense for county social workers to directly provide these services. This is because, in 1990-91, the average cost of a county welfare department social worker in California will be \$81,000 per year, of which \$46,000 will pay for the worker's salary and benefits and \$35,000 will pay for the welfare department's administrative overhead costs. The total cost translates into \$49 per hour. In many cases, counties can purchase services from private providers, whose overhead costs are substantially lower than the welfare department's and who frequently provide services in group settings, for less than \$49 per hour. For these reasons, we would recommend against increasing treatment services by adding county social workers.

Increasing the Availability of Community Resources. The social workers we surveyed indicated that the services their clients most frequently need are alcohol, drug, and mental health treatment. In most communities, counties are the primary providers of these services through their alcohol and drug treatment and mental health programs. Counties, in turn, receive much of their funding for these programs from the state through allocations from the Departments of Alcohol and Drug Programs and Mental Health.

It is important to note in this respect that action on the 1990 Budget Act will increase the availability of substance abuse treatment services, but reduce the availability of mental health services. As we discuss in Chapter III, in 1990-91 the Department of Alcohol and Drug Programs received \$152 million in state and federal funds to support publicly funded substance abuse treatment programs statewide. This amounts to an increase of \$34 million, or 29 percent over funding for 1989-90. These additional funds are likely to increase the availability of substance abuse treatment for child welfare services clients. However, it is unlikely that this increase will entirely offset the treatment shortages for child welfare services clients that have been cited both by social workers and by county drug and alcohol treatment providers. On the other hand, mental health services are likely to become more difficult for child welfare services clients to obtain in 1990-91. This is because, as we discuss in Chapter III, the Governor vetoed \$40 million from community mental health programs. Thus, any effort to address the child welfare services treatment shortage would have to

address funding shortages in the treatment programs themselves, especially the mental health program.

Increasing the Ability of Child Welfare Services Social Workers to Purchase Additional Services. Currently, social workers face several barriers to accessing services for their clients. First, as we discuss in Chapter III, funds available to purchase services are limited. Second, state law prohibits social workers from purchasing certain services, such as drug treatment services, for their clients. Third, the workers we surveyed indicated that it is sometimes difficult for them to obtain approval from their administrators to purchase services, even those which the law permits them to purchase. One way to enhance social workers' access to services would be to provide additional funds to be allocated to social workers who, in turn, would use the funds to purchase services for their clients. Under this approach, each worker would receive a fixed amount of funds that she or he would have to distribute based on an assessment of the needs of the caseload. This approach to purchasing services is currently being piloted in other states and is comparable to the approach that has been used in the Vocational Rehabilitation Program within the Department of Rehabilitation for many years.

Enhancing the Availability of Treatment Services Will Require Additional Funds

Providing more services to child welfare services clients has the potential to improve the program's effectiveness by reducing foster care caseloads and the rate of reabuse of children in the program. However, providing more services will require an increase in state funding. Thus, the Legislature will need to consider the options discussed above in light of its overall fiscal and policy priorities. Should additional funding for services become available, we recommend that the Legislature give priority to two of the options discussed above -- enhancing the availability of community resources, such as drug treatment programs and mental health services, and increasing the ability of county welfare department social workers to purchase more of the services that their clients need. We recommend giving priority to these two options, because our analysis indicates that these options are most likely to increase the availability of effective services at the least cost.

Appendices

Summary

Our review of the Child Welfare Services Program in California indicates that the program does not serve a substantial number of abused and neglected children in at least some counties and is not effectively achieving its goals with respect to the children it does serve. The funding reduction of \$55 million from support for the program is likely to exacerbate these problems. In order to operate the program at a reduced funding level, the Legislature will need to decide whether to adopt methods to permanently scale back the scope of the program or restore the funding that was vetoed by the Governor. Regardless of the funding level available for the program, we recommend that the Legislature consider methods to improve the use of telephone screening and reporting of child abuse cases in order to improve the program's track record in investigating abuse and to help ensure the safety of children. We further recommend that the Legislature take action to require counties to charge fees for services and make

use of clients' health insurance, and to find more efficient ways to use social workers' time in order to improve the efficiency of the program and reduce cost pressures.

To substantially improve the program's ability to serve children effectively, we believe that the Legislature would need to increase the availability of treatment and support services. Any significant increase in these services would involve major increases in the costs of a program that is already experiencing rapid cost growth — the recent funding reduction notwithstanding. In the short run, it may not be possible to reduce costs in the program *and* to improve its performance. In the long run, however, a child welfare services program that provides effective services to treat abusive families while minimizing the use of foster care could prove both less costly and more effective than the current program.

Appendix A

The Study of National Incidence and Prevalence of Child Abuse and Neglect

Background

In 1978, Congress enacted legislation that required the Department of Health and Human Services (DHHS) to conduct a study to determine the incidence of child abuse and neglect in the United States. This study, entitled the *National Study of the Incidence and Severity of Child Abuse and Neglect*, was conducted in 1979-80 by Westat Inc., a private research firm under contract with the DHHS. In 1984, recognizing that the findings of this study were becoming outdated, Congress enacted legislation to require the DHHS to con-

duct a second study of the national incidence of child abuse and neglect. This study, entitled the *Study of National Incidence and Prevalence of Child Abuse and Neglect*, was conducted by Westat, Inc. during September to December 1986. In our review of the research regarding child abuse and neglect, we found that these studies provide the most reliable estimates of the incidence and severity of child abuse and neglect. This appendix provides background information on the most recent 1986 study.

The Study's Methodology

Selecting Study Participants

The primary goal of the study was to measure the incidence of child abuse and neglect. The researchers used commonly accepted sampling techniques to estimate (1) the number of abused children who are identified by professionals in the community who have frequent contact with children and (2) the number of these children known to child protective agency staff. This approach involved several steps.

First, the researchers randomly selected 29 counties for participation in the study. This sample included counties of different sizes and geographic location. For example, the study included 2 counties with populations of less than 13,000 and 3 counties with populations of over 2 million. The counties included in the study were located in 19 states within the continental United States.

Second, the researchers identified key participants for inclusion in the study. These key participants included staff from each county's child protective services agency or agencies. They also included professionals identified by the researchers as likely to have enough contact with children to recognize the symptoms of child abuse. For example, the researchers selected school teachers, nurses and doctors, day care workers, as well as certain police officers and mental health counselors, for participation in the study. The study did not include other types of professionals who might have brief or infrequent contact with children, such as police officers assigned to traffic duty, or social workers who work on telephone hotlines.

In all counties, except those with small populations, the sampling process involved three more steps, designed to reduce both the cost of the study and the administrative burden on study participants. First, in these counties, the researchers randomly sampled agencies and professionals from among the key professions in the community. For example, of the 6,192 schools located in the study counties, 278 were sampled. Second, the researchers randomly selected professionals within each of these agencies to participate in the study. Thus, for example, 3 teachers within each of the 278 schools were randomly selected to participate in the study. Third, in large counties, the researchers also randomly selected cases within each child protective services agency for inclusion in the study.

Defining Child Abuse and Neglect

In order to ensure that the study measured the incidence of child abuse and neglect uniformly across the country, the researchers developed standard criteria for counting incidents of child abuse and neglect. To be included in the study, an incident of child abuse or neglect had to meet the following criteria:

1. *Child's Age.* The incident had to involve a child who was live-born and under the age of 18 at the time the abuse or neglect occurred.
2. *Child's Place of Residence.* The child had to live in one of the sample counties at some time between September and December 1986.
3. *Child's Custody Status.* The child had to be a non-institutionalized dependent of his or her parent(s) or caretaker(s) at the time the abuse or neglect occurred.
4. *Time Period.* The incident had to occur between September and December 1986.
5. *Intentional Incidents.* The incident had to be nonaccidental and avoidable. This does *not* include harm to the child that was caused solely by either (a) the parents' lack of money to purchase goods or services that could have prevented the harm or (b) the death, hospitalization, or incarceration of the parent(s).
6. *Incident Caused Harm.* The incident had to "cause or materially contribute to the occurrence or unreasonable prolongation or worsening of some actual (physical or emotional) injury/impairment of at least moderate severity," or there had to "be reasonable cause to assume that this was the case." It is important to note that this does *not* include incidents of

child endangerment -- for example, leaving a toddler alone in the home for long periods of time -- if no actual injury to the child occurred.

7. *Incident Perpetrated by Parent(s) or Caretaker(s).* For incidents of child abuse, the incident had to have been perpetrated by the child's parent(s) or another in-home adult caretaker. Incidents of child neglect had to have been perpetrated by the child's parents in order to be included in the study.

8. *Type of Abuse and Neglect Incidents Included in the Study.* In order to be included in the study, the incident had to fall into one of the following six categories of child abuse or neglect:

- *Physical Abuse.* For example, physically assaulting a child with an implement, such as a stick.
- *Sexual Abuse.* For example, committing oral, anal, or genital intercourse with a child.
- *Emotional Abuse.* For example, tying or binding a child to a chair, bed, or other object.
- *Physical Neglect.* For example, chronically and repeatedly leaving a child with others for days or weeks at a time.
- *Emotional Neglect.* For example, passive emotional rejection of a child that results in serious physical or emotional problems for that child.
- *Educational Neglect.* For example, knowingly permitting truancy of at least five days per month, if the parent has been made aware of the problem and has not attempted to correct it, due to an apparent lack of concern for the child's well-being. This does not include children over 11 years of age, where truancy has persisted despite the parents' efforts to modify the child's behavior.

Ensuring Uniform Reporting

The researchers took two steps to ensure that study participants used the study's reporting criteria correctly and uniformly. First, the researchers hired staff to train study participants, monitor data collection, and provide technical assistance. In total, Westat hired 21 local coordinators and 2 assistant local coordinators to assist participants in the 29 study counties. Local coordinators were required to visit each county every 2 to 6 weeks during the course of the study.

Second, the researchers reviewed all of the data forms submitted by study participants in order to ensure that each form described a bona fide incident of child abuse or neglect, as defined by the study's criteria.

The Study's Results

In order to estimate the number of abused and neglected children nationwide, the researchers took two final steps. First, the researchers reviewed the data forms to ensure that no child was counted more than once by different community professionals. Second, the researchers took the results from the participating counties and extrapolated them in order to estimate the nationwide incidence of child abuse and neglect.

Table 7 shows the results of the DHHS study. Specifically, the table shows the nationwide estimate of the number of children identified by community professionals as abused or neglected. In addition, the table shows how many of these cases had also been investigated by the local child welfare services program.

As the table shows, the researchers estimate that over 1 million children were the victims of some form of child abuse or neglect in 1986. It is important to note that this estimate is probably somewhat conservative, for two reasons. First, the estimate does not include situations of child endangerment since, as we discuss above, this was not included in the study's definition of child abuse or neglect. Second, the estimate does not include situations of child abuse or neglect that were perpetrated by adolescent family members, other than teenage parents. Thus, for example, the estimates would not include incidents of abuse that were perpetrated by siblings.

The table also shows that over half of all cases of abused and neglected children that were recognized by community professionals were not investigated by

a child welfare services agency. It is possible that some of these cases were not investigated by their local child welfare agency because the type of abuse that they suffered was not deemed serious enough to require an investigation. For example, the table shows that child welfare agencies failed to investigate 86 percent of the cases involving children who were educationally neglected and 77 percent of the cases involving children who were emotionally neglected — both types of abuse that some community and child welfare professionals might consider less serious than other types of abuse and neglect.

On the other hand, the researchers found that child welfare agencies were no more likely to investigate cases involving children who suffered more severe injuries as a result of abuse or neglect than they were to investigate cases involving children whose injuries were moderate or minor. In fact, child welfare agencies failed to investigate almost two-thirds of the cases involving children who were seriously or fatally injured as a result of child abuse or neglect in 1986.

Table 7
**Cases of Child Abuse and Neglect
Estimated Total Compared to Number
Investigated by Child Welfare Agencies Nationwide**

Type of Abuse or Neglect	Cases Identified by Community Professionals	Cases Investigated by Child Welfare Agencies	Percent Investigated by Child Welfare Agencies
Physical abuse	311,200	166,200	53%
Sexual abuse	138,000	85,300	62
Emotional abuse	173,700	69,000	40
Physical neglect	182,000	63,500	35
Emotional neglect	52,200	11,800	23
Educational neglect	<u>291,100</u>	<u>42,000</u>	<u>14</u>
Totals, all types of abuse and neglect	1,025,200^a	408,700	40%

^a These numbers are slightly different from the data displayed in Table 2 and in Chapter II, because they are not corrected to reflect a slight estimating error that was discovered by researchers at Westat, Inc., after the publication of the study findings. In order to most accurately reflect the study's findings, we include the corrected estimate in Chapter II. However, we are unable to incorporate the correction into this table because, at the time this report was published, the researchers had not yet reestimated the incidence of child abuse for specific types of abuse and neglect.

Source: "Supplementary Analyses of Data on the National Incidence of Child Abuse and Neglect," Andrea J. Sedlak, Ph.D., pp. 3-19.

Appendix B

Legislative Analyst's Office Survey of Child Welfare Services Social Workers

During September 1989, our office conducted a survey of child welfare services social workers and their supervisors in six California counties in order to prepare this report. The purpose of the survey was to obtain the workers' estimates of the kinds of services they provide, the kinds of additional services they believe they need, and how they spend their time.

We selected 6 counties of different size for participation in our survey. Of the 6 counties, 1 was a small county (it employed less than 10 child welfare services social workers), 3 were medium-sized counties (they employed less than 100 child welfare services social workers), and 2 were large counties (they employed over 100 child welfare services social workers). In the small and medium counties, we surveyed all counties' social workers and their supervisors. In the 2 large counties, a sample of social workers and their supervisors was selected to participate in the survey. In total, we sent 411 surveys to workers and supervisors in the 6 participating counties. Of these, we received back 285 surveys, for an overall response rate of 69 percent.

In this appendix, we present a brief discussion of the results of the survey. These results are summarized in Chart 9.

Type of Worker Responding to Survey (Questions 1 and 2)

The vast majority -- 90 percent -- of the respondents to our survey were social workers. In addition, most of the respondents worked in the emergency response, family maintenance, and/or the family reunification components of the Child Welfare Services Program; over 40 percent of those responding to the survey worked in at least one of these three components. In fact, as the chart indicates, the cumulative total to

Question 1 adds up to over 100 percent. This is because a significant number of social workers and their supervisors work in more than one component of the program at a time.

Types of Services Provided to Children and Families (Questions 3, 6, and 9)

As we discuss in Chapter III, respondents cited mental health counseling, shelter care, and transportation as the most frequently provided services to children and families in the emergency response component of the program. In the family maintenance and family reunification components, respondents estimate that they most frequently make use of parenting training, substance abuse treatment, and mental health counseling for their clients.

Additional Service Needs Identified by Respondents (Questions 4, 7, and 10)

Overall, the majority of respondents indicated a need for more services in order to either keep or reunite more children with their families. Specifically, between 63 and 69 percent of the respondents who answered Questions 4, 7, and 10 identified a need for more services in the emergency response, family maintenance, or family reunification components of the program. When asked what kinds of additional services are needed, respondents' answers fell into three general categories:

- *Improving the Flexibility of Existing Services.* Respondents frequently cited the inflexible hours or program requirements of service providers as a problem. Solutions offered by these respondents ranged from suggestions for 24-hour access to

Factors that Contribute to Child Abuse (Question 16)

Respondents identified substance abuse, mental illness, and lack of adequate parenting skills as the factors that contribute the most to placing a child at risk of abuse or neglect. The factors that respondents believed contribute least to placing a child at risk of abuse or neglect are the child's characteristics and the occurrence of a particularly stressful event in the family.

Chart 9

Legislative Analyst's Office Social Worker Survey Results

1 Which part(s) of the Child Welfare Services program do you currently work in?

Family Maintenance	45 %
Family Reunification	44
Emergency Response	41
Permanent Placement	22
Adoptions	6
Emergency Shelter	5
Court Liaison	7
Other	6
Number of responses	285

2 Are you a line worker or a supervisor?

Line Worker	90 %
Supervisor	10
Number of responses	284

3 What kinds of services do you use most often for children and families in the Emergency Response Program?

Crisis Intervention	81 %
Counseling	67
Emergency Shelter Care	57
Transportation	42
Other	23
Number of responses	206

4 a) In your opinion, are there any emergency response services that are not now offered in your county, which, if made available would enable more children to remain in their homes, rather than being placed in emergency shelters or foster family homes?

Yes	69 %
No	31

b) If yes, please list 2 or 3 such services

Type of in-home service ^a	37 %
Therapy/Counseling	29
Parenting classes	23
Number of responses	197

- 5 In your experience, in what types of child abuse and neglect cases are children most likely to be left in the home and provided family maintenance services (as opposed to being removed from home and provided family reunification services)?**

General Neglect	84 %
Emotional Abuse	54
Physical Abuse	19
Caretaker Absence or Incapacity	16
None (I don't think the type of abuse has anything to do with it)	12
Severe Neglect	10
Other	9
Sexual Abuse	7
Exploitation	5
Number of responses	268

- 6 What kinds of services do you use most often for children and families in the Family Maintenance Program?**

Parenting Training	86 %
Substance abuse treatment/counseling	83
Mental Health	75
Teaching/demonstrating homemakers	46
Transportation	35
Out-of-home respite care	33
Temporary in-home caretakers	14
Other	9
Number of responses	240

- 7 a) In your opinion, are there any family maintenance services that are now offered in your county, which, if made available would enable more children to remain in their homes?**

Yes	61 %
No	39

- b) If yes, please list 2 or 3 such services**

Type of in-home service ^a	45 %
Therapy/Counseling	29
Parenting classes	25
Number of responses	208

- 8 In your experience, in what types of child abuse and neglect cases are children most likely to be removed from the home and receive family reunification services (as opposed to remaining at home and receiving family maintenance services)?**

Sexual Abuse	85 %
Physical Abuse	77
Severe Neglect	68
Caretaker Absence or Incapacity	58
Exploitation	28
Emotional Abuse	14
None (I don't think the type of abuse has anything to do with it)	7
Other	5
General Neglect	2
Number of responses	254

- 9 What kinds of services do you use most often for children and families in the Family Reunification Program?**

Substance abuse treatment/counseling	95%
Parent Training	91
Mental health counseling	84
Transportation	47
Teaching/demonstrating homemakers	33
Other	12
Number of responses	211

- 10 a) In your opinion, are there any family reunification services that are not now offered in your county, which, if made available would allow more children to be successfully reunited with their families?**

Yes	63 %
No	37

- b) If yes, please list 2 or 3 such services**

Drug Treatment/Counseling ^b	40 %
Therapy/Counseling	25
Parenting classes	22
Number of responses	195

- 11 a) Have you ever removed a child from his or her home because you were unable to find appropriate in-home services for the child and his or her family?**

No	58 %
Yes	42

- b) If yes, please describe how often this has happened to you:^c**

Rarely (once a year, or less)	37%
Occasionally (between 1 and 5 times per year)	25
Often (more than 5 times per year)	0

Number of responses	259
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- 12 Have you ever left a child in his or her home because it would have been difficult or impossible to find an appropriate placement for the child if you had removed him or her?**

No	58 %
Yes	42

- a) If yes, please check the one that best describes how often this has happened to you:^d**

Rarely (once a year, or less)	49 %
Occasionally (between 1 and 5 times per year)	42
Often (more than 5 times per year)	0

- b) If yes, has this happened more often because of the lack of a:^d**

Family home placement	50 %
Both	20
Group home placement	19

Number of responses	259
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- 13 What percentage of your time do you estimate you spend on the following activities (please ensure that your total does not exceed 100 percent):**

Filling out forms/ performing various administrative duties	35 %
Making referrals and coordinating services for children and their families	14
Providing services directly to children or members of their families (for example, providing counseling or teaching money management skills)	14
In court	9

Discussing cases with, or providing services to, a foster care provider (family home or group home), legal guardian, or adoptive parent	8 %
Meeting with your supervisor and/or fellow workers to discuss cases	8
Other	5
Transporting children or members of their families	4
Receiving training	4
Number of responses	271

14 What percentage of your time do you think you should spend on the following activities, in order to serve your clients better (please ensure that your total does not exceed 100 percent):

Providing services directly to children or members of their families (for example, providing counseling or teaching money management skills)	27 %
Making referrals and coordinating services for children and their families	16
Filling out forms/performing various administrative duties	13
Meeting with your supervisor and/or fellow workers to discuss cases	10
Discussing cases with, or providing services to, a foster care provider (family home or group home), legal guardian, or adoptive parent	10
Receiving training	8
In court	6
Other	5
Number of responses	271

- 15** Using a scale of 1 to 5, please rate how much each of the following would allow you to serve your clients better (1 = would not help you serve clients better, 5 = would be most important in helping you serve clients better):

Lower caseloads	4.4
Creating more services or providing easier access to services for your clients	4.4
Reducing the amount of forms that you fill out	4.3
Making it easier for you to receive approval for services for your clients	3.3
Receiving training	3.1
More clerical support	3.1
Better word processing/computer support in your office	3.0
Better supervisory support	2.1
More supervisory support	2.1
Number of responses	281

- 16** Please rate the following factors on a scale of 1 to 5, according to how strongly you believe each contributes to a child's being at risk of abuse or neglect (1 = least risk, 5 = highest risk):

Drug/alcohol abuse of parent/caretaker	4.8
Mental illness of parent/caretaker	3.9
Lack of adequate parenting skills	3.8
Lack of social/family support for parent	3.3
Behavioral problem, disability, or other characteristic of child	3.1
Occurrence of a particularly stressful event in family (for example, death of a family member or loss of a job)	2.8
Number of responses	281

^a Includes homemaker services and parent aides.

^b Includes both drug treatment and drug counseling. Eleven percent of respondents cited the need for more residential drug treatment facilities that would accept families with children, rather than just the substance abusing parent.

^c Responses are shown as a percent of those who answered "yes" to question 11(a). Total does not add to 100 percent because some of those who answered yes to 11(a) did not respond to 11(b).

^d Responses are shown as a percent of those answering "yes" to question 12. Total does not add to 100 percent because some of the respondents who answered yes to 12 did not respond to 12 (a) or (b).

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