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Intergovernmental Issues in Human
Services Delivery Children's
Services in California

Urban Management Consultants of San Francisco, Inc, Calif

Prepared for

Department of Health, Education, and Welfare, San Francisco, Calif Region IX

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**INTERGOVERNMENTAL ISSUES
IN
HUMAN SERVICES DELIVERY**

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**CHILDREN'S SERVICES
IN
CALIFORNIA**

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Urban Management Consultants

Of San Francisco, Inc.

June, 1975

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June 16, 1975

Mr. Thomas A. Purvis
Assistant Regional Director
for Intergovernmental Affairs
Department of Health, Education
and Welfare
50 Fulton Street
San Francisco, California 94102

Dear Mr. Purvis:

We are pleased to submit this report, which describes and analyzes some of the issues in human service delivery in California by focusing on the delivery of services for children. The report is a companion piece to Region IX's Capacity Building grants and will be used by those recipients partially to identify useful areas for their efforts.

The issues and their analysis are based upon a large number of interviews with service delivery and general purpose government staffs at the Regional and State levels and in four study counties -- Orange, San Diego, Fresno and Santa Clara. Many of the same persons reviewed this report in draft to verify our statements. A list of persons contacted in the course of the study appears as Appendix A to the report.

We hope this report will encourage the discussion of the many issues that were raised to us and that the Department of Health, Education and Welfare will be able to assist the State of California and its county and city governments to improve services where it appears necessary and appropriate.

Respectfully submitted,

URBAN MANAGEMENT CONSULTANTS
of San Francisco, Inc.

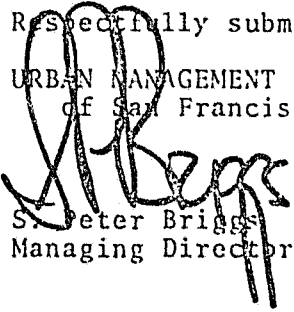

S. Peter Briggs
Managing Director

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I. INTRODUCTION

In July, 1974, the Department of Health, Education, and Welfare contracted with Urban Management Consultants to conduct a series of discussions with Federal, state, and local officials throughout California to determine their insights into the intergovernmental problems in the delivery of human services in the State. This study was funded by Region IX of the Department under the immediate supervision of Thomas A. Purvis, Assistant Regional Director for Intergovernmental Affairs, and has been intended to provide a major part of the Region's Capacity Building strategy - assisting state and local general purpose governments to plan and manage the delivery of human services in the most effective manner.

The choice of children's services as the subject of this study was HEW's, made in the correct belief that the full spectrum of human services was too broad to be effectively studied in the eight months available to this study and that the chosen field adequately encompassed programs funded and operated by all governmental levels. HEW made clear their interest that this study focus on intergovernmental issues, rather than just children's services. UMC was directed to pay particular attention to the issues that exist in the delivery of services between governmental levels and among agencies at a single level.

The report you are now reading is designed to be a working document, a vehicle for initiating intergovernmental discussion and action on the issues raised. It does not present a lengthy or detailed analysis of particular programs for children. Rather it offers an overview of the various systems for funding and administering children's services in California. It documents as succinctly as possible current intergovernmental issues expressed by Federal, state, and county government personnel, as well as by a limited number of clients. If the report appears to emphasize any particular governmental point of view, it is likely that of county personnel and their clients, since most intergovernmental problems in service delivery manifest themselves at this service provider level.

In compiling this report, we conducted extensive interviews with elected officials, general purpose government staffs, and program personnel in the four study counties - Orange, San Diego, Fresno, and Santa Clara - and with officials of the administration of present Governor Brown and former Governor Reagan and state agency staffs, as well as persons in various capacities at the Department of Health, Education, and Welfare and involved private groups. A listing of those interviewed is appended, as well as the names of those persons who commented on this report in draft form.

A large but limited number of children's services programs were reviewed in this study. The selection of those to be included was based upon one primary criterion. Each program selected had to involve more than one level of government either in its funding or administration or had to involve several separate divisions of a particular level (state or county) in carrying out a Federally-funded program. The children's services that were examined fall into four general service categories - child welfare, child care/preschool education, child health, and child justice - each of which is treated in a separate chapter of this report.

In reviewing this report, the reader should keep in mind that a category of services, e. g., child welfare, does not necessarily imply that all services in that category are delivered by a single agent, e. g., county welfare personnel. Some services fall under the purview of numerous agencies.

* * * *

This report is the end of UMC's contracted study but only the beginning for efforts to address the issues that were pointed out by the many individuals who shared their time with us. It is the stated purpose of HEW to use this report to focus attention on the problems that exist in the intergovernmental delivery of human services so that the operating personnel may develop proper solutions, rather than using the limited study represented here to suggest final solutions to this broad spectrum of problems. Based upon this report, HEW hopes to assist in forming a series of groups to address solutions to these and other issues so that those officials and staff persons who are most involved in dealing with service delivery will have opportunity to work with their peers to develop recommendations for actions toward solutions. In several cases, state and county

officials are acting now to accomplish this. Where such activity was underway at the time of our field work, we have mentioned it in the body of our report.

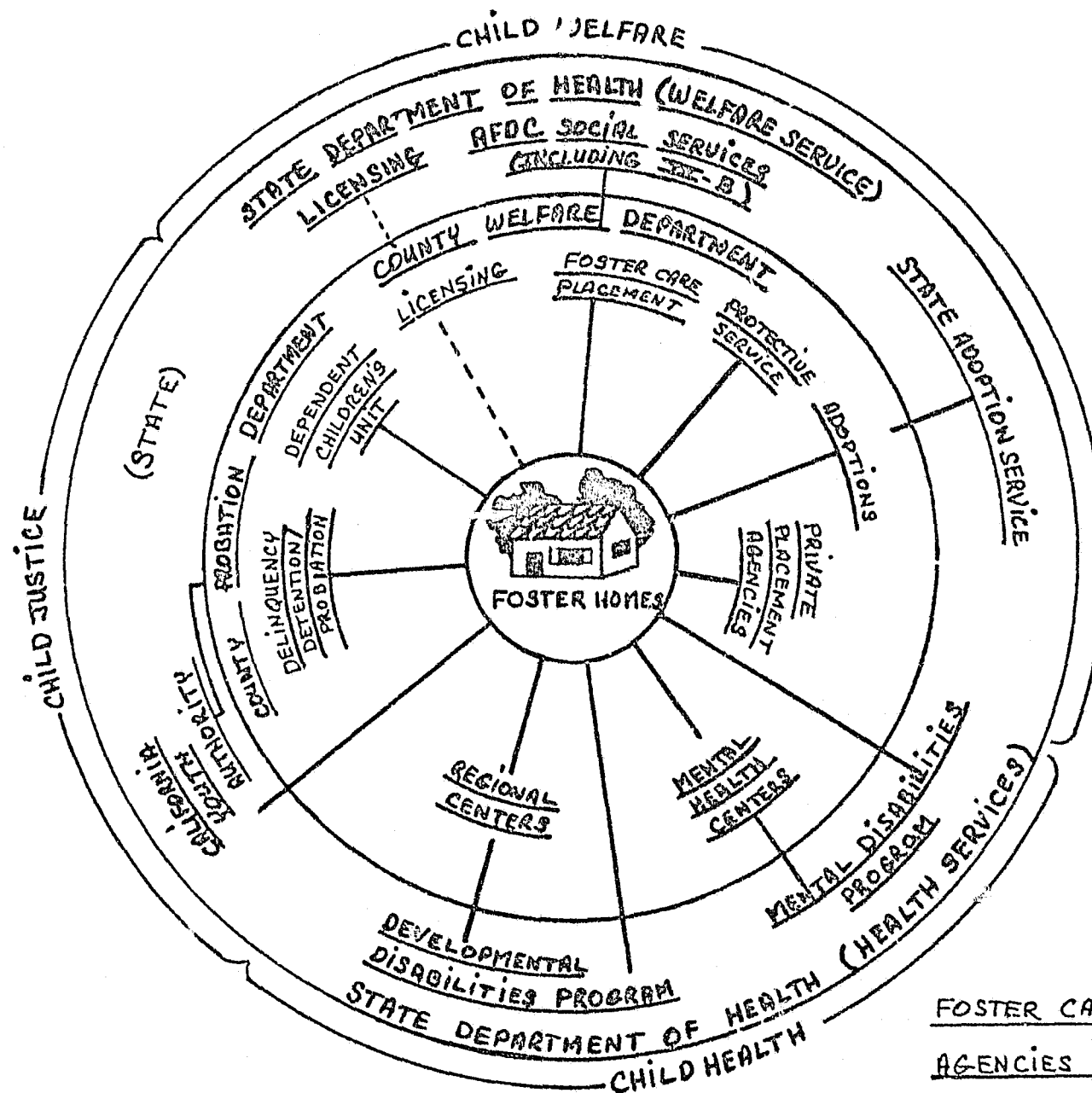
Because it was not our purpose to evaluate the quality of service delivery in the State or in any particular county nor to create a report whose tone would set one agency against another or one level of government against another, we have avoided, where possible, making specific reference to situations found in individual counties. Rather, we received real cooperation from staff personnel at all levels who, when promised that our work would not be specifically evaluative, gave us excellent insights on the state of cooperation and coordination in California. In this way, we hope our report focuses adequately on the positive opportunities available for improvements in the various systems studied.

One conclusion stands out from our work. The various systems, programs, and personnel delivering services to children in California overlap greatly in their actual contact with clients. Personnel at the delivery level are aware of this situation and spoke consistently of the need for better processes for them to become educated about the other services available to their clients and about methods for better coordinating the delivery of services to ensure that the child received what it needed, regardless of the bureaucracy and its internal needs. Exhibit I on page 4 shows the involvement of state and county level actors in delivery of various services to children. The issues raised by this overlap are described in detail in the report that follows. Exhibit II on page 5 shows, in graphic form, an example of this overlap as viewed from the service delivery level. In this case, we have taken a foster home as an example and shown the many agencies with which that home may need to deal in order to properly serve its clients. Though we have not done so for every provider, similar charts could be prepared and would communicate much the same information.

Reviewers of the draft of this report stated that one of its greatest values was as an education on the content and operation of children's services programs in functional areas other than their own. This commends itself to a simple action. Preparation and distribution of this type of information in simplified form by the State of California to all persons involved in children's services could, by itself, greatly improve

SERVICE AREA	STATE LEVEL				COUNTY SERVICE DELIVERY LEVEL								
	State Dept. of Education	State Dept. of Health	Calif. Youth Authority	State Emplmt. Develop. Dept.	Adoptions	Education	Health	Law Enforcement	Mental Health	Private Agcys/ Organizations	Probation	Regional Centers	Welfare
CHILD ABUSE & NEGLECT: Prevention, Detection & Remediation		*				*	*	*	*	*	*		*
CHILD CARE	*	*		*		*	(Respite) *		(Respite) *	*			*
CASEWORK/COUNSELING OF PARENTS &/or CHILDREN		*	*		*	*	*		*	*	*	*	*
CRIPPLED CHILDREN'S SERVICES		*			*		*			*		*	*
CHILD HEALTH SCREFFING		*				*	*			*			*
CHILD MENTAL HEALTH		*				*			*	*	*	*	*
DEVELOPMENTAL DISABILITIES		*				*	*		*	*	*	*	*
FAMILY PLANNING		*			*		*			*			*
FOSTER CARE/INSTITUTIONS		*	*		*		*		*	*	*	*	*
HOMEMAKER SERVICES		*					*			*			*
MATERNAL & CHILD HEALTH		*					*			*			
VOCATIONAL COUNSELING/ TRAINING		*	*	*		*				*	*		*
VOLUNTEER SERVICES						*	*	*	*	*	*		*
YOUTH SERVICES (LOCAL)						*		*	*	*	*		*

EXHIBIT I
AGENCY INVOLVEMENT IN THE DELIVERY OF CHILDREN'S SERVICES



FOSTER CARE PLACEMENT
AGENCIES IN CALIFORNIA

the coordination of services to children merely by making the many agencies involved aware of the range and nature of other services available to their particular clients.

Throughout the State in the conduct of our investigation we encountered real interest on the part of interviewees in developing effective, lasting resolutions to the issues they described. Thus, we close this introduction with a challenge to service deliverers in California. We provide hereir a statement of many (though not all) of the issues in a complex area. At this point, the consultant becomes secondary; the next move falls to the personnel involved. Where appropriate, action to address the issues should be initiated by the many concerned agencies working in concert. Where the knowledge we have gained will be helpful, we are anxious to participate. We look forward to proof that joint efforts can produce the best results.

II. CHILD WELFARE

Federal Statutes

Title IV of the Social Security Act (P.L. 90-248), as amended in 1968, constitutes the present major source of Federal funding for child and family social services. Part A of Title IV authorizes Federal reimbursement of state social service expenditures to individuals eligible for Federal aid to families with dependent children (AFDC). AFDC income maintenance and social services are separate programs with different Federal reimbursement rates; nonetheless, social services funded under Title IV-A must be delivered to individuals who meet AFDC eligibility requirements or receive Medicaid or Medically Indigent Benefits. Part B provides each state with a formula grant for child welfare services, which are available to any child in need regardless of his family's income or eligibility for AFDC. In general, states tend to utilize their IV-B formula grants to fund protective services to children not eligible for AFDC services and their Title IV-A funds for protective services to children served under that Part.

As a result of a rider placed on the "General Revenue Sharing" Act (P.L. 92-512) a limit was set on the previously open-ended appropriation for all Federally subsidized social services, i.e., for Title IV-A AFDC social services and Title VI services to needy aged, blind and disabled individuals. For the combined Federal/non-Federal expenditures under those two Titles, a ceiling was set at \$2.5 billion. Each state has received an annual allotment based on its population. (The maximum allotment for California is \$245.7 million, an expenditure figure the state has already reached, meaning that any further expenditures for social services must be born by the state or county governments.) For the next fiscal year, the \$2.5 billion national ceiling will remain in effect; however, other provisions for Titles IV-A and VI services will be changed as a result of a new Title XX to the Social Security Act (P.L. 93-647), effective October, 1975.

The most fundamental changes Title XX brings to AFDC social service delivery are: 1) a new state planning process; 2) the elimination of specific mandatory services the state must provide statewide; and 3) a less restrictive client eligibility test to qualify for services. California has begun its planning process by holding public hearings on what services should be included in the state

plan. A proposed annual services program plan is required to be approved by the Governor and published for public review by June 30, 1975. Under Federal law, public comment must be accepted for at least 45 days after that date. Although not required by Federal law, California plans to hold public hearings during the 45-day comment period, before the final state plan is sent to HEW for approval.

While Title XX eliminates the mandatory IV-A and VI services, it requires the state to provide one or more services to low income individuals and families directed at meeting the goals of:

- "(1) achieving or maintaining economic self-support to prevent, reduce or eliminate dependency;
- (2) achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
- (3) preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating, or reuniting families;
- (4) preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; or
- (5) securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions."¹

Title XX further requires that three state-selected services be provided to Federal Supplemental Security Income (SSI) recipients, who are presently being served under Title VI. It requires the provision of the family planning services, for which the Federal government's share will equal 90% of the allowable cost, while for all other services it will provide 75% of the allowable expenditures.

¹ Taken from Subsection 228.0 of the proposed Title XX regulations published in the Federal Register on Monday, April 14, 1975.

At least 50% of the Federal/non-Federal social service expenditures must be spent for individuals eligible for AFDC, SSI or Medicaid. In California the major portion of the 25% non-Federal share (with the exception of Title IV-A child care services) is supplied by county revenue.

The variety of services California will provide under Title XX during the next fiscal year is not likely to differ much from their present form due to the Federal spending limitations and due to the fact that state law mandates the continuation of most present Titles IV-A and VI services.

In order to receive Title IV reimbursements or grants, each state had to formulate a state plan, subsequently approved by HEW, for the delivery of social services, develop a single state agency to administer the program and provide certain mandatory services to all AFDC families. Title IV-A requires:

- the development and maintenance of a service plan for each family and child who needs and agrees to utilize social services;
- individual service programs for all AFDC family members capable of obtaining employment and self-sufficiency;
- child care services to enable mothers or other caretaker relatives to participate in the Work Incentive Program (Title IV, Part C) or who are required by the state agency to accept training or employment from other sources;
- social services to AFDC children in foster care;
- services aimed toward preventing or reducing births out of wedlock;
- family planning services;
- services to strengthen family life and foster child development;
- protective services in behalf of children who are or are likely to become neglected, abused or exploited;
- services related to health needs;
- referral services for legal aid.

Title IV-A mandatory services are broadly defined, allowing states to fund a variety of social services to needy families and children. States can also provide optional services to AFDC recipients or to non-welfare recipients if they meet the Federal definition of "former" or "potential" AFDC recipients. As in the case of mandatory services, optional services and optional recipient groups must be delineated in an HEW-approved state plan. All services specified within the plan must be provided in all political subdivisions, i.e., counties, within the state (the "statewideness" requirement).

The new Title XX allows for states to provide different services in different geographic areas provided that all parts of the state are covered. It eliminates the eligibility categories of "former" and "potential" AFDC recipient. For California, this means that AFDC target service areas, e.g., Model City neighborhoods where any resident, regardless of income, qualifies for certain AFDC services, will be eliminated. Title XX provides for a client eligibility test for services based upon income status. Federal funds are available for the cost of services to persons whose gross monthly income does not exceed 115% of the state median income for a family of four adjusted for size. States are permitted to establish an income eligibility test anywhere below the 115% limit, but for any service provided to an individual whose adjusted gross monthly income is above 80% of the state median income a service fee must be charged.

Programs in California

Child and Family Social Service Programs: receive Federal funds under Title IV-A. This statute requires a 25% non-Federal match for all social services except family planning and WIN social services, which require a 10% non-Federal match. Matching funds for social services are supplied by the county. Title IV-A authorizes Federal reimbursement for social services supplied to AFDC-eligible individuals or those in the MediCal or Medically Indigent programs. Eligibility requirements are set by Federal regulation and the State Department of Health. Under the Title IV-A State Social Services Plan, county welfare departments supply the following types of services: child protection, homemaker, family planning, family counseling, out-of-home placement, services to dependent children, services to foster parents and family day care home operations, information and referral, emergency services, health care, and legal referral services. At the county level most services are provided by county welfare personnel.

Child Protective Services: utilize Federal formula grant funds authorized under Title IV-B of the Social Security Act. "Protective services" refers to services given to protect children when it appears that they are being neglected, abused, exploited, cruelly treated or are in moral danger. Any such child is eligible for protective service regardless of his family's status or income. State law (Statutes 1968, Chapter 69) requires every county welfare department to have a child protective services unit. The use of Title IV-B funds is restricted to the "non-aided, non-AFDC-linked" child. Protective services to former, current and potential AFDC children are funded by Title IV-A. State supervision of county protective services programs is provided by the State Department of Health. Federal Title IV-A and B monies flow through the State Department of Benefit Payments to each county welfare department child for protective services.

State Adoption Services: are financed by state revenue and fees charged to adoptive parents. They are administered by the Adoption Services Section within the State Department of Health's Social Services Program. The Adoption Services Section includes four district offices. Twenty-seven county public agencies (e.g. county welfare departments) act as direct extensions of this section. Nine private agencies are licensed to place children in adoption. Four types of adoption exist in California: relinquishment adoption (parents relinquish their child to a licensed agency for placement); independent adoption (parents place their child directly with persons of their choice); intercountry adoptions (the arrangement for a foreign born child to be adopted by a California family) and stepparent adoption (granting a stepparent parental rights over a child). For relinquishment adoptions, the State Department of Health provides services to and accepts relinquishments from natural parents. It studies prospective adoptive parents and their home, and provides foster care services before placement and follow-up services after a child is placed. A similar process occurs for intercountry adoptions, except that relinquishments are processed through licensed foreign-based agencies, the U.S. State Department and the U.S. Immigration and Naturalization Service. Independent adoptions require the State Department of Health to perform a home study of the prospective adoptive parents and to make reports to the superior court having jurisdiction over the case. Stepparent adoptions fall entirely under the jurisdiction of the county superior court with no State Adoption Services involvement. In the latter case, home studies are performed by the county probation or county welfare department. All relinquished children who have not been placed within 60 days and all eligible applicants who have not received a child within 60 days of their approval are registered with the State's Adoption Resource Referral Center (ARRC), a computer information system designed to help match relinquished children with eligible adoptive parents.

throughout the state. Relinquished children may also be eligible for crippled children's services described in the "Child Health Section" and Aid for the Adoption of Children Program described below.

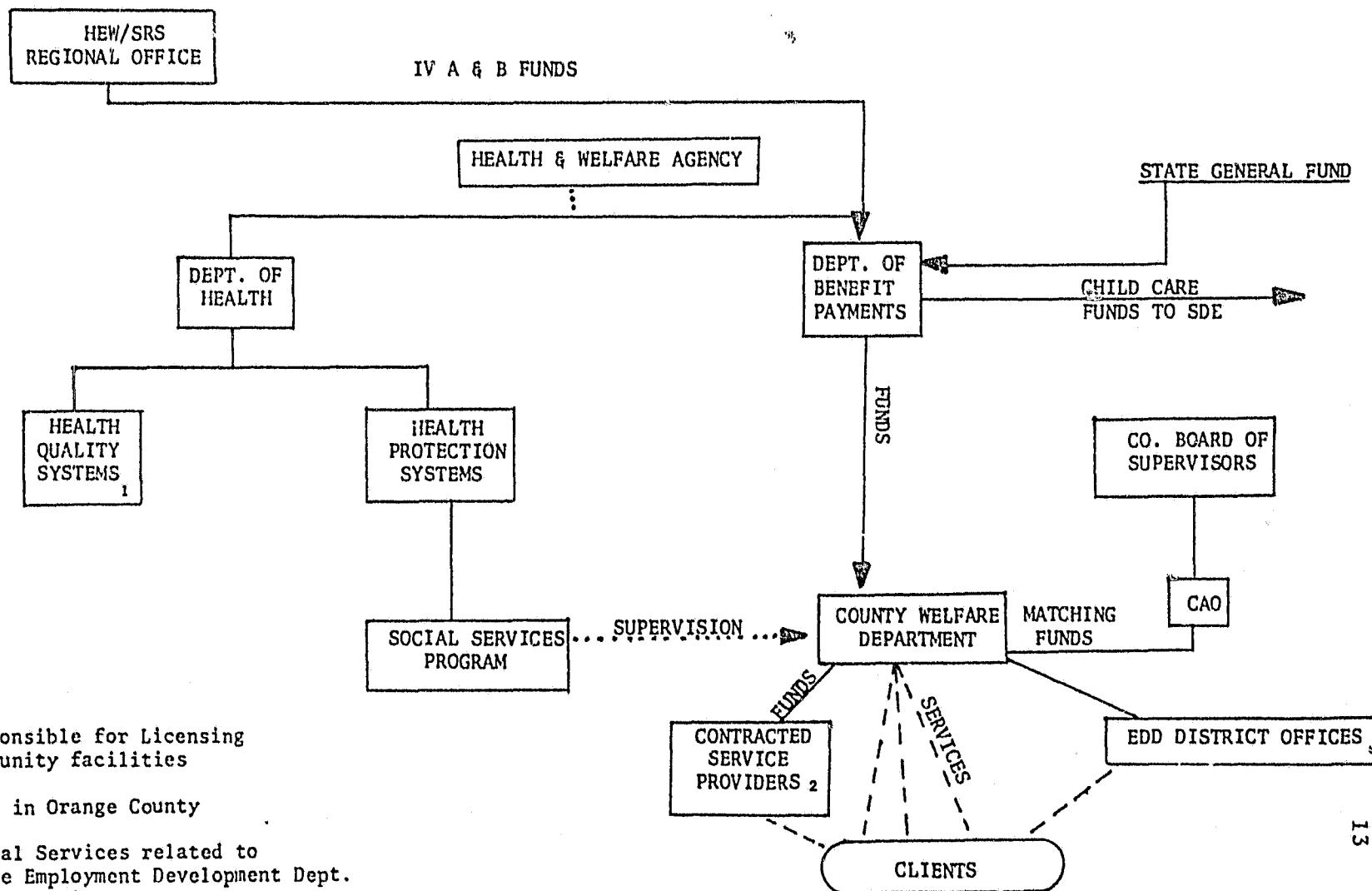
State Adoptions Subsidy Program: entirely state-funded under the Dymally Act (Chapter 1322/68 and Chapter 261/69). The program provides maintenance assistance payments to families that adopt children with special needs. The definition of "special needs" is very broad, including almost any child relinquished for adoption for whom agencies find it difficult to find an adoptive home. Subsidies are available to adoptive parents for a period of three years, which can be extended to a maximum of five years. Children who qualify for the adoption subsidy are also eligible for MediCal (Title XIX) during the subsidy period regardless of their adoptive parents' income. The program is administered by the State Department of Health through local district offices and the adoptions unit within each county welfare department.

System Operation

California provides social services through a county-administered/state supervised delivery system (see Exhibit I). The responsibility for program supervision rests with the State Department of Health. Fiscal management and control, however, rests within another agency, the State Department of Benefit Payments. Both Departments are under the umbrella of the State Health and Welfare Agency, which by state law (AB 1290/74) was designated the single state organizational unit to administer Federally-funded social services.

Under the Federal ceiling, California may receive Federal reimbursement for state social service program expenditures up to \$245.7 million. Approximately twenty percent of this figure is allocated to the State Department of Education to administer child day care programs (which will be discussed in the "Child Care/Preschool Education chapter"). Other state agencies -- e.g., Health and Employment Development -- utilize Federal social service funds, but under state law (AB 134/73) at least 66% of the state's Federal allotment must be allocated to county welfare departments. County funds provide the 25% non-Federal matching share, with the exception of state funds for family planning and adult homemaker/chore services. Each county is allotted a share of the Title IV-B grant, based on SDH criteria

EXHIBIT III
SOCIAL SERVICES TO FAMILIES AND CHILDREN
ORGANIZATIONAL FLOW OF SSA TITLE IV A & B FUNDS



and county expenditures for the preceeding year. California counties utilize most of their Title IV-B funds for protective services to non-AFDC-linked children.

County Welfare Services

County welfare personnel costs account for the major portion of Title IV expenditures. Counties are permitted at their discretion to purchase social services through a contracted arrangement with local public or private provider agencies. In the counties we studied, Fresno and Santa Clara maintained several purchase-of-service contracts; San Diego had one for child homemaker services, and Orange had none, all social services were provided by county welfare department personnel.

The services every county welfare department provides for families and children are fairly uniform; the manner in which they are delivered differs slightly depending on the organization and management procedures of each county. In the four counties we studied, the welfare departments provided child homemaker services, day care, protective services, out-of-home placement, family counseling, including money management and health related social services, and legal services to procure non-public child support. Information and referral services to appropriate community resources (e.g., day care) were provided to any county resident.

The provision of services to dependent children of the courts -- i.e., judicially placed children who are deemed abused, neglected or abandoned (Section 600 of the Welfare and Institutions Code) -- and for child protection varied from county to county. Often two or three county departments were involved, e.g., probation, welfare and health. In Santa Clara County, for example, the investigation, intake, placement and servicing of "600" children was handled by both the county probation and welfare departments. In San Diego, the county probation department makes the investigation and intake of abused, neglected and abandoned children, while the welfare department was responsible for their out-of-home placement and service program. In Fresno and Orange Counties, the county Boards of Supervisors have granted welfare departments the entire investigatory and service responsibility for "600" children. The latter action represents a recent transfer of responsibility from probation to welfare. It was taken

partly to enable the county to utilize Federal IV-A funds and partly because county welfare could initiate procedures for the voluntary placement of abused and neglected children without judicial proceedings.

Under new State Department of Health regulations, county welfare departments can take the option of not licensing family day care and foster homes, leaving this responsibility to the State. In the study area, all county welfare departments except Fresno license foster and family day care homes. Fresno County Welfare Department decided to opt out of licensing and instead, became a licensed home-finding agency. As a home-finding agency, the welfare department is permitted to certify foster homes for its own use.

Child adoption services are provided by all county welfare departments in our study area by the delegated authority of the State Department of Health. Several other counties are served directly by Department of Health district offices. Adoptive services -- relinquishment, planning and placement as well as adoption subsidy payment for "special needs" children -- are financed by the State and by fees charged to adoptive parents.

Most county welfare departments have a separate administrative unit out-stationed in State Employment Development Department district offices in order to provide social services to WIN recipients.

Issues

The child welfare programs we reviewed are services that are either funded under or related to the Federal aid provisions within Title IV, Parts A and B, of the Social Security Act. The major portion of the Title IV-A and IV-B services are delivered by county welfare department staff. The issues we present in the following pages include general intergovernmental issues on the funding, supervision and delivery of child welfare services and specific program issues on child protection, foster care placement, adoptions and licensing.

State/County Relations

1. State supervision of and program assistance to county social service programs for children is weak, due to fragmentation of authority and duplication of responsibility among numerous state administrative units. Title IV-A and IV-B services are required by Federal regulation to be administered by a "single state agency." In reality, the single state agency functions are divided among numerous administrative units within the State Departments of Health and Benefit Payments causing confusion at the county level as to which agency unit has ultimate authority. One county welfare administrator commented that during the past year, he had to maintain contact with 27 different individuals within both State Departments regarding Federally subsidized social services and state regulations. Another county administrator claimed that he maintained no contact with the State Department of Health, but rather followed the directives of the State Department of Benefit Payments since the latter paid the county's bills. Most county administrators felt that state interdepartmental communication problems seem to be the cause of delays in issuing joint directives, which ultimately gives the counties little or no lead time to carry them out.
2. There is a lack of sufficient Federal and state funding for the provision of adult homemaker/chore services, which results in the transfer of funds from the child to the adult category of social services and lessens the amount of services being delivered to children. The Federal funding of adult and child social services is commingled under a single ceiling (Titles IV-A and VI, SSA). Since California spends the maximum amount of its allotted Federal dollars for social services, there exists no present

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way for either the state or counties to expand their Title IV-A services. To lessen the burden on county taxes, the state has provided considerable, but not sufficient, funding for the provision of adult homemaker/chore services that it requires county welfare departments to provide. Because of the lack of state funding, counties have had to shift both Federal and county funds allocated for child social services to this adult category. Counties therefore have had to either decrease the amount of services being delivered to children or had to provide additional county tax revenue to maintain their levels of service delivery.

County Interagency Issues

Child Abuse and Neglect

1. Child welfare staff feel that the focus of the California child abuse and neglect reporting law is misdirected toward the incrimination of abusive parents rather than toward the protection of abused children. Section 11161.5 of the California Penal Code requires that any medical or religious practitioner, educator, social worker or licensed child caretaker report to the local policy any incidence of a child who is observed to have been abused by physical injury or in other ways (SB 1506/74). While police intervention may be necessary in some instances, e.g., when abusive parents refuse to allow the welfare department to provide temporary out-of-home protection for their children, many instances of child abuse and neglect could be handled without police intervention and without criminal proceedings being brought against the parents. Many instances of child abuse are not reported because citizens, including some medical practitioners, who detect suspected cases of child abuse do not want to become personally involved in criminal proceedings.

The inclusion of child abuse in the Penal Code raises an important philosophical issue. As Drs. Vincent De Francis and Carroll L. Lucht explain in their book Child Abuse Legislation in the 1970's: *

* Publication of the American Humane Society, Children's Division, Denver, Colorado, 1974, p. 4.

"Criminal prosecution requires proof through evidence which establishes the culpability of a parent beyond a reasonable doubt. Because these acts usually take place in the privacy of the home, without outside witnesses, and because parents, with rare exception, are mutually protective in these cases, lack of evidence makes it impossible to identify which parent was the offender, or to sustain the legal burden of proof..."

"Other factors mitigate against viewing mandatory reporting as a means for identifying and prosecuting offending parents. If seeking medical attention for the injured child may expose a parent to the possibility of criminal prosecution, fear of the consequences may prevent taking a child for medical help until the situation becomes acute -- or perhaps, until too late to help the child..."

An illustrative case is in Orange County where, according to a grand jury investigation, 10% of the homicides in 1973 were previous victims of child abuse.

"Of equal weight is the concern of doctors who may resist reporting cases if by so doing they become involved as witnesses in a criminal proceeding against the parents. Because doctors identify with the "helping" ethic, they would find repugnant, anything which places them in a punitive role. The net result could be a stalemate -- and a defeat of the law's objective to encourage reporting and easy case funding."

"...punishment of abusing parents through criminal prosecution does not correct the fundamental cause of their behavior."

2. Services for the protection of abused and neglected children and for the rehabilitation of their parents are fragmented and in some instances non-existent. As required by Federal and state law, each county welfare unit has a child protective services unit which has neither the authority nor the services to adequately protect abused and neglected children. To remove a child from his home without the consent of the parent requires the involvement of the

county probation department, the county dependent children's intake unit or the local police department. If a child is removed for more than 48 hours, the juvenile court system and its officers must be involved.

Families needing rehabilitation are often referred to a number of different agencies, each having limited services. There exists no comprehensive interagency system to deal with child abuse and neglect that defines each agency's role, function and relationship with others. Similarly, emergency short-term care services for abused and neglected children are often lacking or are split under the jurisdictions of two or more agencies.

Foster Care

1. The responsibility for out-of-home placement of children is fragmented and duplicated by a number of state, county and private agencies. No comprehensive system exists for the coordinated action of different agencies that serve foster children and their natural and foster parents, or for the consolidation of duplicative agency organizational units. A recent report by the State Auditor General * documents that 14 separate organizational units within the State Health and Welfare Agency have program authority over the deliveries of foster care services. The same problem is replicated at the county service level.

Within each county several administrative service units utilize foster homes: county probation departments, the California Youth Authority, local mental health clinics, regional centers for the mentally retarded, private agencies, and the county welfare departments. Because these agencies function independently, one often finds a lack of planned foster care facility and service development, the overloading of an inadequate number of foster homes, the improper placement of children since alternatives are not available, and a lack of coordinated services to help reunite foster children and their natural parents.

* Joint Legislative Audit Committee: An Evaluation of Accountability for Foster Care at the State Level, July, 1974.

2. Contrary to child placement agency philosophy that foster care is a temporary action until the rehabilitation and reunification of the child with his family is accomplished, children tend to remain in foster care for indefinite periods of time without agency intervention.

County studies indicate that the reunification of the child with his family grows less likely to occur as the length of his foster care placement increases. Likewise, as time passes, fewer alternatives (e.g., adoptions) are open to those children. Foster children have often been left in a state of limbo. When they are not reunited with their families or placed in a permanent outside home, foster children often feel that they belong in no one's home. Emotional problems often result which force placement agencies to shift these children from one foster home to another.

Placement agencies and the courts have no systematic approach to eliminate the problem of children left in indefinite foster care. Early intervention is called for to give children every opportunity to be reunited with their families, placed in permanent guardianship or long-term foster care, or relinquished for adoption.

3. Services to foster parents and foster children often lack consistency and continuity due to program fragmentation. Foster parents claim that placement agencies often fail to provide adequate services toward reuniting a foster child with his natural parents, obtaining medical clearances or providing adequate information concerning the child's special needs. For example, when a change of a child's placement occurs, valuable information that the former foster family has provided regarding the child's special needs is often not communicated to new foster parents. When more than one agency places children in a single foster home, foster parents must deal with two or more caseworkers each imposing requirements unique to his agency. When a problem that arises can be resolved by the caseworker alone, the service need tends to be met fairly rapidly. If a problem requires the involvement of several county employees and administrative levels, its resolution often involves a lengthy delay causing a hardship on the foster parents and children alike. Foster parents also claim that placement agencies are genuinely ineffective in providing services to reunite a foster child with his natural parents.

4. In the counties we surveyed, all felt that the recruitment and retention of licensed foster homes was a problem. In San Diego County, for example, attrition rate figures indicate that nearly 40% of their licensed homes are lost each year, 75-80% within three years, and a nearly complete turnover occurs every five years.

The demand for new foster homes is great. The geographic distribution of foster homes throughout a county varies greatly, causing an additional placement problem since alternatives needed for appropriate types of placement are few.

The number of agencies utilizing foster homes and the types of placements they require compounds the foster parent recruitment and retention issue. Foster homes are licensed to service specific kinds of children (e.g., infants) often at the exclusion of other children (e.g., pre-teenagers needing long-term foster care). The types of children a foster parent will take is the prerogative of the foster parent rather than the licensing agency; thus a shortage exists for certain types of foster homes, such as homes for adolescent children who need long-term foster care, for juvenile "601" cases and for emotionally disturbed children.

5. Although our survey did not explore inter-county relations, other sources indicate that there exists a problem in placing children across county lines. * The county of origin pays the on-going foster care rates in the county of placement. Special service needs for a foster child or the lack of foster homes may require out-of-county placements, but valuable time and expense is wasted when county employees travel to inspect and supervise these out-of-county placements. A humanitarian issue is that the foster child and his real parents are often physically separated by great distances, making the child's return to home even more problematic and uncertain.

* Children's Research Institute of California, Review Synthesis and Recommendations of Seven Foster Care Studies in California, 1974.

6. Foster parents raised the issue regarding the relationship between foster care and adoption services. They saw no justification for maintaining adoption and foster care as mutually exclusive services. Foster parents feel that they get little or no assistance from adoption units when they inquire if adoption procedures might be taken so that they might adopt a foster child who has been under their care for years and has little or no chance of returning to the home of his natural parents.

The State Department of Health and some county welfare staff claim that foster parents have overstated this issue. Foster parents are permitted in some instances to adopt foster children. However, there exists a need to set clear guidelines for such adoptions and a need to explore adoption planning for a child who has been in foster care for one year or more.

Adoptions

1. There exists a need to extend the time in which adoptive parents may receive a state subsidy for the care of adopted children with special needs. The adoption program in California is state funded. A subsidy to adoptive parents is available for the adoption of children with special needs (defined broadly to allow a subsidy for almost any hard-to-place child). The subsidy program is time-limited though. Subsidies are available for a term of three years from placement, which may be extended to a total of five years. Children that are subsidized are eligible for MediCal but benefits to an adopted child who has a serious long-term illness, for example, cease after the subsidy ends, thereby, placing the entire financial burden on the adoptive parents. Prospective parents for such children are reluctant to adopt them because the subsidy period is too short.
2. There exists a need for a statewide ruling regarding the relinquishment of parental rights of an unmarried father who cannot be found. The "Stanley" decision by the U.S. Supreme Court is another legal issue affecting adoptions. *

*. Stanley vs. Illinois, #70-5014, Supreme Court, April 3, 1972.

Under the Court's decision, an unmarried father has the right to receive notice and be heard when a change of parental custody is being planned by the mother. Adoptive agencies are required to search for unwed fathers and determine the necessity of their consent. Because interpretation of the Court's decision varies from county to county, a need exists for a single statewide interpretation. In any case, the decision complicates adoption because the parent search takes time. Often a child is placed in foster care a year or more, lessening his chance for adoption.

County/Community Relations

The second major portion of Federal social service aid, ranking after expenditures for adult homemaker/chore services, is for county welfare personnel salaries and expenses. Some county welfare departments purchase ancillary services from private community service organizations through contractual arrangements. The provision of services from the private sector, however, is controlled by county welfare personnel, thereby making these private services an extended arm of the county welfare department operations. Several issues arise in the delivery of county welfare services to needy persons in the community.

1. Social services personnel are not readily accessible to needy clients. County welfare departments are sometimes located outside the areas where most needy clients live. The physical distance between the location of county social service personnel and clients not only reduces the number of clients served, but also may exclude those who are in most need of assistance. Few clients can afford the cost of personal transportation; public transportation tends to be infrequent and slow. The decentralization of services in certain counties has not resolved the problem of accessibility because of the fragmented distribution of related services and the lack of coordination among service units.
2. The pathways by which a client is served are fragmented. Both clients and county service personnel have expressed this problem. Aside from the physical separation of service units there is a lack of service continuity. Clients feel that they become victims of inter-unit "buck passing;" they

enter the service system at one point, find that the agency unit cannot service their particular need and are referred to another unit for service. Assuming that the client can afford the time and often the transportation expense of going to the new service unit, he often finds that the service he requires is not available from this new unit either.

From the county personnel perspective, the apparent reason for many of these inter-unit referrals is that their own units are not allowed to service a particular client's need, due to financial restrictions imposed from above, e.g., psychiatric services for an emotionally disturbed AFDC child should be paid out of Title XIX funds (Medical) rather than Title IV-A. The real reason, however, is often a lack of inter-unit communication, coordination and training. Service unit personnel know who they can and cannot serve in their own unit, but fail to know what other service units are permitted to do. In many instances, they make referrals to the inappropriate unit or fail to know what resources are available within or outside the department.

3. Contact and coordination among services provided by county welfare departments and the private sector is practically non-existent. Some private sector organizations, e.g., the Social Planning Council of Santa Clara, have developed linkages between the public and private sector resources. United Way, through its funded agency network has provided some cohesion among non-profit service agencies and county services. Generally, however, county welfare and social service personnel do not know what services are available outside the public sector. Individual welfare employees participate on private agency boards and local community advisory committees, but this does not substitute for a comprehensive linkage between public and private sector resources.
4. The community and clients are not openly involved in the planning and delivery of county welfare services. Community involvement is both a political and philosophical issue. The philosophy of providing services to meet the expressed needs of the community runs into the political issue of keeping services costs at a manageable level. As much as a county welfare director may be sympathetic to the expressed needs of the community, he is forced to adhere to the financial restrictions of county budgets and the regulatory restrictions of state and Federal governments.

To avoid a conflict between the unfulfilled needs of the community and the directives of higher authorities, county welfare directors do not readily avail themselves of client advocate organizations nor make commitments to them.

Where cooperative linkages between client advocate organizations and county welfare do exist, however, such as with the Foster Parents Association, the communication and delivery of services has become better focused to meet client needs. Community involvement on county welfare advisory committees, such as required by Title IV-A, tends to be limited to issues outside of the management prerogatives of the welfare department. Client participation on such advisory boards is weak, since clients generally feel that public bureaucracy is an alien environment. The most outspoken clients, who have become educated to bureaucratic terminology and procedures, tend not to be invited to participate on advisory boards.

In certain instances, client advocate organizations have formed community-controlled service organizations divorced from the county service delivery structure. Such service organizations maintain centers on the streets where clients live and may provide a palatable and accessible alternative to county welfare, but their services tend to be limited. The effect of these street agencies on the management and delivery of county welfare services is yet to be determined, even where welfare has provided the funding.

5. The understanding and accurate evaluation of client need is hampered by the fact that the ethnic makeup and background of county child welfare personnel does not reflect that of the clientele being served. The lack of minority personnel within county welfare staffs is a contributing factor toward the minority clients' feeling of alienation toward the agency and the services it provides. Many day-to-day questions and evaluations, and decisions child welfare staff make regarding the proper care and placement of children reflect the staff members' own culture-bound biases. Child rearing practices vary from one ethnic community to another. What is considered a "proper" form of rearing one's child in a white middle class home may differ from that in a black or brown home. In general, the ethnic composition of child welfare staffs is unbalanced. More minority personnel are needed to grasp a better understanding of and empathy with the problems and living practices of minority clients.

III. CHILD CARE / PRESCHOOL EDUCATION

Child care is a service provided to children from infancy through adolescence as a supplement to parental care for any portion of a twenty-four hour day. Generally, the reason parents utilize child care services is to enable themselves to undertake education or employment. Child care services may be provided in a number of settings: by an individual caretaker within the child's own home or in another family's home; in a house used specifically for the care of children (group home); or in a facility designed for child care ("day care center"). They are often classified according to their location or sponsor; e.g., campus child care, migrant child care, or industry child care. Further, they may be classified according to the times at which they are offered, e.g., after-school care and night-time or "24-hour" care if a facility is used by different children through the day and night. Child care services are intended to supplement a parent's care while they are at school or work. Occasionally they are offered as a respite service to parents or children undertaking therapy or medical treatment. Child care is not intended to be used as a substitute for parental care, as in the case of a child placed in a foster family home.

Many privately operated and most publicly subsidized child care programs include an educational component for preschool children. Certain preschool facilities such as "nursery schools" emphasize education. Federal and state preschool education programs, however, are specifically designed to provide compensatory education to disadvantaged four-year-old children. Such programs as Head Start or the state "1331" (AB 1331/65) program operate in school-like facilities, usually on a half-day basis.

The following chapter describes the various kinds of Federal and state subsidized child care and preschool education programs in California, how they are funded and administered, and what inter-governmental issues presently exist, principally from the point of view of local government officials, service providers and consumers.

26.2

III. CHILD CARE/PRESCHOOL EDUCATION

Programs in California

Child Care

All Federal/state funded child care services in California are administered by the State Department of Education by authority of the state Child Development Act of 1972 (AB 99/72). The principal source of Federal support is derived from Title IV-A of the Social Security Act, which will be superceded by Title XX in October, 1975 (see preceding chapter on Child Welfare for a description of these Titles). The 25% non-Federal match is provided by state funds authorized by AB 99 and the Budget Act of 1974-75 (SB 1525/74). In addition, the state provides funds for child care which are not matched, e.g., special rent subsidies and campus child care. Other non-matched funds, such as parent fees, county general revenue and local school district tax revenues are also used. Current state child care appropriations are authorized under the following statutes:

SB 1525/74 - Budget Act for FY '75
(Children's Centers, Migrant Child Care, Rent Subsidy)

AB 99/72 - Child Development Act
(Innovative Projects and Children's Center Expansion)

SB 796/71 and AB 282/72 - Public Social Services
(Support for County Child Care Programs)

AB 1244/73 - Child Care
(Support for Campus Child Care)

AB 4134/74 - (Migrant Child Care)

SB 1860/74 - (School-age Parenting and Infant Development)

State child care programs that utilize Title IV-A funding are required to serve children who meet the Federal eligibility test -- current, former or potential AFDC recipients. Title IV-A funds

have been used in the following programs:

Children's Centers

Child care centers that are operated by local school districts. There exists a network of 387 Children's Centers, many of which were established during World War II. These centers were first subsidized by the Lanham Act of 1943, providing Federal child care support for women employed in war plants.

AB 99 Projects

The state Child Development Act of 1972 authorized the development of innovative child care services aimed at serving AFDC recipients. Such projects are operated by school districts, other public agencies, and private non-profit organizations. In addition to innovative projects, AB 99 authorized funds for the expansion of the Children's Center program.

Migrant Child Care Programs

The State Department of Education contracts with certain county offices of education to operate child care centers for migrant farm workers. Most of the day care centers are located in labor camps operated by the State Employment Development Department. In addition to Title IV-A funds, Federal aid under Title I of the Elementary and Secondary Education Act is used to supplement the educational component of the migrant child care program. Recently a new Federal source for the state's migrant child care program has emerged through Title III (Section 303) of the Comprehensive Employment and Training Act of 1974.

Campus Child Care Programs

In 1971, AB 734 was enacted which authorized the use of Title IV-A funds for child care centers near or on state university/college

and community college campuses. The statute did not provide for state funds since matching funds were provided by private donations and parent fees. Early in 1973, the state became concerned that college students might be declared ineligible for Title IV-A child care by HEW and thereby enacted a provision in AB 1244/73 to substitute Federal aid with state funds.

County Child Care Programs (SB 796/AB 282)

Prior to 1974-75, county welfare departments had the primary responsibility to administer Title IV-A child care services to AFDC eligible children. Welfare departments made individual payments to child care service providers (family day care home and child care center operators). Certain urban counties, spurred on by available privately donated and Model Cities matching funds, purchased group services from public and private agencies. SB 796/71 and AB 282/72 were passed to provide state funds as an incentive for counties to expand those Title IV-A group child care services.

AB 99/72 transferred responsibility for all Title IV-A child care services to the State Department of Education from the county welfare department. County group services are now funded through purchase-of-service contracts between local private agencies and SDE. Vendor payment services are provided through contracts between SDE and the county welfare departments. Each county welfare department may, under an SDE contract, issue a voucher to a parent or pay a child care service provider directly, e.g., in-home caretakers or family day care home operators.

County welfare departments utilize a similar child care vendor payment arrangement for AFDC mothers who participate in the Federal Work Incentive (WIN) employment training program. Federal training funds are allocated to the U.S. Department of Labor, which in turn funds the State Department of Employment Development, to provide WIN training. AFDC mothers in training are entitled to Title IV-A child care services. As an incentive for states to provide WIN training to AFDC mothers, the rate of Federal financial participation was increased from 75% to 90% for WIN child care. In California the 10% non-Federal match is divided between the state (67.5% of the match) and each county (32.5%).

Independently from these Federal/state funded child care programs, many county and city governments in California have subsidized their own child care services through Federal funding under "General Revenue Sharing" (P.L. 92-512), the Comprehensive Employment and Training Act and the Housing and Community Development Act.

A pilot child care study is currently being undertaken by the State Department of Education in Santa Clara County to examine new ways to deliver and coordinate child care services at the local level. The pilot study was authorized under AB 1244/73 and is entirely state funded. The final results of the study will be available after it concludes in June, 1976.

Preschool Education

Head Start

The Regional Office of Child Development provides funds authorized by Title II of the Economic Opportunity Act to local "grantees" -- Community Action Agencies, schools, or private non-profit organizations -- to administer the Head Start program. The program is designed to provide low-income four-year-old children with comprehensive child development services with strong emphasis on parent involvement. In addition to compensatory education, children are provided medical and dental care, nutritional services, and social services. Parents are involved in local program policy making as well as in volunteer teaching. Parents are encouraged to be employed as teacher aides and be considered for career advancement through training. In some instances psychological and transportation services are also provided.

The program emphasizes the integration of handicapped children with "normal" children and requires that at least 10% of the children served must be handicapped. At the discretion of the local Head Start grantee, a proportionate number (up to 10%) of non-poverty children may also be included in the program.

The State Preschool Education Program

Separate from the Federal Head Start program, the State Department of Education finances local school districts and private organizations to operate a state compensatory preschool education program. The authorizing statutes for this state program are AB 1331/65 and AB 451/73. The program standards are similar to Head Start and in some cases the local agencies receive funds from both Education and HEW to operate a co-mingled program. The principal differences between the two programs is a matter of emphasis: the state program emphasizes compensatory education while Head Start emphasizes comprehensive services, e.g., medical and dental services, and parent involvement. Another major difference is the basis of financing: the state preschool program operates on an average daily attendance cost allocation basis while Head Start operates on a yearly program grant. No Federal aid is involved in the state preschool program although in the past Title IV-A funds were used until HEW prohibited the use of Federal funds on the basis that the preschool program was primarily an educational service rather than a social service.

Local School District Preschool Education Programs

As part of the consolidated funding application process to the State Department of Education, some local school districts in poverty areas operate preschool programs utilizing ESEA Title I funds and/or state funds authorized by SB 90/73 for special programs to educationally disadvantaged youth (EDY). The Children's Centers operated by local school districts and county offices of Education also provide a preschool education program. In certain rural counties, a preschool education program operated under the authorization of AB 1062/72 is provided to migrant children.

Closely allied to these three state preschool programs operated by local school districts is the Early Childhood Education (ECE) program authorized by SB 1302/72. The latter state statute provides for an open educational program for children within the kindergarten to third grade age range. The ECE program is designed to operate a non-graded open-classroom environment with both individual and group instruction. Pre-kindergarten children are prohibited by statute from being included in the ECE program; nonetheless, preschool funding and state program supervision is integrated with ECE. Approximately 40% of the local school districts

in California operate an ECE program; only a small portion of those include preschool education.

System Operation

Child Care

The Federal government reimburses the State Health and Welfare Agency for eligible state and county Title IV-A expenditures, including child care, on a quarterly basis. Child care accounts for approximately 20% of the Federal social services allotment to California. The child care funding process at the state level involves a number of departments and organizational units predicated on the basis of state law and three state interagency agreements (see Exhibit IV).

State Interagency Agreements and Agency Functions

While the State Health and Welfare Agency holds the legal single state agency designation for Federally funded social services, the actual functions of the single state agency are divided between two of the agency's departments: Health and Benefit Payments. The State Department of Health is responsible for supervising and monitoring all Title IV-A services, including child care. The State Department of Benefit Payments acts as the fiscal agent, i.e., it manages and pays the "bills." By virtue of the state Child Development Act (AB 99/72), the State Department of Education acts as the sole state administering authority for all Federal/state funded child care services. To enable Federal funds to flow from the single state agency to the State Department of Education, an annual master interagency agreement is drawn up between the State Departments of Health and Education with the concurrence of Benefit Payments. As in the case of all interagency agreements, approval must be granted by the Departments of Finance and General Services as well.

AB 99 authorizes state funds to be allocated to the State Health and Welfare Agency for matching Federal Title IV-A funds to expand the Children's Centers program and to undertake innovative

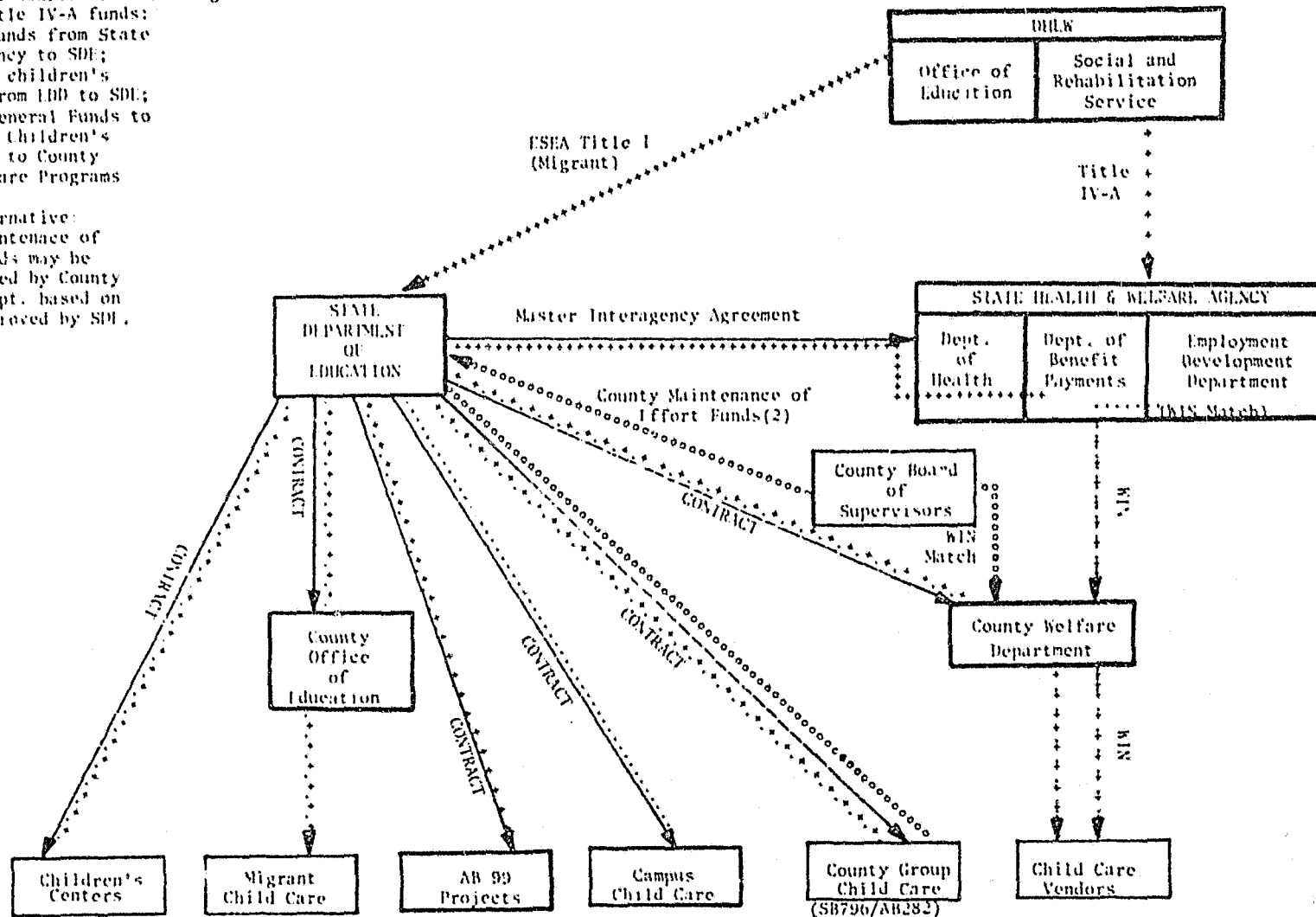
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 State:
 County: oooooo

SDE Contracts (Master Interagency Agreement) _____

- Note: State sources for matching Federal Title IV-A funds:
 - AB 99 funds from State HFW Agency to SDE;
 - Migrant children's funds from LDD to SDE;
 - State General Funds to SDE for Children's Centers to County Child Care Programs

- As an alternative: County Maintenance of Effort funds may be administered by County Welfare Dept. based on a plan approved by SDE.

EXHIBIT IV FEDERALLY-FUNDED/STATE-ADMINISTERED CHILD CARE SERVICES ADMINISTRATION AND FLOW OF FUNDING



child care projects. Since the State Department of Education is the sole state child care administrator under another provision of AB 99, the State Health and Welfare Agency is required to negotiate a second interagency agreement with Education in order that the AB 99 funds are transferred to and utilized by the later Department for child care.

Within the State Health and Welfare Agency, the Office of Educational Liaison (OEL) is responsible for assisting in the development of the annual AB 99 interagency agreement and for monitoring the AB 99 funds administered by the State Department of Education. The OEL also has been required to report to the legislature on the progress of developing a comprehensive statewide child development program plan, which AB 99 requires the State Department of Education to make.

A third interagency agreement exists between the State Department of Education and Employment Development (EDD) through which state matching funds allocated to EDD are transferred to Education for migrant child care services. In this agreement EDD is held responsible for maintaining in good order the child care centers in the migrant flash peak labor camps.

The State Department of Education presently administers all the Title IV-A child care funds, with the exception of WIN. State matching funds for WIN child care are allocated to the Employment Development Department. Counties provide 32.5% of the non-Federal match; the state provides the remainder. County welfare departments receive reimbursements for their WIN child care vendor payments from the State Department of Benefit Payments, which receives its state matching funds from EDD.

Within the State Department of Education the overall program management supervision for child care (and preschool education) programs falls under the jurisdiction of the Associate Superintendent of Public Instruction for Elementary Education. The actual administration of these programs, however, is handled by the Child Development Programs Support Unit (CDPSU) under the direction of the Assistant Superintendent of Public Instruction for Child Development Programs.

State Department of Education Contracts
with Child Care Service Providers

The State Department of Education purchases child care services from local providers on an annual contractual basis starting with the beginning of each fiscal year. Education makes monthly cash advances to local programs and makes quarterly adjustments according to the actual number of children served each day.

The level of funding a local program receives is based on a maximum per child/hours rate of \$1.05, except for infants whose rate is \$1.25. Costs above and beyond the state maximum reimbursement rate must be met by the local provider. Any parent fees, however, are counted as offsets to reduce the maximum rate. Local school districts, operating Children's Centers and AB 99 projects, may levy a child development tax on approval of their school board and the county Board of Supervisors.

Counties which funded child care services prior to SB 796 must maintain their FY '71 level of funding. These "maintenance of effort" funds can either be transferred to the State Department of Education or allocated by the county welfare departments to local programs under a plan approved by SDE. Since the transfer of county programs to SDE presented a hardship for some local private child care agencies, because their operational costs exceeded the maximum \$1.05 per child hour rate, the state budget has provided for a special rent subsidy to cover expenses above the maximum rate.

Campus child care centers generally do not utilize Federal funding. The State Department of Education provides 75% of the program's allowable operational cost, while each local college or university campus under contract supplies the remainder. State universities and colleges are prohibited by state law from using state higher education appropriations for campus child care services, but rather are required to obtain child care funds from student fees or private donations. Community college districts have the option to levy a child development tax for child care services just as any local school district may levy such a permissive tax override for operating their Children's Centers.

Federal and State Child Care Service Standards

The 1968 Federal Interagency Day Care Requirements (FIDCR) apply to all Title IV-A child care services. Under Title XX effective October, 1975, certain changes and additions to these Federal requirements have been made, specially in regard to permitted staff: child ratios. The FIDCR also stipulate that child care facilities using Title IV-A funds meet the requirements of the state's licensing code. In California these requirements are contained in Titles XIX and XXII of the California Administrative Code.

The State Department of Health is responsible for the promulgation of licensing standards. New standards have been drafted but not yet established by SDH as a result of AB 2262/73 -- the Community Care Facilities Act. The responsibility of issuing licenses rests also with SDH. As a general rule, SDH licenses all group child care facilities, and delegates the licensing of family day care homes to the county welfare departments.

Child care facilities funded by the State Department of Education may choose to be certified by SDE in lieu of obtaining a license from SDH. All other facilities -- including private nursery schools -- must be licensing either through the State Department of Health or their county welfare department.

State licensing standards require that each facility obtain a number of clearances from agencies other than SDH. The facility must obtain clearances for fire, zoning, health and sanitation, building codes, including meeting earthquake standards in certain areas. Child care operators must have a TB test and have their fingerprints cleared by the State Bureau of Criminal Identification.

The State Department of Education is responsible for insuring that the child care services it contracts for meet these Federal and state standards. Additional regulatory provisions for certain SDE contractors are included in Title V of the California Administrative Code, the California Education Code, and rulings by the California Commission on Teacher Preparation and Licensing. In September, 1973, the Department implemented a three-phase comprehensive compliance system for all its contracts: Phase I calls for a review of the child care facility to see that it adheres to

all physical standards and certain health, safety and staffing regulations; Phase II involves an assessment of the provider agency's management and reporting capabilities; and Phase III, which has only been pilot tested at this date, involves provider program self-evaluation with the assistance and approval of the State Department of Education.

Preschool Education

Head Start

Under the provisions of Title II of the Economic Opportunity Act (P.L. 91-177), direct Federal grants are made by the HEW Regional Office of Child Development to local service organizations to administer a compensatory preschool education program for low-income children.* Local grantees are required to supply a 20% matching contribution with funds or in-kind services. Eligibility requirements and program standards are set by HEW Office of Child Development. Typically, the local grantees are community action agencies established under the Federal "War on Poverty" program, local school districts or county offices of education, or, in some instances, privately incorporated non-profit service organizations. A local grantee receives funding and supervision directly from the regional Office of Child Development and may be authorized to delegate its Head Start program funds to one or more service provider organizations ("delegate agencies"). The local grantee is required to integrate handicapped children into its Head Start programs and may serve a small number of non-low income children.

Grants to local Head Start agencies are allocated on a three-year funding cycle. In formulating its three-year plan, a local Head Start agency can select from a number of program options, including a family home-based preschool education program, that will meet the Head Start performance standards. One program option is to design a unique local program, but such a plan must be approved by the national Office of Child Development rather than the regional office. Funding of the three-year cycle begins according to each individual program year and is revised annually as the need arises.

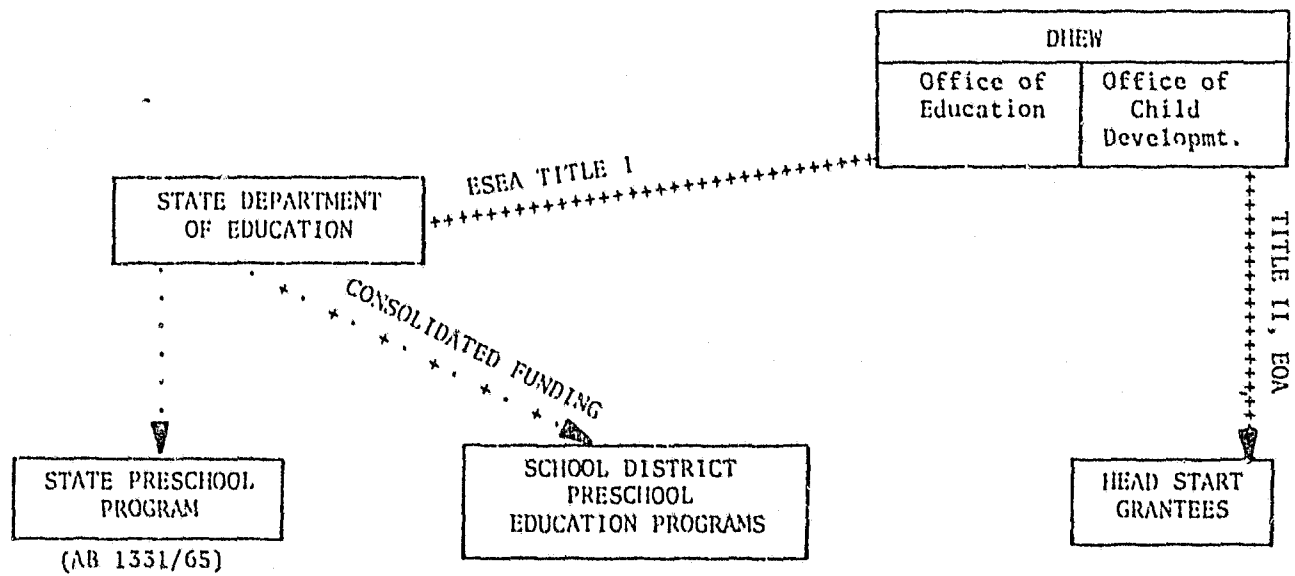
* See Exhibit V.

EXHIBIT V

PRESCHOOL EDUCATION PROGRAMS

Federal Funds *****

State Funds



State Preschool Education Programs

AB 1331 preschool education programs operated by public or private non-profit agencies other than local school districts are supervised by the Child Development Programs Support Unit within SDE. Private agencies are required to submit to this SDE unit program applications which are processed in a way similar to child care applications.

Preschool education programs operated by local school districts are supervised by SDE Regional Service Teams rather than by the CDPSU. To operate their preschool education programs local school districts submit an annual "consolidated application" for Federal ESEA Title I, state EDY, and/or state AB 1331 funds. The consolidated application process means that no single categorical unit can be funded unless it works on a joint funding proposal with all other categorical units involved. Moreover, the joint planning process includes heavy parent involvement and approval for each school involved within the local district. A comprehensive school program plan must be submitted with the consolidated application for funds.

Issues

Federal/State Issues

1. Split administration activities for Title IV-A child care services between the State Department of Education and the State Health and Welfare Agency creates duplication of administrative costs, conflicts in procedures and philosophy, fragmentation of program authority and indecisiveness on the annual allocation of program funds. Title IV-A social services are required by Federal law to be administered by a single state agency. In California, the State Health and Welfare agency has been designated as the single state agency but has delegated the IV-A program responsibility to the State Department of Health and the IV-A fiscal management to the State Department of Benefit Payments.

AB 99/72 required, however, that the State Department of Education, rather than the "single state agency" administer Title IV-A child care services. In fact, the law required the Superintendent of Public Instruction to ask the Secretary of HEW for a waiver of the single state agency requirements so that SDE could administer IV-A funds for child care directly and independently from the State Health and Welfare Agency. The waiver was denied on the grounds that it would cause further fragmentation of Title IV-A service delivery. The Secretary stated that child care was not a separate program but rather an integral service component to a package of IV-A social services that must be delivered to each AFDC-linked client in accordance with an individual service plan.

Perhaps more than any other state in the nation, California has developed and maintained large child care service programs. While in other states child care represents a rather minor social service, California child care programs utilize approximately 20% of the State's Federal social services allocation in FY 1975. The demand for a higher percentage of this funding increases each year, which is problematic since California has reached the maximum amount of Federal social services funds it can obtain under the Federal ceiling. Title XX, which will redirect IV-A funding as of October 1975, offers little relief to the present IV-A requirements. Child care is no longer a mandated Federal service but state

law requires its continuance under Federal social service funding. The single state administrative procedure is still required. Thus Federal funding for child care will continue to be regulated and monitored by the State Health and Welfare Agency, while state law requires the State Department of Education to administer the funds.

Both Federal and state officials agree that duplicative administrative costs are wasteful and deflect valuable resources that could be used for services, but unless there is a change in Federal or state law, they will continue.

2. Children who are served in Title IV-A funded facilities tend to be economically segregated from other children in need of care but ineligible due to restrictions on the use of Title IV-A funds. Title IV-A funded facilities tend not to serve children whose families are ineligible for Title IV-A services due to the burden of maintaining separate accounting records and added operational costs. The children served in these facilities, then, are economically segregated from other children in the community. The children of many minority and low-income families, such as larger Mexican-American intact families who do not qualify for Title IV-A services and the children of non-welfare working single women, are discriminated from using Title IV-A funded child care facilities. Discrimination also occurs in many private child care facilities who refuse to service Title IV-A children on the grounds that the private operators cannot afford to encumber the added costs required to meet the Federal Interagency Day Care Requirements.

Even though the new Title XX appears to have lessened some of these funding and operational requirements, the issue still remains due to the Federal ceiling on social service funds and the state policy to maximize the use of the Federal dollar.

3. There exists a need to develop uniform reporting procedures for pre-school education services jointly funded by the Federal Head Start program and the state preschool program. Local preschool administrators who combine Head Start and state preschool (AB 1331/65) funds are requested to submit different program reports to the State Department of Education and the Office of Child Development. These reports contain nearly identical information but require different formats of presentation.

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Communications between the Office of Child Development and the SDE Child Development Programs Support Unit were said to be very infrequent. No effective working relationship between these agencies appears to have been established, even though community agencies often run both the Federal and state preschool education programs in the same facility. Both agencies, working independently, develop their own application and reporting formats, which cause duplicative administrative work at the local grantee level.

State Interagency Issues

1. There is a need to consolidate into a single administrative unit the child care funding allocations and fiscal management responsibilities assigned to various state administrative units. Under the Child Development Act of 1972 (AB 99), the State Department of Education was given the authority to administer all Federal/state funded child care services, but at the same time, child care funds were allocated to the Employment Development Department and the Health and Welfare Agency. These agencies are required to transfer their funds to Education through separate interagency contracts. In addition, Title IV-A single state agency functions are divided among various units in the Health and Welfare Agency. To deal with all these units has caused duplication and an inordinate amount of extra administrative work which has imposed additional administrative costs.
2. There is a feeling by community child care and private nursery school operators that the proposal licensing fees required by AD 2262/73 will be an excessive and burdensome cost to their operations. The group child care providers and private nursery schools feel that if the required licensing fees are implemented, they may be so burdensome as to force them either to raise the fees they charge their clients or to force them out of business. Family day care homes were exempted from having to pay licensing fees by the passage of SB 1860/74. Child care facilities funded by SDE received an administrative waiver of the fees. All other child care operations, however, have not yet received such legislative or administrative relief.
3. There exists a need to develop a uniform procedure for the determination of a child's eligibility to utilize Federally subsidized child care services. Eligibility determinations

have been made both by child care provider agencies and the county welfare department, each possessing their own standards for eligibility. Under Title IV-A the responsibility for determining eligibility rested solely with the single state agency, e.g., State Department of Health, and with its delegated local agent, the county welfare department. Proposed Title XX regulations appear to allow a provider agency to determine eligibility if the state so chooses. This issue, then, may cease to exist by October 1975 when Title XX goes into effect.

4. Multiple reimbursement procedures and funding channels exist for the same types of child care services funded by Title IV-A. County welfare departments may either purchase child care services directly from licensed family day care providers or make a voucher payment to the AFDC recipient for the purchase of in-home child care. Welfare departments may be reimbursed either through the single state agency (Health and Welfare) or through the State Department of Education. As an example, in the case of San Diego, the county welfare department operates its own neighborhood group child care home, whose operators are funded through a contractual arrangement with the State Department of Education. Child care for WIN recipients, however, is funded through the State Employment Development Department. Duplicate state reimbursement procedures thus result in duplicate administrative procedures at the county level.

State/County/Community Issues

1. The centralization of child care authority and administration in Sacramento leaves county government without a defined role in the planning, coordination and administration of child care services. AB 99 removed the authority of counties to administer Federal/state child care resources. Nevertheless, county government is still involved in the child care service area. Counties are required by AB 282/72 to supply county funding to the State Department of Education for child care services equal to their county FY 1971 expenditures on child care. These county "maintenance of effort" funds are transferred to the State Department of Education or are given to local child care programs under a SDE-approved plan. Counties are also involved in child care services in that county welfare departments issue licenses for and inspect family day care homes. County welfare departments hold vendor payment contracts with SDE and certify that clients utilizing SDE-funded facilities are eligible for Title IV-A services. In effect, county

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governments are subsidizing some portion of the state's administration of child care services yet lack the authority to determine how their county resources are to be allocated or expended on such state programs.

Though the major decisions regarding the allocation of child care resources are now being made in Sacramento, demand for child care services is being felt at the county level. County Boards of Supervisors are presented with requests for expanded child care services and in certain counties have allocated their general revenue sharing funds for child care. The issue of which administrative unit within county government is appropriate to administer or coordinate child care services remains unresolved among several choices: the county school systems, since SDE has the administrative authority for child care; the county welfare department; or an entirely separate unit reporting directly to the CAO or Board of Supervisors.

Both public and private child care consumers and providers have expressed the need to coordinate their services and to allocate scarce resources in accordance with expressed needs. Some efforts in this regard have been attempted through such mechanisms as community coordinated child care (4-C), but as far as we could determine, such mechanisms were not an integral part of either state or county government and thus, lack authority to determine the allocation of government resources for child care.

In addition, in accordance with the mandate of AB 1244/73, the Department of Education, through the Child Care Pilot Study, is currently exploring means of coordinating the network of children's and family services at the local level. The goal of that study is to develop a process for coordinating services and resources which can then be implemented in counties throughout the state.

2. There exists a need for a statewide process which will coordinate the present simultaneous planning and funding of child care services by state, county, and city governments. While the State Department of Education and the State Department of Benefit Payments finance the greatest portion of local child care services, county and city governments are also providing financial assistance through local tax and revenue sharing dollars. County Boards of Supervisors continue to be pressured to utilize their revenue sharing dollars for

child care services. Identical pressures are exerted on city governments to utilize these revenue sharing grants, including efforts to use the new CETA and Community Development grant monies. More communication exists between city and county government -- San Diego, for example -- than between local and state governments. As long as funding for similar services is to flow from three levels of government to the same communities, those levels of government should take positive actions to ensure that they are not creating redundant or competitive services. Simple communication and coordination processes could be established for this. Such actions need not require major shifts in the pattern of funding so long as the sources as a group considered local needs and the most effective means of serving them.

3. A comprehensive statewide plan for the delivery of child care services as required by AB 99/72 needs to be formulated. AB 99 required the State Department of Education to develop a comprehensive statewide child development services plan with the assistance of the Governor's Advisory Committee on Child Development Programs and the Office of Educational Liaison. In March of 1974, SDE's Child Development Programs Support Unit issued a draft state implementation plan for AB 99 mandated services. The latter plan, however, could be more accurately described as an administrative manual to child care providers rather than a comprehensive plan describing the criteria for future funding allocations based upon an assessment of the local child care needs and resources throughout the state. County agency officials and organizations have expressed need even greater than for a comprehensive plan; for the development of a comprehensive planning process that includes the involvement and participation of county and city government and their resources, as well as the involvement and participation of private agencies and consumer organizations.
4. State and local regulatory agencies tend to exercise separate regulations which often are in conflict. The issuance of a state-day care operator's license requires that the operator and his facility meet local fire, health, building and zoning codes. The state fire code used for day care centers was designed primarily for schools; building codes for family day care facilities are often more stringent than for an ordinary family residence; zoning codes often do not permit family day care facilities to operate in certain residential zones where child care services are sorely needed.

To proceed toward obtaining a license, an applicant must approach five or more separate agencies concurrently: county welfare department or State Department of Health licensing unit (application form submission, facility inspection and program design); county health department (T.B. tests and sanitation inspection); city planning department (zoning); city building and fire departments (building and fire inspections) and the local police department (fingerprint clearance by the State Bureau of Criminal Identification). The accumulation of delays by one or more of these agencies may amount to several months until a license is finally obtained.

As long as child care licensing requires the clearances of various state and local agencies, there exists a need to develop a uniform coordinated information and referral system to assist prospective applicants through this bureaucratic maze. While the functions and procedures of each state, county and city administrative unit might be clearly understood by the agency personnel involved, it is not clearly understood by the community at large.

5. State compensation for the county welfare department cost to license family day care homes is inadequate, causing some counties -- Fresno, for example -- to drop the licensing of family day care homes altogether. Where counties have ceased to license family day care homes there exists no adequate licensing service. The State Department of Health has not supplied the necessary licensing services to maintain the current number of homes. Since the annual attrition rate of licensed family day care homes is high (40% in Santa Clara County), the number of licensed homes is decreasing, causing legitimate shortages and/or an increase in illegal, unlicensed day care operations. Given that the major portion of home-based day care is unlicensed and will remain so due to the lack of resources, perhaps an alternative to licensing should be explored.
6. Economic inflation and decreased revenues cause cuts in child care services. The State of California is spending nearly up to its limit of Title IV-A funds under the national ceiling. Inflation, therefore, may well require a cutback in actual Title IV-A social services and child care is likely to be affected. The substitution of state funds in order to maintain or expand the current level of child care services seems unlikely. County and city governments are experiencing similar budget and inflation problems. Some of the Federal revenue sharing monies, including CETA and the

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Community Development block grants may provide spot funding, but the latter allocations will be small and temporary.

7. At the local service delivery level, public and private funding and service resources are fragmented, causing a lack of service continuity. The ideal child development services program would combine child care core services with ancillary support services (e.g., health and dental care, social services, staff training, etc.). Few communities provide such an ideal service model. Services tend to be isolated and limited and few interservice linkages exist. To our knowledge, no California county takes a coordinated approach toward public/private service delivery, though the Federal government, through its Community Coordinated Child Care (4-C) program, has tried to promote the development of county-wide coordinative mechanisms.

Federal funds are available for county coordinative mechanisms through Title IV-A but the State Department of Education feels that the funding of such an indirect service would divert funds needed for direct child care services. The Berkeley Child Care Development Council, the Alameda County 4-C organization and Santa Clara County 4-C Council are the only local coordinative mechanisms presently being funded by SDE.

State Provider Issues

1. Lack of Federal or state funds for program start-up costs and facilities construction impedes the further expansion and development of subsidized child care services. Title IV funds cannot be used for the construction or major renovation of facilities for child care. Likewise, program start-up costs -- preparing a new facility for operation -- cannot be Federally reimbursed as only actual services delivered to children are allowable for reimbursement.
2. Child development advocates feel that the implementation of a new state schedule for parent fees calculated as a percentage of program cost rather than a flat service charge will cause parents to seek inexpensive and low-quality child care services. AB 1244/73 requires the State Department of

Education to develop a parent fee schedule based on a "proportionate" or percentage amount of program cost. The State Department of Education attempted to implement such a parent fee schedule in July, 1974, but it was blocked by court action. The state law still stands, however, since the court decision was not based on the fee issue, though this portion of the law (regarding the fee schedule) has yet to be implemented through State Department of Health regulations.

SDE has responded to the issue as expressed above by saying that the proposed fee schedule based on a proportionate sharing of costs up to the maximum hourly reimbursement level of \$1.05 would provide families with a more equitable and just assessment. A progressive fee schedule of fixed service charges, when applied statewide among programs where actual costs vary widely, could result in a family paying a greater portion of the cost than its income or level of service would warrant.

3. Some child care service agencies under contract with the State Department of Education feel overburdened by administrative record keeping and budgeting juggling due to the state requirement that a maximum reimbursement rate for child care services be fixed on a per child hour attendance rather than enrollement basis. AB 1244/73 sets the maximum reimbursement rate at \$1.05 per child hour (\$1.25 per child hour for infants), based on the number of children attending the day care facility each day. A certain allowance for absences due to illness or family need is permitted, but if there is widespread lack of attendance, monies are not available to meet fixed costs, e.g., rent, salaries, etc.

A GAO report * on Federally-assisted child care services in California revealed that this child home reimbursement procedure resulted in higher rates of attendance in California

* "Some Problems in Contracting for Federally Assisted Child-Care Services," B-164031(3), June, 1973. Comptroller General of the United States.

than in Pennsylvania where reimbursement was based on the number of children enrolled in a day care facility. Despite these Federal accolades, some service providers consider this state requirement to be a hardship.

This feeling was not universal among all service providers, however; many agreed that the reimbursement procedure was an administrative nuisance which was tolerable now that the State Department of Education had instituted another procedure giving the service provider a monthly advance of funds for service operations. Prior to this advance procedure, service operators often had to borrow funds to pay salaries and expenses until they were reimbursed. Since interest on loans is not reimbursable under Federal funding, service providers had to use their own resources to pay bank loan interest.

IV. CHILD HEALTH

The Child Health programs included in our review were Maternal and Child Health (MCH), Crippled Children Services (CCS), Developmentally Disabled programs (Regional Centers, State Community Services Sections, Federal Discretionary Grants, State Discretionary Grants), Mental Health (Short-Doyle, Federal Part F grants), and Child Health Screening (Mediscreen, AB 2068). However, only limited information could be obtained on the California Maternal and Child Health program due to the unwillingness of the MCH Bureau (Family Health Services Section) in the California Department of Health to provide information regarding MCH operations in California.

These programs account for the major part, but not all, of the array of health services available from a multitude of private, city, county, state and Federal programs. Among the programs not included in this analysis were school health services; food and nutrition services; drug and alcoholism treatment; migrant, neighborhood, and family health centers; and family planning. Because of the limited time and resources available under the study, only programs targeted specifically for children and generally representative of Federal-state-county-provider relationships were examined. Difficulties were encountered in obtaining information for even some of these programs, and thus the analysis was limited in certain cases.

In general, child health programs in California are largely state funded, county-administered programs with partial Federal support through formula grants. Historically, California has utilized its Federal funds as seed money for more comprehensive state programs. Counties usually contribute a small match (10 - 25%) to the state funds, as well as provide the local administration for each program. In some small rural counties -- "dependent" counties -- the State Department of Health is the administering agency. At the local level in "independent" counties, the county departments of health or mental health are the usual responsible agencies, though occasionally programs are run by the welfare department. In some child health programs, Federal discretionary funds are used to directly fund special projects at the local level though in most cases these grants are coordinated with the appropriate state agency.

Child Health Screening Programs

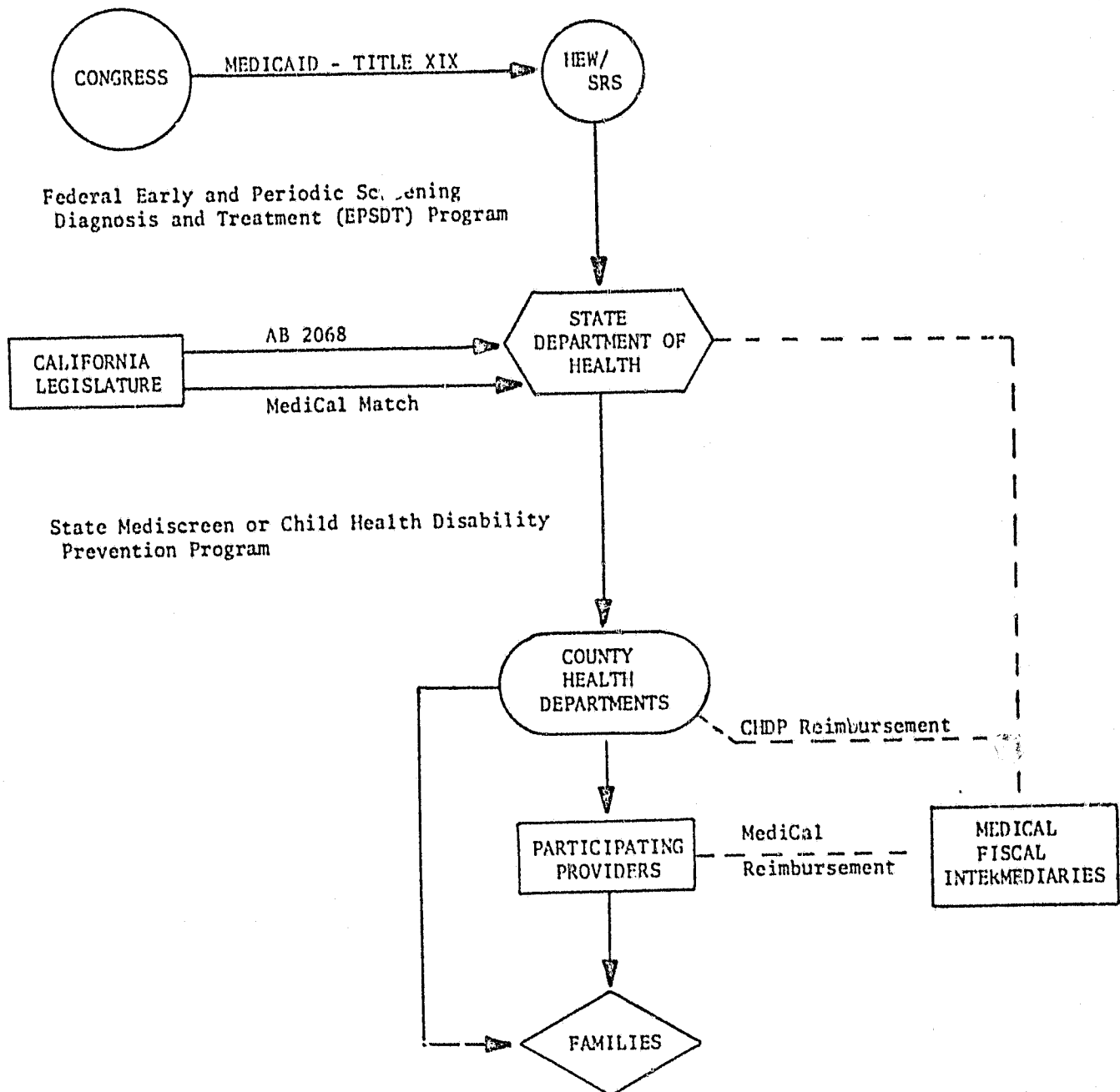
Under Title XIX of the Social Security Act, each state must provide and encourage a health screening service for children as part of its Medicaid program. (Medicaid is a state-operated program of medical services to persons on welfare or who are medically indigent; there is a 50% state (or local) match required under the program.) This service is called Early and Periodic Screening, Diagnosis, and Treatment (EPSDT).

However, no special funds were targeted by Congress for EPSDT, and although the screening service is eligible for Medicaid reimbursement, few states implemented an active, aggressive program to promote utilization. This was essentially true in California, with the exception of a few counties. Mediscreen, as the program is called in California, is no different from any other eligible Medicaid (the California Medicaid program) service; certain mandatory screening procedures are available for specific reimbursement rates.

Recently enacted under AB 2068, the California Child Health Disability Prevention Program (CHDP) is a state-mandated 100% state-funded, county-operated program to provide, or insure the provision of health screening services for all children under 21. In California, the CHDP will incorporate the Mediscreen program upon its implementation on July 1, 1975. Under CHDP, the State (or MediCal) will fund 100% of the administrative and screening costs for county-operated or supervised screening services for all children between birth and enrollment in first grade, and all MediCal-eligible children to age 21. Program regulations have established the current target population as all Medi-Cal-eligible children under 21 plus those children under 200% of the AFDC minimum income enrolling in the first grade. The law requires that all children must present evidence to the school that a health screening has been performed within the year prior to enrollment in the first grade.

The State Department of Health establishes minimum provider qualifications, reimbursement rates and other regulations pertaining to the CHDP program. The county is responsible for submission of a county plan to the State prior to operation of the CHDP in the county.

EXHIBIT VI

CHILD HEALTH SCREENING PROGRAMS

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Crippled Children Services (CCS)

The CCS program is Federally-supported by state formula grants authorized by Title V of the Social Security Act. Federal law emphasizes early casefinding and diagnosis, requires provision of free diagnostic services for handicapped children under 21 and sets minimum standards for providers. California has operated its own CCS program since 1927, and currently matches Federal funds on a 10:1 ratio, going well beyond the Federal match requirement of 50 percent.

Counties are required to match state funds on a 1:3 ratio. In 21 "independent" counties, the program is locally administered under Department of Health guidelines. In 35 "dependent counties" the program is administered by the State Crippled Children Services Section through three district offices.

California law establishes certain eligible medical conditions to be covered by CCS, standards for provider participation and client eligibility guidelines. The State Department of Health applies and interprets the law through a procedures manual for county administration. In general, the list of eligible conditions has been construed liberally, but provider standards are strictly enforced. Financial eligibility standards are more liberal than MediCal.

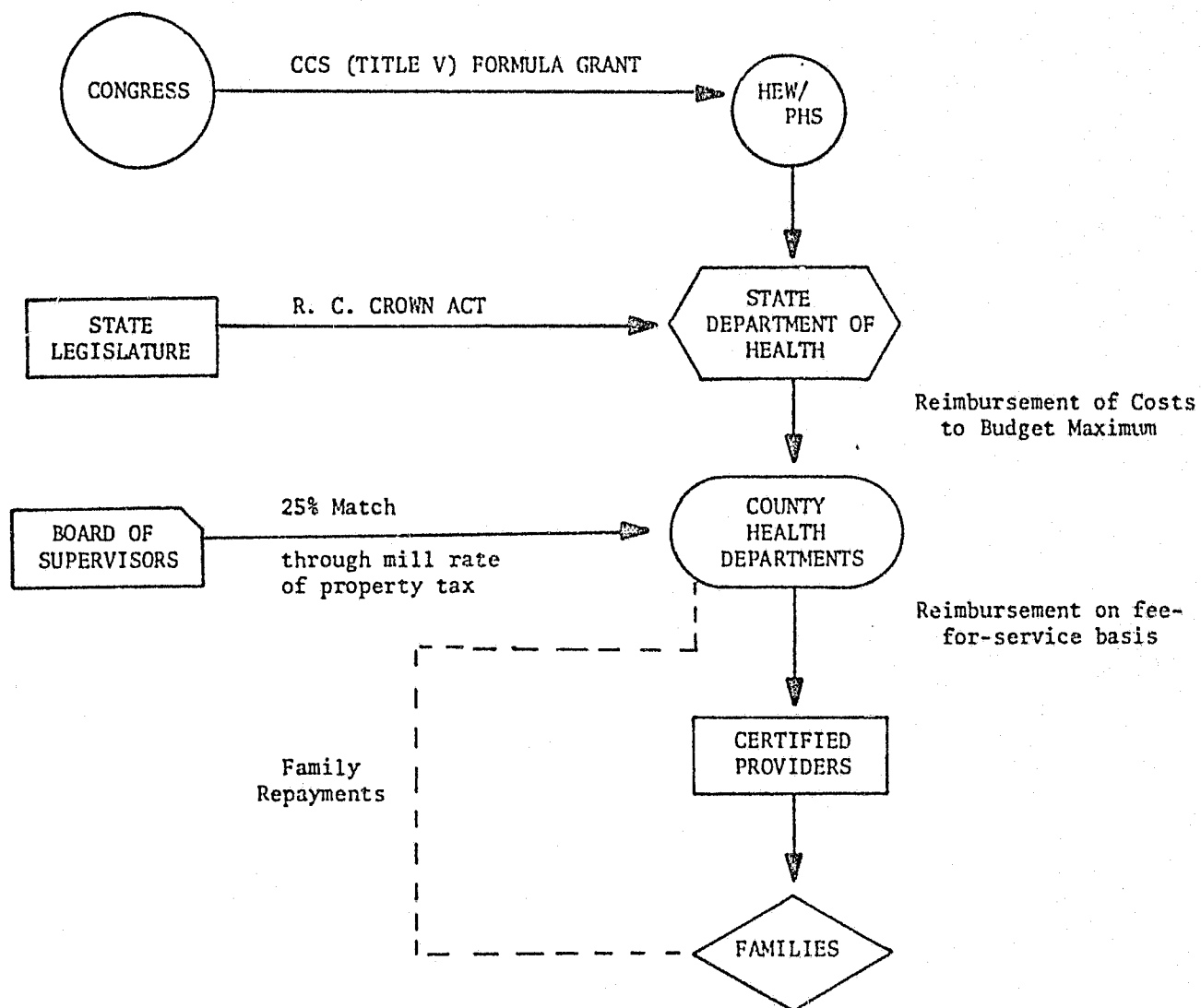
Medical services are provided by physicians, hospitals and other health facilities on a fee-for-service basis; provider reimbursement fee schedules are determined by the State Department of Health. Supportive services such as follow-up nursing and counseling are provided and coordinated through county health or welfare departments.

Developmentally Disabled

Federal support for the developmentally disabled is authorized by P.L. 91-517, the Developmental Disability Services and Construction Act. Basic support is provided through a formula grant to states; a "state plan" must be submitted for the use of the funds prior to the allocation. Emphasis in the Act is placed upon creative programs stressing comprehensive and integrated services to the handicapped. The Act also authorizes special

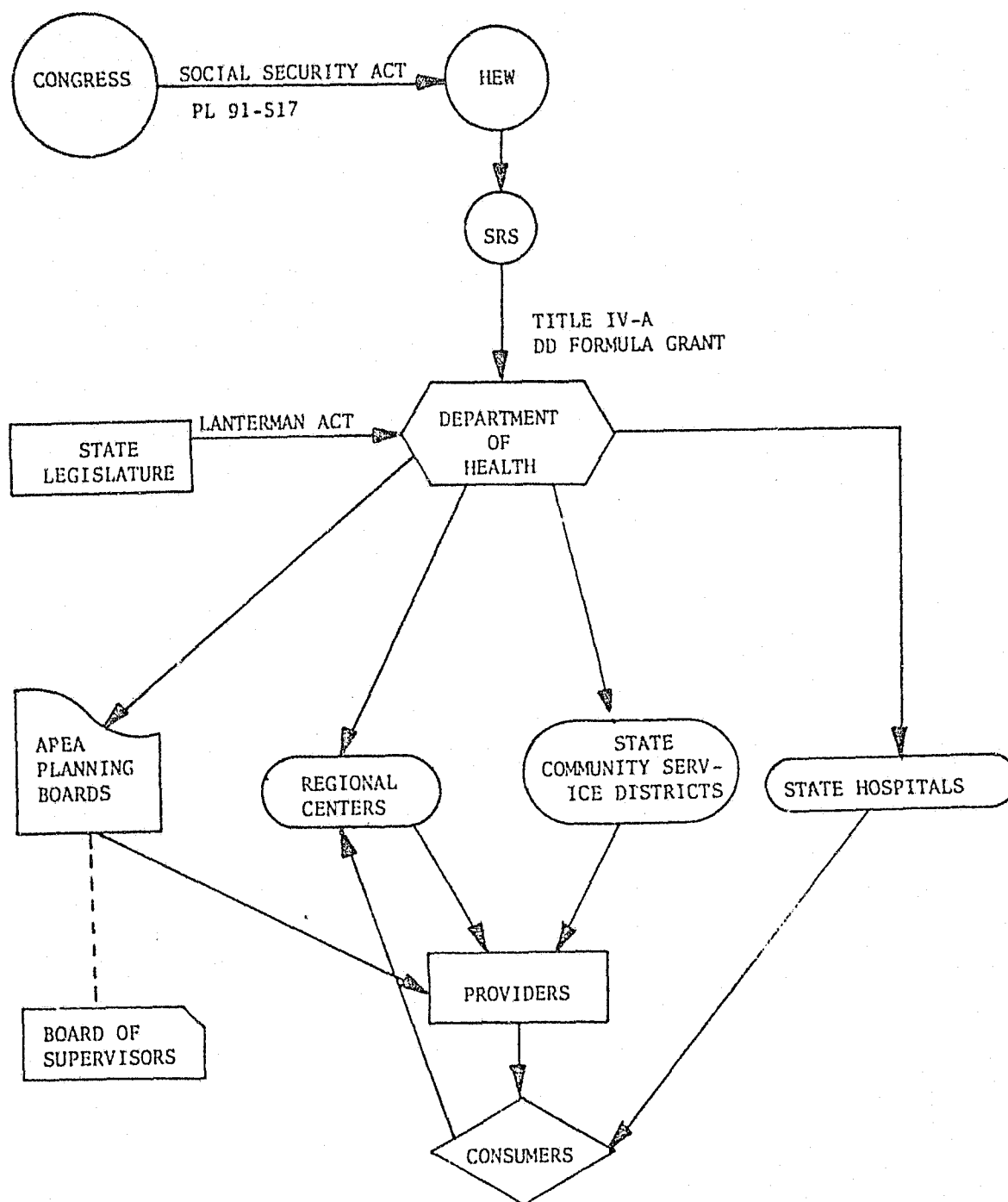
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EXHIBIT VII

CRIPPLED CHILDREN SERVICES PROGRAM

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EXHIBIT VIII

DEVELOPMENTALLY DISABLED

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project grants of national significance. These projects are funded through the central office of RSA/HEW with both Regional Office and state review and comment.

In addition to funds available through P.L. 91-517, California also utilizes part of its Title IV-A allocation for support of developmentally disabled services. The Title IV-A and Federal formula grant funds are combined with state funds to support the three California developmentally disabled programs -- Regional Centers, State Hospitals, and the State Community Services Section (CCS).

The Regional Centers are nonprofit agencies with contracts with the State Department of Health to provide certain intake, referral and case management functions within a specific geographic area for developmentally disabled persons. The Regional Centers are entirely state-funded, with the exception of monies contributed through a family repayment program. The state hospitals for the mentally retarded are entirely state operated and funded, and provide inpatient services. The state CCS section provides placement and after-care services for the developmentally disabled (and mentally ill) through 47 field offices. In some counties, the Regional Center has assumed these responsibilities. In all other counties, the CCS field offices are a part of the State Department of Health.

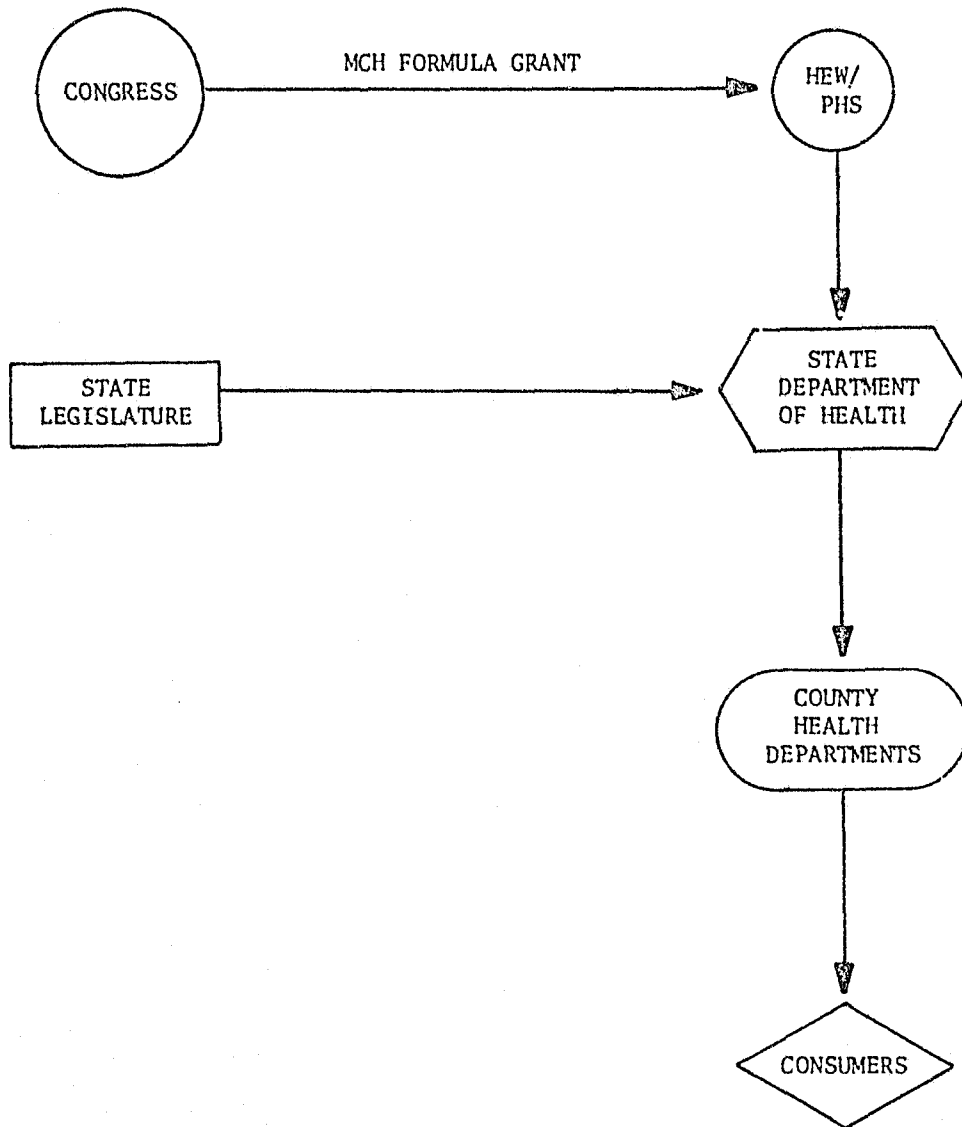
In addition to these programs, the state has implemented areawide developmentally disabled planning through the establishment of area boards. The area boards are appointed by the Governor and county Boards of Supervisors, and submit annual plans to the State Department of Health. The area boards have no operational responsibility, but do review and rank all applications for state discretionary funds for special developmentally disabled projects.

Maternal and Child Health

State maternal and child health programs are supported by Federal formula grants authorized by Title V of the Social Security Act. Upon submission to HEW and approval of a state plan, state health agencies are eligible to receive funds for maternal and child services. The state is required to match the Federal formula grant dollar for dollar. Title V also had authorized special project grants for maternity and infant care, Children and youth,

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EXHIBIT IX

MATERNAL AND CHILD HEALTH

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and dental health. However, discretionary funds for these three programs were phased into the formula grant as of July 1, 1974.

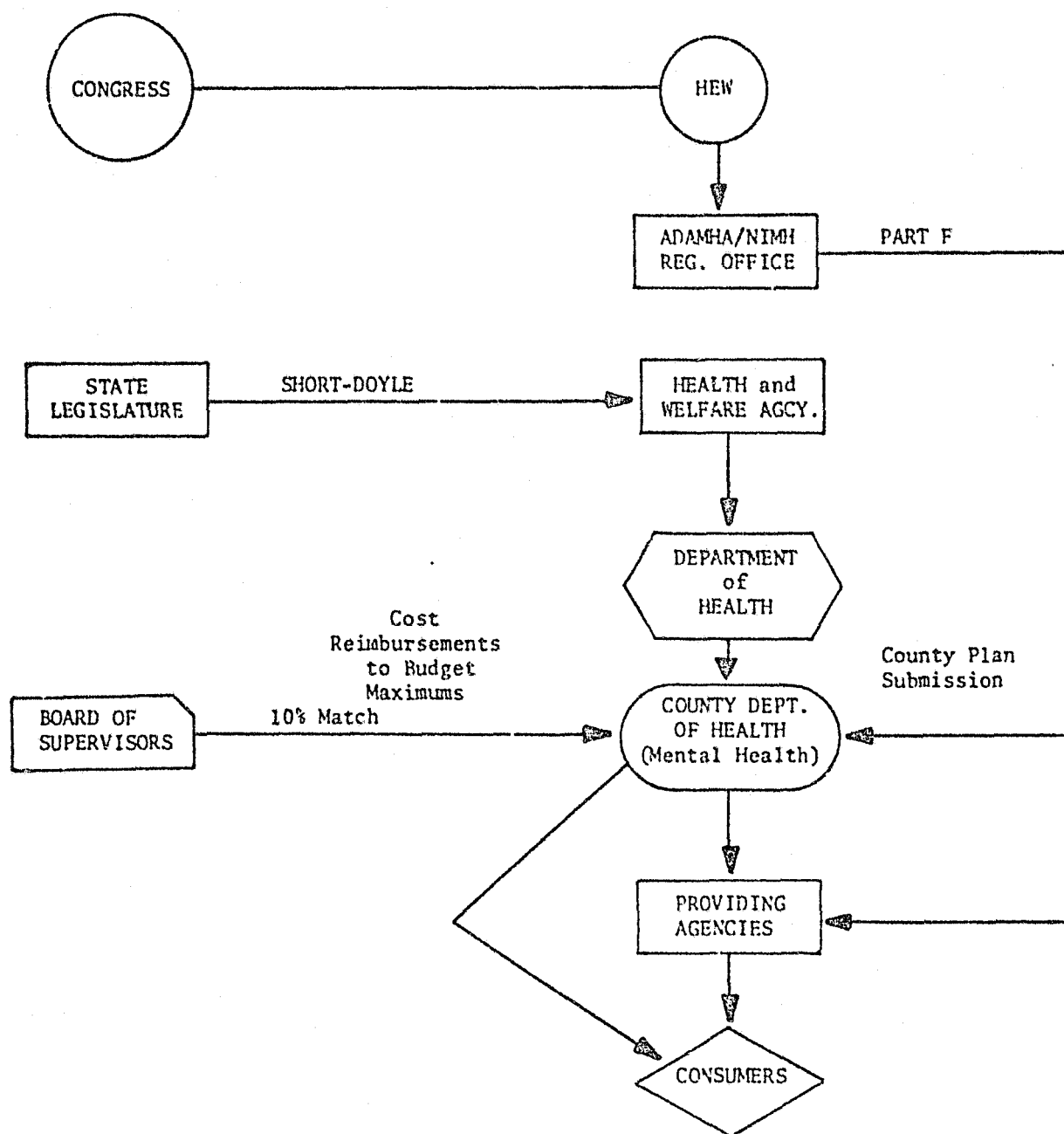
In California, the Family Health Services Section of the State Department of Health allocates limited funds to counties and special projects for maternal and child health services. At the county level, the departments of health or public health provide most of these services directly. Additional information on the California program of maternal and child health services was unavailable from the PHS Regional Office or the California Department of Health.

Mental Health Services for Children

Federal support targeted for local mental health services is contained only in the form of discretionary grants under the Community Mental Health Centers Act, which funds local public and non-profit agencies providing mental health services. Other services for mental health may be indirectly supported by such Federal programs authorized by Titles IV, V, and XIX of the Social Security Act, general revenue sharing, drug and alcohol services, and support of services to the developmentally disabled.

Part F of the Community Mental Health Centers Act authorizes direct project grants to existing community mental health centers, or to public or non-profit agencies affiliated with such centers, to provide mental health services for children. Local matching requirements vary from 10 to 30 percent at the outset, and increase to as much as 90 percent over the life of the grant. Applications for funds are often coordinated with county mental health agencies, and must be reviewed by the ADAMHA Regional Office. There are no client eligibility restrictions.

California community mental health services are supported by the Short-Doyle program, which is a state-mandated, county-operated program with a 90% state/10% county funding ratio. At the county level, Short-Doyle funds are often used in conjunction with community mental health center grants, Part F grants, and state Medicaid funds. The California Department of Health establishes eligibility standards and fee schedules; county agencies must submit an annual program plan. Services may be provided directly

MENTAL HEALTH SERVICES FOR CHILDREN

by the county health or mental health agencies, or through other providers participating on a contract basis. Services to children are encouraged, but not required under the Short-Doyle program; however, most county programs do offer some special services for children.

Issues

From the interviews and research conducted during the project, a few major areas of concern could be generalized from specific program problems. Because of the limitation of program coverage mentioned above, the statement of concerns and problems below should not be considered as an exhaustive statement of the issues in child health, but rather as indicative of the types of problems facing child health programs at this time.

General Issues

1. There is universal concern among deliverers that health services, in fact all social services, to children are not delivered in a coordinated, or integrated fashion. Working relationships of varying degrees of effectiveness do exist among programs, and an awareness of other programs is evidenced by referral relationships between agencies. However, there is general agreement that some children do not receive service, and many receive limited, and less effective service because of the numerous different agencies involved. Three of the major causes of this problem are:
 - a. *Absence of clear responsibility for delivery of health services to children, particularly those children potentially eligible for more than one program.* As a result, agencies often disagree over who shall treat the child. In the Developmentally Disabilities/Mental Health areas a child might be eligible for CCS, Short-Doyle, State Community Services or Regional Center payment as well as being covered by Medical or probation. In many counties, agencies view each other as having primary responsibility for treatment, and many cross referrals are made before the child receives care. In some cases, program regulations require that the child must be referred to other programs before receiving treatment.

- b. *Uniform or even coordinated client eligibility standards do not exist among child health programs. This causes confusion among parents and staff over the eligibility of the child for various programs to which he or she might be referred. Furthermore, uncoordinated fee schedules do not take into account the total family resources and repayment obligations.*
 - c. *Different categorical programs have set different provider reimbursement rates for similar services, causing competitiveness between agencies. This situation is particularly true for institutional placement of children, where the state sets one rate for Regional Centers and CSS, Short-Doyle authorizes a different rate, and county probation and welfare departments utilize still different rates. A similar situation occurs with provider reimbursement rates which differ between MediCal and Crippled Children Services. The result is that certain children, with similar needs, are denied service due to their referral sources.*
- 2. The closure of or deemphasis on state hospitals has created a shortage of community-based institutional care, particularly for adolescents. Budget restrictions have forced the state to deny funds for the construction of new such facilities in communities and the institutional reimbursement rates authorized by the state are not high enough to support development of private facilities. Conflicting state program regulations on the utilization of such facilities has inhibited joint program planning and operation for institutional care and the sharing of facilities.
- 3. Though the problem is beginning to be resolved, some Federal discretionary grants are still not coordinated with local agencies responsible for service delivery. Particularly in the developmentally disabled and substance abuse program areas, local planning and delivery agencies do not have the opportunity to become aware of, or review and provide comment on, grant applications to Federal agencies for local service delivery. Thus, projects are sometimes funded that duplicate existing programs or do not conform to local plans or needs; such practice contributes to an inefficient use of resources in the county, and undermines local planning processes.

4. County service departments are generally not included in the planning and allocation decisions for general revenue-sharing funds by the CAO or the Board of Supervisors. Often service projects are funded by county Boards of Supervisors with general revenue-sharing funds without a review of that project by the appropriate county department. The net effect is similar to the practice described in #3 above; revenue-sharing projects often duplicate existing county services, thus further fragmenting services. In some instances, county departments are asked to assist and monitor revenue-sharing grants only after allocations have been made. In a few counties, the departments have been forced to re-design the revenue-sharing project after the grant is made in order to make the project consistent with county programs.

Developmentally Disabled Problems

1. There is a lack of a clear delineation of roles and responsibilities among agencies serving the mentally retarded/developmentally disabled. The Regional Center is viewed by other agencies as the primary agency responsible for case management, treatment, and payment for services for the mentally retarded. However, the Regional Center perceives its role primarily as a coordinator of care, and only secondarily as a purchaser of service. As a result, DD cases are often referred to the Regional Center by mental health, probation, welfare, and CCS only to be referred back because those cases are eligible for services from the referring agency. These cross-referrals are stimulated by budgetary concerns as well as a disinclination by some agencies to deal with the developmentally disabled.
2. Federal Developmentally Disabled discretionary grants are not reviewed by the area Developmentally Disabled Planning Boards. Since the area board is responsible for DD planning, these grants may be duplicative of existing programs funded through Regional Centers and other private providers, or not meet local priorities or needs. The number of funding sources in the Developmentally Disabled area (Federal discretionary, state discretionary, Regional Center) is viewed as wasteful by local agencies; most service providers would prefer a consolidated funding source.

Child Health Screening Problems

1. The California Child Health Disability Prevention (CHDP) program and the Mediscreen program under Title XIX are regarded as examples of the Federal and state governments mandating a program upon the county without sufficient funds to cover all the implications of that program. Though the EPSDT program was mandated by Congress in 1967, state adoption of EPSDT has been lax due to the fiscal impact of implementation. State concern over the potential diagnosis and treatment costs of Medicaid generated by the increased health screening activity of EPSDT effectively undermined HEW efforts to promote EPSDT until 1974. A similar situation exists with CHDP in California. Since CHDP does not provide funds for treatment of conditions discovered through screening, and no special, additional target funds have been designated under MediCal, county officials are fearful that county agencies such as county hospitals, will bear the brunt of increased demand for services to treat conditions discovered under CHDP.

2. The CHDP allows little flexibility in county administration of the program. Counties wishing to waive requirements or enforce stronger regulations have been unable to do so. Examples are the state requirement that a program director be a pediatrician, and the regulations governing the criteria on which a county must certify a CHDP provider. As a result, certain counties are behind schedule in CHDP implementation, and others are unenthusiastic about the program's potential for success.

Crippled Children Service Program Problems

1. There is an absence of well-defined working relationships between the CCS program, and other child health programs such as Regional Centers, MediCal, CHDP, mental health services for children, and maternal/child health services. Despite the presence of referrals between most of these agencies, there is a lack of a clear understanding among program staff (and State officials) on respective case management responsibilities, eligibility and repayment standards, report exchange mechanisms, and coverage of services.

Joint program planning and operations are nonexistent at either the State or county level. For example, despite the potential impact of the CHDP program on CCS (through referrals for diagnosis and treatment), close cooperation and planning is not evident between the two programs; the FY 75-76 CCS budgets do not reflect or mention the possible impact.

2. There is a potential Federal-State-County conflict in the limitation of State reimbursement of county administrative costs to 4.1 percent of total diagnosis and treatment costs. This legislative limitation inhibits the county's ability to conduct casefinding, as county administrative expenses run approximately 15% of total service costs. In fact, the county conducts little, if any, casefinding. Yet the Federal formula grant requires that the State have a case-finding program; the State Department of Health has delegated that responsibility to the counties under administrative regulations. Good casefinding exists in many counties through the public health nurses, well-baby clinics (and CHDP in the future), but this does not satisfy the requirements of the Federal law.

Mental Health Services for Children - Problems

1. Determination of priorities for services to children are a source of continual conflict between the State Department of Health and county mental health programs.

State law (Sec. 5074.5 - Welfare and Institutions Code) states that it is the legislative intent to give special consideration for children's services in new or expanded programs. However, unlike priorities established for other areas such as drug abuse or alcoholism services, special funds were not designated for services to children. According to State program officials, many county programs have not developed services for children consistent with the statement of legislative intent. County program officials contend that inadequate funding and severe restrictions on new programs have inhibited the potential for development of children's services. The Auditor-General management review of the California

Community Mental Health System (February, 1975) revealed that many programs do not maintain adequate data to determine the level of service to children, and in those counties with such data, there is a general failure to expend funds for children's services in relation to the child population.

2. Despite the original intent of the Short-Doyle Act, county community mental health programs are becoming increasingly state-supervised. Due to the close-ended appropriation for the program, the State review is required of all new county programs or expansion of existing programs according to statewide priorities. State priorities change frequently, and often conflict with county priorities. Furthermore, this review requirement of new programs has caused extensive delays in the delivery of county services. County officials indicated that they were reluctant to operate new programs prior to State review because of the possibility of disapproval. The Auditor-General review of the organization of the Department of Health (March, 1975) noted that half of the county community mental health directors reported being unable to spend already allocated funds due to the practices of the State Department of Health. County directors interviewed indicated a strong preference to multi-year Short-Doyle allocations to ameliorate this situation.

V. CHILD JUSTICE

Federal Authorization/Funding

Currently, there are two primary sources of Federal aid that are utilized for juvenile justice programs:

- The Omnibus Crime Control and Safe Streets Act of 1968 (PL 90-351, as amended by two subsequent Crime Control Acts, PL 91-644 and PL 93-83) authorizes a variety of block grants that state and local governments use for juvenile justice programs. Title I, Part B of the Act authorizes planning grants to be used to establish and maintain a state planning agency for developing and administering a comprehensive state plan for statewide law enforcement and criminal justice improvement programs. Forty percent of the planning funds must be passed through to units of local government, i.e., large cities and counties. Title I, Part C, authorizes action grants for improving and strengthening the criminal justice system. The state planning agency receives the grant which may be utilized by units of state and local government, and by private non-profit organizations for juvenile justice programs. Title I, Part E, provides grants for the construction and maintenance of correctional institutions and facilities. Finally, the Omnibus Crime Control Act authorizes the Federal administrator -- the Law Enforcement Assistance Administration (LEAA) of the Department of Justice -- to make discretionary grants to state and local governments for programs that enhance national priorities established by LEAA.

- The Juvenile Delinquency Prevention Act of 1972 (PL 92-381) authorizes grants to states and local educational agencies and other public and private non-profit agencies to establish and carry out community-based programs, including programs in schools for the prevention of delinquency in youth. Grants are awarded by the HEW Office of Youth Development (OYD) to these agencies for the development and implementation of coordinated youth service systems -- training of personnel already employed or those seeking employment to work with youth, and providing technical assistance to organizations which operate delinquency prevention programs.

URBAN MANAGEMENT CONSULTANTS

The funding authorizations under this act were extended through the current fiscal year by the recently enacted Juvenile Justice and Delinquency Prevention Act of 1974 (PL 93-415). Under this statute, the programs funded by OYD will either be phased out or transferred to LEAA, which will administer new Federal resources to prevent and reduce juvenile delinquency, to divert children and youth from the juvenile court systems, and to increase the capacity of state and local governments and public and private organizations to conduct effective juvenile delinquency prevention programs.

State Administration

The Office of Criminal Justice Planning (OCJP) functions as the state planning agency under the Federal statutory requirements of the Omnibus Crime Control Act. OCJP has the responsibility to develop and submit an annual state plan to the LEAA regional office for review and approval. In developing the state plan, OCJP receives advice from the California Council on Criminal Justice and locally designed plans from twenty-one Regional Planning Boards established under state statute. The Regional Planning Boards consist of combined units of city and county government. LEAA block grant funding flows through OCJP and the Regional Planning Boards to units of local government (see chart). OCJP has authorized some private non-profit agencies to receive block grant funding, but only under local government sponsorship.

The State Department of Youth Authority administers state correctional facilities for delinquent youth. The Department also provides technical assistance to county probation departments, community-based youth service organizations and juvenile delinquency reduction programs. It administers and supervises the probation subsidy program within each county probation department and provides limited delinquency prevention assistance to local public and private community-based agencies.

Program Description

The juvenile justice system in California operates in three major programmatic areas: (1) juvenile delinquency prevention and diversion, (2) juvenile court proceedings for delinquent children, and (3) juvenile court proceedings for dependent children. The

programmatic thrust of the first area is to initiate programs for keeping children and youth out of the juvenile court system. Public funding is used for programs that help prevent children from getting into trouble (prevention) and for programs that offer an extra-legal alternative to the juvenile court process for those children who do get in trouble with the law (diversion). The second area involves children who become delinquents and are involved in juvenile court proceedings: arrest, adjudication, detention, probation, etc. The third area involves children who are physically abused or neglected by their parents or guardians and who become dependent children of the court, i.e., the court provides for their custody and care.

Prevention and Diversion Programs

Youth Service Bureaus (YSB)

Following the recommendations of the President's Commission on Law Enforcement and Administration of Justice,¹ many communities in California established Youth Service Bureaus, community-based centers to which juveniles could be referred by the police, the courts, parents, schools and social agencies for counseling, education, work or recreation programs and job placement. The primary target group served by YSB's are children and youth who local agencies feel are in danger of becoming delinquents. The secondary target group are those youth who seek help on their own volition. YSB's are sponsored by local county probation departments and other public and private non-profit service agencies. Federal aid from both the Omnibus Crime Control Act and the Juvenile Delinquency Act has been authorized for subsidizing YSB operations.

Juvenile Delinquency Prevention Coordination

State law permits county ordinance a County Delinquency Prevention Commission consisting of representatives of private agencies and citizens serving youth. The intent of such commissions is to coordinate youth development and delinquency prevention services, e.g., a school drop-out prevention program, a drug abuse treatment

¹ The Challenge of Crime in a Free Society, The President's Commission on Law Enforcement and Administration of Justice, U.S. Government Prints Office, Washington, D.C. 1967.

center, or a youth employment program, so that law enforcement, county probation, and school officials might divert children and youth away from the juvenile justice system.

Volunteer Programs

Most county probation departments and many local police departments have developed a program utilizing community volunteers to help children in trouble. Such volunteers -- often college students or police officers -- provide each child with individualized attention outside of the bureaucratic structure of law enforcement, school, juvenile court, or probation operations. Volunteers provide an invaluable resource outside of the juvenile justice system for the prevention, diversion and rehabilitation of juvenile delinquents.

Probation Subsidy

In 1964, the State Board of Corrections carried out the fourth statewide study of probation (prior studies had been conducted in 1948, 1957, and 1961) to update data and identify critical problems in this service. The study made several recommendations, but the most important was to "reduce the rate (not necessarily numbers) of commitments to the State Correctional facilities."

The study states that

"Intervention by the State, to be truly effective, has to consider a support program designed to reduce probation workloads, encourage training, improve local facilities for the treatment of juveniles and adults, and last, to promote community programs of delinquency and crime prevention."²

Based on this recommendation, SB 822/65 was promulgated and enacted, establishing a state-financed probation subsidy program.

² The 1964 Board of Corrections Probation Study, Sacramento, California, September, 1965, p.12.

Under the subsidy program, county superior courts and probation departments are encouraged to reduce the rate of juvenile and adult commitments to state detention facilities in return for a probation subsidy payment that is commensurate with the degree of reduction they achieve. Thus, a greater reduction of county commitments to state facilities is rewarded by a higher state probation subsidy rate. The probation subsidy program, then, is based upon a performance principle whereby the state pays the county for the results it achieves in reducing commitments in proportion to the extent of achievement. The funds to pay for this subsidy program come from the saving made by the state as a result of reduction in commitment to juvenile and adult facilities.

The program also provides for special probation supervision with a maximum caseload of forty per probation officer. Funds are available for staff training and innovative youth development services.

Court and Probation System

Definitions of Delinquency

California law does not define the term "delinquency", but describes two categories of forbidden behavior by juveniles under eighteen years of age which authorizes intervention by law enforcement and/or the courts. (California Welfare and Institutions Code, Sections 601-602).

The primary category of delinquent behavior is for any youth who commits any act that would constitute a crime if done by an adult:

Section 602: Any person who is under the age of 18 years when he violates any law of this state or of the United States or any ordinance of any city or county of this state defining crime or who, after having been found by the juvenile court to be a person described by Section 601, fails to obey any lawful order of the juvenile court, is within the jurisdiction of the juvenile court, which may adjudge such person to be a ward of the court.

The second category of delinquency is for those youth who, although they may not have violated any law or ordinance, exhibit unmanageable behavior:

Section 601: Any person under the age of 18 years who persistently or habitually refuses to obey the reasonable and proper orders or directions of his parents, guardian, custodian, or school authorities, or who is beyond the control of such person, or any person who is a habitual truant from school within the meaning of any law of this state, or who from any cause is in danger of leading an idle, dissolute, lewd, or immoral life, is within the jurisdiction of the juvenile court which may adjudge such person to be a ward of the court.

This includes many acts which would not be considered illegal if committed by adults, e.g., being truant, violating a curfew, or running away from home.

Recently the conditions for making a "601" designation for habitual truancy and misbehavior in school have been changed as a result of SB 1742/74. This law calls for the creation of School Attendance Review Boards (SARB) at the county and local school levels to oversee the problems of truancy and uncontrollable misbehavior. Subsections were added to "601" which require each SARB to review these problems prior to any referral to a county probation officer. If a SARB determines that public and private diversion services are lacking or if a youth fails to respond to the SARB's directives or services provided, he is then referred to the juvenile court and its offices.

County Juvenile Justice Administration

The California Juvenile Court Law (Chapter 133/09, as amended) established a juvenile court under the jurisdiction of the superior court in every county and provided for the creation of probation officers and assistant probation officers.³ A superior court judge

³ Report of the State Attorney General's Task Force on Juvenile Justice, January, 1975, p. 2.

presides over juvenile court and appoints the chief probation officers. Some counties, e.g., San Diego, have a single probation department that receives both adult and juvenile referrals; other counties, e.g., San Francisco and Santa Clara, have separate adult and juvenile probation departments. The operations of the probation department are supervised by the superior court judge, but fiscal management supervision resides either with the county administrative offices or with a supervisory agency, e.g., the Human Resources Agency in San Diego county.

A county juvenile justice commission exists to advise the county probation officer on ways to maximize the juvenile probation resources toward diverting youth away from the juvenile justice system and to utilize community and county resources for the rehabilitation of juvenile offenders.

County Juvenile Court/Probation Procedures

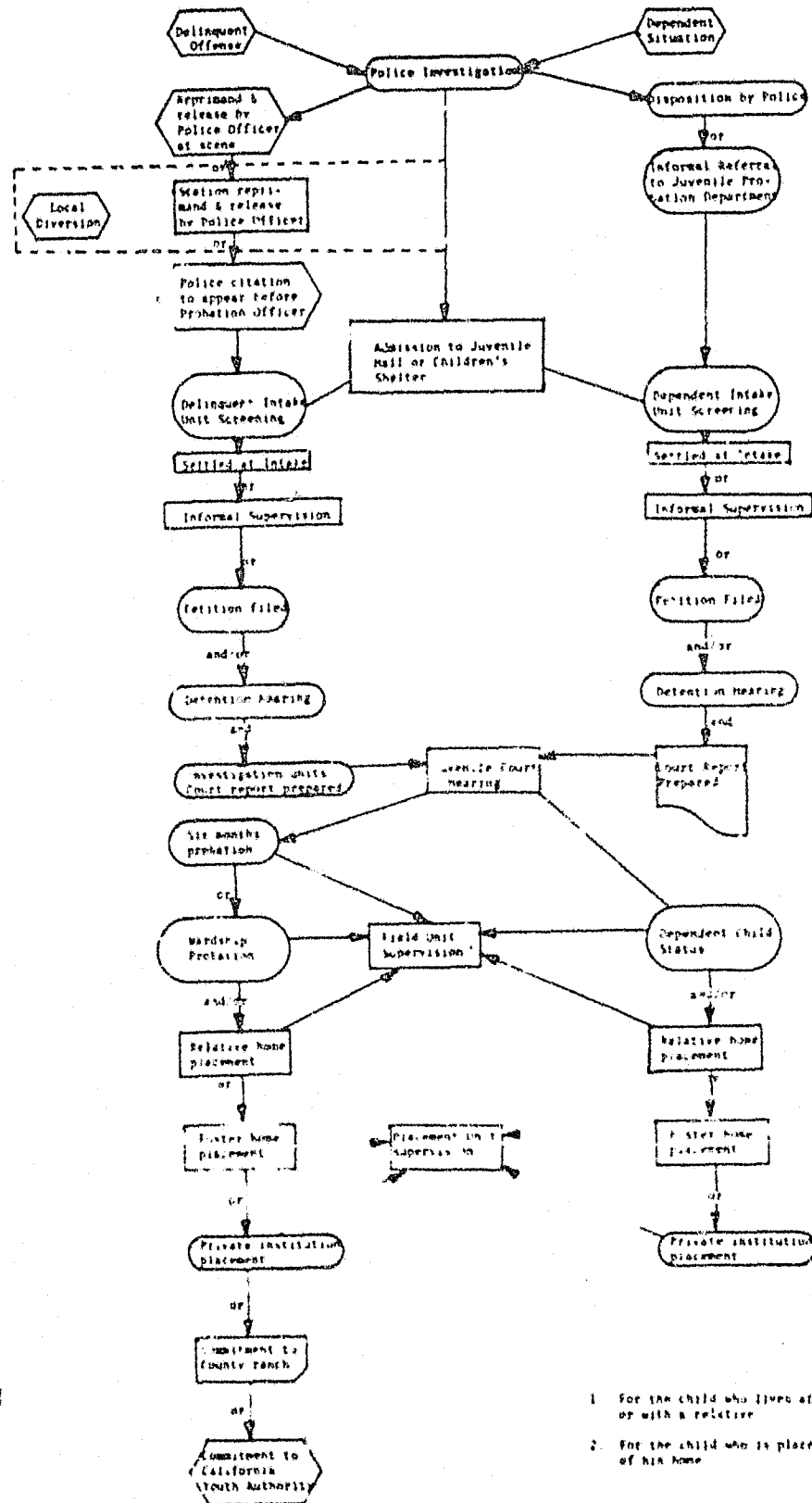
The first course of action for a child in trouble is to try to keep him out of the juvenile justice system through referral to youth service agencies outside of the system. If this is not possible, a law enforcement officer may either send the child to the custody of the juvenile hall or refer the child to a county probation officer. (See "Flow Chart of Minor Through the Juvenile Court Process.")

Detention of a minor in juvenile hall is limited to 48 hours (non-judicial days excluded) unless a petition is filed and a detention hearing is conducted by the juvenile court. Rather than filing a petition, the county probation officer may place the child on informal probation (Section 654 of the California Welfare and Institutions Code) with the consent of the child's parents. Such a child remains at home under the supervision and counseling of the county probation department. The county probation officer reserves the right to file a petition with the court at any time he feels the child is not benefiting from informal probation.

If, as a result of a detention hearing, a child is sent back to the custody of the juvenile hall, there must be another juvenile court hearing within fifteen days to determine the disposition of his case. At the hearing, the law enforcement officer, county probation officer, or other such adult, e.g., school

FLOW CHART OF WIROR THROUGH THE JUVENILE COURT PROCESS

7.3



1. For the child who lives at home or with a relative
2. For the child who is placed outside of his home

official, welfare worker, or parent who filed a petition before the court must prove beyond reasonable doubt supported by evidence, e.g., criminal court, that the child has violated a law (602) or has misbehaved beyond control (601) requiring court sanctions.

The juvenile court judge may exercise a variety of options in disposing a petition from complete dismissal to long-term commitment of a child in a State Youth Authority detention facility. If the youth is over 16 years old, the judge may remand the case to adult court when he feels that the minor cannot benefit under the provisions of the juvenile court.

The Juvenile Court Procedure for Dependent Children

The third major programmatic area of the juvenile justice system involves the judicial process for abused and neglected children who may be subsequently declared dependent children of the court. Section 600 of the California Welfare and Institutions Code describes the dependent child category.

Section 600: Persons within jurisdiction of court. Any person under the age of 18 years who comes within any of the following descriptions is within jurisdiction of the juvenile court which may adjudge such person to be a dependent child of the court.

- a) Who is in need of proper and effective parental care or control and has no parent or guardian, or has no parent or guardian willing to exercise or capable of exercising such care or control.
- b) Who is destitute, or who is not provided with the necessities of life, or who is not provided with a home or suitable place of abode.
- c) Who is physically dangerous to the public because of a mental or physical deficiency, disorder or abnormality.
- d) Whose home is an unfit place for him by reason of neglect, cruelty, depravity, or physical abuse of either of his parents, or of his guardian or other person in whose custody or care he is.

Investigation and Intake:

Any person may report a suspected case of child abuse or neglect to the county health and welfare department or to the local law enforcement officials and remain immune from criminal or civil liability (California Statute Chapter 1151/73). Cases of child abuse and neglect are often reported to the child protective services unit within the county welfare department. A child protection service worker can investigate certain complaints; however, reports of alleged physical injury to a child or molestation may not be investigated by a social worker in protective services, but must be investigated by a police officer and/or staff from the dependent children intake unit depending on the county. If a police officer finds the child in danger, he is required to remove the child from the home and to activate a "600" petition. Some parents will allow a child protective worker to remove a child threatened by abuse or neglect from his home and to place the child in a county shelter facility or emergency foster home. This voluntary procedure is often conducted without any involvement of law enforcement personnel. The case, however, must be reported to and recorded in a central registry for child abuse and neglect cases which the California Department of Justice maintains.

Incidents arise, however, when a parent does not permit child protective workers to take an abused or neglected child into their care. In such instances only a probation officer, dependency staff member or a police officer is permitted to remove a child from his home without parental consent. Children who are forcibly removed are sent to either a county welfare or a county probation shelter facility. A wide variety exists from county to county regarding which county department is responsible for investigation and intake of abused or neglected children). As in the case of a youth arrested and detained for delinquency, an abused or neglected child cannot remain in a county shelter facility against the will of his parents for more than forty-eight hours (non-judicial days excluded) unless a petition is filed to make the child a dependent of the court.

Informal Supervisions

As we mentioned earlier under juvenile delinquency, Section 654 of the California Welfare and Institutions Code allows the county probation officer to handle and supervise a case informally in lieu of filing a petition with the court. With the

consent of the parents and the juvenile court, an abused or neglected child may be placed by the probation officer in subsidized out-of-home care for up to seven days before a "600" petition is required. The officer may also supervise the child under his parents' care at home.

Detention Hearing

When a petition is filed with the juvenile court, there must be an initial hearing by the juvenile court judge to determine the need, if any, to detain a child pending adjudication (trial). The court must find an "urgent and immediate" necessity for detention; otherwise, the child must be released to his parents. If the court finds that there exists a need for detention, the child cannot remain more than 15 judicial days within a county shelter, during which time the trial phase of the case must proceed.¹

Jurisdiction

During the jurisdictional phase, the petitioner must prove beyond reasonable doubt, that the child has indeed been so abused or neglected by parents that the court should place the child under its custody and/or care.

Disposition Hearing

If the juvenile court judge declares a child a dependent of the court, a third hearing must result to determine how the

¹ Chapter X, California Children: Who Cares?, a progress report on the California Symposium on Services to Children and Youth, Assembly Office of Research, California Legislature, Sacramento, March, 1974.

case is to be disposed. At this hearing, the judge may decide to allow the child to be kept at home with his parents under court supervision or he may order an out-of-house placement of the child within an institution or foster home.

Placement and Supervision

Depending on the county, either the county welfare department or the county probation department operates a placement and supervision unit for dependent children. The trend within California has been to transfer the responsibility of dependent children out of probation into welfare in order to allow for Federal financial aid which is only available through welfare, i.e., Federal AFDC Boarding and Institutions aid and Title IV-A social services for judicially placed children.

Issues

Under the heading of Child Justice we have sought to identify current issues facing the juvenile court as they relate to services provided by the county probation department, welfare department, mental health facilities, and school system. Juvenile delinquents are included under this heading, as well as children with behavioral problems and children who have been abused, neglected or abandoned (dependent children).

General Issues

1. The legal categorization and definition of children falling within the legal jurisdiction of the juvenile court system is so broad and overlapping that it creates the potential for violating a child's constitutional right to due process under law. The legal categories for children processed by the juvenile court and its officers are found in California's Welfare and Institutions Code, Sections 600-602. They are so broad, vague and overlapping that their meaning is left up to the subjective interpretations of the juvenile court and the court's agency personnel. There exists no legally bound system for citing and sanctioning children for specific violations they may have committed. In lieu of such a system, children are labeled according to the

code section that appears to apply to their situation (e.g., a "601" child or a "602" child).

Generally a child who violates any city, county, state, or Federal statute for which he would be prosecuted if he were an adult is classified as a "602" delinquent. A child who may not have violated any law but is considered unmanageable by parents, school officials, or law enforcement officers is classified as a "601" status offender. If a child is found abused, neglected, abandoned, deprived, or destitute or if he is "physically dangerous to the public" or lives in an unfit home, he may be placed under the care and custody of the juvenile court as a "600" dependent child.

The distinctions between these classifications are sufficiently vague that a "600" physically abused child with emotional problems, for example, might later be considered so unmanageable as to be reclassified 601; if he repeats his unmanageable acts, he may be reclassified to "602" delinquency and be sent to a youth detention facility. Judgments based on these unbounded definitions of delinquency may violate a child's rights to the presumption of innocence and to equitable treatment under law.

2. County juvenile justice staff feel that the juvenile court system is inappropriate for the adequate rehabilitation of "601" children whose actions are beyond the control of his parents or school officials. The majority of county officials we interviewed felt that the juvenile court system seldom helped "601" children and more often impeded their opportunity to receive help from other agencies, such as mental health, by entangling them in the judicial system. Some county employees advocated the elimination of the "601" category altogether, while others felt it should be redefined more specifically with certain stipulated services to both the child and his parents. The recently enacted Juvenile Justice and Delinquency Prevention Act of 1974 (PL 93-415) requires that states develop an alternative system of services to status offenders outside of the juvenile justice system by September 7, 1976.

CONTINUED

1 OF 2

3. There exists a need for development of an appropriate state system to separate "601" children in detention from the "602" delinquent children. Many experts told us they feel juvenile hall becomes a training school in crime for "601" children who have committed no crime but are placed in detention with "602" long-term juvenile delinquents. Adequate funding for totally separate facilities for 601, 602 children, however, presents a problem.
4. Some county youth services staff feel that the resources for juvenile justice are misdirected toward the detention and rehabilitation of youth offenders, rather than toward programs for the prevention and diversion of youth away from criminal activity. This philosophical difference requires further controlled, carefully evaluated demonstrations to determine if prevention program expenditures reduce detention populations and costs commensurately.
5. The juvenile justice system is presently detached from local youth services programs and also needs to be better integrated with the community. Juvenile justice staff and community representatives both expressed the opinion that many youth offenders should be housed and receive rehabilitation services within their own communities. Rehabilitation is more likely to occur if the youth is able to maintain ties with his family and community. Traditionally, juvenile justice officials have maintained a low profile with the community. A need exists for more community involvement in assisting delinquent youth.
6. There exists a need for coordinated planning between the juvenile justice system and the many state agencies serving youth. We found, in the course of our broadbased investigations, that staffs in virtually all youth programs (including justice) agreed that failures in individual service programs very often lead youth to encounter the justice system. Thus, if services to youth -- particularly pre-adolescents and teenagers -- were better coordinated, a greater preventive effect might be gained at no increased funding. Presently, each state youth program develops an individual operating plan with no requirement to identify how it will interface with or receive from or give support to other agencies serving the same client. There exists no central point for obtaining information about all youth services agencies, nor are they coordinated to share common information and data needs. Further, no similar process exists at the county level.

7. There exists a need for interagency training programs at the county level for public and private youth services agency staff. The coordination of county youth service resources with the justice system cannot readily occur unless and until the staffs of all youth service agencies know exactly what resources are available, from whom, and how each program functions.
8. Law enforcement staffs need to receive training on how to divert juvenile cases. Occupying a critically important point in delinquency prevention and control, the police are usually the first point of contact between juveniles and the system. The police officer has discretion in the handling of every case. He can reprimand and release, take the youth home, refer to a diversionary program, cite, or take him to juvenile hall. Youth who might be referred to a diversion program or released home are cited or detained because the officer has not been given sufficient knowledge of available resources and an understanding of the alternatives at his disposal.

Sentencing Alternatives

1. There is a general lack of dispositional alternatives and resources available to the court. Each of the counties studied expressed a need for real alternatives to incarceration for first offenders "602's" and "601's." Also, more foster homes, etc., are needed for temporary detention and for the placement of dependent and neglected children (600) and for those delinquent children who need non-institutional care and training.
2. There is a need for more extensive neighborhood-based rehabilitative services for delinquent and misbehaving youth. County youth workers felt that juvenile hall and other types of detention facilities have little or no therapeutic value in rehabilitating delinquent youth. Rather, they may provide training grounds for further and deeper kinds of criminal behavior. Peer pressure increases as youth are crowded in juvenile detention facilities, lessening the chances that young offenders can be reached by the efforts of rehabilitative staff. There exists a need for small group and individual therapeutic arrangements within neighborhood-based centers and half-way houses. Some youth workers felt that the staff of such centers should not be employees of the

county or state juvenile justice system because youth offenders felt threatened and alienated by the system. In the area of drug abuse, it was felt that youth with drug-related offenses should be treated and housed separately from other "601" and "602" youth. Job finding services and counseling from community volunteers was also an expressed need.

Dependent Children

1. There is a need to divert children from being declared "600" cases by providing more resources for their voluntary placement and care outside of the juvenile court system. Children who are placed in foster care with the voluntary consent of their natural parents are maintained in foster care through state, county and/or parent funds. Federal funding for foster care is not available for voluntary placements, but rather for children who the juvenile court orders to be placed in foster care. This restricted use of Federal subsidies tends to influence an increase in court-ordered placements to take advantage of Federal funding. County social workers argue that they rather than the courts should be allowed to authorize the use of Federally subsidized foster care when appropriate. If Federal subsidies were available for the voluntary foster care of abused and neglected children, then it would lessen the burden placed upon the juvenile court and would increase the likelihood that the child would not become entangled in the juvenile justice system. (For a further discussion of this issue, see #2 of the Child Welfare Services section.)

2. There is no clear directive from the state as to the county welfare department's role in the care of dependent children of the court. Problems of coordination have arisen in those counties where the responsibility for "600" children is divided between probation and welfare. Because of the financial considerations, some counties have shifted the entire responsibility for "600" children to welfare, but some, such as San Diego, give welfare the responsibility for placement and care of "600" children, while probation retains the responsibility for investigation and intake. The latter function is often duplicated by, and is in conflict with the actions of the child protective service staff within welfare.

Mental Health, Education
and Social Services

1. There are very few services available to delinquent youth with mental or emotional problems. Aside from the problem of overburdened local mental health services due to the recent transfer of mental patients out of state hospitals and institutions, there exist few mental health outlets for county juvenile court use. The most likely facility would appear to be the Community Mental Health Centers (CMHC) created by the Short-Doyle program; however, Short-Doyle funds may only be used for families who volunteer for such services. As wards of the court, delinquents do not qualify as volunteers.

2. There is a lack of coordination between the goals of the school system and those of the juvenile justice system. Truancy, failure in school work, misbehaving in school are a major cause of youth entry to the juvenile justice system. School systems are the "sorting house" for youth and children.

Even though the behavior problems that appear in school usually reflect inadequacies in family and community background, there exists a need for schools to develop more creative responses to misbehaving students than utilizing the juvenile justice system. Creative responses, however, require special resources that the school system cannot afford within the constraints of its budget. A more coordinated effort with existing outside resources -- e.g., probation, mental health, etc. might provide schools with the flexibility needed to respond to student misbehavior. A positive step toward resolving the problem of student misbehavior and truancy was the enactment of SB 1742/74. This Act authorizes the development of interagency Student Attendance Review Boards (SARB) for the county and local areas. The development of SARB's is supervised by the county superintendent of schools. Local SARB's may cover an area greater than, equal to or less than a local school district jurisdiction depending upon the needs of the schools involved. Each SARB develops its own action plan and coordinative mechanisms.

Other

1. There exists a statewide need for the recruitment, retention and upgrading of minority personnel within the juvenile justice system. County probation departments lack sufficient numbers of minority employees to work with and understand the problems of minority delinquents. A 1971 survey conducted by the San Diego Corrections Commission of twenty-four criminal justice agencies in the county showed that only 6% of the system's employees were minority personnel. Many potential minority applicants are not motivated to pursue careers in the juvenile justice field simply due to the lack of awareness that opportunities exist, or peer group or community resentment against the system. Others are employed and "passed over" or not treated well within the system and, therefore, leave for other fields.

VI. THE NEXT STEPS

The purpose of this report is to provide a documentation of issues for collaborative discussion and action by the governments, agencies, and client organizations concerned. The report is intended to present an overview of a very intricate, complex, and interrelated set of child services delivery systems and programs.

The reader will note that no recommendations are offered as to how these issues should be resolved. This exclusion was intentional and was requested by the funding agency (HEW). Our experience and theirs regarding the dynamics of intergovernmental relations has shown that real and lasting solutions to intergovernmental problems are best developed by the direct action of the agencies involved.

On the following pages we offer a series of charts for each functional area that classify the issues in this document and identify the levels of government involved. Each issue described in the report is listed in abbreviated form here, with the page on which it appears in detail. For each issue we have shown its classification based upon the consensus of persons interviewed during the study. The term "intergovernmental" used here refers to issues that involve two or more levels of government. The term "interagency" refers to issues involving two or more organizational units at the same level of government. Also classified under this heading are intra-agency issues, that is, problems manifested between units within a single agency, e. g., the State Department of Health or a county welfare department. In some cases an issue arises that is both vertical and horizontal in nature, and therefore has been classified both as "intergovernmental" and "interagency". "Budgetary" issues are self-explaining in that a constraint of funding is cited as the principal cause of the issue. We have attempted to use this classification sparingly so it does not overshadow the real issue by implying a simplistic solution, e. g., "if we only had enough money and staff we wouldn't have this conflict among our agencies".

"Philosophical" issues are those where there is genuine disagreement among governments or agencies over what focus a particular service should take. As one traces categorical funding from its legislative conception to its service provision, a number of cross-cutting philosophies often intervene as funds pass from one government to another. Such intergovernmental conflicts we have classified as "philosophical".

URBAN MANAGEMENT CONSULTANTS

The charts further suggest what level and/or which branch of government would be the most appropriate to resolve the issue. This is not to imply that an intergovernmental issue can be resolved solely by one branch or level of government but that a particular government entity, e. g., the state legislature or county administrative officer, should likely take the lead role in initiating intergovernmental action to resolve the issue described.

The charts on the following pages should only be used as a rough guide toward determining which issues are most appropriately addressed at what level of government. No attempt has been made to prioritize the issues listed. The task of setting priorities rests with the intergovernmental groups that are needed to discuss and resolve the issues. Through such intergovernmental discussion and deliberation a more profound articulation of these issues will arise. The steps involved in convening intergovernmental groups is fairly straightforward:

- First: There should be a convenor who can take the lead in bringing the most appropriate parties together to discuss the issue or issues raised.
- Second: The issues should be prioritized according to those in need of immediate resolution and according to the ability of the group to resolve them.
- Third: There should be a thorough review of resource materials that have previously addressed the issues under discussion. As an appendix to this report we have included a bibliography of such relevant and current research reports on children's services in California.
- Fourth: When the issue has been thoroughly defined to the satisfaction of all parties and a consensus of opinion arrived at, there will exist a need to propose detailed, specific solutions, strategies for carrying them out, and actions necessary.

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- Fifth: Unless there exists a vital need for its continuation, the intergovernmental group or task force should disband, allowing the individual participants to take the agreed-upon actions. The group's only purpose in continuing would be to review the progress of these intergovernmental activities or to resolve implementation difficulties as they arise.

CHILD WELFARE		CLASSIFICATION OF ISSUES									
		Philosophical	Intergovernmental	LEGISLATIVE			Interagency	ADMINISTRATIVE			Budgetary
				Federal	State	County		Federal	State	County	
No	Description										
	<u>STATE/COUNTY RELATIONS</u>										
1	State supervision and program assistance to counties (p. 16)		*	*	*			*	*O	*	
2	Funding of adult homemaker/chore services (p. 16)		*	*	*O	*		*	*	*	*
	<u>COUNTY INTERAGENCY ISSUES</u>										
	<u>Child Abuse & Neglect</u>										
1	Misdirection of current child abuse reporting law (p. 17)	*		*	*O			*	*	*	
2	Services for the protection of abused/neglected children & for rehabilitating parents (p. 18)		*	*	*O	*	*	*	*O	*	
	<u>Foster Care</u>										
1	Fragmented agency responsibility for out-of-home placements (p. 19)		*	*	*O	*	*	*	*O	*	*
2	Lack of agency intervention & planning for long-term foster children (p. 20)		*		*O	*			*O	*	
3	Continuity of services to foster parents & children (p. 20)		*			*	*		*	*O	
4	Recruitment & retention of licensed foster homes (p. 21)		*		*	*	*		*	*O	
5	Intercounty placement of foster children (p. 21)	*	*		*O	*O			*	*	*

Key: Type of issue/level of involvement = *

CHILD WELFARE (cont'd)		CLASSIFICATION OF ISSUES									
ISSUE		Philosophical	Intergovernmental	LEGISLATIVE			Interagency	ADMINISTRATIVE			Budgetary
No	Description			Federal	State	County		Federal	State	County	
6	Relationship of foster care & adoption services (p. 22)	*	*		*o	*	*		*o	*	
	<u>Adoptions</u>										
1	Extension of state subsidy to adoptive parents (p. 22)	*			*o				*		
2	Statewide ruling regarding notifying unmarried fathers of adoption proceedings (p. 22)		*	court	*o	court			*	*	
	<u>COUNTY/COMMUNITY RELATIONS</u>										
1	Accessibility of county personnel to clients (p. 23)					*o	*			*o	
2	Fragmented service delivery (p. 23)					*	*			*o	
3	Coordination of county welfare services and private sector (p.24)					*	*			*o	
4	Community & client involvement in planning (p. 24)	*		*	*	*o	*	*	*	*o	
5	Ethnic makeup of county staff (p. 25)		*	*	*	*		*	*	*o	

Key: Type of issue/level of involvement = *

CHILD CARE/PRESCHOOL EDUCATION		CLASSIFICATION OF ISSUES								
ISSUE		Philosophical	Intergovernmental	LEGISLATIVE			Interagency	ADMINISTRATIVE		
No	Description			Federal	State	County		Federal	State	County
<u>FEDERAL/STATE ISSUES</u>										
1	Duplicative state agency administration for child care (p. 40)	*		*o	*o		*	*	*	
2	Economic segregation of children (p. 41)	*		*o	*			*	*	*
3	Uniform reporting procedures for SDE/OCD joint funded programs (p. 41)		*	*	*			*o	*o	
<u>STATE INTERAGENCY ISSUES</u>										
1	Consolidated funding and management of child care (p. 42)	*		*	*o		*	*	*	*
2	Licensing fees (p. 42)				*o		*		*o	*
3	Uniform determination of client eligibility (p. 42)		*	*	*		*	*	*o	*
4	Multiple reimbursement procedures (p. 43)		*	*	*			*	*o	*
<u>STATE/COUNTY/COMMUNITY ISSUES</u>										
1	Need for a defined county role in child care (p. 43)	*	*	*	*o	*		*	*	*
2	State child care management information system for child care (p. 44)		*	*	*o	*		*	*o	*
3	Comprehensive statewide plan for delivery of child care services (p. 45)	*	*	*	*	*		*	*o	*

Key: Type of issue/level of involvement = *

Point of Resolution * o

CHILD CARE/PRESCHOOL EDUCATION (cont'd.)		CLASSIFICATION OF ISSUES									
		Philosophical	Intergovernmental	LEGISLATIVE			Interagency	ADMINISTRATIVE			Budgetary
				Federal	State	County		Federal	State	County	
No	Description										
4	Conflicting child care facility regulations and standards (p. 45)		*	*0	*0	*0 city		*	*0	.	
5	State compensation for county welfare licensing of family day care homes (p. 46)		*	*	*0	*		*	*	*	*
6	Economic effects of inflation (p. 46)		*	*0	*0	*	*	*	*	*	*
7	Lack of service continuity due to fragmentation of public and private resources (p. 47)		*	*	*	*	*	*	*	*0	priv.
<u>STATE/PROVIDER ISSUES</u>											
1	Lack of funding for program start-up cost and facilities (p. 47)			*0	*0	*		*	*	*	*
2	Parent fee schedule for child care (p. 47)			*	*		*	*	*0		*
3	State reimbursement and record keeping requirements (p. 48)	*	*		*0			*	*	*	*

Key: Type of issue/level of involvement = *

CHILD HEALTH		CLASSIFICATION OF ISSUES									
		Philosophical	Intergovernmental	LEGISLATIVE			Interagency	ADMINISTRATIVE			Budgetary
				Federal	State	County		Federal	State	County	
No	Description										
	<u>GENERAL ISSUES</u>										
1a.	Absence of clear responsibility for delivery of health services to children (p. 60)		*		*o		*		*		
1b.	Uniform, coordinated eligibility requirements non-existent (p. 61)		*	*	*		*	*	*o		
1c.	Competitive reimbursement rates for institutional care (p. 61)		*		*	*	*		*o	*	
2.	Shortage of community-based institutional care (p. 61)		*		*	*	*		*o	*	*
3.	Federal discretionary grants not coordinated with local agencies (p. 61)		*				*	*o	*	*	
4.	County departments not included in revenue-sharing process (p. 62)					*o	*			*o	
	<u>DEVELOPMENTALLY DISABLED</u>										
1.	Lack of clear definition of roles and responsibilities (p. 62)		*		*		*	*	*o		
2	Federal DD grants not coordinated with Area Boards (p. 62)		*					*o	*		

Key: Type of issue/level of involvement = *

CHILD HEALTH (cont'd)		CLASSIFICATION OF ISSUES									
ISSUE		Philosophical	Intergovernmental	LEGISLATIVE			Interagency	ADMINISTRATIVE			Budgetary
No	Description			Federal	State	County		Federal	State	County	
	<u>HEALTH SCREENING</u>										
1	CHDP, Mediscreen program mandated without funds for treatment costs (p. 63)		*	*0	*0			*	*	*	*
2	CHDP allows little flexibility in county demonstration (p. 63)	*	*		*0		*		*0	*	
	<u>CRIPPLED CHILDREN'S SERVICES</u>										
1	Absence of working relationships between CCS & other child health programs (p. 63)						*		*0	*	
2	Conflict over administrative reimbursements (p. 64)	*	*		*0		*	*0	*	*	
	<u>MENTAL HEALTH</u>										
1	Determination of priorities conflict between State/county (p. 64)	*	*		*0						
2	State-supervision contrary to Short-Doyle intent, creating delays in program (p. 65)	*			*0		*		*0	*	

Key: Type of issue/level of involvement = *

CHILD JUSTICE		CLASSIFICATION OF ISSUES									
		Philosophical	Intergovernmental	LEGISLATIVE			Interagency	ADMINISTRATIVE			Budgetary
				Federal	State	County		Federal	State	County	
No	ISSUE Description										
	<u>GENERAL ISSUES</u>										
1	Legal categorization of children (p. 77)	*	*		*O	*	*		*	*	
2	Rehabilitation procedures for "601" children (p. 78)	*			*O	*	*			*	
5	Separate facilities for "601" & "602" children (p. 79)	*		*	*O	*O	*	*	*	*	*
4	Redirecting juvenile justice resources toward prevention and diversion programs (p. 79)	*	*	*	*O	*O	*	*	*	*	*
5	Juvenile justice systems' lack of involvement with youth services programs (p. 79)			*	*	*O	*	*	*	*O	
6	Coordinated planning of state agencies with juvenile justice system (p. 79)		*	*	*O	*		*	*O	*	
7	County interagency training for youth service agencies' staff (p. 80)					*	*			*O	
8	Law enforcement staff training (p. 80)						*			*O	
	<u>SENTENCING ALTERNATIVES</u>										
1	Lack of dispositional alternatives and resources for the juvenile court (p. 80)			*	*O	*	*	*	*	*	

Key: Type of issue/level of involvement = *

Point of Resolution = O

CHILD JUSTICE (cont'd)		CLASSIFICATION OF ISSUES									
ISSUE		Philosophical	Intergovernmental	LEGISLATIVE			Interagency	ADMINISTRATIVE			Budgetary
No	Description			Federal	State	County		Federal	State	County	
2	Lack of neighborhood youth services (p. 80)		*	*	*	*	*		*	*O	*
	<u>DEPENDENT CHILDREN</u>										
1	When to utilize more voluntary placement resources (p. 81)	*	*	*	*O	*O	*			*	*
2	New state directive on co. welfare's role for care of dependent children (p. 81)	*		*	*O		*	*	*O	*	*
	<u>MENTAL HEALTH, EDUCATION AND SOCIAL SERVICES</u>										
1	Mental health services for delinquent youth (p. 81)		*	*	*O	*O	*	*	*	*	
2	Juvenile justice/school coordination (p. 81)			*	*	*	*	*	*	*O	
	<u>OTHER</u>										
1	Hiring and retention of minority personnel (p. 83)		*	*	*	*		*	*	*O	

Key: Type of issue/level of involvement = *

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APPENDICES

APPENDIX A

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APPENDIX B

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