

Riverside County Programs and Services for Children in Foster Care, Transitioning Youth, and Adults Under Conservatorship

Assessment & Recommendations

REDACTED PURSUANT TO PROTECTIVE ORDERS

June 2022

LARSON

555 South Flower Street, Suite 4400
Los Angeles, California 90071

Stephen G. Larson
Direct: 213.436.4864
slarson@larsonllp.com

Hilary Potashner
Direct: 213.205.2750
hpotashner@larsonllp.com

June 24, 2022

The Honorable Board of Supervisors
County of Riverside
4080 Lemon Street
Riverside, California 92501

Dear Supervisors,

In January 2018, the Nation learned that the 13 children of David and Louise Turpin had escaped captivity from a Perris home where they had been neglected, starved, and tortured by their parents. In the days that followed, Riverside County activated and deployed extensive services for the Turpin siblings—including law enforcement, social workers, medical professionals, teachers, therapists, foster parents, guardians, attorneys, and more. For the nearly four years that followed, the Turpin siblings continued to receive social services from Riverside County.

In October 2021, on behalf of the Board of Supervisors, Riverside County Executive Officer Jeffrey Van Wagenen retained and commissioned Larson LLP to assess the County's care of the Turpins, and more broadly, the services provided by the County to all children in foster care, transitioning youth, and adults under conservatorship.

Our first step in conducting this assessment was to vet and assemble a team of subject matter experts, including professors from UC Berkeley's School of Public Policy and School of Social Welfare, the UCLA School of Public Affairs, and Virginia Tech's Center for Gerontology. With our team in place, we began with a review of existing reports, court filings, and other germane documentation. We received the cooperation of the County Executive Office, County Counsel, Department of Public Social Services, Riverside University Health System - Behavioral Health, and the Office of Public Guardian, enabling us to review and analyze approximately 30,000 pages of records and pertinent documents.

In addition, we interviewed more than 100 individuals, including County personnel, stakeholders from partner agencies, and a subset of social services recipients as well as family members. We

also surveyed almost 300 staff members to obtain their feedback on the quality and availability of services as well as on workforce issues. The experiences and perspectives of County personnel and other stakeholders were essential to our understanding and assessment of how well these systems work to provide services to children and adults in need.

With respect to the Turpin siblings, we conclude there were many times over the last four years that they received the care they needed from the County. This was not always the case, however, and all too often the social services system failed them. Some of the younger Turpin children were placed with caregivers who were later charged with child abuse. Some of the older siblings experienced periods of housing instability and food insecurity as they transitioned to independence. Some of the Turpin siblings found it too difficult to access the funds intended for their use. Many were caught in the middle of confusing and complicated legal proceedings. When they complained about their circumstances, they often felt frustrated, unheard, and stifled by the system.

More generally, our systems-level analysis revealed other problems. For example, many Riverside County personnel, though personally and professionally committed to their work, struggle to fill gaps left by staffing vacancies and turnover. High caseloads stand in the way of consistently providing high-quality services and ensuring the safety and care for our most vulnerable populations. Many services and programs are underfunded and stretched far too thin. Coordination and communication across the departments must improve. The resources already available to the public must be made more accessible to the County's clients. These shortcomings are exacerbated by too few suitable foster care homes and a lack of affordable housing in the County. In short, while there are many examples of dedicated Riverside County personnel succeeding despite the systemic obstacles in their way, there are too many other examples of falling short or even failing outright.

In our report, we have made practical and actionable recommendations to improve outcomes for vulnerable children and adults under the supervision and care of Riverside County through a combination of policy, practice, and procedural changes. These recommendations strive to take into account the many policy constraints impacting the County and the reality that so many clients come to services from places of instability and trauma. As such, we believe our recommendations are achievable and, if implemented, will promote excellence in practice.

While several members of our firm have supported our investigation, the undersigned would like to particularly recognize Andrew Bedigian and Jonathan Gershon for their many contributions to this project.

We appreciate the County of Riverside entrusting Larson LLP to conduct this vital assessment. We look forward to discussing our findings and recommendations with the Board of Supervisors at its earliest convenience.

Sincerely,



Stephen G. Larson



Hilary Potashner

Table of Contents

| | |
|--|-----|
| Executive Summary | 2 |
| Part 1: Programmatic Reviews | 17 |
| Chapter 1: Introduction | 18 |
| Chapter 2: Children's Services Division..... | 22 |
| Workforce..... | 33 |
| Placements for Children: Kinship Care | 55 |
| Placements for Children: Foster Care | 59 |
| Placements for Special Populations | 79 |
| Services to Children and Families..... | 95 |
| Court-Related Services..... | 103 |
| Chapter 3: Office of Public Guardian | 114 |
| Staffing and Support of Staff | 119 |
| Funding..... | 132 |
| Client Placement | 137 |
| Supporting Client Choice and Voice..... | 143 |
| External Review, Outreach, Transparency..... | 152 |
| Interagency Coordination and Collaboration..... | 157 |
| Chapter 4: Appointed Counsel | 164 |
| Legal Representation in Juvenile Proceedings | 165 |
| Legal Representation in Conservatorship and Guardianship Proceedings..... | 173 |
| Chapter 5: Self-Sufficiency Programs | 183 |
| Chapter 6: Policy and Procedure Manuals..... | 204 |
| Chapter 7: Looking Ahead..... | 207 |
| Part 2: Turpin Children's Experiences in the Child Welfare System | 209 |
| Part 3: Turpin Adults' Experiences Under Conservatorship | 257 |
| References | 284 |
| Appendices | 303 |
| Recommendations | 592 |

Executive Summary

Part 1: Programmatic Reviews

Children's Services Division

The Children's Services Division handles child welfare services for the County, including investigating child abuse and neglect allegations and operating programs to promote the safety, permanency, and well-being of vulnerable children. The Division contracts for services with non-profit providers called Foster Family Agencies and collaborates with other county agencies and divisions to prevent and respond to child maltreatment. The Children's Services Division provides out-of-home care for children and youth in need of protection. It relies heavily on partnership with 68 Foster Family Agencies for placement and service provision. These agencies are responsible for all non-kin out-of-home placements, which constitute almost one-third (31.4%) of all children in out-of-home care.

Workforce

High staff turnover and vacancy rates at the Children's Services Division have reached a crisis point and are adversely impacting staff and service delivery. Social workers ensure the safety and success of children and families on a day-to-day basis. While not unique to Riverside County, the Division's high staff turnover and vacancy rates directly impact service delivery and quality. The Division's vacancy rate is approximately 40 percent, with an attrition rate of more than 30 percent for some of its most critical positions. This leaves remaining staff with less time to engage with families or to make careful, well-informed decisions. The additive impact of high vacancy and attrition rates hurts all aspects of service delivery and quality of care for highly vulnerable populations.

Inadequate compensation, overwhelming caseloads, and, insufficient support, particularly for new staff, are key drivers of the Division's high turnover rate. Average caseloads are more than twice California's minimum standards for child welfare social workers. The result is high levels of stress and burnout. Interviews with Division leadership show commitment to improving working conditions for staff and reducing the Division's turnover and vacancy rates. Success in this regard will require dedicated training and funding at all levels to transform the Division into a workplace in which staff are adequately compensated and feel supported and motivated to stay.

The Children's Services Division has taken steps to increase job satisfaction and reduce staff workload, including a recent 5.5 percent pay increase for social workers and supervisors, additional hiring for key positions, and a newly implemented continuous quality improvement process. While many supervisors provide strong support for staff, high rates of new and less

experienced staff require increased supervision and guidance, which has been especially challenging in the remote work environment resulting from the COVID-19 pandemic. This places an increased burden on both supervisors and existing staff.

Staff at the Children's Services Division are deeply committed to the children and families they serve and are passionate about social work, which motivates many to stay in their positions despite the challenges. However, few of our other recommendations pertaining to the Division improvement can be implemented without adequate staff. Sufficient staff is foundational to all other Division activity and quality improvement efforts.

Placements

Riverside County urgently needs more quality foster homes. Respondents raised concerns about the trauma children experience due to insufficient and inadequate placements, poor quality care, and frequent placement changes. Respondents reported that some children are out of school for long periods of time, rarely visit with siblings or birth parents, and have limited access to services. The need to increase the quantity and quality of foster parents warrants a county-wide initiative with engagement from multiple stakeholders.

The placement shortage for children with complex needs is acute. The County is designing and piloting models of care to meet these needs, but these options are urgently needed at scale. To minimize children sleeping in offices while awaiting placements, an Airbnb with 24-hour staffing accommodates some waiting children. **A center for short-term, transitional stays is urgently needed to accommodate children awaiting placement.**

The Children's Services Division should require more effective training for foster parents (also known as resource parents) and provide better ongoing support. The demands placed on resource parents are significant. The circumstances attendant to children's separation from their parents, the court and child welfare agency's involvement with their family, and the unique behavioral and emotional challenges posed by children who have experienced trauma create an exceptionally demanding care environment, referred to by some as parenting plus. Many resource parents lack the skills to handle challenging behaviors, which leads to requests that children be moved to another placement.

Given the crucial role of Foster Family Agencies in providing almost one-third of the County's foster care placements, **Children's Services Division's oversight and monitoring of Foster Family Agencies is a critical area in need of improvement.** We recommend this guiding principle for Division staff working closely with Foster Family Agencies: **trust, but verify. The Division needs to be able to trust their Foster Family Agencies, but they also need to verify the quality of their work.** We heard concerns from Division staff about the quality of placements these agencies provided as well as confusing decision-making about placement moves. Some respondents described incidents wherein Foster Family Agency staff

made decisions that were not in the best interests of the children they served. Through every step of the process—from designing contracts to monitoring performance—the Division must be in the driver’s seat.

Some Foster Family Agencies provide Short-term Residential Therapeutic Program treatment centers in addition to placements, foster care, and adoption services. According to Children’s Services Division respondents, Foster Family Agencies too often “reject and eject” children who pose special challenges leading to a situation in which top Division leadership must spend an inordinate amount of time and resources trying to accommodate children and young people with complex needs.

To make the best use of existing placement options, **the Children’s Services Division needs more efficient and effective tools for matching children with the right placement.**

The process for identifying available and appropriate foster homes relies on emailing with the 68 Foster Family Agencies contracted to provide a variety of placement types. Foster care placement software such as [Binti](#) is used in dozens of jurisdictions for efficient matching and to streamline foster parent onboarding.¹ Riverside County has been exploring Binti and other similar technology solutions but has encountered funding challenges. Bringing all parties together to implement a placement software tool would support the common goal of quickly identifying and supporting safe and effective placements for children.

Services for Families, Children, and Transition-Age Youth

Many services to families, children, and youth are under-resourced and stretched too thin. Wait times for services are long, some specialized programs have been paused or terminated, and many service providers are short-staffed. Riverside County is large and transportation to service locations is challenging for clients in remote areas.

County and community-based partners provide most of the needed services with Children’s Services Division oversight. Division leadership appears determined to work creatively with community partners to improve the service landscape. We encountered highly dedicated, knowledgeable, and seasoned professionals who are concerned about children’s physical and mental health and their educational needs, and who want to see access to services for parents and children improved.

Parents seeking reunification are offered community-based services to address the unsafe behaviors that led to the removal of their child. These parents often face difficulties such as substance abuse, domestic violence, mental health issues, poverty, and housing instability. Both federal and state law offer parents up to one year to participate in services to address these

¹ Binti, “Foster Care Software,” Accessed June 9, 2022.

challenges, as specified in their case plan. Accordingly, reunification hinges on timely access to high-quality services.

Our findings indicate that **services for parents often have long wait lists, virtual services are lower quality than in-person services, minimal services are available in remote communities, and services are often far from parents' homes.**

Mental health services for young people are inadequate. Problems included too few therapists, inexperienced therapists, and discontinuity in therapeutic care leading young people to opt out. Reasons for discontinuity included therapists leaving their jobs, children moving to different counties, and changes of insurance providers due to age or geographic moves.

Transportation is a barrier for clients accessing services, particularly for those in remote locations. In addition, caregivers sometimes struggle to find time to take children to all their appointments, especially foster parents caring for multiple children.

Additional services are needed for teens and young adults who will not be reunited with their parents to prepare them for independence. These young people must master an array of skills—from managing money to forming healthy relationships. They also need assistance accessing health care, education, housing, and other supports such as CalFresh. Many respondents emphasized the need for hands-on service connection, not just referrals to services. Others called for teen-friendly communication tools, such as a better Children's Services Division social media presence to alert young people to opportunities, deadlines, and resources.

Vital documentation, such as birth certificates, social security cards, and California IDs, is a critical need for young people moving to independence. We encountered concerns that **young people and resource parents are not receiving adequate support to obtain these vital documents.** We suggest that the Division track obtainment rates so performance in this area is better understood. This reform is necessary. Once identification documents are given to young people, many lose them during periods of homelessness or placement disruptions. Replacing these documents requires navigating a maze of bureaucratic entities, and not having them creates obstacles to obtaining employment, housing, and education.

Court-Related Children's Services Division Services

Social workers' presence in court has been limited since the pandemic began. If questions are raised that the counsel cannot answer, social workers are contacted by phone. Some respondents saw this change positively (e.g., social workers' time is better spent in the field). Others felt that social workers should be present to share important details of the case and to connect in person with concerned parties. Their presence may be especially helpful for

challenging or controversial cases. Respondents raised concerns that, too often, court reports are inaccurate or missing, causing delays and impacting child safety.

Key Recommendations Regarding Children's Services Division

We recommend that Riverside County and the Department of Public Social Services leadership take the actions listed below. Additional recommendations are provided in the body of the full report.

Workforce

Increase salaries to ensure parity with surrounding counties and Riverside's true cost of living. Provide annual cost of living adjustments for all staff.

1. Set caseload limits for all units based on California's legislative standards.
2. Expand the Department of Public Social Services' existing Employee Assistance Program to include peer counseling, mentoring, and an office dedicated to employee health and wellness. Staff comments suggest the current Employee Assistance Program should be made more effective, accessible, and responsive to staff needs for health and wellness.
3. Define core competencies across positions to guide the hiring process to ensure qualified hires and training that better prepares staff for the realities of the work.
4. Resume in-person induction and increase field training for new social workers.
5. Streamline the onboarding process for new hires.
6. Develop leadership positions without case-carrying responsibilities to effectively manage key initiatives such as oversight of Foster Family Agencies and the implementation of critical aspects of California's Core Practice Model and the Quality Parenting Initiative.

Placements

1. Increase County oversight of Foster Family Agencies through data monitoring, collaborative critical incident review, audits, and the creation of a new ombudsperson position.
2. Launch a county-wide effort to increase the number of high-quality foster homes for children whose parents and relatives are unable to care for them. Partnerships with Foster Family Agencies, County agency partners, community-based agencies, the faith community, schools, and the media will be required.
3. Create a family-finding unit dedicated to finding kin placements when children are initially removed.
4. Utilize Child and Family Team Meetings within 48 hours of a home removal to support rapid identification of kin placements and mandate that family-finding staff participate in these meetings.

5. Develop targeted, intensive efforts to improve the quality of care provided by resource parents. Efforts should include robust [Quality Parenting Initiative](#) implementation,² wraparound services, evidence-based parent training opportunities (e.g., KEEP—an evidence-based support and skill enhancement program for foster and kinship parents of children) and parent support groups.
6. Develop a receiving center for short-term transitional stays for children awaiting placement. Receiving centers give placement workers time to identify kin placements as well as to identify placements that best meet the needs of children. On-site mental health services and pediatrician assessment offices could help meet multiple needs at a single point of entry.
7. Assess the newly developed professional parent model, the Short-Term Residential Therapeutic Program (STRTP-of-one), to determine rapid scalability. This new model recruits caregivers from human service professionals and provides them salaries commensurate with the demands of the placements. Wraparound, in-home supports are included.
8. Create incentives for Foster Family Agencies to develop unconditional care policies.

Services for Children and Families

1. Create a plan to improve screening, referral, and enrollment systems under the Integrated Health and Human Services Delivery System effort, to ensure that all clients—and particularly birth parents and transition-age youth—are systematically connected to the full suite of services they are eligible to receive.
2. Identify missing or inadequate services and develop contracts for them. In particular, identify opportunities for expanded access to transportation for clients in remote areas. Provide access to rideshare or other private transportation resources.
3. Establish a funded County Youth Commission to recommend improvements for serving this population. Establish senior-level accountability for this working group.
4. Verify that identification documents have been obtained by requiring digital images of the vital documents be included in Court Reports and case documentation. Track performance of document obtainment. Provide young adults with tools such as [iFoster's digital locker](#) to retain their vital documents.³
5. Develop and use teen-friendly communication tools such as social media platforms to share information about services and programs. Develop a Teens and Young Adults web site with comprehensive resources and application links. Use email, text, and direct messaging for communications between the Division and youth.

² Quality Parenting Initiative, "QPI – Quality Parenting Initiative," Accessed June 6, 2022.

³ iFoster, "iFoster Tay Assistant," Accessed June 9, 2022.

Court-Related Children's Services Division Services

1. Selectively resume in-person court activities for social workers, prioritizing challenging or controversial cases.
2. Expand partnership with the Court Appointed Special Advocate program to increase the number of children assigned a Court Appointed Special Advocate volunteer.
3. Create courtroom and attorney-level access to the Comprehensive Child Welfare Information System with the development of the new Child Welfare Services Case Management System, Child Welfare Services - California Automated Response and Engagement System. Create a user category with the ability to view Child Placement, Service Plans, Notice, and Paternity, at a minimum.

The Children's Services Division needs a dedicated unit to implement the strategically-driven initiatives recommended in this report, and beyond. To this end, we recommend that the Division create a Strategic Initiatives Unit with a management or director-level position and personnel, without case-carrying responsibilities. The unit would implement initiatives such as Intensive Foster Care, Comprehensive Prevention/Family First Prevention Services Act, and critical elements of California's Core Practice Model including the Quality Parenting Initiative and KEEP. Core functions of the unit could include governance, infrastructure development, communications, service design, testing, and Continuous Quality Improvement for strategic initiatives. This shift would then free up the Contracts Unit to manage and audit contracts that are part of implementing the initiatives rather than managing the initiatives themselves.

Office of Public Guardian

Through conservatorships, the Office of Public Guardian serves between 1,200 and 1,300 vulnerable adults by managing their affairs and making vital decisions about their lives. Depending on the type of conservatorship, clients may be experiencing neglect or financial exploitation, cycles of crisis and medication for severe mental illness, and an acute need for housing and health care. By researching court cases, conducting an in-depth survey, and interviewing stakeholders, we assessed how well the Office of Public Guardian assists its clients in securing access to their rights, benefits, and entitlements.

Despite low staffing and an inadequate budget, Office of Public Guardian staff use flexibility and creativity to build care plans that aim to align with client wishes. **However, extremely high and complex caseloads, limited funding, and a lack of oversight put clients at risk** of having their needs go unmet and their rights unprotected.

Riverside County should seek ways to expand and leverage funding to reduce caseloads and improve service delivery. The Office of Public Guardian should establish basic oversight safeguards and a process to protect client rights and address concerns. Staff

carry exceedingly high caseloads, ranging from 98–113 cases per person—about 3.5 times the recommended standard of 30 cases per person.

The Office of Public Guardian is underfunded. Available County dollars have remained flat for the past five years, despite rising costs and inflation, and there has been no significant investment of state or federal funds. Demands on the Office will continue to increase as the County's population grows and the numbers of vulnerable adults and adults with disabilities rise.

Additional areas in need of improvement include:

- Probate restoration of rights is nearly non-existent.
- No transitional services are provided to adults whose rights have been restored.
- Office staff visit clients once every 90 days—which, while meeting minimum legal requirements, is an insufficient frequency to build trust and rapport.
- Only fourteen percent of clients live in their own homes. Others are in assisted living, board and care, nursing homes, and mental health facilities.
- The Office of Public Guardian lacks important mechanisms for public oversight and redress, such as conservatorship-specific clients rights policies and procedures, an advisory board, a publicly available annual report, and independent performance reviews.

While Public Guardian staff work hard to serve their clients, the Office of the Public Guardian severely lacks funding, staff, mechanisms to provide staff safety and support, adequate access to community-based housing solutions, and public oversight to provide accountability and preserve client rights. Our recommendations—with practical advice for implementation detailed in the full report—provide a realistic road map for addressing these insufficiencies.

Key Recommendations Regarding the Office of Public Guardian

1. Allocate funds for the probate section of the Office of Public Guardian to increase the number of deputy public guardians so that the recommended caseload of 1:30 is achieved as soon as is feasible.
2. Increase support for deputy public guardians in the areas of safety, training, administrative support, and workplace flexibility.
3. Improve collaboration with other agencies as part of the County's Integrated Health and Human Services Delivery System initiative.
4. Implement a systemic means of external review, public information, and outreach.
5. Strengthen client voices in decision-making through model staff practices and training, increasing the frequency of visits, attention to restoration of rights, and ensuring adequate access to legal counsel.

6. Develop a plain-language, readily accessible client satisfaction survey and have the survey administered annually by an unbiased outside entity.
7. Place clients in secure, high-quality residential settings, prioritizing community-based options.

Appointment of Counsel

Legal representation ensures that clients are afforded due process protections and that their rights are safeguarded. It ensures that clients have an advocate on their side, asserting their stated needs and requests in an effective manner. Accordingly, there are numerous California statutes mandating that the court appoint counsel in juvenile dependency cases and which permit, and sometimes require, that the court appoint counsel in guardianship and conservatorship proceedings.

To comply with these statutes, the Riverside County Superior Court contracts with attorneys to provide legal services to children and parents in juvenile dependency proceedings, and the Riverside Board of Supervisors contracts with an experienced law firm to provide legal services in guardianship and conservatorship proceedings.

Studies into appointed counsel in juvenile dependency cases have established that reductions in court-appointed attorneys' caseloads and increases in their compensation result in significant improvements in case outcomes for their clients.

Similarly, with respect to appointed counsel in probate proceedings, adjusting compensation to more accurately reflect the breadth of services rendered will support the provision of necessary legal services, especially as caseloads increase, as they are expected to in the forthcoming years. Accordingly, as an overarching matter, the feasibility of transitioning to an hourly compensation model should be considered by the County in consultation with experienced appointed counsel as a mechanism to support high quality legal work as the system is further burdened.

Key Recommendations Regarding Appointment of Counsel

1. Remove confusion regarding how appointed counsel in juvenile proceedings are compensated by revising appointed counsel's contracts to allow appointed counsel to invoice for the actual number of case appointments each month.
2. Impose a caseload limitation for counsel in juvenile proceedings that does not exceed the 141/188 threshold established by the Judicial Council of California.
3. Commission a study regarding caseload limits for counsel providing representation in probate cases, as scholarship on caseload limits for appointed counsel in probate proceedings is less developed and studied compared to juvenile dependency appointments.

4. Pay the Designated Firm in probate proceedings on an hourly basis for work performed on “extraordinary” cases.
5. Conduct a study to ensure that the current flat-fee rates for counsel appointed in juvenile dependency and probate proceedings are “adequate for the attorneys’ practice, accounting for overhead and other costs borne by private professionals.”⁴
6. Implement a feedback mechanism that captures client voices so that necessary improvements to appointed counsel’s representation of their clients can be promptly implemented.
7. Draft an informational document for the public that summarizes the various roles and responsibilities of the professionals involved in guardianships and conservatorships.

Self-Sufficiency Programs

Riverside County residents in unstable circumstances—including clients of the Children’s Services Division and the Office of Public Guardian—need services that support their efforts to establish economic stability. The Department of Public Social Services administers a variety of programs to help low-income County residents meet their basic needs. Our inquiry examined access to public benefits relating to food assistance, housing, publicly provided health insurance, and cash assistance. We also reviewed how the Department works across programs and with other partners to deliver these services.

The Self-Sufficiency Programs are engaged in a variety of efforts to enable collaboration across programs and to leverage state funds for investment in local resources and initiatives. The Department has made it easier for people to enroll in key benefits programs by co-locating eligibility workers for Medi-Cal, CalFresh, and CalWorks at some clinics and in mobile outreach teams. The Linkages Program—a collaboration between the Children’s Services Division and Department of Public Social Services to provide intensive case management to select mutual clients—has recently established cross-programmatic relationships, data-sharing agreements, and increased capacity.

The Department of Public Social Services has a critical opportunity to participate in the Riverside County Board of Supervisors’ initiative to develop an integrated and comprehensive health and human services system, which will take a whole-person care approach and coordinate efforts across the County. The Department has also begun collaborating with the California Department of Social Services to revamp the agency’s business processes. The effort could standardize procedures and work processes to speed up response times and track more data.

Despite these efforts, true service integration remains elusive. In Riverside County in October 2021, **only 25 percent of Medi-Cal participants were also enrolled in CalFresh,**

⁴ Family Justice Initiative, *Attributes of High-Quality Legal Representation for Children and Parents in Child Welfare Proceedings* (2018).

compared to 30 percent statewide. People applying for benefits are too often denied for procedural reasons, even when they may be eligible. **As many as 45 percent of CalFresh applications in Riverside County in recent years were denied for procedural reasons, about twice the rate in similar counties.** Our review showed that a lack of timely notices and responses from the County were a key cause.

Housing is a particular area of concern, as most housing programs are outside the purview of the Department of Public Social Services, and availability is extremely limited. There is no clear, agency-wide process for County staff to connect people with a wider set of comprehensive services.

Further concerns include the following:

- **Medi-Cal services are difficult to access.** Finding a geographically accessible health care provider that accepts Medi-Cal challenging for many clients.
- **Cross-program data sharing is limited, creating barriers to service access.** Stronger data-sharing agreements would allow for better joint planning between departments and for targeted outreach.
- **Benefits enrollment is difficult for clients.** Applications require navigating labyrinthian processes and do not take a trauma-informed approach.

While the Department of Public Social Services has already begun to initiate some integration of services and better outreach to clients, taking a systems-level approach to reform will best serve the needs of both the Department and its clients. If the Department can **rethink and invest in human services from a client-centered, trauma-informed, and holistic point of view**, it can transform the experiences of County residents who seek support and increase their chances of getting the benefits and services they need.

Key Recommendations Regarding Self-Sufficiency Programs

1. Leverage the county-wide Integrated Health and Human Services Delivery System effort to streamline data sharing between internal programs.
2. Create a plan to improve screening, referral, and enrollment systems to ensure that all clients are systematically connected to the full suite of services they are eligible to receive, regardless of whether those services are administered by the Department of Public Social Services or other entities.
3. Strengthen messaging to clients to ensure they can maximize the benefits from Self-Sufficiency Programs after they enroll.
4. Streamline enrollment experiences to ensure that more eligible clients—especially those experiencing high stress and instability—get approved for benefits. This should include dedicated eligibility specialists who can serve as liaisons between Adult Services Division,

Children's Services Division, Office of Public Guardian, and the Self-Sufficiency Programs, paired with streamlined interviewing and verification processes.

Policy and Procedure Manuals

The Children's Services Division's, Office of Public Guardian's, and Adult Services Division's policy and procedure manuals (collectively, Policy Manuals) must provide, in concise and easily understandable terms, a description of the statutorily mandated standard of care that all Children's Services Division, Office of Public Guardian, and Adult Services Division staff must provide to each client under their care. Currently, the Policy Manuals are primarily keyed to technical administrative requirements (i.e., data entry) to the near exclusion of client-centered priorities, namely the delivery of prompt, high quality care.

Instead of being unapproachable treatises that discuss every responsibility, task, and process that staff will encounter during their employment, the **Policy Manuals should be easily understood, highly accessible, pertinent information delivery systems that can be modified to conform to the latest best practices** while continuing to account for the particular challenges that Riverside staff face.

Today's social workers operate through smartphones and tablets. Therefore, an app-based technology solution provides the perfect medium to house the Policy Manuals. The app can also contain multiple, in-the-field resources designed to ensure the effective delivery of care to children and conservatees.

Furthermore, **the Policy Manuals should be organized to mirror the Children's Services Division, Office of Public Guardian, and Adult Services Division staff workflow**. This organization will support effective social services delivery and ensure that the statutorily required standards of care are achieved, as the Policy Manuals themselves will serve as in the field training aids, providing supervisory guidance to staff wherever they may be.

Finally, **as currently drafted, the Policy Manuals are both over and under-inclusive**. The Policy Manuals contain hundreds of pages of administration-specific procedures, including data entry procedures for the Child Welfare Services/Case Management System, yet fail to highlight and prioritize client-centered responsibilities that are the core of Children's Services Division, Adult Services Division, and Office of Public Guardian staff duties. The Policy Manuals should summarize the key care provisions (see Appendix I-K) in the applicable statutes and regulations, and how staff should implement those care standards for children and conservatees under their care.

Key Recommendations Regarding Policy and Procedure Manuals

1. Revise to streamline and balance administrative-focused procedures (i.e., data entry) with the client-centered statutes and regulations.
2. Reorganize according to workflow.
3. Develop iOS and Android-based apps that provide a mobile-friendly version of the Policy Manuals, as well as other “in the field” resources.

Looking Forward

The Ad Hoc Committee on Inter-Departmental Systems Improvements for Protection of Vulnerable Children and Adults should be the central organizing entity for overseeing the implementation of the recommendations in this report. This Committee is charged with reviewing system changes to improve outcomes for vulnerable children and adults under the County’s care.

To enact these recommendations, significant resources are needed to prioritize, plan, execute, evaluate, and iterate. Already stretched thin, current Riverside County staff will be unable to invest the necessary time in system integration and reform. Supervisors and front-line staff cannot absorb additional work under current conditions where attrition, vacancies, and workloads have reached unacceptable highs. Further, there are likely skills required that should be accessed from external sources. For these reasons, we recommend that the County create new leadership and project management positions charged with system integration and reform efforts. Unyielding commitment and financial backing from the Board of Supervisors is imperative for this systems-level change.

Part 2: Turpin Children’s Experience in the Child Welfare System

Part Two of our report contains a summary of findings and a detailed analysis of the care and services provided to the Turpin children after they were removed from their biological parents’ home. This section is redacted in its entirety in the publicly available version of this report to comply with the Court’s Protective Orders.

Part 3: Turpin Adults’ Experiences Under Conservatorship

Part Three of our report contains a summary of findings and a detailed analysis of the care and services provided to the adult Turpin siblings. As part of this aspect of our investigation, we

received documents and information that are subject to protective orders. As a result, our findings, which summarize or are derived from confidential information, are redacted from the publicly available version of this report. However, the Court also unsealed some court records that the Turpin siblings did not object to having disclosed to the public. Our analysis of these records remains unredacted from the publicly available version of this report.

Key Findings From Unsealed Court Records

Our analysis of the unsealed court records reflects three key findings:

1. The Designated Firm was appointed as counsel for all seven of the Turpin adult children. The unsealed court records establish that the firm vigorously and effectively advocated for the Turpin siblings in court. The Designated Firm's commitment to providing full-service legal representation of the Turpin siblings is commendable. However, the unsealed records show that there were heated conflicts between appointed counsel, County Counsel (advocating for the Office of Public Guardian), and the Riverside County District Attorney (who was prosecuting the Turpin parents) over both the nature and scope of the Designated Firm's representation and about confidential meetings with the siblings.

Despite the Designated Firm rightly protecting its clients' constitutional rights and interests, the conflicting legal positions advanced by the Designated Firm, the District Attorney, and County Counsel caused prolonged acrimony and may have interfered with the development of trusting and confidential attorney-client relationships, especially given the Turpins' vulnerability and lack of experience with the legal system.

2. A review of the unsealed accountings that were filed reflect that the adults received Supplemental Security Income, which was deposited into the conservatorship estates. Additionally, approximately \$30,000 per person was transferred to the Special Needs Trusts for each of the siblings. Although we have not found that any of these funds were improperly spent, we are concerned that County Counsel filed every required accounting for both the conservatorship estates and the Special Needs Trusts late—often years past the due date. Timely filing of accountings is a key component of the Office of Public Guardian's fiduciary duty as conservator and trustee. If the filings are late, transparency and accountability to the Court are impaired.
3. The unsealed records indicate that there remains a significant amount of money that was donated for the benefit of the Turpin siblings, but which the Office of Public Guardian has not marshaled and distributed. Specifically, the records indicate that over \$209,000 was donated to the City of Corona Chamber of Commerce, the balance of which is now managed by SAFE Family Justice Center. The records also indicate that the JAYC Foundation holds approximately \$1,000,000. It is not entirely clear why the Office

of Public Guardian did not seek to obtain and distribute these funds until recently. According to an unsealed filing by the Turpins' court-appointed attorney, the Office of Public Guardian previously claimed that it did not have the duty or ability to marshal these funds. Regardless of the reasoning, the Office of Public Guardian's failure to marshal these funds has resulted in the lack of Court oversight for the SAFE Family Justice and JAYC Foundation funds, and may have resulted in food and housing insecurity for at least some of the Turpin siblings, in direct contravention of the donors' wishes.

Programmatic Reviews

PART 1

Chapter 1: Introduction

Part One of this report examines how vulnerable children and adults experience the services provided by the Department of Public Social Services (DPSS) and the Office of Public Guardian (OPG) in Riverside County from a client-centered perspective. Our inquiry was focused on the perspectives of the following groups:

1. Children in foster care
2. Young people transitioning from foster care to independence
3. Adults in need of OPG services

Our findings include an overview of the County's foster care and adult conservatee care programs and services, which offers a brief assessment of federal and state law, the population served, and services offered. We then identify what is working well in each domain. We consider the adequacy and distribution of staff and resources, identify opportunities such as new policies and fresh ideas, and highlight needed improvements, including risks, concerns, and elements that are missing. Finally, we make recommendations for change based on best practices and grounded in the policy landscape. Many of our recommendations arise out of ideas generated from interviews with Riverside County personnel.

Our inquiry focused on specific functions within the Children's Services Division (CSD), Riverside University Health System-Behavioral Health (RUHS/BH), and the Self-Sufficiency Programs. For CSD, we focused on the safety, stability, and well-being of children in out-of-home-care, Non-Dependent Minors (NMDs), and transition-age youth (TAY). We also examined the work environment for social workers and supervisors. In RUHS/BH, we reviewed OPG and supporting systems. For the Self-Sufficiency Programs, we focused on the accessibility of safety net services to our most vulnerable clients: youth leaving foster care, adults under conservatorship, and individuals facing especially unstable or adverse circumstances.

We also examined the current systems for appointment of counsel for juvenile dependency and probate proceedings. Our suggestions for improvement in appointment and compensation structures are aimed at ensuring that sufficient time and focus is dedicated to legal advocacy on behalf of minors in foster care and adults under conservatorship.

Our recommendations in each of these service areas focus on improving outcomes for children and adults under Riverside County's care through policy, practice, and procedural change. Where possible, the recommendations are accompanied by quantifiable and timely benchmarks to measure the County's progress in implementation.

We recognize that services are provided in an economic and agency environment with real constraints, and we remained mindful of those limitations as we conceptualized reforms and

policies. In addition, we recognize that many clients in Riverside County come to services from a place of instability and trauma. Given this reality, delivering services that maximize stability, safety, and security requires not only compliance with relevant laws and policies, but also excellence in practice. Recommendations in this report reflect both ends of this spectrum.

Background on Riverside County

Riverside County has a population of 2.4 million people and covers 7,000 square miles from greater Los Angeles to the border of Arizona. By population, Riverside County is the fourth largest county in California and the tenth largest in the United States. It has experienced steady growth, with a population increase of 10.4 percent from 2010 to 2020. As shown in the charts below, the demographics of Riverside County are similar to those of California as a whole, with some differences. Its median income is lower than the rest of the state.

Figure 1: Riverside County Demographic Snapshot Compared to California



The Department of Public Social Services

The size and complexity of [DPSS](#) means that the lives of vulnerable children and adults experiencing instability are governed by a variety of programs. DPSS is one of Riverside County's largest departments, with almost 4,260 employees and an annual budget of \$1.2 billion. It provides a broad range of services and support to approximately one million low income people each year.⁵ Our inquiry related to DPSS focused on three broad program areas providing direct services to clients: CSD, Adult Services Division (ASD), and the Self-Sufficiency Programs.

The Children's Services Division handles child welfare services for the county. CSD is tasked with investigating child abuse and neglect allegations and operating programs to promote the

⁵ Riverside County Department of Public Social Services, "About Us," Accessed June 7, 2022.

safety, permanency, and well-being of vulnerable children. CSD contracts for services with nonprofit agencies and collaborates with other County agencies and departments to prevent and respond to child maltreatment and is responsible for the provision of out-of-home (foster) care for children and youth in need of protection.

The Adult Services Division's programs include Adult Protective Services (APS) and In-Home Supportive Services (IHSS). ASD responds to reports of abuse or neglect of older and dependent adults in Riverside County. The majority of ASD's caseload is self-neglecting clients, some of whom are also physically abused and exploited, and who are frequently poor and isolated. If there is no one willing and appropriate to help such at-risk adults, they may need conservatorship.

The Self-Sufficiency Programs administer a variety of state and federal programs focused on health care access, food assistance, cash benefits, and related housing, child care, and employment supports. Health care access includes Medi-Cal eligibility determination and enrollment, as well as connections to Covered California and the Medically Indigent Services Programs. The CalFresh program provides benefits that low-income people can use to purchase food. Cash assistance programs include CalWORKS, Refugee Cash Assistance, and General Assistance. CalWORKS clients also have access to housing assistance, child care, and Welfare-to-Work employment services DPSS manages. General Assistance clients at risk of homelessness can also access certain housing assistance services.

Office of Public Guardian

If a court determines an adult cannot care for themselves or manage finances, the court may appoint OPG as conservator if there is no one else available and willing to serve. OPG operates through RUHS/BH. OPG serves two types of clients. Probate conservatorship clients may be older adults with dementia, developmentally disabled individuals, or a person of any age who needs protective intervention in care. OPG also serves clients with a mental disorder that makes them unable to provide for basic needs and who may need psychiatric treatment.

Methods

We examined policies and processes pertaining to Riverside County's services to (a) children in care, (b) adults under conservatorship, and (c) those needing Self-Sufficiency services. We performed both quantitative and qualitative analyses, starting by reviewing data from a variety of sources, including Riverside County, national-level studies, the State of California, and other cities and counties. We used this information to provide context for Riverside County's human services work—for example, to determine population numbers and rates of participation in various programs, and benchmark those rates against similar counties and the whole state. We also examined publicly available documentation—including public court cases, websites, and

communications—to assess the strengths and areas in need of improvement at each point that a vulnerable person might interact with the County.

We sought deeper insight via interviews, focus groups, and surveys with County personnel and external community partners. We conducted these between January and May 2022, using a variety of sampling techniques. For interviews and focus groups, we often used a team-based approach in which there was more than one facilitator. Our interviews and focus groups were semi-structured, and we customized our questions for each set of respondents. Sample interview questions are included in Appendix C.

We interviewed appointed counsel. We also administered a survey designed for case carrying social workers, staff, supervisors, and leadership. Most survey questions used a seven point Likert scale. We also included open-ended questions for each major topic area. Our thematic analyses of the open-ended questions and summarized Likert scale results appear in the body of the report where relevant to our discussion. The complete survey and summary of findings can be found in Appendices D and E.

Qualitative data analysis methods used to assess our findings include free-coding of transcripts and independent thematic analyses of responses. Subject matter experts Dr. Erika Weissinger, Dr. Jill Berrick, and Dr. Todd Franke led the review of CSD; subject matter experts Dr. Pamela Teaster and attorney Erica Wood led the review of OPG; and subject matter experts Diana Jensen, MPP, and Dr. Weissinger led the review of Self-Sufficiency services. We contextualized our perspective by consulting other subject matter experts and reviewing best practices in the field, allowing research expertise in child welfare, public guardianship, and Self-Sufficiency services to shape our recommendations. See Appendix B for our detailed methodology for each section.

Scope of Inquiry

The safety and well-being of children in out-of-home care and adults under conservatorship constitute the heart of this inquiry. In requesting an independent review of Riverside County's relevant policies, procedures, and practices, the County set forth a broad scope derived from the Turpin siblings' experiences. Therefore, excluded from the inquiry's scope was front-end decision-making about child removal, including hotline calls and investigations. Also excluded from our analysis were conservatorships established under the Lanterman-Petris-Short Act.

Chapter 2: Children's Services Division

Context

Riverside County's Children's Services Division (CSD) is responsible for a large geographic area, from the metropolitan areas of Riverside and Corona in the west, to the Arizona border in the east. In addition to parents and other adult caregivers, the County is responsible for the safety of approximately 700,000 children.

Riverside County serves a wide diversity of families. About one half of the population is Hispanic, 34 percent identify as White, 7 percent as Asian, and 6 percent as Black. A large proportion of the population is Spanish-speaking. Other dominant languages include Tagalog and Chinese. Riverside County is home to 12 federally-recognized tribal nations, though less than 1 percent of the County population self-identifies as Native American. Because of strict regulations pertaining to tribal families as a result of the federal Indian Child Welfare Act (ICWA), child welfare professionals must be familiar with the provisions of ICWA.

The families that child welfare agencies serve are disproportionately poor, and they struggle with a range of family and community challenges. Large bodies of literature indicate that families having contact with the child welfare system may also struggle with difficulties associated with domestic violence, housing instability, mental health, substance abuse, and/or criminal justice involvement.⁶ These difficulties are evident in Riverside County as well. California has one of the highest poverty rates in the nation, with rapidly rising housing prices contributing substantially to family poverty.⁷ Related to high housing costs, many families are unhoused or struggle with housing instability. California has seen a 7 percent rise in homelessness since 2000, according to federal sources.⁸ Although calls to domestic violence services had seen a steady decline statewide from 2013 to 2019, they increased sharply during

⁶ Yanfeng Xu et al., "Poverty and Economic Pressure, Financial Assistance, and Children's Behavioral Health in Kinship Care," *Child Maltreatment* 26, no. 1 (February 2021); E.J. Gifford et al., "Mothers and fathers in the criminal justice system and children's child protective services involvement," *Child Abuse & Neglect* 101, (March 2020); Rebecca Rebbe et al., "Co-Reporting of Child Maltreatment and Intimate Partner Violence: The Likelihood of Substantiations and Foster Care Placements," *Child Maltreatment* 26, no. 4 (November 2021); Joseph N. Roscoe, Bridgette Lery, and Jaclyn E. Chambers, "Understanding child protection decisions involving parents with mental illness and substance abuse," *Child Abuse & Neglect* 81, (July 2018); Callie Westad and David McConnell, "Child Welfare Involvement of Mothers with Mental Health Issues," *Community Mental Health Journal* 48, no. 1 (February 2012).

⁷ Patricia Malagon and Caroline Danielson, "California's high housing costs increase poverty." Public Policy Institute of California, August 13, 2021.

⁸ US Housing and Urban Development, *2021 Annual Homeless Assessment Report Part 1*, (Washington, D.C.: 2022).

the pandemic.⁹ Violence and property crime rates also witnessed a modest, though steady decline in California throughout the 2000s, but are seeing an uptick since the pandemic began in 2020.¹⁰

Within this context of geographic spread, family diversity, and community challenges, the child welfare system is designed to offer protection to children who are harmed or who are at substantial risk of harm from parents or other caregivers.¹¹ Child welfare can be conceptualized as many state and local systems operating under an umbrella of broad federal mandates. The federal policies governing the child welfare system require states and—in California—counties to respond to reports of child maltreatment and take steps to ensure the safety of children. California offers a state-supervised, county-administered, child welfare system, where counties exercise modest discretion in crafting a system of response within the legal framework of the California Welfare and Institutions Code. Federal, state, and county funds support the overall system's functioning.

The child welfare system in California and Riverside County is based on principles articulated in the federal Adoption and Safe Families Act (1997). The three primary principles are:

1. **Safety.** Children are, first and foremost, protected from abuse and neglect. Children are safely maintained in their own homes whenever possible and appropriate.
2. **Permanency.** Children have permanency and stability in their living situations. The continuity of family relationships and connections is preserved for children.
3. **Well-Being.** Families have enhanced capacity to provide for their children's needs. Children receive appropriate services to meet their educational needs. Children receive adequate services to meet their physical and mental health needs.

CSD attempts to enact these principles in their interactions with children, youth, families, and the community at large.

Child Welfare System Response

CSD is typically notified about potential harm to a child via a maltreatment referral made to the child maltreatment hotline. While any person can make a referral, state law specifies a wide range of professionals mandated to make referrals if they harbor a reasonable suspicion of

⁹ Heather Harris, "Fewer domestic violence calls, but more incidents could be deadly." Public Policy Institute of California, April 12, 2022.

¹⁰ Magnus Lofstrom and Brandon Martin, "Crime trends in California." Public Policy Institute of California, January 2022.

¹¹ This description of the child welfare system is adapted from J. Lawson and J.D. Berrick, "Child protection in the United States," in *International Handbook of Child Protection Systems*, eds J.D Berrick, N. Gilbert, and M. Skivenes, M. (New York, NY: Oxford University Press. In press).

maltreatment. When a referral alleges potential abuse or neglect of a child, staff determine whether the expressed concerns meet statutory guidelines to trigger a child welfare system response. Some referrals are screened out in this process. The remaining screened-in referrals receive an in-person assessment from a child welfare professional. The purpose of an assessment is to determine whether the circumstances and level of concern for a child's safety warrant further voluntary or involuntary services, based on the exigency of the circumstances, the vulnerability of the child, and the caregiver's willingness to engage in developing a safety plan for the child. Under certain legally specified circumstances, child welfare agency staff are required to cross-report referrals to law enforcement.

Some referrals are "substantiated," indicating that the child's circumstances fall within California's legal definition of maltreatment, and the child who is the subject of the allegation is considered to be a victim of abuse or neglect. For substantiated cases in which the assessed level of risk is low, child welfare staff may close the case without further action or refer the family to voluntary community-based services. For cases with higher levels of assessed risk, there are two case pathways representing an escalation of child welfare involvement with families: in-home services and out-of-home care (also called substitute care or foster care). In-home services—otherwise referred to as Family Maintenance services in California—may be voluntary or court-ordered. These time-limited services are designed to mitigate the risks that may otherwise be present in the family home and to strengthen parental protective capacities.

For children experiencing significant harm or a high risk of harm, child welfare staff may determine that separation from parents is the only safe alternative. In these instances, the state becomes the legal custodian of the children while the parents (usually) receive services to address the unsafe circumstances in the home.¹² Recommendations to involuntarily separate children and parents are made by child welfare professionals and must be confirmed by the courts. In court, interested parties' legal interests are represented by counsel. Indigent parents are typically provided legal representation, and parents with separate interests in the children may each have their own representation.

In California, children are appointed separate counsel. In addition to legal counsel, some children also may be assigned a Court Appointed Special Advocate (CASA), a community volunteer dedicated to representing the child's best interests in court. Some evidence, though dated, suggests that fewer than ten percent of all children in out-of-home care in California benefit from the assignment of a CASA volunteer.¹³

¹² State law allows for exceptions to the provision of parental services in limited circumstances.

¹³ Jennifer Lawson and Jill Duerr Berrick, "Establishing CASA as an Evidence-Based Practice," *Journal of Evidence-Based Social Work* 10, no. 4 (July 2013): 321–337.

Both federal and state law offer parents up to 12 months (with a possible extension of up to 6 additional months) to utilize community-based services and address the unsafe behaviors that led to the removal of their child. In California, parents of children ages 3 and younger are offered only 6 months of services, with a possible 6-month extension. Once a parent can engage in safe parenting, child welfare staff recommend to the court the child's return home. If a child cannot be returned home, child welfare staff are charged with identifying an alternative caregiver who will provide long-term care—referred to as permanency. Federal law prioritizes adoption if family reunification is not possible. Other permanency options may include legal guardianship or—for older youth—long-term foster care.

During a child's stay in care, federal and state law privilege placement with an extended relative (referred to as kinship care) or a non-related extended family member (referred to as NREFM). If there are no relatives available to serve as safe caregivers, child welfare agencies are mandated by federal law to place children in the least restrictive setting to meet their needs. For most children, this means placement in a nonrelative foster family home.

Some children and youth present with especially complex health and/or behavioral health needs. Placement options for these youth are extremely limited. In 2015, California passed the Continuum of Care Reform law (Assembly Bill (AB) 403), which limits the utilization of group or congregate care settings to short-term intensive treatment. Subsequent federal law (Family First Prevention Services Act, 2018), limited funding for congregate care, further reducing the utilization of group care for high-needs youth.

A Data Snapshot

Previous reviews of CSD, including the 2017 Child Welfare League of America (CWLA) and 2019 Swiss reports, have focused largely on the front end of the child welfare system, including child maltreatment referrals, screening, investigation and assessment, removals, and related court processes. This report focuses on the system's policies, processes, practices, and procedures following the court detention hearing—typically referred to as the “back end” of the system.

Below, we provide a snapshot of some of the known child welfare data points in Riverside County and compare these data to state averages. Although the County does not have a direct corollary with any other county in the state, some child welfare staff in Riverside indicated that their closest neighbor, San Bernardino County, can offer a rough comparison. This information is also provided for comparative purposes. We provide information from 2019 because data from 2020 and 2021—the most recent available for California—are distorted due to conditions

associated with the pandemic. Data are derived from the [California Child Welfare Indicators Project \(CCWIP\)](#), housed at UC Berkeley.¹⁴

Riverside County receives a notably higher volume of calls to the child abuse hotline compared to other counties. In 2019, for example, Riverside County received over 41,000 calls alleging suspicion of child maltreatment, 66 percent of which alleged child neglect. As a point of comparison, in 2019, the rate of child maltreatment allegations per 1,000 children statewide was 52.6; in Riverside County, the rate was 69.5 per 1,000. This larger-than-typical rate requires a significant investment of resources at the front end of the child welfare service system.

The high call volume can be attributed to two different factors. The first may simply be differences in population and demographics. Child poverty—a significant risk factor for child maltreatment—is relatively high in Riverside County. Whereas the state poverty rate for young children averages about 20 percent, child poverty within some jurisdictions of Riverside County is significantly higher.¹⁵ Like many counties, Riverside experienced an increase in call volume in 2021 compared to 2020, when much of the state was dramatically affected by the COVID-19 pandemic and related policies. Practitioners and experts speculate that the increase may be attributed to children’s public presence in schools—where many children returned in August, 2021—and other settings where mandated reporters are more likely to observe troubling family circumstances.

As explained previously, following a child maltreatment referral, child welfare professionals assess whether an investigation is warranted. Statewide, 38.3 per 1,000 child maltreatment allegations are investigated; in Riverside County, the comparable rate is 58.5 per 1,000, another indicator that considerable resources must be dedicated to the front end of the system.

The data suggests that in Riverside County, a somewhat higher proportion of child maltreatment referrals may be “evaluated out” as inappropriate for an in-home investigation, compared to statewide averages. Further analysis suggests, however, that these differences may be an artifact of how Riverside County responds to multiple referrals on the same child.

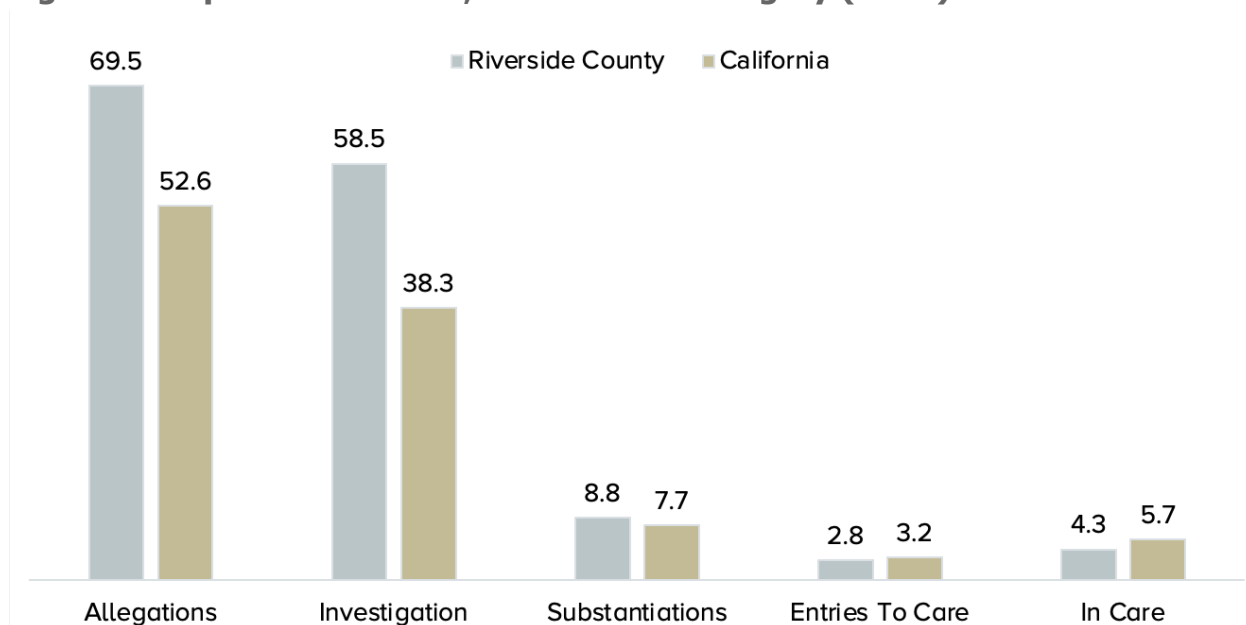
Despite the large volume of cases managed at the front end, rates of entry to out-of-home care in Riverside County are not appreciably different from the statewide average. As shown in Figure 2 below, in 2019, 3.2 per 1,000 children entered out-of-home care statewide; in Riverside County, the rate was slightly lower at 2.8 per 1,000 children.

¹⁴ Daniel Webster et al., “California Child Welfare Indicators Project reports,” University of California at Berkeley, 2020, Accessed March 31, 2022.

¹⁵ Sarah Bohn and Caroline Danielson, *Geography of Child Poverty in California*. Public Policy Institute of California, 2017.

Although Riverside County has higher rates of allegations, investigations, and substantiations, it has lower rates of entries into care and children in care compared to California as a whole.

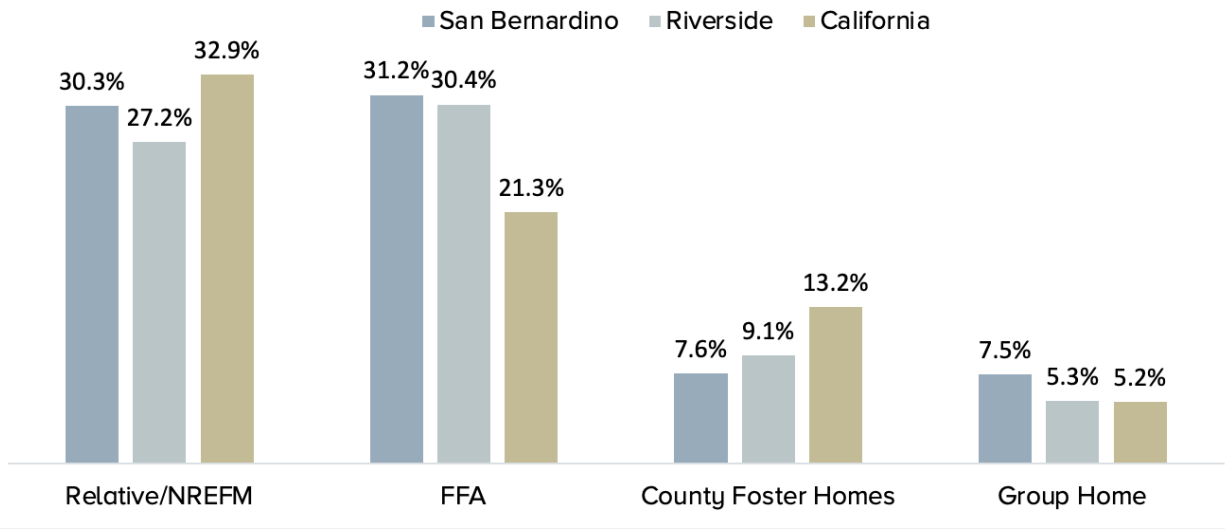
Figure 2: Report Rates Per 1,000 for Each Category (2019)



The proportion of children in care at any given time is a function of the number of children entering care, the rate of exits from care, and the proportion of children re-entering care. The statewide in-care rate was 5.7 per 1,000 in 2019. The comparable rate in Riverside County was 4.3 per 1,000. The total number of children in out-of-home care in Riverside in 2019 was 2,887, a significant decline from the peak of over 5,700 children in 2007. Following a dip in the number of children in care during the pandemic—a decline witnessed across the state—the prevalence of children in care has risen. As of January 2022, 3,309 children were in care in Riverside County.

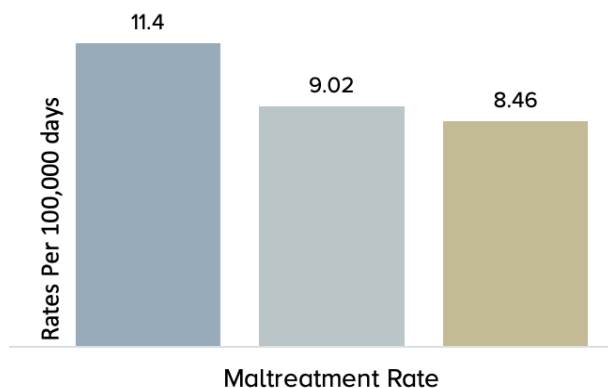
Statewide, 32.9 percent of all children were living in kinship care in 2019. Riverside County placed somewhat fewer children with kin (27.2%). Also in contrast to state averages, Riverside County relies on Foster Family Agencies (FFAs)—nonprofit organizations that recruit, screen, train, certify, and support foster parents—to certify non-kin foster parents, with 30.4 percent of their children placed in FFA care compared to 21.3 percent statewide. Because of their heavy reliance on FFAs, the County places relatively fewer children in County-approved foster homes (9.1% compared to 13.2% statewide). A small percentage of youth are cared for in congregate care settings (5.3% Riverside vs. 5.2% statewide).

Figure 3: Percentage of Placement Type in 2019



Older youth, referred to as non-minor dependents (NMDs), ages 18–21, may choose to remain in care. In 2019, 384 youth (12.4% of all children in Riverside out-of-home care) ages 18–21 were living in Supervised Independent Living Programs (SILPs) (5.9%) or Transitional housing (3.1%). The remaining almost one-third of children are cared for in a variety of settings including guardianship (11.4%), non-relative foster care homes approved by the County (9.1%), and pre-adoptive homes (1.9%).

Figure 4: Rate of Maltreatment of Children in Foster Care During 12-Month Period in 2019



Maltreatment in foster care is a relatively rare event. The phenomenon is measured as a rate per 100,000 days in care among all children in care in a given year. In 2019, the rate of maltreatment in care in Riverside County was 9.02 per 100,000 days of care, slightly higher than the rate of 8.46 per 100,000 days in care statewide.

Similar to state and national averages, about half of children entering care in Riverside County are eventually reunified with their family and returned home. Riverside saw a notable dip in the proportion of children reunified from approximately 2017 to 2019 and an attendant increase in

the proportion of children adopted during that same time frame. Since then, and during the pandemic, reunification rates rose and are again similar to statewide averages.

Children in Care

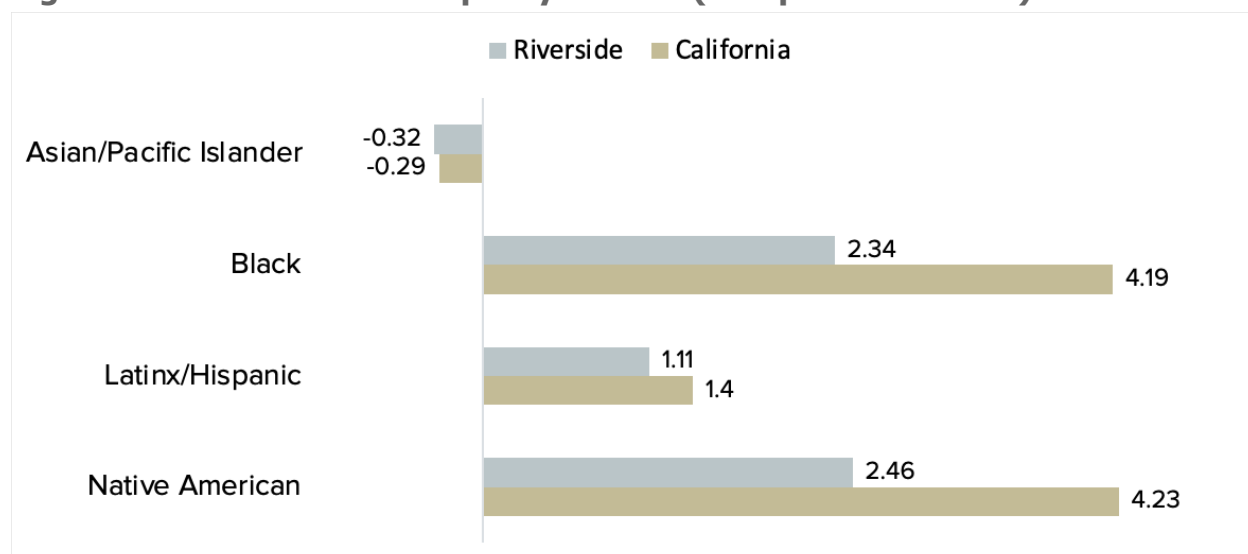
CSD serves children ages 0–21. Mirroring state and national trends, a large proportion of children entering care in Riverside County (42.3%) are under the age of six. Following implementation of California Assembly Bill 12 in 2012, implementing the provisions of the federal Fostering Connections to Success and Increasing Adoptions Act (2008), California extended the opportunity for youth to voluntarily remain in care beyond age 18. Youth may choose to stay, they may leave, or they may choose to leave and re-enter care at any time prior to age 21. These NMDs are eligible for participation if they are enrolled in school or working part time, or they have a disabling condition that prevents their participation in either. As of October 2021, just under 500 youth were qualified as NMDs in Riverside County.

About three-quarters of the children entering care in Riverside have siblings who also require care. Finding safe and appropriate caregivers willing and available to take all children in a sibling group can be an added challenge.

Dissimilar to state averages, the majority of children entering care in Riverside County are Hispanic/Latinx (57%)—a close reflection of county demographics. But similar to the state and all other counties, African American and Native American children are disproportionately represented in entries to care. Black children and tribal children are, respectively, 2.34 and 2.46 times more likely than white children to enter care in Riverside County (compared to a disparity ratio of 4.19:1 (Black) and 4.23:1 (Native American) statewide). The weight of the evidence suggests that these statistics can largely be explained by disproportionate need, often reflecting the structural barriers that traditionally marginalized groups have in accessing resources such as safe housing, gainful employment, adequate healthcare, and other services.¹⁶

¹⁶ See Brett Drake et al., “Racial bias in child protection? A comparison of competing explanations using national data,” *Pediatrics* 127, no. 3 (March 2011); Brett Drake, Sang Moo Lee, and Melissa Jonson-Reid, “Race and child maltreatment reporting: Are blacks overrepresented?,” *Children and Youth Services Review* 31, no. 3 (August 2008); Hyunil Kim and Brett Drake, “Child maltreatment risk as a function of poverty and race/ethnicity in the USA,” *International Journal of Epidemiology* 47, no. 3 (January 2018).

Figure 5: Entries to Care Disparity Indices (Compared to White) in 2019



The large majority of children entering care in the United States and California are separated from their parents due to reasons associated with child neglect. In 2019, 86.1 percent of all California entries to care were associated with neglect. The comparable figure for Riverside County was 97.6 percent. Child neglect is highly correlated with family poverty, but the phenomena are not one and the same. Multiple studies have shown a range of unsafe parenting behaviors associated with child neglect, and significant harms to children that may result from neglect, including death.¹⁷

Staffing

CSD employs approximately 204 social workers, of whom 164 are Social Services Practitioners (SSP) III and 40 are SSP I/II. These social workers are assigned to Continuing Services, Group Home, Medically Fragile, Extended Foster Care/Independent Living, and Interstate Compact on the Placement of Children (ICPC). Although the target caseload set by the state for case-carrying social workers in Fiscal Year (FY) 2021–2022 was 23, the average caseload from December 2021 to February 2022 was 33.3, for an overage rate of 43 percent.¹⁸

Child welfare professionals conduct a wide range of tasks based on legislative requirements and best practices. They work with families to identify service needs that can support safe parenting, broker services for parents and children, meet monthly with children and caregivers to assess the safety and quality of children’s care, and inform the courts about child and family circumstances, including recommendations for children’s care, safety, and permanency.

¹⁷ For a review, see: Jill Berrick et al., “Research to Consider While Effectively Re-Designing Child Welfare Services: A Response to Commentaries,” *Research on Social Work Practice*, (May 2022).

¹⁸ Children’s Services Division Dashboard (Draft document provided by DPSS).

California has made significant efforts to address the quality of services that social workers provide to child welfare-involved families. Developed in 2012, the [California Core Practice Model](#) offers a framework to guide social workers in their interactions with children and families, and highlights practice behaviors that privilege honesty, respect, accountability, and team-based decision making.¹⁹

CSD currently partners with a wide range of community-based organizations to provide services to children and families. Additionally, it contracts with 68 FFAs. FFAs attempt to match the needs of children with their foster parents; social workers in FFAs meet with children and foster parents three to four times monthly and communicate their findings to CSD social workers who coordinate and oversee care.

Effects of COVID-19

CSD services were dramatically impacted by the COVID-19 pandemic. Child maltreatment referrals declined significantly. Most experts posit that the decline was likely due to closed schools and other public settings where mandated reporters were unable to observe children's needs.²⁰ Courts also closed, though hearings remained available virtually. Across the state and in Riverside County, the disruptions to court processes and the delivery of services resulted in reductions in both reunifications and adoptions. Despite the challenges associated with the pandemic, child welfare staff are considered first responders. Staff continued to visit homes in order to conduct assessments of child maltreatment referrals. Weekly and monthly visits with children in care shifted from being all in-person to being a combination of weekly remote visits with FFA social workers and monthly in-person visits from FFA and County social workers. According to some respondents, these monthly visits were often conducted outside the home for COVID-19 safety reasons.

COVID-19 ushered in a rash of changes and challenges from which CSD has not yet fully recovered. Most important, and discussed in some detail below, is the pandemic's lasting impact on recruitment and retention of CSD staff and foster parents.

Recent CSD Reforms

In 2019, Christie B. Swiss, Esq. of Collins Collins Muir & Stewart LLP, conducted an outside assessment of Riverside County's CSD. The goal was to understand third-party claims and to develop strategies around risks of future claims. The review focused largely on CSD's processes and protocols in assessing and investigating child maltreatment referrals. In response, County administrators enacted a number of adjustments to address the potential for wrongful removals

¹⁹ California Social Work Education Center, "About the Core Practice Model," Accessed May 2022.

²⁰ Lindsey Rose Bullinger et al., "The neglected ones: Time at home during COVID-19 and child maltreatment," *Children and Youth Services Review* 131 (December 2021): 106287.

of children, and to create more streamlined and regular communication between CSD and County Counsel staff.

Also in 2019, CSD contracted with Implematix to usher in new Continuous Quality Improvement (CQI) practices for CSD, designed to better realign County practices with the Division's mission and vision. Specifically, efforts focused on:

- Developing team-based and data-driven systems and processes;
- Implementing supervisory structures and staff approaches that align "strategic imperatives" with "work on the ground using data" (referred to as "line of sight" practices);
- Focusing on child and family needs as drivers of organizational practices; and
- Reorienting practices to align with learning organization principles, using benchmarks, best practices, research, and innovation to guide the organization rather than management principles that are blame-oriented, which can be demoralizing and past rather than future-oriented.²¹

The CQI staff receive weekly support from staff affiliated with CCWIP. They are helping County staff develop data dashboards for quick review of prominent data points relating to safety and permanency for children.

Overarching Recommendations

Below are our overarching recommendations for CSD. These surface from the various sources of data collected during this assessment phase (see Methods, *supra* [detailing data collection]). We offer them as a backdrop to the detail provided below.

1. **Hire additional staff** in order to reduce caseloads and improve quality of care.
2. **Work collaboratively with every county department, community partners, the faith and school communities, and the media to develop an aggressive recruitment campaign for additional high-quality resource parents.**
3. **Develop strategies to streamline and bolster the County's oversight of the many FFAs with which it contracts**, including technology-based solutions to develop appropriate and high-quality foster parent matches that meet children's individual needs.
4. **Create a Strategic Initiatives Unit within CSD** with a management or director level position and personnel, without case-carrying responsibilities. The unit would implement initiatives such as Intensive Foster Care, Comprehensive Prevention/[Family First Prevention Services Act](#) (FFPSA), and critical elements of California's Core Practice Model

²¹ Implematix, PowerPoint Presentation, n.d.

including the [Quality Parenting Initiative](#) (QPI), [KEEP](#) (an evidence-based support and skill enhancement program for foster and kinship parents of children), and Signs of Safety, all of which are currently underutilized and not yet fully implemented.²² Core functions of the unit could include governance, infrastructure development, communications, service design, testing, and CQI for strategic initiatives. The unit would contract with outside vendors to provide skills in implementing strategic initiatives. This shift would free up the Contracts Unit to manage and audit contracts rather than managing the initiatives themselves.

Workforce

National Context

Nationwide, child welfare agencies have struggled to maintain a sufficient workforce, which impacts their ability to ensure child and family safety and success. An Annie E. Casey Foundation article notes that “addressing staff turnover is one of the child welfare system’s greatest challenges.”²³ As of 2017, the latest year for which data is available, the national average turnover rate was approximately 30 percent, with some agencies’ rates as high as 65 percent.²⁴ A rate below 10–12 percent is considered optimal for the field, reflecting the significant challenge many agencies face.

The COVID-19 pandemic has further exacerbated turnover rates. Often referred to as the Great Resignation, employee turnover has increased in many sectors throughout the US since the early months. By November 2021, the nation’s “quit rate” was the highest in 20 years.²⁵

A survey of those who left their jobs during this period found the most common reasons included:

1. Inadequate pay
2. Lack of advancement opportunities
3. Lack of respect at work

²² California Department of Social Services, “Family First Prevention Services Act,” Accessed June 6, 2022; KEEP, “Keeping Foster and Kin Parents Supported and Trained,” Accessed June 5, 2022; Quality Parenting Initiative, “QPI – Quality Parenting Initiative,” Accessed June 6, 2022.

²³ The Annie E. Casey Foundation. “Top Causes of Staff Turnover at Child Welfare Agencies—and What to Do About it.” March 4, 2019.

²⁴ Casey Family Programs, “How does turnover affect outcomes and what can be done to address retention?” December 29, 2017.

²⁵ Kim Parker and Juliana Menasce Horowitz, “Majority of workers who quit a job in 2021 cite low pay, no opportunities for advancement, feeling disrespected.” Pew Research Center, March 9, 2022.

Child care issues and lack of flexibility were also high on the list, both of which have been particularly relevant during the pandemic. Notably, 31 percent of respondents indicated the pandemic played a role in their decision to leave, highlighting COVID-19's direct impact on retention.

Low retention within the child welfare field has a profound impact on service quality. A study conducted by the Government Accountability Office (GAO) found that instability and high turnover in the child welfare field leads to overburdened workers who have less time to "conduct frequent and meaningful home visits in order to assess children's safety; establish relationships with children and families; and make thoughtful and well-supported decisions regarding safe and stable permanent placements."²⁶ Conversely, research has identified a direct connection between low workforce turnover and reduced rates of child re-abuse. Children who work with fewer social workers due to low turnover also experience higher rates of permanency.²⁷

Regarding financial impact, the cost of losing one caseworker is estimated to be 30–200 percent of the existing employee's annual salary.²⁸ This estimate includes the negative impact on remaining staff and on children served, such as increased time spent in foster care. These findings demonstrate just how critical it is for child welfare agencies to invest in their workforce.

Child Welfare Workforce Trends in Riverside County

Staffing challenges—including high turnover and vacancies—are particularly acute in CSD. In a March 2022 staff survey, 76 percent of respondents strongly disagreed with the statement "Staff turnover does not adversely impact my work." This demonstrates the direct impact these workforce challenges have on remaining staff and their ability to provide high-quality services.

In recent years, CSD has particularly struggled with low retention and high vacancy rates among staff in the Social Services Practitioner (SSP) classification, which ranges from SSP I to III. These staff carry caseloads and perform casework for children and families.²⁹ Among SSP IIIs, attrition rates have reportedly increased by 17 percent in the last four years—from 15 percent in 2019 to 32 percent in 2021. Attrition for SSP I and IIs has also increased year after year. Commonly cited reasons for leaving include stress, family reasons, or another job offer.

²⁶ California Child Welfare Co-Investment Partnership, *Balancing Head & Heart: California's Child Welfare Workforce*. (2017).

²⁷ Sara Munson, *NJ DCF Workforce Report: A commitment to child welfare excellence through comprehensive workforce & leadership development*, (New Brunswick: New Jersey Department of Children and Families, 2016).

²⁸ California Child Welfare Co-Investment Partnership, *Balancing Head & Heart*.

²⁹ Riverside County, "Job Descriptions – Social Services Practitioner I."

CSD also faces challenges with hiring, which increases vacancies. As of March 2022, CSD reportedly had 192 vacant positions—a vacancy rate of over 40 percent. The majority are for SSP IIIs (57 percent). These vacancies are fueled in part by a decrease in applicants since the pandemic, a 36 percent offer decline rate, and a high number of applicants who drop out during the interview process. According to CSD leadership, potential hires cite other job offers, family issues, and salary as primary reasons for turning an offer down.

Survey results pertaining to turnover and a broader array of workforce issues are presented in Figure 6 below. These results are discussed throughout this chapter.

Figure 6: Workplace Assessment

Q11 Indicate the extent to which you agree or disagree with the following statements about your work environment.



Causes of Low Retention

Given the prevalence of retention challenges within the child welfare field, significant research has been conducted on its causes. A meta-analysis of over 20 of these studies identified the highest impact factors on caseworkers' decision to leave, including:³⁰

- Stress and emotional exhaustion, driven in part by high caseloads
- Organizational commitment
- Job satisfaction

³⁰ California Child Welfare Co-Investment Partnership, *Balancing Head & Heart*.

Other key factors include employee well-being and safety concerns, role conflict and ambiguity, perception of fairness, organizational culture and policy, and supervisory support.

Regarding role conflict, research indicates that caseworkers value strong connections to their clients but are often overburdened with administrative work, which reduces time spent on the social work they truly enjoy. Lastly, negative public perception and media play a role in retention by making caseworkers feel demoralized and thus more likely to leave. As described below, many of these factors are at play in Riverside County.

Strategies for Increasing Retention

To better understand how CSD can address workforce challenges—including high turnover and vacancy rates—it is important to understand “quality job” components. The Good Jobs Institute and the National Fund for Workforce Solutions both developed quality job frameworks. Combined with Casey Family Programs’ research specific to the child welfare workforce, these frameworks establish critical elements of a quality job as:³¹

1. **Concrete resources:** fair compensation, stable and predictable schedules, job security, and manageable workloads
2. **Positive organizational culture:** a safe and positive work environment, opportunities for meaningful staff engagement and feedback, respect and recognition
3. **Support:** high-quality supervision, peer support, and mental health resources
4. **Training and advancement:** new and ongoing employee training, professional development, and opportunities for career advancement

Below, we examine the workforce context in Riverside County through these frameworks.

Strengths

CSD has already implemented several strategies to reduce turnover and vacancies.

Concrete Resources

As explained in the Areas for Improvement section below, salary and workload are two primary concerns CSD staff raised concerning retention. To address some of these concerns, CSD recently provided all social workers and supervisors with a 5.5 percent pay increase. The salary increase occurred at the same time that staff feedback was collected for this report, so its effect on morale is not yet known.

³¹ Good Jobs Institute, “What is a ‘Good’ Job?”; Steven Dawson, “Job Design Framework,” National Fund for Workforce Solutions; Casey Family Programs, “How does New Jersey maintain a stable child welfare force?” February 7, 2022.

To reduce workload, CSD and DPSS as a whole have taken a number of steps to ensure adequate staffing levels. First, in 2020, CSD reportedly began hiring additional SSP I and II positions to provide increased support for SSP IIIs. These additional employees were hired to take on routine tasks, allowing SSP IIIs to focus more of their time on direct services to children and families. Second, CSD utilizes several recruitment and hiring strategies considered best practice in the field. For example, the Division uses continuous hiring, in which a job posting is made continuously available for applications to ensure an ongoing pool of candidates to fill vacant positions.³²

CSD also offers a salary match to new hires who initially turn down their offers due to higher paying offers at other agencies. At the Department level, DPSS recruits nationally—including from colleges and universities—and creates 6-month reports to forecast staffing and recruitment needs across divisions.³³ CSD also recently developed a recruitment video for their hardest to fill position, the SSP III, to give candidates a better sense of what the job will be like. This practice helps ensure that new hires are more aware of the day-to-day work, reducing potential role conflict.

Beyond hiring and recruitment strategies, CSD has expanded support for social workers through the Command Post, a specialized unit that responds to emergency child abuse referrals.³⁴ Prior to 2020, the Command Post operated only at night, on the weekend, and during holidays. It has since expanded to include daytime hours in certain areas of the County, with plans to increase to 24-hour support and a larger team. As the Command Post regional manager explains, “This is a win-win situation.... It will provide better support to children...and it allows our social workers to focus exclusively on cases that require our attention[.]”³⁵ These efforts are particularly important as several staff shared that emergency cases often detract from their ability to conduct other case management activities. As one respondent said, “It feels like I am putting out fires instead of being able to work with all my [clients].”

Lastly, in terms of concrete resources, staff responding to our survey indicated they have the materials needed to do their jobs, with 69 percent strongly or somewhat agreeing that they have the necessary equipment, such as computers, phones, and tablets. This is particularly important for caseworkers who are often out in the field working directly with children and families. Additionally, 62 percent strongly or somewhat agreed that they have sufficient access to the information needed to do their work, including websites that display service availability, management reports, and workload management tools.

³² Leanne Heaton et al., *Evaluation of the Annie E. Casey Foundation’s On the Frontline Initiative* (Westat, 2019).

³³ Riverside County Department of Public Social Services, *Annual Report*, (Riverside, 2021).

³⁴ Riverside County DPSS, *Annual Report*.

³⁵ Riverside County DPSS, *Annual Report*.

Positive Organizational Culture

Staff and leadership interviewed for this report consistently affirmed how committed CSD staff are to the children and families they serve. Some staff have worked for the County for long durations and many regard the work as critical. When surveyed, 70 percent strongly or somewhat agreed that they are making a positive difference in the lives of children and families; 67 percent strongly or somewhat agreed that overall they like their job. These numbers reflect, in part, how meaningful the work is to CSD staff. As one respondent shared, “I have a passion for social work so that passion allows for me to love my job.”

Respect, recognition, and employee voices are crucial aspects of a positive work environment as well. Perhaps recognizing the role negative news can play in employee satisfaction, in 2021 DPSS began a video series to highlight both clients and staff, and has since made some additional efforts to increase transparency and to improve public perception of the Department and its staff.³⁶ CSD has also taken a number of steps to incorporate staff feedback meaningfully into improvement processes. These efforts were directly reflected in focus group feedback, with staff sharing that they feel comfortable bringing concerns forward and assured that supervisors and managers are trying to address the issues raised. To this point, DPSS conducts agency-wide workforce satisfaction surveys, which are used to inform strategic planning efforts.

CSD has also implemented a robust CQI process.³⁷ The CQI efforts, which began in late 2019, seek to understand and address problems at an organizational level, rather than blaming individual employees and their performance.³⁸ As one leader shared, “My philosophy as a leader is when organizations struggle to produce the desired outcomes, the majority of the time it is not our staff/social workers but the systems we have in place (leadership decisions, processes, technology, etc.).” This approach reflects the commitment to addressing challenges at an agency rather than individual level.

Support

In general, supervisors’ support for caseworkers was described positively. For example, among surveyed staff, the majority of respondents (67%) strongly or somewhat agreed that their supervisor provides timely feedback on their work. As a focus group participant explained, “...the workload is really heavy for us but [supervisors] provide a lot of support and without that, I’ll be honest, a lot of my teammates around me, including myself, [would] probably not be able to do the job to its full function.” Supervisors in several units support staff through frequent check-ins; those at the leadership level view themselves as mentors for new staff. As

³⁶ Riverside County DPSS, *Annual Report*.

³⁷ Riverside County DPSS, *Annual Report*.

³⁸ Cooper Khush, *Riverside County Department of Public Social Services (DPSS) Summary of Process Improvement in CFS Division since February 2020*. (Implematix, 2021), 1 – 3.

one such leader shared, “What we’re doing is mentoring the next generation of social workers...walk[ing] them through the different things that we’ve learned over the years that have helped us in our practice.”

In addition to supervisor support, County Counsel has made additional efforts in recent years to increase support for caseworkers. County Counsel attorneys—many of whom have been employed by the County for many years—are available for consultation, including after hours. As one interviewee explained, “We have a County Counsel who is available...to answer any questions for social workers who are investigating a case in the middle of the night.” To support staff’s interactions with the court and to update them on new legislative requirements, they have developed a series of regular trainings, offered as brown-bag lunches. County Counsel also now plays a larger role in new employee training than in the past.

Finally, although peer support seems to be less prevalent at the social worker level, individual interviews with Deputy Directors suggested strong sentiments of mutual support within the Executive Team. These directors spoke to regular opportunities for communication across divisions, forward-looking attitudes, and a shared vision for providing quality services to families. The Deputy Directors indicated they had worked for the County—and for CSD specifically—for many years, playing various roles as line staff, supervisors, managers of other divisions, and now Deputy Directors. They reflected pride in their team approach and work towards common goals.

Training and Advancement

As described in more detail below, training, particularly for new staff, is a key area for improvement for CSD. However, in regards to career advancement, some units have created new opportunities for staff to promote within the social worker classification, as well as into supervisory roles. This latter effort has resulted in new supervisors who are ready to embrace change.

CSD Workforce Opportunities

In addition to the strategies described previously, CSD is engaging in new and emerging efforts to address workforce challenges.

Concrete Resources

To further tackle compensation concerns (described in more detail below), CSD reported that it is in the process of conducting a wage parity study for SSP I, II, and III positions and Social Services Assistants to understand and compare CSD wages with those in neighboring counties. CSD also reportedly launched a Recruitment and Retention workgroup, which will meet monthly to discuss workforce improvement strategies. Additionally, given the increasing attrition rate

among social workers, CSD has started to conduct “stay interviews” with staff who have been with the Division for five years or more to understand why they are staying and what can be improved. These interviews will provide vital information about how workforce practices and support can be improved to increase job satisfaction. Lastly, the County is working to implement an Integrated Service Delivery System. This initiative aims to decrease duplicative intake processes and could increase efficiency, ultimately reducing caseworker workload.³⁹

Positive Organizational Culture

An organization’s commitment to racial equity is critical for ensuring a safe and supportive workplace. In 2021, one of CSD’s key initiatives was to “enhance commitment to recruiting and retaining a qualified, diverse, and culturally competent workforce.”⁴⁰ This commitment is reflected in the recent revitalization of CSD’s Racial Disparity and Disproportionality in Riverside County initiative, which has identified Workforce Development as a key priority. Notably, staff feedback collected for this report did not highlight concerns or strengths regarding racial equity within CSD.

Support

CSD leadership has recognized the need for enhanced support for staff, particularly for new hires, and has taken some initial steps to restructure accordingly. This includes rethinking how supervisors and deputies support their teams, such as through increased hands-on training.

Training and Advancement

With the hiring of additional entry-level staff, particularly SSP I and II positions, CSD leadership has shared their intention to support these new hires through promotion opportunities (that is, to SSP III positions) once they have gained the necessary experience and training. As one leader shared, “We have recently initiated meetings with SSP I and IIs to encourage them to promote to SSP IIIs in the future,” reflecting planned efforts to further improve access to career advancement.

³⁹ Jeff Van Wagenen, *Status Report on the Activity of the Board Ad Hoc Committee on Inter-Departmental Systems Improvements for Protection of Vulnerable Children and Adults* (Riverside County Board of Supervisors, 2022).

⁴⁰ Riverside County DPSS, *Annual Report*.

Areas in Need of Improvement

Despite CSD's efforts to address high turnover and vacancy rates, social worker and leadership feedback gathered for this report reflect a number of areas in which it could further improve its practices and policies to retain staff more effectively.

Concrete Resources

Among staff feedback collected for this report, salary, benefits, and workload were some of the most commonly identified factors contributing to poor employee retention. Regarding compensation, 64 percent of survey respondents strongly disagreed that their compensation is sufficient for their caseload and responsibilities. Staff perceive their salaries as low relative to the cost of living, social worker salaries in surrounding countries, and the stress and importance of their job. As one respondent stated, "For the type of work we do at CSD, we do not get compensated what we deserve. In-N-Out starts their employees at \$21 [per hour] while an SSP starts way below that." Several staff made similar references to higher pay in service industry jobs.

Further, seasoned staff shared several complaints specific to long-term employees. This includes capping out at a maximum salary level and the lack of cost-of-living-adjustments, both of which have left many social workers' salaries largely stagnant. Some long-term staff also shared frustration that salary incentives used to recruit new hires have resulted in an unfair pay difference between new and seasoned staff. This has left seasoned social workers feeling unrecognized for their level of experience and education, as well as for their dedication to the CSD. As one respondent to our survey shared, "The [C]ounty needs to really look at compensation of current workers for the work, time, and commitment they continue to put in daily. It is sad when workers who have been here are making less than those coming in. Where is the motivation for workers to stay here?"

Beyond salary, staff also raised concerns about the high cost of employee benefits—particularly medical and retirement—which further reduces their take home pay. One focus group participant shared that they pay more than \$1,000 per month for medical insurance, which they felt was very high.

In addition to compensation concerns, unmanageable workloads and lack of sufficient staffing were consistently identified as major issues for staff. Managers, supervisors, and staff alike referred to an "all-hands-on-deck" approach in recent months that has been extremely taxing. The majority of survey respondents (54%) strongly or somewhat disagreed that their workload feels manageable, and 71 percent answered similarly about the workload of their colleagues.

CSD has set its caseload target at 23 cases per social worker. However, data from December 2021 to February 2022 indicates its average ranged from 31 to 34 cases per social worker.⁴¹ These ranges also vary significantly by unit: focus group participants reported caseloads as high as 40 to 50 in the TAY Unit and 80 to 90 in the Adoptions Unit. These numbers are especially high relative to California standards. As seen in Figure 7, California Senate Bill (SB) 2030⁴² sets a minimum standards caseload range for child welfare staff from 13.03 for emergency removal to 23.67 for permanent placement.⁴³

Figure 7: SB 2030 Caseload Standards

| | Emergency Removal | Family Maintenance | Family Reunification | Permanent Placement |
|-------------------|-------------------|--------------------|----------------------|---------------------|
| Minimum Standards | 13.03 | 14.17 | 15.58 | 23.67 |
| Optimum Standards | 9.88 | 10.15 | 11.94 | 16.42 |

Riverside County's caseload rates are also high given its geographic context. Staff assigned to one region of the County may need to visit a child in a different region. Given the almost 200-mile distance from its western to eastern borders and heavy Inland Empire traffic, service to a single child in care can take almost a full day.

High caseloads directly contribute to feelings of burnout for staff who remain in their positions: they work longer hours, take on greater responsibilities, and—sometimes—see the quality of their work decline. Staff who experience burnout can lose commitment to the work and are more likely to seek employment elsewhere, or even leave the field of child welfare altogether.

One social worker said, "The amount of work [is] unmanageable and I often feel as if I am working so much, but also letting my families down because I am stretched too thin." Both social workers and Division leadership find that high caseloads leave social workers unable to focus on their clients' needs, spend sufficient time on individual cases, or build client relationships. These conditions not only impact service quality, but also caseworkers' motivation and satisfaction. Social workers feel unable to do the social work they came into the job to do.

⁴¹ Riverside County Children's Services Division, *February 2022 Children's Services Division Dashboard*, 2022.

⁴² SB 2030 required an evaluation of workload within California Welfare Services and associated recommendations, completed in 2000.

⁴³ California Child Welfare Co-Investment Partnership, *Balancing Head & Heart*.

One shared, "I feel like we are just checking the boxes and not doing real social work. We can't do real social work because we don't have the time."

Exceptionally high caseloads and the relative inexperience of new staff can also lead to unintentional errors and omissions. Because of the nature of the profession, these can be critical. As a survey respondent aptly summarized, "The workload/working conditions are not acceptable and we absolutely cannot ensure child safety at the level we were able to do in the past when caseloads and staffing levels were more manageable.... We need help. Our people are tired and many people have resigned."

Notably, several staff referred to CSD's unmanageable workload as "a crisis." Partner agencies corroborated this perspective, with one saying, "in my decades of experience with [DPSS] I have seen things cycle through periods of being better or worse, but I have never seen it this bad. It is absolutely horrible right now," referring to the overwhelming caseloads social workers currently carry.

Focus groups with staff and supervisors indicate concerns about the relatively large share of County resources dedicated to the front end of the child welfare system (i.e., hotline calls and investigations). Echoing the concerns raised prior, the paucity of staff resources dedicated to foster care, continuing services, and TAY results in especially high caseloads and compromised services.

With rising caseloads due, in large part, to issues of social worker recruitment and retention, and the related challenge of insufficient time to closely assess and support children and families, social workers in Riverside County are experiencing significant challenges in their daily work.

Positive Organizational Culture

While speaking about CSD's culture, some staff identified a culture of fear within the Division, one in which caseworkers are concerned about the personal implications of making a mistake. One respondent stated, "I have never seen morale this bad at DPSS in the many years I have been here. I think there is a fear-based system at the moment and employees are not valued at all." Another described a "culture of blaming everything [on] the assigned SSP." Media coverage has further fueled this fear and has contributed to an organizational climate that is blame-focused rather than learning-focused. One respondent said, "no one wants to work in child welfare anymore. It is considered family policing, decried in the media as baby snatching and thankless. Not to mention it is hugely stressful and at many times, dangerous."

Considerable evidence suggests that blame-focused organizational climates contribute to staff burnout and attrition.⁴⁴ Due to heightened concerns following the Turpin case, one member of the DPSS staff suggested that a “culture of fear” served as an overlay to the professional climate within the agency. Leadership and social workers alike were tearful at times regarding this criticism, with one respondent stating, “We do this work because we love it. We love the children and families we work with. We certainly don’t do it for the money because there isn’t any. So when media coverage says we aren’t empathetic toward our families, it really hurts.”

Respondents indicated that the DPSS Human Resources (HR) Department could do more to recognize loyalty. One respondent stated:

They used to do recognitions every five years. You would get a pin. It’s kind of silly but it meant a lot to me to be recognized. They had a catalog you could choose something from to honor your work anniversary. Or even just a little shout-out at a meeting. I think they should honor anniversaries like one year and two years of service as well as those of us who have been here a long time, like 10, 15, 20 years or longer... Honestly these days if you make it to the one-year mark that’s something to celebrate because the turnover lately has been crazy. It doesn’t cost anything to just recognize our service. I guess it’s just that little pat on the back that says, “Hey you did a good job today.”

In addition to the lack of recognition, the hybrid work environment in which many people work from home when they are not in the field appears to be creating feelings of isolation and loneliness among workers who come to the office for work. One respondent spoke about how she missed the feelings of camaraderie when working in an office where people came to work in-person:

I used to work in a unit where we had a kids' old shoe. We called it “the kick-ass shoe” and we put it on each other’s desk to say, “You kicked ass today.” It was our way of seeing each other and recognizing each other. This tradition was brought about by us as co-workers. That was a good unit... It isn’t like that anymore. It’s empty. I am over here by myself. One day you see people’s names and the next it’s empty cubicles.

In addition to feelings of fear, blame, and isolation, mental health is a considerable concern among social workers who support families and children experiencing trauma. This can result in secondary trauma for staff. When asked if staff feel they have the support to process secondary trauma, survey results were mixed: 40 percent of respondents strongly or somewhat agreed

⁴⁴ Catherine K. Lawrence et al., “Measuring the impact of public perceptions on child welfare workers,” *Journal of Public Child Welfare* 13, no. 4 (2019): 401–418.

that this support is present, 28 percent neither agreed nor disagreed, and 33 percent strongly or somewhat disagreed. One respondent explained, “Social workers do not operate with just facts and figures. We deal with a large amount of trauma, loss, and social injustice. These are hard premiums for the staff. Secondary traumatic stress is real, and when left unchecked, decreases productivity.” Another respondent said:

There was one of the workers—she was an intern and then she became a worker during the pandemic. I saw her every day and she was crying every day. People were telecommuting and there wasn’t any support during the pandemic. I was talking to her everyday and I was telling her ‘hang in there you’ll get through this’ and she ended up quitting after six months. She had graduated with an MSW [Master of Social Work] and she was a [Title] IV-E student too.⁴⁵ She said she couldn’t stay to pay it off.

Although CSD may be taking some steps to support the mental health of its workforce, this critical issue needs more attention. Staff feedback also revealed areas of growth for management and executive-level staff. When asked if CSD leadership communicates clear and consistent priorities to guide staff, responses were mixed, with only 12 percent strongly agreeing, compared to 20 percent who strongly disagreed. Additionally, while social workers feel comfortable providing feedback to their supervisors and managers, both they and supervisors indicated that little change has occurred as a result of this feedback due to insufficient staffing, funding, and slow bureaucratic processes. One respondent said, “They implement stuff and it goes away and it comes back. I wish they would ask us what we think works.” Staff shared the feeling that higher level management does not act on supervisor feedback. One person described their supervisors and managers as “stuck in the middle” between staff and Deputy Directors. Another explained, “Management has a lot of meetings addressing the needs and have been asked by staff to hold follow-up meetings with results of the goals set and they do not follow up... with action or any concrete results.”

Support

Although many social workers spoke to the high level of support they receive from their supervisors, others were dissatisfied on this front. Respondents identified concerns about high turnover among supervisors, leading to inconsistent support, lack of sufficient training for supervisors, and punitive supervision styles, among other issues. One shared, “I think that supervisors need to be better trained to provide support. There are too many punitive and

⁴⁵ Title IV–E is a federal funding stream that provides financial support to select MSW students pursuing employment in public child welfare.

hands-off supervisors. I learned best from supervisors that had the time to show me the process [compared to] those that handed me off to another person.”

These challenges may be explained in part by supervisors themselves feeling overwhelmed with trying to support high numbers of new staff. Within CSD, reportedly 36 percent of SSP IIIs have two years’ experience or less. Meanwhile, research indicates that it generally takes three years to learn the job. Newer staff require higher-than-average oversight, support, and close supervision, and a large proportion of CSD supervisors are new themselves. Supervisors not only describe having to take on casework to relieve overwhelmed staff, but also increased efforts to make up for new employees’ lack of training and experience, resulting in burnout.

Peer support is also a challenge for CSD. Once new staff begin, they often receive high caseloads due to CSD’s overall workload demands, instead of gradually taking on new cases as they learn the job. Seasoned staff then feel obligated to help support new staff in learning the work on top of their own high workloads. As one person shared, “We can’t afford to not provide hands-on support to the new people coming in, but everyone is so overworked and tired to help or give [them] the attention that is needed.” This lack of peer support has also been heightened with the move to teleworking, as noted by one respondent:

While seasoned staff may enjoy the flexibility of working independently at home, new staff are suffering with the lack of support.... There is unplanned learning that occurs daily for new staff in the office by overhearing others, being [able] to quickly ask questions and respond, and having access to resources.

Several respondents identified this as a reason why new staff are more likely to leave. Finally, high turnover for experienced staff results in the loss of important institutional knowledge that could benefit new hires. One respondent noted, “A lot of the experienced employees are leaving which leaves an imbalance of new to seasoned workers.”

Training and Advancement

As noted previously, training—especially for new hires—is an area in need of improvement for CSD. The pandemic has directly impacted its induction program. Over the past two years, CSD moved training for new staff online. New hires shared that it was difficult to absorb content through the remote learning platform. Trainers shared that they felt no one was watching them during training. Supervisors indicated that new staff are coming in with less knowledge and readiness than before. And some external partners expressed their surprise at how little new social workers knew about completing basic forms or performing functions they should have learned in training.

Beyond new hire training, seasoned staff identified a lack of incentives for professional development, noting that the County does not provide a pay differential for those who have increased education or training, such as an MSW degree or Licensed Clinical Social Worker (LCSW) license. Those who obtain higher degrees are more likely to leave for higher paying positions elsewhere.

Recommendations

To address areas in need of improvement within CSD, the following workforce strategies, drawn from research and best practices in other agencies, should be implemented.

Concrete Resources

1. **Further increase compensation for social workers and supervisors across positions.** Based on the results of the pending wage parity study, CSD should increase salaries to ensure parity with comparable positions in surrounding counties, as well as with the County's true cost of living. These efforts should go beyond SSPs to include Program Specialists and other key roles, which many noted have not been compensated to the same degree as SSPs.

Cost of living calculators, such as the one developed by the Massachusetts Institute of Technology (MIT), can be used to better understand CSD's salary gaps. In Riverside County, the living wage for a single adult with one child is estimated at \$76,086.40. When comparing the salary ranges for SSPs, as shown in the figure below, there is a clear gap, particularly for SSP I and II positions. These salaries range from 16 to 36 percent below the living wage.⁴⁶

Figure 8: Social Worker Salaries are below market rate

| Position | Salary Range | Percent Below Living Wage for a Single Adult with One Child |
|----------|---------------------------------------|---|
| SSP I | \$48,796.80–\$55,943.89 ⁴⁷ | 36%–26% below |
| SSP II | \$53,684.80–\$64,159.89 ⁴⁸ | 29%–16% below |
| SSP III | \$59,051.20–\$83,438.99 ⁴⁹ | 22% below–10% above |

⁴⁶ Massachusetts Institute of Technology, "Living Wage Calculation for Riverside County, California." Living Wage Calculator.

⁴⁷ Riverside County, "Job Descriptions – Social Services Practitioner I."

⁴⁸ Riverside County, "Job Descriptions – Social Services Practitioner II."

⁴⁹ Riverside County, "Job Descriptions – Social Services Practitioner III."

Numerous staff spoke about the rising cost of living in the County. One respondent said, “The cost of living in Riverside County has increased dramatically, however, the pay has not and therefore we have staff that are financially struggling even with Master’s Degrees.” In addition to a one-time raise to ensure greater parity for Riverside County staff, CSD should commit to annual cost of living adjustment (COLA) for all staff.

To address these challenges, CSD could follow the Texas Department of Family and Protective Services’ example. Facing similar issues in 2016—as well as a slew of negative media attention—it reviewed the salaries of in-state teachers and child welfare staff in comparable states to identify needed increases for its own employees.⁵⁰ The Department then secured additional state funding to implement the increases by educating policymakers about the direct connection between a strong, well-resourced workforce, and child and family safety and success. These efforts, with other workforce strategies, resulted in a 27.5 percent reduction in social worker turnover in just one year.

2. **Reduce employee contributions to medical and retirement benefits.** Many staff identified the high cost of employee benefits—particularly medical and retirement—as a reason staff are unsatisfied with their current compensation. Any effort to increase social worker compensation must consider the impact employee benefit contributions have on workers’ take-home pay.
3. **Set caseload limits for all units.** Caseloads should be manageable enough that social workers can keep appointments with clients, conduct quality visits and investigations, return phone calls and emails within one business day, and complete case documentation accurately and on time. To achieve this, CSD should follow best practices in assigning an appropriate number of cases. The Council on Accreditation offers the following guidance on caseload standards:
 - a. Social workers should maintain a manageable workload, and cases are assigned according to a system that takes into consideration:
 - i. the qualifications and competencies of the worker and the supervisor;
 - ii. the status and complexity of the case, including intensity of child and family needs and size of the family;
 - iii. services provided by other professionals or team members; and
 - iv. other agency responsibilities.

Generally, caseloads should not exceed 12–25 families, depending on the unit. Smaller caseloads alone will not fully address the problem. Leadership must also make standards

⁵⁰ Casey Family Programs, “How did Texas decrease caseworker turnover and stabilize its workforce?,” May 14, 2018.

explicit and take actions to ensure they are followed. This could include creating a back-up unit of retired, on-call social workers to mobilize during surges or during staff shortages.

4. **Increase clerical support for social workers.** CSD should provide dedicated clerks to assist social workers with documentation such as visit logs and case notes. Some states have seen success with social workers calling clerks to enter data while social workers are driving, or in situations where they cannot type but are able to dictate. Dedicated clerks can develop specialties such as obtaining birth certificates, social security numbers, and California IDs for youth. This would enable social workers to spend more time interacting with children and families and less time at their computers—a key complaint. Alternatively, CSD can address some of these needs by augmenting its contracts with FFAs to include the completion of documentation requirements and writing of court reports for the children under their care.
5. **Improve hiring practices to reduce vacancies and workload.** This begins with strategies to hire qualified staff who are equipped to take on challenging but rewarding work. As a first step, CSD should clearly define the core competencies, responsibilities, and educational attainment required for key positions and rooted in the Division’s mission and vision.⁵¹ Building off its continuous job postings, CSD can then develop a pool of pre-qualified and pre-screened applicants to fill new vacancies quickly. New Jersey’s Department of Children and Families (DCF) instituted these practices in 2006 after identifying the need to reduce both turnover and vacancy rates. By 2016, it reduced its turnover rate by more than half and has since maintained a 6 to 10 percent turnover rate and a vacancy rate of less than 2.5 percent.⁵²

Team-based hiring has also proven successful in other child welfare agencies. In this model, supervisors and social workers collaborate to screen and interview candidates.⁵³ Not only can this produce qualified hires who will stay with the agency longer, but it also demonstrates to participating social workers that their input matters.

Expediting the onboarding process for new hires by streamlining background checks and other steps in the hiring process that cause delays can also help. Hiring new social workers should be approached with the same urgency as assisting with an emergency involving the safety of a child because inadequate staffing ultimately impacts child safety.

⁵¹ Munson, *NJ DCF Workforce Report*.

⁵² Munson, *NJ DCF Workforce Report*.

⁵³ Heaton et al., *Evaluation of Annie E. Casey Foundation*.

6. **Create a strategic initiative for workforce retention and enhancement.** This initiative should be managed by the new Strategic Initiatives Unit. The purpose of the initiative would be to provide additional resources to drive planning and implementation of workforce recommendations, and thus avoid burdening front-line staff with time consuming work groups.

Positive Organizational Culture

1. **Address critical incidents as system-wide learning opportunities.** In addition to CSD's CQI efforts—which aim to shift the focus of poor performance from individual employees to organizational barriers—CSD can take additional steps to combat its culture of fear. To that end, it can invest in manager training on safety science. Safety science:

involves an in-depth, systemwide analysis of how to respond to critical incidents, such as child deaths. For example, rather than responding to a single critical incident with blame, safety science involves a comprehensive review of critical incidents and a system-wide approach to understand the factors that influence both the quality and delivery of services.⁵⁴

For example, Arizona's Department of Child Safety began tracking the number of fatalities and near-fatality cases. Then, it interviewed staff who worked on these cases to understand what occurred, how decisions were made, how staff felt about the incident, and what could be learned from the situation. Texas's Department of Family and Protective Services implemented a centralized performance management model to address infractions and engage in early coaching and counseling to prevent issues from escalating into critical incidents.⁵⁵

2. **Develop a peer support program for critical incidents and overall employee well-being.** Peer support programs are common in highly challenging professions, such as firefighting, medicine, and child welfare. For example, New Jersey's DCF instituted the Worker2Worker Program for social workers. This confidential peer-counseling support hotline is operated seven days a week by former child welfare employees and supervisors who provide telephone assessments and referral services. In addition to the hotline, the program provides in-person debriefing for staff when traumatic events

⁵⁴ Debra K. Davenport, *A Special Report of the Arizona Department of Child Safety—Staff Retention, Recruitment, and Training*. (Phoenix: Arizona Auditor General, 2017).

⁵⁵ Casey Family Programs, "How did Texas decrease caseworker turnover."

occur, and hosts resiliency and self-care events. In its first four years of operation, the Worker2Worker program assisted over 11,000 caseworkers.

Similarly, the Arizona Department of Child Safety's Workforce Resilience - Peer Support Program was developed to "enhance an employee's ability to navigate through workplace and personal stress to improve employee well-being."⁵⁶ The Peer Support team includes employee volunteers trained in areas such as secondary traumatic stress, burnout, and responding to critical incidents. They provide both in-person and virtual support.

3. **Increase team building events for all staff.** Hold regional in-person events involving dynamic guest speakers with opportunities for small group break-out sessions and sharing amongst peers. This will help create cross-functional support networks and friendships that encourage staff to stay in their jobs. It may also allow staff to identify co-workers in other units who can assist with difficult cases and other workplace challenges. Moreover, these events generate energy around initiatives and philosophies that CSD seeks to promote, such as deep dives into elements of the Core Practice Model. Lastly, such team-building can engage new employees who have had less in-person work experience.
4. **Highlight staff accomplishments on an ongoing basis both virtually and in-person.** Getting an award makes people feel good, but "the real benefits of awards are seen long after the initial glow wears off."⁵⁷ Studies have found that when employees are given awards, they are likely to work harder, to be more engaged, and to have higher intrinsic motivation. In other words, more recognition inspires employees to enjoy their work more and do a better job.

DPSS's HR and CSD can implement this through online solutions such as [Kudoboard](#) and [Tribute](#).⁵⁸ Virtual or remote employee recognition should highlight staff promotions and recognize supervisors or peers performing exceptional work.⁵⁹ Involving staff's families and other community members in these events can be particularly motivating.⁶⁰ DPSS's HR Department can also honor work anniversaries for CSD employees. Reaching a one-year employment anniversary for many new social workers is an important milestone to recognize.

⁵⁶ Arizona Department of Child Safety, *Workforce Resilience – Peer Support Program*. (2018).

⁵⁷ Bruno S. Frey and Jana Gallus, *Honours versus Money: The Economics of Awards* (Oxford, United Kingdom: Oxford University Press, 2017).

⁵⁸ Kudoboard, "Kudoboard," Accessed June 9, 2022.; Tribute, "Tribute," Accessed June 9, 2022.

⁵⁹ Munson, *NJ DCF Workforce Report*.

⁶⁰ Casey Family Programs, "Texas decrease caseworker turnover."

5. **Create intentional opportunities for connection in a remote workplace.** As telecommuting becomes more common in the aftermath of COVID-19, HR needs to do more to foster community building on-line. Hosting events with guest speakers on remote meeting platforms that provide many breakout opportunities for employees to meet and speak with each other is one way to provide opportunities for connection. Hosting topic-specific on-line support groups is another strategy.
6. **Participate in community events to improve public perception.** Given the adverse impact of negative media coverage and public perception of social workers, several child welfare agencies have made additional investments in community education, such as attending community events, to share information about their work and successes.⁶¹ Direct outreach to media editors and other leaders to discuss the nature of and risks associated with the work may also be helpful in light of recent critical incidents.

Support

1. **Increase support for new social workers through mentorship.** The high rate of new staff hires has taken a toll on the Division. New employees feel overwhelmed and under-prepared, and seasoned employees and supervisors feel burned out trying to support a less experienced workforce. Reinstating a mentorship program to match new hires with experienced retirees to provide guidance and support can address this critical issue. Staff shared that such opportunities were available in the past and viewed positively.

Texas's Department of Family and Protective Services developed a mentorship program for staff in which mentors were recruited among seasoned employees rather than retirees and provided with a stipend for their time.⁶² This strategy may become more feasible as workloads decrease for existing staff, and it will have the added benefit of recognizing and compensating long-time staff for their expertise.

In addition to a mentorship program, CSD can create opportunities for new hires to network through social hours and meet-ups, remote and in-person brown-bag trainings, and days of the month in which all staff are encouraged to complete their desk-work at the office rather than remotely.

2. **Establish an Office of Staff Health and Wellness.** To address secondary trauma, stress, and burnout, CSD can invest in a team or office dedicated to supporting staff's health and wellness. This proved impactful for New Jersey's DCF, which made staff

⁶¹ Munson, *NJ DCF Workforce Report*.

⁶² Casey Family Programs, "Texas decrease caseworker turnover."

wellness a priority and included staff's families in the service offering. According to New Jersey's DCF's website, "The Office's purpose is to engage staff in resources and supports that foster overall physical and emotional well-being, strong morale, and a culture of inclusivity and empowerment."⁶³ The Office of Staff Health and Wellness trains leadership on trauma and resilience, hosts workforce well-being groups, provides mindfulness resources, and has instituted additional security measures and tools. By establishing a similar office, CSD can make clear its dedication to staff well-being and provide caseworkers with a clear and dedicated resource to turn to.

Training and Advancement

1. **Tailor employee training to core competencies and increase field training.** To ensure staff are better prepared to tackle demanding caseloads, CSD should use their feedback to re-examine and, if needed, re-define the core competencies required for success in each position. CSD can then enhance its training program for both new and continuing employees to directly reflect these competencies.

Texas's child welfare agency shifted from a lengthy classroom-focused training model for new hires to a more balanced approach, in which trainees get almost immediate experience in the field. This approach "provides new caseworkers with hands-on experience earlier, and it helps determine fit between the individual and the job more quickly."⁶⁴ Trainees are subsequently given a reduced caseload and meet frequently with their supervisors to discuss their progress on the agency's core competencies. An evaluation of Texas's training model found that caseworkers felt more prepared for their positions and more likely to remain with the agency under the new approach.

New Jersey's DCF has also seen an increase in training quality and take-up rate after developing a university partnership to provide staff with comprehensive professional development courses and training opportunities.⁶⁵ Riverside can tap into one of the many California State Universities or the University of California system to forge a similar partnership, providing benefits to both entities.

2. **Resume in-person induction for new social workers.** Given concerns about online training, CSD should develop plans for in-person induction in the next training cycle. The induction process is too important for new social workers to miss, particularly in an environment where they must accept caseloads with limited mentorship after induction.

⁶³ New Jersey Department of Children and Families, "DCF Office of Staff Health & Wellness."

⁶⁴ Casey Family Programs, "Texas decreases caseworker turnover."

⁶⁵ Munson, *NJ DCF Workforce Report*.

When remote training is offered, trainers should include opportunities for breakout rooms for participants to meet each other and connect meaningfully.

3. **Provide bi-annual training on foundational skills.** Enhanced training for new employees is critical, but it is equally important to reinforce these skills and information on a recurring basis. CSD can accomplish this by providing training for all staff every six months that cover topics included in the induction training. This can also be an opportunity to dive deeper into such topics, and to allow employees to reflect on how they have incorporated their initial training into their day-to-day work and the areas in which they may need further support.
4. **Strengthen the induction curriculum for social workers serving TAY and hold TAY-focused training bi-annually for all social workers serving these youth.** Review the curriculum to identify areas to strengthen. Key areas for review include services and support available to TAY, how to facilitate connection to services, goal setting and planning for teens, and developmentally appropriate engagement approaches. Engage the TAY Working Group to review key portions of the curriculum. Presenters at induction training can include former foster youth, the Independent Living Program (ILP) and other service providers, and resource families.
5. **Incentivize higher education and professional development by offering an increased pay differential for staff with advanced degrees and/or licenses.** At present, staff do not feel compensated for advanced education and thus do not feel motivated to pursue it. One respondent notes, "Most social workers with Master's degrees leave within two years for better pay." To combat this, CSD should either consider a stipend for advanced degrees and licenses, or develop salary levels that more clearly take these into account.
6. **Develop leadership positions for personnel without case-carrying responsibilities who can effectively manage key initiatives** such as Contracts with FFAs, implementing critical aspects of California's Core Practice Model, and the QPI.

Technology to Support CSD

Child Welfare Services/Case Management System (CWS/CMS) is California's State Automated Child Welfare Information System. The CWS/CMS system has been in place for more than two decades and is widely considered to be antiquated. Social workers who are newer to the workforce and more familiar with contemporary technology find CWS/CMS to be particularly cumbersome. The State is currently overhauling the system to create the Child Welfare Services - California Automated Response and Engagement System (CWS-CARES). This is needed to make the system easier to use and to address wide ranging shortcomings.

One major deficit of CWS/CMS is identifying available placements and matching them with children in need. Placement coordination is a particular area of improvement for Riverside County when it comes to technology. According to interviews with FFAs and CSD, when a child is placed in the County's care, the County Placement worker sends the placement request en masse to all the relevant FFAs. Many agencies then "reply all" to the messages so that others know if they have a bed.

Given the deficits of CWS/CMS in placement identification and provision, some California counties have contracted with an outside vendor called [Binti](#) for the purposes of placement identification.⁶⁶ Riverside County has periodically considered using Binti or other software with a similar function. At the time of this writing, the lack of adequate technological support for placement creates severe challenges for social workers, children, and providers. This important issue, and the role that software such as Binti can play, is discussed in greater detail in the section on placements for children in foster care.

Apart from the serious concerns regarding lack of access to effective placement software, few other comments were made about information technology in interviews or survey responses. Some respondents mentioned the need to modernize how DPSS shares information with clients and social workers. This included requests to make the DPSS website easier to navigate and adding more resources and links to help social workers and clients identify services. Others suggested the widespread use of social media, email, and texting instead of providing clients with paper brochures and forms.

Placements for Children: Kinship Care

Context

When foster care is required to preserve a child's safety, federal law specifies that child welfare agencies must seek and identify appropriate kin whenever possible to serve as foster parents. In California, kinship caregivers undergo a home study and background check that parallels the home assessment process for non-kin (with some exceptions) and a judicial officer of the juvenile court renders a placement decision. Kin who meet the same licensing requirements as non-kin are eligible for foster care subsidies.

Child welfare policy and practice vis-a-vis kin has evolved gradually over time. At one time, kin were intentionally avoided as alternative caregivers out of concern that kin would be unable to maintain the boundaries of safety for children and worries that kinship caregiving might mirror

⁶⁶ Binti, "Foster Care Software," Accessed June 9, 2022.

the care of children's parents. Today, relatives are embraced as the best placement alternative, assuming that they can provide safe and appropriate care.

The research analyzing kinship foster care suggests that it is typically more stable—children are less likely to move from placement to placement.⁶⁷ Further, relatives are more likely to take in sibling groups, which prevents siblings from being separated.⁶⁸ Relatives, however, have their limits. Various studies indicate that they typically take children who are less behaviorally challenged and/or who present with fewer health or mental health concerns. In cases involving health or behavior concerns, relatives may be available to support children in other ways, but may not be able to serve as a placement setting.

Identifying kin is not always straightforward. In the past, the process was limited to soliciting a parent's wishes. But parents interacting with the child welfare system may not fully disclose the names or locations of family members. This can occur because they are unaware of family connections, the relationships may be strained or distant, or they may feel shame for their involvement with child welfare and prefer to hide that information from family. New technologies have ushered in model strategies to identify a wide range of family members, some of whom might be unknown to the birth parent or child. Efforts to contact and engage these adults can sometimes result in an appropriate foster placement for a child, or at minimum, an additional family member who can provide other types of family support (i.e., babysitting, tutoring, transportation to school or appointments, etc.). [Family Finding](#) was developed by Kevin Campbell in 2008 as a best practice for identifying and engaging family members in children's care. Although it does not appear to have an impact on the likelihood of reunification or the stability of care, it appears to offer benefits in terms of legal and relational permanency, marshaling more adults in the care of children, and developing connections as children age out of care.⁶⁹

Coupled with Family Finding, other model approaches such as [Child and Family Team Meetings](#) (CFTMs) are designed to engage family members as children's supporters and allies.⁷⁰ Family members and close friends are invited to meet with child welfare, mental health, and allied professionals to help identify child and family needs, and to consider a range of formal and informal strategies to address those needs. Included in the Continuum of Care Reform (CCR) of

⁶⁷ Jennifer Osborne et al., "Placement stability among children in kinship and non-kinship foster placements across multiple placements," *Children and Youth Services Review* 126, (July 2021): 106000.

⁶⁸ Andrew Zinn, "Kinship family relatedness, nuclear family contact, and social support among foster youth," *Journal of Public Child Welfare* 11, no. 1 (2017): 1–26.

⁶⁹ Miriam J. Landsman, Shamra Boel-Studt, and Kelli Malone, "Results from a family finding experiment," *Children and Youth Services Review* 36, (January 2014): 62 – 69; Scott C. Leon, Deborah J. Saucedo, and Kristin Jachymiak, "Keeping it in the family: The impact of a Family Finding intervention on placement, permanency, and well-being outcomes," *Children and Youth Services Review* 70, (November 2016): 163–170.

⁷⁰ California Department of Social Services, "Child and Family Teams (CFTs)," Accessed June 9, 2022.

2015, CFTMs are now required for all children entering out-of-home care within 60 days of placement (Welfare & Institutions Code Section 16501). Some children may be subject to multiple CFTMs if, for example, they are placed in a group home or Short-term Residential Therapeutic Program (STRTP), or if they require intensive care coordination due to a health or mental health condition. CFTMs can be used early on in a child's placement to help identify family members as placement resources or as other supports. They can also be used throughout a case to identify previously undiscovered family members. Findings from studies of group decision-making models suggest that families are more likely to be connected to needed services such as parenting and mental health services following a team meeting, though these models are less likely to have impacts on placement outcomes (e.g., stability or permanency).⁷¹

Together, Family Finding and CFTMs should result in the identification of safe caregivers willing to support the child and family over time. Statewide, approximately one-third of all children in out-of-home care reside with relatives (34.9%). In Riverside, the figure is slightly lower at 32 percent.

Strengths

The staff we spoke with who are assigned to Child and Family Team units are deeply committed to the work. One staff member noted:

I think just having everybody together in one spot virtually, you know. So if somebody, you know, has a question...they get to bring it up there and then. Having the kiddos there is a big strength, because then they can...talk for themselves, advocate for themselves, say what's working, what's not working.

Opportunities

Numerous child welfare staff noted the difficulties conducting CFTMs with family members during the COVID-19 pandemic. Meetings have been occurring via video conferencing since the beginning of the pandemic and staff noted many limitations associated with this approach. In particular, many parents do not have access to computer technology that allows them to fully participate via the remote video platform. Instead, many can only participate via telephone. Social workers suggest that the lack of face-to-face contact makes it difficult to engage meaningfully. Alternatively, some staff indicated that CFTMs can reach a much larger group of

⁷¹ Child and Family Teams are alternatively referred to as Family Group Conferencing, Family Group Decision Making, and Team Decision Making. Research has largely focused on Family Group Decision Making. Stephanie Cosner Berzin et al., "Does family group decision making affect child welfare outcomes? Findings from a randomized control study," *Child Welfare* 87, no. 4 (2008): 35–54; Elizabeth C. Weigensberg, Richard P. Barth, and Shenyang Guo, "Family group decision making: A propensity score analysis to evaluate child and family services at baseline and after 36–months," *Children and Youth Services Review* 31, no. 3 (March 2009): 383–390.

family members when conducted virtually. Some noted that family members from other countries can participate virtually, whereas that would be impossible if meetings were entirely in person.

As the pandemic wanes and services transition to an in-person context, County staff may be able to use the lessons of the pandemic to incorporate family members into CFTMs virtually if they have no other means of participation.

Areas in Need of Improvement

Riverside County's proportion of children residing with kin in out-of-home care is slightly lower than the state average. We understand that current practice in identifying kin as viable placement resources rests largely with birth parents who name family members and friends. Other counties in California appear to make greater use of [Family Finding](#) strategies and [CFTMs](#) following a detention hearing.⁷²

Recommendations

1. **Make better use of Family Finding efforts to identify viable kinship placements when children are placed in out-of-home care.** Riverside County saw a significant dip in the utilization of kin around 2018, however, it has inched up since that time. While we cannot determine the reasons for this variability, we encourage the robust use of Family Finding strategies during the period immediately following a detention hearing to identify safe and appropriate kinship placements.
2. **Use CFTMs strategically to identify family members who might serve as a placement or other resource.** Staff with whom we spoke described the benefits of CFTMs for identifying children's needs and related services. They placed less emphasis on the potential for using CFTMs to continue to identify family members who might serve as a resource to children and parents. These resources might include child placement or other informal supports.
3. **Develop policies and support initiatives to strengthen and increase kin placements when kin are identified.** Encourage increased use of non-safety waivers for kin providers. For example, if a grandmother has a driving under the influence (DUI) charge from 15 years ago, but the placement is otherwise safe and appropriate, a waiver may be considered. Similarly, when children are awaiting placement overnight,

⁷² A Family for Every Child, "Home," Accessed June 9, 2022.; California Department of Social Services, "Child and Family Teams (CFTs)."

consider increasing the utilization of weekend visits with kin placements who cannot be approved on an emergency basis.

- a. Some kin may offer safe and appropriate homes, but have difficulty meeting licensing requirements because of limitations in their home (e.g., non-functioning smoke detector, medicine cupboards that do not lock). Efforts to develop community volunteers and partners who can support these material needs could expedite the licensing process and allow children to be safely placed with relatives.
4. **Make greater use of hybrid in-person and remote access to CFTMs.** As the pandemic wanes, we anticipate that the majority of CFTMs will be hosted in person. Drawing on the lessons learned during the pandemic, however, we hope that staff can be flexible in allowing remote access to family members who cannot attend, either due to geographic challenges, work-related obligations, or other barriers.
5. **Create a placement initiative to improve the number of highly effective out-of-home care providers.** This initiative should be managed by the newly formed Strategic Initiatives Unit. The purpose of the initiative would be to provide additional resources to drive planning and implementation of placement-related recommendations and thus avoid burdening front-line staff with time-consuming work groups.

Placements for Children: Foster Care

Context

Experts largely view children separated from their parents and placed in out-of-home care as some of the most vulnerable in the United States. Substantial evidence suggests that they suffer from the highest rates of chronic health conditions of all child populations.⁷³ According to one US study of a nationally representative sample of children having contact with the child welfare system, almost one-third (27%) of children entering foster care have a chronic or recurrent health condition, and two-thirds have a significant cognitive, social, or behavioral health need in the clinical range.⁷⁴

⁷³ Laurel K. Leslie et al., "The physical, developmental, and mental health needs of young children in child welfare by initial placement type," *Journal of Developmental and Behavioral Pediatrics* 26, no. 3 (June 2005): 177–185.

⁷⁴ Administration on Children and Families, Office of Planning Research, and Evaluation, *Who are the children in foster care? Research Brief No. 1.* (2007).

Children and youth in out-of-home care typically evidence higher rates of mental health problems than peers of a similar age not in care.⁷⁵ Depending on the study, between 35–85 percent of all children in out-of-home care suffer from a mental health condition.⁷⁶ In addition to their health and mental health challenges, a substantial proportion of foster children and youth suffer from a range of developmental disorders, including developmental delays (an estimated 19% of the foster care population compared to 4.6% of the general child population), and speech and language disorders (17.8% of children in foster care compared to 4.8% in the general child population).⁷⁷

Older youth in care may be struggling with substance abuse issues and some may have experienced human trafficking. One study examined the prevalence of five mental health conditions among youth ages 12–17.5 in care. The findings suggested that 43 percent reported at least one of the following mental health concerns: substance abuse/use (23%), attention-deficit/hyperactivity disorder (ADHD) (19%), suicidality (14%), anxiety (14%), or depression (9%).⁷⁸ These circumstances not only require a thoughtful parenting response in the home, but they also demand significant advocacy efforts to ensure that a range of service providers in the community meet children’s needs.⁷⁹

Sometimes referred to as *resource parents*, foster parents serve as children’s caregivers when parents, extended relatives, or close family friends are unable to care for them. We use the terms interchangeably. Foster parents play two essential roles. One may be termed “bureaucratic” and the other “familial.”⁸⁰

In the *bureaucratic* role, foster parents serve as service providers for the child welfare enterprise, attending to the child’s needs and responding to the system’s requirements on behalf of the government. Ideally, they serve as a professional team member⁸¹ working in collaboration with child welfare professionals. In their bureaucratic role, foster parents might be

⁷⁵ Lucy A. Bilaver, Judy Havlicek and Matthew M. Davis, “Prevalence of special health care needs among foster youth in a nationally representative survey,” *JAMA Pediatrics* 174, no. 7 (July 2020): 727–729.

⁷⁶ Mira Vasileva and Franz Petermann. “Attachment, Development, and Mental Health in Abused and Neglected Preschool Children in Foster Care: A Meta-Analysis,” *Trauma, Violence, & Abuse* 19, no. 4 (October 2018): 443–58.

⁷⁷ Bilaver, Havlicek, and Davis, “Prevalence of special health care needs,” 727–729.

⁷⁸ Sarah McCue Horwitz et al., “Mental health problems in young children investigated by US child welfare agencies,” *Journal of the American Academy of Child & Adolescent Psychiatry* 51, no.6 (June 2012): 572–581.

⁷⁹ Josh Fergeus et al., “Supporting foster and kinship carers to promote the mental health of children,” *Child and Family Social Work* 24, no. 1 (February 2019): 77–83.

⁸⁰ Jill D. Berrick, “Research and practice with families in foster care,” in *Contemporary Families: Translating Research into Practice*, edited by Scott Browning and Kay Pasley. (New York: Routledge Press, 2015).

⁸¹ Catherine E. Rymph, *Raising Government Children: A History of Foster Care and the American Welfare State* (Chapel Hill: The University of North Carolina Press, 2018).

required, for example, to transport a child to therapy or to visitation sessions with the parent. They are also required to fulfill the child's court-mandated case plan requirements, to file appropriate documents with child welfare professionals, or to attend meetings at the child welfare department. If the case plan includes reunification, the foster parent is required to support the birth parents in their efforts to reunify with their child.

In the *familial* role, foster parents serve as substitute parents to the child, engaging in behaviors that would be typical among highly effective parents. Features of "successful" foster parents suggest that they are warm and child-centered. They are stable, loving, nurturing, fair, and respectful. Their relationship is enduring.⁸² Caregivers support children's development, their cultural heritage, and their birth and extended family.⁸³

Although the majority of studies on foster parents focus on foster mothers, emerging literature on foster fathers suggests that they play a particular role in being positive role models and in showcasing a range of parenting tasks.⁸⁴ In addition to these parenting qualities, it is widely understood that the requirements of foster parents extend well beyond typical parenting.⁸⁵ The circumstances of children's separation from their parents, the court and child welfare agency's involvement with their family, and the unique behavioral and emotional challenges posed by children who have usually experienced trauma create an exceptional care environment, referred to by some authors as "parenting plus."⁸⁶

The demands placed on foster parents are significant, but perhaps none are so great as the emotional requirements of care. Foster parents are asked to make an unconditional commitment to the children in their home, loving them as though they were a child from their original family. At the same time, foster parents are expected to release the child to the birth parent if reunification is required by the courts. Falling in love and then letting go is very difficult. Evidence suggests that although foster parents often celebrate children's return home, many also experience a high degree of loss and grief as part of the process.

⁸² Ian Sinclair and Kate Wilson, "Matches and Mismatches: The Contribution of Carers and Children to the Success of Foster Placements," *The British Journal of Social Work* 33, no. 7 (2003): 871–84.

⁸³ Aron R. Shlonsky and Jill D. Berrick, "Assessing and promoting quality in kin and nonkin foster care," *Social Service Review* 75, (March 2001): 60–83.

⁸⁴ Damien Wayne Riggs, Martha Augoustinos, and Paul Delfabbro. "Foster fathers and care work: Engaging alternate models of parenting," *Fathering* 8, no. 1 (2010): 24–36.

⁸⁵ Hamido A. Megahead and Elizabeth Soliday, "Developing a Conceptual Framework of Foster Family Placement," *Journal of Family Psychotherapy* 24, no. 1 (2013): 48–63.

⁸⁶ Jill D. Berrick and Marit Skivenes, "Dimensions of high quality foster care: Parenting Plus," *Children and Youth Services Review* 34, no. 9 (September 2012): 1956–1965.

Foster Parent Recruitment in a Challenging Context

Because of these and other challenges, recruiting community members to foster care is challenging. Ample evidence suggests that the supply of available foster parents does not meet the demand for care from children,⁸⁷ and that this phenomenon is global.⁸⁸ Most California counties are seeing a decline in the census of available foster caregivers.⁸⁹ Ahn et al. argue that the reasons for the continuing decline in the foster parent census is due to changing demographic forces in US society that have made it difficult for adults to take additional children into their homes.⁹⁰ With the housing shortage and the rising cost of rent and price per square foot for homeowners, fewer people have space in their homes that they might consider available for a child in need of care. With more people working from home during the pandemic, space in a home has become even more sought after. Ahn et al. also argue that the subsidy rate offered to foster parents is too low.⁹¹ Moreover, researchers Baum and associates have raised concerns that negative media stories about poor quality foster care may contribute to the problem.⁹² These problems are exacerbated by the fact that effective, evidence-based recruitment strategies have not yet been developed.⁹³ Riverside County suffers from an overall decline in the foster parent census, just as other counties do.

In addition to the shortage of foster parents in most jurisdictions, only a minority of caregivers in any given community provide care to the majority of children. These “vital few,” estimated at about one-fifth of the foster parent pool, care for about three-quarters of foster children.⁹⁴ These caregivers are especially important to the child welfare system as the children in these homes experience fewer placement changes, and the care they receive is considered more effective than that provided by most foster parents. In addition, the vital few are especially likely to accept children with special needs, so they are particularly responsive to the population

⁸⁷ John Kelly et al., “The foster care housing crisis,” *The Chronicle of Social Change*, 2018.

⁸⁸ Joseph Ciarrochi et al., “Hope for the Future: Identifying the Individual Difference Characteristics of People Who Are Interested In and Intend To Foster-Care,” *The British Journal of Social Work* 42, no. 1 (2012): 7–25.

⁸⁹ John Kelly, “Who Cares 2020,” *Imprint*, November 10, 2020.

⁹⁰ Haksoon Ahn et al., “Estimating minimum adequate foster care costs for children in the United States,” *Children and Youth Services Review* 84, (January 2018): 55–67.

⁹¹ Haksoon Ahn et al., “Estimating minimum adequate foster care costs for children in the United States,” *Children and Youth Services Review* 84, (January 2018): 55–67.

⁹² Angela C. Baum, Sedahlia Jasper Crase, and Kirsten Lee Crase. “Influences on the Decision to Become or Not Become a Foster Parent,” *Families in Society* 82, no. 2 (April 2001): 202–13.

⁹³ Jill D. Berrick, Carole Shauffer, and Jennifer Rodriguez, “Recruiting for excellence in foster care: Marrying child welfare research with brand marketing strategies,” *Journal of Public Welfare Child Welfare* 5, no. 2–3 (2011).

⁹⁴ Donna J. Cherry and John G. Orme, “The vital few foster parents: Replication and extension,” *Children and Youth Services Review* 56, (September 2015).

child welfare agencies serve.⁹⁵ Research analyzing how to recruit for caregivers who will become the vital few is currently lacking.

These issues are not unique to Riverside County. Foster parenting can be as challenging as it is rewarding. To be successful, it requires training, recognition, and support. Studies on improving support for foster parents note that parenting is challenging under the best of circumstances. Children in foster care have been through trauma and may feel scared and out of control when they enter a new situation. Due to neglect or abuse, many have not learned coping skills. All of this adds up to an often untenable situation for new foster parents, and one that no amount of altruism can compensate for. Too often, supports for foster parents are afterthoughts in a system already stressed past its limits. Turnover rates of between 30 and 50 percent are not uncommon,⁹⁶ and many foster parents quit in their first year due to lack of support, poor communication with caseworkers, insufficient training to address the child's needs, and lack of say in the child's well-being.⁹⁷ Some evidence suggests that foster parents do their best for children when they are valued as important partners.

Best practices guides stress the importance of supporting families within the existing system before new recruiting drives are undertaken. A philanthropically funded program in St. Louis Missouri intensively trained, recognized, and supported foster parents. After the first year, 95 percent of the families remained engaged, compared to a baseline of 40 percent.⁹⁸ Other foster parent support interventions have proven successful. Based on an in-home coaching model for foster parents, the [KEEP](#) program has been shown to improve the quality and increase the stability of care, and to reduce children's behavioral problems.⁹⁹ Notably, the program offers similar, positive impacts for kinship foster parents as well.

Riverside County is attempting to address foster care quality issues through its adoption of the [QPI](#).¹⁰⁰ Started in 2008, QPI is designed to improve the overall quality of care provided to foster

⁹⁵ Donna J. Cherry and John G. Orme. "The vital few foster mothers," *Children and Youth Services Review* 35, (January 2013): 1625–1633.

⁹⁶ Rachel Whenan, Melissa Oxlad, and Kurt Lushington, "Factors associated with foster carer well-being, satisfaction and intention to continue providing out-of-home care," *Children and Youth Services Review* 31, no. 7. (July 2009): 752–760.

⁹⁷ Ryan Hanlon et al., "Systematic Review of Factors Affecting Foster Parent Retention," *Families in Society* 102, no. 3 (July 2021): 285–99.

⁹⁸ Foster and Adoptive Care Coalition, "Recruitment Programs Family Finding," Accessed May 23, 2022.

⁹⁹ Joseph M. Price et al., "KEEP foster–parent training intervention: model description and effectiveness," *Child & Family Social Work* 14, no. 2 (May 2009): 233–242; Joseph M. Price et al., "Effects of a Foster Parent Training Intervention on Placement Changes of Children in Foster Care," *Child Maltreatment* 13, no. 1 (February 2008): 64–75; Leslie D. Leve et al., "Practitioner review: children in foster care—vulnerabilities and evidence-based interventions that promote resilience processes," *Journal of Child Psychology and Psychiatry* 53, no. 12 (December 2012): 1197–1211; Joseph M. Price et al., "Effects of the KEEP foster parent intervention on child and sibling behavior problems and parental stress during a randomized implementation trial," *Prevention Science* 16, no. 5 (November 2014): 689–685.

¹⁰⁰ Quality Parenting Initiative, "QPI – Quality Parenting Initiative," Accessed June 6, 2022.

children by focusing on developing meaningful relationships to children in care as well as their birth parents. A seasoned staff member is responsible for promulgating the QPI principles and strategies in Riverside County.

The Organizational Context of Foster Care: FFAs

In 1986, the California state legislature allowed the establishment of FFAs to alleviate problems faced by the overburdened foster care system. FFAs are community-based, nonprofit organizations licensed by the state to provide foster family care and adoption services. In the past, FFAs provided a unique service, focusing efforts on hard-to-place children, sibling groups, and children with special needs. They engaged foster parents in significant training hours (above state minimum standards), and provided a high level of support to caregivers and children, typically meeting with families at least once per week. Some FFAs continue to provide specialized services, engaging foster parents as Intensive Services Foster Caregivers (ISFC). These caregivers undergo specialized training to prepare for children with complex care needs. These agencies can also contract with the County's RUHS/BH Care services agencies to provide additional Therapeutic Behavioral Services (TBS) to children. Increasingly, however, many FFAs provide services to all children in care.

Some counties that contract with FFAs only use them for children considered hard to place. Others use them for almost all of their foster and adoptive care needs. Within California, there is a spectrum in the degree to which privatization and use of FFAs has occurred among social services agencies. As of October 2021, about 19 percent of all children in California who were in out-of-home care were in foster homes certified by an FFA.¹⁰¹

Riverside County is especially reliant on FFAs. Following the Continuum of Care Reform (CCR) of 2015, Riverside County determined it would be most cost-effective to contract out all of their non-kin foster care services to FFA providers. County officials arrived at this decision after considering the significant increase in workload associated with CCR regulations, coupled with a flat funding allocation from the state. Today, Riverside County contracts with 68 FFAs totaling nearly \$40 million in expenditures in Fiscal Year (FY) 2020–2021.¹⁰² FFAs are responsible for all non-kin out-of-home placements equal to about one-third (31.4%) of all children in out-of-home care. Some FFAs provide STRTP treatment centers in addition to foster care and adoption services.

¹⁰¹ Child Welfare Indicators Project, "Point in Time/In Care," Accessed March 31, 2022.

¹⁰² Riverside County Department of Public Social Services, Finance and Forecasting Division Management Reporting Unit, *FFA Expenditures – FY 18–19 – FY 20–21*. (2021).

Managers overseeing foster care in Riverside County indicate that they have worked to prioritize their relationships with FFAs. They indicate that they regularly meet with FFA providers, and that they terminate contracts when quality issues are identified.

Matching Children with Appropriate Foster Caregivers

As noted previously, relatives are the first to be assessed for their potential to provide care. If a relative or close family friend cannot be identified, CSD staff work with FFAs to identify an appropriate foster care placement. Currently, that process is out-of-date and insufficient for the size and scope of Riverside County's child welfare system. Relying largely on a series of email exchanges with multiple agencies, the process is inefficient, time consuming, and information-poor.

Strengths

The current Deputy Director overseeing the Placement Division has a long history with CSD and has played several roles working with children and youth. She has a vision for developing a strong continuum of care, including a range of quality placement options for children with varied needs.

The relationship between the FFAs and Riverside County is clearly one of the several bright spots. The FFA Directors we interviewed spoke favorably about their relationship with Riverside County and vice versa. There is a strong sense of community and partnership between the County and FFAs. According to two FFA directors, compared to other counties, Riverside County staff provide high-quality responses in a timely way. This is especially true with regard to changes in policy, guidelines, or general practices. As one FFA Director described it "this is my happy county." This Director went on to explain that the County has a "genuine care for the children."

In addition to the strengths evident at the management level, social workers conveyed their commitment to children in care and their fervent desire to see children placed in highly effective foster homes.

Opportunities

Managers and social workers are in agreement that the match between a child's needs and a foster parent's capacities is vital to a strong child welfare system. According to one manager:

I want to ensure that we have a good match for our kiddos. If we have a good match, and we can put supportive services in place, then we give that kiddo the best fighting chance from the get-go rather than just

looking for a vacancy. And so that has been kind of one of my mantras, “It’s about placement match, not just a bed.”

The efforts to identify an appropriate match, however, have not kept pace with the complexity, scope, and size of the Riverside County child welfare system and the number of FFAs with which it works. County officials have re-initiated conversations with a foster care software development company, [Binti](#), to determine if that software platform might suit their needs.¹⁰³ Binti is currently in use in dozens of California counties and provides services to multiple states. The software is designed to streamline the foster parent certification process, reduce the time from foster parent inquiry to licensed status, and offer comprehensive information regarding the available foster parent pool—including geographic availability and service capacity—in order to identify potential matches for children’s needs. Binti is an extremely effective tool for recruiting, licensing, and supporting foster homes.

Riverside County is challenged, however, as the implementation of Binti would need to occur in each of the FFAs with which they work in order to be maximally effective. In other words, the children needing care come to the attention of CSD, but the service providers who offer care are scattered across the County and have a proprietary relationship with their array of available caregivers. Close collaboration with Binti and the FFAs will be required in order to create a seamless system that all parties can use toward the common goal of identifying and supporting safe and effective placement options for children.

Matching takes time, however, regardless of whether CSD staff rely on new software to streamline foster home identification. Many counties have developed 23-hour assessment centers that provide a comfortable, safe, home-like environment while social workers seek placement alternatives for a given child. Riverside County is working with an FFA provider to establish a transitional shelter care facility that will allow for a three-day stay. Until that contract is established, they are making use of an Airbnb rental property, staffed 24/7. This may be an effective short-term solution, though any model for emergency and short-term care must be sufficiently flexible to respond to unexpected increases in the child census. In the current context of significant staff shortages, it is difficult to see how the County can be sufficiently nimble to respond to such emergent needs. The County should urgently prioritize efforts to expedite the contracting and licensing process for the new transitional shelter care facility to enhance temporary placement resources for children and youth.

¹⁰³ Binti, “Foster Care Software,” Accessed June 9, 2022.

Areas In Need of Improvement

Too Few Quality Foster Homes

Similar to jurisdictions across the state and the nation, Riverside County suffers from a severe foster parent shortage. Circumstances relating to the pandemic have exacerbated these shortages. Staff indicate that many foster parents are insufficiently prepared to take on the challenges of caregiving, especially considering many children's difficult behavioral health needs. Placement options for older youth and for youth with complex needs are especially scarce.

Findings from our survey of CSD staff suggest that Riverside County has an insufficient number of quality foster homes available to care for children and youth. About half of respondents (51%) indicated that they often or always have safe placements available for children.¹⁰⁴ About one-third (31.6%) indicated that they often or always have stable placements available for children,¹⁰⁵ and 13.2 percent indicated that they often or always have placements that enable siblings to stay together.¹⁰⁶ About one in five respondents (22.2%) indicated that they often or always have placements that meet children's needs (e.g., language, culture, location, etc.).¹⁰⁷

Because both availability and quality are important to children's well-being, we also asked about the overall quality of non-kin foster caregivers. Though some foster parents provide exceptional care, some do not. When asked to share their "impressions of the quality of services for children in out-of-home care" from very poor quality to very good quality, about half (52.3%) of respondents indicated that "safe" placements were good or very good quality. Two-fifths of respondents indicated that "stable" placements were good or very good quality.

¹⁰⁴ 40.4 percent indicated that "safe" placements are "sometimes" available.

¹⁰⁵ 53.8 percent indicated that "stable" placements are "sometimes" available.

¹⁰⁶ 51.7 percent indicated that "placements that enable siblings to stay together" are "sometimes" available.

¹⁰⁷ 50.4 percent indicated that "placements that meet children's needs (e.g., language, culture, location)" are "sometimes" available.

Figure 9: Availability of Out-of-home Care Placements or Services

Q1 Please share your impressions of the availability of the following placements or services to children in out-of-home care. By out-of-home care, we mean kinship care, foster care, and congregate care.

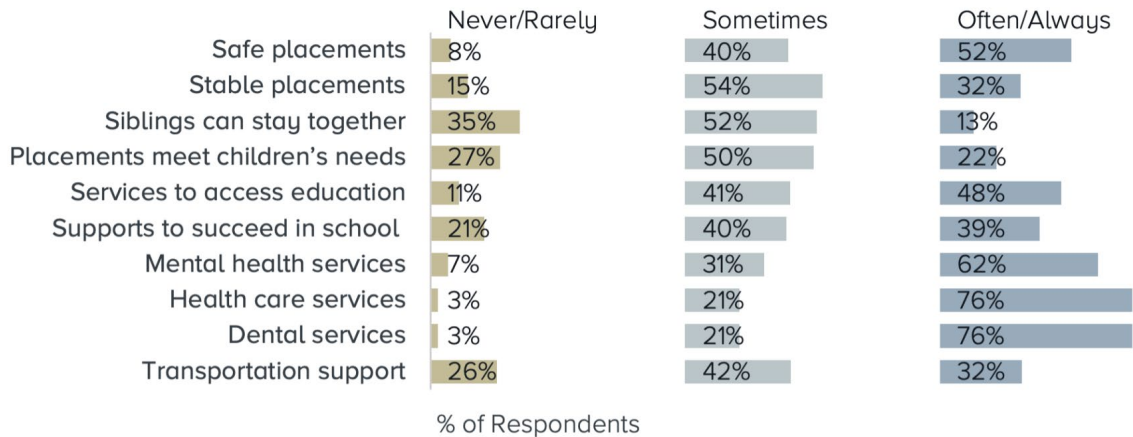
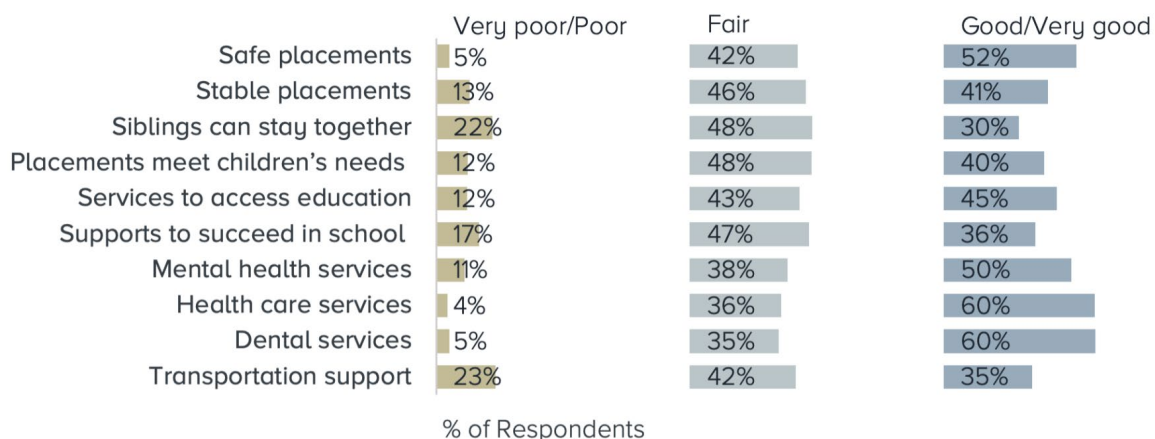


Figure 10: Quality of Out-of-home Care Placements or Services

Q2 Please share your impressions of the quality of the following placements or services for children in out-of-home care.



Comments from focus group respondents are illustrative:

- "Often, the only placement option is the first home that says yes. It does not ensure stability or long term placement."
- "Placements for children, other than newborn children, are difficult to find. We are so desperate, we take any placement. It doesn't matter if we split up siblings, if the primary language in the home is different from the child's language, or if they lose

connection to their community and school of origin. We are in such a dilemma we take just about any placement.”

- “We do not have enough placements of quantity or quality to care for our children that are coming out of homes of abuse and who have experienced trauma.”
- “It is difficult to find quality placements for children with siblings, especially when there are more than two children in the sibling group.”

Respondents raised concerns about the trauma children experienced from inadequate placements and frequent placement changes. They said some children are out of school for long periods of time, rarely visit with siblings and birth parents, and cannot access services they should receive.

Resource parents’ level of skill and commitment to the children was a concern for numerous respondents. While respondents expressed appreciation for some excellent resource parents, most commenters described deficiencies. Too often, resource parents do not seem prepared to respond skillfully to children’s needs. One respondent explained:

The children that are brought into care have experienced trauma, neglect, or some other form of abuse. Somehow, caregivers have an expectation that these children behave well, meaning do not act out, [and] have no verbal or physical aggression. They are surprised when children display symptoms of depression and anxiety. Anyone who receives training to provide care for a foster child should expect these children to not be well adjusted, to be prepared to help them to deal with their trauma, and to expect the children to be upset that they are even in foster care. It may require an additional vetting process with potential placements, but it is needed, to prevent so many 14 day notice of removals, for what should be expected behaviors from a foster child.

Caregivers lack insight of what being a foster parent means and the time necessary to fulfill the needs of these children. A lot of them hold jobs and have limited wiggle room to work with. Additionally, if the children have requests such as maintaining church attendance or participation in sports, this typically has to wait for a court order for the Department to provide assistance with this, because placement caregivers are unwilling to do so. This puts the Department in a bind because we don’t have the staff to fulfill these requests.

In our survey of social work staff, we noted with concern the number of comments offered relating to the inadequate number of high quality foster care placements. The gravity of this concern and the attendant consequences for children cannot be stressed more strongly.

Some respondents advised that foster parents should be better trained to use trauma-informed practices. Others emphasized that recruiters should do a better job of conveying what is expected of resource parents. Related issues include inadequate training and support for resource families leading to placement disruptions. Multiple disrupted placements impact not only the children who must move from place to place—and the associated issues of trauma and difficulty in coordinating appropriate mental and physical health care for them—but also the health of Riverside County’s child welfare system as a whole.

Some social workers called out the exceptional care that some foster parents provide. As suggested by the comment below, they also noted some of the qualities of strong foster parents:

The availability of placements that will actively partner with birth parents and engage them as supportive mentors, as well as provide quality monitoring for parent/child visits, is very limited. However, for those placements that are available to offer this type of support, the quality is solid and makes a big difference in the lives of the children and birth parents.

Overall, however, the general impression among social workers is that in order to provide quality services to children in Riverside County’s child welfare system, more foster parents—and more highly effective foster parents—are needed.

Safety of Children in Care

Against the backdrop of high worker turnover, high caseloads, and at times low-quality placements, keeping children safe while they are in placement is an issue of critical concern. As mentioned previously, maltreatment in foster care is measured as a rate per 100,000 days in care among all children in care in a given year. In 2019, that rate in Riverside County was 9.03 per 100,000 days of care, slightly higher than the statewide rate of 8.44.

In many of our interviews as well as our survey, we asked questions regarding the safety of children in care. Several respondents spoke about the need to interview children away from the placement when investigating maltreatment allegations. In considering maltreatment of children in care, one respondent said,

The [County] workers need to take more time talking to kids to get them to tell the truth about what they are experiencing at their placements. Those drive-by visits once a month aren’t enough to create trust with the child. The kids are scared to tell the truth because they get in trouble with their foster parents. Sometimes the kids are scared they will have to leave their placement and the next one will be worse. When they tell

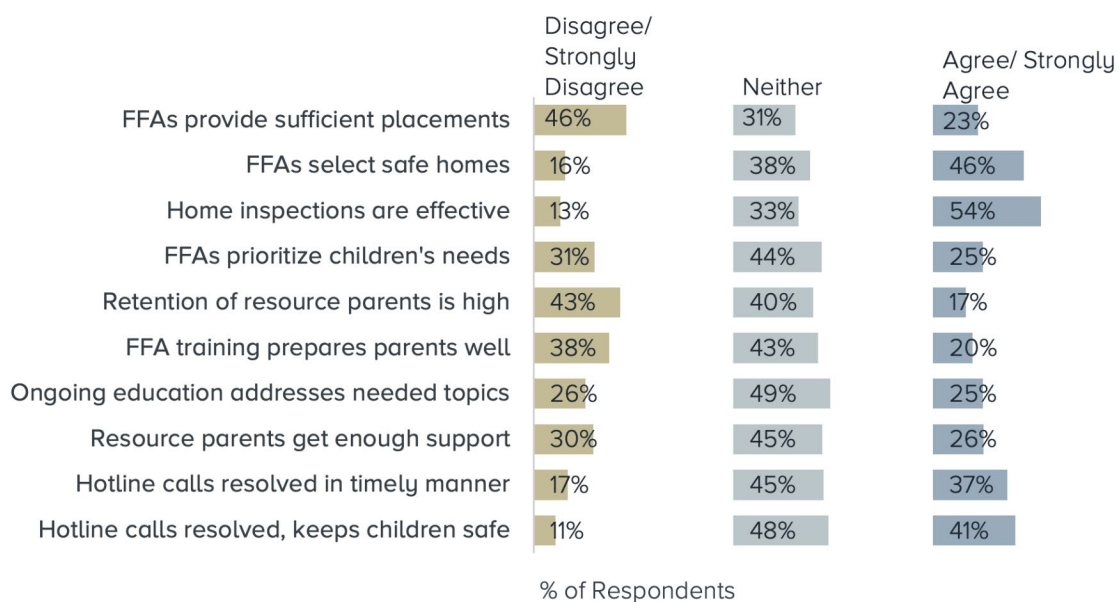
their therapist what is happening, there should be a way that the therapist can report it without the child getting in trouble with the provider. There should be a way that those reports can be confidential.

FFA Concerns

Our survey asked about the nature of FFA services in support of foster care. Findings in Figure 11 show some perception that they are adequate, but also have room for improvement.

Figure 11: Foster Family Agency Survey Results

Q7 Please indicate how strongly you agree or disagree with the following statements.



Many respondents spoke about conflicts of interest between FFAs and children in their placements. For example, respondents said that FFAs sometimes have an interest in keeping children in their network and preserving relationships with their placement providers. We heard several reports of FFAs keeping a child in their network even when it appeared to be in the child's best interest to move to a placement outside of it. Relatedly, because FFAs are interested in preserving the future availability of resource parents, they sometimes prioritize the provider's needs above those of the children. For example, in some cases, an FFA may keep children in placements when it might have been in the child's best interests to leave; at other times, an FFA may move children when it might have been in the child's best interests to stay.

We had [a kid who was] blowing out of placements. [He was] crying and hitting and really hard to control. And then he went to this other home and they set boundaries and they connected and he just blossomed. He

did well. He was so happy. I was like, "Dude what happened?" And he was like "I'm just happy." And then [the FFA] moved him out. [The FFA was] like, "Oh this kid is calm now, so we need to move this kid and put another kid in that good home." So then we'd ship calm kids off to less skilled homes. Homes that really shouldn't even be fostering. We put this kid in a less skilled home and now he's wetting the bed again and all those [mal-adaptive] behaviors are back.

From the available data, we cannot determine whether these concerns about FFA providers are frequent and/or whether they refer to a few or to many providers. We recommend that CSD investigate this concern further.

Respondents also described complex dynamics between FFA social workers and County social workers. Although County social workers are ultimately responsible for the children in care, FFA social workers generally visit children one time per week while County social workers are required to visit children only one time per month. According to one observer, sometimes the FFA social worker tries to "run the show" and other times they are deferential to the County worker. The California Core Practice Model emphasizes collaborative planning and team-based decision-making, yet it appears that these practice principles are not always adhered to.

Another area of concern related to the general performance of some FFAs in terms of adequate service provision. Given available data we are unable to determine the scale of this concern. One respondent said:

We are at the mercy of out-of-home care providers for children, and they seem to know this. They rarely will transport a child to court-ordered visits, nor will they supervise court-ordered visits. FFA placements are paid at a high rate to assist with transportation, and they do not assist at the level our Department requires, resulting in our SSP transporting children and supervising visits when their time would be better used investigating child abuse/neglect or providing case management services.

Some respondents felt that FFAs are providing training at a lower standard than what was provided by the County prior to the 2017 transition to FFA care for non-kin placements. For example:

These agencies for the most part do the bare minimum of training for their families (12 hours) and they are not prepared for the challenges that these sorts of children bring. Riverside County used to have a 24-hour training program with experienced trainers who worked in child welfare and knew the system and clientele well.

In general, County leadership indicated that their relationships with FFAs are strong and that they meet regularly to assess and reassess services. Nevertheless, if a provider is offering sub-standard services to children and families, the County places a hold on the provider.

We examined audit summaries that assessed 15 of the 68 FFA providers in Riverside County. Each of the agency summaries reflected different time frames, and we cannot discern how many children's records were examined in each agency, thus making comparisons across agencies difficult. The audits examine a variety of standard agency practices such as timely vision or dental care for children, percentage of clients with clothing inventories documented, percentage of clients not participating in outdoor activities, or percentage of clients aware of their rights (e.g., phone rights, religious rights, rights to maintain contact with friends, etc.). For staff, the summaries examine issues such as the percentage of employees with valid Cardiopulmonary Resuscitation (CPR) certificates, percentage of staff with documentation of training, or percentage of staff with vehicle insurance. We note that some of the audit items reflect longstanding issues that have plagued many child welfare agencies; the fact that Riverside collects data on these issues and, presumably, follows up with agencies for corrective action is noteworthy. For a review of compliance issues by FFA, see Appendix G.

As mentioned above, we were able to reach only two FFA Directors to identify their perspectives. The two FFA Directors we spoke with identified the following areas of concern:

1. When new foster homes are being certified, the County's secondary review slows the overall process. Given the urgent need for new foster homes, these delays should be avoided.
2. Short-notice placement decisions require immediate cooperation, and at times there are communication lags with the County.
3. When the County has a placement need, they send an email to all the FFAs. It can be difficult to determine whether another provider has met the need or whether the need is outstanding. When these requests come in the middle of the night, the FFAs are unable to be as responsive as they are to phone calls.

Recommendations

County/FFA Collaboration

1. **Appoint an ombudsperson or other neutral party to process feedback about FFA/County partnerships.** Critically assess whether the County needs more than one position, and what entity should sponsor this position to ensure neutrality. Possible

entities that could house this position include CASA, the Juvenile Court, appointed counsel, the County, or a local university.

The County made the decision to outsource all non-kin foster parenting to FFAs for fiscally sound reasons. This approach creates a need for enhanced communication strategies between FFA foster parents, social workers, and managers with County staff, and vice versa. FFA and County staff should have one or more point person(s) who can mediate concerns and provide oversight. These might include issues ranging from unreturned phone calls, insufficient documentation or information sharing to more serious concerns such as placement quality issues, review of out-of-home investigations (OHI), and critical incident reviews in collaboration with the CQI unit.

2. **Increase County oversight of FFAs.** CSD must be able to trust their FFA partners, but they also must verify the quality of their work. We recommend this guiding principle for CSD staff working closely with FFAs: trust, but verify. Below, we list possible mechanisms for increased oversight. The County should carefully consider these mechanisms in collaboration with a neutral party such as the ombudsperson suggested above, or a workgroup including non-CSD and non-FFA affiliated professionals until such a position is developed.
 - a. Develop and publicize a link and Quick Response Code (better known as QR code) for a confidential, continually-open feedback platform (such as an anonymized Google form) monitored by the ombudsperson described above. This will allow FFA staff, clients, and caregivers to immediately report concerns.
 - b. On an annual basis, conduct a random sample of in-depth interviews with young people upon their exit from foster homes to identify strengths, risks, and opportunities. Consider partnering with a local university to identify graduate students in fields such as social work and psychology to conduct voluntary exit interviews to identify areas of concern.
 - c. Upon locating youth who absconded from placements, conduct in-depth interviews to identify potential placement risks that led to the children and youth running away.
 - d. Require FFAs to give County social workers continuous access to FFA social worker notes, visit logs, and service logs. In the near term, FFAs can create user accounts for County staff that provide full file access just as they do for their own staff. In the long term, the County can adopt a software platform for all FFAs that the County can also interface with. This functionality should be incorporated into the future contract for placement software with a provider such as Binti.
 - e. Embed County workers or unaffiliated professional parents in each FFA to provide support and to identify areas of concern to the ombudsperson.

- f. Utilize safety and placement data collected in CWS/CMS to analyze performance of each FFA. The CQI unit could oversee this effort and closely collaborate with the Contracts Unit when issues arise requiring contract modifications. All critical incident reviews involving FFAs should include a neutral party, such as the ombudsperson, whose funding is not dependent on the County or FFAs. All parties must embrace a principle of full transparency and willingness to critically evaluate areas in need of improvement. Collaborate with a contractor such as Implematix to develop protocols for critical review involving the County and FFAs when one or more critical incidents occur with the same FFA.
- g. Consider whether additional safety protocols are needed upon reviewing lessons learned from prior critical incidents. Review lessons learned with key stakeholders involved in the case. Increase collaboration with law enforcement in critical incident review. Increase County-sponsored mandatory training for FFA staff and caregivers on issues of concern arising after audits and critical incidents.
- h. Conduct in-depth audits of several FFAs per year at random, irrespective of critical incidents, and announce this practice in advance to the FFAs. Include interviews with stakeholders such as CASAs, FFA social workers and support staff, CSD social workers, appointed counsel, and law enforcement. Develop a contract to conduct additional forensic interviews with children and young people if needed.

Increasing High-quality Placements

1. **Launch a county-wide effort to substantially increase the number of available highly effective foster homes for children.** When kin are not available to care for children, foster parents are the backbone of the out-of-home care system. While efforts continue to develop effective prevention strategies that mitigate the need for foster care, some children will still need care. Those children deserve safe, loving homes with caregivers who can provide trauma-informed care. Foster parent recruitment must be a county-wide endeavor, and will require considerable dedicated resources. Partnerships with FFAs, County agency partners, community-based agencies, the faith community, and schools will be required. The media can and should also be a critical ally.

Efforts to include community members in caring for children can be a first step toward increasing the census of foster parents. Information about ways the community can help should be easily accessible and regularly communicated. For some, the first step to becoming a foster parent is by contributing with gifts and talents in other ways. A mechanism to follow up with community volunteers and encourage their involvement as foster parents is critical. One example from a Kansas child welfare agency may be

instructive.¹⁰⁸ We recommend that the County should study and implement additional [strategies](#) for finding and keeping traditional and therapeutic resource families.¹⁰⁹

2. **Launch several neighborhood-specific pilots in partnership with selected FFAs to increase the census of foster parents.** Any new model should be evaluated to determine its suitability for replication and expansion, but New Jersey DCF's [Resource Family Model](#) offers possibilities. They use "Resource Family Support Units" (RFSUs) installed at each local area office. RFSUs focus on "recruiting, training, and supporting resource families in neighborhoods from which children enter care, and to ensure prompt placement in homes that meet the needs of each child. These units include at least three support workers, a trainer, placement facilitator, recruiter, and supervisor. This structure allows for all recruitment, training, and ongoing support to be delivered at the local level."¹¹⁰
3. **Develop targeted, intensive efforts to improve the quality of care provided by kin and non-kin foster parents.** CSD may wish to collaborate with a selected FFA to pilot intensive support services for resource parents in a geographic area with a high removal rate. Efforts might include QPI implementation, wraparound services, regular parent training opportunities, and parent support groups.
4. **Implement KEEP training for all Resource Parents.** Requiring FFA providers to train foster parents with evidence-based coaching models can increase the quality of children's care and the retention of strong foster parents. [KEEP](#) is one of several options recommended by Casey Family Foundation.¹¹¹ CSD can procure the KEEP training services, giving access to all FFAs as part of their contracts.
5. **Fully implement and elevate Riverside County's QPI model.** By contracting out all non-kin foster care to FFA providers, Riverside County has lost the capacity to be in regular contact with non-kin foster parents. It is not at all clear at this time whether its QPI is having appreciable impacts on the quality of foster care. The QPI model cannot be effective if all foster parents who can benefit from the training cannot access it. The County must develop the capacity to deepen its FFA partnerships so that efforts to improve foster care quality can occur on a county-wide basis. CSD should consider the QPI as a next major area of focus for the CQI initiative. Alternatively, it should consider focusing QPI staffing time only on kinship caregivers; FFA providers may wish to develop

¹⁰⁸ KVC Health Systems, "7 Ways You Can Help A Child in Foster Care (Without Being A Foster Parent)," February 26, 2021.

¹⁰⁹ Casey Family Programs, "Traditional and therapeutic resource families."

¹¹⁰ Casey Family Programs, "How have some child protection agencies successfully recruited and retained resource families?" December 2020.

¹¹¹ KEEP, "Keeping Foster and Kin Parents Supported and Trained," Accessed June 5, 2022.

QPI or, as suggested previously, other evidence-based strategies (e.g., KEEP) to improve caregiving.

6. **Develop a Foster Parent Retention Plan, with a focus on retaining highly effective resource parents.** A growing body of literature recounts the principal reasons foster parents are not retained. Central among these are: insufficient financial support, lack of childcare for working foster parents, lack of support from child welfare professionals, insufficient information about children's needs, and inadequate engagement of foster parents as members of the professional team.¹¹² Because CSD contracts non-kin foster care out to FFA providers, it can only directly control some of these (e.g., always including foster parents in CFTMs, etc.). CSD leadership should create a workgroup of selected FFA providers and relevant community partners (e.g., Head Start or Early Head Start) to develop a plan to effectively address the retention issue. The Casey Family Foundation model may offer an important starting point: [Foster Parent Recruitment and Retention Plan Brevard 2021](#).¹¹³
7. **Consider providing additional financial support to resource families to improve retention.** Though common myths about foster care suggest foster parents "do it for the money," most of the evidence suggests otherwise, and thoughtful screening of caregivers prior to certification should keep this problem in check. Even the most effective foster parents, however, indicate that the subsidy they receive to care for the child is insufficient for the need, and most foster parents spend a considerable amount of their own income to care for foster children.¹¹⁴ Combined with responsive support, increasing the subsidy can be an effective retention strategy. One rigorous study found that approximately \$70/month additional financial support was related to an important increase in retention. Increased financial subsidies combined with additional training increased retention further still.¹¹⁵
8. **Create a short-term receiving home for children awaiting placement.** Stated simply by one respondent, "Riverside County needs an emergency shelter to avoid the need for children to sleep and be housed in DPSS offices awaiting placement." Directors, supervisors, and social workers shared stories of children who were awaiting placement sleeping on cots in offices. An obvious downside to this recommendation is that children sometimes stay there for too long, so strict time limits should be instituted. A receiving center could free up placement workers to identify kin placements as well as those that

¹¹² For a review, see: Ryan Hanlon et al., "Systematic Review of Factors Affecting Foster Parent Retention," *Families in Society* 102, no. 3 (July 2021): 285–99.

¹¹³ Brevard Family Partnership, *Foster Parent Recruitment and Retention Plan*, (2020).

¹¹⁴ Ahn et al., "Estimating minimum adequate foster care costs."

¹¹⁵ Casey Family Programs, "What are some strategies for finding and keeping traditional and therapeutic resource families?" February 9, 2021.

best meet the child's needs. In addition, on-site mental health services and pediatrician assessment offices could help meet multiple needs at a single point of entry. We understand efforts are underway to develop such a transitional site. Efforts to expedite these efforts are warranted.

Workforce Culture to Increase Support for Resource Parents

1. **Standardize professional norms.** Multiple external partners shared that it was difficult to get caseworkers to return phone calls and emails. Partners understood that this was due to staffing deficits. Regardless, when basic communication breaks down, partnerships break down. This creates a domino effect of critical partners dropping out—resource parents chief among them. Nationally, resource families indicated the biggest barrier on the road to becoming a foster or adoptive parent was agencies not returning their phone calls or emails (36%).¹¹⁶ A similar study conducted in California counties contained the same findings.¹¹⁷ We recommend the following minimum professional standards:
 - a. Phone: All employees should have a voicemail requesting the caller leave a call back number and a promise to return the call within 24 hours or one business day.
 - b. Email: Auto-response messages should be standardized and implemented regularly. They should be generated for workers who are no longer with the agency, providing the name of the supervisor or the replacement worker. They should also provide commonly needed phone numbers, websites, and email addresses.

Written policies concerning phone and email etiquette should be distributed to all staff, regularly reinforced, and modeled by leadership. It should not be the norm that voicemail boxes are full with outdated greetings referencing holidays and lockdowns long past.

2. **Institute feedback mechanisms.** The Department should institute feedback mechanisms so that clients and partners can share suggestions for CSD and caseworker improvement, seeking their input about how the process can be improved and giving them the opportunity to describe any challenges they are experiencing. An innovative way of accomplishing this could be to add a QR code to every email signature. The QR code can bring scanners to customer feedback surveys as well as additional commonly

¹¹⁶ AdoptUSKids, "Using data to improve the inquiry-to-licensing experience for families," October 7, 2020.

¹¹⁷ Erika Weissinger, "Reasons for Attrition Among Public Adoption Seekers," PhD Diss., (University of California, Berkeley, 2013).

asked questions. Customer feedback provided through QR codes can create baseline customer satisfaction levels the Department can then improve upon. Feedback can be directed to the Ombudsperson (noted above) or to staff in the CQI unit. The individual or unit that collects feedback should have a direct report to the CSD Director.

Placements for Special Populations

Context

Increasingly, the field of child welfare is recognizing that the large majority of children served in out-of-home care constitute a “special population.” Medically fragile infants who have extreme levels of specialized health care needs, children and youth with complex behavioral health care needs, adolescents and TAY who are preparing for the independence of adulthood, commercially sex-trafficked minors, and large sibling groups are just some of the children and youth with special needs. In this section, we focus specifically on children and youth with complex behavioral health needs and on TAY.

Children and Youth with Complex Behavioral Health Needs

Youth in out-of-home care typically exhibit very high rates of internalizing and externalizing mental health concerns relating to the trauma they experienced in their home of origin—problems that often follow them well into adulthood.¹¹⁸ It is challenging to identify appropriate placement settings that offer these youth safety from themselves (i.e., management of self-harming behaviors) and from others (i.e., safety from the behaviors of other youth who may be struggling with other-harming behaviors), stability of care, and rehabilitative care. Some youth need intensive therapeutic environments that traditionally-supported foster parents may be unable to offer. In addition to the paucity of home-based placement resources that may be available, the field of child welfare holds to the principle of family-based care and thus group care (sometimes referred to as congregate care, residential treatment, or institutional care) is never preferred.

As stated previously, both state and federal law strongly discourage the use of congregate care for children and youth, and therefore, these placement settings are becoming increasingly scarce. Notably, in the past, state law allowed counties to place children or youth charged with crimes in out-of-state congregate care settings. In 2021, however, the state banned out-of-

¹¹⁸ Shanta R. Dube et al., “Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: findings from the adverse childhood experiences study.” *JAMA: The Journal of the American Medical Association* 286, no. 24 (December 2001): 3089–3096.

state placements for children or youth charged with crimes.¹¹⁹ As a result, over 100 youth were returned to California, and about a dozen (n=13) were returned to Riverside County. County staff indicate that placement for youth with complex needs has been especially challenging. Although the state developed a new type of placement setting, referred to as a STRTP, that can provide specialized and intensive services to high-needs youth, County staff have determined that STRTP providers are sometimes unwilling to take children into care. A limited number of provider agencies offer no-reject/no-eject policies, but the large majority of STRTP providers do not.

In addition to these system challenges, youth are increasingly engaged as joint decision makers in determining where or with whom they are willing to stay. Youth typically participate in CFTMs and additionally make their wishes known to their social worker and to their court-appointed counsel. Although there are no formal laws giving youth ultimate decisional authority, youth increasingly demonstrate their views “with their feet.” Runaway behavior is not uncommon, and although foster parents and group home staff may do their utmost to retain youth, California does not currently allow child welfare-supervised locked facilities for children in out-of-home care, tacitly allowing runaway behavior when it cannot be fully deterred. These issues combine to make for an extremely complex placement environment for high-needs children and youth and many counties—including Riverside—have few viable tools to address their needs.

Transition-Age Youth

The term TAY encompasses youth ages 16–24. Within this range, those 16–18 in foster care are referred to as “dependents,” and young people ages 18–21 who voluntarily remain in care are NMDs. Those older than 21 are considered young adults that the child welfare agency no longer serves.

TAY in foster care are a unique group. Typically, they enter care as adolescents and are less likely than children of other age groups to reunify with their birth families.¹²⁰ They are less likely to enter care because of neglect, and more likely to enter for other reasons, including reasons associated with their own behavioral challenges (38% nationwide), physical abuse (11%), sexual abuse (7%), or their own substance abuse (5%).¹²¹ These youth need a variety of services and supports to help them prepare for the independence of adulthood.

Studies of TAY who exit care suggest that early independence is difficult. In the largest study to date, researchers examined transitions to adulthood in the areas of housing, education,

¹¹⁹ Joaquin Palomino and Sara Tiano, “Newsom bans sending foster youth to faraway treatment programs after Chronicle abuse investigation,” *San Francisco Chronicle*, July 19, 2021.

¹²⁰ Fred Wulczyn, Florie Schmits, and Scott Huhr, *Reentry to Foster Care: Identifying Candidates Under The Family First Act*. (Chicago: The Center for State Child Welfare Data, October, 2019).

¹²¹ Garrett Fryar, Elizabeth Jordan, and Kerry Devooght, *Supporting young people transitioning from foster care: Findings from a national survey*. (Washington D.C.: Child Trends, November, 2017).

employment, parenting, and criminal justice involvement.¹²² Findings suggest at least four distinct group profiles, each experiencing some important life challenges.

The largest group—about one third of young adults—were living on their own in relatively stable circumstances. Most had earned a high school degree, about half had attended some college, and they were likely to be employed. The majority were female, and they were relatively unlikely to have had contact with the criminal justice system. Although these are largely positive indicators of well-being, this group also experienced considerable challenges. Almost one third had experienced homelessness or “couch-surfing,” over one third had relied on food stamps by age 24, and almost one in five reported symptoms associated with post-traumatic stress disorder (PTSD).

On the other end of the spectrum is a group—roughly one in five former foster youth—described as “troubled and troubling.” By age 24, the large majority had experienced incarceration, institutionalization, or homelessness. Nearly half had not completed high school, and were relatively unlikely to be employed. Many had become parents, most were male, and the majority were not living with their children.

These concerning statistics accentuate the importance of high-quality, trauma-informed, treatment-oriented foster care. Also important are significant preparation for independence and collaborative service delivery between systems in order to address youths’ multiple needs.

Youth transitioning from dependency to NMD status face a number of challenges. That is, the complex service system landscape available to children and youth ages 0–18 is entirely different from the one—also exceedingly complex—for adults over age 18.

Transitions to adulthood may require a change in the following ways:

1. **Housing.** This becomes an issue if a foster parent no longer wishes to maintain the placement or the minor wishes to move to a more independent setting.
2. **Therapy.** Many therapists who specialize in serving children and youth do not serve adults or are not connected to the adult mental health system for reimbursement.
3. **Health care.** Many pediatricians do not serve adults.
4. **Personal documents.** Many NMDs preparing for adulthood need to obtain personal documents that young adults in the general population may take for granted, but that may not be readily available to foster youth. For example, in order to apply for a job, to apply for college financial aid, or to sign a rental agreement, young adults may require a social security number, a driver’s license or California state ID, a passport, or a green

¹²² Mark E. Courtney, Jennifer L. Hook, and JoAnn S. Lee, *Distinct subgroups of former foster youth during young adulthood: Implications for policy and practice*. (Chicago: Chapin Hall, March 2010).

card. All of these documentation issues must be addressed prior to the youth's exit from care.

The Department's Youth and Community Resources Region specializes in serving 16–21 year-olds. Typically, the focus is preparing them for independence since reunification is less common for this age group. As authorized by the Foster Care Independence Act of 1999, TAY may choose to participate in an Independent Living Plan (ILP). Riverside County contracts with an external party for this service and the current provider—the Oak Grove Center—offers a variety of supports to help prepare young people for independence. Transitional housing providers also offer an array of these types of services. What is offered varies by provider.

Figure 12 below is a summary of the current number of TAY in care in Riverside County and key services available to them. Although it shows services available for different age groups, not all teens are participating in all available services.

Figure 12: Riverside County Service Offerings for TAY

| Youth Age | Count | Services and Supports |
|-----------|-------|--|
| 16–17 | 345 | <ol style="list-style-type: none">1. Mental health services2. Independent Living Program (THRIVE ILP)<ol style="list-style-type: none">a. Mentoring and life coachingb. Workshops on life skillsc. Employment assistance and incentives for continuous employment3. Project Graduate provides mentors and incentives for 11th and 12th graders who are struggling in school4. Laptops (college bound), gift cards, gift baskets for graduates |
| 18–21 | 403 | <ol style="list-style-type: none">1. Mental health services2. THRIVE ILP (see above)3. Job readiness training and support4. Money management training5. Help in pursuing college or other post-secondary training6. Crisis intervention and support |

CSD has a continuum of placement types for transitioning youth to meet different types of needs. In 2019, approximately 400 youth ages 18–21 who opted into NMD status were living in a range of placement settings (See Figure 13 below).

Figure 13: Riverside County Housing Options for TAY

| Age | Type of Care | Description |
|-------|--|--|
| 18–21 | Family setting | Resource homes and kin placements |
| | Transitional Housing Placement Program (THP)-NMD | Furnished apartments Services to help develop independence Rules and services vary by provider Clients receive stipends to pay bills (enables them to learn money management and establish credit) |
| | Supervised Independent Living Placement (SILP) | High level of independence Non-licensed Social worker checks home for safety concerns Clients receive foster care payments and Supportive Transition (ST) services |
| 18–24 | THP-Plus | Housing and services for former foster youth Participants may live in apartments, houses, college dormitories, and with host families Goals set in a Supportive Transition Emancipation Program (STEP)/THP-Plus Transitional Independent Living Plan (TILP) Time limit in program of 24 months |

Strengths

Leadership and front-line staff care deeply about children and youth with complex needs, and about youth transitioning from care. They show appreciation for the unique challenges these populations face and want to be even more effective in serving them.

Children with Complex Needs

Given the large number of youth who present Riverside County with complex care needs, CSD leaders are working to develop new, small-scale pilot models responsive to the child welfare population. This includes regular conversation with state leaders to determine their flexibility around some restrictive regulations, and ongoing meetings with new FFA providers who may have the capacity to serve high needs youth.

Transition-Age Youth

A small number of FFA providers were highlighted by staff as giving an especially high level of care to TAY. These agencies deliver high quality services, particularly in the areas of housing,

employment, and education. The ILP provider received praise for providing helpful services to teens and for being responsive to their needs and tailoring programs accordingly.

Respondents saw TAY benefitting from having specialized social workers with deep knowledge of services and supports and the ability to connect well with teens. According to an interviewee, workers who stay with the same clients year on year are able to build a long-term relationship. They noted:

A lot of our workers who have been doing this for a long time, they have youth who call them back like, "Okay now I want to go to college. Now I want to do the next step, how do I do it?" So they [former foster teens] are still referring back to that person to guide them with support.

Unfortunately, turnover, caseloads, and the demands of paperwork impact this area of strength. Social workers have less time per client. Clients must continually adapt to new workers in order to receive services and support. One respondent said, "I think with teenagers it's hard for them to adapt to new workers. They don't really trust you and it takes a lot to create that bond...to actually help them."

CSD operates a warm line and central email account for extended foster care youth to contact a social worker. This is particularly useful for those who want to re-enter care after having exited. As a manager explained:

With our extended foster care population... you see them going down a road and you're trying to encourage them... to hang on and to stay there. And so all I can say is we welcome them back with open arms. So we have a couple of workers whose sole job is re-entry... we can re-enter them as timely as possible from the time they call our warm line that is specifically for extended foster care youth.

Opportunities

CSD's leadership has a vision for building out a responsive continuum of care that can meet the range of concerns that TAY present. Riverside County is currently piloting an innovative model to serve children and youth with especially challenging needs. This "professional foster parent" model (otherwise referred to in the County as an STRTP-of-one), is designed to respond to children's significant behavioral health needs and to stabilize their care. If the pilot is effective, it could be expanded to serve additional children. Staff attest to the promise of these innovative models:

We have a kid placed in an STRTP-of-one right now. We have a kid placed in an enhanced ISFC home that we created out of nothing with a provider.

And that's the most stable place that this kid has been in and it'll be a year next month... So for me the dream is to have that full continuum so our kids get a good match, and we also have supportive services, our wrap provider—and the expedited services that we recently contracted with a couple of agencies. So for me that's all of the things that you need in order to really be able to support, in a meaningful way, from a trauma-informed perspective.

CSD's Youth Partners were identified as a bright spot, with calls for more mentors for teens. Youth Partners are full-time employees who have previous experience receiving child welfare services. The Youth Partners are advocates, mentors, and liaisons for TAY.¹²³ As one interviewee explained, the program "helps bridge the gap between the Agency and the youth."

Respondents felt that this type of mentoring encourages TAY to engage with services, helps reduce stigma, and can be especially helpful to teens who are most discouraged and disengaged. Respondents suggested support groups led by former foster youth could be especially helpful for teens who have "given up" on counseling.

The County is pursuing an agreement with the providers of Transitional Housing Plans (THPs), NMD, and THP Plus (for TAY ages 21-25). The providers are licensed by the State and have not had an agreement with the County to date. The agreement will give CSD more influence over the housing and support services provided. In describing the need for this agreement, one respondent noted that there have been instances of unresponsiveness to CSD's needs. The attitude was described as: "This is how we run the program, you can like it or not. We can go to another county." Additionally, the County has begun meeting monthly with all the providers. A respondent said the meetings are enabling providers to share how they address problems with NMDs constructively to avoid evictions.

Various community based organizations are developing model programs, [scholarships](#), and other supports to help youth make successful transitions to college. Efforts such as these can offer important opportunities to young people in care.¹²⁴

¹²³ Angelica De La Torre et al., "Integrating Youth Partners to Improve Service Delivery and Outcomes in Child Welfare" (Conference presentation at County Welfare Directors Association of California Conference, Monterey, California, October 14, 2015).

¹²⁴ The Press Enterprise, "New scholarships offered for Foster Youth in Riverside County," April 16, 2022.

Areas in Need of Improvement

Children and Youth with Complex Care Needs

A critical issue is matching children and youth who have high-end needs with an available caregiver who has the capacity to provide an appropriate level of care. As one respondent said, “our kiddos with complex care needs—definitely, we do not have what we need to truly meet their needs. They may have a bed, but they don't have a good match yet.” Although the County is developing new placement options for these children and youth, CSD staff expressed that the models being designed are expensive and the County and provider agencies may need time to build out effectively. Testing these models’ effectiveness will require ongoing support from county leaders, as well as deep collaboration with county partners (e.g., RUHS/BH, education, and health).

Some children and youth who cannot be effectively cared for in family home environments may need supports offered in higher levels of care. Although many nonprofit FFA providers have developed new STRTP models in place of former congregate care settings, staff raised concerns that STRTP providers can refuse to accept children into their care, and that they can discharge them at will. Only very few providers offer a no reject/no eject policy. Without close partnerships with FFA providers who have the capacity to care for high-needs children and youth—and a deeply held value of providing unconditional care—the County has very limited options for effectively serving those with complex care needs.

Transition-Age Youth

There are four areas in need of significant improvement for TAY. We list these separately and elaborate below:

1. Further development of high quality placement options
2. Better supports for navigating complex systems of care
3. Better articulation of responsibilities for obtaining vital documents
4. More effective communication and outreach

High-quality Placement Options

As suggested previously, the limited availability of high-quality foster homes for adolescents is particularly acute. Social workers repeatedly returned to this critical issue, with one respondent saying, “Quality placements for...teenage children, especially those with mental and behavioral health needs, are difficult to find.” Another respondent said:

I think an area where our County really needs to focus is recruiting homes for teens. We struggle with finding homes for our teenagers who

don't meet the new criteria to be placed into a group home but have all these behavior problems. And the foster parents need the support for these kids. We have an abundance of teens right now that are bouncing around because we can't find foster homes that are willing to work with them.

Social workers and supervisors spoke about the need for better training and support for resource parents so they can respond effectively to trauma-related behaviors and teach their young people the skills needed to become independent. One survey respondent observed:

Resource parents sometimes forget that these youth need to learn how to drive, how to grocery shop, manage their money, know how to make a doctor's appointment, where to go for help, know about their reproductive/sexual health and rights, etc.

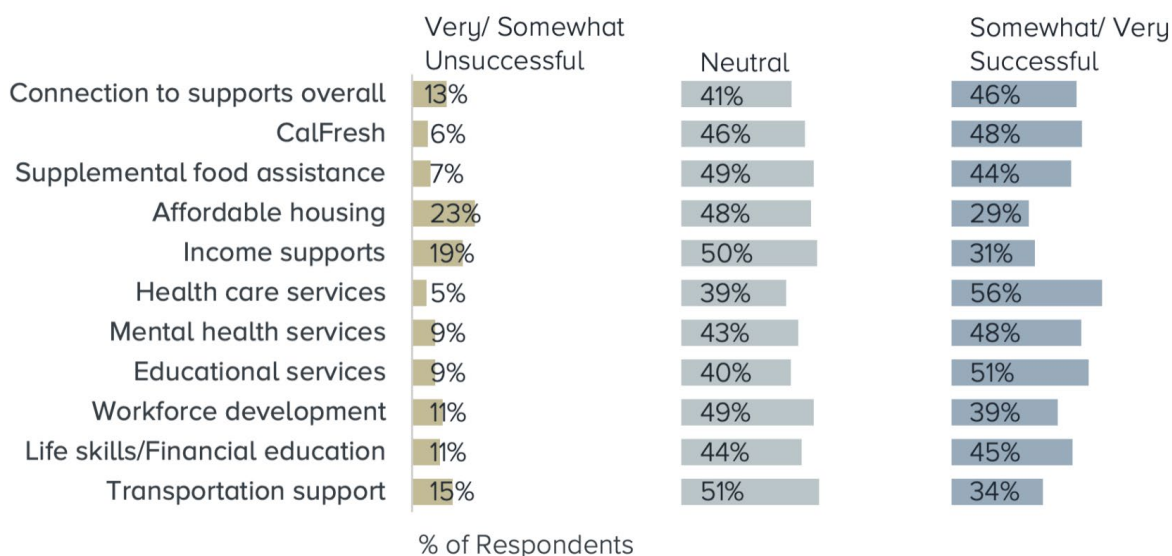
Finally, for youth ages 18–21 making the transition to adulthood, CSD faces significant challenges identifying housing that is safe, affordable, and available long-term. Although the state has developed some programming designed for foster youth transitioning out of care (e.g., THP-Plus), the available funding and existing housing stock are insufficient to match current and future needs.

Streamlined Service Navigation

Responses to our survey suggest that CSD is challenged in connecting TAY to the range of services to which they are entitled. Less than half of respondents (46.3%) indicated that they were sometimes or always successful in connecting young people to the full spectrum of services for which they are eligible. In particular, staff struggle to identify affordable housing (28.8% indicated that they were somewhat or very successful), income support (31% indicated they were somewhat or very successful), and viable transportation options (34% indicated they were somewhat or very successful).

Figure 14: Meeting the Needs of TAY Survey Results

Q5 Please share your impressions of how successful the Department is in meeting the needs of transition-age youth. Overall, how successful is the Agency at connecting transitional age youth to the full spectrum of support services they are eligible to receive? Q6 How successful is the Department at connecting transition-age youth to the following specific services?



The need for skillful support to connect teens with services was noted in interviews and in survey responses. One survey respondent shared the concern that:

Actually connecting the youth and assisting them in navigating the services is lacking: repeatedly asking the youth if they completed an application (housing, Medi-Cal, FAFSA, etc.), yet not providing direct assistance; hearing the challenges a youth is facing with an agency and not facilitating a 3-way call or advocating directly for/with the youth; simply expecting the TAY to function as an independent adult.

Respondents identified a need for social workers, external parties, and the youth themselves to better understand the services available to TAY. The service landscape was described as a patchwork that can be challenging to understand and navigate. This finding is consistent with research showing that skillful practice often involves hands-on service connection—not just a referral.¹²⁵ Respondents suggested a need for better information sharing among and between teams in CSD. One respondent also indicated that other counties have easy-to-use websites showing an array of available services that social workers can readily see and help youth enroll in. We did not examine other counties as part of this review, but CSD’s website could offer a

¹²⁵ Sarah Carnochan, Erika Weissinger, and Michael J. Austin, *Identifying Skillful Practice in Child Welfare Case Record Data Through the Use of Qualitative Data-Mining* (UC Berkeley Mack Center, June 2015).

good deal more information for staff, clients, and community members to help TAY better navigate the complex service system landscape.

Service navigation brings special challenges—especially for young people who have built trusting relationships with their counselor or therapist. When young people turn 18 they are typically required to move from childhood to adult services, which includes a change in therapist. This stressor sometimes prompts teens to stop therapy altogether. As one social worker summarized on behalf of their client, “There’s this fear—I’ve been with this therapist for so long, we’ve made all this progress. Now I have to start over with someone new.”

Obtaining Vital Documents

A critical need for young people moving to independence is obtaining vital documentation such as birth certificates, social security cards, and California identification. Some individuals we spoke with described a standardized process to obtain these documents that they felt works well. It appears CSD does not track metrics on obtaining vital documents, so we are unable to verify performance. However, we heard concerns that CSD is not always able to obtain these documents in a timely manner and that CSD documents, such as court reports, sometimes state that vital records have been obtained when they have not. According to one observer, sometimes helping a young person obtain this critical documentation can feel like it is simultaneously everyone’s and no one’s responsibility:

Who does what varies case by case. The County is ultimately responsible and yet some cases have more resources than others. Naturally you look at what resources are available and what capacity people have to marshal those resources. Youth willingness to participate in ILP services and their own availability to participate in classes is also an important factor. Each case is different depending on who the players are.

Sometimes it feels like there are too many cooks in the kitchen—if there are this many people involved [the County social worker, the FFA social worker, sometimes a caregiver, and an ILP social worker] then everyone assumes that other people are handling it. At the end of the day, everything is the County’s responsibility and yet it is not realistic for them to do everything. It gets murky. And sometimes it’s the child’s willingness to participate too. If they’re AWOL [absent without official leave] for most of the year that they are 17, then of course they are missing out on services.

The California State Legislature is considering an amendment to the Welfare and Institutions Code that would provide stronger incentives to connect clients with their identification documents. Agencies would be required to keep individuals in care after turning 21 if the

agency had not yet provided them with their identification documents, certain services, and housing assistance.¹²⁶

Once CSD provides young people their vital documents, young people may lose them. As one respondent said, “It’s really difficult for [young people in care] to keep [the documents] safe when they’re moving constantly or when they’re homeless. How are they going to keep them safe?” Replacing the documents can be difficult, and not having them presents barriers to moving forward with goals.

Outreach and Communication

Interviewees and survey respondents suggested improvements on how CSD communicates with TAY. One interviewee suggested moving from reliance on paper pamphlets and forms to social media, email, and texting. They also noted that teens’ cell numbers may change frequently while email addresses are typically more stable. However, some of CSD’s contact management systems do not have email address fields. One respondent suggested CSD collect emails and alternative points of contact (such as a life-long connection) when clients exit the system. Another suggestion from this respondent was that teens should receive an email or text with a helpline and central CSD email address.

Respondents identified the need for better promotional materials for the ILP. In the past, when caseloads were more manageable, social workers could more easily attend ILP events. This first-hand knowledge enabled them to “sell” the program to eligible teens. Paper hand-outs about the ILP could be replaced (or supplemented) with more compelling, digital promotion.

In addition to making communication more teen-friendly, there is a need to find ways to overcome reluctance that some teens feel about continuing with services. Some social workers indicated that once youth reach the age where they can voluntarily engage in support services, many are eager to leave the system. Some described the stigma that foster youth may feel relating to foster care and some suggested that youth may view CSD as a wedge that separates them from their family. As one survey respondent explained, “The challenge is engaging youth to participate in such services. Most just want to leave and end their chapter with the child welfare system.” Even when youth are receptive to receiving services, planning ahead can be challenging for teens, and they may want assistance at the last minute.

To address the stigma, some social workers and supervisors recommended making more use of peer support and mentoring. They also thought it might help to find people “cooler than a social worker”—such as celebrities—to inspire the youth to engage in ILP services. This could tie in well with adopting social media as a communication channel.

¹²⁶ Foster Youth, California Assembly Bill 2189. (Amended March 23, 2022).

Recommendations

Overarching Recommendations for Serving Children with Complex Care Needs

1. **Assess the newly developed professional parent model (i.e., STRTP of one) to determine if it should be expanded to serve additional children.** This new model of foster care recruits from the existing pool of human service professionals in the County (including current social workers, nurses, teachers, or others with expertise in a child-serving profession). It pays and supports caregivers commensurate to their salary in a child-serving profession, and includes wraparound, in-home supports to reduce the social isolation that otherwise may accompany foster caregiving. Evaluation of the model's effectiveness in reducing placement instability, child behavioral health challenges, and other untoward outcomes (e.g., contact with police, emergency room (ER) hospital utilization, etc.) should be conducted.

Placement for Children Requiring Complex Care and for TAY

1. **Create financial or other incentives for FFAs to develop unconditional care policies.** County staff indicated that at least one FFA offers a clear unconditional care model wherein they will not reject a child for engaging in especially challenging behaviors. To build out a system of care that fully responds to child and youth needs, unconditional care policies and practices need expansion. CSD is therefore encouraged to review current unconditional care models and should develop recommendations for how other FFAs could replicate such a model. What are the barriers for agencies? What training or expertise would they need to build out a similar approach? CSD may consider stipulating in future Request for Proposals that FFAs with unconditional care policies will receive priority for selection as providers.
2. **Create a placement stability rating scorecard for each FFA.** Providers that score high on the metric would receive a financial incentive for delivering stable placements for children. To avoid creating unintended incentives (e.g., for maintaining placements that are not in children's best interests, or only accepting children with minor behavioral health profiles), provide situation-based waivers that will not impact the placement stability scorecard.

Overarching TAY Recommendations

1. **Explore an organizational partnership with [Think of us](#),** a research and design lab driving systems change so that "the youth and families most impacted by foster care

have the greatest power and opportunity to reshape it.”¹²⁷ The recommendations below should be guided by this or a similar partnership that elevates lessons learned from young people with lived experience in the foster care system.

2. **Seek input from TAY on effective ways to support them.** Establish a funded County Youth Commission to provide input on the TAY recommendations in this report, and supplement with areas of concern and ideas for improvement. Establish scope, objectives, deliverables, and timeline for the Commission. Agree on procedures for facilitating discussion and generating recommendations that represent the view of the Working Group. Hold quarterly Working Group meetings. Provide the Working Group with transparent updates on how CSD is addressing their input.
 - a. Hold a minimum of two teen and young adult focus groups annually to identify needed improvements to services and supports for TAY. The scope for focus group discussions could be areas CSD is accountable for (direct and contracted services) as well as areas CSD could influence. For example, discussions on how social workers could better interface with the Department of Motor Vehicles (DMV) to support youth seeking a California ID.
3. **Increase opportunities for TAY to be paired with a young adult mentor with experience in foster care.** Consider whether the Youth Partner program could be expanded or if there are other avenues to connect TAY with mentors who are young adults with experience in foster care. Involve current Youth Partners in determining recruitment strategies. We heard multiple comments in focus groups and interviews about the need for mentors who were young and had experienced foster care.
4. **Recruit young adults with experience in foster care for TAY-related roles in CSD.** Building on the success of the Youth Partners Program, CSD should identify further roles that could be filled by individuals who have experienced foster care. Actively recruit new hires with this background. Consider offering younger individuals internships as a pathway for subsequent employment.
 - a. Collaborate with the ILP provider so that ILP job readiness, interview skills, and job retention workshops include content relevant for those considering roles at CSD.
5. **Create a TAY initiative for improvements to TAY services.** This initiative should be managed by the newly formed Strategic Initiatives Unit. The purpose of the initiative would be to provide additional resources to drive planning and implementation of TAY-related recommendations.

¹²⁷ Think of Us, “Welcome,” Accessed June 9, 2022.

Service Navigation for TAY

1. **Create a TAY Navigation Team within the Youth and Community Services Region.** Invest additional funding and staff resources within the Youth and Community Services Region to create a TAY Service Navigation Team. The team's mission should be to connect TAY with services and supports. TAY Navigators should conduct outreach to TAY, coordinate with other parts of DPSS (e.g., Self-Sufficiency Programs), the TAY-assigned FFA, and with external partners who serve TAY.
 - a. The team should comprise three to five non-case-carrying staff. Responsibilities should include managing social media and the helpline (see Communication and Outreach Recommendations below), maintaining resource guides, fielding questions from caregivers, social workers, and youth, and coordinating with external partners.
 - b. This team could include staff who specialize in obtaining identification documents and supporting teens to retain them (see Identification Documents recommendations below).

Vital Documents

1. **Verify the obtainment and digital storage of vital documents and track performance.** Establish a single point of accountability for clients' identification documents, such as the supervisor of the TAY Navigation Team. Staff should be required to verify that records have been obtained. This could be done by requiring photos of the records to be included in the Court Report or requiring a link to digital storage of the records.
 - a. Track data to determine what percentage of children in care and exiting care have their identification documents in a digital storage locker at key time periods (e.g., six months after entering care, six months before exiting care).
 - b. Retain a notary or train current staff to serve as notaries to help obtain records by notarizing photocopies of birth certificates or SSNs when needed.
 - c. Create liaisons with County Records (for birth certificates) and DMV (for CA ID) to make the process easier for TAY and caregivers to navigate these complex bureaucratic entities.
 - d. Offer caregivers a financial incentive to obtain and digitally store documents for children in their care. Provide them with both digital and paper checklists and Frequently Asked Questions (FAQs).
2. **Provide caregivers and TAY with tools to retain their identification documents.** Identify a secure, digital storage option for children and teens'

identification documents, such as [iFoster's digital locker](#).¹²⁸ Provide staff training on the tool. Collaborate with the ILP provider to deliver teen training. Give social workers and clients access to high-quality scanners and technical support for utilizing these tools.

- a. Develop contract language with FFAs to assist TAY in creating their digital accounts and upload scans of their vital identification documents.
- b. As clients, TAY should experience document transfer as a timely, professional process that releases their hard copies in tandem with securing the documents digitally. The system for verification and tracking should be electronic files, not checklists completed by social workers which may not be accurate.

Communication and Outreach

1. **Develop and use teen-friendly channels of communication with TAY.** CSD should implement the use of social media to share information about beneficial services, programs, and events. The warm line and central email should be promoted regularly through social media so that youth are aware of resources and how to seek out needed information. Hire a social media specialist to support the efforts of the TAY Navigation Team. Create a branded social media toolkit and work with relevant units to identify services, programs, and events to promote. New content should be regularly posted on social media platforms and these platforms should be regularly publicized to TAY clients. Track uptake of social media and adjust strategies as needed.
 - a. Improve and expand the DPSS website. Develop and maintain a Teens and Young Adults web page with comprehensive resources. An example of this can be viewed here: [Los Angeles County - Teens 16+](#).¹²⁹ Work closely with partners to include comprehensive, up-to-date information on services and supports. Wherever possible, provide links to registration forms, applications, and responsive points of contact.
 - b. Utilize email, text, and direct messaging (through social media platforms) for communications between CSD and teens/young adults. Modify systems and procedures to enable input of email addresses and social media handles. Identify types of communication that should be handled by email/text/DM (e.g., registering for events and appointments, sending reminders, promoting workshops and events).
2. **Add texting options for youth services including for peer-to-peer support.** Replicate the successes of mental health helplines by employing former foster youth

¹²⁸ iFoster, "iFoster Tay Assistant," Accessed June 9, 2022.

¹²⁹ Los Angeles County Department of Children and Family Services, "Teens 16 and Older," Accessed June 6, 2022.

with lived experience to support current foster youth via texting a centralized number. Personal numbers could be hidden for added security and the texts could be monitored for quality control purposes. Information for which teens might seek peer support could include topics ranging from obtaining a GED, job and relationship advice, reconnecting with family members, seeking mentors, and more. Escalation procedures could be utilized for issues pertaining to substance abuse, violence, suicidality, and commercial sexual exploitation of children (CSEC).

3. **Increase promotion of the ILP.** The ILP provider contract should include the requirement to create teen-friendly promotional materials that can be disseminated via social media, website, text, and email. Information from the ILP provider should be prominently displayed on the revamped DPSS website.
 - a. Teens engaged in ILP could be invited to contribute to the materials (e.g., testimonials, Q and A's, mini-interviews). The audience for the promotional materials should be TAY social workers and the teens they serve.
 - b. To help keep social workers informed about the ILP, CSD should share these digital materials at inductions, staff meetings, or other learning venues.
4. **Collect contact information for youth exiting the system to support reconnection.**
 - a. Modify internal systems and protocols to collect email and alternate contact details (e.g., a life-long connection) as part of the exit process. This information is especially critical for youth ages 18–21 who choose not to continue in foster care as an NMD. Regular outreach to these youth to offer opportunities for a return to care should be provided.
 - b. Provide exiting youth with the helpline and inbox email address in a digital form (via text, email, and/or direct messaging).

Services to Children and Families

Context

Federal and state law require child welfare agencies to provide services to parents whose children are taken into foster care in order to support their efforts toward reunification (with some exceptions). Working collaboratively with a social worker, allied professionals, and their informal network, each family develops a case plan that outlines the services parents will engage with in order to change the safety-compromising behaviors that brought their child into care. Social workers submit the case plan to the courts for their approval. Parents have

between 6 and 18 months to engage in services and demonstrate that they have made progress in their capacity to care for their children safely.

The large majority of families requiring child welfare services are managing difficulties associated with substance abuse, domestic violence, mental health, poverty, and housing instability.¹³⁰ Ensuring availability and access to these services is essential for parents to engage with their case plan.

Children also require services when placed in out-of-home care. In response to *Katie A. v. Bonta* (2002), California now mandates that any child placed in out-of-home care or at imminent risk of foster care placement be assessed for mental health-related needs. If mental health needs are identified, child welfare agencies are advised to use the principles of the Core Practice Model to guide their interactions with families and to use a team approach (e.g., CFTMs) to determine service needs and access.

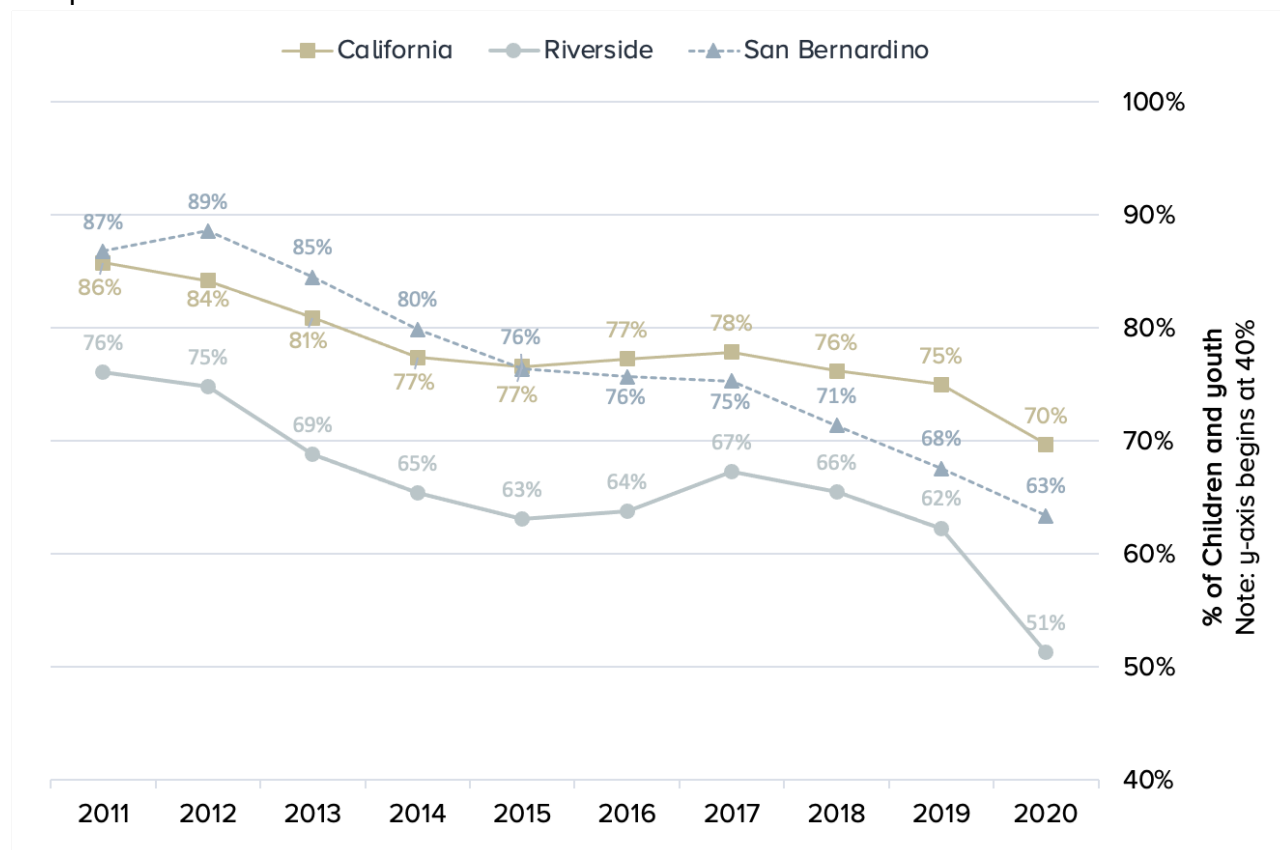
In addition to having their mental health care needs met, children also require close consultation with medical professionals for their (often) complex or chronic health care needs. The [Health Care Program for Children in Foster care](#) provides public health nurse staffing to child welfare agencies to support the health care needs of children in care, though it is the responsibility of the foster caregiver to ensure that children receive regular medical and dental care services from a healthcare professional.¹³¹

Another impact of COVID-19 throughout California and in Riverside County was a decline in timely medical and dental visits for children in foster care. Although the trend for timely visits was already declining, the drop is quite notable between 2019 and 2020, likely due to avoidance of non-essential medical care during the height of pandemic isolation. In Figure 15 below, San Bernardino County is shown as a point of comparison, with similar but slightly better performance on this measure.

¹³⁰ Richard P. Barth and Yanfeng Xu, "Poverty, employment, family adversity, and entry into out-of-home care." (Unpublished manuscript, University of Maryland, School of Social Work).

¹³¹ Department of Health Care Services, "HCPCFC Program Overview," Last modified March 23, 2021.

Figure 15: Timely Dental Visits in Riverside County by Year
Compared to California and San Bernardino



Finally, children in foster care are more likely than children in the general population to experience educational deficits. Research on children in foster care suggests that they suffer from high rates of school instability both prior to and during their stay in foster care.¹³² They are more likely to use special education services, more likely to experience a suspension or expulsion, and less likely to graduate from high school.¹³³ California provides funding for a [Foster Youth Services](#) (FYS) program in every county. FYS staff are housed in the County Office of Education and help to coordinate children's school records and instruction. Children in care typically require extensive educational remediation; social workers, foster caregivers, and FYS staff can work together to ensure that children's educational needs are attended to.

¹³² Elysia V. Clemens, Trent L. Lalonde, and Alison Phillips Sheesley, "The relationship between school mobility and students in foster care earning a high school credential," *Children and Youth Services Review* 68, (September 2016): 193–201.

¹³³ Katherine C. Pears et al., "Pre-reading deficits in children in foster care," *School Psychology Review* 40, no. 1 (March 2011): 140–148; Bonnie T. Zima et al., "Behavior problems, academic skill delays and school failure among school-aged children in foster care: Their relationship to placement characteristics," *Journal of Child and Family Studies* 9, no. 1 (March 2000): 87–103.

Strengths

As discussed in more detail in the above Workforce section, CSD staff members are highly dedicated, knowledgeable, and seasoned professionals who are concerned about the health, mental health, and educational needs of children, and who want to see access to services to parents improved. Access and availability of services are often provided by County partners and community-based organizations; CSD does not control the delivery of most allied services. Nonetheless, there is interest and willingness to work creatively with community allies to improve the service landscape for children and families.

CSD has developed a Peer Mentor/Parent Partner model that includes former child welfare parent clients as staff. The purpose of these peer mentor programs is to offer peer support to parents who are new to child welfare system contact, to address their fears or concerns, and to help parents engage in their service plans as quickly and effectively as possible. The peer mentor model has been assessed elsewhere in California; findings suggest that the model may increase the likelihood of family reunification.¹³⁴

Opportunities

The [FFPSA](#) (2018) offers federal Title IV-E funding to help support evidence-based services in the areas of in-home parenting skills services, mental health services, and substance abuse services for parents whose children are at risk of foster care placement.¹³⁵ As the County identifies local service providers that can offer these services for placement prevention, these same services can be made available to parents whose children have already been placed in care. In doing so, the quality of the services provided to parents is likely to rise, and the benefits to parents in terms of positive outcomes are likely to improve as well.

Areas In Need of Improvement

Parents can only engage in services to support reunification if they are available and accessible. High quality services are also essential to parents' ultimate success. In a county as spread out as Riverside, access and availability are challenging. The County is geographically large. If a parent lives in one community, but the only appropriate service is in another community, access may be difficult. Much of the County is rural and includes small towns that may not have

¹³⁴ Jill D. Berrick, Edward Cohen, and Elizabeth K. Anthony, "Partnering with parents: Promising approaches to improve reunification outcomes for children in foster care," *Journal of Family Strengths* 11, no. 1 (November 2011): Article #14.

¹³⁵ California Department of Social Services, "Family First Prevention Services Act," Accessed June 6, 2022.

services the parents require. And transportation is especially problematic for this disproportionately low income population that may not have access to a car.

Within this context, the child welfare system as a whole appears to be stretched thin, including CSD and the range of service providers with which it partners. The combination of survey responses and focus group and individual interviews suggests a service landscape that is well intentioned, but under-resourced. Wait times for services to children and families are long, specialized programs of the past are now paused or terminated, and all service providers are short-staffed. According to one social worker:

All of our providers right now are short-staffed because of COVID-19; the waitlist to get into just about any service is a month out, which means our kids aren't getting services.

I used to be able to use a platform called Care Portal for a lot of service needs for families to meet basic things like beds, like fridges, things that would help with reunification, or even help with stabilization. But at this time, that partnership has been put on hold this year and so we're not able to access that platform so we're dwindling down in services and resources we can provide, but we're still expected to provide all this stuff that we don't have access to.

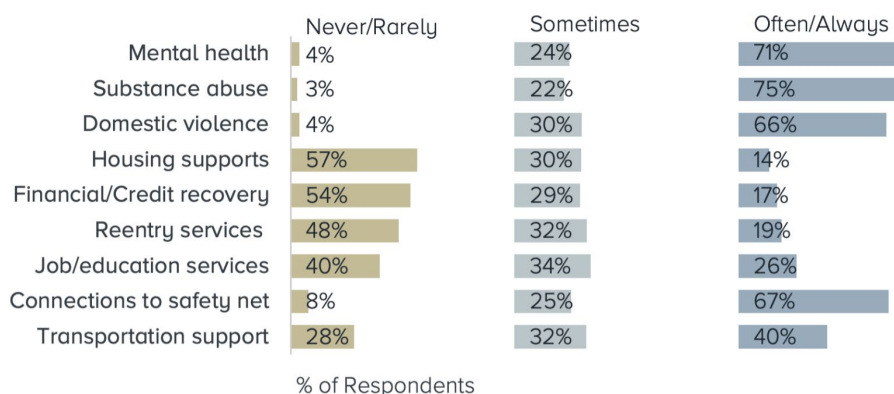
Comments such as these were frequent, especially relating to long wait lists, virtual services that were of lower quality than in-person, minimal services available in remote communities, and those provided far from a parent's home.

Services for Parents

During the pandemic, CFTMs, in which service needs might be identified for families, shifted to being completely remote, using Microsoft Teams. This shift meant that family members who would have otherwise faced transportation challenges and work conflicts were able to attend meetings. While this increased accessibility was a silver lining, some family members could not participate due to limited internet and technology access. Additionally, some Child and Family Team (CFT) social workers felt that family members were at times less engaged and empathetic when they were not meeting in person. In particular, staff indicated that remote access seemed to make it easier for extended relatives to decline children's placement in their home when they were not meeting face-to-face. Some staff also suggested that virtual meetings may have contributed to less engagement for parents in meeting reunification goals. As of the time we conducted our focus group with CFT social workers and supervisors, CFTMs were still being conducted remotely.

Responses to our survey suggest that some services are more widely available than others. For example, about three-quarters of respondents (71%) indicated that substance abuse services are often or always available to parents trying to reunify, as are mental health services, but that many other services were difficult to identify and access. These included housing-related services (14% indicated housing was often or always available); financial education/credit recovery services (17% indicated services were often or always available); reentry services to formerly incarcerated individuals (19% indicated services were often or always available); or job or education-related services (26% indicated services were often or always available). A somewhat higher percentage of respondents indicated that the following services were often or always available: transportation support (40%); connections to social safety net programs such as CalWORKs or CalFresh (67%); and domestic violence-related services (66%). Survey results for availability of services are presented in full in Figure 16 below.

Figure 16: Availability of Services for Parents Seeking Reunification
Q3 How available are the following services for parents seeking reunification?



The quality of services to address issues of substance abuse, domestic violence, mental health, and connections to safety net services were also noted relatively positively in our survey. Staff did not rate the quality of other services as highly:

Some of the challenges we've had is parents having to go on a waiting list for a long time. And that's important because, if they're in family reunification services, and they have a certain amount of time to complete their services and they can't get into services, that's a challenge. I think a lot of parents also are looking for daycare provisions and housing. I don't know if we have FUP anymore [the Family Unification Housing program, offered by the federal Housing and Urban Development program, was previously offered to support parents working toward reunification with their children], the whole housing thing.

Those are barriers to getting what they need, and then also it gets down to finding the appropriate parenting class for the parent. I've seen some challenges, with the social worker trying to get an appropriate parenting class that meets that parent's needs and also, there are a lot of parents that work and there's a challenge with accessing services due to their work schedules.

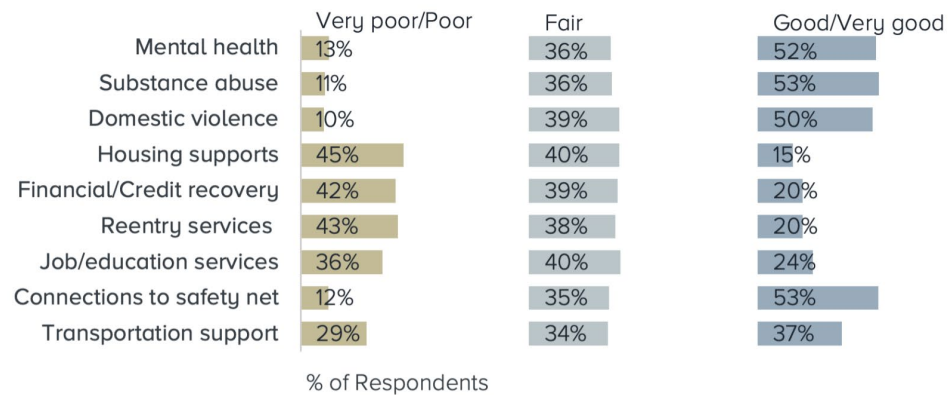
Another respondent said:

There are no services for housing. There used to be programs that aren't available anymore. They give them referrals. But those are worthless piles of paper... I don't know what to do. There used to be programs like [for families with a goal of] family reunification they'd get bumped up on the Section 8 waitlist. But that doesn't exist anymore. I guess they have a new program called Linkages for the parents but it doesn't seem to be that good. Unfortunately, it's just a society-wide problem right now. Housing is not good for poor people.

Multiple social work staff also mentioned transportation challenges. Access to services was identified as especially problematic for parents living in more remote areas of the County, and for parents who had no means of private transportation.

We also used to have this program [that] used to provide transportation for parents... Right now, we only provide bus passes. That's something we offer, but it's not realistic for families and I think it's a barrier for reunification in general, because we are servicing low income populations. So we used to be able to set up an Uber ride for a parent to get to their visit or to get to their psych eval[uation], or to get to their substance abuse treatment. But we don't have that contract anymore so we are at a total loss with regards to services being offered that are even appropriate for families.

Figure 17: Quality of Services for Parents Seeking Reunification
Q4 How is the quality of the following services for parents seeking reunification?



Services for Children and Youth

Focus group and survey respondents identified mental health services for young people as being inadequate. Staff described the dilemma they and their children face when therapists leave their jobs, making youth reluctant to form a new connection with a new therapist. According to social workers, youth become fatigued with telling their story and adjusting to new counselors. Some youth perceive no benefit to continuing counseling services and many who appear to need these services refuse to re-engage with a new therapist when there is service discontinuity. Social workers also indicated concerns about the limited availability of therapists who are experts in substance abuse, and others raised concerns about waitlists for therapy services. Some of these views are captured in the following comments:

And this seems to be a pattern of them continuing to start over with new therapists, which means that they have to go back and rehash traumas and why they're there, and I mean this is over and over and over again. And that therapy is supposed to assist them in developing coping skills and being able to deal with their traumas and move on. Rehashing them every time they meet a new therapist is a problem.

I think in terms of the service providers for mental health like for therapy for children and parents, I think it's a little limited, it could be broader. And I'm really missing for our clients who have sexual abuse where I remember when we used to have Daughters and Parents United, those were for sexual abuse victims and their parents. That program went. And we still have a lot of sexual abuse cases where the parents need to be in

some type of specialized service for that as well as the child and then even the junior sexual offenders.

Recommendations

1. **Review data on service availability by region within the County and assess opportunities for service expansion.** Riverside is a large county with a dispersed population. Families living outside of the metro areas may not have access to services that will support reunification efforts. CSD should review County contracts with service provider agencies to determine whether they are sufficient in scope and County coverage. Services typically missing from geographic areas may need expansion.
2. **Identify opportunities for expanded access to transportation for parents living in remote areas of the county.** Parents cannot participate in court-ordered reunification services, including visitation with their children, if they have no means to access mandated services. Access to rideshare or other transportation resources should be pursued.
3. **Build on the already established peer mentor model to make these services more widely available to parents.** Research suggests that finding and supporting peer mentors in child welfare is challenging, but that the effort offers a range of positive effects. Supervision for these staff may be a key to their success. Promising strategies developed in Contra Costa County may be a model for consideration.¹³⁶

Court-Related Services

Context

In cases where mandated services are recommended, or a child requires separation from a parent, courts are likely to be involved. The court system was not the focus of this inquiry and thus we did not meet with or interview many actors that participate in court services. Instead, we provide a very brief overview of some court processes, and focus on a few issues relevant to CSD's interactions with the courts.

Parents and children involved in juvenile dependency court proceedings are provided legal counsel. If indigent, attorneys will be assigned; under some circumstances, parents may be financially responsible for legal representation.¹³⁷ A number of court hearings may take place to

¹³⁶ Laura Frame, Jill D. Berrick, and Judi Knittel, "Parent mentors in child welfare: A paradigm shift from traditional services," *The Source* 20, no. 1 (January 2010): 2–6.

¹³⁷ See Cal. Welf. & Inst. Code § 317; see also *In re J.P.* (2017) 15 Cal.App.5th 789, 796.

determine the evidentiary basis for detaining a child (the detention hearing); the veracity of the allegations and whether the court will retain authority over the child (the jurisdictional hearing); where the child will live while separated from the parent, and what the parent is required to do to provide evidence that her/his parenting is sufficiently safe (the dispositional hearing). Review hearings typically occur every six months thereafter until the child is reunified with their parent, or a permanency plan is established that (ideally) identifies an alternative lifetime caregiver for the child.

A CSD social worker is required to file court reports to keep all parties informed about the well-being of the child and the parents' progress in meeting the goals laid out in the case plan. These reports must be filed in advance of the court hearing so that the judge, the attorneys, and the parents all have an opportunity to review the report's contents and come to court prepared with additional confirming or disconfirming information. Included in these reports are recommendations from social workers about the case, including those that may pertain to the parent or the child. Attorneys use the information in these reports to meet with their client in advance of the court hearing to determine if the recommendations are appropriate and/or if additional or different recommendations might be considered by the judge.

The hearing might include a number of actors including the judge, legal counsel for one or both parents, legal counsel for the child, County Counsel (representing the child welfare agency), the parent or parents, and the child if age 10 or above. In some cases or counties, the case-carrying social worker and a CASA may also be present.

Below we highlight two issues especially relevant to CSD and its interactions with the Juvenile Dependency Court.

Limited Social Worker Court Presence

Prior to the pandemic, CSD social workers were more regularly present in court than they are now. Their presence has been limited since the pandemic began. Given the high social worker vacancy rate and the premium placed on social workers' time, some respondents felt it was a positive change that they are not spending time in court rather than being in the field. Some respondents from the County felt the post-pandemic shift is working well, with social workers being accessible by telephone if questions are raised in court that County Counsel cannot answer. One respondent said:

I don't see much benefit of social workers being in the courtroom...We speak more freely when the social workers aren't there. If there's a question, the County Counsel just calls them...We had one [social worker] that was [in court] all day. She was there because we may have removed the child. Her whole day was wasted. As much as you can try to work

from your computer while you're in court, you can't call your clients and you can't do real social work. I'd rather them be in the field than in court.

Another viewpoint was that social worker absence from the courtroom is detrimental to children and families for the following reasons:

- County social work staff—who may cause court continuances due to tardy court reports—may not fully understand the adverse impact delays have on clients when they are not present in court.
- Particularly during jurisdiction/disposition hearings, family members may appear in court who are otherwise difficult to reach. This can be a missed opportunity for social workers to identify potential foster caregivers and obtain key information about cases.

One respondent said:

You don't get the details, you don't get the contact. They do the phone thing and that doesn't help. It would be better if [the social workers] were [in court]. I wish they would come back because more cases get resolved. We want the social workers to come back. Sometimes children sit in care over issues that are really non-issues. It's tragic.

One respondent suggested that at a minimum, social workers should be present in court for "hot" cases—those that are hotly contested or in the media spotlight.

From a research perspective, the evidence on social workers in the courtroom suggests that the experience can be stressful and may contribute to worker burnout and attrition.¹³⁸ These impacts are especially acute for child welfare professionals of color.¹³⁹ Depending on the tone and tenor of the courtroom—typically set by the judge—juvenile courtrooms can be settings that tend toward a therapeutic jurisprudence stance¹⁴⁰ where various actors engage in quasi-therapeutic interactions that focus on supporting and enhancing client well-being. Or they can be settings that tend toward shame and punitive interactions.¹⁴¹ In general, social worker participation in court processes appears to be effective only when these processes are participatory and respectful. These interactions not only contribute to the information exchange

¹³⁸ Frank E. Vandevort, Robbin Pott Gonzalez, and Kathleen Coulborn Faller, "Legal ethics and high child welfare worker turnover: An unexplored connection," *Children and Youth Services Review* 30, no.5 (May 2008): 546–563.

¹³⁹ Kathleen Coulborn Faller, Marguerite Grabarek, and Frank E. Vandevort, "Child welfare workers go to court: The impact of race, gender, and education on the comfort with legal issues," *Children and Youth Services Review* 31, no. 9 (September 2009): 972–977.

¹⁴⁰ David B. Wexler, "Therapeutic jurisprudence and changing concepts of legal scholarship," *Behavioral Sciences and the Law* 11, no.1 (1993): 17–29.

¹⁴¹ Vicki Lens, Colleen Cary Katz, and Kimberly Spencer Suarez, "Case workers in family court: A therapeutic jurisprudence analysis," *Children and Youth Services Review* 68, (September 2016): 107–114.

judges need to make informed decisions, but they have lasting impacts on social worker/parent relationships built on mutual respect and shared goals.

Court Reports

Respondents raised concerns that too often, court reports are inaccurate or missing.

Inaccuracies include:

- Stating that personal documentation such as birth certificates or California identification had been collected when in fact it had not
- Stating that connection to services and materials had been completed by the County social worker when they were actually completed by others
- Cutting and pasting earlier court reports without fully updating them
- Cutting and pasting court reports from other clients and not fully modifying them for the relevant case

It appears that, at times, social workers begin work on their court reports so close to their due date that they run out of time to corroborate the updates they receive from parents. According to one respondent:

The court reports read like this: "Mom says she's been in counseling and attends every week. I attempted to reach the counselor to confirm but could not receive a response." They aren't very helpful because they are just hearsay. They are reaching out to service providers to confirm attendance of services but they don't hear back in time to confirm it on the court report.

Information gathering processes were described as highly inefficient. Parents are asked to show evidence of course or treatment completion to their social worker, but parents who completed classes may be unable to locate their certificates of completion. Social workers then must try to verify service delivery with the provider. Contract providers do not typically have an obligation to report on the status of child welfare clients.

Most seriously, several respondents reported that too often, court reports were missing altogether. The most common explanation for missing court reports were social workers vacating their positions before court hearings and new social workers either not yet being in place or not having enough time to complete the court reports. Problems relating to missing court reports appear to be quite serious, with attorneys and judicial officers expressing significant concerns. One respondent indicated that on a typical day, 12-15 cases are heard in court and 1-2 court reports will be discovered as missing.

When court reports are not filed in a timely fashion, court processes are usually delayed. Typically, judicial officers will order a continuance for 30 days to allow for the report's submission. Continuances, however, are highly problematic in child welfare. Frequently, missing court reports are not realized until the court date. Parents—who typically take time off from work, who often travel long distances, and who use public transportation—are often not notified in time, and their day is wasted. More importantly, various studies have shown a clear relationship between court continuances and delays in children's reunification with their parents.¹⁴² Other effects may include delays in moving children to placements that are a better fit, and delays in service provision.

Some respondents said that as many as six out of twelve court reports may be missing on any given court day—a missing court report rate of 50 percent. A few seasoned respondents said the rate of missing court reports was currently higher than it had been in decades and is “the worst it has ever been.” However, one respondent said that during the most recent month, the social workers were improving on court report completion rates, but that as a result, casework was adversely impacted. This respondent said: “Now they are doing better on court reports but then other things are suffering instead.”

Recommendations

1. **Include a requirement in CSD contracts that service providers share completion reports and activity logs with the County and all appointed counsel,** including any service requiring social worker verification to aid in their completion of court reports. Weekly service logs should include:

- a. Parental completion of classes
- b. FFA parent/child visit logs and assessments of supervised visits

Increased automation of this information would save social workers time verifying service completion. It would also enable them to provide more informative and complete court reports.

2. **Track and publicize court report completion rates.** This should be done by the courts. Social workers with 100 percent completion rates over a 6- or 12-month period should receive recognition from the court and CSD for their efforts.
3. **Resume in-person court activities for social workers on a selective basis.** During supervision, choose at least one case per month for social workers to attend in

¹⁴² Amy D'Andrade, A Quantitative Evaluation of Concurrent Planning in California Public Child Welfare" Dissertation, University of California, Berkeley, School of Social Welfare, 2004; Howard A. Kalfus, "When can I go home? The impact of continuances on rates and timing of reunification in Vermont's child abuse and neglect dockets," *Vermont Law Review* 45, no. 1 (2020): 1–41.

court. Prioritize challenging or controversial cases for in-person court days. Prior to the pandemic, it was the norm that social workers attended Court in person. In this environment, social workers were often able to bring together key players and make important decisions outside the courtroom. This opportunity is lost with the new normal of social worker absence from court. In addition, judges and attorneys sometimes do not fully understand the facts of the case without the social worker present to clarify important details. Requiring occasional attendance in court could also help social workers complete high-quality court reports on time.

4. **Expand partnership with the CASA program.** CASA volunteers have played an important role in Riverside County cases during this time of critically high social worker turnover and vacancy rates. Attorneys and judges depend on CASA reports when social workers are unable to submit court reports. Currently about 10 percent of children have CASAs in Riverside County. Efforts to grow the CASA program could increase the number of children assigned a CASA volunteer. Along with efforts to increase community-wide visibility of foster care issues and needs, CSD should work with the media, with their internal communications staff, and with community partners to showcase opportunities for community volunteerism in the CASA program.
5. **Create courtroom and attorney-level access to the new Comprehensive Child Welfare Information System (CCWIS).** Riverside County should incorporate this function during the development of CARES. This would involve creating a user category with the ability to view the following suggested elements of the system:
 - a. Child placement
 - b. Service plans
 - c. Notice
 - d. Paternity

This would enable attorneys to learn key information about their clients more efficiently if they are unable to obtain the information in a timely way from the County.

A next step should be to implement two-way (bi-directional) data exchange between the agency and the court. The [Children's Bureau](#) provides sound guidance on bi-directional data exchange and outlines the elements of a data sharing agreement. Data categories to consider for court to agency data flow include:¹⁴³

- a. Hearing schedule and dates for information submission
- b. Tracking (e.g., filings, notices, and orders)

¹⁴³ Children's Bureau, *Data Sharing for Courts and Child Welfare Agencies* (US Department of Health and Human Services, Administration for Children and Families, 2018).

- c. Reports aggregating court performance data (e.g., time from removal to placement)

Bi-directional data exchange is now a regulatory requirement of the CCWIS. To the extent practicable, agencies are to share data with courts via CCWIS. Data sharing between state child welfare agencies and courts can provide timely, accurate information to support court decisions.¹⁴⁴

Opportunities for Prevention

Although our assessment of Riverside CSD was limited to the policies, procedures, and practices pertaining to out-of-home care, our understanding of the unique circumstances of the Turpin case combined with our broad review of Riverside County's services to vulnerable children and families reveals at least three areas that merit further consideration from County leaders:

1. Early childhood intervention
2. Homeschooling and invisible children
3. Anti-poverty pilot programs such as Guaranteed Income (GI) pilots

In this section, we refer to information currently in the public domain relating to the Turpin family. None of the information we refer to here was derived from any court-related documents that we received as part of our investigation.

Primary Prevention For Infants Who Are Not Visible To The Public

According to publicly available media reports, Louise Turpin gave birth to her oldest child in Dallas, Texas. Eleven of the couple's thirteen children were born in Texas hospitals before the family moved to California in 2010. Thereafter, Ms. Turpin gave birth to two children, both in Riverside County. From the available records, it appears that the Turpin parents left the hospital following each birth without the advantage of health services or check-ups for their children. According to the available records, none of the children participated in an early childhood education program, and none of the children attended a California public school. In short, the family lived in almost complete privacy, without the benefit of any services or supports, but also outside the view of professionals—all of whom are mandated reporters of child maltreatment—who might have recognized the plight of the children. Following 17 years of captivity, one of the Turpin children ventured out of the home in January 2018 to get help. Had she not done so, it is entirely possible that the children's abuse would have been sustained for an indeterminate period of time; the family was preparing for a move to Oklahoma in February 2018.

¹⁴⁴ Children's Bureau, *Data Sharing for Courts and Child Welfare Agencies*.

Although the vast majority of parents in our communities provide love and support to their children, parents who are intent on maintaining the absolute privacy of their families for nefarious reasons can do so relatively easily. Unlike most Western European countries, the United States does not provide universal prenatal care, universal health care, universal day care, or targeted home visiting services.¹⁴⁵

Some California counties have made efforts to bring services to vulnerable families directly following the birth of a child. These universal home visiting programs are typically sponsored by the local First 5 organization, and they offer a hospital-based visit with a public health nurse followed by a home visit. Under typical circumstances, home visiting public health nurses can support new parents with lactation, baby care, information about infant and child development, child safety, and a host of issues new parents may face. At the same time, they can check on the baby's health and well-being. These short-term services can offer important support to parents who may need reassurance or information about their newborn; the services can also bring to light the needs of isolated families. Families with elevated needs can receive time-limited ongoing services. Evidence from one widely used home visiting model suggests that it may have important effects on reducing the likelihood of child maltreatment.¹⁴⁶

First 5 Riverside County funds several home visiting programs. Depending on the funded program and its jurisdiction, different eligibility criteria apply. Some programs target low-income first-time parents; others target families at risk of child welfare involvement, or families who have recently been referred to child welfare services. These are important resources currently available to some of Riverside County's families. But these targeted programs were not available universally, and therefore would have missed the Turpin children.

Had universal home visiting services been available at the time that the two youngest Turpin children were born, the conditions of the home and the circumstances of the older Turpin children would likely have been discovered. Importantly, home visiting services are typically voluntary. Parents such as the Turpins, who are intent on isolating themselves from professionals, would likely decline in-home services. However, an assessment of Ms. Turpin in the hospital prior to discharge might have raised concerns sufficient for a child maltreatment referral.

¹⁴⁵ Sheila B. Kamerman et al., "Social policies, family types and child outcomes in selected OECD countries," *OECD Social, Employment and Migration Working Papers*, No. 6, (May 2003).

¹⁴⁶ David L. Olds et al., "Long-term effects of home visitation on maternal life course and child abuse and neglect: Fifteen-year follow-up of a randomized trial," *JAMA* 278, no. 8 (August 1997): 637–643.

Opportunity

1. **Consider developing a universal, hospital-based family assessment for all hospital-based deliveries.** Following the hospital-based assessment, medical, psychological, and social services personnel should make targeted home visits.

Homeschooling and Invisible Children

Various media outlets indicate that the Turpin children were never observed by educators in California. None of the Turpin children attended a California public school; instead, David Turpin completed a Private School Affidavit indicating that his children's education was provided by Sandcastle Day School, a fictional homeschool of his creation. In fact, according to various media outlets, the Turpin children did not receive educational services in their home and as a result were substantially behind academically. Homeschooling raises special concerns for children like the Turpins who are intentionally isolated by their parents.¹⁴⁷

Prior to the COVID-19 pandemic, rates of homeschooling were rising across the country.¹⁴⁸ As recently as 2019, approximately 200,000 California children were enrolled in a homeschool.¹⁴⁹ Some evidence indicates that a large percentage of parents choosing to homeschool their children do so for religious or moral reasons,¹⁵⁰ a view purportedly held by the Turpin parents.

Homeschooling is relatively unregulated. Texas (where 11 of the 13 Turpin children were born and raised until 2010) is one of 11 states with no notification requirement. That is, if a parent chooses to homeschool their child, public authorities need not be informed. California is one of 15 states with "low regulation" of homeschooling.¹⁵¹ Parents who wish to homeschool are required to complete a Private School Affidavit and submit it to the California Department of Education. Thereafter, parents are required to provide annual notice of their child's enrollment

¹⁴⁷ The following discussion of homeschooling is informed by: Luck, A. (2020), *The homeschooling and child maltreatment connection: An examination of the evidence*. Advanced policy analysis. Goldman School of Public Policy, U.C. Berkeley.

¹⁴⁸ During the pandemic, schools closed and all California children were educated at home. These school-at-home arrangements, while far from ideal, were nonetheless regulated by the public school system.

¹⁴⁹ In California, children who are homeschooled can not be distinguished from students attending private school and they are thus difficult to separate out for analysis. Estimates can be derived here: A2z Homeschooling. "Number of Homeschoolers in US 2018–2019." December 2018. https://a2zhomeschooling.com/thoughts_opinions_home_school/numbers_homeschooled_students/. Similar estimates are derived by Luck, A. (2020), *The homeschooling and child maltreatment connection: An examination of the evidence*. Advanced policy analysis. Goldman School of Public Policy, U.C. Berkeley.

¹⁵⁰ Meghan McQuiggan, Mahi Megra, and Sarah Grady, *Parent and family involvement in education: Results from the National Household Education Surveys program of 2016: First look*, (National Center for Education Statistics, 2019).

¹⁵¹ Home School Legal Defense Associated, "Homeschool Laws by State," Accessed June 9, 2022.

in a homeschool, though there is no accountability or enforcement of this regulation. Beyond notification, there are no requirements for testing, tracking, or accountability for school or child educational outcomes.

Over the past decade, critics have raised concerns that lax policies on homeschooling oversight allow parents to intentionally isolate and mistreat their children.¹⁵² Homeschooling, as a deinstitutionalized system, shields children from the monitoring systems otherwise in place in school settings, where mandated reporters are more likely to observe signs of maltreatment. Indeed, it is possible that some parents—like Louise and David Turpin—who have reason to hide abusive or neglectful behaviors might be drawn to the homeschooling option, away from mandated reports and intrusion they might experience by participating in the public school system.

Proponents of homeschooling have resisted efforts to improve data collection or to address issues of accountability through legislation. In early 2018, following the media attention relating to the Turpin children, Assembly Member Susan Eggman (Stockton) introduced Assembly Bill (AB) 2926 to establish an advisory committee to consider the appropriateness and feasibility of imposing additional requirements on California home schools. The bill was opposed by the homeschool advocacy community and was withdrawn by the bill's author. Similarly, Assemblymember Jose Medina (Riverside) introduced AB 2756, a bill to require an annual home inspection by the fire marshal for home schools, and a requirement to separate homeschool data from private school data in California Department of Education data systems. Due to objections from the homeschool advocacy community, the bill was almost immediately amended to delete the requirement pertaining to the fire marshal. After a single hearing, and in response to intense pressure, the bill was withdrawn by the author.

Opportunity

Advocate for statewide home school accountability standards. CSD should partner with local Riverside legislators, the media, and statewide children's organizations to re-introduce legislation to impose standards of accountability on all California home schools. Children's education is a fundamental right and should not be denied by misguided or troubled parents.

GI for Former Foster Youth

Ample research suggests that the transition to adulthood for former foster youth is especially difficult. Former foster youth are less likely than other youth to go to college,¹⁵³ their wages

¹⁵² Bartholet, Elizabeth. "Homeschooling: Parent Rights Absolutism vs. Child Rights to Education & Protection." *Arizona Law Review*, 2020

¹⁵³ Okpych, N.J. (2021). *Climbing a broken ladder: Contributors of college success for youth in foster care*. Rutgers University Press.

from employment are lower,¹⁵⁴ and they are much more likely to experience housing instability.¹⁵⁵ Media coverage of the Turpin children indicates that they have also struggled on the path to independence. Although California policy allows youth the opportunity to voluntarily remain in foster care after age 18, that support disappears when youth turn 21. In 2018, federal law expanded access to health care through Medicaid/Medi-Cal for former foster youth up to age 26. Under a recent decision by the California Public Utilities Commission, starting in 2023, former foster youth will have free access to a cell phone and wireless services up to age 26.

These efforts not only address the needs and vulnerabilities of former foster youth, but they also respond to a growing recognition that non-foster young adults often return home or rely on parents for financial and material support well into young adulthood. According to a Pew Research Center study, only about one-quarter of US young adults are fully financially independent from their parents by age 22.¹⁵⁶

There is growing recognition that additional financial support can help former foster youth make a positive transition to adulthood. In 2020, Santa Clara County became the site of the nation's first guaranteed basic income program for former foster youth, providing them \$1,000 per month for 12 months. Since that pilot, San Francisco, South San Francisco, and other cities across the country have initiated similar pilot projects. Building on these models in 2021, the California legislature and Governor included \$35 million in the budget to pilot a first-in-the-nation statewide GI program for former foster youth.¹⁵⁷ The Request for Applicants is scheduled to be released in June 2022, and interested counties may apply.

Recommendation

Participate in the statewide GI pilot program. Riverside County should take advantage of this important opportunity to obtain state funding to support former foster youth and apply to participate.

¹⁵⁴ Courtney, M.E., & Dworsky, A. (2006). Early outcomes for young adults transitioning from out-of-home care in the U.S.A. *Child and Family Social Work*, 11(3), 209–219.

¹⁵⁵ Berzin, S.C. (2008). Difficulties in the transition to adulthood: Using propensity scoring to understand what makes foster youth vulnerable. *Social Service Review*, 82(2), 171–196.

¹⁵⁶ Barroso, A., Parker, K., & Fry, R. (2019). Majority of Americans say parents are doing too much for their young adult children. <https://www.pewresearch.org/social-trends/2019/10/23/majority-of-americans-say-parents-are-doing-too-much-for-their-young-adult-children/>.

¹⁵⁷ For more information see: <https://www.cdss.ca.gov/inforesources/guaranteed-basic-income-projects>.

Chapter 3: Office of Public Guardian

Agency Context

A noted bioethicist has written that “the single greatest category of problems we encounter are those that address the care of decisionally incapable [individuals] . . . who have no living relative or friend who can be involved in the decision-making process. These are the most vulnerable . . . because no one cares deeply if they live or die. . . We owe these [individuals] the highest level of ethical and medical scrutiny.”¹⁵⁸ Such vulnerable adults may become clients of public guardianship programs.

If a court determines that an adult cannot care for him or herself or manage finances, the court may appoint a conservator¹⁵⁹ to do so. A conservator is often a family member or friend but may be a professional or a private agency. Sometimes a conservator is needed but there is no one willing and appropriate to serve, and often little or no funding to pay for someone to serve. Thus, states and localities have created public guardianship programs as a last resort.

Public guardianship programs are an important part of the public safety net for adults who are at-risk—who have decisional impairments, who may be subject to abuse, neglect, or exploitation; and who frequently are poor and isolated. These programs face steep challenges. They must constantly be ready to provide humane and client-centered care, face emergencies, protect rights, make tough medical decisions, find appropriate placements, manage property and accounts according to fiduciary standards, and report to court.

Under California law, counties may create public guardianship programs,¹⁶⁰ and all 58 counties operate such programs.¹⁶¹ In a 1964 ordinance (as amended in 1984), the Riverside County Board of Supervisors established OPG, making the Mental Health Director of the County *ex officio* the Public Guardian.¹⁶² OPG operates through RUHS/BH. OPG has 22 paid professional staff, including about 14 deputy public guardians who directly manage individual client cases.

¹⁵⁸ Nancy Dubler, as quoted in Karp, Naomi and Erica Wood, *Incapacitated and Alone: Health Care Decision-making for the Unbefriended Elderly* (American Bar Association, 2003).

¹⁵⁹ State terminology differs. In California the term conservator refers to a court-appointed surrogate to manage an adult’s personal affairs, property, or both. The term “guardian” refers to a court-appointed surrogate for a minor.

¹⁶⁰ Cal. Gov’t. Code §§ 27430 – 27436.

¹⁶¹ Farrah McDaid Ting, Justin Garrett, and Roshena Duree, “Counties Ask for Public Guardian Funding,” California State Association of Counties, April 4, 2019.

¹⁶² Riverside Ordinance No. 497 (as amended through 497.1), An Ordinance of the County of Riverside Amending Ordinance No. 497 Providing for a Public Guardian.

Methods

Methods for examining OPG were undergirded by the purpose of the present investigation and the first and second national public guardianship studies.^{163, 164}

The two national studies offered five criteria upon which to base the effectiveness of public guardianship programs.

- Adequate staffing and funding;
- Safeguards for due process;
- Specified staff-to-client ratios;
- Office should not be dependent upon collection of fees for service; and
- Office should coordinate services, work as an advocate for the client, and educate professionals and the public regarding guardianship.

OPG Cases

OPG serves as conservator in two types of cases—probate conservatorship and Lanterman-Petris-Short (LPS) conservatorship.¹⁶⁵ Referrals for general probate conservatorships may come from APS, from another agency or institution, or from a physician. Probate conservatorship clients may be older adults with dementia or a person of any age who needs protective intervention in caring for themselves. Under the Lanterman-Petris-Short Act, LPS conservatorships serve individuals found “gravely disabled” as a result of a mental disorder and who are unable to provide for basic needs. These clients may require placement in a state mental institution or other facility for psychiatric treatment. LPS conservatorships are for one year only and thereafter subject to re-evaluation. Both LPS and probate conservatorship may be for the person only, for the estate only, or, more commonly, for both personal and financial affairs.

When OPG receives a referral for conservatorship services, its team of Conservatorship Investigators investigates the need for intervention in each specific case. If the need is confirmed and there is no one else willing or appropriate to serve, OPG, through County Counsel, petitions the Superior Court to be appointed as conservator. The Court sends a probate court investigator to assess the case and report back. The Court holds a hearing with

¹⁶³ Windsor C. Schmidt et al., *Public Guardianship and the Elderly*. (Cambridge: Ballinger Publishing Company, 1981).

¹⁶⁴ Pamela B. Teaster et al., *Public guardianship: In the best interests of incapacitated people?* (ABC–CLIO, 2010).

¹⁶⁵ A subcategory of probate conservatorship known as “limited conservatorships” also exists for developmentally disabled individuals referred through the Inland Regional Center.

procedural requirements set forth under state law and appoints OPG as conservator. OPG must submit a report and accounting to the Court on each conservatorship annually.

OPG Clients

OPG serves a broad range of clients. The exact number varies daily, but is between 1,200 and 1,300.¹⁶⁶ As of January 3, 2022, OPG reported a total of 661 LPS clients and 516 probate clients (with 40 limited conservatorship cases of developmentally disabled adults). The age breakdown of clients for Fiscal Year (FY) 2021–2022 was as follows:

- Under age 18 27
- Age 18–64 793
- Age 65+ 515

The complexity of the cases is daunting. LPS clients with severe mental illness often cycle in and out of crises and medication regimes. Probate clients are frequently subject to abuse, neglect, and exploitation and have high demands for housing and health care. One estimate was that some 70 percent of probate referrals to OPG are due to neglect, including self-neglect. OPG leadership reported that the incidence of financial exploitation is growing, which further impacts the degree of difficulty in the cases. One interviewee offered typical profiles of LPS and probate clients:

- **LPS clients.** “Somebody is having an episode where they are out on the street or they are overly self-medicating or they’re threatening family members or others. Law enforcement takes them to a facility [for temporary holds required by law]. They may be released again, and we start the cycle over again. Then they might come under a general LPS conservatorship for a year. And during that time, OPG is charged with placement and works with a doctor on medication. But there are not enough beds to go around and not enough help.”
- **Probate clients.** “It’s often self-neglect combined with somebody committing financial elder abuse. The elder will have a neighbor or friend or family member who is offering help, and suddenly they are on the accounts and money is being taken out. Banks are concerned. And the elder is living in poor conditions. They may not be getting adequate medical treatment, and a family member or friend or caregiver is stealing from them.”

¹⁶⁶ In the survey completed by OPG leadership, the total number of clients varies, depending on the calculation and the data available. The total of LPS and conservatorship clients was 1177 on January 3, 2022. The total number of clients by age category for FY 2021 was 1335. The total number by placement categories for FY 2021 was 1385. The total number by type of conservatorship (conservatorship of the person, conservatorship of the property, or both) was 1409.

Statutory Framework

While public guardianship programs throughout the country are often administratively housed in state agencies, California lodges the function at the county level but regulates it by state law. OPG operates under the parameters of multiple state conservatorship provisions:

- The California Welfare and Institutions Code includes provisions on conservatorship for “gravely disabled” adults under the Lanterman-Petris-Short Act.¹⁶⁷
- The California Probate Code sets out basic definitions and procedures for establishment of a guardianship for minors and a conservatorship (of the person, estate, or both) for adults, as well as powers and duties of a guardian or conservator.¹⁶⁸
- The California Probate Code provides for “limited conservatorships” for people with developmental disabilities that allow the individuals to maintain as much autonomy as possible by limiting the powers of the conservator.¹⁶⁹ The petition for limited conservatorship must be supported by a report from the regional center through the Department of Developmental Services.
- The California Penal Code provides for “Murphy Conservatorships” for adults who are not competent to stand trial and who have outstanding felony charges related to the adult having caused great physical injury or death of another person, and who are gravely disabled with a mental health disorder.¹⁷⁰
- The California Probate Code includes specific provisions on public guardianship, including taking control of property, investigation, appointment of the public guardian, and administration of the program.¹⁷¹
- The California Business and Professions Code establishes a licensure program for professional fiduciaries but exempts public guardianship agencies, which are not required to be licensed¹⁷² but must comply with continuing education requirements to be certified.¹⁷³

¹⁶⁷ Cal. Welf. & Inst. Code § 5350; see also Cal. Welf. & Inst. Code § 5351 on authority of public guardian to provide investigation and to serve as conservator; §5351 & 5354.5 on investigation of less restrictive alternatives and on public guardian as last resort.

¹⁶⁸ Cal. Prob. Code § 1400 – 2893. See Cal. Prob. Code § 1800.3 on appointment of a conservator of the person and conservator of the estate; and Cal. Prob. Code §§ 1820 – 1835 on establishment of conservatorship; and Cal. Prob. Code § 2620 on conservator reporting requirements.

¹⁶⁹ Cal. Prob. Code § 1801(d).

¹⁷⁰ Cal. Penal Code § 1370.

¹⁷¹ Cal. Prob. Code § 2900 – 2944.

¹⁷² Cal. Bus. & Prof. Code § 6501.

¹⁷³ Cal. Prob. Code § 2923.

Effects of the COVID-19 Pandemic

In California and elsewhere, a disease barely known prior to February 2020 wreaked havoc on governments, economies, lives, and livelihoods, with the most deleterious effects on older and vulnerable adults and their families. OPG provided fiduciary services throughout the pandemic, but COVID-19 affected every facet of its practice and created steep challenges concerning:

- Staff responsibilities as frontline workers
- Workplace practices
- Closed courtrooms and/or remote hearings
- Facility lock-downs and resulting isolation of clients
- Remote meetings with facility residents
- Client illnesses and deaths
- Urgency of ASD cases
- Issues of vaccine consent
- In-home services for community-based clients
- Technological needs
- Interagency meetings

COVID-19 offers an opportunity to rethink existing patterns to best meet client needs and protect their rights and to enhance support for frontline conservatorship workers.

Overarching Recommendations

Below are our overarching recommendations for OPG. These are derived from the data we collected (see Methods Section below). We insert them here to frame the chapter that follows.

1. **Provide funding to OPG to increase the number of deputy public guardians.** The maximum caseload per deputy public guardian should never exceed 60 clients. OPG can explore mechanisms to ensure that caseloads are further reduced in phases and kept at a manageable level. This action can enable greater frequency and consistency of deputy-client interactions, attention to community-based placements, reduced staff turnover and greater job satisfaction, and more staff interaction with other agencies.
2. **Increase funds for administrative and technological support for deputies** to help with workload management and provide other efficiencies.
3. **Play a proactive role in the County's new initiative on service integration for the health and human services system.** Institute a specific policy on data sharing that meets fiduciary requirements. To further service integration, OPG should leverage the California Public Administrators, Public Guardians, and Public Conservators Association (CA PA/PG/PC) to seek prioritization agreements with the Housing Authority,

DPSS, and other relevant public and nonprofit agencies to fast-track services to its clients.

4. Implement means of external review and outreach.

- a. Develop a specific, accessible public complaint and resolution process
- b. Develop an external, independent performance audit and write a publicly available annual report
- c. Develop a content-enhanced accessible website with contact information.
- d. Provide a quality improvement strategy
- e. Establish an advisory board

5. Implement channels to strengthen client voice in decision-making. OPG should develop, implement, and train on a practice model concerning client rights, client participation in decision-making, client-centered care approaches, client communications, and support to enhance self-determination. OPG should also develop and implement a plain-language client satisfaction survey.

6. Expand opportunities to place clients in secure, high-quality residential settings, prioritizing community-based options. This includes developing, implementing and training on policies and procedures to prioritize home and community-based settings, developing agreements and liaisons with housing agencies, ensuring OPG has sufficient long-term care staff to locate and maintain contacts with available placements, and developing an ongoing relationship with the long-term care ombudsman program to assist in resolving issues of resident care and rights.

Staffing and Support of Staff

Context

The Riverside OPG serves some of the most vulnerable residents of the County, managing their affairs and essentially stepping into their shoes to make vital decisions about their lives. At its heart is the staff who bears this formidable responsibility. To carry out their functions, staff need maximum support.

In California, professional fiduciaries are licensed. Public guardianship program staff are exempt from licensing¹⁷⁴ but must be certified. The designated certifying body is the CA PA/PG/PC. The California Probate Code provides that public guardianship staff must comply with the Association's continuing education requirements.¹⁷⁵

¹⁷⁴ Cal. Bus. & Prof. Code § 6501(f)(4)(C).

¹⁷⁵ Cal. Prob. Code § 2923.

Policies and Procedures

In August 2021, OPG updated its *Office of Public Guardian Policy Manual*, acting upon a recommendation from the 2013–2014 Grand Jury Report when its investigation revealed that policies and procedures had not been updated since 1988.¹⁷⁶ Information related to the functions of the office, largely focused on record keeping, are provided within this document. The Manual was crafted for the purpose of contributing to “the development of an orderly, proficient program in which each member functions in concert with other members for the betterment of the program and its clients.”¹⁷⁷

- Policies 100–150.1 concern transactions, recordkeeping, and accounting for the estate of a protected person. Also included are accountings necessary for the court.
- Policies 201–220 concern case file format, computerized case entry formatting, and the probate referral process.
- Policies 300–391 concern probate conservatorship policies, referrals, probate investigations, medical consents, management of special conditions of conservatees, applications for benefits, insurance, services, burial trusts, filing fees, inventory and appraisal procedures, marshaling of assets, disposition of property, and closing of conservatorships due to death.
- Policies 400–435 involve preparation of accountings, handling of closed files, property inventory procedures, management of correspondence, and management of revenue.
- Policies 500–502 involve appraisal of valuable items, handling of special properties, and the sale of properties.

There are no specific sections on client-centered care, client communications, residential options, or decision-making standards.

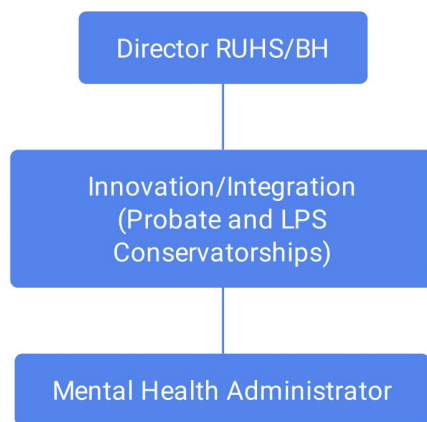
Organizational Structure

OPG is located within the RUHS/BH. The reporting structure of RUHS/BH is as follows: at the top of the organization is the Director of RUHS/BH. Reporting to that person is the Director of Innovation/Integration. Both probate and LPS mental health conservatorships fall under the oversight of Innovation/Integration. Below the Director and Innovation/Integration is the Mental Health Administrator, as shown in Figure 18 below.

¹⁷⁶ Riverside County, “2013–2014 Grand Jury Report,” December 18, 2013.

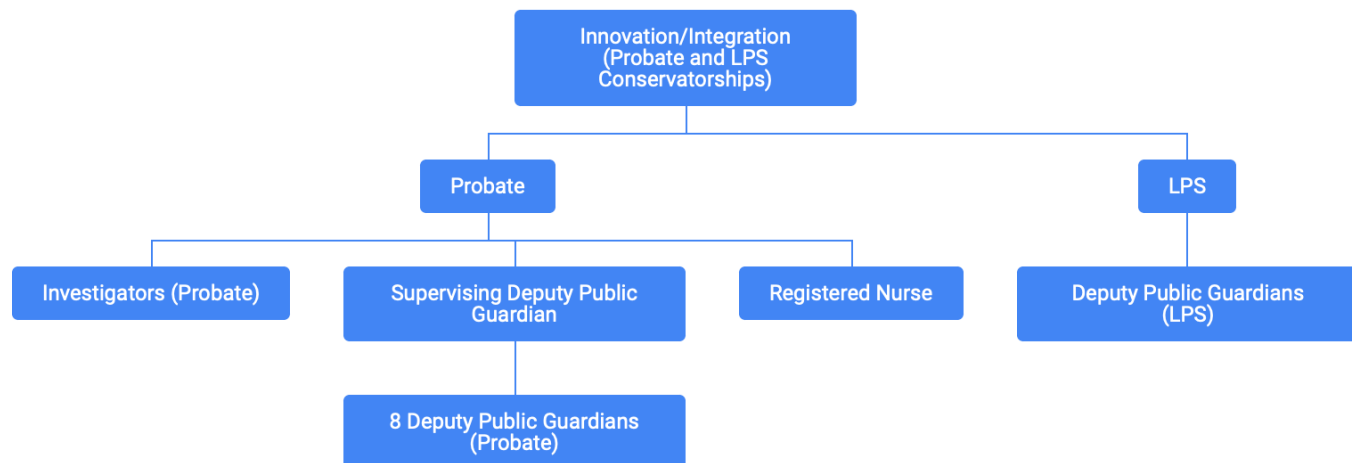
¹⁷⁷ Public Guardian Policy Binder, 2021.

Figure 18: Organizational Structure of RUHS/BH and OPG



Probate Conservatorships involve an investigatory component and LPS conservatorships do not. On the probate side, there are five investigators who assess referrals for entry into the public guardianship program, a Supervising Deputy Public Guardian (SDPG), eight Deputy Public Guardians, and a Registered Nurse.¹⁷⁸ There are also Deputy Public Guardian positions on the LPS side of the Office.

Figure 19: Organizational Structure of OPG Probate and LPS



Job Descriptions and Staff Qualifications

On the probate side of OPG, at least two essential positions deal directly with conservatees: the deputy public guardian and the SDPG.

Deputy Public Guardian: Salary range: \$49,771–\$77,736.46 annually. Deputy public guardians are the staff who come into closest contact with conservatees, managing their cases and communicating directly with them. The position description is as follows:

¹⁷⁸ RUHS Public Guardian Organizational Chart, 2021, 7.

To investigate and administer the estates of disabled or legally incompetent persons; to provide conservatorship services as specified in the Probate Code; and to perform other work as required. Persons in this position manage the personal and financial affairs of persons placed under guardianship by the court and are responsible for protecting conservatees and their respective estates from exploitation or other forms of loss. Initial and ongoing training is to be provided by the SDPG.¹⁷⁹

Preferred qualifications include knowledge of the public guardian/conservator's functions and related laws, regulations, and practices used in financial and estate investigations to determine assets, real property management, banking investments and other financial procedures. Deputies also should have a bachelor's degree with emphasis on business, finance, accounting or social services, or an associate degree with experience in human services or health case management.

Supervising Deputy Public Guardian: Salary range: \$54,452.11–\$80,559.23 annually. Tasks of the SDPG position are "to assign, supervise, and evaluate the work of staff engaged in the management of estates of disabled or legally incompetent persons; to personally perform the more difficult estate management work and to do other work as required."¹⁸⁰ This position reports to the Chief Deputy Public Guardian/Conservator in OPG's Office of the Mental Health Department. Responsibilities include training, supervision, and reviewing the work of staff providing conservatorship services. Specifically, the role supervises and trains deputies in the methods and techniques of conservatorship procedures, estate investigation, and management.

Positions not highlighted above but also critical to the probate division's functioning are probate investigators (five positions), a nurse (one position), and long-term care support staff (five full-time positions, two part-time positions).

Staff Meetings

Interviewees told us that prior to 2020 the SDPG held regular, weekly staff meetings during which the group discussed cases. Staff meetings included cross-training, and at one time, the public guardian investigatory staff also attended. At that time, the SDPG supervised the investigators, warehouse technicians, the probate nurse, and the deputy public guardians, such that about 16 staff members attended each staff meeting. Cross-training was particularly helpful for newer staff members. According to the current SDPG, management holds a quarterly meeting for all staff and guests are periodically invited to speak. However, COVID-19 changed these practices: "Since the pandemic, we don't obviously have the meetings in person anymore,

¹⁷⁹ Deputy Public Guardian Position Description.

¹⁸⁰ Supervising Deputy Public Guardian Position Description.

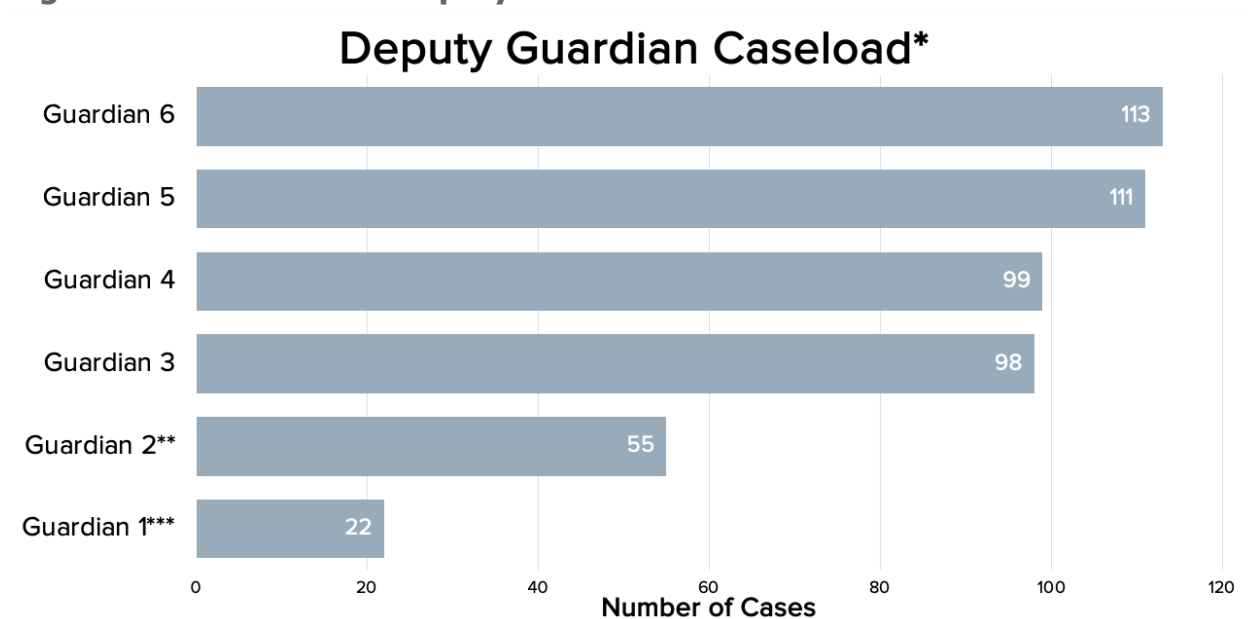
but our supervisor does have a complete open door policy. So we're constantly in her office saying, 'Hey, this is what's going on,' and she advises us accordingly."

Caseloads

The 2013–2014 Grand Jury Report found that "caseloads varied from 59 to 196 per Public Guardian Deputy" and that "[s]worn testimony indicated that caseloads were unmanageable."¹⁸¹ At that time, "...when caseloads exceed 60 patients the quality of service is compromised." Additional testimony revealed that when deputy public guardians complained about the loss of quality of services due to large caseloads, they were told by supervisors to "do as much as you can." High caseloads increase occasions for errors related to all facets of the deputy's work on behalf of clients, including reducing opportunities for observation and assessment during client visits.¹⁸²

On February 28, 2021, we asked each deputy public guardian attending our focus group interview to provide us with their current caseload—which in many cases was close to or over 100. (Figure 20)

Figure 20: Caseloads of Deputy Public Guardians and the SDPG



*Two deputy public guardian positions were vacant.

**Caseload of supervisor who generally does not carry cases.

***Caseload at one month of service, but assisting on four other cases.

¹⁸¹ 2013–2014 Grand Jury Report," Riverside County, 3.

¹⁸² OPG Probate deputies are required to visit each client every 90 days. The National Guardianship Association Standards of Practice recommend that clients be visited no less than monthly. See: National Guardianship Association, *Standards of Practice*, (2013).

When asked about their caseloads, staff emphasized, “All of those [cases] are not active. There are some that are pending close, but there's still stuff to do. So like, for example, a client passes away or terminates for some reason—there's still final accounting. There are still discharges, [and] receipts to file. So there's still things to do. I still very much consider them in my caseload, because I'm not done.” These cases were regarded as taking up just as much time as the active cases. According to our in-depth survey response from OPG leadership, deputy public guardians spend an average of 30 hours per year working on a single client case, which would total substantially more time in a year than normal work hours.

The majority of the probate cases concern older adults. However, the types of cases the staff must address are increasing in complexity because of a higher number of conservatees who are entering the system at younger ages as well as a growing population of middle-aged clients with psychiatric diagnoses and behavioral challenges, which limits both consent and placement options.

Caseloads ranging from 59–196, as reported in the 2013–2014 Grand Jury report,¹⁸³ and an average of 105 cases per full-time deputy public guardian eight years later, stand in sharp contrast to recommended caseload ceilings and ratio limits established by a number of states. According to Teaster et al., in 2010, statutes or regulations existed in seven states (Florida, New Jersey, New Mexico, Tennessee, Vermont, Virginia, and Washington) that provided for a ratio of staff to protected persons served.¹⁸⁴ Since that time, Nebraska has enacted a staff to client ratio of 1:20.¹⁸⁵ Most public guardianship programs serve a true last resort function and must accept judicially-referred cases regardless of staffing level. This puts understaffed programs in an intractable position and places clients in jeopardy. The 2010 national report by Teaster et al. recommended a staffing ratio of *one full-time decision-making staff to 20 clients*.

Without sufficient funding and staffing, programs are stretched to the breaking point and fail to provide any real benefit to the individuals they are obligated to serve. Additionally, frequently, cases are more complex than they were 25 years ago, reflecting a greater number of individuals with challenging behavioral problems, substance abuse issues, and severe mental illnesses, problems requiring a higher degree of staff oversight and interaction.¹⁸⁶

¹⁸³ Riverside County, “2013–2014 Grand Jury Report.”

¹⁸⁴ Teaster et al., *In the best interests*, 129.

¹⁸⁵ See Nebraska Laws, Sec 30–4115.

¹⁸⁶ Teaster et al., *In the best interests*, 128.

COVID-19 made staffing even more challenging than before. According to one staff member:

We're supposed to visit every 90 days on the probate side. We also had a nurse that visited clients every 90 days that were at facilities. She's separated as of December of 21. And clients in-home care she visited every 30 days. All right. But the deputies themselves every 90 days. Obviously, during COVID time, we weren't able to do that, but we were making phone calls.

Support for Deputy Public Guardians

To offset their unmanageable caseloads, and to provide client-centered, trauma-informed and timely help, frontline OPG staff must have a supportive environment. This includes: (1) administrative support; (2) workplace flexibility (e.g., staggered schedules and the flexibility to work remotely when completing reports); and (3) the technology to do the job (e.g., tablets, secure connectivity).

Administrative Support

Deputy public guardians on the probate side said they could carry out their duties more effectively with additional administrative support. "We have multiple office assistants assigned to Public Guardian, but none directly assigned to our program on the probate side. So they (clerical staff) often get pulled into other projects. They will do our filing, pull the chart for us if we require one from the chart room. But we have to do most of our own clerical duties."

Interviews revealed that LPS staff have more clerical support than probate staff. One probate staff member explained that "clerical support means everything to us because it relieves some of the stress, some of the pressure. It might be something as simple as faxing a letter," but if it has to be done right away, and other immediate duties are competing for time, it can make a big difference.

Workplace Flexibility

Nationwide, the COVID-19 pandemic brought new ways of working. There was a huge growth in telecommuting. Many employees have welcomed the new flexibility and have found that telework or hybrid arrangements can increase efficiency.

OPG maintained a requirement for in-person work during the pandemic due to the importance of building trust and of being consistently available for clients. This requirement caused significant stress for deputy public guardians, who feared for their safety, especially as there were two staff in each office. Several were scrambling for childcare at a time when staff was depleted, their caseloads were soaring, and the complexity of the cases was increasing exponentially with hospitalizations, facility outbreaks, and the need for vaccine consents. At the

same time, staff were leaving and turnover was high. Workplace practices such as staggered schedules and designated telework days could be opportunities for increased job satisfaction and increased productivity.

Office Equipment/Technology

Almost 10 years ago, the Grand Jury Report on OPG noted that “equipment such as ergonomic furniture, headphones, computers, software, and printers are outdated or inoperative.”¹⁸⁷ Although a new data system (Panoramic) was put in place, it appears that some data are not readily accessible through this system. For example, the number of developmentally disabled clients with limited conservatorships and the number of adults with dementia cannot be produced easily because the data are collected in a narrative field and are difficult to extract. Additionally, income is not a required field in the Behavioral Health Electronic Health Record, and thus the number of low-income clients in 2021 was not available. Such aggregate numbers are essential for analyzing trends and planning strategically. The 2010 national public guardianship study urged that “public guardianship programs should maintain and regularly analyze key data about clients and cases.”¹⁸⁸

Interviews with the probate deputy public guardians revealed that although new technology was purchased in 2016, it is still the case in 2022 that deputy public guardians generally do not have the items they need. Although they travel frequently—approximately 10 hours a week, post-COVID-19, according to one staff member—they have no iPads or tablets to keep up to date with their documentation. Sometimes, they may need to go to Los Angeles or other counties where clients are located. This can take four hours a day, and access to devices for documentation can enable staff to work more efficiently during traveling days and while waiting for appointments. One staff member explained, “Sometimes we wait a long time, like for law enforcement to show up, so for us not to have access to a laptop out in the field We could be working on notes, but we don’t have them.”

While video platforms are not a substitute for in-person visits with conservatees, they may help to strengthen ongoing relationships and could be important links in times of emergency. During COVID-19, when nursing homes and assisted living facilities were locked down, the deputy probate public guardians could communicate with clients by phone, but often they did not have access to a video platform.

Strengths for Staffing

The most important strength of OPG staffing is the people who perform the day-to-day tasks of service as deputy public guardians. Their dedication to vulnerable adults is laudable, given the

¹⁸⁷ Riverside County, “2013–2014 Grand Jury Report.”

¹⁸⁸ Teaster et al., *In the best interests*, Recommendation #14.

high degree of pressure and expectation that their positions entail. Daily, the probate deputy public guardians confront life-and-death conundrums concerning the autonomy and the protection of younger and older adults whom they never knew, who will likely be conserved for life, and who are unable to make decisions about their person, their property, or both.

Our interview with the deputy public guardians was by far our longest interview at slightly under two hours (all participants remained on the call for the entire time). As we concluded our interview, one participant remarked, “We don’t get a lot of people who ask us about what we do, in our opinion. So, this definitely means a lot because I believe you’re probably the first to ask. So I hope that this does result in some help for us.”

Opportunities for Staffing

One way to provide better services for clients is to explore possible County partnerships. These could be in the form of pilot projects that focus on populations of conservatees who have especially complex problems, such as those who are homeless, adults who are in their 40s or 50s and are “caught in the middle” of accessing services and benefits, or younger conservatees who cross over from programs for youth into adult conservatorship, such as the Turpin siblings whose experience triggered this investigation. Pilot projects should include an evaluation component.

Another opportunity for staffing is to examine resource allocation for both the LPS and probate sides of public guardianship. Staffing and support appear to be more substantial on the LPS side. There may be unrealized possibilities for reallocating support staff to maximize efficiencies and reduce employee burnout.

Areas in Need of Improvement for Staffing

Urgent Need for Additional Staff

OPG staff caseloads are dangerously high. This should be remedied in phases commencing immediately. A ripple effect of problems occurs when staffing is inadequate. It is simply not possible to provide client-centered care to so many individuals with such complex needs. Where caseloads are too high, effort is focused on perfunctorily meeting required paperwork deadlines rather than paying attention to client needs. High caseloads invite over-institutionalization of clients. Moreover, lawsuits filed against OPG, as well as suits in other states against public guardianship programs¹⁸⁹ suggest that high caseloads lead to errors and inappropriate placements, thus harming clients. A Fact Sheet produced by CA PA/PG/PC and other key organizations characterizes public guardianship programs statewide as “at the breaking point”

¹⁸⁹ See section on Client Placement below.

and finds that they have “exceeded maximum capacity and can no longer meet the demand.” The Fact Sheet observes that in comparison with other social service programs that serve vulnerable persons, “a maximum caseload of 30 cases per worker is necessary to ensure consistent quality client-centered case management. On average, PA/PG/PC caseloads are at least 63 percent over the recommended standard of 30 cases.”¹⁹⁰

Staff Safety

Riverside County should increase staff safety when conducting client/field visits by ensuring timely and reliable accompaniment by law enforcement, as needed, and technology that appraises law enforcement, if the deputy public guardians find themselves in dangerous situations. At times, deputy public guardians do not feel safe when in the field. Some client homes become vacant, and squatters may need to be evicted. “We don’t have a lot of tools at our disposal other than going there, making a presence, [and] letting them know that we have the legal authority over the property.” Deputies try to go in pairs if they anticipate risk, but they feel unsafe when performing the work described above.

Multi-faceted Staff Support

Greater support would substantially reduce pressures on overburdened frontline staff. In 2010, Teaster et al. identified support and recognition of staff as a hallmark of an efficient, effective, and economic public guardian program.¹⁹¹ Deputy public guardians are under enormous pressure. Job responsibilities such as finding clients appropriate housing facilities, meeting clients’ needs for public benefits, filing court reports and accountings, making family distributions, dealing with families in conflict, appearing in court, and dealing with clients’ deaths can be emotionally draining: “It just feels very overwhelming. With the amount of cases that we have, with the expectations that are placed on us, we feel that if things aren’t done in a timely manner, there’s no grace, that you constantly have to meet deadlines. Trying to meet the demands of the job, especially with the increased caseload that we have had just seems unsustainable.”

In addition to the need for additional administrative support, the deputy public guardians repeatedly voiced the need for more support from management and from County Counsel: “I feel like the support is lacking. We don’t have as much support as we require, especially in comparison to other counties... I feel like the program would run more efficiently and it would show in our work, it would definitely be much more streamlined.” Deputy public guardians want

¹⁹⁰ CA PA/PG/PC Fact Sheet, State Augmentation of County Operations for Public Administrator, Public Guardian, and Public Conservator Services, DRAFT, with other organizations that had not yet been confirmed; no date on Fact Sheet.

¹⁹¹ Teaster et al., *In the best interests*.

to have their voices heard, particularly by their supervisors and upper administration. This could produce a spillover effect of amplifying client voice, which is addressed later in this section.

Strengthen Training

Prior to the appointment of the present SDPG, new deputy public guardians in Riverside County received no formal training for their position. According to one staff member,

[T]here was no formal training. It was very much: this is what we need you to do. So I just kind of dove in there and asked questions as I moved along. That was my training—shadowing and just kind of figuring it out and asking my supervisor at the time what to do. And so that's kind of how I learned.

The present SDPG requires that all new deputy public guardians read the California *Handbook for Conservators*¹⁹² and the *Inventory and Appraisal Handbook*,¹⁹³ emphasizing “[t]hose are pretty much the two tools that you really need to do this job. It covers just everything that a deputy needs to know and what their responsibilities and duties are.” After the new deputy reads the handbooks, the supervisor meets with the new deputy to discuss them and to clarify concepts that may be difficult to understand or seem unclear. During the probationary period, the new deputy also shadows staff members for an initial period in order to understand various aspects of the position.

The present SDPG has also instituted on-site training for new deputies, as of February 2022. Training lasts about 12 weeks, during which the new staff member is assigned a reduced caseload (a recent hire, for example, carried a caseload of 20 cases in their first month¹⁹⁴). Training sessions last three hours per day, two days per week during this time. The new employee and the supervisor review each section of the *Inventory and Appraisal Handbook* as well as the OPG policy manual. There is a six-month probationary period for new staff. The SDPG remarked, “It’s a lot of responsibility. But in six months, you should pretty much know the basics. And after that is just [weekly] supervision and also shadowing and talking to co-workers and myself.”

Ongoing training is also required for CA PA/PG/PC certification. The present requirement is 40 hours of ongoing training over a four-year period.¹⁹⁵ Pre-pandemic, deputies attended applicable conferences and training with the CA PA/PG/PC organization. In addition, one deputy said, “[w]e did have a few, maybe two since I’ve been here, trainings with County Counsel as

¹⁹² Judicial Council of California, *California Handbook for Conservators*, (San Francisco: 2016).

¹⁹³ California Probate Referees Association, *The Probate Referee Guide*, (2020).

¹⁹⁴ A caseload of 1:20 is the maximum caseload for a public guardian recommended by Teaster et al. (2010).

¹⁹⁵ California PA/PG/PC, *Standards & Certification Process*, 2017.

far as completing court accounting and inventory and appraisals. It seems that rules and things change quite often, so I don't know how helpful those are.”

Other opportunities for training exist. For example, the National Guardianship Association has many online courses, including some offered for credit. It also sponsors a national conference, and occasional colloquia.¹⁹⁶ Additionally, OPG collaborate with other County agencies to provide cross-training on topics such as Self-Sufficiency programs, housing, dementia, aging services, TAY, and more.

High Staff Turnover

The probate side of OPG experiences high staff turnover. One staff member stated, “COVID has affected it, and COVID continues to affect it. There's a high turnaround of staff here in the Public Guardian's office. Recently, mainly since COVID, but even before then, people resigned because they were unhappy with the lack of resources to do the job.” Another reason provided was that OPG can be a stepping stone to other positions in which employees may be interested. We did not find any problems with salary or benefits.

The nurse who was reportedly helpful in locating long-term care placements for conservatees left OPG in late 2021 and had not been replaced at the time of our interviews in February and March 2022. Due to a shortage in staff, the SDPG was carrying a caseload. Remarked one staff member, “[o]n the LPS side they have case managers, which are the Behavioral Health Specialists and Clinical Therapists to assist. On the probate side, it's always been an issue of: there's no funding. And so, we struggle with staffing to assist us. And on top of that, we've been inundated due to being short-staffed. So our work really suffered during the pandemic and continues to.” OPG should proactively take steps to reduce turnover and increase job satisfaction and benefits.

Updates for Policies and Procedures

Many policies and procedures were revised in 2021 and 2022—seven years after the Grand Jury Report urged their updating. A far better approach is to review and revise these on a continuous and rotating basis. In addition, OPG should devote more policies and procedures to the embrace of a client-centered, trauma-informed approach to the tasks of public guardianship, which include relationship building and client advocacy.¹⁹⁷

¹⁹⁶ National Guardianship Association, <https://www.guardianship.org/>.

¹⁹⁷ Teaster et al., *In the best interests*.

Recommendations Relating to Staffing

1. **Allocate funds for OPG's probate section to increase the number of deputy public guardians so that the maximum caseload never exceeds a 1:60 ratio.** At a minimum, the County should explore mechanisms to ensure that caseloads are consistently kept to a manageable level that does not rise above the maximum level of 1:60. Reduction of current high staffing ratios could occur in phases—immediately bringing them down to 1:60, and within 2 years bringing them to and maintaining them at a maximum of 1:30.
2. **Address staff safety concerns at the earliest possible opportunity.** Staff members should not be going into unsafe environments without appropriate protection and accompaniment. Ensuring staff safety should not be the responsibility of another staff member who agrees to go along for client visits.
3. **Alter the present approach to training new staff (i.e., immediately assigning them a caseload through which to work, learning on the job); and develop more meaningful and intensive initial and retraining requirements and opportunities.** The new approach should take advantage of virtual mechanisms for training, staff updating, and retraining, and other training providers beyond PA/PG/PC, such as the National Guardianship Association.
4. **Develop a working group to review employee stress points within its probate side, and develop a strategic plan with measurable outcomes for addressing them.** The working group should include a representative from RUHS/BH human resources, and/or OPG human resources, the deputy public guardian supervisor, the deputy public guardians, and perhaps a stress management consultant or facilitator to manage the group process. The resulting plan should be reviewed by RUHS/BH.
5. **Allocate additional funding to deputy public guardians.** The additional funding should be used to increase administrative support for deputy public guardians and the technology needed to do the job.
6. **Institute an employee satisfaction and feedback plan.** OPG and the assigned County Counsel should allocate time on a periodic and ongoing basis to listen to the needs of the deputy public guardians, and create a plan to best support them in their jobs.
7. **Consider raising staff satisfaction by implementing more flexible workplace practices.** COVID-19 changed the "work from home" landscape. Accordingly, OPG should consider allowing for a mix of in-person and remote work and for flexibility in

work hours, while still maintaining enough in-person presence to serve clients and build their trust. This arrangement should increase employee morale and job enjoyment.

Funding

Context

One of the most important ways public guardian offices ensure that their programs operate effectively and efficiently is to have adequate funding and staffing. Underfunded programs are typically poorly staffed and poorly executed. These problems create vulnerabilities that often affect the lives of the very people the program is designed to serve.¹⁹⁸ Adequate funding is also necessary because one in every five of Riverside County's 2.5 million residents is age 60 or older, a population projected to more than double in future decades, some of whom may become OPG clients.¹⁹⁹ In addition, the population of younger adults with disabilities is rising. A number of them will become OPG clients.

According to OPG leadership, its FY 2021–2022 budget was \$5,219,000.²⁰⁰ When asked if the budget was adequate, the response was "The Public Guardian's (PG) office budget is adequate." Yet CA PA/PG/PC stated the opposite in their 2022 Draft Fact Sheet: "County Public Administrator, Public Guardian, and Public Conservator services are stretched to the limit and currently receive no state or federal funding to augment growing caseloads and approximately \$258 million in county general funding spending on critical PA/PG/PC services."²⁰¹ Further, an accompanying PA/PG/PC press release states that the management of conservatorship cases is at a breaking point: "Public guardians and conservators are the only state safety net program that receives no state funding, despite various state reforms that have pushed their caseloads higher; the result is a system on the brink of crisis."²⁰²

A question in our in-depth survey to OPG leadership asked, "If a public guardianship program standard of practice is a full-time equivalent paid professional staff to client ratio of 1:20, how much funding should be added to OPG program budget to make it comply with this standard of practice?" They responded, "Meeting this standard of practice staff to client ratio of 1:20 would

¹⁹⁸ Teaster et al., *In the best interests*.

¹⁹⁹ County Executive Office, *Fiscal Year 2021/2022 Adopted Budget*, (Riverside: Riverside County, 2021).

²⁰⁰ The RUHS Behavioral Health–Public Guardian Adopted Budget for FY 17–18 through FY 20–21 reports the adopted budget as \$5,218,561.

²⁰¹ In-depth Survey, Exhibit B, *State Augmentation, California PA/PG/PC "Draft.Fact Sheet, "State Augmentation of County Operations for Public Administrator, Public Guardian, and Public Conservator* (2022).

²⁰² In-depth Survey, Exhibit B, *On the Brink of Crisis: Guardians/Conservators Say Budget Proposal Leaves Out Support for the Most Vulnerable*. For Immediate Release January 10, 2022.

require an additional staffing budget of up to \$6M above the current California standard staffing ratio.”

The national public guardianship study found that generally “funding for public guardianship is from a patchwork of sources, none of which is sufficient.”²⁰³ Data from the in-depth survey completed by OPG indicate that the program receives federal funds, state funds, County funds, and client fees. Clarification concerning the allocation revealed that “[t]he majority of federal funds go to LPS programs, although Probate received a smaller portion of federal funds based on services (less than 10% of the allocation). Probate guardianship is primarily funded with County general funds and some probate fees.”²⁰⁴ We found contradictions concerning whether state funding is used for probate cases, given the CA PA/PG/PC fact sheet statement that public guardianship and conservatorship do not receive state funds.²⁰⁵

County Funds

According to the adopted budget for Riverside County for FY 2021–2022, the County budget is \$6,883,337,226.²⁰⁶ According to the RUHS/BH Adopted Budget for FY 2017–2018 through 2021–2022, Riverside County funds for OPG have remained flat at \$1,745,218 since FY 2017–2018, although expenditures have increased slightly. We note that various public documents made available to us—as well as answers provided to our in-depth questions—contradict one another. Thus, it remains unclear as to precisely how OPG is funded in Riverside County.

Client Fees

The program has the authority to collect a fee or charge from the client for OPG services. Where possible, it also collects program fees based on Riverside County Board approved fee schedules and court orders predicated on client fund availability for services (i.e., conservatorship administration services, special services, warehouse services, investigative services, representative payee services, bond fees, and interest fees on estate advances).²⁰⁷ A concern is that inadequate County funding for OPG may create pressure to raise probate fees, resulting in an inequitable funding arrangement for program clients.

Cost Per Case

According to OPG upper-level administration survey responses, the estimated average annual cost per case is \$4,770, calculated by allocating the total program cost to total cases per

²⁰³ Teaster et al., *In the best interests*, Conclusions, #18.

²⁰⁴ In-depth Survey, Riverside County OPG.

²⁰⁵ In-depth Survey, Exhibit B, CA PA/PG/PC Fact Sheet.

²⁰⁶ County Executive Office, *Fiscal Year 2021/2022 Adopted Budget*.

²⁰⁷ In-depth Survey, Exhibit C, Riverside University Health System – Behavioral Health Public Guardian.

year.²⁰⁸ The most recent study on the cost per case by a Florida public guardian office calculated the actual average yearly cost of serving a protected person to be \$5,084.72—a 51.6 percent increase from the 2009 cost (based solely on dollars appropriated) of \$2,625.38.^{209 210} The higher Florida number was somewhat consistent with the cost per case in Washington State of \$7,907.²¹¹ It is possible that the annual cost per OPG probate case may be somewhat higher than estimated when calculating the cost based on dollars of funding allocated.

Strengths in Funding

We found no strengths associated with the present funding scenario for the Riverside County OPG. At least since the 2013–2014 Grand Jury Report, it appears to be underfunded, compromising the individuals who work with and make decisions for the County’s vulnerable adults as well as the vulnerable adults whom the program serves.

Opportunities for Funding

Pooling of Resources

Interagency collaboration and pooling of resources could help to stretch inadequate dollars. An important and justifiable demographic argument related to funding is the growing population of Riverside County, and its ability to serve a rising number of vulnerable younger and older adults. Interviewees from organizations outside OPG emphasized that there were options for collaboration and resource sharing (see section on Interagency Coordination and Collaboration below). Such collaboration would need to be based on improved communication between and among agencies within the County, including but not limited to OPG’s relationship with agencies of the DPSS and the Riverside County Office on Aging.

Support of RUHS/BH

In response to our in-depth survey, a strength OPG identified was the support of RUHS/BH to assist with funding and placing non-funded conservatees. Using the assistance of RUHS/BH to

²⁰⁸ In-depth Survey, Riverside County OPG.

²⁰⁹ Pamela B. Teaster et al., *The Florida public guardian programs: An evaluation of program status and outcomes: Report for the Florida Department of Elder Affairs Statewide Public Guardianship Office*. (Tallahassee: 2009).

²¹⁰ Pamela B. Teaster, Wen You, and Saman Mohsenirad, *Florida public guardian programs: Program costs and activities report for the Office of Public and Professional Guardians*. (Florida Department of Elder Affairs, 2020).

²¹¹ Mason Burley, *Public Guardianship in Washington State Costs and Benefits*, (Olympia: Washington State Institute for Public Policy, 2011).

the fullest extent possible represents one strategy for offsetting costs overall as well as to serve indigent clients.

Advocacy for Additional Funding

This opportunity should be continually visited and pursued. For example, it is possible that an infusion of dollars from the American Rescue Plan Act might provide temporary funding. Creatively investigating public and private resources may uncover available monies for specific purposes or specific populations of OPG clients. The National Public Guardianship study found that, “[t]he public guardian (or director of the public guardian office) has a duty to secure adequate funding for the office.”²¹²

Collection of Cost-Savings Information

Public guardianship programs that collect data on ways their services have saved public dollars can incentivize the allocation of additional state and county funding. Cost savings information could include, but is not limited to, a reduction in unnecessary medical procedures and hospitalizations, placement in housing in the least restrictive environment necessary (which also may be, but is not always, less expensive), and concluding unnecessary guardianships.

This approach has been refined and used successfully for public guardianship programs in Virginia²¹³ and Florida,²¹⁴ as well as for The Guardianship Project in New York. During the period June 1, 2018, to December 31, 2018, the Florida program’s estimated total cost savings to the state of Florida was \$23,197,672.67.²¹⁵ Further, calculating cost savings in Virginia at the inception of the programs²¹⁶ kept them from being “zeroed out” during early years of development and limited state coverage. Calculating Medicaid cost savings for The Guardianship Project in New York allowed the program to be sustained for years by the Vera Institute.²¹⁷ Calculating cost savings in Florida resulted in increased funding for the Office of Public and Professional Guardians. The national public guardianship study recommended that “public guardianship programs should track cost savings to the state and report that amount regularly to the legislature and the governor.”²¹⁸

²¹² Teaster et al., *In the best interests*.

²¹³ Pamela B. Teaster and Karen A. Roberto, *Virginia public guardian and conservator programs: Summary of the first year evaluation: Report to the Virginia Department for the Aging*, (Richmond: 2002).

²¹⁴ Windsor C. Schmidt et al., “Program and ward characteristics and cost savings of public guardianship: An Evaluation of the Florida public guardianship program,” *University of Florida Journal of Law & Public Policy* 28, (2017).

²¹⁵ Windsor C. Schmidt et al., “Program and ward characteristics.”

²¹⁶ Teaster and Roberto, *Virginia public guardian*.

²¹⁷ Vera Institute of Justice, *Guardianship Practice: A Six Year Perspective*, 2011.

²¹⁸ Teaster et al., *In the best interests*, Recommendation #15 (2010).

Areas in Need of Improvement

As specified in the 2013–2014 Grand Jury Report and supported by the findings of this investigation, it is imperative that OPG probate staff be adequately supported by funding sufficient to hire and retain enough staff members to manage caseloads of highly vulnerable individuals. The program has been underfunded for nearly a decade, and the loss of staff due to COVID-19 has exacerbated the problem.

The 2013–2014 Grand Jury Report did not include a calculation of cost per case but recommended the pursuit of supplemental funding to hire and train additional deputy public guardians in order to reduce caseloads and improve overall quality of services.²¹⁹

Recommendations Related to Funding

1. **Allocate funds for OPG to increase the number of deputy public guardians for its probate section so that the maximum caseload is never above 1:60** (see section on Staffing). At a minimum, the County should explore mechanisms to ensure that caseloads are consistently kept to a level that does not rise above the threshold level of 1:60. Reduction of current high staffing ratios could occur in phases—Phase 1: immediately bringing them down to 1:60 and Phase 2: within 2 years, bringing them to (and maintaining them at) a maximum of 1:30.
2. **Leverage client fees for conservatees with an estate responsibly and in accordance with County policy to help fund the program.** We caution that in no way should the funds be levied unreasonably or to the extent that services to conservatees are inequitably provided.
3. **Implement a strategy for calculating the cost savings realized by OPG’s efforts and use the findings to bolster an argument for increased funding for OPG.**
4. **Work proactively through PA/PG/PC to secure additional state funds for OPG.** Further, OPG should attempt to secure grant funding, possibly in collaboration with other agencies such as the Housing Authority, Medi-Cal, Child Welfare for Transitional Youth, DPSS, and the Riverside County Office on Aging.

²¹⁹ Riverside County, “2013–2014 Grand Jury Report.”

Client Placement

Context

Most people want to live at home or in their community. Often, public guardianship programs nationwide make institutional placements because clients are at-risk and perceived to need protection; in some cases, community options are not available or staff lack the resources to monitor in-home care. In the 2010 national public guardianship study, programs in 14 states reported a proportion of institutionalized clients ranging from 37 to 97 percent.²²⁰ For the present investigation, we sought information on where OPG clients live and challenges the program faces in making living arrangements.

The 1999 US Supreme Court *Olmstead* decision²²¹ held that people with disabilities have a qualified right to receive state supports and services in a community rather than in institutional settings. California law highlights the need for public guardianship clients to be in a setting that is the least restrictive possible while still meeting their needs.

- The California Probate Code requires probate conservators to “select the least restrictive appropriate residence” that is available and that is in the individual’s best interest.²²² The Code sets out a presumption that a person’s home is the least restrictive option. The conservator must take “the measures necessary to keep the conservatee in their personal residence.”²²³
- Under the Welfare & Institutions Code, LPS conservators have authority to place clients in a state hospital or psychiatric treatment facility,²²⁴ but the policy statement of the LPS Act expresses a preference for community settings,²²⁵ and states that generally placement must be “the least restrictive alternative.”²²⁶

Guardianship/conservatorship standards supplement these legal requirements for seeking home and community-based settings. The CA PA/PG/PC *Best Practices* guide says the conservator must ensure that “the conservatee is in the least restrictive and most appropriate environment that meets his/her needs and wishes.”²²⁷ Under the National Guardianship Association

²²⁰ Teaster et al., *In the best interests*.

²²¹ *Olmstead v. L.C.*, 527 US. 581 (1999).

²²² Cal. Prob. Code § 2352(b).

²²³ Cal. Prob. Code § 2352.5(a) & (b).

²²⁴ Cal. Welf. & Inst. Code § 5358(a)(2).

²²⁵ Cal. Welf. & Inst. Code § 5115.

²²⁶ Cal. Welf. & Inst. Code § 5358(a)(1)(A).

²²⁷ California Association of Public Administrators, Public Guardians and Public Conservators, *Suggested Industry Best Practices*, 2017, 31.

Standards of Practice, guardians should “have a strong priority for home or other community-based settings, when not inconsistent with the person’s goals and preferences.”²²⁸

Figure 21: OPG reported the following client placements for FY 2021–2022:

| Residential Setting | Number of OPG Clients | Percent of OPG Clients ²²⁹ |
|--|-----------------------|---------------------------------------|
| Assisted living or board and care ²³⁰ | 427 | 30.8 |
| Nursing home | 299 | 21.6 |
| Mental health facility | 250 | 18.1 |
| Own home/apartment/room ²³¹ | 189 | 13.6 |
| Acute care hospital | 149 | 10.8 |
| Jail | 29 ²³² | 2.1 |
| State hospital | 21 | 1.5 |
| Missing or whereabouts unknown | 16 | 1.2 |
| Rehab facility | 4 | 0.3 |
| Hospice | 1 | 0.1 |
| Group home | 0 | 0 |

²²⁸ National Guardianship Association, “Standards of Practice.”

²²⁹ The total number of OPG clients varies, depending on the calculation and the data available.

According to OPG leadership, the total by living arrangement for FY 2021 was 1385. We used the latter figure to determine the percentages, listed in order of greatest to smallest.

²³⁰ Small board and care homes can also be more home-like, but from the data there is no indication of the proportion of board and care versus assisted living, nor of the size of the assisted living facilities.

²³¹ The data does not show whether any of the apartments/rooms were in senior housing or other federally funded buildings where at least congregate meals might be provided.

²³² These clients had court-ordered LPS “Murphy” conservatorships.

OPG staff said they try to keep clients in their homes as long as possible, but that sometimes facilities are the only option for safety reasons. Although many LPS clients are in facilities or treatment centers, probate clients are generally in skilled nursing facilities, assisted living facilities, or board and care homes. “And we do have a few who are living in their home with augmented care, either contracted service provided 24/7 or a little less.” Placement has long been “a huge challenge,” which was intensified by COVID-19 and by state hospitals shutting down. At times, staff are unable to find a placement in Riverside County and must rely on facilities or other resources in nearby areas like Orange County or Los Angeles, making it more difficult for staff to visit.

Perspectives differed on whether OPG is too quick to institutionalize clients. Some interviewees denied any such problem while others said that once conserved, clients routinely go into institutionalized settings. One interviewee explained that OPG “over-institutionalizes because they don’t have a choice ... because of client poverty and lack of community resources.” Lack of time due to the staff pressure of high caseloads could well be an additional factor.

Strengths in Client Placement

A program strength related to placement is that OPG has its own transportation unit, which offers some flexibility in the geographic location of clients and their proximity to medical treatment and shopping needs. OPG also has its own storage warehouse to place conservatee property, which again adds flexibility in finding living arrangements.

Opportunities in Client Placement

Increase Supply of Community-based Housing Options

Interviewees confirmed that the supply of affordable community-based housing is simply “too low.” There are not enough beds, not enough quality board and care homes, and not enough affordable rental units. Openings in affordable housing are scarce, and people seeking rental assistance may need to wait many months to secure it. Veterans and people aged 75 and older may spend a year on the waiting list for a Section 8 Voucher in Riverside County, and for others, the wait may be even longer.²³³ One interviewee commented that rental units for Section 8 Voucher recipients “are not always the classiest places or in the most safe environments, but there’s a major housing crisis, so that factors in.” In the face of an affordable housing crisis, Riverside County is beginning to develop new initiatives.²³⁴ More affordable—

²³³ Jack Katzanet, “80,000 Applicants Wait for Section 8 Vouchers,” *The Press Enterprise*, February 15, 2019.

²³⁴ League of California Cities, “The City of Riverside Builds Affordable Housing While Breaking Down Barriers to Mental Health Access,” December 2021; see also Riverside County, “County Awarded \$10.5

and, ideally, accessible—housing options with supportive services might reduce the need for conservatorship and might benefit OPG clients. There is a potential for OPG to build relationships during the planning process for such initiatives. OPG leadership listed as a program opportunity the need to create more housing options.

Affordable Housing Connections

OPG staff interviews confirmed that it has few connections with the Housing Authority. Their focus is primarily on keeping the client at home or looking for facility care, although one staff person mentioned using the Homeless/Housing Opportunities, Partnership, and Education (HHOPE) Program of affordable housing through RUHS/BH.²³⁵ There was little attention to other housing choices such as low-income senior apartments or Section 8 housing choice vouchers—or to opportunities through nonprofits providing affordable housing such as the Hope Through Housing Foundation.²³⁶

Finding affordable housing and navigating through requirements is a challenge. At-risk adults need help finding available affordable units as well as accessing and completing housing applications, as described in the chapter on Self-Sufficiency Programs. Further, housing alone is not enough to avoid institutional placement. Also needed are adequate supportive services like congregate or home delivered meals or groceries, in-home care, and transportation. By developing a partnership with the Housing Authority, as well as DPSS programs for supportive services, OPG may be able to offer broader choices for clients.

Advocate for Community-based Services

Under the US Supreme Court's *Olmstead* decision, qualified individuals with disabilities have a right to receive state supports and services in community rather than in institutional settings, which could segregate them under the Americans with Disabilities Act. California has an Olmstead Plan²³⁷ for improving the long-term care delivery system to ensure that individuals with disabilities, including older adults, have access to and a choice of community-based options and services. State and local resources have been devoted to this objective. For example, San

Million for New Housing Efforts," September 2020. These funds are part of the state's new housing initiative Project Homekey for people experiencing homelessness.

²³⁵ The Homeless Housing Opportunities, Partnership & Education Program (HHOPE) manages, coordinates, and monitors programs providing housing support services.

<https://www.rcdmh.org/Children-Services/Housing>;

https://www.rcdmh.org/Portals/0/PDF/MHSA/HHOPE_Brochure.pdf.

²³⁶ The Hope Through Housing Foundation, National Community Renaissance (National CORE) is a nonprofit affordable housing developer with 29 program sites throughout the Inland Empire region, <https://hthf.org/about-us/geographic-reach/hope-inland-empire/>.

²³⁷ "California Health and Human Services Agency, *California Olmstead Plan: Update on Its Implementation* (November 2012).

Francisco has a “Community Living Fund” that can pay for care coordination, equipment, home modification, and needed support services.²³⁸ OPG could advocate for such resources in Riverside County.

Areas in Need of Improvement

Support for OPG Staff in Placements

OPG staff have help in placing certain clients to best meet their needs: (1) it has long-term care specialists on staff who select placements for LPS clients, frequently in a psychiatric treatment facility and (2) the Inland Regional Center makes placements for clients with developmental disabilities. However, finding residential placements for probate clients is a challenge. OPG formerly had a nurse who developed a rapport with nursing home staff and staff in assisted living residences throughout the County, but after she left in late 2021, she was not replaced. The program’s LPS long-term care specialists have temporarily stepped in to provide assistance on the probate side. Overburdened probate deputy public guardians need ongoing support from specialists with long-term care expertise and contacts.

Monitoring Residential Settings

Initial placement is just the beginning of the job for OPG staff. With nursing homes, assisted living, and other institutions, they must visit regularly and participate in scheduled care planning meetings. They must monitor the quality of care the facility provides and advocate for any changes needed. Interviews confirmed that staff generally conduct visits and that they generally attend care planning meetings, sometimes by telephone.

There was little evidence of the extent to which overstretched OPG deputies are able to familiarize themselves with the quality of facility care and with facility staff or to advocate for their clients if problems arise. A visit every 90 days is not sufficient to track facility practices—and for efficiency, deputy public guardians may trade visits with other deputies, reducing the opportunity for consistent observation. Hiring of long-term care specialists would help. An additional and apparently underutilized resource for addressing client care problems in nursing homes and assisted living is the Long-term Care Ombudsman Program, which seeks to resolve care problems on behalf of long-term care residents.²³⁹

While monitoring facilities is essential for high quality client care, it also manages risk. A class action lawsuit was filed against a Nevada public guardianship program for placing clients in poor

²³⁸ See San Francisco Human Services Agency, “Community Living Fund,” <https://www.chhs.ca.gov/wp-content/uploads/2019/06/California-Olmstead-Plan.pdf>.

²³⁹ <https://www.coasc.org/programs/ombudsman/>.

facilities that neglect residents, causing them harm.²⁴⁰ During the past five years, at least four lawsuits have been filed against RUHS/BH/OPG for cases in which a client was alleged to have been injured or died as a result of negligent care by a long-term care facility. For example, one suit alleged that a “severely mentally and physically disabled” OPG client “suffered physical injuries at the...Home for which the County is legally responsible.” Another “seeks to investigate a brain injury that occurred to her mother while she was a resident at...Home.”²⁴¹

For clients living in community-based settings, OPG staff must arrange for in-home care, food and other necessities, for which connections to Self-Sufficiency Programs would be helpful. It also must ensure that home modifications for accessibility are made. They must arrange transportation and oversee home maintenance. Additionally, they must respond to emergencies and must facilitate any transfer from one setting to another.

One interviewee observed that the deputy public guardians responsible for case management “don’t have a *system* in place to keep people in their own homes” and would need time to focus more intensively on individual cases to do so. Along with additional staffing, an important step in putting such a system in place would be policies and procedures specifically for OPG on prioritizing community-based care and for keeping clients in home settings.

Recommendations Relating to Client Placements

1. **Support additional low/moderate income home modification programs for accessibility.**
2. **Establish agreements between OPG and the Housing Authority to streamline a path for clients to secure affordable housing.** OPG should also work with County zoning to set aside board and care units for clients.
3. **Hire and support long-term care staff on the probate side, similar to the existing long-term care staff on the LPS side.** This should be accomplished in addition to funding for more OPG deputy public guardians (see recommendations on Staffing).

²⁴⁰ *Tenberg v. Washoe County Public Administrator and Washoe County* was a 1999 class action lawsuit filed in Nevada, was brought on behalf of wards and alleging sweeping failures on the part of the public guardian. The case was settled and thus did not yield a published court opinion, but the consent decree included constructive provisions to strengthen quality and accountability. The suit is a notable step in the use of litigation to address broad-based problems of a public guardianship program inadequately caring for wards.

²⁴¹ Riverside County Human Resources, “General Liability/Behavioral Health – Public Guardian” Closed Claim/Lawsuit Detail.

4. **Create OPG policies and procedures including checklists that prioritize home and community-based placements, and steps for identifying placements.** Staff should have training that covers strategies for keeping clients in home-based settings, required assessments by County staff, and the specific County partnerships that could help them.
5. **Develop or enhance an ongoing relationship between OPG and the long-term care ombudsman program** to assist deputy public guardians in resolving problems concerning resident care and resident rights in nursing homes and assisted living.

Supporting Client Choice and Voice

Context

All conservators must walk a fine line balancing conservatee protection and conservatee self-determination. The court appoints conservators to keep vulnerable individuals safe and meet their needs. At the same time, statutes and standards require that conservators maximize conservatee autonomy and choice to the extent possible, despite risks. This constant tension is a hallmark of guardian/conservator practice nationally, and it is what makes the role so difficult.²⁴² It is even more difficult for a public guardianship program when caseloads are high. In analyzing how OPG can ensure the voices of its clients are heard and considered, we considered the relatively young Turpin siblings, who prompted our current inquiry, frail older clients, and those with severe mental illness.

Guidance for OPG in making client-centered decisions and involving clients in decision-making is scattered:

- RUHS/BH has a manual on OPG policies and procedures. However, the manual is primarily oriented toward property-related procedures such as auctions, bank deposits, and sale of property.²⁴³
- OPG is a member of the CA PA/PG/PC. The PA/PG/PC *Code of Ethics* requires staff to “provide services with respect for the dignity and uniqueness of the client...”²⁴⁴ The CA

²⁴² See, generally, National Guardianship Association, *Standards of Practice*; Teaster et al., *In the best interests*; Uniform Law Commission, Uniform Guardianship, Conservatorship and Other Protective Arrangements Act (2017); National Guardianship Network, “The Fourth National Guardianship Summit: Maximizing Autonomy and Ensuring Accountability,” Syracuse University.

²⁴³ Riverside University Health Systems – Behavioral Health, *Public Guardian Policy & Procedures*, 2021. The 2013–2014 Grand Jury Report noted there was no index at that time, and there still is no index, making it difficult to determine what is included.

²⁴⁴ California Association of Public Administrators, Public Guardians and Public Conservators, *Standards & Certification Protocols*, 2020, 5.

PA/PG/PC *Best Practices* guide recognizes, at least for medical decisions, that conservators must use a “substituted judgment” model of decision-making, taking into account what the person wants or would have wanted in conservator decisions.²⁴⁵

- The California Professional Fiduciaries Bureau *Code of Ethics* requires professional fiduciaries to “provide the consumer with every reasonable opportunity to exercise those individual choices that the consumer is capable of exercising.”²⁴⁶ The Professional Fiduciaries Association of California *Code of Ethics* requires that “Acting as an advocate in safeguarding the client’s civil and legal rights, the professional fiduciary shall make decisions that maximize and protect the rights of the client, and allow for maximum independence and self-reliance.”²⁴⁷
- The California *Handbook for Conservators* sets out conservatee rights and advises conservators that “[a]ll conservatees have the right to be treated with understanding and respect and to have their wishes considered. They have all basic human rights, as well, and the right to be well cared for by you.”²⁴⁸
- Finally, various California Code provisions set out rights of conservatees and require conservators to ascertain their wishes.²⁴⁹

OPG staff explained that there are differences in client rights and involvement for the different populations they serve. LPS conservatees retain the majority of their rights, and so there are conversations between the deputy public guardians and the clients, for example, about medications. For probate conservatees—who are often older adults living in nursing homes or assisted living facilities—deputy public guardians communicate about decisions such as returning home after a hospital stay, but often “we just kind of take the reins and handle it.” For younger clients with developmental disabilities, “they are very opinionated in what they want, so we do try to support them and let them have some independence.”

OPG leadership noted that “It really depends on what it is we’re doing and why, but the expectation I have for the staff is that the deputy is communicating with the conservatee.” Within the context of high and unmanageable caseloads, however, staff-client interaction is by necessity reduced—sacrificing the client’s voice to the pressure of administrative requirements and day-to-day demands.

²⁴⁵ California PA/PG/PC, *Suggested Industry Best Practices*.

²⁴⁶ California Professional Fiduciaries Bureau, *Professional Fiduciaries Code of Ethics*, Section 4472.

²⁴⁷ Professional Fiduciaries of California, *PFAC Code of Ethics*, www.pfac-pro.org. PFAC is primarily oriented toward private professional fiduciaries, but the Code of Ethics is relevant.

²⁴⁸ Judicial Council of California, *California Handbook for Conservators*.

²⁴⁹ California Probate Code §1800(a) says it is the intent of the Code chapter to protect the rights of conservatees; Probate Code §1871 lists rights retained.

Strengths in Supporting Client Voice

Creativity

Some interviewees highlighted the creativity of OPG staff in making care plans aligned with client wishes and needs within the constraints of low staffing and an inadequate budget. Instead of a flat refusal of client requests, they appear willing to consider and discuss them. One interviewee noted that, concerning the homeless population, “the focus is very person-centered. . . . [staff] do whatever needs to be done, but just have to be a little creative about it.”

Conservatorship Plan

OPG uses the “California Targeted Case Management Assessment/Service Plan” form, which is used in the state’s Targeted Case Management program for services to Medi-Cal eligible individuals.²⁵⁰ The form includes a description of the service plan and whether the conditions of the plan have been discussed with the clients, listing all dates of discussion. The form, which we understood to be a standard of practice for Medi-Cal beneficiaries, includes as an attachment a page on “Public Guardian Client Goals,” which are to be developed with the client. When asked about the goals/values sheet, staff leadership said, “that’s something we probably don’t do as often as we need to, but we do take into consideration things clients want and care about.” An example was that some clients want their dog with them, and staff have come up with solutions to make this happen. Staff explained that “Clients have decisions. They can spend their money. If they tell us they want a TV, we make sure to get them a TV.” A much more difficult decision is when clients want to end the conservatorship, as described below.

Client Visits

Another area of relative strength is client visits. The CA PA/PG/PC *Best Practices* guide recommends that conservators make in-person visits to conservatees at least every 90 days.²⁵¹ (In comparison, the National Guardianship Association *Standards of Practice* provide that “the guardian shall visit the person no less than monthly.”)²⁵² OPG leadership reports that deputy public guardians visit probate clients in facilities about once every 90 days, unless a more frequent visit is needed. They previously visited clients living at home in the community about once a month, through the probate long-term care nurse, although she is no longer on the staff.

²⁵⁰ California Targeted Case Management Assessment/Service Plan.

²⁵¹ California PA/PG/PC, *Suggested Industry Best Practices*.

²⁵² National Guardianship Association, *Standards of Practice*.

Leadership emphasized the importance of the visits for “knowing the conservatee, knowing the wishes of the conservatee.” During the pandemic when facilities were locked down, staff made their visits remotely, often by phone. We question whether visits are frequent enough and whether there is real two-way communication to build a trusting relationship. Conservators need to create a bond with the client in which there is understanding and respect and it takes time and repeated dialogue to achieve this.

Less Restrictive Options

An additional area of strength is looking for options less restrictive than conservatorship that would better preserve individual rights and would, at the same time, avoid opening new OPG cases for overburdened staff when needs could be met in other and less costly ways. A key thrust of reform over the past three decades has been the concept that guardianship/conservatorship is a drastic intervention and therefore less restrictive means of help should always be sought first.²⁵³

The California Probate Code requires that the conservatorship petition show that “alternatives to conservatorship were considered by the petitioner or the proposed conservator and reasons why those alternatives are not available.”²⁵⁴ The CA PA/PG/PC *Best Practices* guide states that a public guardianship program should not accept a case for conservatorship unless “all less restrictive alternatives to conservatorship were considered and tried first and establishing conservatorship is the last resort to meet the person’s needs.”²⁵⁵ The guide specifically highlights that a conservatorship may not be needed “if the person who needs help can formulate or cooperate with a plan to meet his/her basic needs or has the capacity and willingness to accept assistance from a third party for financial or health-care decisions.”²⁵⁶

Our interviews showed a high awareness of the need to screen for informal supports such as family members or other “third party assistance” to show that conservatorship is not needed or that it could be terminated. In other jurisdictions, this is known as “supported decision-making” and has been recognized as a key less restrictive option to guardianship/conservatorship.²⁵⁷

²⁵³ See the Uniform Law Commission, Uniform Guardianship, Conservatorship and Other Protective Arrangements Act (2017), Section 310.

²⁵⁴ Cal. Prob. Code §1821(a)(3).

²⁵⁵ California PA/PG/PC, *Suggested Industry Best Practices*, Section 9.1.4.

²⁵⁶ California PA/PG/PC, *Suggested Industry Best Practices*, Section 9.1.6.

²⁵⁷ Interviewee references to “third party assistance” is similar in concept to the nationally recognized term “supported decision-making,” which “allows individuals with disabilities to make choices about their own lives with support from a team of people they choose . . . Supported decision-making is an alternative to guardianship. Instead of having a guardian make a decision for the person with the disability, [it] allows the person to make his or her own decisions” with support. Center for Public Representation, “About Supported Decision-making,” <https://supporteddecisions.org/about-supported-decision-making/>. Riverside interviewees seemed unfamiliar with the term “supported decision-making”.

Respondents said that there are several points of screening for supports that could make conservatorship unnecessary:

- APS looks for supports before sending a case to OPG. Its assessment tool²⁵⁸ specifically asks whether the person has a representative payee, a financial power of attorney, a health care directive, or whether there are any family members or caregivers involved.
- OPG investigators scan for other decision-making or support options such as family members or community supports. Even after a permanent conservator is in place, the deputy public guardians “continue to look for alternatives, and so we have some cases where the person is placed on conservatorship, and within three or four months, a family member from back East will contact us, and so at times we go back and terminate the conservatorship.”
- The probate court investigator also assesses the supports available.

Appointed counsel asks these questions as well: “We will explore with our clients what can we do together to make sure that you can manage on your own. Do you have friends who can help out, family members? What can we do to help the court see that you have a plan in place and won’t need a conservator?”

Opportunities for Supporting Client Voice

Appointed Counsel for Clients

The most important safeguard for elevating client voice in conservatorship is the right to counsel—and ensuring that counsel upholds the traditional attorney-client role of vigorously advocating in support of the client’s wishes.²⁵⁹ Nationally, ongoing representation of adults after the appointment of a guardian/conservator is unusual and is regarded as a key component of securing clients’ rights and ensuring accountability.²⁶⁰

Riverside County generally funds the appointment of counsel for conservatees, at a minimum through a compliance period of about 80 days following OPG appointment. If there are concerns about placement, family conflicts, or client complaints, appointed counsel may remain on the case and continue to represent the conservatee. Clients are able to approach appointed counsel with issues or concerns, and trust that counsel will advocate on their behalf. When asked about their role, counsel said they have taken “an aggressive stance” to see that services

²⁵⁸ Riverside Adult Protective Services, <https://riverside.leapsportal.net/DynamicAssessment/AssessmentSummary.aspx?AssessmentId=23>.

²⁵⁹ Uniform Law Commission, *Uniform Guardianship, Conservatorship and Other Protective Arrangements Act* (2017), §305; National Center for State Courts, National College of Probate Judges, *National Probate Court Standards*, Standard 3.3.5 and commentary (2013).

²⁶⁰ National Guardianship Network, “Fourth National Guardianship Summit,” Recommendation 4.3.

are provided and that the client's voice is heard. "Our job is to implore and push" OPG for client needs and wants. There is an opportunity to focus additional attention on the level and model of compensation for these attorneys, to ensure that they are fully able to meet their clients' needs (see Chapter 4 on Appointed Counsel).

Community Education and Outreach

Public guardianship programs are at the nexus of the classic conflict between client protection and autonomy.²⁶¹ This conflict is not well understood by other agencies or the public. It can at times engender misunderstanding and frustration concerning over-protection (paternalism) and under-protection (leaving vulnerable people at risk). One interviewee explained that "The public has a perception that the job [of OPG] is to solve all the problems and protect [clients] 100% from any danger. And that's not their job. Their job is to do the minimum to make sure the conservatee is safe and at the same time afford them personal freedom and personal liberty if possible."

Striking this delicate balance in each individual case takes time and intensive focus—and additional staffing is the most important solution (see section on Staffing). However, community education about conservatee rights also can present an opportunity to educate the public on the complexities of the decision-making process and to heighten community awareness. It could highlight rights that are retained by conservatees and emphasize that a conservatorship is not a "quick fix" or panacea for problems.

Client Input About Care

Customer satisfaction surveys are informative tools for improving the quality of services or care. They can be useful in determining benchmarks and measuring outcomes. Riverside DPSS has a "Self-Sufficiency Customer Satisfaction Survey."²⁶² On the state level, Get-Cal-Fresh has a customer satisfaction survey about the application process.²⁶³

In addition to measuring outcomes, customer satisfaction surveys empower clients by giving a path for personal input about their care and setting. In particular, a satisfaction survey could help OPG clients—who have lost so many rights—gain a sense of voice about their lives. While not all OPG clients would be able to complete such a survey, some could—and others may be able to do so with support. With the creation of an advisory committee (see section on External Review), committee members could help to provide any needed support, while learning

²⁶¹ See, generally, Teaster et al., *In the best interests*. Many foundational documents for adult guardianship reform over the past 25 emphasize this inherent tension.

²⁶² Riverside Department of Public Social Services, *Self-Sufficiency Customer Satisfaction Survey*, accessed May 23, 2022. <https://rivcodpss.org/dpss-programs/customer-surveys>.

²⁶³ Code for America, *GetCalFresh Enrollment Survey* (2019).

firsthand more about client needs.²⁶⁴ A survey administered regularly—perhaps annually—would provide OPG the opportunity to view the program through the lens of their clients.

Areas in Need of Improvement

Client Communications and Visits

While OPG says they meet the CA PA/PG/PC expectation for the frequency of client visits (previously identified as a strength), seeing a cognitively impaired client in a nursing home every 90 days seems unlikely to build a solid relationship and an understanding of the role. Visits should be consistent enough, frequent enough, and thorough enough to build trust. OPG leadership listed “the ability to ensure the welfare of conservatees through more frequent in-person visits” as a key area for improvement.

One interviewee found that some conservatees did not appear to know who their OPG conservator/deputy public guardian was nor what the conservator’s role was—and did not understand the limitations that come with conservatorship and the rights removed. Clients may be hesitant to report needs and ask for help for fear their rights will be taken away or a restoration will not be pursued. A “bill of rights” displayed where clients live—similar to the Nursing Home Residents Bill of Rights²⁶⁵ and the “California Foster Youth Bill of Rights”²⁶⁶—could be helpful.

Ultimately, the leeway for lengthier, more frequent visits is a function of staffing resources. However, simple communication protocols may help—communication practices such as use of plain language, repetition of important messages, active listening, and paraphrasing. A template for explaining to clients the rights they have, the rights they have lost, and the role of the conservator is a necessary and important step.²⁶⁷

The CA PA/PG/PC *Best Practices* guide provides for “courtesy visits” between counties or by other County staff. OPG leadership has stated that, sometimes, cases are transferred from one deputy to another depending on caseload or on interpersonal dynamics. OPG deputies have stated that they sometimes agree to visit each other’s clients, especially in a distant facility in order to help out, given the heavy caseload. While these practices may be useful, they interfere

²⁶⁴ One of the co-investigators for the current report is on an assisted living advisory committee, and has administered such client satisfaction surveys.

²⁶⁵ The National Consumer Voice for Quality Long-term Care, *Nursing Home Residents’ Rights*.

²⁶⁶ Los Angeles County Department of Children and Family Services, “Foster Youth Bill of Rights”.

²⁶⁷ Such communication templates exist in other contexts. For example, see the *California Child Welfare Core Practice Model*: <https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/core-practice-model>.

with client-conservator rapport. Consistent one-on-one time is needed to build familiarity and trust.

Lack of Limited Orders

For many years, national guardianship reform initiatives have urged courts to establish limited conservatorship orders that remove rights only in areas in which an adult is unable to manage personal or financial affairs.²⁶⁸ The order should not assume the individual lacks capacity globally, but should assess specific areas in which the person is able to act. For example, a person may be able to handle money for daily transactions but not manage investments, or be able to make a health care decision but not determine whether it is safe to live independently.

In the California Probate Code, the term “limited conservatorship” has a particular meaning that is different from elsewhere in the country. It applies to a court order for a developmentally disabled adult, in which the adult retains all rights except those designated by the court. The intent of the law is that developmentally disabled adults “receive services resulting in more independent, productive and normal lives.”²⁶⁹ In Riverside County, the Inland Regional Center assesses developmentally disabled adults, and makes referrals for limited conservatorships to OPG. Our interviews did not extend to findings about this process and what limitations are designated. However, an additional question remains as to whether a general probate conservatorship for clients other than those developmentally disabled (for instance, an older adult or someone with a traumatic brain injury) could be limited in scope to preserve client rights. While crafting a limited order is ultimately the role of the judge, these orders could be requested by OPG as petitioner. We had no indication that it ever requests such limited orders for a client who is not developmentally disabled—or that the court ever makes such orders. Our interviewees were uniformly unfamiliar with the concept.

Restoration of Rights

The California Probate Code sets out procedures for the review and possible termination of conservatorships, limited conservatorships, and LPS conservatorships.²⁷⁰ Probate cases are reviewed annually by a court investigator, but terminations are extremely rare. LPS conservatorships automatically terminate one year after appointment, and a conservator must be reappointed if needed. A termination of a conservatorship restores the adult’s rights, and simultaneously removes unnecessary cases from OPG files.

²⁶⁸ Uniform Law Commission, Uniform Guardianship, Conservatorship and Other Protective Arrangements Act (2017); see also National Guardianship Network, Fourth National Guardianship Summit.

²⁶⁹ Cal. Prob. Code § 1801(d); §1828.5(c).

²⁷⁰ Cal. Prob. Code §§ 1850–1853; Cal. Welf. & Inst. Code § 5361.

Our interviews confirmed that in OPG, probate terminations are nearly non-existent, something also demonstrated by a 2017 national study.²⁷¹ LPS terminations appear more frequent but also not common. In FY 2021, 16 LPS clients in OPG were restored to capacity.

OPG staff recalled only a few cases over several years in which a conservatorship was terminated and rights were restored. For probate clients, conservatorship “is kind of a lifelong thing because they don’t get better.” If a probate conservatee wants to have the conservatorship terminated, appointed counsel may represent the client in a petition to the court. Appointed counsel explained, “we argue that the client does have a plan, they can meet basic needs. We may work with OPG and a physician to argue for termination on a trial basis first.” Sometimes clients are not restored to capacity, but instead a private conservator is found, and they leave OPG. There were seven such cases in FY 2021.

Post-Restoration

One issue is what happens after a conservatorship is ended and the client is restored to capacity. While the client is legally an independent adult with decision-making ability, the client very likely needs some continuing supports and guidance. OPG staff appeared to have little experience with this scenario and said they may give the adult informational pamphlets about services—but there is no plan or follow-up to proactively make connections and ensure that the adult is using the services, or that the adult is actually getting their basic needs met.

One approach could be for OPG staff to actively make the contact between the client and Self-Sufficiency staff responsible for a range of basic supports (see Chapter 5 on Self-Sufficiency Programs). Another approach could be to make conservator terminations progressive, with a plan for steps to independence and connections to services, so that when the court orders termination, the adult has a strategy in place and experience with independent living. A restoration plan could combine services from a number of different agencies, and could possibly be coordinated by an interdisciplinary team such as the Riverside Elder Abuse Forensic Center (EAFC) (see Section on Interagency Coordination and Collaboration).

Recommendations for Supporting Client Voice and Choice

1. **Establish an OPG working group to develop model practices**, with examples concerning clients’ rights, the participation of clients in decision-making, client-centered care approaches, client communications, and supports to enhance self-determination. OPG should ensure that each supervisor and each deputy public guardian is trained in

²⁷¹ Erica Wood, Pamela Teaster, and Jenica Cassidy, *Restoration of Rights in Adult Guardianship: Research and Recommendations*, (Washington, DC: American Bar Association Commission on Law and Aging, May 2017).

the model practices, and should explore other similar training through CA PA/PG/PC and the National Guardianship Association.

2. **Increase the frequency and length of visits to conservatees by OPG as staffing increases** (see section on Staffing). A preliminary goal would be to increase visits to all conservatees to once a month to build consistent relationships. [Benchmark: staff to increase frequency of visits to once a month by a year's time].
3. **Explore a team approach in which one deputy public guardian is the lead on a case and another is designated as a backup**, to ensure consistency. If one is unable to visit, the backup deputy could make the client contact, building a relationship with the client. This will likewise become feasible with an increase in staffing (see section on Staffing).
4. **Develop a protocol for progressive termination of unnecessary conservatorships**, with available housing and supportive services in place through a multidisciplinary plan.
5. **Explore the concept of limited orders, in conjunction with the court, for general probate conservatorships**, and whether this would require legislation or could be encouraged through changes in practice.
6. **Engage in public education on conservatorship and on OPG's role**, to create a better understanding of its functions, as well as the rights of clients. [Benchmark: development of materials; initial number of public education events].
7. **Direct or request relevant agencies and organizations, including the State Bar Association, to collaborate in a campaign to educate the public on less restrictive decisional legal options** (such as financial powers of attorney and advance directives for health care) that would reduce the overall need for conservatorship and empower adults through legal and financial planning. Such direction should come from Riverside County.

External Review, Outreach, Transparency

Context

While individual cases within OPG are subject to review by supervisors as well as the Court, on a more systemic level OPG performance appears little known and little understood in the community. OPG is opaque, like a "black box" in which case referrals may be accepted, but little light is shed on its inner workings. We considered approaches for OPG review, outreach, and community input.

Strengths

Court Review of Cases

The California Probate Code provides for regular review of all conservatorship cases, including those of OPG.²⁷² A probate court investigator must conduct an investigation six months after a probate conservator appointment and annually thereafter, or at any time as needed, and write a report to the court.²⁷³ The California Welfare & Institutions Code provides that LPS conservatorship shall terminate after one year and must be re-established if necessary.²⁷⁴ OPG must prepare an annual report and accounting for each conservatee, to be reviewed by the Court. These regular reviews are an important safeguard to protect clients under conservatorship.

OPG is represented by County Counsel, who reviews and submits petitions, other filings, and annual reports. Review by County Counsel provides OPG with assurance that all legal requirements are met.

Importantly, Riverside County generally funds the appointment of counsel for conservatees, at a minimum through a compliance period of about 80 days following OPG appointment. This representation offers an opportunity for review and for resolution of client complaints. “We are very vigilant in doing an assessment of placement after a few months to see how it goes. And then we’ll advocate change. We’ll come back and petition to change placement if something is not right.”

Opportunities

Advisory Input

OPG has no advisory committee. Many state and local public guardianship programs have advisory boards that offer useful input. The national Model Public Guardianship Act provides for an advisory committee.²⁷⁵ In addition to being a sounding board, advisory committees or boards can advocate for program resources, help create partnerships with other agencies, and engage in public outreach. Board members can be strong champions for the program. In a somewhat different model, at least one public guardianship program has developed a panel of individual experts in specific topic areas such as investments, Medicare, bioethics, nursing home law and

²⁷² Cal. Prob. Code §1850.

²⁷³ Cal. Prob. Code §§ 1850–1851.

²⁷⁴ Cal. Welf. & Inst. Code § 1861.

²⁷⁵ See Teaster et al., *In the best interests* and “Model Public Guardianship Act,” §§13 & 1.

regulations, and special needs trusts. Regardless of the model used, advisory input presents an opportunity to get feedback, strengthen connections, and have a stronger community profile.

Areas in Need of Improvement

Complaint Processes

Recent media attention on guardianship/conservatorship has highlighted the importance of guardianship complaint processes. Some state and local courts and some guardianship programs have developed public complaint procedures specific to guardianship/conservatorship.²⁷⁶ The National Guardianship Association *Agency Standards* requires a complaint procedure.²⁷⁷

RUHS/BH has a Patients' Rights Advocacy Program and a Patients' Rights policy. However, neither of these are specific to conservatorship. Moreover, they are not readily accessible to members of the public—including family members and conservatees—who may want to voice a complaint, although there is a toll-free phone number listed on the RUHS/BH website under "Patients' Rights."²⁷⁸

Additionally, the County Board of Supervisors has a policy setting out "Standards and Procedures for Public Complaints and Inquiries."²⁷⁹ This policy is neither specific to conservatorship nor readily accessible. Plain language fact sheets in English and Spanish or website pages would encourage use.

External Audits

OPG is a member of the Local Government Association and participates in the County Medi-Cal Administrative Activities and Targeted Case Management program. This program is part of California Medi-Cal reimbursement for Targeted Case Management. Participating counties are reimbursed for the federal share of costs for case management services provided to Medi-Cal beneficiaries. The state conducts an annual audit of these services.

This appears to be the only external audit reported by OPG leadership. They did not identify any overall performance review or audit process by an outside entity. The National Guardianship Association *Agency Standards* require that "the organization shall undertake an

²⁷⁶ Uniform Law Commission, Uniform Guardianship, Conservatorship and Other Protective Arrangements Act, Sec. 127, "Grievance Against Guardian or Conservator."

²⁷⁷ National Guardianship Association, *Standards of Practice*.

²⁷⁸ Riverside University Health System – Behavioral Health, "Patients' Rights."

²⁷⁹ County of Riverside, California, Board of Supervisors Policy, "Standards and Procedures for Public Complaints and Inquiries," Policy Number A-56, Minute Order 3.7 of 11/07/2006, <https://www.rivcocob.org/boardpolicies/policy-a/POLICY-A56.pdf>.

internal program evaluation annually;” and “the organization will arrange to have an external program audit by an objective third party on a biennial basis.”²⁸⁰

Website Information

The OPG page²⁸¹ on the Riverside County website is minimal, offering a two-sentence description, mailing address, phone, fax, and business hours. No information is provided on the purpose of the program, the staff, or the client population. There is no contact name or title listed. It is not possible to email OPG to ask a question or raise a concern.

The RUHS/BH website²⁸² provides slightly more information, indicating that OPG provides conservator investigation and administrative services, and that it has forensic psychiatric support for LPS conservatees. It has thumbnail descriptions of conservatorship, conservatorship investigation, LPS/Property Management Administration, probate investigation, and the representative payee program. It has a phone and fax number, but no contact information. The Riverside Office on Aging also has a webpage on OPG,²⁸³ also with minimal information.

One respondent from outside of OPG staff noted, “There’s almost no information that can be accessible or that is available online to get information. If you look at the OPG website...you’re not going to find very much to even try and communicate or negotiate. So for me as a provider, that means I have to literally track down somebody’s email or call the reception desk multiple times and try and find a supervisor to help me.”

Annual Report

OPG has no publicly available annual report. There is nothing to highlight the function of the office, the dedication of the staff, the complexity of the cases, the often overwhelming needs of the clients, or the ways the program improves their quality of life—no success stories, which is a missed opportunity on many levels (e.g., administrative, public, educational). An annual report would be useful in developing partnerships and securing additional funding.

Public Education

OPG leadership reported that the program educates the public about guardianship and conservatorship and provides technical assistance to private conservators. Interviewees were not aware of these OPG functions but thought they were a good idea reflecting the need for

²⁸⁰ National Guardianship Association, *Standards of Practice*, §VI.

²⁸¹ <https://www.rivco.org/public-guardian>.

²⁸² <https://www.rcdmh.org/Administration/PG>.

²⁸³

https://riverside.networkofcare.org/aging/services/agency.aspx?pid=riversidecountydepartmentofmentalthhealthpublicguardianpublicguardian_38_1_0.

greater public understanding of its role and limitations. One interviewee said that OPG has a “circle the wagons” posture of defense and “needs to have an open mind and talk about what needs to be improved.”

Quality Improvement

County Counsel performs an essential role in ensuring that legal requirements are met and in representing OPG in court. They also help educate OPG staff about legal procedures. Interviews did not reveal any role on their part—or on the part of anyone else—in a broader quality improvement and risk mitigation program of periodic evaluation, data analysis, and documentation. Currently, the County Counsel caseload would preclude such a role—one attorney reported having over 400 cases.

The National Guardianship Association *Agency Standards* require that “program managers shall identify a plan in writing and document actions taken to improve the quality of its service delivery system.” This includes seeking the input of clients, family members, an advisory board, and other stakeholders.²⁸⁴

Recommendations for External Review, Outreach, Transparency

1. **Develop a public complaint process specifically for OPG.** OPG should create a flyer to describe the process in plain language, in English and Spanish. It should make the process and the flyer accessible on its website. The flyer also should be distributed to long-term care facility staff. [Benchmark: develop a draft process and solicit feedback on its use]
2. **Establish an external, independent performance audit of OPG.** RUHS/BH should be contracted to conduct the audit, and it should be updated biennially.
3. **Develop and distribute an annual report written by OPG to the Board of Supervisors and the public.**
4. **Develop informative content for OPG’s webpage,** perhaps in multiple languages, articulating the program mission, describing the functions of the office and the kinds of clients served. The webpage should include a transparent complaint process and the most recent annual report. It should also include contact information.

²⁸⁴ National Guardianship Association, *Standards of Practice*, §VI.

Interagency Coordination and Collaboration

Context

Conservatorship provides decision-making and management for at-risk adults unable to care for themselves but does not provide direct services. Without a range of food, housing, transportation, health care, and other basic services, conservatorship is just a legal shell with nothing more. For OPG to get help for its clients takes solid interagency partnerships. The California PA/PG/PC *Code of Ethics* includes a duty for public guardianship programs to “Cooperate with other entities engaged in, or supportive of, collateral services to promote quality programs.”²⁸⁵ We examined OPG’s relationships with other agencies and how they could be strengthened to better align with the County’s new Integrated Health and Human Services Delivery System.²⁸⁶

In assessing the strengths and weaknesses of OPG collaboration with other agencies, we heard divergent and sometimes completely contradictory views. Interviewees confirmed that in caring for clients, OPG interfaces with a host of other agencies. Yet several comments described these connections as inconsistent, or not as in depth as needed.

A theme that crossed many of our interviews was the perception that OPG maintains a defensive posture and a reluctance to share information about clients and about its processes, making care coordination challenging. The reason for this posture was not clear. Several comments attributed it to the high caseloads (see section on Staffing) leaving no capacity for systemic thinking or for focusing on collaboration: “I wonder if OPG is so overwhelmed that it’s hard to think through solutions instead of just paddling.” Another observation was that County Counsel takes an overly conservative approach to information sharing, based on fiduciary duties of confidentiality and privacy, causing staff to be reticent to share information, even though “it’s becoming more and more obvious that [maintaining information silos] is not in the best interests of clients” (see section on Data Sharing).

²⁸⁵ California Association of PA/PG/PC, *Standards & Certification Protocols*, 5.

²⁸⁶ County of Riverside Board of Supervisors, Resolution No. 2021–180, Initiative of Development of an Integrated and Comprehensive County Health and Human Services System and Approval of a Coordinated Care Model, Approved December 7, 2021.

Strengths

Riverside University Health System - Behavioral Health

When we asked about strengths of OPG connections, several staff members said that its placement within RUHS/BH is a significant benefit. RUHS/BH shares key resources—leadership, staff, contacts, funding, fiscal staff, and mental health expertise. For example, staff look to RUHS/BH for support “if there’s a gap period before benefits are established, we need to take care of [clients] and get them housed.”

Existing OPG Connections

OPG leadership listed key existing connections—private home health agencies, RUHS/BH clinics, County community care clinics, County Medical Center, private hospitals, DPSS including APS, Inland Regional Center, and County substance abuse outpatient clinics. Interviews brought out additional connections—code enforcement, long-term care licensing, Social Security, Medi-Cal, and a host of long-term care facilities. OPG leadership listed as an agency strength “an excellent working relationship with the County psychiatric hospital and acceptance of conservatees who might need this level of care.”

In some instances, there are or were liaisons from these entities. “We do have a Medi-Cal liaison who helps us in the processing of our medical benefit applications.” In addition, the Inland Regional Center provides a range of supports for developmentally disabled clients, including assessments, assistance with placements, arranging for clients to go to day programs, and getting dental services.²⁸⁷

Connections with ASD and EAFC

An essential OPG connection is with ASD, as it is responsible for a substantial proportion of client referrals. While some interview respondents noted a contentious history between the two, a strength is that OPG is meeting regularly with ASD, and there is no backlog of ASD cases awaiting acceptance.

Another critical relationship for OPG is with the Riverside EAFC an evidence-based program that focuses on protecting older adults from financial and physical abuse as well as neglect. The Center holds county-wide, regular multidisciplinary team meetings where partner agencies can review complex cases of elder abuse including neglect, recommend a coordinated response

²⁸⁷ Inland Regional Center. About. <https://www.inlandrc.org/about-irc/>.

plan, and, in doing so, improve case outcomes.²⁸⁸ OPG has generally participated in Center meetings—with some variation—and continues to do so.

OPG Staff's Commitment

From a number of individuals whom we interviewed, a strength was the people involved. Generally, OPG staff were regarded as doing their best in challenging situations. It was understood that the people occupying the positions were “there for a reason and care about the people who are the object of case discussion and service provision.” The dedication and sincerity of the staff is a strength in fostering interagency collaboration.

Opportunities

Riverside Service Integration Initiative

An opportunity for OPG is to be a part of the County's initiative, approved by the Board of Supervisors in December 2021, to develop an integrated health and human services system. The initiative is based on the concept that “Cross-department coordination and data sharing is necessary to improve well-being, Self-Sufficiency outcomes of clients, and to operationalize and institutionalize a client-centered care delivery model for all services.”²⁸⁹ The Board's resolution specifies that the RUHS would be included. It states that the integrated system is especially designed “to identify and coordinate services for individuals who face multiple challenges in key life areas, such as abuse and neglect, homelessness, mental or physical health issues, economic vulnerability...”

Data sharing can be challenging, especially for OPG, which operates according to fiduciary standards of client confidentiality and must meet expectations by County Counsel. The California PA/PG/PC *Code of Ethics* requires public guardianship programs to “safeguard the client's rights to privacy by judiciously protecting information of a confidential nature.”²⁹⁰ One interviewee observed, “There are often conflicting laws and conflicting counsel opinions about when information can be shared. As a County, we haven't yet figured out how to share information in a way that protects people's rights and privacy, allows us to coordinate care, and integrate services better.” The chapter on Self-Sufficiency describes efforts underway to remove barriers to data sharing—while honoring the client confidentiality that is so important in

²⁸⁸ Dr. David Franklin, “Introduction to Capacity Assessments,” Lecture, Riverside County Elder Abuse Forensic Center.

²⁸⁹ Board of Supervisors Resolution (2021).

²⁹⁰ California Association of PA/PG/PC, *Standards & Certification Protocols*, 5.

conservatorship. In addition, similar models in other counties, such as that in neighboring Los Angeles County,²⁹¹ could offer guidance for how to resolve issues of confidentiality.

Fast-Tracking Services

Another related opportunity for OPG is that increased collaboration with other agencies could result in fast-tracking services and benefits for its clients—benefitting clients and saving staff time. Office staff noted that they are often stymied by a long wait for benefits, and sometimes RUHS/BH steps in to fill gaps. Others pointed out that the potential exists for Medi-Cal, in-home supportive services, Cal-Fresh, and other DPSS services to be prioritized for OPG clients through interagency agreements, similar to how DPSS assists adults coming out of hospitals or prisons. Beyond these agencies, OPG could consider similar arrangements with the Office on Aging as well as nonprofit service providers. (For more on fast-tracking services, reference Chapter 5 on Self-Sufficiency Programs).

Public Education

A final and valuable opportunity for OPG is to raise public awareness about their clients' needs and the complexity of the cases. Staff said the community and other departments "don't know exactly what is entailed in a conservatorship case—the amount of work, the amount of scrutiny, the amount of accountability." Nor do they understand the balance that OPG must make between client autonomy and client protection (see section on Client Voice).

One interviewee observed that because the job of balancing risk and choice is not well understood, "when a conservatee gets into trouble, it comes back and reflects badly on the OPG. ...Some of the news coverage forces [the OPG staff] to be more like police." Fearing a bad image, the program may tip more rigidly toward protection and less toward conservatee rights. The result is dissatisfied conservatees and a defensive posture of OPG that could undermine service integration and work against the interests of clients. Bringing clarity to OPG functions would have the added benefit of building care partnerships. And—as emphasized in this report across the chapters—additional staffing and resources would afford more time to focus on creative solutions that help staff and conservatees.

Acknowledging the Pivotal Role of OPG

One individual whom we interviewed acknowledged the pivotal role that OPG can play related to clients' care: "They're kind of it. Right? It really comes down to OPG as to whether or not they're going to take over that individual [accept the case] or not take over that individual, right? So they have a lot of power within their institution to really increase the person's quality

²⁹¹ Los Angeles County Elder Abuse Forensic Center, <https://eldermistreatment.usc.edu/current-projects/los-angeles-county-elder-abuse-forensic-center/>.

of life...” An awareness of this significant role can be an opportunity in developing interagency partnerships.

Areas in Need of Improvement

ASD-OPG Relationship

A work in progress is the shifting relationship between ASD and OPG. According to ASD staff, before referring a case to OPG, ASD goes through a rigorous protocol examining the individual’s financial, health, mental health, and family information, as well as activities of daily living. It includes a search for less restrictive options like financial powers of attorney, representative payee status, trusts, and advance directives, and describes actions taken to resolve the problems.²⁹² “We don’t take it lightly when we refer over to the public guardian, we really take a good look at it. We have a specialized, centralized unit that specializes in it, to provide that level of oversight that we need” for an OPG referral.

Once the referral is made, it may take an OPG investigator three to six months to determine whether the case should be accepted, based on the person’s capacity and the supports available. Of concern, this timeframe coupled with the increasing backlog of referral cases has presented issues regarding client safety. For example, a client may be cycling in and out of crises or living in squalor or danger. ASD staff attempt to manage the pending case to the extent possible without legal consent and without funding for case management. About half of ASD referrals to OPG ultimately are denied. For example, in 2020, of 38 cases referred, 16 were denied. These individuals often continue to cycle through crises and may be referred again, perhaps several times.

From OPG’s perspective, when they receive a referral from ASD or any other source, it goes to OPG’s investigative unit. Before accepting a referral, the investigators conduct a thorough assessment of the proposed conservatee taking into account information from all sources, the history of the case, and the supports available. They may conduct a search for family members who could step in and provide care. If the investigator finds the person meets the requirements for either a probate or LPS conservatorship and there are no other alternatives,²⁹³ the investigator prepares a declaration to the Court requesting that OPG be appointed. If the investigator denies a case, it may be because the qualifications are not met or because they have identified someone to help—or in some cases the person dies while the case is still pending.

²⁹² Riverside Adult Protective Services, *PG Assessment in LEAPS*.

²⁹³ The California Probate Code requires a finding that conservatorship is the least restrictive alternative needed for the protection of the conservatee. See Cal.Prob. Code § 1800.3(b).

Another problem occurs once OPG has accepted the case, which prompts ASD to close it. At that point, communication between ASD and OPG about the client is cut off. ASD case workers may have been heavily involved in a case and know the client well, but they no longer share information or contribute to solutions. Staff from both agencies seemed to regret this abrupt fencing off of information.

All of this “pushing and pulling” has been trying on both sides and was described in one interview as a “wall” between the two agencies. The frequency and consistency of meetings between the two agencies has been uneven. Recently, as mentioned before, there has been progress in holding regular meetings, but the change needs to be systemic, with ongoing conversation between the staff through a multidisciplinary team approach.

Role in EAFC

Another path for ASD to bring cases to OPG is through the EAFC. The Center regularly convenes a multidisciplinary team to review complex cases of possible elder abuse, neglect, and exploitation. Most of the cases are brought to the Center by APS. A representative from OPG sits on the team, and in the past has played “a pivotal role” in discussions about client capacity and whether a conservator is needed. If the Center team suggests conservatorship, OPG can then determine whether to accept the case. Interviews revealed that recently OPG has been less involved and less open to sharing information, which reduces the effectiveness of the team discussion. In the past, OPG denied about 44 percent of the cases referred through the Center, but now the denial rate is up to 68 or 70 percent. The reasons for the denial are not always clear or forthcoming when EAFC members ask during case follow-ups.

Recommendations for Interagency Coordination and Collaboration

1. **Ensure that OPG plays a proactive role in the County’s new initiative on service integration for the health and human services system.** This includes a specific policy on data sharing that meets fiduciary requirements. [Benchmark: development of a written data sharing policy for OPG that aligns with fiduciary standards.]
2. **Ensure that OPG explores ways to fast-track services with Medi-Cal, In-home Supportive Services, and CalFresh, develops written memoranda of understanding (MOUs) to do so, and identifies agency liaisons for this purpose.** These agreements should go beyond enrollment to ensure that OPG clients are actually using the services. [Benchmarks: meetings held, written agreements, evaluate implementation.]

3. **Engage in an intensive series of mediated sessions between OPG and ASD to identify areas of conflict and develop a plan to move toward a working partnership.** [Benchmark: find mediator skilled in agency policy/practice conflicts; both agencies agree to come to the table and establish goals, action steps, and a timeframe for resolution.]
4. **Reestablish a partnership between OPG and the EAFC.** OPG should participate regularly and proactively in case review, case follow-up, and information sharing where possible.

Chapter 4: Appointed Counsel

Juvenile dependents, potential wards, wards, potential conservatees, and conservatees are often represented by court appointed counsel. This chapter discusses these arrangements.

Overarching State Bar of California Guidelines On Indigent Defense Services

In 2006, the State Bar of California released Guidelines On Indigent Defense Services.²⁹⁴ These Guidelines identified two main principles regarding the methodology by which counties should compensate private attorneys to provide indigent criminal defense services: (1) “the method of compensation should assure that the attorney is adequately compensated for all work necessary for the representation of each client,” and (2) it “should never place the client’s right to vigorous representation in conflict with the attorney’s need for adequate compensation.”

1. **Provide adequate compensation.** According to the Guidelines, the amount of compensation paid to an appointed attorney “should bear a direct relationship to the time and effort reasonably invested by the attorney in the defense of his or her clients.” Therefore, “indigent defense contracts should not be based on any compensation system that does not realistically assess the cost of providing competent representation, including the costs of trial, investigation, expert assistance, or extraordinary expenses, and should take into consideration objective standards of representation.”
2. **Avoid financial conflicts.** The State Bar also found that “the terms of any indigent defense contract should avoid any actual or apparent financial disincentives to the attorney’s obligation to provide clients with competent legal services.”

The Guidelines express a clear preference for hourly rates over flat-fee compensation because hourly rates “compensate attorneys for actual work performed” and “do not penalize thorough preparation” while “flat-rate compensation...does not link attorney time and effort to the level of remuneration” and thus “encourage attorneys to do what is most profitable for them and what is efficient for the system but not what is in the best interests of clients.”

While these Guidelines were developed in the context of criminal defense, these same principles should be considered in the context of appointing counsel in juvenile dependency, conservatorship, and guardianship proceedings.

²⁹⁴ The State Bar of California, *Guidelines on Indigent Defense Services Delivery Systems* (San Francisco: 2006).

Legal Representation in Juvenile Proceedings

Legal representation ensures that minors in juvenile dependency cases are afforded due process protections, and that their rights are safeguarded. It means that they have an advocate on their side, asserting their perceived needs and requests. Legal representation gives them a voice. If concerns arise, someone is there to listen, ask key questions, assess the situation in light of the law, and take action. Supporting strong legal representation for these at-risk populations should be a high priority. Adequate compensation and allowing for sufficient attorney time for these complex cases is a key factor.

Context

In California, the custodial parent is appointed legal counsel if he or she cannot afford a lawyer. Moreover, legal representation is also provided to children placed in out-of-home care. Various statutes mandate appointment of legal representation in juvenile dependency cases.²⁹⁵

The County's Efforts to Provide Court-Appointed Counsel in Juvenile Dependency Matters

Riverside County has contracts with two entities to provide legal services to children and parents in juvenile dependency proceedings. These contracts are maintained by the Riverside County Superior Court. Both contracts provide for a flat-fee per case with no caseload limit.²⁹⁶ Figure 22 below shows this dynamic.

Figure 22: Years of Service and Fees Per Case

| Years of Service | Flat Fee Per Case |
|------------------|-------------------|
| Year 1 | \$675 |
| Year 2 | \$675 |
| Year 3 | \$675 |
| Year 4 | 708.75 |

²⁹⁵ See Cal. Welf. & Inst. Code §§ 317, 317.5, 353, 366.26; Cal. Rules of Court Rule 5.660.

²⁹⁶ See Agreement for Non-IT Goods and/or Services Between The Superior Court of California, County of Riverside and Law Offices, Agreement Nos. Admin-10135-0-6/19 and Admin-10136-0-6/19.

| | |
|--------|----------|
| Year 5 | \$744.18 |
|--------|----------|

The attorneys are retained as independent contractors and are paid a monthly fee based on the projected number of appointments multiplied by the flat-fee per case. These attorneys provide legal representation to children and to parents—though they never represent both in the same family—and reportedly have caseloads of approximately 200 cases per attorney.

According to publicly available information, Riverside County has been allocated \$7,422,498 for Fiscal Year (FY) 2021–2022 in dependency counsel funding from the State of California.²⁹⁷ Based on an analysis conducted by the Judicial Council of California, estimated funding needed for that time period is \$9,094,598, almost one-quarter more than that allocated.²⁹⁸

Services for these proceedings in the State of California have been underfunded for decades. According to a study conducted by the American Civil Liberties Union (ACLU):

In 2002, the Judicial Council of California recognized that the State’s underfunding of dependency counsel had led to unmanageable caseloads that left attorneys unable to provide adequate representation. The Judicial Council identified improvements to the dependency system including a recommended “optimal” caseload of 77 clients per attorney and, in 2007, ultimately adopted standards setting the maximum caseload at 188 clients per attorney.²⁹⁹

However, as of 2015, “caseloads in many counties [were] double the maximum standard of 188, and some counties [were] experiencing caseloads in excess of 400–500 clients per attorney. The result is that an already over-stressed system has reached a breaking point.”³⁰⁰ In 2015, the ACLU of California found that Riverside County had the second highest caseload of California’s counties with an average caseload of 461 cases per attorney as shown in Figure 23 below.³⁰¹

²⁹⁷ Judicial Council of California, *Trial Court Budget: Fiscal Year 2021–22 Allocation of Court–Appointed Juvenile Dependency Counsel Funding* (San Francisco: July 2021), 5.

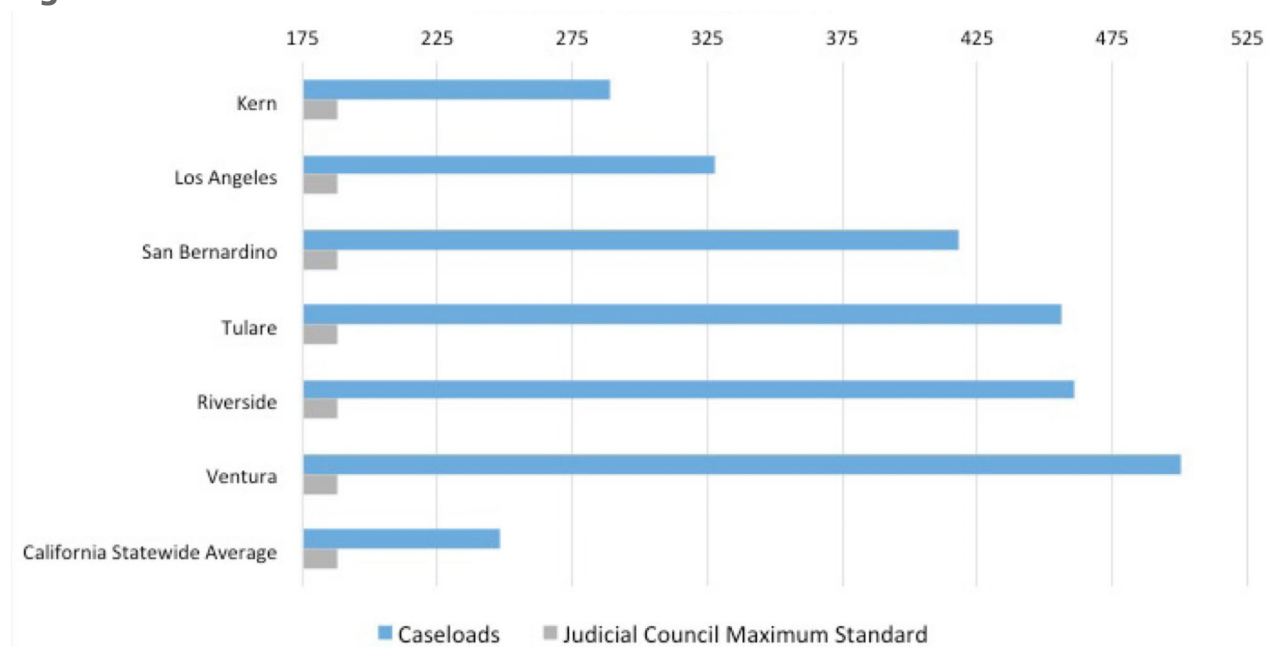
²⁹⁸ Judicial Council of California, *Trial Court Budget*.

²⁹⁹ Michael Kaufman and Victor Leung, *System on the Brink: How Crushing Caseloads in the California Dependency Courts Undermine the Right to Counsel, Violate the Law and Put Children and Families at Risk* (American Civil Liberties Union of California, 2015), 1.

³⁰⁰ Kaufman and Leung, *System on the Brink*.

³⁰¹ Kaufman and Leung, *System on the Brink*.

Figure 23: Caseloads in California Counties³⁰²



Since 2015, great strides have been made to reduce attorney caseloads in Riverside juvenile dependency matters. While it appears that caseloads have been reduced from 461 to about 200, the current numbers still exceed the Judicial Council’s maximum ceiling.

Relevant Studies on Benefits of Adequate Compensation and Caseload Limits

Extensive research into court-appointed counsel in juvenile dependency proceedings underscores the significant benefits of reduced caseloads and adequate compensation.

Judicial Council Reports

In 2001, California Senate Bill (SB) 2160 was enacted. Among other things, it directed the Judicial Council of California to establish caseload standards, training requirements, and guidelines for appointment of counsel for children in dependency cases. To comply with this mandate, the Judicial Council contracted with the American Humane Association (AHA) to conduct a quantitative caseload study to identify the maximum recommended for court-appointed dependency counsel.

³⁰² Kaufman and Leung, *System on the Brink*, 8.

In 2004, the AHA released a joint report with the results of their studies.³⁰³ They found that a full-time attorney should not have more than 141 cases, and to provide an optimum level of service, not more than 77.

In response to the report, in July 2004 the Judicial Council implemented the Dependency Representation, Administration, Funding, and Training (DRAFT) pilot program. Under the pilot program, caseload standards identified in the report were modified to reflect the impact of non-attorney staffing. Thus, under this program, court-appointed counsel were permitted to have up to 188 clients, provided they were assisted by an investigator/social worker spending half their time assisting on the cases.³⁰⁴

In 2008, the Judicial Council released a report to the California Legislature regarding the results of the DRAFT program.³⁰⁵ According to this report, the program established that caseload reductions and compensation standardization led to quantifiable and measurable outcome improvements for the children and families counsel represented. Specifically, the Council looked at the following outcome measures: (1) time to reunification, (2) reentry, (3) time to guardianship, (4) placement with kin, and (5) placement with some or all siblings.³⁰⁶ The Council found that "DRAFT courts improved during the pilot period on all measures, other than sibling placement, at rates exceeding their non-DRAFT counterparts."³⁰⁷ Indeed, the Council noted that "at the onset of the program, the DRAFT courts significantly underperformed non-DRAFT courts in all selected measures other than sibling placement" but that at the conclusion of the pilot period, "DRAFT courts outperformed non-DRAFT courts on several measures."³⁰⁸

In 2009, the California Blue Ribbon Commission of Children in Foster Care³⁰⁹ released its final report and recommendations.³¹⁰ These recommendations concurred with the Judicial Council's

³⁰³ See Judicial Council of California Administrative Office of the Courts, *Court-Appointed Counsel: Caseload Standards, Service Delivery Models, and Contract Administration (Action Required)*, June 15, 2004.

³⁰⁴ The Judicial Council noted that these caseload standards were "not optimal" but that they reflected "a pragmatic fiscal realism regarding the court-appointed counsel program."

³⁰⁵ Judicial Council of California, *Dependency Counsel Caseload Standards* (San Francisco: April 2008).

³⁰⁶ Judicial Council of California, *Dependency Counsel Caseload Standards*, 22.

³⁰⁷ Judicial Council of California, *Dependency Counsel Caseload Standards*, 9.

³⁰⁸ Judicial Council of California, *Dependency Counsel Caseload Standards*, 9.

³⁰⁹ On March 9, 2006, the California Blue Ribbon Commission on Children in Foster Care was established to provide recommendations on the ways in which the courts and their partners can improve safety, permanency, well-being, and fairness for children and families who find themselves in the child welfare system.

³¹⁰ California Blue Ribbon Commission on Children in Foster Care, *Fostering a New Future for California's Children Final Report and Action Plan May 2009 Ensuring Every Child a Safe, Secure, and Permanent Home* (San Francisco: Judicial Council of California, 2009).

findings and recommendations regarding caseload reductions and ensuring that court-appointed attorneys receive “fair and reasonable compensation.”³¹¹

In 2015, the Judicial Council approved recommendations of the Trial Court Budget Advisory Committee (TCBAC) to reallocate funding for court-appointed dependency counsel among the trial courts based on a caseload funding model.³¹²

In April 2016, the TCBAC and the Family and Juvenile Law Advisory Committee reviewed the DRAFT program and recommended several adjustments to the workload model.³¹³ This report included a recommendation that attorney compensation be based on “current county counsel salaries at the median of the first two salary ranges reported by counties.”

Family Justice Initiative Report

In 2018, the Family Justice Initiative (FJI)³¹⁴ provided recommendations regarding the Attributes of High-quality Legal Representation for Children and Parents in Child Welfare Proceedings.³¹⁵ According to these recommendations, compensation rates should be “adequate for the attorneys’ practice, accounting for overhead and other costs borne by private professionals” and that “[a]t a minimum, parents’ attorneys’ and children’s attorneys’ compensation should be equal to county or child welfare agency attorneys’ compensation, and consistent with other publicly-funded attorneys’ compensation[.]”

ABA Assessment of California’s Budgetary Changes

In 2020, the American Bar Association’s Center on Children and the Law issued an Assessment of the Effects of Funding Changes on Legal Presentation Quality in California Dependency Cases.³¹⁶ Specifically, “the assessment focused on how increases or decreases in funding affected factors associated with high-quality representation, such as staff recruitment and retention, manageable caseloads, multidisciplinary models of practice, out-of-court advocacy, time meeting with clients, and causes for case delays.”³¹⁷ The study concluded that quantitative

³¹¹ California Blue Ribbon Commission on Children in Foster Care, *Fostering a New Future*, 17.

³¹² Judicial Council of California, *Juvenile Dependency: Court-Appointed– Counsel Funding Reallocation* (San Francisco: 2015).

³¹³ Judicial Council of California, *Juvenile Dependency: Court-Appointed Dependency Counsel Workload and Funding Methodology* (San Francisco: 2016).

³¹⁴ The Family Justice Institute is “a national collaborative of children’s attorneys, parents’ attorneys, educators, researchers, national policy advocates, and lived experience experts” that is “led by the ABA Center on Children and the Law, the Children’s Law Center of California, and the Washington State Office of Public Defense.” See <https://familyjusticeinitiative.org/>.

³¹⁵ Family Justice Initiative, *Attributes of High-Quality Legal Representation*.

³¹⁶ American Bar Association Center on Children and the Law, *Effects of Funding Changes on Legal Representation Quality in California Dependency Cases* (2020).

³¹⁷ American Bar Association Center on Children and the Law, *Effects of Funding Changes*, 5–6.

and qualitative data indicated that increasing funding had a direct positive impact “on several factors that affect legal representation quality, such as attorney recruitment and retention, multidisciplinary legal practice, caseloads, workload per case, and case delays.”³¹⁸

Strengths

Appointed counsel in Riverside County are committed to providing high-quality representation to their clients. Appointed counsel, despite reporting high caseloads and relatively low compensation, stated that they have maintained the important ability to visit or speak with each juvenile client prior to their respective court hearings. Moreover, appointed counsel reported that they have self-regulated to keep caseloads between 180 and 200 cases per attorney. Even though that caseload exceeds the Judicial Council’s recommendation, the appointed counsel with whom we spoke believe their workload is manageable, although noting that the sheer volume of work is “daunting.”

In Riverside County, appointed counsel are assisted by a small team of social workers. These positions require specialized skill sets, including knowledge of DPSS, child welfare, and the Juvenile Court. These social workers received plaudits from the attorneys they work with, including one attorney who stated, “I find them to be very helpful. There are some cases where they really can turn it around, get through to a client or provide a perspective to the attorney that wasn’t there before.” Compared to CSD social workers, who often can only stay with a case for a short duration due to social worker specialization, the social workers who assist appointed counsel have long-term client relationships resulting in them being trusted resources for attorneys and clients alike.

Opportunities

The Family First Prevention Services Act (FFPSA) provided access to Title IV-E funding to support expanded legal representation in juvenile dependency cases. The Judicial Council of California has issued guidance on how counties might access additional funds.

Areas in Need of Improvement

Caseloads

Two appointed attorneys reported that their current caseload (approximately 200 cases) was more manageable in comparison to previous years when it was “much worse.” Nevertheless, carrying 200 open cases conflicts with the Judicial Council and AHA’s finding that the optimal level of service is achieved with no more than 141 cases per attorney, or no more than 188 for

³¹⁸ American Bar Association Center on Children and the Law, *Effects of Funding Changes*, 1.

attorneys assisted by an investigator and/or social worker. It is well accepted that lower caseloads lead to better client service. In interviews, appointed counsel acknowledged that juvenile representation is challenging because of communication, transportation, and developmental barriers, therefore time with juvenile clients is at a premium. Lower caseloads would make finding this time easier.

Compensation

Some appointed attorneys believe that their compensation is low and they have had little room to negotiate. They are currently paid a fixed dollar amount per appointment. Total monthly compensation is a reflection of an invoice for an identical, projected number of appointments (i.e., 100) multiplied by the flat-fee.

Hourly rates are generally viewed as preferable to flat-fee compensation because hourly rates ensure that attorneys are compensated for actual work performed. Indeed, the State Bar has found that flat-fee or per-case arrangements in criminal proceedings provide a disincentive for counsel to represent clients diligently because it is set regardless of the amount of time an attorney spends on a case.³¹⁹ In other words, not only are hourly rates likely the fairest way to compensate appointed counsel, they also support higher quality legal services. Appointed counsel in juvenile dependency proceedings represent some of the most vulnerable members of our society. An hourly compensation model would go far to advance clients' interests, and the interests of justice.

Moreover, it appears that some appointed counsel may not be receiving full compensation under their current contracts. The contract provides that "[o]n a quarterly basis," the [County] and [appointed counsel] shall reconcile the caseload for the previous three months to determine if the actual caseload was higher or lower than the estimated appointments...and shall reconcile and adjust payment accordingly."³²⁰ Thus, contrary to some appointed counsel's belief, they are not necessarily paid the same amount each month. Rather, if appointed on more cases than previously estimated by the contract, appointed counsel are to be compensated for the additional cases.

Recommendations

1. **Reduce caseloads.** As it was reported that appointed counsel currently carry approximately 200 cases, it is important to recognize that the 141/188 caseload threshold created by the Judicial Council/AHA correlates to the *minimum* standard of

³¹⁹ The State Bar of California, *Guidelines on Indigent Defense Services Delivery Systems* (San Francisco: 2006).

³²⁰ See Agreement for Non-IT Goods and/or Services Between The Superior Court of California, County of Riverside and Law Offices, Agreement Nos. Admin-10135-0-6/19 and Admin-10136-0-6/19.

care. Accordingly, every effort should be made to ensure that caseloads keep within or below the recommended range.

2. **Ensure payment on each appointment.** Based on our interviews, there appears to be confusion regarding how the County pays appointed counsel for their case assignments. Appointed counsel have reported that they are paid the “same amount every month” and they are not “paid on a per-case basis.” However, as described previously, they should regularly reconcile their estimated appointments with their actual appointments.³²¹ This reconciliation system is necessary because the contract requires that appointed counsel submit an invoice for the same, preset number of appointments each month. To avoid confusion and streamline payment, the contract should be revised to allow appointed counsel to submit invoices for the actual number of appointments each month. This would result in counsel being paid for all work performed.
3. **Conduct a flat-fee compensation analysis.** Some appointed counsel reported that they perceive their rate to be low. In alignment with the Judicial Council’s and FJI’s recommendations, the County should conduct a study to ensure that the negotiated flat-fee rates are adequate for the attorneys’ practice, accounting for overhead and other costs borne by private professionals and, that at a minimum, compensation is equal to county or child welfare agency attorneys’ compensation.
4. **Consider the feasibility of an hourly rate compensation structure.** It is unclear whether appointed counsel is interested in a transition to hourly rate payments. Nevertheless, in keeping with the 2006 State Bar Guidelines on Indigent Defense Services, and in consultation with the panel of appointed counsel, the County should consider whether an hourly compensation structure for appointed juvenile dependency counsel would positively impact the level of representation and be feasible in Riverside County.
5. **Implement a feedback system that captures client voice.** Appointed counsel represent some of the most vulnerable members of our society: children who are at risk of having their voices and concerns go unheard. Thus, to the extent practicable, recognizing age and maturity level limitations, appointed counsel should devise a formal client feedback system to make sure that their clients are given the opportunity to voice their needs and concerns on a regular basis.

³²¹ See Agreement for Non-IT Goods and/or Services Between The Superior Court of California, County of Riverside and Law Offices, Agreement Nos. Admin-10135-0-6/19 and Admin-10136-0-6/19.

Legal Representation in Conservatorship and Guardianship Proceedings

As with juvenile dependency proceedings, effective legal representation in conservatorship and guardianship proceedings is critical to protecting the rights of potential conservatees, conservatees, proposed wards, and wards. It is of the utmost importance that court-appointed counsel have manageable caseloads and that they be sufficiently compensated for their work.

Context

California statutes permit, and sometimes mandate, appointment of counsel in guardianship and conservatorship proceedings for unrepresented parties.³²² These court-appointed attorneys must have specific qualifications and meet continuing education requirements.³²³ If the court appoints counsel in conservatorship or guardianship proceedings, Riverside County is legally required to pay for any legal fees that these individuals cannot afford.³²⁴

Court-appointed counsel serve prospective OPG clients by representing them during the process of appointment of OPG in conservatorship proceedings. They also serve clients after OPG has been appointed, at a minimum through a compliance period of about 80 days following appointment, and longer if necessary. They play a critical role for conservatees in voicing concerns. For example, a conservatee may want to work toward restoration of rights, may have a complaint about the facility where he or she has been placed, or may want to return home and needs the support to do so. There also may be family conflicts, medical decisions with which the conservatee disagrees, or concerns about financial expenditures.

The County's Efforts to Provide Court-Appointed Counsel in Guardianship and Conservatorship Proceedings

Riverside County has entered into an agreement with a law firm to provide legal services for indigent individuals who are subject to guardianship and conservatorship proceedings. Riverside County selected the firm through a public bidding process, and the designated firm (Designated Firm) has been providing these services for the County since December 18, 2012. The current contract is for July 1, 2020, through June 20, 2023.

³²² See e.g., Cal. Prob. Code §§ 1470, 1471, 1852, 2356.5, 2357, 3140, 3205 and Cal. Welf. & Inst. Code §§ 5276, 5302, 5346, 5350.5, 5365, 5465.

³²³ Cal. Prob. Code § 1456; Cal. Rules of Court Rules 7.1101–1103.

³²⁴ See e.g., Cal. Prob. Code §§ 1470(c)(3); 1472(b); Cal. Gov't Code § 27706(d).

Under the contract's terms, the Designated Firm is expected to receive between 40 and 66 cases per month. Monthly compensation is \$41,515.00 for legal fees, and up to \$8,500 in expenses for the cases it receives in this range. However, if the Designated Firm receives more than 66 cases in a month, the contract provides that it will be compensated at a rate of \$730 per case (plus expenses) for each additional case. If the Designated Firm receives fewer than 40 cases a month, the parties agreed that the firm would pay back a portion of its legal fees to the County. The parties also agreed that they would make adjustments to the agreement as necessary to modify the caseload range and associated compensation in the event that the monthly caseloads did not fall within the expected range.

Relevant Studies on Compensation Models and Caseload Limits

Contracts by which counties in California provide for court-appointed counsel in guardianship and conservatorship proceedings have not been thoroughly studied. However, studies into juvenile dependency proceedings and the State Bar of California's Guidelines on Indigent Defense Services, as referenced previously, provide insight into the benefits of manageable caseloads and adequate compensation.

The Designated Firm's Appointment Under the Agreement with the County

Cases Received Between 2018 and 2021

Pursuant to its contract, the Designated Firm submits monthly summary reports to the County that detail its work over the past month. The data indicate that the firm was assigned 4,083 new cases from 2018 to 2021 (or approximately 85 new cases a month) and closed approximately 2,580 cases over this period (or approximately 54 cases a month). Accordingly, the firm's net caseload has increased by approximately 1,503 cases (or 31 cases a month) between January 2018 and December 2021.

Figure 24: Cases Received Between 2018 and 2021

| | 2018 | 2019 | 2020 | 2021 | TOTAL | MONTHLY AVG. |
|------------------------------|------|------|------|------|-------|-----------------|
| CONSERVATORSHIP | | | | | | |
| Conservatorship appointments | 465 | 450 | 456 | 471 | 1,842 | 38 |

| | 2018 | 2019 | 2020 | 2021 | TOTAL | MONTHLY AVG. |
|------------------------------|-------|-------|------|------|-------|-----------------|
| Conservatorship cases closed | 322 | 179 | 361 | 407 | 1,269 | 26 |
| Net | 143 | 271 | 95 | 64 | 573 | 12 |
| GUARDIANSHIP | | | | | | |
| Guardianship appointments | 709 | 612 | 434 | 486 | 2,241 | 47 |
| Guardianship cases closed | 428 | 228 | 300 | 355 | 1,311 | 27 |
| Net | 281 | 384 | 134 | 131 | 930 | 19 |
| COMBINED: | | | | | | |
| Total appointments | 1,174 | 1,062 | 890 | 957 | 4,083 | 85 |
| Total cases closed | 750 | 407 | 661 | 762 | 2,580 | 54 |
| Net | 424 | 655 | 229 | 195 | 1,503 | 31 |

The Designated Firm's Total Caseload

The data indicate that as of December 2021, the Designated Firm had a total caseload of between 2,932 and 4,505 open cases. In total, the Designated Firm appears to have incurred between 113,794 and 114,690 hours on these cases, for an average of approximately 13 hours per case.

Figure 25: Total Caseload

| Jan 2013–Dec. 2021 (est.) | |
|-------------------------------------|---------------------|
| CONSERVATORSHIP | |
| Conservatorship appointments | 3,517–3,829 |
| Conservatorship cases closed | 2,322–2,334 |
| Conservatorship cases open | 1,195–1,495 |
| Time spent on Conservatorship cases | 54,623.63–54,625.02 |
| GUARDIANSHIP | |

| | |
|----------------------------------|---------------------|
| Guardianship appointments | 5,182–5,208 |
| Guardianship cases closed | 2,184–3,459 |
| Guardianship cases open | 1,749–2,998 |
| Time spent on Guardianship cases | 59,170.4–60,065.373 |
| TOTAL: | |
| Total appointments | 8,725–9,011 |
| Total cases closed | 4,506–5,793 |
| Total cases still open | 2,932–4,505 |
| Total Hour spent | 113,794–114,690 |
| Hours per Appointment | 12.7–13.1 |

Compensation Under Current Contract for Work from January 2018 to December 2021

If the current contract rates were applied to the entire period of 2018–2021, the Designated Firm would have been paid approximately \$675,387.50 a year, at a rate of \$665.11 per case.

Figure 26: Compensation Under Current Contract for Work from January 2018 to December 2021

| | 2018 | 2019 | 2020 | 2021 | Total |
|-------------------------------|--------------|--------------|--------------|--------------|----------------|
| Cases | 1174 | 1062 | 890 | 957 | 4,083 |
| Yearly Total | \$777,770.00 | \$695,280.00 | \$597,460.00 | \$631,040.00 | \$2,701,550.00 |
| Average Paid Per Month | \$64,814.17 | \$57,940.00 | \$49,788.33 | \$52,586.67 | \$56,282.29 |
| Amount Paid Per Case | \$661.33 | \$654.00 | \$684.85 | \$660.26 | \$665.11 |

Strengths

Despite high caseloads and a rigid compensation structure that fails to adequately compensate the Designated Firm for the breadth of its services, the Designated Firm is determined to provide quality representation in conservatorship and guardianship proceedings.

First, it is notable that Riverside County appoints counsel—the Designated Firm—prior to and after the establishment of a conservatorship or guardianship. This is reported to be a departure from many other California counties that only offer appointed counsel up to the establishment of the conservatorship or guardianship. Accordingly, under Riverside County’s system, the Designated Firm performs post-conservatorship/guardianship annual reviews where the Designated Firm’s lawyers meet with their clients to address any concerns and, if necessary, seek redress from the court.

Second, the Designated Firm reported that it often provides legal and counseling services beyond the scope of its contract. These services include crisis counseling, visitation dispute resolution, education counseling, grade reviews, and social services/assistance programs counseling. The Designated Firm is not compensated for these services; but as was reported to us, when the Designated Firm’s phone rings, it wants to answer the call for the benefit of its clients.

Third, the Designated Firm has reported that the Probate Court routinely asks it to undertake tasks outside the contract’s scope. For example, the Designated Firm might review complex case files to assist the court in redacting confidential information before giving a copy to a requesting party. Feeling obligated to comply with the court’s request, the Designated Firm performs these extra-contractual—and thus unpaid—services.

Fourth, despite the financial metrics being challenging, the Designated Firm has reported that it has developed internal staffing efficiencies to address the immense workload. Indeed, the benefit of an experienced Designated Firm includes familiarity with the County’s judicial system and processes; County personnel, including County Counsel; and proven solutions to address recurring issues with respect to their clients. The Designated Firm has been able to absorb a 10 percent compensation reduction in the last few years because of increased efficiency—a direct byproduct of the Designated Firm’s experience.³²⁵

³²⁵ The Designated Firm has agreed to two 5% reductions in total compensation. The first reduction was approved by the County’s Board of Supervisors on December 12, 2017 for the period February 1, 2018 through June 30, 2020. The second 5% reduction covers the existing contract term: July 1, 2020 through June 30, 2023.

Areas in Need of Improvement

While the Designated Firm has claimed to have been able to effectively represent the needs of its clients to date, increasing caseloads and rising financial pressures will eventually make current practices unsustainable. Thus, the County should examine the Designated Firm's compensation structure to better align the value of services performed with actual compensation. Doing so will ensure that attorneys provide the necessary legal services as well as desirable counseling services, which will not only advance the safety and well-being of the Designated Firm's clients, but also lessen the burden on the congested judicial system.

The current contract is concerning in three ways:

1. **Flat-fee compensation is suboptimal.** As explained previously, the State Bar generally favors hourly rate compensation because it ensures that counsel is adequately compensated and avoids any conflict between the interests of counsel and clients.
2. **The current contract underestimates future attorney caseload and does not account for the additional costs of extraordinary cases.** The State Bar recommends that any compensation agreement for representation of indigent clients be "based on reliable statistical caseload data, and only in conjunction with a method, specified in the contract, for increasing compensation to account for increases in caseload size or the cost of defending extraordinary cases."³²⁶ The current contract does neither.
 - a. **Extraordinary cases are not accounted for.** There is no provision to compensate the Designated Firm fairly for additional legal services in extraordinary cases, i.e., cases involving complex legal issues, issues of first impression, numerous clients, and/or particularly egregious factual circumstances. While the Designated Firm has thus far absorbed the additional fees and costs associated with providing representation in extraordinary cases, it is unfair for them to do so as their extraordinary caseload grows. Indeed, counsel from the Designated Firm acknowledged in interviews that if additional resources are not provided, they may have to curtail extra-contractual services (i.e., education assistance, crisis counseling, etc.). These are undoubtedly important to their clients' well-being. The contract should include a provision for additional payment (preferably on an hourly basis) to the Designated Firm in extraordinary cases.

³²⁶ The State Bar of California, *Guidelines on Indigent Defense Services Delivery Systems* (San Francisco: 2006).

This begs the question: who should determine when a case is extraordinary? The Designated Firm has suggested that it should be the Court. This makes sense, at first glance, given the Court's proximity to the docket, familiarity with factual and legal issues in conservatorship/guardianship matters, and objectivity. It is likely that the Court can readily compare a case's facts and issues to other pending matters, and make a determination regarding its unique, complex nature. However, imposing additional responsibilities on the County's judges may not be the best solution. Moreover, the Court is not an advocate for the conservatee or ward. It must balance the interests of justice with efficiency and case management, which may work against a decision to designate a case as extraordinary.

For all these reasons, we believe the Public Defender would be a better alternative for designating a case as extraordinary. The Public Defender has a roster of attorneys experienced in evaluating legal issues under time constraints, and it has the resources to assess cases for extraordinary circumstances quickly and efficiently. Moreover, just like the Designated Firm, the Public Defender also engages in a client-centered practice, which lends itself to an alignment of goals. This alignment will ensure less disagreement and delay with respect to designating a case as extraordinary, thereby prioritizing the availability of adequate financial resources for individualized representation in "extraordinary" cases.

- b. Caseloads are rising.** Furthermore, the caseload assumptions used for setting the Designated Firm's compensation—that the Designated Firm would receive between 40 and 66 cases a month—underestimates the number of new cases actually assigned. Indeed, between January 2018 and December 2021, the Designated Firm was never assigned fewer than 40 cases in a month, and only received less than 67 cases 8 out of the 48 months.

Issues surrounding an increasing caseload will only worsen. Prior to January 1, 2022, Cal. Prob. Code § 1471 required the court to appoint counsel to represent the interests of a conservatee, proposed conservatee, or person alleged to lack legal capacity (i) who is unable to retain legal counsel and (ii) requests the appointment of counsel to assist them in particular probate proceedings. But since passage of Assembly Bill No. 1194, the court is now required to appoint private counsel if the conservatee or proposed conservatee has not retained legal counsel and does not plan to. Under this new standard, counsel will be appointed much more frequently to address the interests of conservatees or proposed conservatees. As a result, the Designated Firm's already high caseload will increase substantially, making it even more necessary to compensate the Designated Firm adequately.

- c. Recent compensation cut.** Given the increasing caseload, the Designated Firm's compensation should not be reduced. It has agreed to two 5 percent reductions in the contract's total compensation. The first reduction was for the period February 1, 2018, through June 30, 2020. The second 5 percent reduction covers the existing contract term: July 1, 2020, through June 30, 2023. While it is commendable that the Designated Firm has developed efficiencies in its workflow in response to the reduction, the burgeoning caseload suggests it will not be able to staff cases adequately without additional resources. The County should not be reducing the Designated Firm's compensation; rather it should align the Designated Firm's compensation with the services actually rendered—this is commensurate with best practices.
- 3. The contract's public defender provision is not enforced.** The contract requires that the Designated Firm submit monthly reports to the Public Defender detailing its work. Instead, it has been providing these reports to the County Administrative Center, which has not been forwarding them to the Public Defender. As a consequence, an important contractual provision is not being enforced, and neither the County nor the Public Defender have sought to enforce it. In fact, according to the Designated Firm, the provision may be superfluous—a provision that was unintentionally included in the contract given the Designated Firm's robust scope of services compared to the Public Defender's menial role.

Recommendations

- 1. Incorporate an extraordinary case fee provision.** The County should revise the Designated Firm's contract to include an extraordinary-case fee provision. If a case is designated extraordinary, the Designated Firm should be paid on an hourly basis for work performed on the extraordinary case. Alternatively, the contract should include an additional flat-fee payment per extraordinary case. However, as discussed previously, flat-fee arrangements are not considered to be best practice. Given its client-centered focus, experience, and ability to analyze legal and factual issues in a timely manner, the Public Defender should be responsible for designating a case extraordinary, with the Court a secondary alternative.
- 2. Consider performing a flat-fee compensation analysis.** Increasing the Designated Firm's flat-fee per case should, in turn, lead to better client service and outcomes. The Designated Firm has expressed a clear preference for flat-fee compensation. Under the current plan, it is receiving \$665.11 per case (see Figure 26 *supra*). Dividing \$665.11 by 13—the average amount of hours devoted to each case—yields approximately \$50 per hour. As caseloads increase, the Designated Firm will likely find it more difficult to devote 13 or more hours to each case. To keep up with rising demand and to provide

the same level of service, it will likely need to assign additional attorneys to its appointed matters. In turn, its expenses will increase. Therefore it is in the County's interest to adjust the flat-rate per case upward.³²⁷ This would align with the Judicial Council's and FJI's recommendations that flat-fee rates be "adequate for the attorneys' practice, accounting for overhead and other costs borne by private professionals[.]"³²⁸

3. **Set caseload limits.** It is advisable to research what the appropriate caseload limit should be for an attorney providing representation in these types of matters. This research has not been completed. As explained previously, however, in response to its commissioned study to determine a caseload cap, the Judicial Council recommended a limit of 141 juvenile dependency cases if counsel is working alone, and up to 188 cases if counsel is working with an investigator/social worker who spends half his/her time assisting on the cases.³²⁹ The Designated Firm's caseload has been increasing by 372 cases a year. That annual increase is expected to grow, specifically because of Assembly Bill (AB) 1194. The caseload expansion is compounded because in Riverside County—unlike in other California counties—the Designated Firm's representation continues after a conservator or guardian appointment. It must devote some time (i.e., annual reviews and client meetings) to legacy cases. Therefore, to prevent the Designated Firm from becoming overwhelmed with the expected groundswell of conservatee matters, the County should set a caseload limit per attorney. To do so, it should work with the Designated Firm as well as other experts in the field to determine the appropriate ceiling in light of the unique characteristics of these types of cases.
4. **Consider the feasibility of an hourly rate compensation structure.** The Designated Firm has indicated a clear preference for a flat-fee structure at this time. However, in keeping with the 2006 State Bar Guidelines on Indigent Defense Services, it should periodically revisit whether paying attorneys hourly would be feasible and beneficial to the clients being served.
5. **Implement a feedback system that captures clients' voices.** The Designated Firm is appointed at the Court's discretion when conservatees do not have the means to select and retain an attorney of their choosing.³³⁰ As in all circumstances when counsel

³²⁷ The Designated Firm also reported that it would be interested in exploring a task-based compensation model, which is a more advanced, detailed flat-fee arrangement. Under a task-based compensation model, the Designated Firm would be paid a flat-fee for each discrete component of its representation. A task-based compensation model is a more precise form of compensation because it is based on the Designated Firm's expected time investment for each component of its representation. However, this model will increase administrative oversight and management at the Designated Firm and for the County.

³²⁸ Family Justice Initiative, *Attributes of High-Quality Legal Representation*.

³²⁹ Family Justice Initiative, *Attributes of High-Quality Legal Representation*.

³³⁰ It should be noted that Cal. Prob. Code § 1471 was recently revised. Pursuant to subd. (d), "[i]f a conservatee, proposed conservatee, or person alleged to lack legal capacity expresses a preference for a particular attorney to represent them, the court shall allow representation by the preferred attorney, even

is appointed, client satisfaction cannot be assumed. Accordingly, the Designated Firm should devise a formal client feedback system that measures client satisfaction. If, for any reason, a client believes that their interests are not being adequately represented, the Designated Firm can then make the necessary adjustments to prioritize their desired outcomes.

Relatedly, the County should draft an informational document that summarizes the various roles and responsibilities of the persons involved in conservatorships and guardianships. Conservatees and their families are often new to the justice system and social services administration. It is not uncommon for them to lack knowledge regarding the roles and responsibilities of the Designated Firm, the Court, OPG, and County Counsel. Having clear definitions will help conservatees understand the process.

if the attorney is not on the court's list of [] court-appointed attorneys." Because Cal. Prob. Code § 1471(d) took effect this year, the impact of this provision on the Designated Firm's appointment rate is uncertain.

Chapter 5: Self-Sufficiency Programs

Context

It is common for Riverside County residents in unstable circumstances—including clients of CSD and OPG—to need a variety of services that support their efforts to establish economic stability. For example, TAY, parents seeking reunification, and adults may require support accessing affordable housing, food assistance, financial education, credit recovery services, health insurance, or medical providers. DPSS administers a variety of programs that are largely state and federally funded, to help low-income county residents meet their basic needs.³³¹ In some situations, DPSS’ Self-Sufficiency division is itself a provider. Our inquiry examined the services outlined in Figure 27 below.

Figure 27: Self-Sufficiency Programs

| Type of Assistance | Program | Description | # Served |
|--------------------|-------------------------------|---|-------------------|
| Food | CalFresh ³³² | Buying groceries | 200,000/ month |
| Housing | Housing Support Program (HSP) | Motel and hotel vouchers for CalWorks and General Assistance clients at risk of homelessness. | 155/ FY 2020–2021 |
| Health Care | Medi-Cal | Health insurance and referrals to Covered California and Medically Indigent Services Programs | 749,000/ month |

³³¹ Agency programs that are beyond the scope of this inquiry include child care and employment services for CalWORKS families, other employment services focus on pathways to becoming home care providers for the In-home Supportive Services Program, and an annual job expo.

³³² In California, most federal programs have been renamed. For example, the Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) is CalFresh in California. Temporary Assistance for Needy Families (TANF) is CalWORKS. Medicaid is Medi-Cal.

| Type of Assistance | Program | Description | # Served |
|---------------------|--|-----------------------|---------------|
| Cash ³³³ | CalWORKS | Monthly cash payments | 46,000/ month |
| | General Assistance (GA) ³³⁴ | | 2,000/ month |
| | Refugee Cash Assistance | | unspecified |

While thousands of county residents receive support in these four areas, there is still a significant gap between DPSS-administered benefits and the level of need. The cost of living is high in Riverside County; the current Self-Sufficiency Standard for California³³⁵ (SSS) pegs the monthly cost of living for a single adult in Riverside County at more than \$2,400. For context, this is well above the maximum monthly net income of \$1074 to be eligible for CalFresh.³³⁶ It is common for people to need more food and housing assistance than is provided by these programs.

Strengths

The Self-Sufficiency Division's greatest strengths are its intentional efforts to enable collaboration across programs and its ability to leverage state funds for investment in local resources and initiatives.

Service Integration Efforts

DPSS has launched several initiatives to encourage integration of services and make it easier for clients to access them, with varying levels of success.

Co-locating Eligibility Workers

Medi-Cal, CalFresh, and CalWORKS eligibility workers are now embedded at some county clinics and in mobile outreach efforts, making it easier for eligible people to enroll in all three. Eligibility workers can also provide direct referrals to behavioral health, substance abuse, and related counseling services, and in some cases, the housing team. However, DPSS leadership acknowledges the challenges of training staff on a wide variety of support programs: "not

³³³ SSI payments are excluded from this list because they are not administered by DPSS.

³³⁴ Caseloads from Riverside County Department of Public Social Services Annual Report 2020/2021, p. 42–43.

³³⁵ Center for Women's Welfare, "The Self-Sufficiency Standard – California," School of Social Work at University of Washington. Accessed June 6, 2022.

³³⁶ California Food Stamps, "CalFresh Riverside County," Last updated on March 5, 2022.

everybody knows what all those programs are.” The main focus of eligibility technicians is understandably on properly administering the program at hand rather than piecing together a patchwork of services.

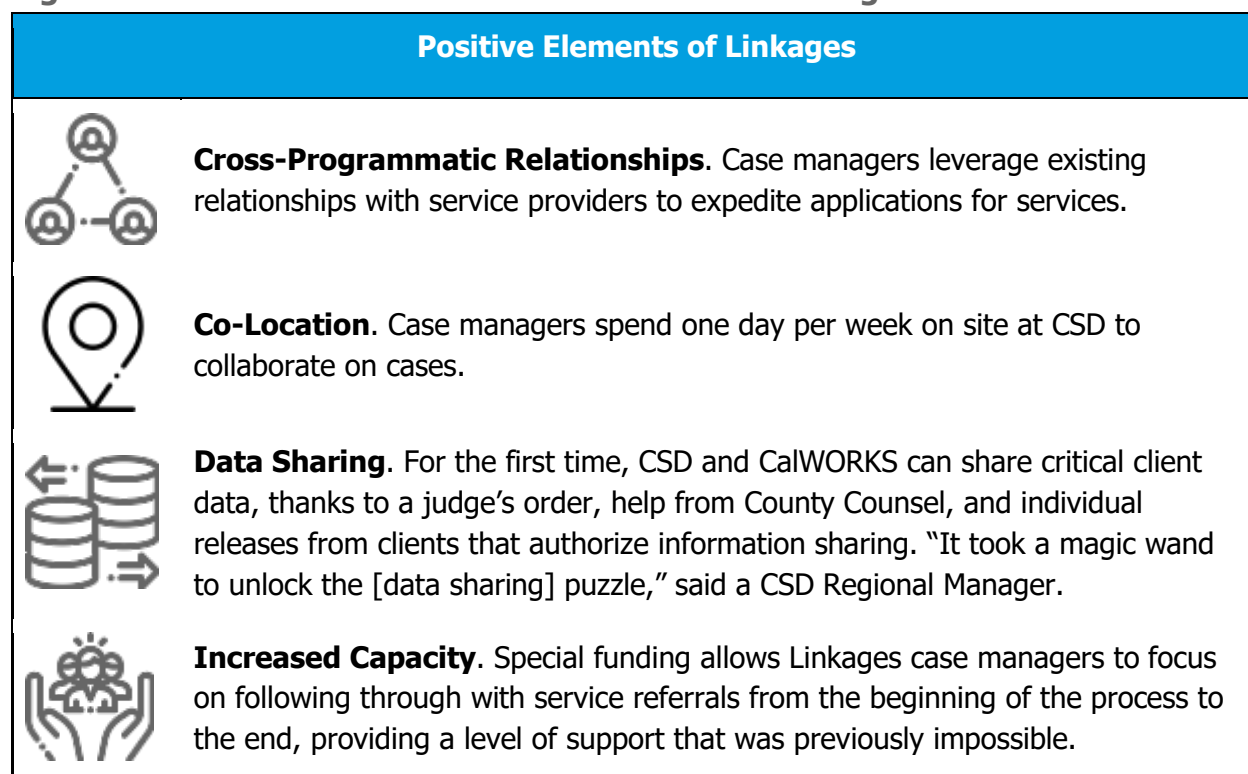
Collaborative Case Management and Multidisciplinary Teams

ASD participates in multidisciplinary teams with partners throughout the county on Housing First efforts. Housing First prioritizes securing permanent housing without pre-conditions such as drug testing or employment. Social workers from ASD are also assigned to each senior beneficiary of Project HomeKey, a new state housing initiative, to help them access other benefits and supportive services.

The Linkages program³³⁷ is a new collaboration between the CSD and DPSS Self-Sufficiency programs to connect at-risk populations with diverse services and supports. Launched in Riverside County with a soft roll-out in the Hemet/Diamond Valley Region in May 2021, it aims to provide all-inclusive and intensive case management to mutual clients, with funding from the CalWORKS’ Welfare to Work (WTW) program. Linkages’ case management is provided by WTW Employment Services Counselors in Self-Sufficiency. They receive referrals from CSD and then collaborate on the cases. The target population is individuals who qualify for CalWORKS and also have an open CSD investigation or an open adjudicated CSD case in Family Reunification (FR), Family Maintenance (FM) and/or Family Maintenance Voluntary (FMV). Services include: Homeless Assistance, Mental Health, Substance Abuse, Domestic Abuse (Anger Management/Domestic Violence), Housing Support Services (HSP), Family Stabilization Services (FSS), and Employment Services.

³³⁷ Content in this section is supplemented by details provided by Regional Managers from Self-Sufficiency and CSD on 3/2/2022.

Figure 28: Staff-identified Positive Elements of Linkages



While some interviews reflect that Linkages has had a positive impact so far, it is available only to clients that meet specific criteria and is constrained by limited funding. In phase two of the roll-out, the County plans to hire dedicated staff to ensure that every eligible CSD case is referred. DPSS has tasked the data team with extracting matched/mutual client lists for CalWORKS and CSD. CalWORKS Linkages staff and CSD Social Workers will then reach out to these clients to encourage them to enroll. Unfortunately, the program's effectiveness is also inherently limited by the availability of services that clients might need; affordable housing, for example, is in limited supply.

Investment in Affordable Housing

Riverside County and one city within it, have successfully leveraged state funding from Project Homekey to increase the inventory of affordable housing and to expand services.

The County used \$10.5 million to convert a hotel, a mobile home park, and a 52-bed housing community into permanent affordable housing for people experiencing homelessness. In addition, the City of Lake Elsinore received \$3.1 million to acquire, rehab, and operate a former

hotel to provide 14 transitional housing units for up to 28 residents.³³⁸ While these projects will take some pressure off the demand for permanent housing solutions for the highest risk populations, the overall demand for affordable housing remains high; in 2020, the most recent point-in-time survey of the county, there were 2,884 unhoused adults and children.³³⁹

In Fiscal Year (FY) 2020–2021, DPSS expanded support services to homeless and unstably housed ASD clients through the Crisis Response and Intervention Services (CRIS) unit. This investment enlarged the team of ASD social workers skilled in providing targeted, short-term interventions, such as securing Section 8 vouchers and improving existing housing circumstances.³⁴⁰

CalFresh Outreach

DPSS has launched a mobile outreach effort in response to low CalFresh enrollment in some communities. Leadership attributes low enrollment to lack of awareness of the program, misunderstandings about program eligibility, fear related to immigration or reduction in other benefits, and stigma. To overcome these barriers, staff on the mobile team will travel by van to underserved communities to take applications, scan verification, and issue electronic benefit transfer (EBT) cards for CalFresh, Medi-Cal, and CalWORKS. Though the outreach is a CalFresh initiative, DPSS has increased the value of this service to clients by offering support for applications to all three programs.

Opportunities

As Riverside County works to improve its structure, technology, business practices, and service integrations, DPSS can benefit by both participating in these efforts, and using them as a model for its own reforms.

County-wide Technology and Service Integration Efforts

The Riverside County Board of Supervisors recently authorized multiple departments to initiate the development of an integrated and comprehensive county health and human services system, having acknowledged that “the County of Riverside’s most vulnerable, high-need residents require coordinated services that holistically address multiple needs of the person or within a family.” They charged county leaders to “pursue the development of the interdepartmental multidisciplinary team, an integrated data information hub, a system of governance and partnerships with community-based organizations and academic institutions,

³³⁸ Riverside County, “County Awarded \$10.5 Million for New Housing Efforts.”

³³⁹ Riverside County DPSS, *2020 Homeless Point-in-Time Count and Survey* (June 2020).

³⁴⁰ Riverside County DPSS, *Annual Report*, p. 11.

which would be subject to approval by the Board when each prong is developed.”³⁴¹ There is a lot of work to do.

One presentation in support of the initiative described the labyrinthine landscape wherein over a million residents are served by six human services departments offering more than a hundred programs with myriad case management systems and client databases.³⁴² While the focus of this effort is on cross-departmental integration, not cross-program integration within each department, it has created an excellent opportunity for DPSS to participate and align its internal programs with the larger county-wide effort. It is possible that the cross-departmental initiative will yield significant benefits within DPSS.

Initial planning work for the integration has reframed the role of county human services as focused on whole person care³⁴³ and identified five guiding principles also relevant to DPSS:

1. **Coordination.** Connect the different parts and sectors of the existing system comprehensively.
2. **Alignment.** Provide coherence across system-wide tasks like data collection, quality standards, and outcome measurement, breaking down silos associated with administration of funding and oversight.
3. **Sustainability.** Navigate political and administrative changes and be designed to best account for the breadth of the system’s reach.
4. **Efficiency.** Allocate resources wisely, reduce duplication of effort, and seek innovative financing solutions.
5. **Accountability.** Be accountable to all system partners and stakeholders in terms of quality, equity, and outcomes, and hold services and programs accountable for their performance.

DPSS Business Process Improvement Projects

The DPSS Self-Sufficiency Division has begun collaborating with the California Department of Social Services to revamp the agency’s business processes. The goal is to connect families to services more efficiently and to distribute work more equitably to staff. The strategies they are implementing include:

1. **First contact resolution processes,** with the goal of providing same-day determinations as often as possible. The County is monitoring denial rates, with the expectation that they will decline due to fewer missed CalFresh interviews. They also

³⁴¹ Riverside County Board of Supervisors, Resolution No. 2021–180.

³⁴² Transformation Planning for an Integrated Health and Human Services Delivery System, December 16, 2021 presentation.

³⁴³ Transformation Planning for an Integrated Health and Human Services Delivery System, December 16, 2021 presentation.

expect that this will reduce the average number of days it takes to process an application. In a related effort, the County has adjusted staffing models for fielding questions that come through its phone interactive voice response (IVR) system. Riverside CalFresh has restructured staffing to include eligibility technicians as a part of the team that handles client questions from people whose workers are not available.

2. **Shared workload processes** that connect clients to the next available staff member with the appropriate skills to complete the task. Rather than each case going to a specific worker, cases are assigned available workers as they are received.
3. **Standardization of procedures and tools.** All case actions and family interactions must be conducted using the established UPWARD Standard Operating Procedures (SOP) and standardized Consistency Tools. This reduces inconsistencies between offices and facilitates a move to a shared workload process across offices already in process.

In addition to tracking high-level metrics, the County is monitoring the effectiveness of these new strategies with a new technology system that allows them to see activity at the worker level. Managers can follow up with individual workers on potential issues in real time. This promising business improvement initiative has strong potential to make a positive impact on clients' ability to access services.

Areas in Need of Improvement

CalFresh is Often Not Enough to Cover Food Costs

The SSS suggests food costs nearly \$270 per month, while the maximum CalFresh benefit for a single adult is \$204.³⁴⁴ A national survey of SNAP recipients found that affordability of foods was the "most common barrier" to accessing a healthy diet.³⁴⁵ Pandemic emergency allocations allowed for all CalFresh households to receive the maximum benefit, which made a positive, if temporary, difference for many households. When asked about the adequacy of CalFresh benefits, the local food bank's program staff shared that most people on CalFresh still need emergency food assistance. Given that CalFresh assistance rates are set at the federal level, addressing food insecurity requires a more systemic approach with additional local investments and coordination. Food cost inflation has exacerbated this issue, with prices rising more than 8 percent in the last year.³⁴⁶

³⁴⁴ California Food Stamps, "CalFresh Riverside County," Last updated on March 5, 2022.

³⁴⁵ USDA Food and Nutrition Service, *Barriers that Constrain the Adequacy of Supplemental Nutrition Assistance Program (SNAP) Allotments (Summary)* (June 2021).

³⁴⁶ US Inflation Calculator. [Food Inflation in the United States \(1968–2022\)](#).

Affordable Housing Supply Remains Inadequate

The supply of affordable housing in Riverside County does not meet demand, and the housing supports that DPSS offers are limited in eligibility. The SSS estimates more than \$1,100 for rent and utilities in Riverside County,³⁴⁷ while median gross rents were nearly \$1,500 per month in 2019.³⁴⁸ Average rent for an apartment in the City of Riverside is \$2,074, with an average size of 848 square feet.³⁴⁹

Openings in affordable housing with higher subsidies are scarce and wait times for housing subsidies are infamously long, in some cases they are over a decade. DPSS administers several housing programs where eligibility is linked to enrollment in other DPSS programs. For example, the Housing Support Program is targeted to families who receive CalWORKS, and the motel and hotel voucher program³⁵⁰ is only available to CalWORKS and General Assistance recipients. In our survey of CSD case workers, housing availability emerged as the worst service availability challenge for parents seeking reunification. Fifty-seven percent of respondents indicated that housing supports were rarely or never available for this population, and 45 percent of respondents ranked the quality of housing supports as being of poor or very poor quality.

Even when a client is eligible for DPSS' rental assistance, it is common to have to wait several months to receive it. Local community-based service providers say eligibility guidelines can sometimes exclude even those with significant need. Veterans and people aged 75 or older are likely to spend a year on the waitlist for a Section 8 voucher in Riverside County. For others, the wait can range from 3 to 12 years.³⁵¹ For youth and families transitioning out of foster care, Riverside County offers HUD's Family Unification Program (FUP)³⁵² under Section 8, but available slots are taken quickly. The vouchers from this program are permanent for families, but for youth formerly in foster care, they expire after 18 months.

TAY leaving foster care are at high risk of homelessness in California, and housing programs that target their needs run out quickly. Riverside County's annual point-in-time homeless

³⁴⁷ Center for Women's Welfare, "Self Sufficiency Standard— California," School of Social Work at the University of Washington, Accessed June 6, 2022.

³⁴⁸ Department of Numbers, "Riverside County California Residential Rent and Rental Statistics," Accessed March 30, 2022.

³⁴⁹ Rentcafe.com, *Riverside, CA Rental Market Trends*. Accessed 3/30/2022.

<https://www.rentcafe.com/average-rent-market-trends/us/ca/riverside/>. According to this source, these numbers "var[y] greatly depending on unit type, with cheap and luxury alternatives for houses and apartments alike. Studio apartments are the smallest and most affordable, 1-bedroom apartments are closer to the average, while 2-bedroom apartments and 3-bedroom apartments offer a more generous square footage."

³⁵⁰ County of Riverside, "Hotel/Motel Vouchers."

³⁵¹ Jack Katzanet, "80,000 Applicants Wait for Section 8 Vouchers."

³⁵² US Department of Housing and Urban Development, "Family Unification Program (FUP)."

count³⁵³ found that 11 percent of the homeless population in 2020 was aged 18 to 24. Another 37 youth reported that they were couch surfing. Children aging out of foster care are at very high risk. In California, 20 percent of foster youth will become homeless the day they age out. Connecting TAY with affordable housing can be a challenge; nearly a quarter (23%) of respondents to our CSD staff survey indicated that CSD was either very unsuccessful or somewhat unsuccessful at connecting TAY with affordable housing. This area was ranked the least successful of all services we asked about.

Medi-Cal Services Can Be Difficult to Access

To support enrollment in Medi-Cal, health care navigators are stationed at DPSS offices to help applicants choose coverage. Those involved in this community-based assistance describe the Medi-Cal application process as relatively easy, but “accessibility to see a physician or to get care is kind of difficult. For some [the issue is that] the provider [is] in a different city or area. Transportation is often an issue.” Difficulty in finding a health care provider is an issue across California. In 2019, the California Health Care Foundation found that 11 percent of Medi-Cal participants statewide had difficulty finding primary care, and nearly a quarter had difficulty finding specialty care.³⁵⁴

True Service Integration Remains Elusive

While there is isolated progress in DPSS, and while OPG works with a range of partners, full integration of services is an ongoing challenge. Funding for service integration often comes from County general funds, for which there is significant competition. Pandemic pressures (increasing caseloads, staffing shortages, overall burnout) has made service integration work even harder to prioritize. In Riverside County, only 25 percent of Medi-Cal participants were also enrolled in CalFresh in October 2021, as compared to 30 percent statewide.³⁵⁵ County social workers describe learning and navigating the myriad of programs and benefits programs on their own, rather than accessing centralized sources of information, integrated applications, or streamlined service coordination on behalf of their clients.

Integrating housing services is especially challenging. Most housing support services in Riverside County are operated outside the purview of DPSS. Access to affordable housing is not well coordinated. Community-based services providers describe clients needing to navigate various systems and having to figure out a web of eligibility rules and application processes. A

³⁵³ Riverside County DPSS, *2020 Homeless Point-in-Time Count and Survey* (June 2020).

³⁵⁴ Len Finocchio, James Paci, and Matthew Newman, “2021 Edition — Medi-Cal Facts and Figures: Essential Source of Coverage for Millions,” California Health Care Foundation, 2021.

³⁵⁵ California Department of Social Services, *CalFresh Data Dashboard (January 2022)*. Accessed February 7, 2022. <https://www.cdss.ca.gov/inforesources/data-portal/research-and-data/calfresh-data-dashboard>.

2021 report by the Auditor of the State of California³⁵⁶ reinforces this assessment. The report reviewed the Riverside County Continuum of Care (CoC), highlighting several concerns: losing track of clients, long delays to access housing, not knowing if services provided meet client needs, and a lack of a coordinated entry process.

While the Linkages program is a bright spot, many CSD and OPG clients who require similar services do not fit its eligibility criteria.³⁵⁷ The CSD "Non-Qualifying Linkages Cases" receive referrals, but not intensive case management support for services such as Medi-Cal, CalFresh, Rental Assistance, and Eviction Prevention. Program staff described the difficulty their non-qualifying clients experience when seeking housing assistance. They must independently navigate the standard affordable housing access systems for which there are long wait lists and few vouchers.

Currently, there is no clear, agency-wide process for County staff to connect people with a wider set of comprehensive services beyond what the County offers. Comments from DPSS Self-Sufficiency leadership in our interviews suggested that they did not explicitly consider broader service connection to be within their role. One leader explained it this way: "I think we each can only go as far as we can with our own programs and ability to assist. I mean, there's definitely a gap in people having everything to kind of get them out of poverty or to really meet their needs. I wouldn't be able to say that's a fully County issue." Leaders referred to nonprofit efforts trying to wrap services more comprehensively, but did not seem to be actively involved in or knowledgeable about them. DPSS Self-Sufficiency program leadership described efforts to educate eligibility workers in their core programs about other services. However, the core function of those workers is to determine eligibility for specific programs, not to provide comprehensive case management. Until DPSS prioritizes building an ecosystem of care into its roles, job descriptions, and pay structure, connecting clients to additional services will continue to be dependent on isolated individual workers who take the initiative to learn and share.

The DPSS website³⁵⁸ is limited in its ability to serve individuals searching for additional help independently. The site does include some links to additional support services beyond what is provided by DPSS directly, such as housing and child care, but the information is difficult to navigate. For example, menus appear, disappear, and change depending on where a user

³⁵⁶ California State Auditor, *Homelessness in California The State's Uncoordinated Approach to Addressing Homelessness Has Hampered the Effectiveness of Its Efforts* (Sacramento: February 2021).

³⁵⁷ Riverside County Department of Public Social Services, "Riverside County Linkages" (Powerpoint Presentation, internal). Participants must qualify for CW, or have been receiving at time of child(ren)'s removal. Those who do not qualify include: Not in FR, FM or FMV Status (i.e., Investigation/Pre-J/D); Not eligible to CW; Does not reside in Riverside County; Is a Non-Needy Relative (NNR); Has chronic substance abuse; Has severe Mental Health Issues; Is undocumented; Is an unaided step-parent; Is timed-out for CW/WTW; Has been permanently disqualified from CW; Has been charged with felony fraud; Is otherwise determined not eligible.

³⁵⁸ <https://rivcodpss.org/>.

places the mouse cursor. Figure 29 below shows an example of the navigation issues, with the “Apply for Benefits” menu partially hiding navigation tiles.

Figure 29: Website Navigation Barriers

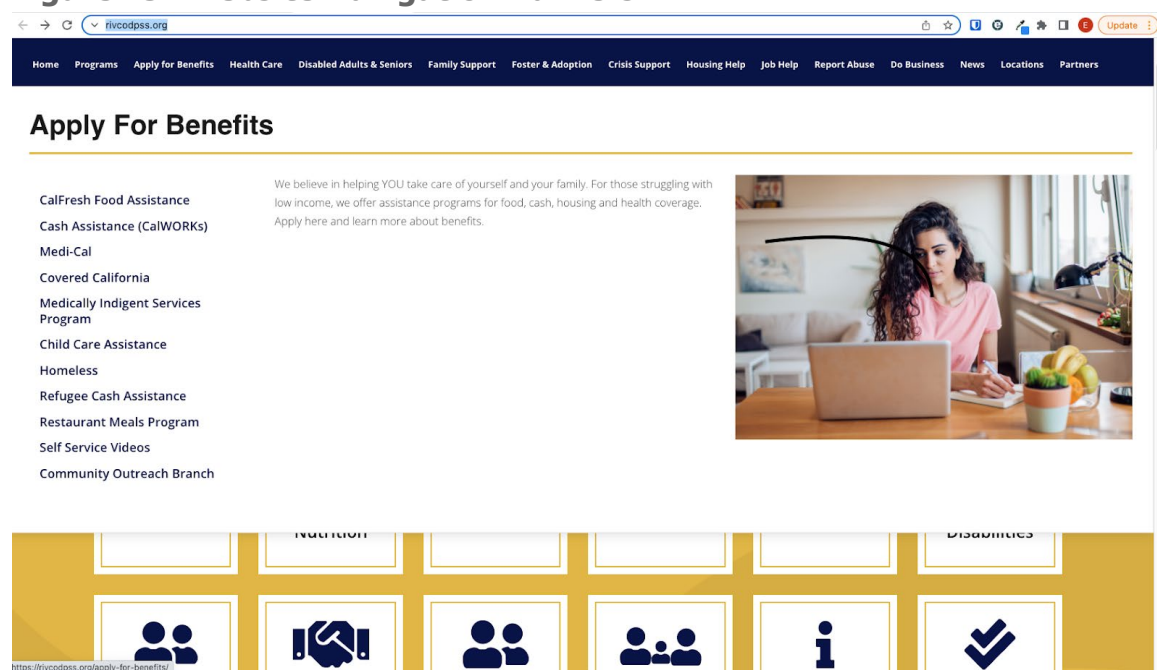


Image: The County of Riverside Website, with an Apply for Benefits menu partially hiding other navigation tiles.

Services and supports are organized according to service type and program eligibility rules, rather than from the perspective of a person seeking support in unstable circumstances. A redesign could help people readily see all the programs that might work for their circumstances.

Cross-Program Data Sharing is Limited

The inability to share data across programs creates a barrier to service access. County Counsel offices sometimes prioritize eliminating the risks associated with data sharing and associated privacy concerns. This is a common issue³⁵⁹ standing in the way of improving service delivery. In addition, different programs fall under different privacy requirements and use different release-of-information forms. These differences make it extremely difficult to achieve widespread data-sharing among all programs for which a county resident is eligible, beyond small pilot initiatives with special dispensation to share information. For example, an ASD staff member described how an abundance of caution and conflicting policies impede even potentially allowable information sharing, in this case by OPG:

³⁵⁹ Lourdes Morales and Ryan Woolsey, *Integrating Health and Human Services Eligibility and Enrollment Processes* (Sacramento: Legislative Analyst's Office, 2014).

There's often conflicting laws and conflicting County Counsel opinions about when you can share information, when you can't share information. I think that sometimes it makes the Public Guardian's office reticent to share information [...] not because they're trying to hoard information or not because they think that we would do something untoward with it, but because they have County Counsel telling them, you're not allowed to share this information, you're not allowed to disclose...That's not a weakness of the Public Guardian. I think that's a weakness of our county in general, maybe even the state of California.

Stronger data sharing agreements would allow for better joint planning between departments and effectively targeted outreach. For example, DPSS Self-Sufficiency staff described interest in working with the Office on Aging to connect older adults with additional services, or providing ASD with a list of homeless disabled and aged customers that they can contact to assist with housing. However, Self-Sufficiency staff have struggled to execute these ideas due to County Counsel interpretations of data sharing restrictions. View-only access to other county programs' databases to determine the status of benefits applications for an individual client can be incredibly useful for social workers, but there is no guarantee that those permissions will be granted. While DPSS staff report working with County Counsel to address the issue and consulting with other counties, it is a complex challenge that requires a systemic approach and a county-level commitment. One ASD staff member explained, "We haven't quite figured out how to share information in a way that protects people's rights and privacy, as we all should have [to], but also allows us to care, coordinate, and integrate services better."

Benefits Enrollment is Difficult, Especially for the Highest-Need Clients

In our interviews, we identified a need to support TAY and adults in conservatorship to apply for benefits. Enrolling in social safety net programs can be difficult. The programs have complex eligibility rules with strict requirements for formal documentation. Staff from nonprofit organizations that provide support to applicants explained in interviews that it is hard for people in stressful circumstances to navigate service networks. Applicants are generally experiencing instability, stress, and/or traumatic circumstances. This hardship reduces capacity to understand complex information and sequence the steps needed to complete benefits enrollment. Applicants often need multiple supports; a review of Riverside County data for CalFresh applications received via the GetCalFresh service from July to December 2021 showed that 39 percent of those applicants reported unstable housing, and anywhere from 12 to 25 percent had lost a job within the last 60 days, depending on the month.³⁶⁰ While OPG staff enroll

³⁶⁰ Riverside County | GetCalFresh Data Dashboard, accessed 1/27/2021.

conservatorship clients, staff do not currently receive much training on how to successfully navigate that process.

One recommended service-delivery model for children, youth, families, and adults throughout California and the United States is a trauma-informed approach.³⁶¹ Training and practice in this approach will strengthen the Self-Sufficiency Programs' ability to meet clients where they are and connect them with appropriate services.

Code for America, a nonprofit organization that has extensive experience working with government programs to improve client-centered benefits delivery, shared a summary of their user experience research with respect to trauma-informed principles across multiple states. It describes how these principles often show up in the context of applying for public benefits. See Figure 30 below.

Figure 30: Trauma-informed Approach Principles

| Trauma-informed Approach Principle | How Applying for Benefits Often Feels to the Client |
|---|---|
| Safety | Applicants describe feeling unsafe in three ways: <ul style="list-style-type: none">• Fear that answering a question “wrong” will lead to negative consequences, especially when the application design prevents them from fully explaining their circumstances• Fear that they will be denied badly needed benefits or be labeled a public charge• For applicants in an unsafe personal situation, fear of obtaining information or documents that are needed for the application from a person from whom they are estranged or who may be/have been an abuser |
| Trustworthiness & Transparency | Applicants experience lack of transparency throughout the application process: <ul style="list-style-type: none">• Lack of receipts for submitted forms or documents• No obvious way to learn application status• Confusing language in notices and other communications• Lack of opportunities to build trust and support |

³⁶¹ See The California Integrated Core Practice Model for Children, Youth, And Families; see also The Substance Abuse and the Mental Health Services Administration's Concept of Trauma and Guidance for a Trauma-Informed Approach for an introduction to the guiding principles of trauma-informed service delivery.

| Trauma-informed Approach Principle | How Applying for Benefits Often Feels to the Client |
|--|---|
| | <ul style="list-style-type: none"> Decentralized access systems (e.g., to affordable housing) that diffuse accountability across many players |
| Collaboration & Mutuality | Collaboration between applicants and staff is difficult: <ul style="list-style-type: none"> Often no method for communicating directly with each other Messages seldom returned Power dynamics that favor the agency, or administrative efficiencies over client needs |
| Empowerment, Voice, and Choice | Processes fail to recognize that the experience of trauma may be central for applicants - the system assumes stability when instability is actually the norm. The enrollment process is best suited to people with simple, stable incomes to report, stable mailing addresses, easy access to verification documents, and easy availability for phone interviews. |
| Cultural, Historical, and Gender Issues | Safety net service environments are often not responsive to racial, ethnic, and cultural needs of applicants, including their historical trauma. |

Procedural Denials Are Too Frequent

One way to understand how challenging it is to enroll in benefits is to examine the reasons applicants are denied. Procedural denials mean that applicants are denied due to an incomplete application process rather than a failure to meet program requirements. Riverside County has the highest percentage of procedural denials for CalFresh compared to surrounding counties.³⁶² Over the last several years, anywhere from a third to nearly 45 percent of all applications in Riverside County were denied for procedural reasons. In comparison, in 2018 and 2019, other Southern California counties mostly hovered around half that rate. Moreover, in Riverside County often more than 8 out of 10 of the denied CalFresh applications are denied for procedural reasons. The most common types of procedural denials occur due to missed interviews and missing verification documents. According to internal reports, the share of CalFresh denials due to procedural reasons has decreased over the last several months, from 45 percent in November 2021 to 36 percent in February 2022, but this is still troublingly high.³⁶³

³⁶² Comparison counties: Imperial, Los Angeles, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, and Ventura.

³⁶³ Shalaun Jones, *CalFresh Application Denials by Reason* (Riverside County DPSS, March 2020).

High rates of procedural denials can lead to a resistance in the community to apply for benefits. People feel that it is not worth it to go through the application process because it is so difficult to successfully complete it. Journalist Annie Lowery, writing in *The Atlantic*, describes this issue as a “time tax”—“a levy of paperwork, aggravation, and mental effort imposed on citizens in exchange for benefits that putatively exist to help them.”³⁶⁴

Figure 31: Procedural Denials

| Causes of High Rates of CalFresh Procedural Denials |
|---|
| <ol style="list-style-type: none"> 1. BenefitsCal system misdirecting applications and not allowing text alerts 2. Applicants not receiving timely notices for required interviews 3. DPSS staff not responding to messages 4. DPSS requesting information that is not mandatory 5. DPSS allowing only specific verification documents when other types may suffice 6. DPSS requiring applicants to gather documentation under time pressure before the interview, or not giving sufficient time to complete this step after the interview 7. Applicants experiencing difficulty using the online document upload system |

Community-based application assisters explained that the 2021 transition to a new database system (BenefitsCal) has exacerbated the problem. One interviewee described how system glitches “prevent a lot of the applications that we’ve submitted from going through or [send them] to the wrong county. Then the client ultimately [does] not receiv[e] the benefits.” Furthermore, the previous system, C4Yourself, made it easier for clients to opt into text messaging reminders. Local assisters indicated that BenefitsCal either does not have this feature or that they do not know how to access it. While the County has been made aware of these issues, it has been hard to get fixes quickly because prioritizing bug fixes and system enhancements requires coordination of priorities with the other counties using the same system.

Missed interviews are the most common type of procedural denial in Riverside County, making up 62 percent of “controllable” denials between November 2021 and February 2022.³⁶⁵ California Department of Social Services’ CalFresh Management Evaluation includes several findings that could explain the high procedural denial rates, including not always providing households with a notice of a missed first interview, and not always contacting households in a timely manner regarding their intake or recertification interview.³⁶⁶ Local community-based assisters also indicated that the County often does not provide timely notice for interviews. One

³⁶⁴ Annie Lowery, “The Time Tax,” *The Atlantic*, July 27, 2021.

³⁶⁵ Shalaun Jones, *CalFresh Application Denials by Reason*.

³⁶⁶ Riverside DPSS’s August 2020 response letter.

assister shared, “for the most part, they’ll receive a notice the day after the interview has already passed.”

Our review of 100 randomly sampled comments from the GetCalFresh’s enrollment survey³⁶⁷ found that the most common complaint in Riverside County was the challenge of communicating with the County. Fifteen percent of these comments describe deep frustration after trying multiple times to reach case workers and leaving many messages, often never to hear back. Others describe waiting indefinitely to receive promised correspondence or follow-up. Without a reliable way to resolve questions, high rates of procedural denials are not surprising. An interview with a community-based application assistant confirmed that this is a common experience; she shared, “there’s just no getting through.” Curiously, the key performance indicators that the County tracks related to phone service show that there were low call abandonment rates (the rate at which callers hung up before receiving service was 1.86%) and that there were low average wait times (23 seconds).³⁶⁸ It may be that clients get through to a worker’s voicemail, but never hear back.

The second most common procedural reason for denials was missing verifications.³⁶⁹ Local community-based assisters indicate that it is common for applicants to receive mailed notices for verification requests after the date when the verifications are required. The California Department of Social Services’ CalFresh Management Evaluation identifies several County practices that may contribute:

1. **Over-verification.** “Requesting information that is not mandatory” and “requesting additional verification of household circumstances above what is required to make an eligibility determination.”
2. **Overly-specific documentation requirements.** “Limiting the scope of verification that can be provided by requesting specific documents, when other documents may suffice.”
3. **Difficult timing.** “Ensur[ing] that households are not being requested to provide verifications prior to the interview and are given time after the interview to provide [the documents].”³⁷⁰

While there are mechanisms for applicants to access online systems to upload verification documents, they are not well used. DPSS’ 2020–2021 goal for self-service utilization was 55 percent of clients, but they only reached 37 percent.³⁷¹ DPSS has also posted a variety of “Self

³⁶⁷ The enrollment survey is administered via text message to see if applicants are successfully enrolled at 40 days for general applicants and at 35 days for expedited service applicants.

³⁶⁸ Self-Sufficiency VOIP Phone Call KPIs.

³⁶⁹ Shalaun Jones, *CalFresh Application Denials by Reason*

³⁷⁰ Riverside DPSS’s August 2020 response letter.

³⁷¹ Riverside County DPSS, *Annual Report*, 53.

Service Videos” on their website to support clients and community-based organizations in navigating the online system to create accounts, upload required documents, and submit periodic reports.³⁷² Unfortunately, the videos have limited language accessibility (mostly English). Furthermore, providers who support applicants for these types of programs are uncertain if the videos will be helpful since applicants are distracted by larger crises in their lives and tend to engage in the application process in a haphazard, rushed way. For those with accounts, it is often hard to remember required login information, creating additional friction and frustration that can lead applicants to postpone, sometimes indefinitely, the next steps in the process.

Overall, the CalFresh application process provides a stark example of how county residents in need of services may experience Self-Sufficiency programs as a whole, at a time when stress and trauma make it even more challenging to overcome the bureaucratic and technological barriers they encounter.

Recommendations

1. **Require DPSS to leverage the county-wide Integrated Health and Human Services Delivery System effort to streamline data-sharing protocols and practices between its internal programs.** Improved data sharing has the potential to dramatically increase the ease of social workers’ review of existing service connections, supported or streamlined enrollment processes for shared clients, and targeted referrals to outside resources.

For example, broadened access to the California Statewide Automated Welfare System (CalSAWS) systems for DPSS’ in-house social workers for at-risk populations (e.g., OPG, APS, CSD social workers) would allow them to see application status and progress notes for clients already accessing Self-Sufficiency programs. New guidance³⁷³ from the State of California Office of Health Information Integrity (CalOHII) might provide specific scenario-based opportunities for streamlining service coordination, both within DPSS and county-wide. Recently introduced California Senate Bill (SB) 1054³⁷⁴ may provide additional clarity about the circumstances under which protective services agencies, specifically, are exempt from confidentiality requirements.

³⁷² <https://rivcodpss.org/apply-for-benefits/self-service-videos>.

³⁷³ California Health and Human Services, “State Health Information Guidance (SHIG),” <https://www.chhs.ca.gov/ohii/shig/>.

³⁷⁴ https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB1054.

More specific recommendations come, in part, from leaders and staff in other counties that have attempted similar data integration projects.³⁷⁵ This effort may require an internal planning process within DPSS that parallels the county-wide effort.

The Integrated Health and Human Services Delivery System Implementation Plan should include: The specific procedural, technical, and policy-level data sharing barriers that currently inhibit fully client-centered services delivery, program enrollment, and/or outreach efforts; concrete steps to remove those barriers; and a list of protocols that will be developed to leverage enhanced data sharing to improve client access to services. Specifically, DPSS should:

- a. Create a plan to prioritize training and supporting staff in accessing and interpreting new information that will become available through increased data sharing.
- b. Maximize opportunities to share de-identified data for large-scale analytics and targeted outreach—this type of data sharing is governed by different laws than viewing individual records. Include a list of priority opportunities, and a work plan for implementing them. (For example, see the memorandums of agreement for the Children’s Data Network.³⁷⁶)
- c. Create protocols for documenting the legal basis for each step of the data sharing. A knowledge base of these rationales allows smooth transitions when staff turnover is high and serves as a resource for applying the same logic to similar situations.
- d. Develop and articulate an umbrella approach that avoids the need to reinvent sharing agreements. All participating programs and providers need to agree, contractually, to follow the same data protection procedures, such as following HIPAA standards and scheduling regular audits. (For example, the City of San Francisco provides clients a form to sign that specifies that various programs and agencies constitute a “network of services” within which data sharing will occur for certain specific purposes.)

³⁷⁵ Transformation Planning for an Integrated Health and Human Services Delivery System, December 16, 2021 presentation: Sonoma County’s Accessing Coordinated Care and Empowering Self-Sufficiency (ACCESS) initiative and San Diego County’s ConnectWellSD’s system are two other examples of integrated data hubs that combine client information across multiple systems to provide care management tools that support improved client outcomes, from which the County is already gleaning important learnings. San Francisco County has also engaged in many years of efforts to improve data sharing across departments.

³⁷⁶ <https://www.datanetwork.org/>.

2. **Create a plan involving DPSS and OPG to improve screening, referral, and enrollment systems to ensure that all clients are systematically connected to the full suite of supportive services that they may need, regardless of whether those services are administered by DPSS, other County departments, or community-based service providers.** This should be done as a part of the county-wide Integrated Health and Human Services Delivery System effort, which prioritizes client-centered service delivery models as a core goal. Specifically DPSS should ensure that the Integrated Health and Human Services Delivery System Implementation Plan includes provisions to:

- a. Invest in automated screening tools to support integrated enrollment. For example, the State of Pennsylvania has worked with Benefits Data Trust to develop a tool that includes a progressive series of questions to efficiently identify the programs for which applicants might be eligible.
- b. Develop agency-wide protocols for DPSS staff to systematically connect clients to referral hubs. For example, the independent website CVHIP.com was recommended by a community service provider as a good place to search for services in Riverside County, though most people would also need case management support to identify and apply for benefits.³⁷⁷
- c. Ramp up ongoing communication with clients about additional services. For example, San Francisco invites applicants to opt in to receive text messages, allowing the City to notify them about a broader range of support services available. Similarly, Code for America has tested machine-learning generated referrals to additional resources for CalFresh recipients, with a 14 percent response rate.
- d. Expand the use of multidisciplinary teams between DPSS programs and across the county, to better assess needs and provide holistic support for clients. For example, Riverside County could develop targeted service integration models that provide client-centered experiences for certain high-need populations. Local funding will allow for program design that centers the needs of those populations rather than the constraints of outside funding streams.

3. **Strengthen DPSS messaging (verbal, written, and in any follow-up) to clients to ensure that they can maximize the benefits from Self-Sufficiency programs.**

Specifically, DPSS should:

- a. Develop multilingual materials, along with text and email follow-up messaging on ways to use and maximize benefits. Develop translations in partnership with

³⁷⁷ <https://cvhip.com/>, an initiative of Desert Healthcare District and Foundation.

native speaker translators and tested with clients. Identify distribution times for physical materials and digital follow-up messages. Monitor uptake rates for promoted services.

- b. Create a plan to systematically promote the availability of health care navigators to ensure that Medi-Cal clients get actual health care and not just insurance.
 - c. Systematically include guidance on how to stretch CalFresh benefits. (For example, some agencies promote an app called Propel.³⁷⁸ As another example, DPSS could provide information on how to use CalFresh benefits at farmer's markets.)
4. **Streamline DPSS enrollment experiences to ensure that more eligible clients, especially those experiencing high stress and instability, get approved for benefits.**

Specifically, DPSS should:

- a. Conduct an analysis of current enrollments and procedural denials for Self-Sufficiency programs for low income adults associated with recent APS, CSD, and OPG cases. Use baseline analysis to set quarterly improvement targets.
- b. Review existing benefits access and enrollment experiences from a client-centered, trauma-informed approach. Consider engaging a user-focused design consultant to support an initial review and to develop ongoing feedback structures. This work should include engaging stakeholders (clients, eligibility technicians, community-based application assisters) to identify targeted areas where more trauma-informed service delivery approaches would reduce procedural denials and/or improve benefit access. Develop a plan for testing improvements.
- c. Create additional liaisons, including dedicated eligibility specialists, to support ASD, CSD, and OPG social workers with streamlined interviewing and verification processes. Social workers may provide collateral contact or attestation verifications on behalf of clients to improve access to benefits. Our survey indicates that social workers who support high risk populations are overwhelmed by their workload and they too would benefit from streamlined processes for their clients. This should include a focus on CalFresh applications for non-dependent minors (NMDs) and youth under the care of CSD who lack food access.
- d. Increase the usage and impact of text and email campaigns that let people know what the next steps are in the enrollment and benefits access process, before it's too late. This is especially important for reducing denials due to missed

³⁷⁸ This free mobile app helps enrollees keep track of benefits and save money. See Propel, "Propel," Accessed June 9, 2022.

interviews. This may require Riverside County to advocate for better opt-in mechanisms and message delivery design in BenefitsCal. Code for America described that they have tested a variety of approaches for maximizing opt-in rates, resulting in more than 90 percent of applicants opting in to receive texts and/or email. Requiring clients to log into a mobile app to receive messages is a barrier to communication.

- e. Experiment with strategies for reducing CalFresh denials due to missed verifications. Options might include³⁷⁹ improved cross-agency verification document access (with appropriate consent structures);³⁸⁰ more diverse options for easy smartphone document upload options;³⁸¹ well-timed verification reminders and check-ins with support; more personalized verification guidance, and stronger support for applicants to self-attest; and mechanisms to funnel benefits applicants to community-based partners who can offer additional support. Increase BenefitsCal portal and text messaging opt-in rates. Implement reminder messages for key enrollment processes (e.g., interviews, verification document upload) using industry best practices with regard to messaging and timing. Decrease the percentage of applications denied due to procedural reasons.

Our recommendations for data sharing, better integration of services, better ongoing communication, and improving enrollment processes all require rethinking human services from a client-centered, trauma-informed, and holistic point of view. If DPSS and Riverside County can invest in and embrace a less fragmented approach, they have the opportunity to transform the experiences of the hundreds of thousands of county residents that seek support and increase their chances of getting the benefits and services they need to achieve stability.

³⁷⁹ Many of these strategies are based on Code for America's work running experiments to assess the effectiveness of various strategies to reduce denials due to missed verifications. While people applying for benefits via their channels currently benefit from those learnings, benefits access could be improved by implementing similar approaches for other applicants. Some of these could be achieved via existing texting platforms. Others might require coordination with other counties that have shared responsibility for changes to the CalSAWS system. See *Overcoming Barriers: How GetCalFresh Helps Applicants Submit Verifications*.

³⁸⁰ Rebooting NYC has specific suggestions on how to achieve this type of approach.

³⁸¹ Some CA counties have partnered with GetCalFresh to promote their LaterDocs option to all applicants, not just to applicants who apply via the GetCalFresh app. This does seem to increase the number of documents that people submit.

Chapter 6: Policy and Procedure Manuals

CSD's, OPG's, and ASD's policy and procedure manuals (Policy Manuals) should outline—in concise and easily understandable terms—the statutorily mandated standards of care for each child and conservatee. Because the Policy Manuals are the foundation of CSD, OPG, and ASD training and staff responsibility, they are not expected to be—nor should they be—complete treatises with numerous references to statutory and regulatory provisions. What they must be, however, is the first-look resource that sufficiently describes the required everyday, client-centered policies and practices that all staff must execute for the benefit of children and conservatees under their care. Additionally, the Policy Manuals should direct staff to additional, detailed resources to answer frequently asked questions or questions about more nuanced, “client-specific” standards of care. Organizing information this way will encourage client-specific thinking and will support staff in delivering knowledgeable, dynamic services. Each child and conservatee is unique, so the Policy Manuals should not be seen as all there is to know, but rather guides that encourage and empower staff to provide adaptive care.

To this end, we reviewed the Policy Manuals to determine their ease of access and organization. We also assessed the extent to which they outline client-centered policies at the core of the Welfare & Institutions Code, Probate Code, and Child Welfare Services Code, which together articulate the majority of CSD's, OPG's, and ASD's statutory responsibilities. Examples include the number of times a social worker should visit a child in foster care, policies for maintaining a conservatee's estate, and how quickly and in what manner County personnel respond to incoming reports of child or dependent-adult abuse.

Our Policy Manuals review yielded three key takeaways:

1. They are not easily accessible;
2. They are both over- and under-inclusive, i.e., hundreds of pages are devoted to data entry practices in the Child Welfare Services/Case Management System (CWS/CMS) data system, but far fewer pages emphasize the client-centered standards of care that should govern CSD, OPG, and ASD staff's daily responsibilities; and
3. Their organization is not structured to mirror CSD, OPG, and ASD staff's workflow.

Accessibility

The modern workforce is on the move. Mobile devices are rapidly supplanting the traditional desktop or laptop computer. This is particularly true with respect to staff who split time between home, office, and field. For many, smartphones and tablets with iOS and Android operating systems are their notepads, research tools, data-entry points, calendars, and organizers. For the CSD, OPG, and ASD Policy Manuals to be effective tools, they must be easily accessible and readable with this current technology. This means more than simply being able

to download a PDF version of the Policy Manuals to smartphones. Instead, the County should invest in an iOS and Android app that provides mobile-friendly, interactive versions of the Policy Manuals.

With app-based technology, staff can access the Policy Manuals from wherever their duties take them. Moreover, app-based technology allows for the Policy Manuals to be dynamic, living documents. They can be easily updated to incorporate the latest best practices and distributed to personnel with a few clicks. Furthermore, app-based technology can foster creative, intuitive organization, prioritizing the client-centered information, materials, and resources that personnel reference on a daily basis. Through an app, seamless integration of additional resources, such as checklists; contact information; and highly specific, situational resources can be immediately accessed. This will make service provision more efficient, minimizing the time between problem identification and solution implementation that often plagues staff.

Organization

Staff need quick access to targeted guidance. To this end, the Policy Manuals should be organized based on workflow. Instead of reading like textbooks—i.e., an amalgamation of various policies and procedures, they should function as on-the-job aids that deliver information in parallel with staff’s day-to-day workflow. This way the Policy Manuals themselves will serve as checklists, providing supervisory guidance to staff wherever they may be. Additionally, best practices and problem-specific resources can be incorporated (especially via direct link through an app-based system), which will encourage a higher level of care when at all possible.

Ultimately CSD, OPG, and ASD staff will come to view the Policy Manuals as on-the-job assistants, and less as educational tools to be reviewed once or twice for minimal competence or only after knowledge of certain tasks and/or procedures are forgotten.

Client-centered Standards of Care

As currently drafted, the CSD, OPG, and ASD Policy Manuals are both over—and under—inclusive. They are not approachable because they are inundated with hundreds of pages of administration-specific procedures, including data-entry procedures for the CWS/CMS. While data entry and information management are certainly important, the balance of information suggests that these tasks are the priority, or, at the very least, deserve the same attention as client care. That is not the case. The Policy Manuals must emphasize through information presentation and delivery that client care is the priority of CSD, OPG, and ASD staff.

To this end, we combed through the Welfare & Institutions, Probate, and Child Welfare Services Codes to identify client-centered statutes and regulations. (See Appendices J-L). We then sought to determine where the Policy Manuals reference them. We discovered that they do not

mention many at all—or, to the extent they do, there is minimal information guiding staff on how best to comply or implement those standards of care.

To be clear, the Policy Manuals should not be quoting and extensively incorporating every relevant client-centered statute and regulation. Instead, they should summarize the key care provisions, with implementation guidelines included. Moreover, any excluded client-centered care provisions should be incorporated into on-boarding and other training materials. These materials can then be included in a “resources” tab in the app programs that we recommend should be developed without delay.

Recommendations

We recommend that Riverside County modernize the CPS, OPG, and ASD Policy Manuals by taking the following steps:

1. **Develop an application on iOS and Android platforms that includes the Policy and Procedure Manuals**, as well as additional resources designed to ensure the delivery of a uniform, minimum standard of care by all CPS, OPG, and ASD staff.
2. **Reorganize the Policy and Procedure Manuals to track the day-to-day workflow of CPS, OPG, and ASD staff.**
3. **Redraft the Policy and Procedure Manuals to prioritize knowledge and implementation of client-centered responsibilities** from the Welfare & Institutions, Probate, and Child Welfare Services Codes. To the extent any client-centered responsibilities are not included in the Policy and Procedure manuals, they should be in easy-to-understand materials provided to CPS, OPG, and ASD personnel, or better yet, always available for reference through the CPS, OPG, and ASD apps.

Chapter 7: Looking Ahead

Implementation Support and Strategies

This report provides high-impact recommendations to achieve excellence in serving vulnerable children and adults. For areas needing improvement, we offer a path forward grounded in best practice. Following this path will give Riverside County the opportunity to make systemic change and become an exemplar throughout the country.

The Board of Supervisors Ad Hoc Committee on Inter-Departmental Systems Improvements for Protection of Vulnerable Children and Adults is well placed to provide this support. Created in December of 2021, it has emphasized the importance of “a culture of continuous improvement, critical inquiry, and willingness to adjust our operations as we encounter challenges to seek to deliver the best service possible.”³⁸² To that end, the committee is currently examining system changes the County has undertaken to “improve outcomes for vulnerable children and adults under the County’s care.”³⁸³

The committee’s current focus has numerous points of intersection with topics discussed in this report, including:

1. The Integrated Service Delivery System to address duplicate intake processes, barriers to service, and gaps in service.
2. Opportunities to expand the use of multidisciplinary teams for vulnerable individuals who will be served by more than one department.
3. DPSS’s CQI initiative to evaluate operations using qualitative and quantitative data and to recommend process improvements.
4. Seeking legislative reform in partnership with the County Welfare Directors Association to facilitate information sharing between child and adult protective programs (Senate Bill (SB) 1054).
5. County Counsel-led efforts to expedite data-sharing agreements.
6. Recruitment and retention of staff who serve vulnerable populations.

To enact this report’s recommendations, the committee should work closely with County leadership. Deploying the right resources is critical. To prioritize, plan, execute, evaluate, and iterate will require significant coordination and support. County staff is already stretched thin and will be unable to invest enough time on new initiatives to successfully implement them. Supervisors and front-line staff cannot absorb additional work under current conditions where attrition, vacancies, and workloads have hit unacceptable highs. Further, there are likely skills

³⁸² Van Wagenen, *Status Report*, 2.

³⁸³ Van Wagenen, *Status Report*, 4.

required that should be accessed from external sources. For these reasons, the County should create new leadership and project management positions charged with system integration and reform efforts. Unyielding commitment and financial backing from the Board of Supervisors is imperative for the systems-level change that is needed in Riverside County.

Turpin Children's Experiences in the Child Welfare System

PART 2

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[illegible]

| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
|------------|------------|------------|------------|
| | [REDACTED] | [REDACTED] | [REDACTED] |

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

| | |
|------------|------------|
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]




Turpin Adults' Experiences Under Conservatorship

PART 3

Overview of Findings

In January 2018, the Riverside County Superior Court appointed OPG as conservator for all seven adult Turpin siblings. For five of them, conservatorship ended in 2019. OPG continues to serve as conservator for the remaining two.

The heartbreaking Turpin cases presented a unique challenge for OPG. The Turpin siblings had experienced severe and long-term abuse and neglect by their parents. Their public profile was high, and their need for privacy was great.



Methods

As we turned from examination of OPG services generally to an inquiry into OPG services for the Turpins specifically, we began with scant information. In mid-May 2022, we received access to five partially unsealed court files and at the end of May, we secured a number of probate court investigator³⁹⁹ reports, as well as accountings and other court documents. Additionally, in late May, we received from OPG a detailed day-by-day log of the Turpin adult siblings' care from January 2018 through April 2022. In early June, we interviewed both the RUHS/BH Director and the OPG Director of Innovation/Integration, as well as the OPG deputy public guardian for the Turpin adults. In mid-June we received additional unsealed court files.

Limitations

We do not have a complete set of the probate court records for the Turpin adults. Nonetheless, we believe that we have sufficient information to provide a reliable and well-founded analysis.

The key topics below detail what we know about aspects of the Turpins' experiences critical to our investigation—and give a composite picture.

³⁹⁹ The court investigator is an employee of the Riverside County Superior Court, whose role is to conduct investigations on behalf of the Court in conservatorship and guardianship cases.

Summary of Findings

Areas of Strength

[REDACTED]

- Through the County's contract with a law firm, the Turpin siblings (as well as other OPG clients) had access to appointed counsel for legal representation.
- In addition to managing conservatorship estate funds, OPG established and manages a Special Needs Trust for each of the Turpin adult siblings.
- The assets and disbursements shown in OPG conservatorship and trust accountings for the Turpins are reasonable and show no irregularities.

[REDACTED]

Areas of Concern

- Infighting among the Turpins' appointed counsel, the District Attorney, and County Counsel for OPG detracted from the legal representation the Turpins needed, and was a source of stress for the adult Turpin siblings.
- County Counsel did not file timely accountings on behalf of OPG for the Turpins' estates, or for the Special Needs Trusts established.
- In some instances, County Counsel's restrictive practices may have impeded timely care and services for the Turpins.
- There is a marked lack of communication and coordination among those responsible for different pots of money that affect the Turpin siblings—OPG, the SAFE Family Justice Center, and the JAYC Foundation. The County should bring these stakeholders together to facilitate planning for the Turpins' access to and use of the funds.

[REDACTED]

The Turpin Adults' Entry into the Public Guardian System

Establishment of the Conservatorships

On January 14, 2018, the 13 Turpin siblings were taken from their parental home to [REDACTED]

On January 22, 2018, County Counsel, working with OPG, filed seven petitions for both temporary and general probate conservatorship.⁴⁰² County Counsel also made a motion, granted by the Court, to seal the Turpin records to protect their privacy. [REDACTED]

The following day, OPG was appointed as temporary conservator of the person and the estate for all seven adult Turpin siblings (two men and five women), who ranged in age from 18 to 29 years. [REDACTED]

Care and Placement for the Turpin Conservatees

⁴⁰⁰ State terminology differs. In California, the term *conservator* refers to a court-appointed surrogate who manages an adult's personal affairs, property, or both. The term *guardian* refers to a court-appointed surrogate for a minor. A general probate conservatorship is a court case where the court appoints a responsible person or organization (called the "conservator") to care for an adult (called the "conservatee") who cannot care for himself or herself or manage his or her own finances.

⁴⁰¹ Cal. Prob. Code, §2355.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Analysis of the Turpin Case

1. Enrollment in Public Benefit Programs

[REDACTED]

[REDACTED]

In January 2018, the deputy public guardian applied for Supplemental Security Income (SSI) for each of the seven adult siblings, which the Social Security Administration approved effective May 2018. [REDACTED]

[REDACTED]

In March 2021, the deputy public guardian reimbursed the Social Security Administration for an SSI overpayment in July. We have no information on the circumstances that caused the overpayment.

[REDACTED]

■ See section below on the conservatee accountings, OPG Special Needs Trusts and other monies donated to the Turpins. Donations that increase the Turpins' assets over the SSI level could cause an SSI overpayment, which would have to be paid back.

2. Housing

[REDACTED]

[REDACTED]

Analysis.

[REDACTED]

3. Residential Decisions Concerning the Turpin Siblings

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Analysis.

[REDACTED]

[REDACTED]

[REDACTED]

4. Medical Care and Services for the Turpin Siblings

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Analysis. [REDACTED]

5. RUHS/BH Services for the Turpin Siblings

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Analysis.

[REDACTED]

6. Turpin Sibling Communication with OPG Staff: Client Voice

National guardianship standards provide that “the guardian shall encourage the person to participate, to the maximum extent of the person’s abilities, in all decisions that affect him or her” and that the guardian “shall treat the person under guardianship with dignity.”⁴¹⁷

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

National Guardianship Association, *Standards of Practice* (2013), Standard #3 and Standard #9.

[REDACTED]

[REDACTED]

[REDACTED]

However, from the materials available to us, we have some evidence about the dynamics between the Turpin siblings and the professionals serving them:

- a. In June of 2018, some of the siblings sought the removal of their appointed counsel, claiming that the firm's lawyers were pressuring them, as explained in detail below in subsection 8. [REDACTED]
- b. The firm's lawyer alleged in a memo to the Court that OPG staff were not sufficiently responsive to the siblings' views concerning their move to the apartment complex. He maintained that the siblings were not happy with the planned move but "they are resigned to the choice made by the Public Guardian. In their view, cooperating with the Public Guardian will result in an earlier

termination of the temporary conservatorship.”⁴¹⁹ It sounds as if they tried not to voice their opinions, not to disagree, in hopes that they could get out from under the conservatorships sooner.

As reported in a May 2022 news article,⁴²⁰ the oldest of the siblings has recently looked back on her conservatorship philosophically, and summarized it as follows:

There was bad, there was good that came out of it. We [had] a place to live. We got into therapy. There was a lot of stuff they didn’t teach us. We ended up having to figure it all out. But all in all, I think it made me smarter in trying to figure out things, and I did real well figuring it out.

Analysis.

7. Educational Services and Opportunities for the Turpin Siblings

⁴¹⁹ Ex Parte Petition to Stay Any Change of Placement of Julianne Away From Her Siblings Pending Noticed Hearing by Public Guardian Regarding Placement, February 6, 2019, re the Temporary Conservatorship of Julianne Doe, Temporary Conservatee.

⁴²⁰ Rokos, Brian, “Jennifer Turpin Defends Public Guardian Employee ‘To Clean My Conscience,’” *The Press–Enterprise* (May 23, 2022).

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Analysis. [REDACTED]

8. Access to Legal Counsel for the Turpin Siblings

Riverside County contracts with a law firm to provide legal representation to OPG clients—an important (and, nationally, all too rare⁴²¹) safeguard to help ensure OPG accountability and to enhance client voice. It was critical for the seven Turpin siblings to develop a trusting attorney-client relationship with the firm attorneys.

In addition to the adult siblings' appointed counsel, other attorneys were involved in the adult Turpin case. County Counsel represented OPG and the Riverside District Attorney was prosecuting the criminal case against the Turpin parents. In April 2018, a mere three months after the establishment of the temporary conservatorships, the relationships among these legal entities began to fray, leaving the siblings caught in the middle. The records unsealed by the Court show that there were heated conflicts over the nature and scope of the appointed counsel's representation, and about confidential meetings with the siblings.

In early April 2018, the District Attorney wanted to interview the Turpin siblings regarding the criminal case against their parents, and requested permission to subject them to neurological testing. The siblings agreed to the neurological testing and the Court allowed it to go forward. However, the Turpins' appointed counsel was rightly concerned about the siblings being interviewed without an immunity agreement and outside the presence of counsel. Their counsel drafted an immunity agreement for the District Attorney and OPG to sign on behalf of the siblings. The District Attorney did not believe that these measures were necessary. Nonetheless, on April 6, 2018, the judge instructed OPG to enter into the immunity agreement on behalf of the Turpin siblings.

Unfortunately, this was just the beginning of the adversarial relationship between the District Attorney and the firm. Over the next two months, the lawyers sparred back and forth, issuing threats of litigation and cease and desist letters regarding interaction with the siblings. Finally in June of 2018, the District Attorney requested that the firm be removed as counsel for the siblings, claiming it was working to sabotage the District Attorney's relationship with them. The District Attorney also argued that the firm's leading lawyer for the Turpins represented all seven conservatees even though individually they may have had potentially adverse interests that could present conflicts.

The judge overseeing the siblings' conservatorships ruled in mid-June that the appointed firm should not be replaced. The District Attorney appealed, increasing the acrimony and infighting. At the same time OPG (represented by County Counsel) and the appointed

⁴²¹ The National Guardianship Network's Fourth National Guardianship Summit recommendations urge "continuing representation by a qualified lawyer for the adult [subject to guardianship], appointed at the outset of the case...." See Recommendation 4.3, May 2021.

firm accused each other of acting improperly with respect to the siblings—each claiming the right to be present at any Turpin sibling interactions. The law firm filed a motion for instructions to determine the scope and nature of its representation.

Some of the siblings asked OPG and the judge overseeing their conservatorships to appoint new counsel for them. In June 2018, one of the Turpin conservatees stated in open Court that she no longer wanted the firm to represent her. [REDACTED]

[REDACTED]

[REDACTED]

In late June, the Court ruled that the firm could meet with the siblings outside the presence of OPG and County Counsel, and that the firm should continue to advise the Turpins on matters related to the criminal actions against their parents, as well as matters relating to the conservatorships.

The aggravated disagreements among these entities often involved important issues that were legally germane to the siblings' interests. However, they were conducted in such a way that the siblings were confused and unsettled. [REDACTED]

[REDACTED] the siblings were caught in the midst of this legal turf war, and were trying their hardest to understand the issues and do the right thing. Clearly, it detracted from a constructive focus on protecting them from harm while enhancing their independence.

Analysis. Riverside County is forward-looking in supporting legal representation for OPG clients. Appointed counsel were vigorous in looking out for the interests and rights of the conserved Turpin siblings. Differences between the appointed firm, the District Attorney, and County Counsel were rooted in appointed counsel's advocacy role—they were doing their job as charged. Yet the constant wrangling may have interfered with the development of trusting and confidential attorney-client relationships, especially given the Turpins' vulnerability and lack of experience with such matters.

9. Role of County Counsel in Serving the Turpin Siblings

County Counsel for OPG ensures that legal requirements for conservatorships are met, and represents OPG in court. They are intensely aware of OPG's fiduciary role, and of the need to protect the privacy and confidentiality of OPG clients. Moreover, they are naturally focused on protecting OPG from liability. Because of these roles, as we observed in Part One of this report, County Counsel seems to maintain a defensive posture toward sharing information and collaborating with other County entities in the care of conservatees.⁴²³ They also may be reluctant to deviate from routine practices, even in unique cases such as those of the Turpins, which called for creative solutions. Additionally, according to our interviews, County Counsel caseloads are exceptionally high—with one attorney reportedly having over 400 cases.

[REDACTED]

[REDACTED]

⁴²³ See Part One of the Report, Chapter 3 sections on "External Review, Outreach, Transparency" and "Interagency Coordination and Collaboration."

[REDACTED]

Analysis.

[REDACTED]

10. Steps Toward Restoration of Rights: Post-Conservatorship Guidance

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Analysis.

[REDACTED]

11. OPG Accountability in Management of the Turpin Estates

a. Estate Accountings

As fiduciary for the estates of the five temporarily and two permanently conserved Turpin siblings, OPG had a duty to file timely accountings with the Court detailing all funds collected and expended on behalf of the siblings within one year of the establishment of the conservatorship of the estate.⁴²⁶ Under the California Probate Code, the first accounting was due after the first year of the conservatorship and every two years thereafter.⁴²⁷

i. Five Temporarily Conserved Turpin Adults

For the five Turpins whose conservatorships were terminated, a one-year first accounting was due in January 2019 (a year after establishment of

[REDACTED] Cal. Prob. Code §2620.

⁴²⁷ Cal. Prob. Code § 2620(a).

the conservatorships). Moreover, final accountings for all five terminated conservatorships were due in December 2019 at the date of termination.

However, for four of these five conservatees, OPG only filed a “First and Final Accounting” on October 8, 2020 (approximately 21 months after the first accounting was due and 10 months after the final accounting was due).

For the remaining conservatee, OPG filed a First Accounting on February 15, 2021 (over two years late) and a Final Accounting on September 28, 2021 (over 21 months late).

Beginning in 2019, the Court overseeing the conservatorships issued an Order to Show Cause to County Counsel asking for an explanation of why such accountings were not filed within the time limits set by the Probate Code.

As noted previously, the deputy public guardian we interviewed stated that she sent several accountings to County Counsel for approval and transmission to the Court in a timely manner, but that County Counsel repeatedly lost them, contributing to an improper delay.

ii. **Two Permanently Conserved Turpin Adults**

Permanent conservatorships were established for two of the Turpin adults in April 2019. The first accounting for both of these estate trusts was therefore due in April 2020. However, no accounting was filed for either one until January 2021 (approximately 9 months late).

b. **Special Needs Trust Accountings for All Seven Turpin Adults**

OPG was appointed Trustee of the Special Needs Trusts that were established in April 2019 for the benefit of all seven adult Turpin siblings. These Special Needs Trusts also required that timely accounting statements be filed. The Trusts were established in June 2019. The Court ordered that the first accounting be filed on August 24, 2020. In November 2021, the Special Needs Trusts accountings had still not been filed, and thus the Court issued an Order to Show Cause to County Counsel and OPG and set a hearing for January 7, 2022. On January 6, 2022 the accountings were filed, and the Court on its own motion continued the hearing to February 2, 2022. These accountings cover the period June 24, 2019 through January 4, 2022 and thus there was a two and a half year period of time during which there was no Court oversight over the Special Needs Trusts.

Analysis. Every single accounting required in every Turpin adult case we reviewed was filed very late, often years past its due date. A key component of OPG's fiduciary duty as conservator is the timely filing of accountings. If the filings are late, transparency and accountability to the Court are impaired. While the pandemic was underway for part of these accounting periods, and while County Counsel indicated they had a high caseload (over 400 cases for one attorney, as noted in our Part One report), the statutory duty to file on time remains. Failing to observe and enforce those deadlines negatively impacted transparency and accountability.

12. OPG Management of Donated Funds Collected for the Turpin Siblings

The rescue of the Turpin children and adults was a national story. Across the state, the nation, and the world, people who learned of the atrocities the siblings had endured made financial donations to benefit them. These donations were all intended to benefit the 13 rescued Turpins, but much of the funding has not yet reached them.

Funds were donated to:

1. The RUHS (approximately \$400,000);
2. City of Corona Chamber of Commerce (now passed on to and managed by SAFE Family Justice Center) (approximately \$209,000 in cash and another \$100,000 in in-kind donations); and
3. JAYC Foundation (approximately \$1,000,000).

a. **OPG Special Needs Trust**⁴²⁸

In April 2019, the Court established a Court-supervised Special Needs Trust for each conserved Turpin sibling, and appointed OPG as Trustee. Such trusts are designed to supplement public benefits. In the Turpins' case, the Trusts are to supplement their SSI income, in order to pay for extra things they may need beyond what SSI covers for basic needs. In July 2019, the \$400,000 raised by RUHS was divided into 13 parts and approximately \$30,000 per person was transferred to the Special Needs Trust for each of the siblings.

Figure 34 shows the assets and disbursements for both the conservator accounts and the Special Needs Trust accounts for each of the seven adult Turpin conservatees.

⁴²⁸ Special Needs Trusts were also established for the Turpin minors. OPG declined to accept appointment as Trustee for the minors' Special Needs Trusts and the Trustee for those trusts is attorney Dennis Sandoval. We petitioned the Court for those records, but our requests are still pending. We therefore have not reviewed the Turpin minors' Special Needs Trusts records.

Figure 34: Overview of Conservator and Special Needs Trusts for 7 Adult Turpins

| ACCOUNT | TURPIN 1 | TURPIN 2 | TURPIN 3 | TURPIN 4 | TURPIN 5 | TURPIN 6 | TURPIN 7 |
|--|--------------|-------------|-------------|--------------|-------------|--------------|-------------|
| SPECIAL NEEDS ASSETS | \$31,835.11 | \$28,758.88 | \$34,385.32 | \$31,834.02 | \$29,720.47 | \$30,347.55 | \$28,738.48 |
| SPECIAL NEEDS DISBURSEMENTS | \$2,344.62 | \$1,199.43 | \$23,951.56 | \$8,023.21 | \$4,175.71 | \$4,606.67 | \$2,439.43 |
| SPECIAL NEEDS NET | \$29,490.49 | \$27,559.45 | \$10,433.76 | \$23,810.81 | \$25,544.76 | \$25,740.88 | \$26,299.05 |
| CONSERVATOR ASSETS | \$69,442.95 | \$55,267.54 | \$62,876.64 | \$69,114.55 | \$61,508.60 | \$79,362.57 | \$54,915.34 |
| CONSERVATOR DISBURSEMENTS | \$66,984.64 | \$53,246.06 | \$59,368.91 | \$65,817.00 | \$58,523.71 | \$77,351.62 | \$52,542.70 |
| CONSERVATOR NET | \$2,458.31 | \$2,021.48 | \$3,507.73 | \$3,297.55 | \$2,984.89 | \$2,010.95 | \$2,372.64 |
| TOTAL ASSETS | \$101,278.06 | \$84,026.42 | \$97,261.96 | \$100,948.57 | \$91,229.07 | \$109,710.12 | \$83,653.82 |
| TOTAL DISBURSEMENTS | \$69,329.26 | \$54,445.49 | \$83,320.47 | \$73,840.21 | \$62,699.42 | \$81,958.29 | \$54,982.13 |
| NET ASSETS REMAINING | \$31,948.80 | \$29,580.93 | \$13,941.49 | \$27,108.36 | \$28,529.65 | \$27,751.83 | \$28,671.69 |

Examples of disbursements were for outings, trips, a bicycle or bicycle equipment, and furniture. The oldest sibling used her funds to pay off loans for her schooling. Figure 35 shows the assets and disbursements from the Special Needs Trust for one of the seven sibling accounts.

Figure 35 Representative Accounting From One Special Needs Trust Account⁴²⁹

| SPECIAL NEEDS | TURPIN |
|-----------------------------|--------------------|
| Assets: | |
| RUHS | \$28,414.75 |
| 1/7 Property from parents | \$1,844.18 |
| Interest | \$88.62 |
| Total Assets: | \$30,347.55 |
| Disbursements: | |
| Apartment Deposit | \$800.00 |
| Christmas | \$225.00 |
| Household | \$1,400.00 |
| Rent | \$215.00 |
| SSI overpayment | \$1,863.44 |
| Utilities | \$103.23 |
| Total Disbursements: | \$4,606.67 |
| Net: | \$25,740.88 |

as reported in the press—at times, the Turpins have needed money to pay for housing and food. It is unclear whether the Special Needs Trust funds were available for these purposes and to what extent they were or could have been used.

b. Other Donated Funds

None of the other donations described previously have been transferred to the Special Needs Trusts or made available to the Turpin minor children or adults, except sporadically. Some of the adult Turpins report that they have been given gift cards from the SAFE Family Justice Center and can ask SAFE staff for things they need, but others say they have experienced housing and food insecurity.

⁴²⁹ Note that the Turpin siblings' SSI funds are for the payment of basics like rent and food, whereas the Special Needs Trusts are for other expenses to enhance the quality of life. In this Special Needs Trust accounting, the rent and apartment deposits as well as the SSI overpayment reimbursement should have come from SSI or the conservator estate trust, not from the Special Needs Trust. Timely filings are important to identify such errors, which could have jeopardized this Turpin adult's SSI eligibility.

[REDACTED] the court documents that we reviewed give varying answers as to why the funds from the SAFE Family Justice Center and the JAYC Foundation were not collected and placed into the Special Needs Trusts for the benefit of the Turpins. [REDACTED]

[REDACTED] In an unsealed court filing, the Turpin's appointed-counsel confirmed that "the Public Guardian assert[ed] that since the funds are held by outside charitable entities and not specifically titled in the name of the conservatee or the conservatorship estate, and since the needs of the Conservatee are being met by public benefits supplemented by funds from a Court-supervised special needs trust, the Public Guardian does not have a duty or the ability to marshal [sic] the charitable funds." [REDACTED]

The SAFE Family Justice Center stated in a February 2022 press release⁴³⁰ that the funds are "a restricted donation from the Corona Chamber Foundation to be used to provide for, or to hire the variety of services that may be needed for the Turpin siblings in the future, as they work to adapt to their new lives." The funds are "not to be used to supplant any funding for services that the County of Riverside or the State of California would and should provide to these victims of abuse."

According to the press release, as of February 2022, the SAFE Family Justice Center had expended \$41,587.92 on items such as transportation, food, lodging, emergency needs, recreation, and other client-identified requests. The SAFE Foundation director said the donor specifically sought out a non-County entity to ensure that any monies would not be considered assets that could be used to deduct from any County or state benefits. She emphasized that the SAFE funds are not in a trust, and are not assets that belong to the Turpins.

The JAYC Foundation began collecting the funds in December 2021, following the airing of the ABC 20/20 program on the Turpins. It has not yet begun to disburse them.⁴³¹ The January 3, 2022 probate court investigator's report for one

⁴³⁰ SAFE Family Justice Centers for Riverside County, "SAFE Family Justice Centers Restricted Fund," February 4, 2022.

⁴³¹ Rokos, Brian, "Turpins Lack Access to \$1 Million in Donations, Attorney Says," *The Press-Enterprise* (March 11, 2022).

of the two remaining conservatees states a clear concern to the Court as to “why the Public Guardian has not advocated for the conservatee [and by extension other Turpin siblings] to ensure that she is receiving her portion of the donations” and questions whether the Court should “order the public guardian to investigate any and all donations intended for the conservatee, and whether these donations should be placed in the conservatee’s Special Needs Trust as were previous donations. It appears that donations are being obtained and managed without Court oversight, and are not being provided to the estate of the conservatee.”

[REDACTED]

Analysis. It is unclear why County Counsel ever directed OPG not to marshal the donated funds meant to support the Turpin children and adults. It is clear, however, that OPG’s failure to marshal these funds has resulted in the lack of Court oversight over the SAFE and JAYC funds, and may have resulted in food and housing insecurity for at least some of the Turpin siblings, in direct contravention of the donors’ wishes.

References

Aarons, Gregory A., Sigrid James, Amy R. Monn, Ramesh Raghavan, Rebecca S. Wells, and Laurel K. Leslie. "Behavior Problems and Placement Change in a National Child Welfare Sample: A Prospective Study," *Journal of the American Academy of Child & Adolescent Psychiatry* 49, no. 1 (2010): 70–80.

<https://pubmed.ncbi.nlm.nih.gov/20215928/#:~:text=DOI%3A-10.1097/00004583%2D201001000%2D00011,-Free%20PMC%20article.>

Administration on Children and Families, Office of Planning Research, and Evaluation. *Who are the children in foster care? Research Brief No. 1.* 2007.

https://www.acf.hhs.gov/sites/default/files/documents/opre/children_fostercare.pdf.

AdoptUSKids. "Using data to improve the inquiry-to-licensing experience for families." October 7, 2020. <https://professionals.adoptuskids.org/using-data-to-improve-the-inquiry-to-licensing-experience-for-families/>.

Ahn, Haksoo, Diane DePanfilis, Kevin Frick, and Richard P. Barth. "Estimating minimum adequate foster care costs for children in the United States." *Children and Youth Services Review* 84, (January 2018): 55–67.

<https://doi.org/10.1016/j.childyouth.2017.10.045>.

American Bar Association Center on Children and the Law. *Effects of Funding Changes on Legal Representation Quality in California Dependency Cases.* 2020.

https://www.americanbar.org/content/dam/aba/administrative/child_law/calrep-assessment.pdf.

Arizona Department of Child Safety. *Workforce Resilience – Peer Support Program.* 2018.

<https://extranet.azdcs.gov/DCSPolicy/Content/Adminstrative%20Policy/DCS%2001/DCS%2001-05%20Workforce%20Resilience%20Program.pdf>.

Barth, Richard P. and Yanfeng Xu. "Poverty, employment, family adversity, and entry into out-of-home care." Unpublished manuscript, University of Maryland, School of Social Work.

Baum, Angela C., Sedahlia Jasper Crase, and Kirsten Lee Crase. "Influences on the Decision to Become or Not Become a Foster Parent." *Families in Society* 82, no. 2 (April 2001): 202–13. <https://doi.org/10.1606/1044-3894.205>.

Berrick, Jill D., Carole Shauffer, and Jennifer Rodriguez. "Recruiting for excellence in foster care: Marrying child welfare research with brand marketing strategies." *Journal of*

Public Welfare Child Welfare 5, no. 2–3 (2011):
<https://doi.org/10.1080/15548732.2011.566784>.

Berrick, Jill D., Edward Cohen, and Elizabeth K. Anthony. "Partnering with parents: Promising approaches to improve reunification outcomes for children in foster care." *Journal of Family Strengths* 11, no. 1 (November 2011): Article #14.
<https://digitalcommons.library.tmc.edu/jfs/vol11/iss1/14>.

Berrick, Jill D. and Marit Skivenes. "Dimensions of high quality foster care: Parenting Plus." *Children and Youth Services Review* 34, no. 9 (September 2012): 1956–1965.
<https://doi.org/10.1016/j.childyouth.2012.05.026>.

Berrick, Jill D. "Research and practice with families in foster care." In *Contemporary Families: Translating Research into Practice*, edited by Scott Browning and Kay Pasley. New York: Routledge Press, 2015.

Berzin, Stephanie Cosner, Ed Cohen, Karen Thomas, and William C. Dawson. "Does family group decision making affect child welfare outcomes? Findings from a randomized control study." *Child Welfare* 87, no. 4 (2008): 35–54.

Bilaver, Lucy A., Judy Havlicek, and Matthew M. Davis. "Prevalence of special health care needs among foster youth in a nationally representative survey." *JAMA Pediatrics* 174, no. 7 (July 2020): 727–729. doi:10.1001/jamapediatrics.2020.0298.

Binti. "Foster Care Software." Accessed June 9, 2022. <https://binti.com/>.

Bohn, Sarah and Caroline Danielson. *Geography of Child Poverty in California*. (Public Policy Institute of California, 2017), https://www.ppic.org/wp-content/uploads/content/pubs/report/R_0217SBR.pdf.

Brevard Family Partnership. *Foster Parent Recruitment and Retention Plan*. 2020.
<https://brevardfp.org/wp-content/uploads/2020/08/BFP-2020-2021-Foster-Recruitment-and-Retention-Plan-003.pdf>.

Bullinger, Lindsey Rose, Kerri M. Raissan, Megan Feely, and William J. Schneider. "The neglected ones: Time at home during COVID-19 and child maltreatment." *Children and Youth Services Review* 131 (December 2021): 106287.
<https://doi.org/10.1016/j.childyouth.2021.106287>.

Burley, Mason. *Public Guardianship in Washington State Costs and Benefits*. Olympia: Washington State Institute for Public Policy, 2011.
https://www.wsipp.wa.gov/ReportFile/1097/Wsipp_Public-Guardianship-in-Washington-State-Costs-and-Benefits_Full-Report.pdf.

California Association of Public Administrators, Public Guardians and Public Conservators. *Suggested Industry Best Practices*. 2017. <https://capapgpc.org/wp-content/uploads/2018/03/CAPGPCPG-BestPractices-May2017.pdf>.

California Association of Public Administrators, Public Guardians and Public Conservators. *Standards & Certification Protocols*. 2020. <https://capapgpc.org/wp-content/uploads/2021/02/StandardsCertsMaster01.25.2021.pdf>.

California Blue Ribbon Commission on Children in Foster Care. *Fostering a New Future for California's Children Final Report and Action Plan May 2009 Ensuring Every Child a Safe, Secure, and Permanent Home*. Judicial Council of California: San Francisco, 2009. <https://www.courts.ca.gov/documents/brc-finalreport.pdf>.

California Child Welfare Co-Investment Partnership. *Balancing Head & Heart: California's Child Welfare Workforce*. 2017, <https://www.courts.ca.gov/documents/BTB24-4B-6.pdf>.

California Department of Social Services. "Family First Prevention Services Act." Accessed June 6, 2022. <https://www.cdss.ca.gov/inforesources/ffpsa>.

California Department of Social Services, "Child and Family Teams (CFTs)," Accessed June 9, 2022. <https://www.cdss.ca.gov/inforesources/foster-care/child-and-family-teams>.

California Health and Human Services Agency. *California Olmstead Plan: Update on Its Implementation*. November, 2012. <https://www.chhs.ca.gov/wp-content/uploads/2019/06/California-Olmstead-Plan.pdf>.

California Health and Human Services Agency. "State Health Information Guidance (SHIG)." <https://www.chhs.ca.gov/ohii/shig/>.

California Probate Referees Association. *The Probate Referee Guide*. 2020. https://www.sco.ca.gov/Files-EO/probate_guide.pdf.

California Professional Fiduciaries Bureau. *Professional Fiduciaries Code of Ethics*. http://coastfiduciary.com/wp-content/uploads/2015/09/CA_Professional_Fiduciaries_Code_of_Conduct.pdf.

California Social Work Education Center. "About the Core Practice Model." Accessed May 2022. <https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/core-practice-model/about>.

California State Auditor. *Homelessness in California The State's Uncoordinated Approach to Addressing Homelessness Has Hampered the Effectiveness of Its Efforts*. Sacramento: February 2021. <https://www.auditor.ca.gov/pdfs/reports/2020-112.pdf?ref=newsnetworks-dot-com>.

Carnochan, Sarah, Megan Moore, and Michael J. Austin, "Achieving Placement Stability," *Journal of Evidence-Based Social Work* 10, no. 3 (2013): 235–253. <https://doi.org/10.1080/15433714.2013.788953>.

Carnochan, Sarah, Erika Weissinger, and Michael J. Austin. *Identifying Skillful Practice in Child Welfare Case Record Data Through the Use of Qualitative Data-Mining*. UC Berkeley Mack Center, June 2015. https://mackcenter.berkeley.edu/sites/default/files/identifying_skillful_practice_in_child_welfare_case_record_data_through_the_use_of_qualitative_data-mining_0.pdf.

Carnochan, Sarah, Megan Moore, and Michael J. Austin. "Achieving Placement Stability." *Journal of Evidence-Based Social Work* 10, no. 3 (2013): 235–253.

Casey Family Programs. "How does turnover affect outcomes and what can be done to address retention?" December 29, 2017. <https://www.casey.org/turnover-costs-and-retention-strategies/>.

Casey Family Programs. "How did Texas decrease caseworker turnover and stabilize its workforce?" May 14, 2018. <https://www.casey.org/texas-turnover-reduction/>.

Casey Family Programs. "How have some child protection agencies successfully recruited and retained resource families?" December 2020. <https://caseyfamilypro-wpengine.netdna-ssl.com/media/20.07-QFF-HO-Recruitment-and-Retention-examples.pdf>.

Casey Family Programs. "What are some strategies for finding and keeping traditional and therapeutic resource families?" February 9, 2021. <https://www.casey.org/resource-family-strategies/>.

Casey Family Programs, "How are Child Welfare Leaders Applying Safety Science to Critical Incident Reviews?" June 29, 2021, <https://www.casey.org/critical-incident-reviews/>.

Casey Family Programs. "How does New Jersey maintain a stable child welfare force?" February 7, 2022. <https://www.casey.org/turnover-costs-and-retention-strategies/>.

Center for Women's Welfare. "Self Sufficiency Standard– California." School of Social Work at the University of Washington. Accessed June 6, 2022.
<https://selfsufficiencystandard.org/california/>.

Cherry, Donna J. and John G. Orme. "The vital few foster mothers." *Children and Youth Services Review* 35 (January 2013): 1625–1633.
<https://doi.org/10.1016/j.childyouth.2013.07.001>.

Child Welfare Indicators Project. "Point in Time/In Care." Accessed March 31, 2022.
<https://ccwip.berkeley.edu/childwelfare/reports/PIT/MTSG/r/ab636/s>.

Children's Bureau. *Data Sharing for Courts and Child Welfare Agencies*. US Department of Health and Human Services, Administration for Children and Families, 2018.
<https://aisp.upenn.edu/wp-content/uploads/2020/11/Data-Sharing-Courts-and-Child-Welfare.pdf>.

Ciarrochi, Joseph, Melanie Randle, Leonie Miller, and Sara Dolnicar. "Hope for the Future: Identifying the Individual Difference Characteristics of People Who Are Interested In and Intend To Foster–Care." *The British Journal of Social Work* 42, no. 1 (2012): 7–25. <http://www.jstor.org/stable/43772544>.

Clark, Shelby L., Ashley N. Palmer, Becci A. Akin, Stacy Dunkerley, and Jody Brook. "Investigating the Relationship Between Trauma Symptoms and Placement Instability." *Child Abuse & Neglect* 108 (2020): 104660.

Clemens, Elysia V., Trent L. Lalonde, and Alison Phillips Sheesley. "The relationship between school mobility and students in foster care earning a high school credential." *Children and Youth Services Review* 68, (September 2016): 193–201.
<https://doi.org/10.1016/j.childyouth.2016.07.016>.

Cooper, Khush. *Riverside County Department of Public Social Services (DPSS) Summary of Process Improvement in CFS Division since February 2020*. Implematix, 2021.

"County Awarded \$10.5 Million for New Housing Efforts," (September 2020). These funds are part of the state's new housing initiative Project Homekey for people experiencing homelessness. <https://www.rivco.org/news/county-awarded-105-million-new-housing-efforts>.

County Executive Office. "Fiscal Year 2021/2022 Adopted Budget." Riverside: Riverside County, 2021.
<https://rivcoca.com/sites/default/files/About%20the%20County/Budget%20and%20Financial%20Information/Financial%20Information/FY-21-22/FY%202021-2022%20Adopted%20Budget%20Volume%201-v1.pdf>.

Courtney, Mark E., Jennifer L. Hook, and JoAnn S. Lee. *Distinct subgroups of former foster youth during young adulthood: Implications for policy and practice*. Chicago: Chapin Hall, March 2010. https://www.chapinhall.org/wp-content/uploads/Midwest_IB4_Latent_Class_2.pdf.

County of Riverside. "Class and Salary Listing." January, 2022. https://www.rc-hr.com/Portals/2/PeopleSoft%20Class%20%26%20Salary%202022%20Jan%201_1.pdf.

County of Riverside. "Hotel/Motel Vouchers." <https://rivcodpss.org/housing-help/hotel-motel-vouchers>.

D'Andrade, Amy. "A Quantitative Evaluation of Concurrent Planning in California Public Child Welfare." Dissertation, University of California, Berkeley, School of Social Welfare, 2004. Dawson, Steven. "Job Design Framework." National Fund for Workforce Solutions. <https://nationalfund.org/job-design-framework/>.

Davenport, Debra K. *A Special Report of the Arizona Department of Child Safety—Staff Retention, Recruitment, and Training*. Phoenix: Arizona Auditor General, 2017. https://www.azauditor.gov/sites/default/files/17-111_Report.pdf.

Dawson, Steven. "Job Design Framework." National Fund for Workforce Solutions. <https://nationalfund.org/job-design-framework/>.

De La Torre, Angelica, Nick Honey, Yali Lincroft, Crystal Shackleford, Amber Twitchell, and Dennis Tyler–StClair. "Integrating Youth Partners to Improve Service Delivery and Outcomes in Child Welfare." Conference presentation at County Welfare Directors Association of California Conference, Monterey, California, October 14, 2015.

Department of Health Care Services. "HCPCFC Program Overview." Last modified March 23, 2021. <https://www.dhcs.ca.gov/services/HCPCFC/Pages/ProgramOverview.aspx>.

Department of Numbers. "Riverside County California Residential Rent and Rental Statistics." Accessed March 30, 2022. <https://www.deptofnumbers.com/rent/california/riverside-county/>.

Drake, Brett, Sang Moo Lee, and Melissa Jonson–Reid. "Race and child maltreatment reporting: Are blacks overrepresented?" *Children and Youth Services Review* 31, no. 3 (August 2008): 309–316. <https://doi.org/10.1016/j.childyouth.2008.08.004>.

Drake, Brett, Jennifer M. Jolley, Paul Lanier, John Fluke, Richard P. Barth, and Melissa Jonson–Reid. "Racial bias in child protection? A comparison of competing explanations using national data." *Pediatrics* 127, no. 3 (March 2011): 471–478. <https://doi.org/10.1542/peds.2010-1710>.

Dube, Shanta R., Robert R. Anda, Vincent J. Felitti, Daniel P. Chapman, David F. Williamson, and Wayne H. Giles. "Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: findings from the adverse childhood experiences study." *JAMA: The Journal of the American Medical Association* 286, no. 24 (December 2001): 3089–3096. <https://doi.org/10.1001/jama.286.24.3089>.

Duquette, Donald, Britany Orlebeke, Andrew Zinn, Robbin Pott, Ada Skyles, and Xiaomeng Zhou. *Children's Justice: How to Improve Legal Representation of Children in the Child Welfare System*. National Association of Counsel for Children E-version, 2021. <https://secureservercdn.net/72.167.241.180/zmc.c18.myftpupload.com/wp-content/uploads/2021/12/Childrens-Justice-NACC-r2.pdf>.

Faller, Kathleen Coulborn, Marguerite Grabarek, and Frank E. Vandevort. "Child welfare workers go to court: The impact of race, gender, and education on the comfort with legal issues." *Children and Youth Services Review* 31, no. 9 (September 2009): 972–977. <https://doi.org/10.1016/j.childyouth.2009.04.010>.

Family Justice Initiative. *Attributes of High-quality Legal Representation for Children and Parents in Child Welfare Proceedings*. 2018. https://www.americanbar.org/content/dam/aba/administrative/child_law/fji-attributes-2018.pdf.

Fergeus, Josh, Cathy Humphreys, Carol Harvey, and Helen Herrman. "Supporting foster and kinship carers to promote the mental health of children." *Child and Family Social Work* 24, no. 1 (February 2019): 77–83. <https://doi.org/10.1111/cfs.12583>.

Finocchio, Len, James Paci, and Matthew Newman. "2021 Edition — Medi-Cal Facts and Figures: Essential Source of Coverage for Millions." California Health Care Foundation, 2021. <https://www.chcf.org/publication/2021-edition-Medi-Cal-facts-figures/#related-links-and-downloads>.

Foster and Adoptive Care Coalition. "Recruitment Programs Family Finding." Accessed May 23, 2022. <https://www.foster-adopt.org/recruitment-programs/#jones>.

Frame, Laura, Jill D. Berrick, and Judi Knittel. "Parent mentors in child welfare: A paradigm shift from traditional services." *The Source* 20, no. 1 (January 2010): 2–6.

Franklin, David. "Introduction to Capacity Assessments." Lecture, Riverside County Elder Abuse Forensic Center. <https://gwep.med.ucla.edu/files/view/docs/initiative2/conferences/november-2018.pdf>.

Frey, Bruno S., and Jana Gallus. *Honours versus Money: The Economics of Awards*. Oxford, United Kingdom: Oxford University Press, 2017.

Fryar, Garrett, Elizabeth Jordan, and Kerry Devooght. *Supporting young people transitioning from foster care: Findings from a national survey*. Washington D.C.: Child Trends, November, 2017. <https://www.childtrends.org/wp-content/uploads/2017/11/SYPTFC-Findings-from-a-National-Survey-11.3.17.pdf>.

Gifford, E.J., K.E. Evans, L. Eldred Kozecke, and F.A. Sloan. "Mothers and fathers in the criminal justice system and children's child protective services involvement." *Child Abuse & Neglect* 101, (March 2020): 104306. <https://doi.org/10.1016/j.chiabu.2019.104306>.

Good Jobs Institute. "What is a 'Good' Job?" <https://goodjobsinstitute.org/what-is-a-good-job/>.

Hanlon, Ryan, June Simon, Angelique Day, Lori Vanderwill, JaeRan Kim, and Elise Dallimore. "Systematic Review of Factors Affecting Foster Parent Retention." *Families in Society* 102, no. 3 (July 2021): 285–99. <https://doi.org/10.1177/1044389420970034>.

Harris, Heather. "Fewer domestic violence calls, but more incidents could be deadly." Public Policy Institute of California, April 12, 2022. <https://www.ppic.org/blog/fewer-domestic-violence-calls-but-more-incidents-could-be-deadly/>.

Heaton, Leanne, Kristen Woodruff, Bryan Williams, and Susan Chibnall. *Evaluation of the Annie E. Casey Foundation's On the Frontline Initiative*. Westat, 2019. <https://assets.aecf.org/m/resourcedoc/westat-onthefrontlineevaluation-2019.pdf>.

Home School Legal Defense Associated. "Homeschool Laws by State." Accessed June 9, 2022. <https://hsllda.org/legal>.

Horwitz, Sarah McCue, Michael S. Hurlburt, Amy Heneghan, Jinjin Zhang, Jennifer Rolls-Reutz, Emily Fisher, John Landsverk, and Ruth E. K. Stein. "Mental health problems in young children investigated by US child welfare agencies." *Journal of the American Academy of Child & Adolescent Psychiatry* 51, no.6 (June 2012): 572–581. <https://doi.org/10.1016/j.jaac.2012.03.006>.

iCalifornia Food Stamps. "CalFresh Riverside County." Last updated on March 5, 2022. <https://icaliforniafoodstamps.com/calfresh-riverside-county/>.

iFoster. "iFoster Tay Assistant." Accessed June 9, 2022. <https://portal.ifoster.org/iFosterTAYAssistant.aspx>.

Implematix, PowerPoint Presentation, n.d.

Judicial Council of California. *Dependency Counsel Caseload Standards*. San Francisco. April 2008.

<https://www.courts.ca.gov/documents/DependencyCounselCaseloadStandards2008.pdf>.

Judicial Council of California. *Juvenile Dependency: Court–Appointed– Counsel Funding Reallocation*. San Francisco, 2015. <https://www.courts.ca.gov/documents/jc-20150417-itemI.pdf>.

Judicial Council of California. *California Handbook for Conservators*. San Francisco: 2016. <https://www.courts.ca.gov/documents/handbook.pdf>.

Judicial Council of California. *Juvenile Dependency: Court–Appointed Dependency Counsel Workload and Funding Methodology*. San Francisco, 2016. <https://jcc.legistar.com/View.ashx?M=F&ID=4382676&GUID=E8BCCA8A-5DED-48C3-B946-6E21EBB0BEAF>.

Judicial Council of California. *Trial Court Budget: Fiscal Year 2021–22 Allocation of Court–Appointed Juvenile Dependency Counsel Funding*. San Francisco: July 2021. <https://www.stanct.org/sites/default/files/TCB%20Fiscal%20Year%202021-22%20Allocation%20of%20Court-Appointed%20Juvenile%20Dependency%20Counsel%20Funding.pdf>.

Kalfus, Howard A. "When can I go home? The impact of continuances on rates and timing of reunification in Vermont's child abuse and neglect dockets." *Vermont Law Review* 45, no. 1 (2020): 1–41. <https://lawreview.vermontlaw.edu/volume-45-book-1/>.

Kamerman, Sheila B., Michelle Neuman, Jane Waldfogel and Jeanne Brooks–Gunn. "Social policies, family types and child outcomes in selected OECD countries." *OECD Social, Employment and Migration Working Papers*, No. 6, (May 2003). <https://doi.org/10.1787/625063031050>.

Katzanet, Jack. "80,000 Applicants Wait for Section 8 Vouchers." *The Press Enterprise*, February 15, 2019. <https://www.pe.com/2019/02/12/80000-applicants-wait-for-section-8-vouchers-in-riverside-county/>.

Kaufman, Michael and Victor Leung. *System on the Brink: How Crushing Caseloads in the California Dependency Courts Undermine the Right to Counsel, Violate the Law and Put Children and Families at Risk*. American Civil Liberties Union of California: 2015. <https://www.aclusocal.org/sites/default/files/wp-content/uploads/2015/05/DependencyCourtsWhitePaper-CA.pdf>.

KEEP. "Keeping Foster and Kin Parents Supported and Trained." Accessed June 5, 2022. <https://www.keepfostering.org/>.

Kelly, John, Daniel Heimpel, Jeremy Loudonback, Christie Renick, Kim Phagan–Hansel, Elizabeth Green, Stephanie Pham, and Marisol Zarate. "The foster care housing crisis." *The Chronicle of Social Change*, 2018. <https://imprintnews.org/wp-content/uploads/2017/10/The-Foster-Care-Housing-Crisis-10-31.pdf>.

Kelly, John. "Who Cares 2020." *Imprint*, November 10, 2020. <https://imprintnews.org/child-welfare-2/who-cares-2020-executive-summary/49243#:~:text=For%20example%2C%20our%202019%20total,in%20August%202020%2C%20was%20423%2C997>.

Kim, Hyunil and Brett Drake. "Child maltreatment risk as a function of poverty and race/ethnicity in the USA." *International Journal of Epidemiology* 47, no. 3 (January 2018): 780–787. <https://doi.org/10.1093/ije/dyx280>.

Kudoboard, "Kudoboard," Accessed June 9, 2022. <https://www.kudoboard.com/>.

KVC Health Systems. "7 Ways You Can Help A Child in Foster Care (Without Being A Foster Parent)." February 26, 2021. <https://www.kvc.org/blog/5-ways-to-help-a-child-in-foster-care/>.

Landsman, Miriam J., Shamra Boel–Studt, and Kelli Malone. "Results from a family finding experiment." *Children and Youth Services Review* 36, (January 2014): 62 – 69. <https://doi.org/10.1016/j.childyouth.2013.10.025>.

Lawrence, Catherine K., Wendy Zeitlin, Charles Auerbach, Sreyashi Chakravarty, and Shauna Rienks. "Measuring the impact of public perceptions on child welfare workers." *Journal of Public Child Welfare* 13, no. 4 (2019): 401–418. <https://doi.org/10.1080/15548732.2018.1508537>.

Lawson, Jennifer and Jill Duerr Berrick. "Establishing CASA as an Evidence–Based Practice." *Journal of Evidence–Based Social Work* 10, no. 4 (July 2013): 321–337. <https://doi.org/10.1080/15433714.2012.663674>.

League of California Cities. "The City of Riverside Builds Affordable Housing While Breaking Down Barriers to Mental Health Access." December 2021. <https://www.calcities.org/detail-pages/news/2021/12/01/the-city-of-riverside-builds-affordable-housing-while-breaking-down-barriers-to-mental-health-access>.

Legal Representation Workgroup. *2015 Pennsylvania State Roundtable Report*. 2015. <https://ocfcpacourts.us/wp-content/uploads/2020/06/2015-Legal-Representation-Report31.pdf>.

Lens, Vicki, Colleen Cary Katz, and Kimberly Spencer Suarez. "Case workers in family court: A therapeutic jurisprudence analysis." *Children and Youth Services Review* 68, (September 2016): 107–114. <https://doi.org/10.1016/j.childyouth.2016.06.027>.

Leon, Scott C., Deborah J. Saucedo, and Kristin Jachymiak. "Keeping it in the family: The impact of a Family Finding intervention on placement, permanency, and well-being outcomes." *Children and Youth Services Review* 70, (November 2016): 163–170. <https://doi.org/10.1016/j.childyouth.2016.09.020>.

Leslie, Laurel K., Jeanne N. Gordon, Lee Meneken, Kamila Premji, Katherine L. Michelmore, and William Ganger. "The physical, developmental, and mental health needs of young children in child welfare by initial placement type." *Journal of Developmental and Behavioral Pediatrics* 26, no. 3 (June 2005): 177–185. DOI: [10.1097/00004703-200506000-00003](https://doi.org/10.1097/00004703-200506000-00003).

Leve, Leslie D., Gordon T. Harod, Patricia Chamberlain, John A. Landsverk, Phillip A. Fisher, and Panos Vostanis. "Practitioner review: children in foster care—vulnerabilities and evidence-based interventions that promote resilience processes." *Journal of Child Psychology and Psychiatry* 53, no. 12 (December 2012): 1197–1211. <https://doi.org/10.1111/j.1469-7610.2012.02594.x>.

Lofstrom, Magnus and Brandon Martin. "Crime trends in California." Public Policy Institute of California, January 2022. <https://www.ppic.org/publication/crime-trends-in-california/>.

Los Angeles County Department of Children and Family Services. "Foster Youth Bill of Rights." <https://dcfs.lacounty.gov/youth/know-your-rights/#:~:text=California%20Foster%20Youth%20Bill%20of%20Rights&text=As%20a%20young%20person%20in,%2C%20dental%2C%20and%20psychiatric%20care>.

Los Angeles County Department of Children and Family Services. "Teens 16 and Older." Accessed June 6, 2022. <https://dcfs.lacounty.gov/youth/teens-16/>.

Lowrey, Annie. "The Time Tax." *The Atlantic*, July 27, 2021. <https://www.theatlantic.com/politics/archive/2021/07/how-government-learned-waste-your-time-tax/619568/>.

Malagon, Patricia and Caroline Danielson. "California's high housing costs increase poverty." Public Policy Institute of California, August 13, 2021. <https://www.ppic.org/blog/californias-high-housing-costs-increase-poverty/>.

Massachusetts Institute of Technology. "Living Wage Calculation for Riverside County, California." Living Wage Calculator. <https://livingwage.mit.edu/counties/06065>.

McQuiggan, Meghan, Mahi Megra, and Sarah Grady, *Parent and family involvement in education: Results from the National Household Education Surveys program of 2016: First look*, National Center for Education Statistics, 2019.

<https://files.eric.ed.gov/fulltext/ED575972.pdf>.

Megahead, Hamido A. and Elizabeth Soliday. "Developing a Conceptual Framework of Foster Family Placement." *Journal of Family Psychotherapy* 24, no. 1 (2013): 48–63.

<https://doi.org/10.1080/08975353.2013.762868>.

Morales, Lourdes and Ryan Woolsey. *Integrating Health and Human Services Eligibility and Enrollment Processes*. Sacramento: Legislative Analyst's Office, 2014.

<https://lao.ca.gov/reports/2014/hhs/integrating-hhs-eligibility/integrating-hhs-eligibility-103014.pdf>.

Munson, Sara. *NJ DCF Workforce Report: A commitment to child welfare excellence through comprehensive workforce & leadership development*. New Brunswick: New Jersey Department of Children and Families, 2016.

https://www.nj.gov/dcf/childdata/exitplan/NJ.DCF.Workforce.Report_2015-2016.pdf.

Nancy Dubler, as quoted in Karp, Naomi and Erica Wood, *Incapacitated and Alone: Health Care Decision-making for the Unbefriended Elderly*. American Bar Association, 2003.

National Association of Counsel for Children. *Recommendations for Legal Representation of Children and Youth in Neglect and Abuse Proceedings*. 2022.

<https://naccchildlaw.app.box.com/s/vsg6w5g2i8je6jrut3ae0zjt2fvgltsn>.

National Guardianship Association. *Standards of Practice*. 2013.

<https://www.guardianship.org/wp-content/uploads/2017/07/NGA-Standards-with-Summit-Revisions-2017.pdf>.

National Guardianship Network. "The Fourth National Guardianship Summit: Maximizing Autonomy and Ensuring Accountability." Syracuse University.

<http://law.syr.edu/academics/conferences-symposia/the-fourth-national-guardianship-summit-autonomy-and-accountability>.

New Jersey Department of Children and Families. "Child Protection and Permanency Access to Mobile Response Stabilization Services (MRSS) Process for Placements and Replacements in Resource Care and Kinship Homes." August 17, 2017.

https://www.state.nj.us/dcf/policy_manuals/CPP-IV-B-8-600_issuance.shtml.

New Jersey Department of Children and Families. "DCF Office of Staff Health & Wellness."

<https://www.nj.gov/dcf/oshw.html#:~:text=Staff%20health%20and%20wellness%20was,culture%20of%20inclusivity%20and%20empowerment>.

Olds, David L., John Eckenrode, Charles R. Henderson, Harriet Kitzman, Jane Powers, Robert Cole, Kimberly Sidora et al. "Long-term effects of home visitation on maternal life course and child abuse and neglect: Fifteen-year follow-up of a randomized trial." *JAMA* 278, no. 8 (August 1997): 637–643. doi:10.1001/jama.1997.03550080047038.

Osborne, Jennifer, Lauren A. Hindt, Nathan Lutz, Nicole Hodgkinson, and Scott C. Leon. "Placement stability among children in kinship and non-kinship foster placements across multiple placements." *Children and Youth Services Review* 126, (July 2021): 106000. <https://doi.org/10.1016/j.childyouth.2021.106000>.

Palacios, Jesús, Nancy Rolock, Julie Selwyn, and Maria Barbosa–Ducharne. "Adoption Breakdown: Concept, Research, and Implications." *Research on Social Work Practice* 29, no. 2 (2019): 130–142. <https://doi.org/10.1177/1049731518783852>.

Palomino, Joaquin and Sara Tiano. "Newsom bans sending foster youth to faraway treatment programs after Chronicle abuse investigation." *San Francisco Chronicle*, July 19, 2021. <https://www.sfchronicle.com/politics/article/Newsom-bans-faraway-treatment-programs-after-16325292.php>.

Parker, Kim and Juliana Menasce Horowitz. "Majority of workers who quit a job in 2021 cite low pay, no opportunities for advancement, feeling disrespected." Pew Research Center, March 9, 2022. <https://www.pewresearch.org/fact-tank/2022/03/09/majority-of-workers-who-quit-a-job-in-2021-cite-low-pay-no-opportunities-for-advancement-feeling-disrespected/>.

Pears, Katherine C., Cynthia V. Heywood, Hyoun H. Kim, and Philip A. Fisher. "Pre-reading deficits in children in foster care." *School Psychology Review* 40, no. 1 (March 2011): 140–148.

Permanent Judicial Commission for Children, Youth and Families. *Legal Representation Study: Assessment of Appointed Representation in Texas Child-Protection Proceedings*. Supreme Court of Texas, January 2011. <http://texaschildrenscommission.gov/media/1144/lrsshort.pdf>.

Price, Joseph M., Patricia Chamberlain, John Landsverk, John B. Reid, Leslie D. Leve, and Heidmarie Laurent. "Effects of a Foster Parent Training Intervention on Placement Changes of Children in Foster Care." *Child Maltreatment* 13, no. 1 (February 2008): 64–75. <https://doi.org/10.1177/1077559507310612>.

Price, Joseph M., Patricia Chamberlain, John Landsverk, and John Reid. "KEEP foster-parent training intervention: model description and effectiveness." *Child & Family Social Work* 14, no. 2 (May 2009): 233–242. <https://doi.org/10.1111/j.1365-2206.2009.00627.x>.

Price, Joseph M., Scott Roesch, Natalia E. Walsh, and John Landsverk. "Effects of the KEEP foster parent intervention on child and sibling behavior problems and parental stress during a randomized implementation trial." *Prevention Science* 16, no. 5 (November 2014): 689–685. <https://doi.org/10.1007/s11121-014-0532-9>.

Propel. "Propel." Accessed June 9, 2022. <https://www.joinpropel.com/>.

Quality Parenting Initiative. "QPI – Quality Parenting Initiative." Accessed June 6, 2022. <https://www.qpi4kids.org/>.

Rebbe, Rebecca, Andrea Lane Eastman, Avanti Adhia, Regan Foust, and Emily Putnam-Hornstein. "Co-Reporting of Child Maltreatment and Intimate Partner Violence: The Likelihood of Substantiations and Foster Care Placements." *Child Maltreatment* 26, no. 4 (November 2021) <https://doi.org/10.1177/10775595211007205>.

Riggs, Damien Wayne, Martha Augoustinos, and Paul Delfabbro. "Foster fathers and care work: Engaging alternate models of parenting." *Fathering* 8, no. 1 (2010): 24–36.

Riverside County. "2013–2014 Grand Jury Report." December 18, 2013. [https://www.rivco.org/sites/default/files/Past%20Reports%20%26%20Responses/2013-2014/182013-14%20Grand%20Jury%20Report%20Riverside%20County%20Mental%20Health%20De partment%20-%20Public%20Guardian.pdf](https://www.rivco.org/sites/default/files/Past%20Reports%20%26%20Responses/2013-2014/182013-14%20Grand%20Jury%20Report%20Riverside%20County%20Mental%20Health%20Department%20-%20Public%20Guardian.pdf).

Riverside County. "County Awarded \$10.5 Million for New Housing Efforts." September 2020. <https://www.rivco.org/news/county-awarded-105-million-new-housing-efforts>.

Riverside County. "Job Descriptions – Social Services Practitioner I." <https://www.governmentjobs.com/careers/riverside/classspecs/1459>.

Riverside County. "Job Descriptions – Social Services Practitioner II." <https://www.governmentjobs.com/careers/riverside/classspecs/1460>.

Riverside County. "Job Descriptions – Social Services Practitioner III." <https://www.governmentjobs.com/careers/riverside/classspecs/3171>.

Riverside County Children's Services Division. *February 2022 Children's Services Division Dashboard*. 2022.

Riverside County Department of Public Social Services. "About Us." Accessed June 7, 2022. <https://rivcodpss.org/dpss-programs/about-us>.

Riverside County Department of Public Social Services. *2020 Homeless Point-in-Time Count and Survey*. June 2020. <https://www.harivco.org/Portals/0/Documents/2020-homeless-point-intime-count-report.pdf?ver=2020-08-06-121417-817>.

Riverside County Department of Public Social Services. *Annual Report*. Riverside, 2021. https://2nx30g304biyrs41q3ua4jvs-wpengine.netdna-ssl.com/wp-content/uploads/2021/11/2021-DPSS-Annual-Report_FINAL.pdf.

Riverside University Health Systems – Behavioral Health. *Public Guardian Policy & Procedures*. 2021.

Riverside University Health System – Behavioral Health. "Patients' Rights." <https://www.rcdmh.org/Administration/PatientsRights#:~:text=Under%20California%20law%2C%20all%20clients,physical%20restraint%2C%20isolation%2C%20or%20medication>.

Rolock, Nancy, and Kevin R. White. "Post-Permanency Discontinuity: A Longitudinal Examination of Outcomes for Foster Youth After Adoption or Guardianship." *Children and Youth Services Review* 70, (2016): 419–427. <https://doi.org/10.1016/j.childyouth.2016.10.025>.

Roscoe, Joseph N., Bridgette Lery, and Jaclyn E. Chambers. "Understanding child protection decisions involving parents with mental illness and substance abuse." *Child Abuse & Neglect* 81, (July 2018): 235–248. <https://doi.org/10.1016/j.chiabu.2018.05.005>.

Rymph, Catherine E. *Raising Government Children: A History of Foster Care and the American Welfare State*. Chapel Hill: The University of North Carolina Press, 2018.

Sattler, Kierra M. P., and Sarah A. Font. "Predictors of Adoption and Guardianship Dissolution: The Role of Race, Age, and Gender Among Children in Foster Care." *Child Maltreatment* 26, no. 2 (2020): 216–227. <https://doi.org/10.1177/1077559520952171>.

Schmidt, Winsor C., Kent S. Miller, William G. Bell, and B. Elaine New. *Public Guardianship and the Elderly*. Cambridge: Ballinger Publishing Company, 1981.

Schmidt, Winsor C., Pamela B. Teaster, Marta Mendiondo, Jennifer Marcum, and Tenzin Wangmo. "Program and ward characteristics and cost savings of public guardianship: An

Evaluation of the Florida public guardianship program." *University of Florida Journal of Law & Public Policy* 28, (2017).

Shlonsky, Aron R. and Jill D. Berrick. "Assessing and promoting quality in kin and nonkin foster care." *Social Service Review* 75, (Mach 2001): 60–83.
<https://doi.org/10.1086/591882>.

Sinclair, Ian, and Kate Wilson. "Matches and Mismatches: The Contribution of Carers and Children to the Success of Foster Placements." *The British Journal of Social Work* 33, no. 7 (2003): 871–84. <http://www.jstor.org/stable/23720111>.

State of California, Health and Human Services Agency, Department of Social Services, "ACIN I–76–15 Extended Foster Care (EFC) Update," October 20, 2015.
https://www.cdss.ca.gov/lettersnotices/entres/getinfo/acin/2015/I-76_15.pdf.

Teaster, Pamela B. and Karen A. Roberto. *Virginia public guardian and conservator programs: Summary of the first year evaluation: Report to the Virginia Department for the Aging*. Richmond: 2002.

Teaster, Pamela B., Marta S. Mendiondo, Winsor C. Schmidt, Jennifer Marcum, and Tenzin Wangmo. *The Florida public guardian programs: An evaluation of program status and outcomes: Report for the Florida Department of Elder Affairs Statewide Public Guardianship Office*. Tallahassee: 2009.

Teaster, Pamela B., Winsor C. Schmidt Jr., Susan A. Lawrence, Marta S. Mendiondo, and Erica F. Wood. *Public guardianship: In the best interests of incapacitated people?* ABC–CLIO, 2010.

Teaster, Pamela B., Wen You, and Saman Mohsenirad. *Florida public guardian programs: Program costs and activities report for the Office of Public and Professional Guardians*. Florida Department of Elder Affairs, 2020.

The Annie E. Casey Foundation. "Top Causes of Staff Turnover at Child Welfare Agencies — and What to Do About it." March 4, 2019. <https://www.aecf.org/blog/top-causes-of-staff-turnover-at-child-welfare-agencies-and-what-to-do-about>.

The National Consumer Voice for Quality Long-term Care. *Nursing Home Residents' Rights*. https://theconsumervoice.org/uploads/files/long-term-care-recipient/CV_NHrights_factsheet_final.pdf.

The Press Enterprise, "New scholarships offered for Foster Youth in Riverside County." April 16, 2022. https://www.pe.com/2022/04/16/new-scholarships-offered-for-foster-youth-in-riverside-county/?utm_medium=email&utm_source=govdelivery.

The State Bar of California. *Guidelines on Indigent Defense Services Delivery Systems*. San Francisco: 2006.

[https://www.calbar.ca.gov/Portals/0/documents/ethics/Indigent Defense Guidelines 2006.pdf](https://www.calbar.ca.gov/Portals/0/documents/ethics/Indigent_Defense_Guidelines_2006.pdf).

Ting, Farrah McDaid, Justin Garrett, and Roshena Duree. "Counties Ask for Public Guardian Funding." California State Association of Counties. April 4, 2019.

<https://www.counties.org/csac-bulletin-article/counties-ask-public-guardian-funding>.

Transformation Planning for an Integrated Health and Human Services Delivery System, December 16, 2021 presentation.

Tribute, "Tribute," Accessed June 9, 2022. <https://www.tribute.co/>.

USDA Food and Nutrition Service. *Barriers that Constrain the Adequacy of Supplemental Nutrition Assistance Program (SNAP) Allotments (Summary)*. June 2021. <https://fns-prod.azureedge.us/sites/default/files/resource-files/SNAP-Barriers-Summary.pdf>.

US Department of Housing and Urban Development. "Family Unification Program (FUP)."

https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/family.

US Housing and Urban Development. *2021 Annual Homeless Assessment Report Part 1*.

by Meghan Henry, Tanya de Sousa, Colette Tano, Nathaniel Dick, Rhaia Hull, Meghan Shea, Tori Morris, and Sean Morris, Abt Associates. Washington, D.C.: 2022,

<https://www.huduser.gov/portal/sites/default/files/pdf/2021-AHAR-Part-1.pdf>.

Vandevort, Frank E., Robbin Pott Gonzalez, and Kathleen Coulborn Faller. "Legal ethics and high child welfare worker turnover: An unexplored connection." *Children and Youth Services Review* 30, no.5 (May 2008): 546–563.

<https://doi.org/10.1016/j.childyouth.2007.10.016>.

Van Wagenen, Jeff. *Status Report on the Activity of the Board Ad Hoc Committee on Inter-Departmental Systems Improvements for Protection of Vulnerable Children and Adults*. Riverside County Board of Supervisors, 2022.

http://rivcocob.org/proceeds/2022/p2022_03_29_files/02.09001.pdf.

Vasileva, Mira, and Franz Petermann. "Attachment, Development, and Mental Health in Abused and Neglected Preschool Children in Foster Care: A Meta-Analysis." *Trauma, Violence, & Abuse* 19, no. 4 (October 2018): 443–58.

<https://doi.org/10.1177/1524838016669503>.

Vera Institute of Justice. *Guardianship Practice: A Six Year Perspective*. 2011. <https://craft2.vera.org/publications/guardianship-practice-a-six-year-perspective>.

Webster, Daniel, Sean Lee, William Dawson, Joe Magruder, Markus Exel, Stephanie Cuccaro–Alamin, Emily Putnam–Hornstein, Wendy Wiegmann et al., “California Child Welfare Indicators Project reports.” University of California at Berkeley, 2020, Accessed March 31, 2022.

Weigensberg, Elizabeth C., Richard P. Barth, and Shenyang Guo. “Family group decision making: A propensity score analysis to evaluate child and family services at baseline and after 36–months.” *Children and Youth Services Review* 31, no. 3 (March 2009): 383–390. <https://doi.org/10.1016/j.childyouth.2008.09.001>.

Weissinger, Erika. “Reasons for Attrition Among Public Adoption Seekers.” PhD Diss. University of California, Berkeley, 2013. <https://escholarship.org/uc/item/6g3108t1>.

Westad, Callie and David McConnell. “Child Welfare Involvement of Mothers with Mental Health Issues.” *Community Mental Health Journal* 48, no. 1 (February 2012): 29 – 37. <https://doi.org/10.1007/s10597-011-9374-0>.

Wexler, David B. “Therapeutic jurisprudence and changing concepts of legal scholarship.” *Behavioral Sciences and the Law* 11, no.1 (1993): 17–29. <https://doi.org/10.1002/bsl.2370110103>.

Whenan, Rachel, Melissa Oxlad, and Kurt Lushington. “Factors associated with foster carer well-being, satisfaction and intention to continue providing out-of-home care.” *Children and Youth Services Review* 31, no. 7. (July 2009): 752–760. <https://doi.org/10.1016/j.childyouth.2009.02.001>.

Wood, Erica, Pamela Teaster, and Jenica Cassidy. *Restoration of Rights in Adult Guardianship: Research and Recommendations*. Washington, DC: American Bar Association Commission on Law and Aging, May 2017. https://www.americanbar.org/content/dam/aba/administrative/law_aging/restoration-of-rights-in-adult-guardianship.pdf.

Wraparound Ohio. “Mobile Response Stabilization Service.” The Center for Innovative Practices at Case Western Reserve University. Accessed June 6, 2022. <https://wraparoundohio.org/mobile-crisis-response-and-stabilization-services/>.

Wulczyn, Fred, Florie Schmits, and Scott Huhr. *Reentry to Foster Care: Identifying Candidates Under The Family First Act*. Chicago: The Center for State Child Welfare Data, October, 2019. https://fcda.chapinhall.org/wp-content/uploads/2020/01/ReentryRisk_FinalReport_12102019.pdf.

Xu, Yanfeng, Charlotte Lyn Bright, Richard P. Barth, and Haksoon Ahn. "Poverty and Economic Pressure, Financial Assistance, and Children's Behavioral Health in Kinship Care." *Child Maltreatment* 26, no. 1 (February 2021): 28–39.

<https://doi.org/10.1177/1077559520926568>.

Zima, Bonnie T., Regina Bussing, Stephanny Freeman, Xiaowei Yang, Thomas R. Belin, and Steven R. Fitness. "Behavior problems, academic skill delays and school failure among school-aged children in foster care: Their relationship to placement characteristics." *Journal of Child and Family Studies* 9, no. 1 (March 2000): 87–103.

<https://doi.org/10.1023/A:1009415800475>.

Zinn, Andrew. "Kinship family relatedness, nuclear family contact, and social support among foster youth." *Journal of Public Child Welfare* 11, no. 1 (2017): 1–26.

<https://doi.org/10.1080/15548732.2016.1208134>.

Appendix A: The Larson LLP Subject Matter Expert Team

Erika Weissinger, PhD, M.P.P.

Dr. Weissinger received her PhD in Public Policy from U.C. Berkeley's Goldman School of Public Policy at U.C. Berkeley in 2013. Her dissertation examines reasons for attrition among foster care adoption seekers. She formerly served as data and research manager at JBS International, where she oversaw data collection and analysis for the Child and Family Services Reviews (CFSRs) conducted by the Children's Bureau. While there, she led a mixed-methods research team in writing reports on topics including placement stability, adoption, the Indian Child Welfare Act, and CFSR process improvement. From 2000 to 2005, she worked for the District of Columbia's Child and Family Services Agency as part of a turnaround team with Deloitte Consulting that helped the Agency emerge from court receivership. Dr. Weissinger currently teaches at U.C. Berkeley's Goldman School of Public Policy and the School of Social Welfare, where she completed a postdoctoral fellowship. There, she helped create a qualitative database documenting the lives of children in foster care. She is a former Court Appointed Special Advocate (CASA) and the board treasurer for Waterside Workshops, a local nonprofit that provides vocational education to young people emerging from foster care and the juvenile justice system. She is a co-parent and friend to many children and young adults touched by the foster care system.

Jill Duerr Berrick, PhD

Dr. Berrick is a Distinguished Professor of Social Welfare and the Zellerbach Family Foundation Professor at U.C. Berkeley. She also holds a joint appointment at the University of Bergen, Norway. Dr. Berrick's research focuses on the child welfare system and efforts to improve the experiences of children and families touched by foster care. Her interests target the intersection of poverty, child safety, parenting and the service systems designed to address these issues. For over three decades, Dr. Berrick has conducted a range of studies examining child welfare services for vulnerable families. She has written or co-written 11 books and numerous articles on topics relating to family poverty, child maltreatment, child welfare, and international comparative child protection policies. Her most influential works have examined the benefits and limitations of kinship foster care; the characteristics of highly effective foster caregivers; and the human impacts of poverty-related policies for children and families at risk of foster care involvement. Her most recent book, *The Impossible Imperative: Navigating the Competing Principles of Child Protection* (Oxford University Press), lays out a framework for conducting principled practice by child welfare professionals.

Pamela B. Teaster, PhD, M.A., M.S.

Dr. Teaster is a Professor and the Director of the Center for Gerontology at Virginia Tech. She is the North American Representative of the International Network for the Prevention of Elder Abuse and the Immediate Past President of the Board of Trustees for the Center for Guardianship Certification, and she serves on the Editorial Boards of the Journal of Elder Abuse and Neglect and the Journal of Trauma, Violence, and Abuse Review. Dr. Teaster is a Fellow of the Gerontological Society of America and the Association for Gerontology in Higher Education and is a recipient of the Isabella Horton Grant Award for Guardianship (National College of Probate Judges), the Rosalie Wolf Award for Research on Elder Abuse (NAPSA), the Outstanding Affiliate Member Award (Kentucky Guardianship Association), and the Distinguished Educator Award (Kentucky Association for Gerontology). Former president of the National Committee for the Prevention of Elder Abuse, she has received funding from public and private sources. Her areas of scholarship include the abuse of elders and vulnerable adults, guardianship, end-of-life decision making, ethical treatment of older adults, and public policy and public affairs. She has published over 250 scholarly articles, reports, and book chapters and is the editor/author of six books.

Erica F. Wood, J.D.

Ms. Wood received her B.A. from the University of Michigan and her J.D. from the George Washington University. Ms. Wood served as assistant director of the American Bar Association Commission on Law and Aging, and was associated with the Commission from 1980 to 2020, when she retired. She continues to work in the law and aging field, especially adult guardianship. At the ABA she worked primarily on issues concerning adult guardianship, health and financial decision-making, legal services delivery, dispute resolution, health and long-term care, and access to court. She has participated in national studies on public guardianship and guardianship monitoring; played a role in convening national consensus conferences on guardianship; and directed a project on Working Interdisciplinary Networks of Guardianship Stakeholders (WINGS). Prior to 1980, she served as staff attorney at Legal Research and Services for the Elderly, National Council of Senior Citizens. In 2013 she received the Isabella Horton Grant Guardianship Award from the National College of Probate Judges. In 2016, she was appointed by the Virginia Governor to the Commonwealth Council on Aging, where she serves as Legislative Chair. She is a former member of the Arlington Commission on Aging, and a current member of the Virginia Center on Aging Board, the Virginia Public Guardianship and Conservatorship Advisory Board, and the Virginia Supreme Court WINGS.

Todd M. Franke, MSW, PhD

Dr. Franke is Professor in the Luskin School of Public Affairs, Department of Social Welfare. He has decades of experience in conducting cross-sectional and longitudinal research in fields including child welfare, education, juvenile justice, mental health and adolescent violence. His experience includes data analysis (multivariate, predictive analytics, machine learning), psychometrics, data visualization, and linking large existing datasets together for the social

good. He has worked on numerous evaluation projects in these areas and is currently the editor of Youth and the senior co-editor of the American Evaluation Association journal, New Directions in Evaluation. In the area of child welfare, he has examined the child welfare system and the related systems involved in the lives of children and families (e.g., health, mental health, juvenile justice, education, housing), workers and worker training, as well as children and families. He has received over \$120 million dollars in funding. He recently completed a study examining the link between children in out-of-home care and early childhood education through a project funded by the Administration for Children and Families. In addition to working with the Center of Excellence at UCLA around trauma-informed practice/training, he is on the leadership team for the UCLA Pritzker Center for Strengthening Children and Families, and the Associate Director of the UCLA Center for Healthier Children and Families. Dr. Franke currently oversees, in collaboration with LA DCFS, the training provided to all new and current staff at the Los Angeles Department of Children and Family Services as well as the cross-training that is beginning to occur between county agencies and for service providers and families.

Appendix B: Detailed Methods

Children's Services Division

Interviews and Focus Groups

We conducted 40 one-on-one interviews and held six focus groups with 37 participants. Interviews and focus groups were semi-structured. The interview and focus group guides can be found in Appendix C. We informed all respondents that their views would be anonymized to encourage candid responses.

We conducted and recorded most interviews and focus groups via Zoom with verbal consent to record, and we transcribed the recordings for further analysis. Members of one focus group and several one-on-one interviews opted out of being recorded, so we took careful notes of their responses, including some verbatim quotes. We conducted most of our interviews and focus groups using a team-based approach in which there was more than one facilitator and there were sometimes multiple note-takers. We conducted a few interviews in-person. We analyzed interview transcripts using Dedoose, a qualitative data analytic software.

Our respondents can be grouped into the following categories:

- Current and former CSD staff, including leadership, managers, supervisors, and social workers.
- Representatives from external partners, including SAFE Family Justice, CASA, and Foster Family Agencies.
- Experts from organizations including: The Annie E. Casey Foundation, Casey Family Programs, Implematix, the John Burton Foundation, and Chapin Hall.

We did not interview or survey DPSS Human Resources or Finance Teams. Nor did we interview clients of CSD, including children, youth, parents, relatives, or resource parents, with the exception of some Turpin siblings and some individuals involved in the Turpins' care. Additionally, there were a number of entities we sought to interview but who were unresponsive or declined. These include:

- CSD's Out of Home Investigations (OHI) Unit, due to their need to prioritize mission critical work
- Superior Court Judicial Officers due to their inability to comment on specific cases
- Most Foster Family Agency (FFA) leadership and current staff (we received responses from two out of 68 Directors in our request for interviews)

Survey

We conducted a survey designed for case carrying social workers, supervisors, and leadership. The survey contained the following sections:

1. Services and support for children
2. Services and support for parents
3. Services and support for TAY
4. Resource parents
5. Workplace assessment

Most survey questions included a seven point Likert scale. For example, Likert scales were used when asking participants to describe placement and service availability and quality for groups 1–3 above. We also asked open-ended questions about these domains and coded the open-ended responses for themes. The complete survey is presented in Appendix D.

Because CSD did not have targeted email lists for case-carrying workers, we sent the survey to the entire department describing the purpose of the survey, the topic areas, and letting participants know that they could skip any questions that were not relevant to them. Due to this structure, the number of respondents varies by question. The most respondents for any one question were 290 and the fewest were 199. A total of 116 respondents identified their job classification as SSP I/II or III. CSD reported having 204 staff in the SSP job classification. Thus, the response rate for this job classification is 57 percent. We were challenged to identify an overall response rate reflective of the total number of respondents because of a lack of available information about current staffing levels for the range of job classifications who participated in the survey.

We included our thematic analysis of the open-ended questions and summarized the Likert scale results in the body of the report where the responses were relevant to our discussion. The quantitative summary of findings can be found in Appendix E.

Data Sources

In addition to surveys and interviews, we obtained aggregate data from the [California Child Welfare Indicators Project \(CCWIP\)](#), housed at UC Berkeley.⁴³² We also received limited snapshot data from Riverside County's data dashboard in the form of a screenshot. We requested and received data from the County on a myriad of topics, including:

⁴³² Daniel Webster et al., "California Child Welfare Indicators Project reports."

- Staffing and turnover trends;
- High-level contract information with Foster Family Agencies (FFAs); and
- Internal presentations and reports

Recommendations

Our recommendations are based on best practices found in the literature, evidence-based approaches, where available, and ideas generated from our inquiry with the County staff and partners.

Public Guardian

Methods

Methods for examining the Riverside County OPG were undergirded by the purpose of the present investigation and the first and second national public guardianship studies.^{433, 434} The two national studies offered five criteria upon which to base the effectiveness of public guardianship programs.

- Adequate staffing and funding;
- Safeguards for due process;
- Specified staff-to-client ratios;
- Office should not be dependent upon collection of fees for service; and
- Office should coordinate services, work as an advocate for the client, and educate professionals and the public regarding conservatorship.

Using these criteria as a baseline, we investigated the Riverside County OPG in order to discern the extent to which OPG assists its clients in securing access to their rights, benefits, and entitlements.⁴³⁵

Procedures

The examination included five steps: 1) conducting legal research of court cases involving OPG in the past five years; (2) developing and sending an in-depth survey to the Riverside OPG for completion; (3) conducting, recording, and transcribing Zoom interviews with key interviewees;

⁴³³ Windsor C. Schmidt et al., *Public Guardianship and the Elderly*. (Cambridge: Ballinger Publishing Company, 1981).

⁴³⁴ Teaster et al., *In the best interests*.

⁴³⁵ Teaster et al., *In the best interests*.

(4) performing an in-depth analysis of data collected; and (5) preparing and distributing a final report.

We interviewed 12 key actors from the following domains: (1) Riverside OPG staff, (2) attorneys contracting Riverside County, (3) APS staff, (4) aging network and elder justice professionals, (5) victim advocates, and (6) persons who were protected by the Riverside OPG.

Measures

We developed an in-depth survey⁴³⁶ for the Riverside OPG leadership to complete (the survey is presented in Appendix F). In addition, we created interview guides for each domain of persons interviewed. The questions built upon the in-depth survey questions and addressed topics including client referrals to the program, screening for least restrictive alternatives, sufficiency of program's client-staff ratio, relationship of OPG with the court, relationship with providers of care and services, internal and external accountability mechanisms, decision-making by program staff, and stakeholders' perceptions of the program. Interviews were pre-arranged and utilized a snowball method of interviewee identification.

Dissemination of the In-depth Survey

We sent the in-depth survey via e-mail to the administrator of the Riverside OPG and sent follow-up questions to clarify answers to the original survey questions.

Interview Transcription

We conducted all of the interviews. Interviews were transcribed using the NVivo transcription service. Transcripts were checked for accuracy by a third investigative party. Copies of the transcripts were sent to other members of the our team for reading and coding as applicable.

Data Analysis

We each read and coded the transcribed interviews. We separately determined patterns and themes arising from the interviews and then were in contact two-four times weekly to discuss responses to survey questions and themes emerging from the content of the interviews. We conducted multiple readings of the interview transcripts; read running notes taken during each

⁴³⁶ We created an in-depth survey based on the original work we did for state and national studies we have conducted and tailored the questions for the Riverside County OPG. We emphasize that there was only one survey created and distributed and that we will use the term *survey* throughout this section of the report. The survey was intended for completion by only one respondent, the Riverside County OPG.

interview; and examined pertinent documents provided by the individual respondents. Multiple data sources allowed for triangulation of data.

The variety and depth of responses to our interview questions was the focus of our analysis, rather than *how many* interviewees expressed a particular belief or attitude. As is customary in qualitative studies, analysis of data occurred throughout the study.

Self-Sufficiency Programs

We examined benefits adequacy and service delivery effectiveness of the DPSS Self-Sufficiency programs broadly and especially for adults experiencing high instability such as is common for TAY in foster care and conserved adults. We gathered data through document review, interviews with County personnel, focus groups, surveys, consultation with subject matter experts, and review of program performance metrics.

Interviews and Focus Groups

Our interviews and focus groups can be grouped into the following categories:

- Current DPSS Self-Sufficiency program leadership;
- Regional Managers directly involved with coordination of services between CSD and CalWorks programs;
- Staff from two nonprofits that provide regular assistance to individuals applying for Riverside's Self-Sufficiency programs;
- Current and former management and leadership level personnel from other California counties with experience connecting at-risk populations with Self-Sufficiency programs and other related supports; and
- Questions related to Self-Sufficiency programs access and adequacy were also included in select focus groups and interviews with CSD, ASD, and OPG staff.

Interviews were semi-structured. Most interviews and focus groups were recorded via Zoom with verbal consent and transcribed for further analysis.

Survey

Questions related to availability and quality of food, housing, cash assistance, and employment supports were included in the survey that was distributed to CSD staff.

Data Analysis

We conducted independent analysis of publicly available data on a variety of CalFresh performance indicators from the California Department of Social Services' CalFresh Data

Dashboard⁴³⁷ and CF296 – CalFresh Monthly Caseload Movement Statistical Report,⁴³⁸ both accessed January 7, 2022. Riverside County provided internal reports on CalFresh and Medi-Cal denial reasons, churn rates, and VOIP phone call key performance indicators. Finally, the county provided access to a data dashboard with metrics related to CalFresh applications that come to the county through the GetCalFresh platform. The GetCalFresh data dashboard included open-ended comments that GetCalFresh applicants shared during their 25-day enrollment survey. We coded a random sample of 100 comments to identify themes.

To understand the adequacy of various benefits in the context of Riverside County's cost of living, we used data from the University of Washington's Self-Sufficiency Standard for California 2021 (<http://www.selfsufficiencystandard.org/california>).⁴³⁹

⁴³⁷ <https://www.cdss.ca.gov/inforesources/data-portal/research-and-data/calfresh-data-dashboard>.

⁴³⁸ <https://www.cdss.ca.gov/inforesources/research-and-data/calfresh-data-tables/cf296>.

⁴³⁹ Center for Women's Welfare, "Self Sufficiency Standard– California," School of Social Work at the University of Washington, Accessed June 6, 2022.

Appendix C: Interview Guides

For this review, we interviewed over 100 individuals, including 37 people who participated in CSD focus groups. Interviewees included staff from Riverside County's DPSS and OPG, external partners, and other entities with relevant expertise. We conducted follow-up interviews and communications as needed. In cases where we sought input from individuals for both Part 1 and Part 2 of the review, we conducted separate interviews with them.

The experiences and perspectives of the individuals we interviewed were essential to our understanding of care and services provided to vulnerable children and adults in Riverside County. To provide for confidentiality, we do not specify interviewees' names or positions. Among those who provided their time and insight to help improve the County's service delivery were individuals serving in various capacities such as:

- Agency leadership;
- Supervisory and managerial roles;
- Direct service including advocates, appointed counsel, attorneys, law enforcement;
- Social workers, program specialists, and public guardians; and
- Individuals close to the care of the Turpin sibling group.

For Part 2, we also interviewed two members of the Turpin sibling group.

County leaders focused this review on policies, procedures, and practices surrounding the safety and well-being of children in out-of-home care and conserved adults. The interviews we sought reflected this scope. However, there were some individuals we wished to interview who declined to participate or did not respond to us. For example, of 68 Foster Family Agencies, only two agency heads agreed to be interviewed.

Our interview questions were focused on understanding:

- Strengths – what is working well, successes, and wins;
- Opportunities or new ideas to explore, build on, and support; and
- Areas in need of improvement – things that are not working, challenges that need a new approach or more support.

Topics varied depending upon the interviewee's expertise, role, and the entity they represented. Areas of inquiry are listed below for the various interview categories.

Children's Services Division

- Safety and well-being of children in out-of-home care
- Services and supports for children, youth, and parents seeking reunification
- Efforts to utilize kin placements and related issues

- Development of the continuum of care
- Availability and quality of appropriate resource family placements
- Placement matching
- Foster Family Agencies' roles and responsibilities
- CSD oversight of FFAs
- Recruitment and retention of resource families by FFAs
- Community-based organizations and county-based partners
- Perspectives on the courts
- Workforce issues, including caseloads, retention, attrition, and recruitment
- Quality Parenting Initiative, Continuous Quality Improvement, and other strategic initiatives

County Counsel Representing CSD

- Caseloads and approach to assigning cases
- Services provided by the Research, Training, and Appeals Division
- Training and support for social workers
- Perspectives on CSD workforce issues, such as attrition and vacancies
- Observations about court reports
- Impressions of current court processes
- Perspectives on availability and quality of services for parents and children

External Partners

- Safety of children in care
- Perspectives on recruiting and training resource families and adoptive families
- Views on the quality and availability of services for children and families
- Perspectives on retention of resource families
- Placement matching
- Homes for 'harder to place' children and youth
- Placement changes
- STRTPs and the transition from group care to STRTP
- Relationship between external partners and CSD
- Coordination with CSD

Defense Attorneys

- Trends in caseloads and impact of caseloads on representation
- Approaches to meeting with clients
- Impressions of current court processes
- Observations about court reports
- Views on quality of care children receive
- Perspectives on availability and quality of services for parents and children
- How compensation from Riverside County is structured

Office of Public Guardian

- Workplace culture, job training, supervision, and compensation
- Caseload and nature of cases
- Impressions of the Public Guardianship Program
- Visitation of clients
- Clients and their family members' involvement in decisions
- Case review
- Maintaining clients in their home
- Relationships and interactions with other county or nonprofit agencies
- Appointed counsel
- Relations with probate court investigators
- Probate caseload characteristics
- Court approval
- Practice guidelines for the program
- Plans of care

Adult Protective Services

- ASD referrals to the Public Guardianship Program
- Screening tools
- Communication with Public Guardianship Program generally, and specific to cases
- Volume of cases
- Impressions of the Public Guardianship Program
- Elder Abuse Forensic Center

County Counsel Representing Public Guardianship Program

- Balancing conservatee wishes and conservatee protection
- Actions and protocols relating to liability
- Perspectives on sufficiency of staffing and funding of the Public Guardian Program
- Views on relationships with service providers

Appointed Counsel Representing Conservatees

- Conservatee caseload
- Contact with conservatees
- Handling issues and complaints
- Restoration to capacity or partial restoration
- Impressions of the Public Guardianship Program
- Court monitoring of the Public Guardianship Program
- Compensation for attorneys

Aging and Disability Service Providers

- Services needs of Public Guardianship clients
- Extent of need for public guardianship

- Relationship with the Public Guardianship Program
- Impressions of the Public Guardianship Program

Elder Abuse Forensic Center

- Purpose, functioning, and composition of the Center
- Connections, interactions, and relationships with OPG
- Impressions of the Public Guardianship Program

Self-Sufficiency Program Experts

- Perspectives on accessing CalFresh, Medi-Cal and affordable housing in Riverside County
- Adequacy of benefits and the need for supplemental services
- Streamlining access to Self-Sufficiency programs
- Supports to help people successfully enroll in benefits
- Impressions of the BenefitsCal system
- Service integration and service coordination
- Data sharing
- County's role in assisting with access to a full spectrum of services
- Public Guardians' roles in connecting clients with Self-Sufficiency programs
- Trauma-informed approaches in the context of safety net programs

Appendix D: CSD Survey

Introduction

This survey is about safety and services for children in out of home care, services for transition-age youth, services for parents, and workplace environment. This survey will take 10–15 minutes. Your responses are anonymous and confidential. Please respond to questions that relate to your experience and expertise. You may skip questions that are not relevant to you.

Part 1: Services and Support for Children

Question 1: Please share your impressions of the availability of the following placements or services to children in out-of-home care. By out-of-home care, we mean kinship care, foster care, and congregate care.

| | Never available | Rarely available | Sometimes available | Often available | Always available |
|---|-----------------------|-----------------------|------------------------|-----------------------|-----------------------|
| Placements that are safe | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Placements that provide stability | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Placements that enable siblings to stay together | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Placements that meet children's needs (language, culture, location, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Services that ensure children can access education (e.g., enrollment support) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Educational supports to help children succeed in school (e.g., tutoring) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental health services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Health care services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dental services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Transportation support | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | Never available | Rarely available | Sometimes available | Often available | Always available |
|------------------------|-----------------------|-----------------------|------------------------|-----------------------|-----------------------|
| Other (please specify) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Question 2a: Please share your impressions of the quality of the following placements or services for children in out-of-home care.

| | Very poor quality | Poor quality | Fair quality | Good quality | Very good quality |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------|
| Placements that are safe | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Placements that provide stability | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Placements that enable siblings to stay together | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Placements that meet children's needs (language, culture, location, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Services that ensure children can access education (e.g., enrollment support) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Educational supports to help children succeed in school (e.g., tutoring) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental health services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Health care services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dental services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Transportation support | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other (please specify) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Question 2b: Please explain any of your responses about the availability or quality of placements or services for children in out-of-home care.

Part 2: Services and Support for Parents

Question 3: How available are the following services for parents seeking reunification?

| | Never available | Rarely available | Sometimes available | Often available | Always available |
|---|-----------------------|-----------------------|------------------------|-----------------------|-----------------------|
| Mental health services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Substance abuse services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Domestic violence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Housing supports | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Financial Education/Credit recovery services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Reentry services for formerly incarcerated individuals | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Job or education related services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Connections to social safety net programs like CalFresh or CalWorks | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Transportation support | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other (please specify) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Question 4a: How is the quality of the following services for parents seeking reunification?

| | Very poor quality | Poor quality | Fair quality | Good quality | Very good quality |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------|
| Mental health services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Substance abuse services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Domestic violence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | Very poor quality | Poor quality | Fair quality | Good quality | Very good quality |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------|
| Housing supports | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Financial Education/Credit recovery services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Reentry services for formerly incarcerated individuals | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Job or education related services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Connections to social safety net programs like CalFresh or CalWorks | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Transportation support | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other (please specify) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Question 4b: Please explain any of your responses about the availability and quality of services for parents seeking reunification.

Part 3: Services and Support for Transition-Age Youth

Question 5: Please share your impressions of how successful the Department is in meeting the needs of transition-age youth.

| | Very unsuccessful | Somewhat unsuccessful | Neutral | Somewhat successful | Very successful |
|---|-----------------------|--------------------------|-----------------------|------------------------|-----------------------|
| Overall, how successful is the Agency at connecting transitional age youth to the full spectrum of support services they are eligible to receive? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Question 6a: How successful is the Department at connecting transition-age youth to the following specific services?

| | Very unsuccessful | Somewhat unsuccessful | Neutral | Somewhat successful | Very successful |
|---|-----------------------|--------------------------|-----------------------|------------------------|-----------------------|
| CalFresh | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Supplemental food assistance services beyond CalFresh | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Affordable housing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Income supports | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Health care services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental health services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Educational services like GEDs and higher education | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Workforce development services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Life skills and financial education training | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Transportation support | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other (please specify) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Question 6a: Please explain any of your responses regarding connecting transition-age youth with services.

Part 4: Resource Parents

Question 7a: Please indicate how strongly you agree or disagree with the following statements.

| | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| Recruitment of resource parents through FFAs results in sufficient placements to meet the needs of our children in care. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hotline calls about resource parents are resolved in a manner that keeps children safe. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Resource family approval requirements result in the selection of safe homes. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Home inspections detect problems with resource homes. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Our FFAs prioritize the needs of our children when offering | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Retention of resource parents is high. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The training resource parents receive from FFAs prepares them well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ongoing education for resource parents addresses the most needed topics. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Support is available for resource parents when they request it | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hotline calls about resource parents are resolved in a timely manner. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Question 7b: Please explain any of your responses above.

Part 5: Workplace Assessment

Question 8: Indicate the extent to which you agree or disagree with the following statements about your work environment.

| | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| My workload feels manageable. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The amount of work my colleagues have to do seems manageable. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel that my job's compensation (salary & benefits) is sufficient for my caseload and responsibilities. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My supervisor provides timely feedback on my work. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Agency leadership communicates clear and consistent priorities to guide me and my colleagues. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel I am making a positive difference in the lives of children and families in my job. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have support through my workplace to process secondary trauma. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have received sufficient training to address the challenges I face in my caseload. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Staff turnover does not adversely impact my work. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have the equipment I need to do my job (e.g., computers, phones, tablets). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have access to the information I need to do my job (e.g., websites displaying service availability, management reports, workload management tools) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Overall, I like my job. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Question 9: Is there anything else you would like to share about your work environment? (E.g., caseload size, team work, how the pandemic has changed your work, technological or information sharing needs, etc.)

Question 10: What do you view as some challenges unique to Riverside County (e.g., population demographics, transportation issues, geographic spread, etc.)? This can mean challenges for families and/or employees.

Part 6: Workplace Assessment

Question 11: Is there anything else that we didn't ask you about that you would like to share?

Part 7: Tell us about yourself

Question 12a: What is your job classification? [Please select the best choice]

- | | | |
|------------------------------|-------------------------------|------------------------------|
| <input type="radio"/> OA II | <input type="radio"/> SSP I | <input type="radio"/> SSS I |
| <input type="radio"/> OA III | <input type="radio"/> SSP II | <input type="radio"/> SSS II |
| <input type="radio"/> SSA | <input type="radio"/> SSP III | <input type="radio"/> RM |
| | | <input type="radio"/> Other |

Question 12b: You selected "Other" for your job classification. Please indicate your job classification below.

Question 13a: Select the category that best describes your unit.

- | | | |
|--|--|--------------------------------------|
| <input type="radio"/> Investigative Services | <input type="radio"/> Continuing Services | <input type="radio"/> Out of Home |
| <input type="radio"/> Centralized Placement | <input type="radio"/> Extended Foster Care | <input type="radio"/> Investigations |
| <input type="radio"/> Child and Family Team | <input type="radio"/> Program | <input type="radio"/> Permanency |
| | <input type="radio"/> Foster Care | <input type="radio"/> RFA |
| | | <input type="radio"/> Other |

Question 13b: You selected "Other" for your unit. Please write what unit you belong to below.

Question 14: How long have you been in this role?
(Adjust slider between 0 – 30 years)

Question 15: How long have you been employed by the Department?
(Adjust slider between 0 – 30 years)

Appendix E: Results of CSD Survey

Table 1. Availability of Out-of-home Care Placements or Services

Please share your impressions of the availability of the following placements or services to children in out-of-home care. By out-of-home care, we mean kinship care, foster care, and congregate care.

| | Never available | Rarely available | Sometimes available | Often available | Always available |
|---|-----------------|------------------|---------------------|-----------------|------------------|
| Placements that are safe | 2% | 6% | 40% | 41% | 10% |
| Placements that provide stability | 1% | 14% | 54% | 28% | 4% |
| Placements that enable siblings to stay together | 2% | 33% | 52% | 11% | 2% |
| Placements that meet children's needs (language, culture, location, etc.) | 1% | 26% | 50% | 19% | 3% |
| Services that ensure children can access education (e.g., enrollment support) | 1% | 10% | 41% | 34% | 13% |
| Educational supports to help children succeed in school (e.g., tutoring) | 2% | 19% | 40% | 29% | 10% |
| Mental health services | 1% | 6% | 31% | 41% | 21% |
| Health care services | 1% | 2% | 21% | 46% | 30% |
| Dental services | 1% | 2% | 21% | 47% | 29% |
| Transportation support | 5% | 21% | 42% | 24% | 8% |
| Other | 7% | 18% | 50% | 15% | 10% |

Table 2. Quality of Out-of-home Care Placements or Services

Please share your impressions of the quality of the following placements or services for children in out-of-home care.

| | Very poor quality | Poor quality | Fair quality | Good quality | Very good quality |
|---|-------------------|--------------|--------------|--------------|-------------------|
| Placements that are safe | 1% | 5% | 42% | 43% | 9% |
| Placements that provide stability | 1% | 12% | 46% | 36% | 6% |
| Placements that enable siblings to stay together | 3% | 19% | 48% | 25% | 5% |
| Placements that meet children's needs (language, culture, location, etc.) | 2% | 11% | 48% | 33% | 6% |
| Services that ensure children can access education (e.g., enrollment support) | 2% | 10% | 43% | 35% | 9% |

| | Very poor quality | Poor quality | Fair quality | Good quality | Very good quality |
|--|-------------------|--------------|--------------|--------------|-------------------|
| Educational supports to help children succeed in school (e.g., tutoring) | 3% | 14% | 47% | 29% | 8% |
| Mental health services | 1% | 10% | 38% | 36% | 14% |
| Health care services | 1% | 4% | 36% | 42% | 18% |
| Dental services | 1% | 4% | 35% | 42% | 18% |
| Transportation support | 5% | 21% | 42% | 24% | 8% |
| Other | 7% | 18% | 50% | 15% | 10% |

Table 3. Availability of Services for Parents Seeking Reunification

How available are the following services for parents seeking reunification?

| | Never available | Rarely available | Sometimes available | Often available | Always available |
|---|-----------------|------------------|---------------------|-----------------|------------------|
| Mental health services | 0% | 4% | 24% | 48% | 24% |
| Substance abuse services | 0% | 2% | 22% | 45% | 30% |
| Domestic violence | 0% | 4% | 30% | 43% | 23% |
| Housing supports | 11% | 46% | 30% | 9% | 5% |
| Financial Education/Credit recovery services | 13% | 40% | 29% | 11% | 6% |
| Reentry services for formerly incarcerated individuals | 12% | 36% | 32% | 14% | 5% |
| Job or education related services | 10% | 30% | 34% | 18% | 8% |
| Connections to social safety net programs like CalFresh or CalWorks | 2% | 6% | 25% | 40% | 27% |
| Transportation support | 6% | 23% | 32% | 24% | 15% |
| Other | 9% | 13% | 49% | 13% | 16% |

Table 4. Quality of Services for Parents Seeking Reunification*How is the quality of the following services for parents seeking reunification?*

| | Very poor quality | Poor quality | Fair quality | Good quality | Very good quality |
|---|-------------------|--------------|--------------|--------------|-------------------|
| Mental health services | 2% | 10% | 36% | 34% | 17% |
| Substance abuse services | 2% | 9% | 36% | 34% | 19% |
| Domestic violence | 1% | 9% | 39% | 34% | 16% |
| Housing supports | 13% | 32% | 40% | 11% | 4% |
| Financial Education/Credit recovery services | 13% | 29% | 39% | 13% | 7% |
| Reentry services for formerly incarcerated individuals | 13% | 30% | 38% | 14% | 6% |
| Job or education related services | 10% | 30% | 34% | 18% | 8% |
| Connections to social safety net programs like CalFresh or CalWorks | 2% | 6% | 25% | 40% | 27% |
| Transportation support | 6% | 23% | 32% | 24% | 15% |
| Other | 9% | 13% | 49% | 13% | 16% |

Table 5. Meeting the Needs of Transition-Age Youth*How successful is the Department at connecting transition-age youth to the following specific services?*

| | Very unsuccessful | Somewhat unsuccessful | Neutral | Somewhat successful | Very successful |
|--|-------------------|-----------------------|---------|---------------------|-----------------|
| <i>Overall, how successful is the Agency at connecting transitional age youth to the full spectrum of support services they are eligible to receive?</i> | 5% | 8% | 41% | 33% | 13% |
| CalFresh | 2% | 4% | 46% | 29% | 20% |
| Supplemental food assistance services beyond CalFresh | 2% | 5% | 49% | 27% | 17% |
| Affordable housing | 6% | 17% | 48% | 20% | 9% |
| Income supports | 4% | 15% | 50% | 25% | 6% |
| Health care services | 1% | 5% | 39% | 33% | 23% |
| Mental health services | 2% | 7% | 43% | 29% | 19% |
| Educational services like GEDs and higher education | 2% | 7% | 40% | 35% | 16% |

| | Very unsuccessful | Somewhat unsuccessful | Neutral | Somewhat successful | Very successful |
|--|----------------------|--------------------------|---------|------------------------|--------------------|
| Workforce development services | 2% | 9% | 49% | 29% | 10% |
| Life skills and financial education training | 2% | 8% | 45% | 32% | 13% |
| Transportation support | 3% | 12% | 51% | 26% | 8% |
| Other | 8% | 3% | 71% | 11% | 7% |

Table 6: Foster Family Agencies

Please indicate how strongly you agree or disagree with the following statements.

| | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|--|----------------------|----------|----------------------------------|-------|-------------------|
| Recruitment of resource parents through FFAs results in sufficient placements to meet the needs of our children in care. | 17% | 29% | 31% | 17% | 6% |
| Hotline calls about resource parents are resolved in a manner that keeps children safe. | 3% | 8% | 48% | 33% | 8% |
| Resource family approval requirements result in the selection of safe homes. | 3% | 13% | 38% | 39% | 6% |
| Home inspections detect problems with resource homes. | 2% | 11% | 33% | 45% | 9% |
| Our FFAs prioritize the needs of our children when offering | 9% | 22% | 44% | 21% | 4% |
| Retention of resource parents is high. | 16% | 28% | 40% | 13% | 3% |
| The training resource parents receive from FFAs prepares them well. | 11% | 27% | 43% | 17% | 3% |
| Ongoing education for resource parents addresses the most needed topics. | 6% | 20% | 49% | 21% | 4% |
| Support is available for resource parents when they request it | 6% | 24% | 45% | 21% | 4% |
| Hotline calls about resource parents are resolved in a timely manner. | 4% | 13% | 45% | 32% | 6% |

Table 7. Workplace Assessment

Indicate the extent to which you agree or disagree with the following statements about your work environment.

| | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|--|-------------------|----------|----------------------------|-------|----------------|
| My workload feels manageable. | 35% | 19% | 14% | 21% | 12% |
| The amount of work my colleagues have to do seems manageable. | 44% | 27% | 14% | 9% | 7% |
| I feel that my job's compensation (salary & benefits) is sufficient for my caseload and responsibilities. | 64% | 19% | 6% | 7% | 3% |
| My supervisor provides timely feedback on my work. | 7% | 9% | 16% | 27% | 40% |
| Agency leadership communicates clear and consistent priorities to guide me and my colleagues. | 20% | 19% | 21% | 27% | 12% |
| I feel I am making a positive difference in the lives of children and families in my job. | 6% | 8% | 16% | 39% | 31% |
| I have support through my workplace to process secondary trauma. | 18% | 15% | 28% | 24% | 16% |
| I have received sufficient training to address the challenges I face in my caseload. | 15% | 14% | 30% | 27% | 15% |
| Staff turnover does NOT adversely impact my work. | 76% | 14% | 4% | 3% | 3% |
| I have the equipment I need to do my job (e.g., computers, phones, tablets). | 6% | 10% | 15% | 35% | 34% |
| I have access to the information I need to do my job (e.g., websites displaying service availability, management reports, workload management tools) | 5% | 11% | 23% | 35% | 27% |
| Overall, I like my job. | 3% | 10% | 20% | 35% | 32% |

Appendix F: OPG Survey

Introduction

Pamela B. Teaster, Ph.D., and Erica Wood, J.D., are assessing the Riverside Public Guardian Program as part of a larger County investigation. The aim is to understand how the Riverside Public Guardian Program operates to serve its clients and to make recommendations for improvement. Should you have questions about this survey, please contact Pamela B. Teaster at pteaster@vt.edu

Definitions

Client: A person placed by the court under the care of the Riverside Public Guardian Program.

Conservator: A person lawfully invested with the power, and charged with the duty, of taking care of the person and/or managing the property and rights of an adult who is considered incapable of administering his or her own affairs. Riverside conservators may be Probate Conservators (California Probate Code), Limited Conservators for Developmentally Disabled clients, or Lanterman-Petris-Short (LPS) Conservators (California Welfare & Institutions Codes 5200).

Public Guardianship: The appointment and responsibility of a public official or publicly funded organization to serve as legal conservator/guardian in the absence of willing and responsible family members or friends to serve as, or in the absence of resources to employ, a private conservator/guardian.

Public Guardianship Program: The entity responsible for exercising public guardianship duties.

Part 1: Administrative Structure and Location

Question 1a: Is your program of public guardianship established statutorily?

- Yes
- No

Question 1b: If YES to question 1 above, please provide the citation.

Question 2a: Does the public guardianship program have administrative regulations?

- Yes
- No

Question 2b: If YES to Question 2 above, please provide the legal citation and link to regulations.

Question 3a: To the best of your knowledge, are there any proposed changes to the public guardianship statute pending in your current legislative session?

- Yes
- No

Question 3b: If YES to Question 3 above, please specify.

Question 4: What was the budget for the Riverside Public Guardian Program for Fiscal Year 2021? (If unknown, please state "unknown").

Question 5: If the public guardianship program budget is inadequate, how much money should be added to the annual public guardianship budget to make it adequate? (If unknown, please state "unknown").

Question 6: If a public guardianship program standard of practice is a full-time equivalent (FTE) paid professional staff to client ratio of 1:20, how much money should be added to the annual public guardianship program budget to make it comply with this standard of practice? (If unknown, please state "unknown").

Question 7: What do you calculate as the program's average cost per case?

Question 8a: From where does the public guardianship program receive budgetary funds? (Check all that apply).

- | | | |
|--|----------------------|--------------------------------|
| • Federal funds (please specify below) | • Medicaid funds | • Client fees |
| • State funds (please specify below) | • Grants/Foundations | • Estate recovery |
| • County funds (please specify below) | • Private donations | • Other (please specify below) |

Question 8b: If necessary, please specify the answer to Question 8.

Question 9: Does the program have the authority to collect a fee or charge to the client for public guardianship services?

Question 10a: Does the program collect a fee or charge to the client for public guardianship services?

Question 10b: If YES to Question 10, please explain how fees are determined and provide a copy of the fee schedule.

Part 2: Functions of the Public Guardian Program

Question 1: Does the Riverside Public Guardian Program (Check all that apply):

- Make decisions about a client's personal affairs?
- Make decisions about a client's financial (property) affairs?
- None of the above

Question 2a: Regarding delivery of services for public guardianship clients (e.g., homecare, transportation, money management), does the public guardianship program serve in the following roles? (Check all that apply).

- Monitor of delivery of services
- Arranger of delivery of services
- Advocate for services
- Direct provider of services other than guardianship services (please specify below)

Question 2b: If necessary, please specify Question 2.

Question 2c: In any of the roles listed in Question 2, with what agencies or organizations does the program work?

Question 3: Does the public guardianship program serve clients other than those under guardianship?

- Yes
- No

Question 4a: What other surrogate decision-making/fiduciary services does the public guardianship program provide? (Check all that apply).

- | | | |
|---------------------------------|---|---|
| • Financial power of attorney | • Trustee | • Supporter under supported decision-making agreement |
| • Health care power of attorney | • Personal representative of decedents' estates | • Other (please specify below) |
| • Representative payee | • Private guardianship services | • N/A |

Question 4b: If necessary, please specify Question 4.

Question 5: Does your program use supported decision-making through a supported decision-making agreement with the client, instead of conservatorship?

- Yes
- No

Question 6: Does your program use supported decision-making through use of informal decision supports with conservatees, involving them in the decision-making?

- Yes
- No

Question 7a: Does the public guardianship program provide any of these outreach services? (Check all that apply).

- Educate the community about conservatorship/guardianship
- Provide technical assistance to private conservators
- Monitor private conservators
- Other (please specify below)

Question 7b: If necessary, please specify Question 7.

Question 8a: Does the public guardianship program have a consistent working relationship with:

- Counsel for the conservatee?
- Adult protective services?
- Neither

Question 8b: If YES to Question 8, please provide an example.

Question 9a: Does the public guardianship program petition for adjudication of legal incapacity?

- Yes (please specify below)
- No

Question 9b: If YES to Question 9 for Fiscal Year 2021, how many times did the public guardianship program petition?

Question 10a: Does the public guardianship program petition for appointment of itself as guardian?

- Yes (please specify below)
- No

Question 10b: If YES to Question 10 – for Fiscal Year 2021, how many times did the public guardianship program petition?

Question 10c: If YES to Question 10 – How many of these petitions were successful?

Question 11a: Does your program have written policies and procedures?

- Yes
- No

Question 11b: If YES to Question 11, date of last update:

Question 12a: Does your program have a written complaint procedure?

- Yes
- No

Question 12b: If YES to Question 12, please explain to whom complaints are received and how they are addressed.

Part 3: Staffing

Context

"Unmet need" means persons alleged to meet legal criteria for incapacity, as well as any other program criteria, but who have not yet been formally adjudicated as legally incapacitated and for whom the Riverside Public Guardian Program has not been appointed

Question 1: For Riverside County, please provide a numerical estimate of unmet need for public guardians.

Question 2: In Question #2, we are using the exact date of January 3, 2022 as it is the first working day in the month and should represent a "typical day" in the life of a public guardianship program.

Question 2a: How many PROBATE clients did the public guardianship program serve? (If unknown, please enter "X").

Question 2b: How many DD "LIMITED CONSERVATOR" clients did the public guardianship program serve? (If unknown, please enter "X").

Question 2c: How many LPS clients did the public guardianship program serve? (If unknown, please enter "X").

Question 2d: How many full-time equivalent (FTE) paid professional staff did the public guardianship program include? Please include all paid professional staff on payroll and include those who were sick, on vacation, or on leave. (If unknown, please enter "X").

Question 2e: How many volunteers were assisting the public guardianship program? (If unknown, please enter "X").

Question 3: In Question #3, we are using Fiscal Year 2021 as it is the most recent year for which information would be available for the public guardianship program.

Question 3a: What was the cumulative total of PROBATE clients served by the public guardianship program? (If unknown, please enter "X").

Question 3b: What was the cumulative total of DD "LIMITED CONSERVATOR" clients served by the public guardianship program? (If unknown, please enter "X").

Question 3c: What was the cumulative total of LPS clients served by the public guardianship program? (If unknown, please enter "X").

Question 3d: What was the cumulative total of new PROBATE clients accepted by your program during the fiscal year? (If unknown, please enter "X").

Question 3e: What was the cumulative total of new DD LIMITED CONSERVATOR cases accepted by your program during the fiscal year?

Question 4: On average, how many hours per year does a FTE paid professional paid staff member spend working on the case of a single client? (If unknown, please enter "X").

Question 5a: As of January 2022, what is the educational requirement for a full-time equivalent professional paid staff member who makes binding decisions for clients?

- High school graduate
- Bachelor's degree
- Master's degree
- Other (please specify below)

Question 5b: If necessary, please specify Question 5.

Question 6: What is the experience requirement for full-time equivalent professional paid staff members who make binding decisions for clients? (If unknown, please state "unknown").What is the experience requirement for full-time equivalent professional paid staff members who make binding decisions for clients? (If unknown, please state "unknown").

Question 7a: Which of the following does the public guardianship program use in personnel management? (Please check all that apply and attach any written guidelines and forms).

- | | | |
|--|--|---|
| • Public guardian program policies and procedures, standards of practice | • Interview forms | • California PAPGPC Certification |
| • State guardianship statutes | • Internal staff evaluation and review procedures | • Center for Guardianship Certification |
| • Written personnel policies | • Ongoing training and educational materials for staff | • Other (please specify below) |

- Written job descriptions
- Annual or more frequent training sessions

Question 7b: If necessary, please specify Question 7:

Question 8a: Do your deputy public guardians have regular staff meetings for case discussion?

Question 8b: If YES to Question 8, specify frequency:

Part 4: Clients

Question 1: For Fiscal Year 2021, how many people did the public guardianship program serve (if unknown, please enter "X")?

Question 1a: Conservator of the person only.

Question 1b: Conservator of the property only.

Question 1c: Both conservator of the person and conservator of the property.

Question 1d: Limited conservator of the person.

Question 1e: Limited conservator of the property.

Question 1f: Not specified.

Question 2: For Fiscal Year 2021, how many people did the public guardianship program serve in each of the following age groups (if unknown, please enter "X")?

Question 2a: Persons 65+

Question 2b: Persons 18–64

Question 2c: Persons under age 18 (children)

Question 3: For Fiscal Year 2021, how many people did the public guardianship program serve with each of the following conditions as their primary diagnosis (if unknown, please enter "X")?

Question 3a: Adults with mental illness

Question 3b: Adults with developmental or intellectual disabilities

Question 3c: Adults with traumatic brain injuries

Question 3d: Adults with dementia including Alzheimer's Disease

Question 3e: Adults with substance abuse

Question 3f: Adults with other conditions (please specify)

Question 4: For Fiscal Year 2021, how many clients in the public guardianship program (if unknown, please state "unknown")

Question 4a: Were low income (please specify the dollar definition)

Question 4b: Died

Question 5: For Fiscal Year 2021, how many people did the public guardianship program serve in each of the following genders (if unknown, please enter "X")?

Question 5a: Female

Question 5b: Male

Question 5c: Transgender

Question 5d: Non-binary/non-conforming

Question 6: For Fiscal Year 2021, how many clients were (if unknown, please enter "X")

Question 6a: Hispanic

Question 6b: Non-Hispanic

Question 7: For Fiscal Year 2021, how many clients were (if unknown, please enter "X")

Question 7a: White

Question 7b: Black or African-American

Question 7c: American Indian

Question 7d: Alaskan Native

Question 7e: Asian or Pacific Islander

Question 7f: Other (Please specify)

Question 8: For Fiscal Year 2021, how many public guardianship clients had the following as their primary setting (if unknown, please enter "X")?

Question 8a: Own home/apartment/room

Question 8b: Assisted living or board and care

Question 8c: Nursing Home

Question 8d: Mental health facility

Question 8e: Group home

Question 8f: Acute care hospital

Question 8g: Jail

Question 8h: Missing or whereabouts unknown

Question 8i: Other (please specify)

Question 9: For Fiscal Year 2021, how many public guardianship clients were (if unknown, please enter "X"):

Question 9a: Restored to legal capacity

Question 9b: Restored to partial legal capacity

Question 9c: Transferred to a private guardian

Question 9d: Transitioning youth transferred from foster care

Question 10: For each public guardianship client, what records are maintained? (Please check all that apply).

Question 10a: Client functional assessment

- Yes (please specify below)
- No

Question 10b: If YES to Question 10 (a), please specify how often it is updated

Question 10c: Guardianship care plan

- Yes (please specify below)
- No

Question 10d: If YES to Question 10 (c), please specify how often it is updated:

Question 10e: Time logs or time keeping records for each specific public guardianship client (i.e., documents how staff time is spent for each client)

- Yes
- No

Question 10f: Values History

- Yes
- No

Question 10e: Advance directive (e.g., power of attorney, do-not-resuscitate order)

- Yes
- No

Question 10g: Periodic report to the courts

- Yes (please specify below)
- No

Question 10h: If YES to Question 10 (g), please specify how often:

Question 10i: Periodic program review of public guardianship clients' legal incapacity

- Yes (please specify below)
- No

Question 10j: If YES to Question 10 (i), please specify how often:

Question 10k: Client case file template

- Yes
- No

Question 11: Do you document the rationale for why and how decisions are made on behalf of each public guardianship client?

- Yes
- No

Part 5: Additional Information

In order of importance:

Question 1: Please state three or more strengths of the public guardianship program

Question 2: Please state three or more weaknesses of the public guardianship program

Question 3: Please state three or more opportunities for the public guardianship program

Question 4: Please state three or more threats to the public guardianship program

Question 5: Please identify three or more best practices of the public guardianship program that might serve as a model for other counties and/or states

Question 6: Please identify three or more problems faced by the public guardianship program that other counties and/or states should try to avoid

Question 7: Please provide any other comments that you would like to make

Appendix G: Summary of Audits

The data below are derived from audit reports made available to us on a small percentage of the total number of FFAs with which CSD contracts. The audits indicate the percentage of cases that do not comply with various factors indicated in the contract. Because we do not know how many cases the auditors reviewed, the percentages are difficult to interpret. As a result we show areas where some agencies could improve practice, though in some areas, the practice limitations may only apply to a very small number of cases. We applaud CSD for developing a metric for assessing FFA practices; we presume that data obtained from these audits are used for continuous quality improvement within FFA agencies, though we have no information to suggest whether or how CSD or FFAs use these data for these purposes.

Table 8: ChildNet

Audit Period: 7/1/201–6/30/2019: Family Evaluation Assessments

- Did not acknowledge receipt of Request for a Psychosocial Assessment within 24 hours of receipt of referral.
- Did not conduct an initial interview within 15 days of initial contact.
- Did not complete a family evaluation template within 30 days of the initial interview.
- For some family evaluations reviewed, the documentation was unclear whether the interviews were of joint applicants or of individuals.

Audit Period: 3/1/2020 – 2/28/2021: Residential Care and Treatment Services

- Some clients did not receive their initial dental exam timely.
- Some clients did not have a routine dental exam within 6 months – they were between 103 and 173 days late.
- Some clients did not have photos updated every 6 months, the photos were updated between 27 and 92 days late.
- Some allowance transactions were not signed by clients.
- Some employees interviewed did not maintain valid CPR/First Aid certification.

Table 9: Family Health and Support Network, Inc.

Audit Period: 11/1/2018 – 10/31/2021: Residential Care and Treatment Services

- Some clients did not receive their initial medical exam timely – between 1 and 81 days later.
- Some clients did not receive their initial dental exam timely – between 11 and 81 days later.
- Issues with Medicine: some clients required psychotropic medications and other medications and did not have proper documentation.
- Some clients did not have clothing inventory documentation.
- Some clients were missing a Transitional Independent Living Plan.
- Some clients had missing or undated photos.
- Some resource parents' files did not have valid automobile insurance on file for the entire audit period.
- Some resource parents did not meet the required annual training hours for recertification. Shortage ranged from 3 to 10 hours (20 hours annual training required).
- Documentation to validate or calculate the social worker/client ratio was not maintained (required ratio is 15 cases per social worker).

Table 10: Walden Family Services

Audit Period: 2/1/2017 – 7/31/2017: Residential Care and Treatment Services

- Some clients who required a vision exam did not have documentation showing the exam was completed.
- Some clients did not have an allowance log.
- Some clients were not given the correct allowance amount based on their age.
- Some resource parents did not maintain valid CPR/First Aid certification during the entire audit period (gap of approximately one month).
- Some resource parents did not meet the required annual training hours for recertification. Shortage was between 1 and 4.75 hours (15 hours required).

Audit Period: 10/1/2017 – 10/31/2017: Residential Care and Treatment Services

- Some clients did not sign an allowance log and some did not know whether an allowance amount was included in the document he/she signed.
- Some clients reported issues with social worker visits.
- Some clients could not remember the last time they had been to doctor or dentist
- Some clients did not attend therapy even though the resource parent said he/she had been seeing a therapist.
- Some clients had Transitional Independent Living Plan issues.
- Some resource parents were unaware of the Needs and Services Plan.
- Some resource parents had home Inspections issues.

Table 11: California Family Life Center

Audit Period: 2/1/2017 – 7/31/2017: Residential Care and Treatment Services

- Some clients were not given the correct amount based on his/her age.
- Some resource parents did not have valid automobile insurance on file for the entire period (insurance was missing for approximately one month).

Audit Period: 6/1/2017 – 8/31/2017: Residential Care and Treatment Services

- Some clients did not receive tutoring or homework assistance.
- Some clients did not receive daily essentials/appropriate clothing.
- Some clients had allowance issues.
- Some clients had issues with lack of social worker visits.
- Some clients had not been to the dentist and doctor for more than a year.
- Some clients had Transitional Independent Living Plan issues.
- Some resource parents had apparent insufficient training.
- Some resource parents had home Inspections issues.

Audit Period: 7/1/2017 – 6/30/2018: Family Evaluations

- Sometimes did not acknowledge receipt of referrals within 24 hours.
- Sometimes did not note the date of initial contact with family.
- Sometimes did not note the date of submission to DPSS.
- Sometimes did not note the date evaluation completed.
- Sometimes did not submit a completed evaluation to DPSS within 2 days.
- Sometimes did not complete family evaluation within 30 days of first interview.
- It was sometimes unclear if clients participated in an individual interview and/or if the participated in a joint interview.

Table 12: Greenhouse Family Services

Audit Period: 1/1/2017 – 6/30/2017: Residential Care and Treatment Services

- Some of the clients' files did not contain documentation showing dental was completed and some did not contain documentation showing vision exam.
- Some of the clients did not have immunization records on file.
- Some of the clients were not given the correct allowance amount based on his/her age.
- Some employees did not maintain CPR/First Aid Certification for the entire audit period.
- Some of the resource parents did not maintain CPR/First Aid Certification for the entire audit period.
- The FFA did not maintain Workers Compensation or Vehicle Liability insurance policies for the entire audit period.

Audit Period: 9/1/2017 – 9/30/2017: Residential Care and Treatment Services

- Some of the clients did not sign an allowance log.
- Some of the clients were unaware of their phone rights and some were unaware of their religious rights.
- Some of the clients were not provided daily essentials.
- Some of the clients did not know or were not allowed to maintain connection with friends.
- Some of the clients had trouble contacting their social worker.
- Some of the clients had their resource parents not watch as the clients took medication.
- Some of the resource parents were unfamiliar with agency protocols.
- Some of the resource parents were unfamiliar with the Needs and Services Plan.
- Some of the resource parents had home inspection issues.

Table 13: Alba Care Services, Inc.

Audit Period: 1/1/2016 – 8/31/2016: Residential Care and Treatment Services

- Some of the clients had allowance transactions not on file.
- Some of the clients did not have a record of a dental exam and some did not have a record of a vision exam.
- Some of the employees did not have CPR/First Aid certification during the entire period of the audit.
- Some of the resource parents did not have CPR/First Aid certification during the entire period of the audit.
- Some of the employees did not have vehicle insurance on file.
- Some of the employees did not have training documented.
- Some of the resource parents did not meet their recertification hours requirement.
- The FFA did not maintain a Workers Compensation insurance policy for the entire audit period.

Table 14: Ark Homes

Audit Period: August 2016: Residential Care and Treatment Services

- Some of the clients did not have appropriate clothing.
- Some of the clients had allowance issues.
- Some of the clients were not participating in outdoor activities.
- Some of the clients were unaware of their rights.
- Some of the clients took medication outside of the presence of their resource parents.
- Some of the resource parents were unfamiliar with agency protocols, some had general training issues, and some were unaware of the Needs and Services Plan.
- Some of the clients reported social worker visit issues.
- Some of the clients did not receive a mental health assessment.
- Some of the resource parents had home inspection issues.

Audit Period: 7/1/2018–7/30/2019: Family Evaluations

- Sometimes did not have date of initial contact listed
- Sometimes did not have initial conduct within 3 days of referral
- Sometimes did not contain a Client Consent for Release of Information
- Sometimes did not contain an RFA Application.
- Sometimes did not contain a Limits of Confidentiality form
- Sometimes the applications were approved without a separate Risk Assessment for each applicant.

Table 15: Litehouse Children & Family Services

Audit Period: 5/1/2018–10/31/2018: Residential Care and Treatment Services

- Some of the clients did not receive an allowance.
- Some of the clients did not have a Transitional Independent Living Plan on file.
- Some of the clients who needed a dental exam were not provided one timely (between 9 and 19 days late).
- Some of the employees did not maintain CPR/First Aid certification for the entire audit period.
- Some of the resource parents did not maintain CPR/First Aid certification for the entire audit period.
- Some of the resource parents had general training issues.
- Some of the resource parents did not maintain auto insurance for the entire audit period.
- Some of the social workers exceeded the 15:1 social worker/client ratio.

Audit Period: 12/1/2018–12/31/2018: Residential Care and Treatment Services

- Some of the clients claimed that their allowance did not match the form they signed.
- Some of the resource parents did not take child anywhere (i.e. church or outside)
- Some of the resource parents did not log prescribed medications.
- Some of the resource parents did not utilize the allowance chart.
- Some of the resource parents claimed to only see a social worker once every 3 months.
- Some of the resource parents had home inspection issues.

Table 16: A Coming of Age

Audit Period: 6/1/2018–11/30/2018: Residential Care and Treatment Services

- Some of the clients did not have an initial medical exam within 30 days (14–45 days late).
- Some of the clients who required vision exams did not receive them.
- Some of the clients had undated photos on file.
- Some of the resource parents did not have auto insurance for the entire audit period.
- Some of the social workers exceeded the 15:1 social worker/client ratio.
- Some of employee files did not contain acknowledgement of employees responsibilities as mandated child abuse reporter.

Audit Period: 12/1/2018–12/31/2018: Residential Care and Treatment Services

- Some of the clients did not receive tutoring or help with homework from their resource parents.
- Some of the clients did not have a clothing inventory count on file.
- Some of the clients had issues with social worker visits.
- Some of the clients were not taken to the dentist and/or doctor.
- Some of the clients did not have their resource parent watch them when they were taking medication.
- Some of the clients had issues related to the Transitional Independent Living Plan.
- Some of the resource parents did not give over-the-counter medication to the clients.
- Some of the resource parents were unaware of the Needs and Services Plan.
- Some of the resource parents had home inspection issues.

Audit Period: 7/1/2017–6/30/2018: Family evaluations

- Sometimes did not have a referral on file.
- Sometimes did not note the referral acknowledgement date.
- Sometimes did not note the date of initial contact with family.
- Sometimes did not note the date the family evaluation was submitted to DPSS.
- Sometimes did not submit to DPSS within 2 days of completing evaluation.
- Sometimes failed to complete RFA evaluation within 30 days.
- It was sometimes unclear if clients participated in an individual interview and/or if they participated in a joint interview.
- Sometimes did not conduct risk assessments and sometimes the risk assessment did not have a supervisor's signature.
- Some of the employees' files lacked signed acknowledgements.

Table 17: Alliance Human Services, Inc

Audit Period: 7/1/2018–6/30/2019: Family Evaluations

- Sometimes did not note the date of referral acknowledgment and sometimes did not identify the assigned social worker.
- Sometimes did not note the date when the social worker initially contacted the family.
- Sometimes failed to contact family within 3 days
- Sometimes failed to conduct an initial interview within 15 days of initial contact.
- Sometimes failed to submit an RFA evaluation within 2 days of completion.
- Sometimes failed to complete an RFA evaluation within 30 days (5 to 36 days late).

Table 18: Olive Crest

Audit Period: 7/1/2018–6/30/2019: Residential Care and Treatment

- Some of the clients did not have signatures on their allowance logs.
- Some of the clients who needed a vision exam had no records on file of receiving one.
- Some of the clients taking psychotropic medication did not have applications for the use of the medicine on file.
- Some of the employees did not meet training hour requirements.
- Some of the resource parents did not have CPR/First Aid certification during the entire audit period.
- Some of the resource parents did not have auto insurance during the entire audit period.
- Some of the LIC 9185 forms were not timely submitted to DPSS.

Audit Period: 8/1/2019–8/31/2019: Residential Care and Treatment

- Some of the clients stated that DPSS social workers did not conduct a clothing inventory count.
- Some of the clients stated that there were not routine DPSS social worker visits.
- Some of the clients could not remember the last time he/she went to the doctor or dentist.
- Some of the clients had issues related to the Transitional Independent Living Plan.
- Some of the resource parents did not give over-the-counter medication to the clients.
- Some of the resource parents stated that the children's allowance could be used to pay for property that the clients damaged.
- Some of the resource parents did not know what the Needs and Services Plan was.
- Some of the resource parents had home inspection issues.

Table 19: Trinity Youth Services

Audit Period: 7/1/2017–6/30/2018: Family Evaluations

- Sometimes did not acknowledge receipt of referral within 24 hours.
- Sometimes did not conduct an initial interview within 15 days of initial contact.
- Sometimes did not complete evaluations within 30 days of initial interview.
- Sometimes the completed evaluations did not have the required number of references.
- It was sometimes unclear if clients participated in an individual interview and/or if they participated in a joint interview.

Table 20: Interim Care

Audit Period: 8/1/2018–1/31/2019: Residential Care and Treatment

- Some of the clients taking prescription medicine did not have prescriptions on file.
- Some of the clients were missing an allowance log.
- Some of the employees' files did not have evidence of CPR/First Aid Certification for the entire audit period.
- Some of the LIC 9185 forms were not submitted to DPSS.

Audit Period: 3/1/2019–3/31/2019: Residential Care and Treatment

- Some of the resource parents had a general concern regarding DPSS's lack of support for dangerous foster children.
- Some of the resource parents had home inspection issues.

Table 21: The Heart Matters

Audit Period: 7/1/2017–6/30/2018: Family Evaluation

- There were sometimes billing issues (such as a double payment).
- Sometimes the applicants did not have at least 2 interviews.
- Sometimes the applicants did not have an individual interview.
- Sometimes the applicants did not have a joint interview.
- Sometimes the risk assessments were not signed by a supervisor.
- Sometimes the risk assessments were not signed by a social worker.
- Sometimes the client did not complete a Consent for Release of Information Form and sometimes these forms were only partially completed.
- Sometimes the family evaluations were not submitted within 2 business days.
- Sometimes the social workers did not have supporting documentation for their education and experience.

Table 22: United Connections

Audit Period: October 2018: Residential Care and Treatment

- Some of the clients interviewed reported infrequent DPSS visits.
- Some of the clients interviewed reported that they did not have enough clothing.
- Some of the resource parents interviewed reported that they did not give over-the-counter medication to the clients.
- Some of the resource parents interviewed believed that they could use the client's allowance to pay for property damage or hold onto it until chores were completed.
- Some of the resource parents were unaware of the Needs and Services Plan.
- Some of the resource parents had home inspection issues.

Audit Period: 11/1/2018–4/30/2019: Residential Care and Treatment

- Some of the clients had issues related to the Transitional Independent Living Plan.
- Some of the clients did not have copies of their immunization or prescription records on file.
- Some of the clients did not have updated photos on file.
- Some of the social workers exceeded the 15:1 social worker/client ratio.
- Some of the clients did not have a confidentiality statement on file.
- Some of the LIC 9185 forms were not submitted to DPSS.

Table 23: Family Health & Support Network, Inc.

Audit Period: 2/1/2019–11/30/2019: Residential Care and Treatment

- Some of the clients interviewed reported that their social worker did not conduct a clothing inventory count.
- Some of the clients interviewed reported that social worker visits were infrequent.
- Some of the clients interviewed reported that they did not timely receive medical and dental exams.
- Some of the clients interviewed reported that they had to go by themselves because their resource parents would not take them.
- Some of the clients interviewed reported that they had insufficient clothing.
- Some of the clients interviewed reported that they had an insufficient allowance.
- Some of the clients interviewed reported that they lacked daily essentials.
- Some of the resource parents were unaware that they could give over-the-counter medication to the clients.
- Some of the resource parents failed to obtain psychiatric evaluations for clients who needed them.
- Some of the resource parents were unaware of the Needs and Services Plan.
- Some of the resource parents had home inspection issues.

Appendix H: Audits Finding Chart

Table 24: Residential Care – Part 1

| | ChildNet (3/1/2020– 2/28/2021) | Family Health and Support Network, Inc. (11/1/2018– 10/31/2021) | Walden Family Services (2/1/2017– 7/31/2017) | Walden Family Services (October 2017) | California Family Life Center (2/1/2017– 7/31/2017) | California Family Life Center (6/1/2017– 8/31/2017) | Greenhouse Family Services (1/1/2017– 6/30/2017) |
|--|--------------------------------------|---|--|---|---|---|--|
| Dental/Medical/Vision/ Psychological Exam Issues | X | X | X | X | | X | X |
| Photo Issues | X | X | | | | | |
| Allowance Issues | X | | X | X | X | X | X |
| Employee CPR/First Aid certification issues | X | | | | | | X |
| Foster Parent CPR/ First Aid certification issues | | | X | | | | X |
| Medication Issues | | X | | | | | |
| Immunization Records Issues | | | | | | | X |
| Clothing inventory issues | | X | | | | | |
| Transitional Independent Living Plan issues | | X | | X | | X | |
| RP Automobile insurance issues | | X | | | X | | |

| | ChildNet (3/1/2020– 2/28/2021) | Family Health and Support Network, Inc. (11/1/2018– 10/31/2021) | Walden Family Services (2/1/2017– 7/31/2017) | Walden Family Services (October 2017) | California Family Life Center (2/1/2017– 7/31/2017) | California Family Life Center (6/1/2017– 8/31/2017) | Greenhouse Family Services (1/1/2017– 6/30/2017) |
|--|--------------------------------------|---|--|---|---|---|--|
| RP training issues | | X | X | X | | X | |
| FFA employee training issues | | | | | | | |
| Social worker/client ratio issues | | X | | | | | |
| Insufficient insurance for FFA/employees | | | | | | | X |
| Clients Unaware of Rights | | | | | | | |
| Not provided daily essentials/ appropriate clothing | | | | | | X | |
| Not allowed to maintain connection with friends | | | | | | | |
| Social worker visit issues | | | | X | | X | |
| Home Inspection Issues | | | | X | | X | |
| Failure to help with schoolwork | | | | | | X | |
| Clients not participating in outdoor activities | | | | | | | |
| Documents not timely submitted by FFA | | | | | | | |

| | ChildNet (3/1/2020– 2/28/2021) | Family Health and Support Network, Inc. (11/1/2018– 10/31/2021) | Walden Family Services (2/1/2017– 7/31/2017) | Walden Family Services (October 2017) | California Family Life Center (2/1/2017– 7/31/2017) | California Family Life Center (6/1/2017– 8/31/2017) | Greenhouse Family Services (1/1/2017– 6/30/2017) |
|---|--------------------------------------|---|--|---|---|---|--|
| FFA employee documentation issue | | | | | | | |

Table 25: Residential Care – Part 2

| | Greenhouse Family Services (9/1/2017– 9/30/2017) | Litehouse Children & Family Services (5/1/2018– 10/31/2018) | Litehouse Children & Family Services (December 2018) | A Coming of Age (6/1/2018– 11/30/2018) | A Coming of Age (December 2018) | Olive Crest (1/1/2019– 6/30/2019) | Alba Care Services, Inc. (11/2016– 8/31/2016) |
|---|--|--|---|---|--|---|--|
| Dental/Medical/Vision/ Psychological Exam Issues | X | X | | X | X | X | X |
| Photo Issues | | | | X | | | |
| Allowance Issues | X | X | X | | | X | X |
| Employee CPR/First Aid certification issues | | X | | | | | X |
| Foster parent CPR/First Aid certification issues | | X | | | | X | X |
| Medication Issues | X | | X | | X | X | |
| Immunization Records Issues | | | | | | | |

| | Greenhouse Family Services (9/1/2017– 9/30/2017) | Litehouse Children & Family Services (5/1/2018– 10/31/2018) | Litehouse Children & Family Services (December 2018) | A Coming of Age (6/1/2018– 11/30/2018) | A Coming of Age (December 2018) | Olive Crest (1/1/2019– 6/30/2019) | Alba Care Services, Inc. (11/2016– 8/31/2016) |
|--|--|--|---|---|--|---|--|
| Clothing inventory issues | | | | | X | | |
| Transitional Independent Living Plan issues | | X | | | X | | |
| RP Automobile insurance issues | | X | | X | | X | |
| RP training issues | X | X | | | X | | X |
| FFA employee training issues | | | | | | X | X |
| Social worker/client ratio issues | | | | X | | | |
| Insufficient insurance for FFA/employees | | | | | | | X |
| Clients Unaware of Rights | X | | | | | | |
| Not provided daily essentials/ appropriate clothing | X | | | | | | |
| Not allowed to maintain connection with friends | X | | | | | | |
| Social worker visit issues | | | X | | X | | |
| Home Inspection Issues | X | | X | | X | | |

| | Greenhouse Family Services (9/1/2017– 9/30/2017) | Litehouse Children & Family Services (5/1/2018– 10/31/2018) | Litehouse Children & Family Services (December 2018) | A Coming of Age (6/1/2018– 11/30/2018) | A Coming of Age (December 2018) | Olive Crest (1/1/2019– 6/30/2019) | Alba Care Services, Inc. (11/2016– 8/31/2016) |
|--|--|--|---|---|--|---|--|
| Failure to help with schoolwork | | | | | X | | |
| Clients not participating in outdoor activities | | | X | | | | |
| Documents not timely submitted by FFA | | | | | | X | |
| FFA employee documentation issue | | | | X | | | |

Table 26: Residential Care – Part 3

| | Ark Homes (August 2016) | Olive Crest (8/1/2019– 8/31/2019) | Interim Care (8/1/2018– 1/31/2019) | Interim Care (March 2019) | United Connections (October 2018) | United Connections (11/1/2018– 4/30/2019) | Family Health & Support Network, Inc. (2/1/2019– 11/30/2019) |
|---|-------------------------------|---|--|------------------------------|--|--|--|
| Dental/Medical/Vision/ Psychological Exam Issues | X | X | | | | | X |
| Photo Issues | | | | | | X | |
| Allowance Issues | X | X | X | | X | | X |
| Employee CPR/First Aid certification issues | | | X | | | | |
| Foster parent CPR/First Aid certification issues | | | | | | | |
| Medication Issues | X | | X | | | X | |
| Immunization Records Issues | | | | | | X | |
| Clothing inventory issues | | X | | | | | X |
| Transitional Independent Living Plan issues | | X | | | | X | |
| RP Automobile insurance issues | | | | | | | |
| RP training issues | X | X | | | X | | X |

| | Ark Homes (August 2016) | Olive Crest (8/1/2019– 8/31/2019) | Interim Care (8/1/2018– 1/31/2019) | Interim Care (March 2019) | United Connections (October 2018) | United Connections (11/1/2018– 4/30/2019) | Family Health & Support Network, Inc. (2/1/2019– 11/30/2019) |
|--|-------------------------------|---|--|------------------------------|--|--|--|
| FFA employee training issues | | | | | | X | |
| Social worker/client ratio issues | | | | | | | |
| Insufficient insurance for FFA/employees | | | | | | | |
| Clients Unaware of Rights | X | | | | | | |
| Not provided daily essentials/ appropriate clothing | X | | | | X | | X |
| Not allowed to maintain connection with friends | | | | | | | |
| Social worker visit issues | X | | | | X | | X |
| Home Inspection Issues | X | X | | X | X | | X |
| Failure to help with schoolwork | | | | | | | |
| Clients not participating in outdoor activities | X | | | | | | |
| Documents not timely submitted by FFA | | | X | | | X | |

Appendix I: Children's Services Handbook

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| Administration of Child Welfare Services | | |
| <u>CWS 31–001.1 – General Requirements</u> | | |
| The requirements specified in Sections 31–005 through 31–525 shall be met by the county in the administration of child welfare services. | | |
| <u>CWS 31–005.12 – Child Welfare Services Program Support Activities</u> | | |
| Diligently recruit competent placement providers and facilities that will aid in the attainment of the goals in the children's case plans. | | |
| <u>CWS 31–005.121 – Child Welfare Services Program Support Activities</u> | | |
| Require diligent recruitment of foster and prospective adoptive parents that reflect the ethnic background of children who need homes regardless of race, color, national origin or culture of the foster parent, or the child involved which will best meet each child's needs. | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <u>CWS 31–025.1 – Administrative Review</u> | | |
| Administrative reviews shall be conducted as specified in Welfare and Institutions Code Sections 366.3, 16503, and 16507.3; and 42 USC 675(6). | | |
| <u>CWS 31–025.11 – Administrative Reviews</u> | | |
| These statutes identify the children in foster care placement who are to receive administrative reviews and specifies that each child's status is to be reviewed periodically, <u>but no less frequently than once every six months</u> . | | |
| <u>CWS 31–025.2 – Administrative Review</u> | | |
| Administrative reviews shall not be required for children for whom a legal guardian has been appointed as a permanent plan unless the child has been removed from the guardian pursuant to Welfare and Institutions Code Section 300. | | |
| <u>CWS 31–035.11–.111 – County Responsibilities</u> | | |
| Each administrative review panel shall include three or more members as follows: | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>.11 At least one member shall be outside the direct line of supervision of the case under review.</p> <p>.111 Such member shall not be the worker, his/her supervisor, or persons at other levels of supervision or administration who could directly influence the placement of the child.</p> | | |
| <p><u>CWS 31–035.2 – County Responsibilities</u></p> <p>Hearing procedures shall be established to address the objectives specified in Welfare and Institutions Code Section 16503.</p> | | |
| <p><u>CWS 31–035.3–.315 – County Responsibilities</u></p> <p>The county shall develop, maintain, and implement a written administrative review plan.</p> <p>The plan shall include the following:</p> <p>.311 The number and size of review panels established as specified in Sections 31–035.1 through .111.</p> <p>.312 A summary of the training to be provided to review panels.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>.313 Procedures for notification of participating parties, as specified in Sections 31-045.1 and .2.</p> <p>.314 Procedures for conduct of hearings, as specified in Sections 31-050.1 and .2.</p> <p>Standards and procedures under which hearings will be scheduled, postponed, or continued, as specified in Sections 31-050.3 through .33.</p> | | |
| <p><u>CWS 31-040.1-.16 – Participants in the Review</u></p> <p>The following parties to the case under review shall be allowed to participate in the administrative review hearing:</p> <p>.11 The parent(s)/guardian(s)/Indian custodian(s) from whom the child has been removed, provided that such person'(s) parental rights have not been voluntarily relinquished, or terminated by court action.</p> <p>.12 In the case of an Indian child, the child's tribe.</p> <p>.13 Any other relative of the child who has been significantly involved in his/her care.</p> <p>.14 The child, if 10 years of age or older.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>.15 The current foster care provider(s).</p> <p>.16 The social worker(s) responsible for the case management or service delivery of the child or parent(s)/guardian(s)/Indian custodian(s).</p> | | |
| <p><u>CWS 31–060.1; .5–.54 – Reports From The Review Panel</u></p> <p>.1 The administrative review panel shall complete or direct the completion of a written report including, but not limited to the following information ...</p> <p>.5 The county shall, within 15 calendar days following the hearing, distribute copies of the administrative review panel recommendations to:</p> <p>.51 The child, if 10 years of age or older.</p> <p>.52 The parent(s)/guardian(s) of the child; and his/her representative(s), as defined in Section 31– 002(r)(3).</p> <p>.53 The child's case record.</p> <p>.54 The juvenile court, except for voluntary cases.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p><u>CWS 31–066.1–.2 – Multidisciplinary Team Assessment And Recommendation For Placement In An Out-Of-State Group Home</u></p> <p>A multidisciplinary team assessment and placement recommendation shall be required prior to placing a child in an out-of-state group home facility as specified in Family Code Sections 7911 and 7911.1.</p> <p>.2 For out-of-state group home placement purposes a "Multidisciplinary Team" means a team composed of county social services, county mental health, county probation, county superintendents of schools, and other members as determined by the county. With the addition of a county superintendent of schools member, a county's Interagency Placement Committee, as defined in Welfare and Institutions Code Section 4096, may also act as a county Multidisciplinary Team.</p> | | |
| <p><u>CWS 31–066.4–.41 – Multidisciplinary Team Assessment And Recommendation For Placement In An Out-Of-State Group Home</u></p> <p>.4 In assessing a child's need for an out-of-state placement, the multidisciplinary team shall consider,</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>but is not limited to, a review of the current circumstances precipitating the request for an out-of-state placement, including a review of the reasonable efforts/services provided prior to the placement of the child in foster care or to make it possible for the child to return home, the services provided to prevent an out-of-home placement, the current location of the child and length of time there, situation and location of parents/siblings, descriptions of out-of-state placement resource(s) or type of placement resource being sought, the child's attitude toward placement, and the parents' attitude towards placement.</p> <p>.41 An assessment of the child shall include a physical description; a current evaluation of behavioral, emotional, and social skills; relationships/interactions with parents, caregivers, and peers; health (diagnosis, treatment, and prognosis); education (grades, achievements, and classroom behavior); placement history (why in-state services or facilities were not adequate); and special needs, if any.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p><u>CWS 31–066.5 – Multidisciplinary Team Assessment And Recommendation For Placement In An Out-of-state Group Home</u></p> <p>The multidisciplinary team shall make a decision as to whether out-of-state placement is in the child's best interest or not. The team shall rule out in-state placement options before recommending an out-of-state placement. This shall be documented in the case plan.</p> | | |
| <p><u>CWS 31–075.1 – Case Records</u></p> <p>The county shall develop and maintain a current case record for each request or referral that requires child welfare services beyond the emergency response protocol specified in Section 31–105.</p> | | |
| <p><u>CWS 31–075.2 – Case Records</u></p> <p>With the exception of an Indian child as stated below, <u>case records shall be maintained a minimum of three years</u> in accordance with Operations Manual section 23–353. The Department requires case records to be retained more than three years in certain</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| circumstances such as, court orders, audits and/or federal mandates. | | |
| <u>CWS 31–101.1 – Intake; General</u> | | |
| The county shall respond to all referrals for service which allege that a child is endangered by abuse, neglect, or exploitation. | | |
| <u>CWS 31–101.2 – Intake; General</u> | | |
| The social worker responding to a referral shall be skilled in emergency response. | | |
| <u>CWS 31–101.3–.33 – Intake; General</u> | | |
| .3 The social worker shall respond to a referral by one of the following methods: | | |
| .31 Completing an Emergency Response Protocol, as described in Section 31–105. | | |
| .32 Conducting an in-person immediate investigation, as described in Section 31–115. | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|--|------------------------------------|
| .33 Conducting an in-person investigation initiated within 10 calendar days from the date the referral was received, as described in Section 31–120 | <u>Module 2, Chapter 2, Section A – 3.1 Timeliness of Initial Contact</u> <i>10-Day</i> – All other accepted referrals require the assigned SSP to respond within 10 calendar days from the date the referral was received by CIC, but no later than the end of the 10th day | ✓ |
| <u>CWS 31–101.4–.41 – Intake; General</u> .4 The social worker shall conduct an in-person investigation of all referrals received from a law enforcement agency which allege abuse, neglect, or exploitation. .41 No response is required to a cross-report from a law enforcement agency if the law enforcement agency has investigated and determined that there is no indication of abuse or neglect by a member of the child's household. | | |
| <u>CWS 31–101.5–.512 – Intake; General</u> .5 Within 30 calendar days of the initial removal of the child or the in-person investigation, or by the date of | <u>Module 2, Chapter 2, Section A – 3.3 Contact Requirements during the Investigation</u> | ✓ |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>the dispositional hearing, whichever comes first, the social worker shall:</p> <p>.51 Determine whether child welfare services are necessary and:</p> <p>.511 If child welfare services are necessary, complete a case plan and begin implementation of the case plan in accordance with the time frames and schedules specified in Chapter 31– 200.</p> <p>.512 If child welfare services are unnecessary, close the referral/case, as appropriate</p> | <p>The assigned SSP is responsible for: Determining whether or not child welfare services are necessary within 30 calendar days of the initial contact</p> | |
| <p><u>CWS 31–201.1–.13 – Assessment and Case Planning</u></p> <p>1 When it has been determined that child welfare services are to be provided the social worker shall:</p> <p>.11 Complete an assessment.</p> <p>.111 An assessment is completed for each child for whom child welfare services are to be provided, and includes gathering and evaluating information relevant</p> | <p><u>Module 2, Chapter 2, Section G – 1. Introduction Assessing and Documenting through Disposition</u></p> <p>In order to implement the legislative intent for the Jurisdiction/Disposition case assessment, Children’s Services Division (CSD) staff:</p> <ul style="list-style-type: none"> • complete a thorough assessment of the family, using the appropriate Structured Decision Making (SDM) tools as a guide • enter all in-person, written, telephonic and electronic communication in the Child Welfare | <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>to the case situation and appraising case service needs.</p> <p>.12 Determine the case plan goal.</p> <p>.121 When determining the case plan goal, the social worker shall consider the following order of priority for services:</p> <p>(a) Family maintenance services – In order to maintain the child in his/her own home, when the protective needs of the child can be met.</p> <p>(b) Family reunification services – If the family potentially can be successfully reunified within the time limits specified in Welfare and Institutions Code Sections 16507 and 16507.3. If the child is placed out</p> | <p>System/Case Management System (CWS/CMS) including any services provided to associated parties and any diligent efforts to locate relatives and/or Non-Related Extended Family Members (NREFMs)</p> <ul style="list-style-type: none"> • document the assessment of the family and recommendations in the court report, and • prepare a case plan using the information derived from the assessment, when applicable. | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>of home and is receiving family reunification services, the case plan shall have two tracks:</p> <p>(1) The family reunification track, which consists of services described in Welfare and Institutions Code Section 16501(h).</p> <p>(2) The concurrent services track, which identifies the child's permanency alternative and the services necessary to achieve legal permanence should family reunification fail.</p> <p>(c) Permanent placement services – Only when there are no feasible means of maintaining or reuniting the child with his/her parent(s)/guardian(s).</p> <p>(1) When the child has been detained and one or more of the following circumstances exist, the social worker may recommend permanent placement services.</p> <p>(A) The whereabouts of the parent(s)/guardian(s) is unknown.</p> <p>(B) The parent(s)/guardian(s) is suffering from a mental disability that renders him/her incapable of utilizing family reunification services.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>(2) When the child is detained, and one or more of the following circumstances exist, the social worker must recommend permanent placement services, unless the court finds, by clear and convincing evidence, that reunification is in the best interests of the child.</p> <p>(A) The child or sibling of the child had been previously adjudicated a dependent as a result of physical or sexual abuse; had been removed from the custody of the parent(s)/guardian(s); had been returned to the custody of the parent(s)/guardian(s); and has again been removed due to additional physical or sexual abuse.</p> <p>(B) The parent(s)/guardian(s) of the child has caused the death of another child through abuse or neglect.</p> <p>(C) The child is under the age of five and has come under court jurisdiction due to severe physical abuse as specified in Welfare and Institutions Code Section 300(e).</p> <p>(D) The child has come under court jurisdiction due to severe sexual abuse (Welfare and Institutions Code Section 361.5(b)(6)) or severe physical abuse (Welfare</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>and Institutions Code Section 361.5(b)(6)) inflicted upon the child, a sibling or half-sibling.</p> <p>(E) The parent(s)/guardian(s) is incarcerated or institutionalized and the social worker has determined, based on the criteria specified in Welfare and Institutions Code Section 361.5(e)(1) that permanent placement services are appropriate.</p> <p>(F) The parent or guardian of the minor has advised the court that he or she is not interested in receiving family maintenance or reunification services pursuant to Welfare and Institutions Code Section 361.5(b)(13).</p> <p>(3) When recommending a permanent placement services, the social worker shall adhere to the following order of priority for permanent placement:</p> <p>(A) Adoption – Before the social worker recommends to the court that family reunification services be terminated, a case review conducted jointly by foster care and adoption staff to determine potential for adoption shall have been completed.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>1. If the case review is to address a potential relative adoption, it shall address whether a kinship adoption is in the child's best interest.</p> <p>2. When a case is referred for adoption planning, it shall remain under county supervision for purposes of providing child welfare services until dismissal of the dependency and issuance of a final decree of adoption.</p> <p>(B) Guardianship – If kinship adoption or adoption is not possible, the case shall be reviewed for guardianship. Preference shall be given to guardianships by relatives.</p> <p>(C) Long term foster care – Only if adoption or guardianship is not possible, a recommendation for long-term foster care placement shall be made. Exercise of this option requires continued efforts to obtain adoption, guardianship or preparation for independence for the child.</p> <p>.13 Develop the case plan which shall identify the following factors and document the plan as specified in Section 31–205:</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>.131 Objectives to be achieved.</p> <p>.132 Specific services to be provided.</p> <p>.133 Case management activities to be performed. (a) Parent(s)/guardian(s) shall be requested to participate in the development of the case plan. (b) Parents shall be advised that, at any time during the child's dependency, they may request adoption counseling and services.</p> | | |
| <p><u>CWS 31–310.1–.161 – Social Worker Responsibilities for Service Delivery</u></p> <p>In providing or arranging for the provision of services identified in the case plan, the social worker shall:</p> <p>.11 Assist each child to understand through the provision of age-appropriate counseling the reason(s) for providing service to handle associated emotional problems.</p> <p>.12 Monitor the child's physical and emotional condition.</p> <p>.13 When a child's family is being provided services in order to maintain the child in the home, take action as</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>necessary to ensure that the child's protective needs continue to be met.</p> <p>.14 Assist the parent(s)/guardian(s) to understand agency procedures, the orders of the courts, if any, or arrangements between the county and other agencies.</p> <p>.15 Provide to the parent(s)/guardian(s) of a child voluntarily receiving services both verbal and written information regarding the possibility that legal action may be taken which could result in removal of the child from the home if parenting problems are not solved and the child remains at risk of abuse, neglect, or exploitation.</p> <p>.16 Provide respite and out-of-home care providers information of any known or suspected dangerous behavior of the child.</p> <p>.161 The social worker shall document in the case record any information provided to the respite and out-of-home care provider regarding the child's known or suspected dangerous behavior, including the following:</p> <p>(a) Date information was provided.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>(b) Name of person receiving information.</p> <p>(c) Specific facts provided.</p> <p>(d) Affirmation that the person informed was advised that the facts were confidential and that unauthorized disclosure could result in a fine up to \$1,000.</p> | | |
| <p><u>CWS 31–320.1–.7 – Social Worker/Probation Officer Contacts With the Child</u></p> <p>.1 The social worker/probation officer shall arrange for visitation, as determined in the child's case plan, for each child.</p> <p>.2 The social worker shall visit the child <u>at least three times in the first 30 calendar days</u>, including the initial in-person response.</p> <p>.21 If the case plan is completed in the first 21 calendar days after the initial removal of the child or in-person response, the social worker shall be permitted to have less frequent visits, <u>up to a minimum of twice in the first 21 calendar days</u>.</p> | <p><u>Module 2, Chapter 2, Section A – 3.3 Contact requirements during the investigation</u></p> <p>Once the assigned SSP: has determined CWS are necessary and a case plan is being implemented then the assigned SSP. . . is required to visit the children three (3) times within the first 30 calendar days.</p> <p><u>Module 2, Chapter 2, Section A – 3.3 Contact requirements during the investigation</u></p> | <p>✓</p> <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|--|------------------------------------|
| <p>.311 The child has no severe physical or emotional problems caused or aggravated by remaining in his/her own home.</p> <p>.312 The child is visited at least once a week by a family preservation social worker or public health nurse when such persons are providing services pursuant to the case plan; and there is a verbal or written agreement with any such services provider, documented in the case record, that he/she will provide contact reports to the social worker.</p> <p>(a) The social worker shall ensure that verbal or written reports are received and documented in the case record.</p> | | |
| <p>.4 The majority of visits with the child in each calendar year shall take place in the child's foster home/placement.</p> | <p><u>Module 1, Chapter 2, Section A – 5.1 Required Contacts for Child/NMD</u></p> <p>The assigned SSP is responsible for completing mandatory contacts with the child/NMD:</p> <ul style="list-style-type: none"> • majority of the in-person contacts occur in the child/NMD's placement or residence. | <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>.41 Whenever possible and practicable, the social worker shall visit the child alone and in a quiet and private setting.</p> <p>.5 The purpose of social worker contact with the child is to assess the safety and wellbeing of the child and to achieve the following objectives:</p> <p>.51 Verify the location of the child.</p> <p>.52 Monitor the child's physical, emotional, social, and educational development.</p> <p>.53 To the extent possible, engage and involve the child and the caregiver in the development of the case plan.</p> <p>.54 Gather information about the child to identify needed services to be included in the case plan and monitor the effectiveness of those services provided to meet the child's needs.</p> <p>.55 Ensure the child is able to maintain a relationship with siblings, relatives, and adults who are important to the child.</p> | <p><u>Module 1, Chapter 2, Section A – 5.1 Required Contacts for Child/NMD</u></p> <p>The purpose of monthly contact with the child/NMD is to assess the safety and well-being of the child and provide continuity and a stability point for the child/NMD. When completing the monthly required contact, the assigned SSP completes the following:</p> <ul style="list-style-type: none"> • verifies the location of the child/NMD • monitors the child/NMD's physical, emotional, social and educational development • engages and involves the child/NMD in the development and progress of the case plan including current and future placement plans and progress • ensures the child/NMD is able to maintain a relationship with siblings, relatives and adults who are important to the child | <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>.56 Assist the child in preserving and maintaining religious and ethnic identity.</p> <p>.57 Establish and maintain a helping relationship between social worker and child to provide continuity and a stability point for the child.</p> <p>.58 Solicit the child's input on his/her future and to inform the child as to current and future placement plans and progress, and discuss these plans and progress with the child.</p> <p>.59 Evaluate and assess the child's educational needs and progress and the potential need for special educational services such as an Individual Education Plan.</p> <p>.6 The social worker/probation officer shall do the following for each child with an approved case plan who is placed in out-of-home care with a relative, foster family home, FFA, or a legal guardian.</p> | <ul style="list-style-type: none"> • assists the child/NMD in preserving and maintaining religious and ethnic identity, and • evaluates and assess the child/NMD's educational needs and progress, as well as potential needs for special educational services (<i>example</i>: Individual Education Plan (IEP)). | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|--|------------------------------------|
| <p>.61 <u>Visit the child at least once each calendar month.</u></p> <p>.611 The social worker shall be permitted to have less frequent visits, no less than necessary to ensure the safety and wellbeing of the child as specified in 31–320.5. In no case shall the visits be less frequent than once every six calendar months, provided the following criteria are met and documented in the case plan, and written supervisory approval has been obtained:</p> <p>(a) The child has no severe physical or emotional problems caused or aggravated by the placement.</p> <p>(b) The child has been in the same placement for at least six months and the social worker has determined that the placement is stable.</p> <p>(c) The child is visited once each calendar month by social worker staff of a foster family agency provided they meet the minimum qualifications at Title 22, Section 88065.3 and are providing services pursuant to a case plan. A written placement agreement shall be</p> | <p><u>Module 1, Chapter 2, Section F – 2.6 SDM Recommended Contact Guidelines</u></p> <p>Federal and state regulations mandate that the assigned SSP conduct in-person contacts with the child and parent at least <i>once (1) per month</i>.</p> | <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>required between the foster family agency and the county and documented in the case record.</p> <p>(d) The social worker shall ensure that at least one written report of a visit is received each calendar month and documented in the CWS/CMS case record.</p> <p>.612 The social worker shall be permitted to have less frequent visits, <u>up to a minimum of once every six consecutive calendar months</u> if the child is receiving permanent placement services, is in placement with a legal guardian, and dependency has been dismissed or the child has never been a dependent.</p> <p>.613 If the child is placed in a group home, whether in-state or out-of-state, or a community treatment facility, the social worker/probation officer shall visit the child <u>at least once each calendar month</u>, with at least a two-week time frame between visits and document the visits in the child's case plan.</p> <p>.7 The minimum visitation requirements by the county social worker/probation officer are not applicable under the following circumstances:</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>.71 The child has an approved case plan, is a dependent or ward of the court and either:</p> <p>.711 The child's whereabouts are unknown and the court has been informed. The county social worker/probation officer must attempt to locate the child and document those attempts in the case record. The social worker must confirm and document in the child's case record that the child's whereabouts are unknown once every 30 days from the date of the initial discovery, or</p> <p>.712 The child is residing out of state in a relative, guardian or foster family home under the provisions of the Interstate Compact on the Placement of Children, is receiving services from the receiving state, and the receiving state is providing written or verbal reports to the social worker that are documented in the case record.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p><u>CWS 31–325.2–.213 – Social Worker Contacts With The Parent/Guardian</u></p> <p>.2 The social worker shall visit each parent(s)/guardian(s) named in the case plan receiving In-home services a minimum of once each calendar month.</p> <p>.21 The social worker shall be permitted to have less frequent visits, up to a minimum of once every two calendar months, only if all of the following criteria are met and written supervisory approval has been obtained:</p> <p>.211 The parent(s)/guardian(s) has no severe physical or emotional problems that affect his/her ability to parent the child.</p> <p>.212 The parent(s)/guardian(s) is visited at least once a week by a family preservation social worker or public health nurse when such persons are providing services pursuant to the case plan, and there is a verbal or written agreement with any such services provider, documented in the case record, that he/she will provide contact reports to the social worker.</p> | | |
| | <p><u>Module 1, Chapter 2, Section A – 7.4 In-person Contact with a Parent</u></p> <p>For cases in <i>family maintenance</i> (adjudicated or voluntary) status: the parent is visited at least once a week by a family preservation social worker or PHN</p> | <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|--|------------------------------------|
| .213 The social worker shall ensure that verbal or written reports are received and documented in the case record. | and documented in CWS/CMS that the service provider will provide contact reports to the SSP. | |
| <p><u>CWS 31–325.3–.33 – Social Worker Contact With The Parent/Guardian</u></p> <p>The social worker shall visit each parent/guardian named in the case plan whose child(ren) is placed in out-of-home care at least once each calendar month, unless the case plan contains documentation justifying less frequent visits and written supervisory approval has been obtained.</p> <p>.31 If the parent(s)/guardian(s) is not available for monthly visits, the social worker shall maintain monthly written or telephone contact with him/her regarding the child's status and the parent(s)/guardian(s) actions that should be occurring in order to facilitate reunification.</p> <p>.32 If all the following criteria are met, the social worker shall be permitted to maintain monthly written or telephone contact, rather than visits, with the parent(s)/guardian(s):</p> | <p><u>Module 4, Chapter 1, Section B – Family Maintenance Adjudicated Services – 2.5 Required FMA Monthly Contacts</u></p> <p>Contacts with the <i>parent(s)</i>:</p> <ul style="list-style-type: none"> • in-person for each parent named in the case plan a minimum of one (1) time per calendar month | <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>.321 The parent(s)/guardian(s) is visited once each calendar month by one or more of the following service providers when such persons are providing services pursuant to the case plan; and there is a verbal or written agreement with any such service provider, documented in the case record, that he/she will provide contact reports to the social worker.</p> <p>(a) Other social services staff of the county.</p> <p>(b) Staff of another services agency.</p> <p>(c) A physician or other health professional.</p> <p>.322 The social worker shall ensure that verbal or written reports are received and documented in the case record.</p> <p>.33 If the whereabouts of the parent(s)/guardian(s) are unknown and a due diligence affidavit has been filed with the court pursuant to Welfare and Institutions Code Section 366.23(b)(7), monthly contact is not required.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p><u>CWS 31–340.1–.22 – Parent/Guardian Contact With The Child</u></p> <p>.1 The social worker shall not arrange unsupervised visits, unless the court orders unsupervised visits, if the child has been removed pursuant to a finding of "severe physical abuse" as provided for in Welfare and Institutions Code Section 300(e).</p> <p>.2 The social worker shall arrange for visits between child and the parent(s)/guardian(s) named in the case plan no less frequently than once each calendar month for children receiving family reunification services.</p> <p>.21 Exceptions to the visitation requirement up to a minimum of once every six months shall be permitted only in the following circumstances:</p> <p>.211 For court supervised cases, court approval of a specific visitation plan.</p> <p>.212 For voluntary cases, county deputy director approval of a specific visitation plan.</p> <p>.22 If the whereabouts of the child or parent are unknown and the social worker has followed the procedures specified in Section 31–320.53 or Section</p> | <p><u>Module 4, Chapter 3, Section A – Visitation – 8.4 Exception to Providing Family Visits</u></p> <p>In cases involving "severe physical abuse," unsupervised visits <i>will not</i> be permitted by the assigned social worker unless specifically ordered by the court.</p> | <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>31–325.33, the social worker shall not be required to arrange monthly visits between the child and the parent/guardian.</p> | | |
| <p><u>CWS 31–401.1–.4 – General Requirements for Placement</u></p> <p>.1 The social worker, other representative of the placing agency or another agency providing services, or other adult with whom the child is familiar, shall be present at the time of placement unless the child is placed out of state.</p> <p>.2 At the time of initial placement in foster care of a child who is a dependent of the court, the agency responsible for placement and care shall provide information describing the review process, including the permanency planning hearing, and subsequent court and administrative reviews, to the parent(s)/guardian(s); and to the child, if 10 years of age or older.</p> <p>.3 The placement of children in the same home or facility when such children have different legal status shall be subject to the provisions of Welfare and Institutions Code Sections 206 and 16514.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>.4 A foster parent providing out-of-home care to a child pursuant to court orders or providing such services to a voluntarily placed child shall have the legal consent authority specified in Health and Safety Code Section 1530.6.</p> | | |
| <p><u>CWS 31–405.1–.34 – Social Worker Responsibilities for Placement</u></p> <p>.1 When arranging for a child's placement the social worker shall:</p> <p>.11 Consider the non-custodial parent pursuant to Welfare and Institutions Code Section 361.2.</p> <p>.12 Give preferential consideration for placement of the child to an adult who is a grandparent, aunt, uncle or sibling of the child.</p> <p>.121 In the case of an Indian child Active Efforts shall be made to comply with the ICWA placement preferences and standards as required by Section 31–420.3. The first preference shall be placement with a member of the child's extended family, as defined in Section 1903(2), of 25 U.S.C.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>.122 As required by Welfare and Institutions Code Section 361.3, a finding that the relative is not willing to adopt or seek guardianship for the child cannot be used as the sole basis for denying placement with a relative.</p> | | |
| <p>.123 As assessment shall be conducted for the relative(s) and shall include but not be limited to the factors required in Welfare and Institutions Code Section 361.3.</p> | | |
| <p>.13 Consider relatives identified by the social worker as willing and appropriate to care for the child if no non-custodial parent or relative given preferential consideration is available.</p> | | |
| <p>.132 As required by Welfare and Institutions Code Section 361.3, a finding that the relative is not willing to adopt or seek guardianship for the child cannot be used as the sole basis for denying placement with a relative.</p> | | |
| <p>.133 An assessment shall be conducted for the relative(s) and shall include but not be limited to the factors required in Welfare and Institutions Code Section 361.3.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>.14 Consider nonrelative extended family members identified by the social worker/probation officer as willing and appropriate to care for the child if no noncustodial parent, relative given preferential consideration, or relatives identified by the social worker/probation officer as willing and appropriate is available.</p> <p>.141 An assessment shall be conducted for the nonrelative extended family member(s) and shall include but not be limited to the factors required in Welfare and Institutions Code Section 361.3.</p> <p>.15 Ensure that the requirements specified in Section 31–445 have been met prior to the placement of the child in the home of a relative or nonrelative extended family member.</p> <p>.16 When considering the placement of an Indian child in a Tribally Approved Home, the following requirements shall apply:</p> <p>.161 The social worker must conduct the caregiver background checks on all adults (over age 18) living in the home or persons that may have significant contact with the child unless the tribe has an authorized Tribal</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>Agency that conducts the caregiver background checks pursuant to Welfare and Institutions Code section 10553.12.</p> <p>.162 If the tribe has a Tribal Agency that is approved to receive criminal and child abuse registry information from the California Department of Justice pursuant to Welfare and Institutions Code section 10553.12 the social worker shall secure documentation of the following:</p> <p>(a) The Tribal Agency's certification that it has completed caregiver background checks, pursuant to the standards set forth in Sections 1522 and 1522.1 of the Health and Safety Code, with respect to any prospective foster parent, adoptive parent, or any adult who resides or is employed in the Tribally Approved Home.</p> <p>(1) The certification must provide the address of the home, the names of the individuals in the household that have been cleared, the date of the completion of the clearance for each individual, and if any exemptions were granted.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>(2) Documentation that the Tribal Agency has agreed to report, within 24 hours to the county social worker responsible for the child placed in the Tribally Approved Home, any notification to the Tribal Agency by the Department of Justice of a subsequent state or federal arrest or disposition notification involving an individual associated with the Tribally Approved Home.</p> <p>(b) The social worker shall conduct the verifications required by Section 31–445.14.</p> <p>.163 Should the social worker have any concerns about the safety of the home, the social worker must consult and collaborate with the tribe to address any concerns.</p> <p>.164 The social worker must follow the ICWA placement preferences, which include the Tribally Approved or Tribally Specified Home designated by the child's tribe. Deviation from the preference order may occur only with good cause, as determined by the court. The social worker must provide the court with facts and supporting evidence that justify a request to deviate from the placement preferences and must ask</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>the court for a finding that there is good cause to deviate from the ICWA placement preferences.</p> <p>.17 Meet the requirements specified below when placing a child under the age of six in a group home:</p> <p>.171 A child under the age of six shall not be placed in a group home unless one or more of the following conditions are met, and the placement facility meets the licensing standards specified in Title 22, Division 6, Subchapter 2:</p> <p>(a) The placement will provide comprehensive diagnostic assessment to enable long-term decisions about the child's future.</p> <p>(b) The placement meets the child's special treatment needs which can be met by the group home while program planning and testing occur to prepare the child for a less restrictive, permanent placement;</p> <p>(c) The placement enhances and supports the case plan goal of family reunification with parents or kin or for adoption when no other suitable, less restrictive placement is available;</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>(d) The placement is for temporary shelter care and shall not be for more than thirty days and no other, less restrictive placement is available; or</p> <p>(e) The placement will keep a sibling group together until a more suitable, less restrictive placement is found.</p> <p>(f) Effective 1/1/2000, any child under the age of six shall be placed in a family like setting as defined in Title 22, Section 84201(f)(2). In the event such a setting is unavailable, the county shall request approval from the Department for any alternative placement in excess of 30 days. The Department has the authority to approve these placements if the request is in the best interest of the child and shall in no instance be detrimental to the health and safety of the child. The county welfare director shall submit the request to the Department with substantiating evidence supporting the request and specifying that the child has special needs that render the child extremely difficult to place, and there is no family like setting that can meet the child's special needs. The Department shall provide a written approval or denial of the request within 5 days of receipt of the request.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>.18 Ensure that a child under the age of six placed for temporary shelter care in a county operated or county contracted emergency shelter care facility, shall not be placed in the facility for more than thirty days.</p> <p>.181 A county operated or county contracted emergency shelter care facility shall conform to all regulations in Title 22, Division 6, Subchapter 2 except as noted below:</p> <p>(a) The facility shall be exempt from the licensing standards specified in Sections 84200(a)(2)(A) through (C).</p> <p>(b) For an unlicensed county operated emergency shelter care facility only, the Plan of Operation required by Section 84222 must be kept only on file at the facility and need not be submitted to the Department for approval.</p> <p>.19 Assist each child in understanding the reason(s) for placement.</p> <p>.20 Arrange for preplacement visitation between the child and the out-of-home care provider, if possible.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|--|------------------------------------|
| .21 Assist each child to maintain his/her culture, racial and ethnic identity. | | |
| .22 Monitor the child's physical and emotional condition, and take necessary actions to safeguard the child's growth and development while in placement. | | |
| .23 Ensure that information regarding available CHDP services is provided to the out-of-home care provider within 30 days of the date of placement. | <p><u>Module 6, Chapter 5, Section B – Sharing Information with Caregivers – 2.1 Shared Immediately and No More than 30 Days After Placement</u></p> <p>The assigned SSP is required to provide the caregiver with the child's Health and Education Passport (HEP), <i>immediately and no more than 30 days after placement</i> – [this includes:]</p> <p>information regarding available Child Health and Disability Program (CHDP) services</p> | ✓ |
| .24 Ensure that the child receives medical and dental care which places attention on preventive health services through the Child Health and Disability Prevention (CHDP) program, or equivalent preventive health services in accordance with the CHDP program's schedule for periodic health assessment. | <p><u>Module 7, Chapter 1, Section C – Medical and Dental Examinations – 1.1 Background</u></p> <p>The assigned social worker ensures that a child/NMD in out-of-home care receives the following:</p> | ✓ |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>.241 Each child in placement shall receive a medical and dental examination, preferably prior to, but not later than, 30 calendar days after placement.</p> <p>.25 Make certain that arrangements for, and monitoring of, the child's educational progress while in placement are undertaken.</p> <p>.26 Make arrangements for the out-of-home care provider to have telephone access to a social worker 24 hours a day, seven days a week in case of emergencies involving his/her foster child(ren).</p> <p>.27 Ensure that the out-of-home care provider understands and supports the child's case plan, and is aware of any change(s) thereto.</p> | <p>a medical and dental examination <i>within</i> 30 days of the initial placement</p> | |
| <p>.28 Provide the out-of-home care provider the child's case plan that identifies the child's needs and services.</p> | <p><u>Module 6, Chapter 5, Section B – Sharing Information with Caregivers – 2.1 Shared Immediately Upon Initial Placement of the Child</u></p> <p>Child's case plan (and transitional independent living plan, if applicable) that identifies the child/youth's</p> | <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>.29 Provide the out-of-home care provider the child's background information as available, including, but not limited to, the following histories:</p> <p>.291 Educational.</p> <p>.292 Medical.</p> <p>.293 Placement.</p> <p>.294 Family.</p> <p>.295 Behavioral.</p> <p>.30 Provide the out-of-home care provider(s) information of any known or suspected dangerous behavior of the child being placed.</p> <p>.301 The social worker shall document in the case record any information provided to the out-of-home care provider(s) regarding the child's known or suspected dangerous behavior, including the following:</p> <p>(a) Date information was provided.</p> | <p>needs and services, including information on the family and sibling visitation</p> <p><u>Module 6, Chapter 5, Section B – Sharing Information with Caregivers – 6. Documenting Shared information</u></p> | <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|--|------------------------------------|
| <p>(b) Name of person receiving information.</p> <p>(c) Specific facts provided.</p> <p>(d) Affirmation that the person informed was advised that the facts were confidential and that unauthorized disclosure could result in a fine up to \$1,000.</p> <p>.31 Ensure completion of the documentation necessary to initiate AFDC-FC payments, as appropriate.</p> <p>.32 Assist the parents to understand their rights and responsibilities while their child is in foster care.</p> <p>.33 Document the reason(s) for the following, when applicable:</p> <p>.331 The child's transfer to another placement location.</p> | <p>A record of any information provided regarding the child's known or suspected dangerous behavior, including:</p> <ul style="list-style-type: none"> • the date information was provided • the name of the person receiving the information • the specific facts provided • affirmation that the person informed was advised that the facts are confidential and that unauthorized disclosure of the information can result in a fine of up to \$1,000 | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>(a) In the case of an Indian child, in addition to documenting the reasons for the transfer, also document the Active Efforts taken to make the transfer within the order of ICWA placement preferences as required by Section 31–420.3, which shall include making contact with the child's tribe to solicit assistance and support in identifying an appropriate placement for the child.</p> <p>.332 The child's out-of-county or out-of-state placement.</p> <p>.34 Develop a discharge plan for any child who:</p> <p>.341 Is under six years of age; and</p> <p>.342 Is leaving a group home placement to return to parent(s), guardian(s), or Indian custodian(s), relative(s) or extended family member(s) or an adoptive family or to a placement in a foster family home.</p> | | |
| <p><u>CWS 31–410.1–.5 – Temporary Placement</u></p> <p>.1 Temporary placement services shall consist of emergency shelter care and out-of-home respite care.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>.2 Temporary placement services shall be provided when the social worker has considered and/or used In-home services and has determined that the provision or continued provision of these services will not safely maintain the child in his/her own home.</p> <p>.3 For temporary placement services involving an Indian child, the social worker shall to the extent possible, collaborate with the child's tribe in an attempt to prevent the removal of the child and to solicit tribal assistance and support in the placement of the child.</p> <p>.31 When selecting a temporary placement for an Indian child, the social worker shall, engage in Active Efforts to place the child in compliance with the ICWA placement preference order required in Section 31–420.3.</p> <p>.4 Emergency shelter care services shall be provided as specified in Section 31–415.</p> <p>.5 When selecting a temporary placement for the child, the social worker shall adhere to the following priority order:</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>.51 The home of a relative, including the non-custodial parent, in which the child can be safely placed on a temporary basis. Such a determination shall be based on an emergency assessment as defined in Section 31-002(e)(2).</p> | | |
| <p>.52 A licensed or approved foster family home, licensed small family home, or a licensed foster family agency for placement in a family home which has been certified by the foster family agency, a county-operated emergency shelter care facility.</p> | | |
| <p>.521 A child under the age of six who is placed in a county operated or county contracted emergency shelter care facility for thirty days or less shall be cared for by a Primary Caregiver as defined in Section 31-002(p)(7).</p> | | |
| <p>.53 A licensed group home.</p> | | |
| <p>.531 Group home placements shall be subjected to the additional criteria specified in Sections 31-420.241(a) and (b).</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>.532 Group home placements of children under the age of six shall be subject to the additional criteria specified in Section 31–405.1(b).</p> | | |
| <p><u>CWS 31–410.7–.8 – Temporary Placement</u></p> <p>.7 The temporary placement shall be based on the following needs of the child including, but not limited to:</p> <p>.71 The least restrictive, most family-like environment.</p> <p>.72 The child's age and sex.</p> <p>.73 The child's health and any special needs of diet, medical or psychological care.</p> <p>.74 The possible need for access to or protection from the child's parent(s)/guardian(s).</p> <p>.75 The protective needs of the community.</p> <p>.76 The most appropriate placement selection.</p> <p>.8 In addition to those needs specified in Section 31–410.7, the temporary placement of an Indian child shall require Active Efforts to comply with the ICWA placement preference requirements as specified in</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>Section 31–420.3 and shall also be based on the following:</p> <p>.81 The least restrictive setting which most approximates a family-like environment and in which the child's special needs, if any, can be met.</p> <p>.82 The reasonable proximity to the child's home, taking into account any special needs of the child.</p> <p>.83 The prevailing social and cultural standards of the Indian child's tribe and community in which the parent or extended family members reside or maintain social and cultural ties.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p><u>CWS 31–420.1–.2 – Foster Care Placement</u></p> <p>.1 The foster care placement shall be based on the following needs of the child including, but not limited to:</p> <p>.11 The least restrictive, most family-like environment.</p> <p>.12 The child's age, sex and cultural background, including racial or ethnic and religious identification.</p> <p>.121 An agency or entity that receives state financial assistance to place a child in foster care shall diligently recruit foster parents that reflect the ethnic and racial background of children who need homes regardless of race, color, national origin or culture of the foster parent, or the child involved.</p> | <p><u>Module 6, Chapter 2, Section C – Centralized Placement Unit – 2.1 Placement Intake Screening</u></p> <p>Matching each child with an appropriate caregiver who is willing and able to meet the child’s individual needs is a critical part of ensuring the child’s safety and well-being. The following information about the child is needed to assist CPU in identifying an appropriate out-of-home placement:</p> <ul style="list-style-type: none"> • age and gender of the child • racial, cultural, religious, and language preferences • tribal affiliation or potential applicability of the Indian Child Welfare Act (ICWA) | <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>.122 An agency or entity that receives state financial assistance to place a child in foster care shall not:</p> <p>(a) Deny to any person the opportunity to become a foster parent on the basis of race, color, national origin or culture of the foster parent or the child involved.</p> <p>(b) Deny to any person the placement of a child into foster care or adoption on the basis of race, color, national origin or culture of the foster parents or the child involved.</p> <p>.13 In the case of an Indian child, the child's tribal affiliation and the cultural and traditional practices of the tribe shall be considered.</p> <p>.14 Planned parent/guardian-child contacts during the separation, and the specific actions to be taken by the parent(s)/guardian(s) which will facilitate reunification.</p> <p>.15 Capability, willingness and ability of the caregiver to meet specific needs of the child, to facilitate family reunification, and provide the child's permanency alternative, if necessary.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>.16 Appropriateness of attempting to maintain the child in his/her current school.</p> <p>.17 The child's health and emotional factors.</p> <p>.18 Anticipated special needs of the child, including but not limited to transportation, diet, medical and/or psychological care, clothing, recreation, and special education.</p> <p>.19 The most appropriate placement selection.</p> <p>.2 When selecting a foster care placement for the child, the social worker shall adhere to the following priority order.</p> <p>.21 The home of a relative, including the non-custodial parent, in which the child can be safely placed as assessed according, but not limited to, the requirements specified in Welfare and Institutions Code Section 361.3.</p> <p>.211 Preferential consideration for placement of the child shall be given to a non-custodial parent, then an adult who is a grandparent, aunt, uncle or sibling of the child, except that if the child is an Indian child and the non-custodial parent is not available or appropriate</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>for placement of the child, then the placement requirements of Section 31–420.3 shall apply.</p> <p>(a) As required by Welfare and Institutions Code Section 361.3, a finding that the relative cannot provide legal permanence for the child shall not be used as the sole basis for denying placement with a relative.</p> <p>.212 When a child is placed under such circumstances, the foster home shall be exempt from licensure pursuant to Health and Safety Code Section 1505. Prior to placement, the exempt home shall be approved as meeting the requirements specified in Section 31–445 which incorporates California Code of Regulations, Title 22, Division 6, Chapter 9.5, Article 3, Foster Family Home.</p> <p>.22 A licensed foster family home, licensed small family home, or a licensed foster family agency for placement in a family home which has been certified by the foster family agency.</p> <p>.23 A licensed group home.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>.231 Placements in group homes shall be subject to the following additional requirements:</p> <p>(a) The following conditions shall exist and shall be documented in the case plan:</p> <p>(1) Placement is necessary to meet the treatment needs of the child.</p> <p>(2) The group home has a treatment program that meets such treatment needs.</p> <p>(b) The social worker shall also document in the case record the reason(s) for the following:</p> <p>.232 For a child under the age of six, the social worker shall document in the case plan that the placement meets the requirements specified in Section 31–405.1(b) or in Section 31–405.1(c), whichever is applicable.</p> <p>(a) A statement of the specific needs of the child which cannot be met if the child resides in a less restrictive environment.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>(b) A description of the types and modalities of treatment program(s) offered and delivered to the child.</p> <p>.24 A licensed community treatment facility.</p> <p>.241 Placements in community treatment facilities shall be subject to the following additional requirements.</p> <p>(a) The following conditions shall exist and shall be documented in the case plan:</p> <p>(1) Placement is necessary to meet the mental health needs of the child.</p> <p>(2) The community treatment facility has a program that meets such mental health needs.</p> <p>(b) The social worker/probation officer shall also document in the case record the reason(s) for the following:</p> <p>(1) A statement of the specific needs of the child which cannot be met if the child resides in a less restrictive environment.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| (2) A description of the types and modalities of treatment program(s) offered and delivered to the child. | | |
| <p><u>CWS 31–425.1–.16 – Permanent Placement</u></p> <p>.1 The permanent placement shall be based on the following needs of the child including, but not limited to:</p> <p>.11 The degree of permanency of the available alternatives.</p> <p>.12 The child's age, sex, tribal affiliation and cultural background, including racial or ethnic and religious identification.</p> <p>.121 An agency or entity that receives state financial assistance to place a child in foster care shall not:</p> <p>(a) Deny to any person the opportunity to become a foster parent on the basis of race, color, national origin or culture of the foster parent or the child involved.</p> <p>(b) Deny or delay the placement of a child into foster care or adoption on the basis of race, color, national</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>origin or culture of the foster parents or the child involved.</p> <p>.13 Capability of a relative, Indian custodian, the out-of-home care provider(s), adoptive parent(s), or guardian(s) to meet specific needs of the child.</p> <p>.131 If the child is not placed with a permanency planning family or if the permanency alternative identified in the case plan fails, preferential consideration for placement of the child shall be given the non-custodial parent, then to an adult who is a grandparent, aunt, uncle or sibling of the child, as required in Welfare and Institutions Code Section 361.3.</p> <p>.132 The home of a relative, including the non-custodial parent, considered for placement shall be assessed according to the requirements in Welfare and Institutions Code Section 361.3.</p> <p>.133 In the case of an Indian child, capacity to encourage and protect the child's retention of connections to its tribe.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>.14 Appropriateness of attempting to maintain the child in his/her current school.</p> <p>.15 The child's health and emotional factors.</p> <p>.16 Anticipated special needs of the child, including but not limited to, transportation, diet, medical and/or psychological care, clothing, recreation, and special education.</p> | | |
| <p><u>CWS 31-445.1-.2 – Requirements for Approval of Relative and Nonrelative Extended Family Member Foster Family Homes</u></p> <p>.1 Prior to the placement of a child in a relative or nonrelative extended family member home, the child welfare agency shall assess the home and the caregiver to the approval standards by completing the following requirements:</p> <p>.11 An assessment of the prospective caregiver'(s) ability and desire to meet the child's specific needs.</p> <p>.12 An In-home evaluation of the home to verify that the home meets the health and safety standards set out in Title 22, Division 6, Chapter 9.5, Article 3 of the California Code of Regulations and has no safety</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>defects that could pose a hazard to the child; except in the case of an Indian child being placed in a Tribally Specified or Approved Home, the home shall be evaluated as specified in Section 31–405.16.</p> <p>.13 Verification that the proposed caregiver, all adults living in the home and all other non-exempt adults having routine contact with the child have a criminal record clearance or exemption and Child Abuse Index Clearance pursuant to Health and Safety Code Sections 1522 and 1522.1 and Welfare and Institutions Code Section 361.4.</p> <p>.14 Verification shall be obtained that the following have occurred:</p> <p>.141 The caregiver has been provided an orientation on the child welfare system, the caregiver’s role and responsibilities as a foster parent, and a summary of the approval standards for foster family homes.</p> <p>.142 The caregiver has been provided with a summary of the rights of children in out-of-home care and has agreed to provide a copy to the child upon placement.</p> <p>.2 Prior to the issuance of an approval document the agency must ensure the caregiver and home meet all</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>the standards in California Code of Regulations, Title 22, Division 6, Chapter 9.5, Article 3, Caregiver Standards; except that in the case of an Indian child being placed in a Tribally Approved Home, the home shall be evaluated as specified in Section 31–405.16.</p> | | |
| <p><u>CWS 31–501.1–.8 – Child Abuse and Neglect Reporting Requirements</u></p> <p>.1 The county shall report by telephone, fax or electronic submission every known or suspected instance of child abuse and/or neglect as defined in Penal Code Section 11165.6, to law enforcement departments and the District Attorney's Office as specified in Penal Code Section 11166(j).</p> <p>.2 When the county receives a report of known or suspected child abuse and/or neglect that has allegedly occurred in a licensed facility, the county shall notify the licensing office with jurisdiction over the facility, as specified in Penal Code Sections 11166.1 and 11166.2.</p> <p>.3 When the county receives a report of known or suspected child "abuse or neglect in out-of-home care," including a child placed in the home of a relative</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>or non-related extended family member, the county shall create a new referral.</p> <p>.31 The county shall respond to all referrals of "abuse or neglect in out-of-home care" in accordance with the provisions of Section 31–101.</p> <p>.32 A disposition of the investigation shall be recorded in the child's case record.</p> <p>.4 The county shall submit a report to the Department of Justice (DOJ) pursuant to Penal Code Section 11169 of every case it actively investigates of known or suspected child abuse that it has determined to be substantiated as defined in Penal Code Section 11165.2.</p> <p>.41 The county shall not submit a report to the DOJ for referrals it investigates and the only allegation substantiated is general neglect or the only incident is a positive toxicology screening at the time of delivery, as specified in Penal Code Sections 11165.2(b) and 11165.13.</p> <p>.42 The county shall not submit a report to the DOJ for referrals it investigates and that are determined to be not substantiated. The county shall ensure that the</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>report submitted to the DOJ is complete and is in conformity with the California Code of Regulations, Title 11.</p> <p>.43 The county shall ensure that the report submitted to the DOJ is complete and is in conformity with the California Code of Regulations, Title 11.</p> <p>.44 The county shall make information received from DOJ pursuant to Penal Code Section 11170(b)(1) available to the persons or agencies as specified in that section.</p> <p>.5 Within five (5) business days of the county submitting information to the DOJ to list an individual's name on the Child Abuse Central Index (CACI), the county shall provide to that individual written notification, which shall contain the following information and materials:</p> <p>.51 The completed SOC 832, as found in Section 31–003(s)(2), notification that the county has completed an investigation of suspected child abuse and/or severe neglect, which the county has determined to be substantiated, and has submitted the individual's name to the DOJ for listing on the CACI.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>.511 The completed SOC 832 shall include the victim's name, and a brief description of the alleged abuse and/or severe neglect, and the date and location where this occurred;</p> <p>.52 The SOC 833, as found in Section 31–003(s)(3), information explaining the individual's right to request a grievance hearing, and the procedures for the hearing.</p> <p>.53 The SOC 834, as found in Section 31–003(s)(4), a request for grievance hearing;</p> <p>.531 A completed SOC 834 shall include the referral number, name of county, complete contact information, date of birth, reason for grievance, information regarding an attorney or representative for the individual if any, and the address where to submit the request for grievance hearing.</p> <p>.54 The SOC 832, 833 and 834 shall be mailed to the last known address where the notice and request for grievance are most likely to be received by the individual.</p> <p>.6 An individual wishing to challenge his or her referral to the CACI may request a grievance hearing utilizing</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>the procedures under Section 31–021. The county may initiate an internal review relating to the matter identified in the request prior to the hearing.</p> <p>.7 Where the county's substantiated finding for abuse and/or severe neglect is changed to a finding that is not substantiated as a result of the grievance hearing or internal review, or a judicial determination of factual innocence of all the investigated allegations that supported the county's decision to refer the individual's name to the DOJ for listing on CACI, the county shall within five business days submit to the DOJ a revised DOJ form BCIA 8583 containing the change in finding.</p> <p>.71 Where the county's substantiated finding for child abuse and/or severe neglect is changed to a finding that is not substantiated as a result of the grievance hearing, the county shall within five business days submit to the DOJ a revised Form BCIA 8583 containing the change in finding.</p> <p>.8 The county shall document the outcome of the grievance hearing and any change in the finding of an allegation, if any, within the child's case record.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p><u>CWS 31–530.1–.14 – Minor Parent Services</u></p> <p>.1 Referral of Minor Parent Pursuant to Welfare and Institutions Code Section 11254(b)(3).</p> <p>.12 Within 20 calendar days of receiving a referral pursuant to Welfare and Institutions Code Section 11254(b)(3), the CWS social worker shall complete an in-person investigation of the allegation to determine whether the physical or emotional health or safety of the minor parent or child(ren) would be jeopardized if they lived in the same residence with the minor parent's own parent, legal guardian or other adult relative.</p> <p>.13 If the referral is unfounded, the CWS social worker shall document the factors contributing to this determination, and shall complete and return the referral form to the county AFDC office.</p> <p>.14 If the referral is not unfounded, the CWS social worker shall document the factors contributing to this determination and shall complete and return the referral form to the county AFDC office and follow the procedures set forth in Section 31–530.2.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p><u>CWS 31–425.4–.44 – Permanent Placement</u></p> <p>.4 When it is anticipated that the permanent placement for a child will be a kinship guardianship, the relative caregiver shall be provided with the following information:</p> <p>.41 Written information on the availability of the Kin-GAP program, including an explanation of the difference between Kin-GAP and Adoption Assistance Program benefits, and between Kin-GAP and AFDC-FC benefits, as specified in Welfare and Institutions Code sections 11364(e) and 11387(e).</p> <p>.42 Prior to the establishment of a kinship guardianship and the termination of the child’s dependency or wardship, a copy of and an explanation of both the SOC 369 form and the SOC 369A form.</p> <p>.43 Information on the availability of mental health services through Medi-Cal or other programs, as specified in Welfare and Institutions Code sections 11364(e) and 11387(e).</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|--|------------------------------------|
| <p>.44 Information on access to medically necessary specialty mental health services pursuant to Welfare and Institutions Code section 11376.</p> | | |
| <p><u>CWS 31–440.1–.4 – Foster Parent(s) Notification Requirements</u></p> <p>.1 The foster parent(s) shall be given at least seven calendar days' advance written notice of intent to remove a child, and of the right to request a grievance review.</p> <p>.11 The county shall have the authority to include a waiver of the notice requirement specified in Section 31–440.1 in the written placement agreement with the foster parent(s).</p> <p>.111 Waivers shall not exceed six months from the date of placement.</p> <p>.112 Waivers shall be considered exceptions used solely to meet unusual individual needs.</p> | <p><u>Module 6, Chapter 2, Section C – Centralized Placement Unit – 6.1 Notice of Intended Removal Requirements</u></p> <p>When it becomes necessary to change a child's placement, Children's Services Division (CSD) is required to provide the caregiver and the child's parents with at least seven (7) calendar days advance written notice of the intent to seek alternative placement and the right to request an appeal of the placement decision</p> | <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>.2 The county shall not be required to provide the notice specified in Section 31–440.1 if one or more of the following conditions exist:</p> <p>.21 The child is in immediate danger.</p> <p>.22 A signed waiver of notice has been obtained from the foster parent(s), as specified in Section 31–440.11.</p> <p>.23 A court has ordered the child's removal.</p> <p>.24 Adverse licensing or approval actions have occurred that prohibit the foster parent(s) from continuing to provide services.</p> <p>.25 Removal of a voluntarily placed child is made or requested by the child's parent(s)/guardians.</p> <p>.26 The child is removed from an emergency placement.</p> <p>.3 For foster parents providing permanent placement services the social worker shall provide the foster parent(s) with written notice explaining the court order that permanent placement services be terminated.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>.31 The county shall be permitted to use a copy of the court report or modified service plan for purposes of notifying the foster parent(s), if appropriate.</p> <p>.4 A relative or nonrelative extended family member whose home has been deemed not to meet the approval standards shall be given notice that their home does not meet approval standards and that they have access to the grievance procedures set forth in MPP Section 31-020, provided they appeal the agency's decision in writing within 5 working days of their receipt of the notice.</p> | | |
| <p><u>Cal. Welf. & Inst. Code § 316 – Limitations On Parental Control; Grounds for Removal of Child; Placements; Findings</u></p> <p>(a) In all cases in which a minor is adjudged a dependent child of the court on the ground that the minor is a person described by Section 300, the court may limit the control to be exercised over the dependent child by any parent or guardian and shall by its order clearly and specifically set forth all such limitations. Any limitation on the right of the parent or guardian to make educational decisions for the child shall be specifically addressed in the court order. The</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>limitations shall not exceed those necessary to protect the child.</p> <p>(b) No dependent child shall be taken from the physical custody of his or her parents or guardian or guardians with whom the child resides at the time the petition was initiated unless the juvenile court finds clear and convincing evidence of any of the following:</p> <p>(1) There is a substantial danger to the physical health of the minor or would be if the minor was returned home, and there are no reasonable means by which the minor's physical health can be protected without removing the minor from the minor's parents' or guardians' physical custody. The fact that a minor has been adjudicated a dependent child of the court pursuant to subdivision (e) of Section 300 shall constitute prima facie evidence that the minor cannot be safely left in the custody of the parent or guardian with whom the minor resided at the time of injury.</p> <p>(2) The parent or guardian of the minor is unwilling to have physical custody of the minor, and the parent or guardian has been notified that if the minor remains out of their physical custody for the period specified in</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>Section 366.25 or 366.26, the minor may be declared permanently free from their custody and control.</p> <p>(3) The minor is suffering severe emotional damage, as indicated by extreme anxiety, depression, withdrawal, or untoward aggressive behavior toward self or others, and there are no reasonable means by which the minor's emotional health may be protected without removing the minor from the physical custody of his or her parent or guardian.</p> <p>(4) The minor or a sibling of the minor has been sexually abused or is deemed to be at substantial risk of being sexually abused, by a parent, guardian, or member of his or her household, or other person</p> <p>(5) The minor has been left without any provision for his or her support, or a parent who has been incarcerated or institutionalized cannot arrange for the care of the minor, or a relative or other adult custodian with whom the child has been left by the parent is unwilling or unable to provide care or support for the child and the whereabouts of the parent is unknown and reasonable efforts to locate him or her have been unsuccessful.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>(c) The court shall make a determination as to whether reasonable efforts were made to prevent or to eliminate the need for removal of the minor from his or her home or, if the minor is removed for one of the reasons stated in paragraph (5) of subdivision (b), whether it was reasonable under the circumstances not to make any such efforts. The court shall state the facts on which the decision to remove the minor is based.</p> <p>(d) The court shall make all of the findings required by subdivision (a) of Section 366 in either of the following circumstances:</p> <p>(1) The minor has been taken from the custody of his or her parents or guardians and has been living in an out-of-home placement pursuant to Section 319.</p> <p>(2) The minor has been living in a voluntary out-of-home placement pursuant to Section 16507.4.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|--|------------------------------------|
| <p><u>Cal. Welf. & Inst. Code § 361.3 – Assessment of Preferential Consideration For Relatives</u></p> <p>(a) In any case in which a child is removed from the physical custody of his or her parents pursuant to Section 361, preferential consideration shall be given to a request by a relative of the child for placement of the child with the relative. In determining whether placement with a relative is appropriate, the county social worker and court shall consider, but shall not be limited to, consideration of all of the following factors:</p> <p>(1) The best interests of the child, including special physical, psychological, educational, medical, or emotional needs.</p> <p>(2) The wishes of the parent, the relative, and child, if appropriate.</p> <p>(3) The provisions of Part 6 (commencing with Section 7950) of Division 12 of the Family Code regarding relative placement.</p> <p>(4) Placement of siblings and half-siblings in the same home, if such a placement is found to be in the best</p> | <p><u>Module 6, Chapter 1, Section B – Emergency Placement – 1. Introduction</u></p> <p>When circumstances prevent a child from being safely maintained at home, preferential placement consideration is given to relatives and non-related extended family members</p> | <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>interests of each of the children, as provided in Section 16002.</p> <p>(5) The good moral character of the relative and any other adult living in the home, including whether any individual residing in the home has a prior history of violent criminal acts or has been responsible for acts of child abuse or neglect. However, this paragraph shall not be construed to provide independent grounds for access to the child abuse central index.</p> <p>(6) The nature and duration of the relationship between the child and the relative, and the relative's desire to care for the child.</p> <p>(7) The ability of the relative to do the following:</p> <p>(A) Provide a safe, secure and stable environment for the child.</p> <p>(B) Exercise proper and effective care and control of the child.</p> <p>(C) Provide a home and the necessities of life for the child.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>(D) Protect the child from his or her parents.</p> <p>(E) Facilitate court-ordered reunification efforts with the parents.</p> <p>(F) Facilitate visitation with the child's other relatives.</p> <p>(G) Facilitate implementation of all elements of the case plan.</p> <p>(H) Provide legal permanence for the child if reunification fails.</p> <p>However, if any finding made with respect to the factor considered pursuant to this subparagraph and pursuant to subparagraph (G) shall not be the sole basis for precluding preferential placement with relatives.</p> <p>(I) Arrange for appropriate and safe child care, if necessary.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p><u>Cal. Welf. & Inst. Code § 16001.9 – Foster Care Placement – Rights of Foster Youth</u></p> <p>(a) All children placed in foster care, either voluntarily or after being adjudged a ward or dependent of the juvenile court pursuant to Section 300, 601, or 602, shall have the rights specified in this section. These rights also apply to nonminor dependents in foster care, except when they conflict with nonminor dependents’ retention of all their legal decision making authority as an adult. The rights are as follows:</p> <p>(1) To live in a safe, healthy, and comfortable home where they are treated with respect. If the child is an Indian child, to live in a home that upholds the prevailing social and cultural standards of the child’s Indian community, including, but not limited to, family, social, and political ties.</p> <p>(2) To be free from physical, sexual, emotional, or other abuse, corporal punishment, and exploitation.</p> <p>(3) To receive adequate and healthy food, adequate clothing, grooming and hygiene products, and an age-appropriate allowance. Clothing and grooming and</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>hygiene products shall respect the child’s culture, ethnicity, and gender identity and expression.</p> <p>(4) To be placed in the least restrictive setting possible, regardless of age, physical health, mental health, sexual orientation, and gender identity and expression, juvenile court record, or status as a pregnant or parenting youth, unless a court orders otherwise.</p> <p>(5) To be placed with a relative or nonrelative extended family member if an appropriate and willing individual is available.</p> <p>(6) To not be locked in any portion of their foster care placement, unless placed in a community treatment facility.</p> <p>(7) To have a placement that utilizes trauma-informed and evidence-based deescalation and intervention techniques, to have law enforcement intervention requested only when there is an imminent threat to the life or safety of a child or another person or as a last resort after other diversion and deescalation techniques have been utilized, and to not have law</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>enforcement intervention used as a threat or in retaliation against the child.</p> <p>(8) To not be detained in a juvenile detention facility based on their status as a dependent of the juvenile court or the child welfare services department's inability to provide a foster care placement. If they are detained, to have all the rights afforded under the United States Constitution, the California Constitution, and all applicable state and federal laws.</p> <p>(9) To have storage space for private use.</p> <p>(10) To be free from unreasonable searches of personal belongings.</p> <p>(11) To be provided the names and contact information for social workers, probation officers, attorneys, service providers, foster youth advocates and supporters, Court Appointed Special Advocates (CASAs), and education rights holder if other than the parent or parents, and when applicable, representatives designated by the child's Indian tribe</p> | <p><u>Module 7, Chapter 1, Section H – Attachment 2: Foster Children's Sexual and Reproductive Legal Rights</u></p> <p>The right to have private storage space and to be free from unreasonable searches of personal belongings.</p> | <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>to participate in the juvenile court proceeding, and to communicate with these individuals privately.</p> <p>(12) To visit and contact siblings, family members, and relatives privately, unless prohibited by court order, and to ask the court for visitation with the child's siblings.</p> <p>(13) To make, send, and receive confidential telephone calls and other electronic communications, and to send and receive unopened mail, unless prohibited by court order.</p> <p>(14) To have social contacts with people outside of the foster care system, including, but not limited to, teachers, coaches, religious or spiritual community members, mentors, and friends. If the child is an Indian child, to have the right to have contact with tribal members and members of their Indian community consistent with the prevailing social and cultural conditions and way of life of the Indian child's tribe.</p> <p>(15) To attend religious services, activities, and ceremonies of the child's choice, including, but not</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|--|------------------------------------|
| <p>limited to, engaging in traditional Native American religious practices.</p> <p>(16) To participate in extracurricular, cultural, racial, ethnic, personal enrichment, and social activities, including, but not limited to, access to computer technology and the internet, consistent with the child's age, maturity, developmental level, sexual orientation, and gender identity and expression.</p> <p>(17) To have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity and expression, mental or physical disability, or HIV status.</p> <p>(18) To have caregivers, child welfare and probation personnel, and legal counsel who have received instruction on cultural competency and sensitivity</p> | <p><u>Module 7, Chapter 1, Section H – Attachment 2: Foster Children's Sexual and Reproductive Rights</u></p> <p>The right to fair and equal access to all available services, placement care, treatment and benefits, and to not be subjected to discrimination or harassment based on actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or Human Immunodeficiency Virus (HIV) status.</p> | <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>relating to sexual orientation, gender identity and expression, and best practices for providing adequate care to lesbian, gay, bisexual, and transgender children in out-of-home care.</p> <p>(19) To be placed in out-of-home care according to their gender identity, regardless of the gender or sex listed in their court, child welfare, medical, or vital records, to be referred to by the child's preferred name and gender pronoun, and to maintain privacy regarding sexual orientation and gender identity and expression, unless the child permits the information to be disclosed, or disclosure is required to protect their health and safety, or disclosure is compelled by law or a court order.</p> <p>(20) To have child welfare and probation personnel and legal counsel who have received instruction on the federal Indian Child Welfare Act of 1978 (25 U.S.C. Sec. 1901 et seq.) and on cultural competency and sensitivity relating to, and best practices for, providing adequate care to Indian children in out-of-home care.</p> <p>(21) To have recognition of the child's political affiliation with an Indian tribe or Alaskan village, including a determination of the child's membership or</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>citizenship in an Indian tribe or Alaskan village; to receive assistance in becoming a member of an Indian tribe or Alaskan village in which the child is eligible for membership or citizenship; to receive all benefits and privileges that flow from membership or citizenship in an Indian tribe or Alaskan village; and to be free from discrimination based on the child's political affiliation with an Indian tribe or Alaskan village.</p> <p>(22) (A) To access and receive medical, dental, vision, mental health, and substance use disorder services, and reproductive and sexual health care, with reasonable promptness that meets the needs of the child, to have diagnoses and services explained in an understandable manner, and to participate in decisions regarding health care treatment and services. This right includes covered gender affirming health care and gender affirming mental health care, and is subject to existing laws governing consent to health care for minors and nonminors and does not limit, add, or otherwise affect applicable laws governing consent to health care.</p> <p>(B) To view and receive a copy of their medical records to the extent they have the right to consent to</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>the treatment provided in the medical record and at no cost to the child until they are 26 years of age.</p> <p>(23) Except in an emergency, to be free of the administration of medication or chemical substances, and to be free of all psychotropic medications unless prescribed by a physician, and in the case of children, authorized by a judge, without consequences or retaliation. The child has the right to consult with and be represented by counsel in opposing a request for the administration of psychotropic medication and to provide input to the court about the request to authorize medication. The child also has the right to report to the court the positive and adverse effects of the medication and to request that the court reconsider, revoke, or modify the authorization at any time.</p> <p>(24) (A) To have access to age-appropriate, medically accurate information about reproductive health care, the prevention of unplanned pregnancy, and the prevention and treatment of sexually transmitted infections.</p> <p>(B) At any age, to consent to or decline services regarding contraception, pregnancy care, and perinatal</p> | <p><u>Module 7, Chapter 1, Section H – Addressing Reproductive Health – 1.2 Policy</u></p> <p>Provides children/Non-Minor Dependents (NMDs) with access to age-appropriate, medically accurate information about reproductive and sexual health care, unplanned pregnancy prevention, abstinence, use of</p> | <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>care, including, but not limited to, abortion services and health care services for sexual assault without the knowledge or consent of any adult.</p> <p>(C) At 12 years of age or older, to consent to or decline health care services to prevent, test for, or treat sexually transmitted diseases, including HIV, and mental health services, without the consent or knowledge of any adult.</p> | <p>birth control, abortion and the prevention and treatment of STIs.</p> <p><u>Module 7, Chapter 1, Section B – Providing Services to Children with HIV and Other Communicable Diseases – 5.2 Terminating Pregnancy, Abortion</u></p> <p>The decision to terminate a pregnancy may be made solely by the pregnant child/NMD and <i>does not</i> require consultation with the child/NMD’s parents, the father of the baby, or any other person. No one has the legal right to force her to have an abortion or to prevent her from choosing to abort the pregnancy, regardless of the child’s age</p> <p><u>Module 7, Chapter 1, Section B – Providing Services to Children with HIV and Other Communicable Diseases – 3.4 Minor Consent</u></p> <p>Under current law, a minor age 12 or older is presumed by law to be competent and has the right to consent to or decline medical care for:</p> <p>the prevention, diagnosis, and treatment of sexually transmitted infections (STIs) or HIV (<i>without</i> need for consent from a parent, caregiver, guardian, assigned</p> | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>(25) At 12 years of age or older, to choose, whenever feasible and in accordance with applicable law, their own health care provider for medical, dental, vision, mental health, substance use disorder services, and sexual and reproductive health care, if payment for the service is authorized under applicable federal Medicaid law or other approved insurance, and to communicate with that health care provider regarding any treatment concerns or needs and to request a second opinion before being required to undergo invasive medical, dental, or psychiatric treatment.</p> | <p>social worker, probation officer, court, or authorized representative)</p> <ul style="list-style-type: none"> • the diagnosis and treatment of sexual assault • medical care relating to the prevention or treatment of pregnancy • mental health treatment, and • treatment for alcohol and drug abuse <p><u>Module 7, Chapter 1, Section H – Attachment 2: Foster Children’s Sexual and Reproductive Rights</u></p> <p>The right to choose his or her own health care provider, if payment for the health service is authorized under applicable Medi-Cal/Medicaid law.</p> | <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>(26) To confidentiality of medical and mental health records, including, but not limited to, HIV status, substance use disorder history and treatment, and sexual and reproductive health care, consistent with existing law.</p> | <p><u>Module 7, Chapter 1, Section H – Addressing Reproductive Health – 1.2 Policy</u></p> <p>Informs children/NMDs about their confidentiality rights regarding medical services.</p> | <p>✓</p> |
| <p>(27) To attend school, to remain in the child’s school of origin, to immediate enrollment upon a change of school, to partial credits for any coursework completed, and to priority enrollment in preschool, afterschool programs, a California State University, and each community college district, and to receive all other necessary educational supports and benefits, as described in the Education Code.</p> | | |
| <p>(28) To have access to existing information regarding the educational options available, including, but not limited to, the coursework necessary for career, technical, and postsecondary educational programs, and information regarding financial aid for postsecondary education, and specialized programs for current and former foster children available at the University of California, the California State University, and the California Community Colleges.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>(29) To attend Independent Living Program classes and activities, if the child meets the age requirements, and to not be prevented by caregivers from attending as a consequence or punishment.</p> <p>(30) To maintain a bank account and manage personal income, consistent with the child's age and developmental level, unless prohibited by the case plan.</p> <p>(31) To work and develop job skills at an age-appropriate level, consistent with state law.</p> <p>(32) For children 14 to 17 years of age, inclusive, to receive a consumer credit report provided to the child by the social worker or probation officer on an annual basis from each of the three major credit reporting agencies, and to receive assistance with interpreting and resolving any inaccuracies.</p> <p>(33) To be represented by an attorney in juvenile court; to have an attorney appointed to advise the court of the child's wishes, to advocate for the child's protection, safety, and well-being, and to investigate and report to the court on legal interests beyond the scope of the juvenile proceeding; to speak to the</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>attorney confidentially; and to request a hearing if the child feels their appointed counsel is not acting in their best interest or adequately representing their legal interests.</p> <p>(34) To receive a notice of court hearings, to attend court hearings, to speak to the judge, to view and receive a copy of the court file, subject to existing federal and state confidentiality laws, and to object to or request the presence of interested persons during court hearings. If the child is an Indian child, to have a representative designated by the child's Indian tribe be in attendance during hearings.</p> <p>(35) To the confidentiality of all juvenile court records consistent with existing law.</p> <p>(36) To view and receive a copy of their child welfare records, juvenile court records, and educational records at no cost to the child until the child is 26 years of age, subject to existing federal and state confidentiality laws.</p> <p>(37) To be involved in the development of their own case plan, including placement decisions, and plan for permanency. This involvement includes, but is not</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>limited to, the development of case plan elements related to placement and gender affirming health care, with consideration of the child's gender identity. If the child is an Indian child, the case plan shall include protecting the essential tribal relations and best interests of the Indian child by assisting the child in establishing, developing, and maintaining political, cultural, and social relationships with the child's Indian tribe and Indian community.</p> <p>(38) To review the child's own case plan and plan for permanent placement if the child is 10 years of age or older, and to receive information about their out-of-home placement and case plan, including being told of changes to the plan.</p> <p>(39) To request and participate in a child and family team meeting, as follows:</p> <p>(A) Within 60 days of entering foster care, and every 6 months thereafter.</p> <p>(B) If placed in a short-term residential therapeutic program, or receiving intensive home-based services or intensive case coordination, or receiving therapeutic</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|--|------------------------------------|
| <p>foster care services, to have a child and family team meeting at least every 90 days.</p> <p>(C) To request additional child and family team meetings to address concerns, including, but not limited to, placement disruption, change in service needs, addressing barriers to sibling or family visits, and addressing difficulties in coordinating services.</p> <p>(D) To have both informal and formal support people participate, consistent with state law.</p> <p>(40) To be informed of these rights in an age and developmentally appropriate manner by the social worker or probation officer and to be provided a copy of the rights in this section at the time of placement, any placement change, and at least once every six months or at the time of a regularly scheduled contact with the social worker or probation officer.</p> <p>(41) To be provided with contact information for the Community Care Licensing Division of the State Department of Social Services, the tribal authority approving a tribally approved home, and the State Foster Care Ombudsperson, at the time of each placement, and to contact any or all of these offices</p> | <p><u>Module 7, Chapter 1, Section H – Attachment 2: Foster Children’s Sexual and Reproductive Rights</u></p> <p>The right to independently contact state agencies, including the Community Care Licensing Division of the California Department of Social Services and the state</p> | <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>immediately upon request regarding violations of rights, to speak to representatives of these offices confidentially, and to be free from threats or punishment for making complaints.</p> <p>(b) The rights described in this section are broad expressions of the rights of children in foster care and are not exhaustive of all rights set forth in the United States Constitution and the California Constitution, federal and California statutes, and case law.</p> <p>(c) This section does not require, and shall not be interpreted to require, a foster care provider to take any action that would impair the health and safety of children in out-of-home placement.</p> <p>(d) The State Department of Social Services and each county welfare department are encouraged to work with the Student Aid Commission, the University of California, the California State University, and the California Community Colleges to receive information pursuant to paragraph (28) of subdivision (a).</p> | <p>Foster Care Ombudsperson, regarding violations of rights, to speak to representatives of these offices confidentially, and to be free from threats or punishment for making complaints</p> | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p><u>Cal. Welf. & Inst. Code § 16507.6 – Voluntary Out-of-home Placement; Procedure After Six Months</u></p> <p>(a) If a minor has been voluntarily placed with the county welfare department subsequent to January 1, 1982, for out-of-home placement by his or her parents or guardians pursuant to this chapter and the minor has remained out of their physical custody for six consecutive months, the department shall do one of the following:</p> <p>(1) Return the minor to the physical custody of his or her parents or guardians.</p> <p>(2) Refer the minor to a licensed adoption agency for consideration of adoptive planning and receipt of a permanent relinquishment of care and custody rights from the parents pursuant to Section 222.10 of the Civil Code.</p> <p>(3) Apply for a petition pursuant to Section 332 and file the petition with the juvenile court to have the minor declared a dependent child of the court under Section 300.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>(4) Refer the minor placed pursuant to paragraph (2) of subdivision (a) of Section 16507.3 to an interagency administrative review board as may be required in federal regulations. One member of the board shall be a licensed mental health practitioner. The review board shall review the appropriateness and continued necessity of six additional months of voluntary placement, the extent of the compliance with the voluntary placement plan, and the adequacy of services to the family and child. If the minor cannot be returned home by the 12th month of voluntary placement services, the department shall proceed pursuant to paragraph (2) or (3).</p> | | |
| <p>(5) Refer the minor placed pursuant to paragraph (1) of subdivision (a) of Section 16507.3 to an administrative review board as may be required in federal regulations and as described in subdivision (b) of Section 16503. If the minor cannot be returned home by the 12th month of voluntary placement services, the department shall proceed as described in paragraph (1) or (2).</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p><u>Cal. Welf. & Inst. Code § 16508 – Permanent placement services; eligibility</u></p> <p>Permanent placement services shall be provided or arranged for by county welfare department staff for children who cannot safely live with their parents and are not likely to return to their own homes. Permanent placement services shall be available without regard to income to the following children:</p> <p>(a) Children judged dependent under Section 300 where a review has determined that reunification, adoption, or guardianship is inappropriate.</p> <p>(b) Recipients of public assistance under nonfederally funded Aid to Families with Dependent Children programs who are wards of a legal guardian where a review has determined that reunification or adoption is inappropriate.</p> | | |
| <p><u>Cal. Welf. & Inst. Code § 16514 – Voluntarily placed or dependent children; placement with habitual truants or criminal law violators; responsibility for child</u></p> <p>(a) A minor who has been voluntarily placed, adjudged a dependent child of the juvenile court pursuant to</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>Section 300, or as to whom a petition has been filed under Section 325, may be housed in an emergency shelter or, pursuant to the procedures for placement set forth in this code, placed in a foster family home, or with a foster family agency for subsequent placement in a suitable licensed foster family home or certified family home, with minors adjudged wards of the juvenile court pursuant to Section 601.</p> <p>(b) A minor who has been voluntarily placed, adjudged a dependent child of the juvenile court pursuant to Section 300, or adjudged a ward of the juvenile court pursuant to Section 601, shall not be housed in an emergency shelter with any minor adjudged a ward of the juvenile court pursuant to Section 602.</p> <p>(c) A minor who has been voluntarily placed, adjudged a dependent child of the juvenile court pursuant to Section 300, or as to whom a petition has been filed under Section 325, shall not be placed or detained in a group home or licensed foster family home or with a foster family agency to be subsequently placed in a certified family home with any minor adjudged a ward of the juvenile court pursuant to Section 601 or 602, unless the social worker or probation officer has determined that the group home or licensed foster</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>family home or foster family agency has a program that meets the specific needs of the minor being placed or detained, and there is a commonality of needs with the other minors in the group home or licensed foster family home or certified family home.</p> <p>(d) Nothing in this section shall transfer or eliminate the responsibility of the placing agency for the care, custody, or control of the child. Nothing in this section shall relieve a foster family agency of its responsibilities for or on behalf of a child placed with it.</p> <p>For purposes of this section, the placing of children by foster family agencies shall be referred to as "subsequent placement" to distinguish the activity from the placing by public agencies.</p> | | |
| <p><u>Cal. Welf. & Inst. Code § 300 – Dependent Children</u></p> <p>A child who comes within any of the following descriptions is within the jurisdiction of the juvenile court which may adjudge that person to be a dependent child of the court:</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>(a) The child has suffered, or there is a substantial risk that the child will suffer, serious physical harm inflicted non accidentally upon the child by the child’s parent or guardian. For purposes of this subdivision, a court may find there is a substantial risk of serious future injury based on the manner in which a less serious injury was inflicted, a history of repeated inflictions of injuries on the child or the child’s siblings, or a combination of these and other actions by the parent or guardian that indicate the child is at risk of serious physical harm. For purposes of this subdivision, “serious physical harm” does not include reasonable and age-appropriate spanking to the buttocks if there is no evidence of serious physical injury.</p> <p>(b) (1) The child has suffered, or there is a substantial risk that the child will suffer, serious physical harm or illness, as a result of the failure or inability of the child’s parent or guardian to adequately supervise or protect the child, or the willful or negligent failure of the child’s parent or guardian to adequately supervise or protect the child from the conduct of the custodian with whom the child has been left, or by the willful or negligent failure of the parent or guardian to provide the child with adequate food, clothing, shelter, or medical treatment, or by the inability of the parent or</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>guardian to provide regular care for the child due to the parent's or guardian's mental illness, developmental disability, or substance abuse. A child shall not be found to be a person described by this subdivision solely due to the lack of an emergency shelter for the family. A child shall not be found to be a person described by this subdivision solely due to the failure of the child's parent or alleged parent to seek court orders for custody of the child. Whenever it is alleged that a child comes within the jurisdiction of the court on the basis of the parent's or guardian's willful failure to provide adequate medical treatment or specific decision to provide spiritual treatment through prayer, the court shall give deference to the parent's or guardian's medical treatment, nontreatment, or spiritual treatment through prayer alone in accordance with the tenets and practices of a recognized church or religious denomination, by an accredited practitioner thereof, and shall not assume jurisdiction unless necessary to protect the child from suffering serious physical harm or illness. In making its determination, the court shall consider (1) the nature of the treatment proposed by the parent or guardian, (2) the risks to the child posed by the course of treatment or nontreatment proposed by the parent or guardian, (3) the risk, if any, of the course of treatment being</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>proposed by the petitioning agency, and (4) the likely success of the courses of treatment or nontreatment proposed by the parent or guardian and agency. The child shall continue to be a dependent child pursuant to this subdivision only so long as is necessary to protect the child from risk of suffering serious physical harm or illness.</p> | | |
| <p>(2) The Legislature finds and declares that a child who is sexually trafficked, as described in Section 236.1 of the Penal Code, or who receives food or shelter in exchange for, or who is paid to perform, sexual acts described in Section 236.1 or 11165.1 of the Penal Code, and whose parent or guardian failed to, or was unable to, protect the child, is within the description of this subdivision, and that this finding is declaratory of existing law. These children shall be known as commercially sexually exploited children.</p> | <p><u>Module 2, Chapter 1, Section A – 3.1 Neglect, Abuse and Exploitation Allegation Definitions</u></p> <p>A child who receives food, material items, or shelter in exchange for, or is paid to perform sexual acts and whose parent/guardian failed to, or was unable to protect the child is identified as CSEC.</p> | <p>✓</p> |
| <p>(c) The child is suffering serious emotional damage, or is at substantial risk of suffering serious emotional damage, evidenced by severe anxiety, depression, withdrawal, or untoward aggressive behavior toward self or others, as a result of the conduct of the parent or guardian or who has no parent or guardian capable of providing appropriate care. A child shall not be</p> | <p><u>Module 2, Chapter 2, Section F – 2.1 Definitions of Abuse</u></p> <p>Emotional Abuse: The child is suffering serious emotional damage or is at a substantial risk of suffering serious emotional damage, evidenced by states of being or behavior, including, but not limited</p> | <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|--|------------------------------------|
| <p>found to be a person described by this subdivision if the willful failure of the parent or guardian to provide adequate mental health treatment is based on a sincerely held religious belief and if a less intrusive judicial intervention is available.</p> <p>(d) The child has been sexually abused, or there is a substantial risk that the child will be sexually abused, as defined in Section 11165.1 of the Penal Code, by the child's parent or guardian or a member of the child's household, or the parent or guardian has failed to adequately protect the child from sexual abuse when the parent or guardian knew or reasonably should have known that the child was in danger of sexual abuse.</p> <p>(e) The child is under five years of age and has suffered severe physical abuse by a parent, or by any person known by the parent, if the parent knew or reasonably should have known that the person was physically abusing the child. For the purposes of this subdivision, "severe physical abuse" means any of the following: any single act of abuse that causes physical trauma of sufficient severity that, if left untreated, would cause permanent physical disfigurement, permanent physical disability, or death; any single act</p> | <p>to, severe anxiety, depression, withdrawal, or untoward aggressive behavior toward self or others, as a result of the conduct of a parent/guardian.</p> | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|--|------------------------------------|
| <p>of sexual abuse that causes significant bleeding, deep bruising, or significant external or internal swelling; or more than one act of physical abuse, each of which causes bleeding, deep bruising, significant external or internal swelling, bone fracture, or unconsciousness; or the willful, prolonged failure to provide adequate food. A child shall not be removed from the physical custody of the child's parent or guardian on the basis of a finding of severe physical abuse unless the social worker has made an allegation of severe physical abuse pursuant to Section 332.</p> <p>(f) The child's parent or guardian caused the death of another child through abuse or neglect.</p> <p>(g) The child has been left without any provision for support; physical custody of the child has been voluntarily surrendered pursuant to Section 1255.7 of the Health and Safety Code and the child has not been reclaimed within the 14-day period specified in subdivision (g) of that section; the child's parent has been incarcerated or institutionalized and cannot arrange for the care of the child; or a relative or other adult custodian with whom the child resides or has been left is unwilling or unable to provide care or support for the child, the whereabouts of the parent</p> | <p><u>Module 3, Chapter 1, Section E – Safely surrendered Baby – 1.1 Background</u></p> <p>Children's Services Division (CSD) staff:</p> <ul style="list-style-type: none"> Are responsible for taking temporary custody of an abandoned infant or surrendered baby under Welfare & Institutions Code (W&IC) Section 300 immediately upon notification that a newborn has been lawfully surrendered. | <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|--|------------------------------------|
| <p>are unknown, and reasonable efforts to locate the parent have been unsuccessful.</p> <p>(h) The child has been freed for adoption by one or both parents for 12 months by either relinquishment or termination of parental rights or an adoption petition has not been granted.</p> <p>(I) The child has been subjected to an act or acts of cruelty by the parent or guardian or a member of the child's household, or the parent or guardian has failed to adequately protect the child from an act or acts of cruelty when the parent or guardian knew or reasonably should have known that the child was in danger of being subjected to an act or acts of cruelty.</p> <p>(j) The child's sibling has been abused or neglected, as defined in subdivision (a), (b), (d), (e), or (i), and there is a substantial risk that the child will be abused or neglected, as defined in those subdivisions. The court shall consider the circumstances surrounding the</p> | <ul style="list-style-type: none"> Investigate the details of the surrender and <p><u>Module 3, Chapter 1, Section E – Safely surrendered Baby – 2.1 General Requirements</u></p> <p>The law allows for at least 14-days during which the parent or person releasing custody may change their mind and reclaim the newborn baby.</p> | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>abuse or neglect of the sibling, the age and gender of each child, the nature of the abuse or neglect of the sibling, the mental condition of the parent or guardian, and any other factors the court considers probative in determining whether there is a substantial risk to the child.</p> | | |
| <p><u>Cal. Welf. & Inst. Code § 309 – Temporary Custody and Detention</u></p> <p>(a) Upon Delivery) Upon delivery to the social worker of a child who has been taken into temporary custody under this article, the social worker shall immediately investigate the circumstances of the child and the facts surrounding the child's being taken into custody and attempt to maintain the child with the child's family through the provision of services. The social worker shall immediately release the child to the custody of the child's parent, guardian, Indian custodian, or relative, regardless of the parent's, guardian's, Indian custodian's, or relative's immigration status, unless one or more of the following conditions exist:</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>(1) The child has no parent, guardian, Indian custodian, or relative willing to provide care for the child.</p> <p>(2) Continued detention of the child is a matter of immediate and urgent necessity for the protection of the child and there are no reasonable means by which the child can be protected in their home or the home of a relative. 3) If it is known or there is reason to know the child is an Indian child, the child has been physically removed from the custody of a parent or parents or an Indian custodian, continued detention of the child continues</p> <p>(3) If it is known or there is reason to know the child is an Indian child, the child has been physically removed from the custody of a parent or parents or an Indian custodian, continued detention of the child continues to be necessary to prevent imminent physical damage or harm to the child, and there are no reasonable means by which the child can be protected if maintained in the physical custody of their parent or parents or Indian custodian.</p> <p>(4) There is substantial evidence that a parent, guardian, or custodian of the child is likely to flee the</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|--|------------------------------------|
| <p>jurisdiction of the court, and, in the case of an Indian child, fleeing the jurisdiction will place the child at risk of imminent physical damage or harm.</p> <p>(5) The child has left a placement in which the child was placed by the juvenile court.</p> <p>(6) The parent or other person having lawful custody of the child voluntarily surrendered physical custody of the child pursuant to Section 1255.7 of the Health and Safety Code and did not reclaim the child within the 14-day period specified in subdivision (g) of that section.</p> | | |
| Transitional Care | | |
| <p><u>CWS 31–236 – Transitional independent Living Plan (TILP)</u></p> <p>For each youth in placement, 15½ and not yet 16 years of age, the social worker/probation officer of the county of jurisdiction shall insure that the youth shall actively participate in the development of the TILP. The TILP describes the youth’s current level of functioning; emancipation goals identified in Section 31–236.6; the progress towards achieving the TILP goals; the programs and services needed, including,</p> | <p><u>Module 4, Chapter 2, Section A – Family Reunification Services – 4.8 Transitional Youth</u></p> <p>The Independent Living Program (ILP) is designed to assist eligible youth age 16 or older in out-of-home placement with services and activities that assists them in learning to live independently.</p> <p>To ensure that an eligible youth receives ILP services, a Transitional Independent Living Plan (TILP) is</p> | <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>but not limited to, those provided by the ILP; and identifies the individuals assisting the youth. The TILP shall be reviewed, updated, approved, and signed by the social worker/probation officer and the youth <u>every six months</u>.</p> | <p>completed with the youth at the age of 16. The TILP describes:</p> <ul style="list-style-type: none"> • the youth’s current level of functioning • emancipation goals • the progress towards achieving the TILP goals • the programs and services needed, including, but not limited to, those provided by the ILP, and • identifies the individuals assisting the youth. | |
| <p><u>CWS 31–525.1.8 – Independent Living Program</u></p> <p>.1 The purpose of the Independent Living Program (ILP) is to provide program services and activities as described in the TILP to assist eligible youth to live independently.</p> <p>.2 The county social worker/probation officer shall determine ILP eligibility concurrently with the development of the initial TILP and redetermine ILP eligibility with each TILP update.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|--|------------------------------------|
| <p>.3 Youth shall be eligible for ILP services up to their 21st birthday provided one of the following criteria is met:</p> <p>.31 Were/are in foster care at any time from their 16th to their 19th birthday. This does not include youth placed in detention facilities, locked facilities, forestry camps, training schools, facilities that are primarily for the detention of youth who are adjudicated delinquent, medical and psychiatric facilities, voluntary placements, wraparound program participants, youth placed pursuant to an individualized education program and guardianship placements in which the youth is not a dependent or ward of the court.</p> <p>.311 If the youth qualifies for these services due to previous dependency, the social worker/probation officer will provide the information necessary to access these services.</p> <p>.32 Were/are 16 years of age up to 18 years of age and in receipt of the Kinship Guardianship Assistance Payment Program (KinGap) assistance.</p> <p>.33 Eligible youth younger than 16 years of age may participate in an ILP for younger youth if the county of</p> | <p><u>Module 8, Chapter 2, Section A – The Independent Living Program – 2. Eligibility for the Independent Living Program</u></p> <p>A youth is eligible for ILP services up to their 21st birthday based on any of the following criteria:</p> <ul style="list-style-type: none"> • The youth is 16 years of age or older and is or was in out-of-homecare at any time between their 16th and 19th birthday. • The youth is a former dependent who entered into a kinship guardianship at any age and is receiving or received Kinship Guardianship Payments (Kin-GAP) between the ages of 16 and 18. | <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>jurisdiction has a county plan that includes such a program. Youth younger than 16 years of age placed outside their county of jurisdiction may participate in an ILP for younger youth only with prior approval of the county of jurisdiction. Participation in an ILP for younger youth prior to age 16 does not qualify a youth for ILP eligibility.</p> <p>.4 ILP participation is deferred only if the youth is physically or mentally unable to benefit from the ILP as determined by the youth's primary care physician or health/mental health care professional or if the youth declines to participate in the ILP. If ILP participation is deferred, the social worker/probation officer on behalf of youth in foster care or the ILP coordinator on behalf of KinGap youth and other eligible youth shall document, in the TILP the reason(s) for the deferment. A redetermination of deferment shall be made at least every six months and documented in the TILP.</p> <p>.5 Eligibility for the ILP shall not be determined by outside agencies such as contractors or vendors.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>.51 Welfare and Institutions Code Section 16501(c) specifies:</p> <p>"Counties shall not contract for needs assessment, client eligibility determination, or any other activity as specified by regulations of the State Department of Social Services, except as specifically authorized in Section 16100."</p> <p>.6 County social workers/probation officers shall:</p> <p>.61 Ensure that foster care/probation youth are given appropriate information about and the opportunity to participate in the ILP.</p> <p>.62 Ensure that ILP participation is not used as a punishment or reward.</p> <p>.63 Use the TILP document available on the Child Welfare Services Case Management Services (CWS/CMS).</p> <p>.64 Work with foster care/probation youth to ensure that they have access to ILP core services as described in Section 31–525.8.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>.65 Collaborate with the youth, ILP Coordinators, care providers, and other service providers to ensure the development and implementation of TILP goals, services and activities, including addressing transportation needs. Counties shall encourage providers to participate in the development of the TILP.</p> | | |
| <p>.66 Prior to the youth's emancipation, ensure that ILP services are provided as identified in the TILP.</p> | | |
| <p>.67 Defer ILP enrollment only if the youth is physically or mentally unable to benefit from the program as determined by the youth's primary care physician or health/mental health care professional or if the youth declines to participate. A redetermination of deferment shall be made at least every six months and be documented in the TILP.</p> | | |
| <p>.68 Provide, as applicable, the necessary records, referrals and documentation to ensure that timely and appropriate ILP service provision has met the goals and services of the TILP as described in Section 31–236.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>.69 Ensure that when the social worker/probation officer feels that a dependent in a group home placement will not achieve permanency prior to their 18th birthday, a transitional independent living plan is initiated for the youth.</p> <p>.7 County ILP Coordinators shall:</p> <p>.71 Ensure that every eligible youth participating in ILP up to age 21 has a TILP.</p> <p>.72 Collaborate with the youth, social workers/probation officers, care providers and other service providers to ensure the provision of core services and activities so that the goals outlined in the youth's TILP are achieved.</p> <p>.73 Ensure that participation in ILP is not used as a punishment or reward.</p> <p>.74 Not duplicate or replace services that are available through other agencies and programs.</p> <p>.75 Recruit, offer and provide individualized ILP services to eligible youth including emancipated youth, legally emancipated minors, and KinGap youth.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>.76 Ensure that benefits, services and treatment are fair and equitable to all eligible youth.</p> <p>.77 Utilize the Emancipated Youth Stipend to provide assistance to emancipated youth who are eligible for the ILP pursuant to Welfare and Institutions Code Section 10609.3.</p> <p>.8 Core services shall be provided based on identified individual needs and goals as documented in the TILP including, but not limited to:</p> <p>.81 Education, including: skill development, assistance and referrals to obtain literacy skills, high school diploma/GED, post-secondary education experiential learning and computer skills;</p> <p>.82 Career development, including: assistance and referral to obtain career exploration, work readiness and responsibility skills, employment development, employment experience, vocational training, apprenticeship opportunities, job placement and retention;</p> <p>.83 Assistance and referral to promote health (including mental health) and safety skills including, but not limited to: substance abuse prevention,</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>smoking cessation, pregnancy prevention, and nutrition education;</p> <p>.84 Referral to available mentors and mentoring programs;</p> <p>.85 Daily living skills, including: information on and experiences and training in financial management and budgeting; personal responsibility skills; self-advocacy; household management; consumer and resource use; survival skills; and obtaining vital records;</p> <p>.86 Financial resources, including: information and referrals regarding financial assistance if applicable, including, but not limited to, incentives, stipends, savings and trust fund accounts, educational/vocational grants, CAL-Grants, Employment Development Departments, registered in One-Stop Career Centers, Workforce Investment Act funding and programs, other employment programs and other forms of public assistance including, but not limited to, CalWORKs, Food Stamps, and Medi-Cal; and</p> <p>.87 Housing information, including: training and referrals about transitional housing programs; federal,</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| state and local housing programs; and landlord/tenant issues. | | |
| <p><u>Cal. Welf. & Inst. Code § 11155.5 – Ward Or Dependent Child Participating In Independent Living Program; Retention Of Cash Savings</u></p> <p>(a)In addition to the personal property permitted by other provisions of this part, a child declared a ward or dependent child of the juvenile court, who is age 16 years or older, and who is a participant in the Independent Living Program pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 (P.L. 99–272) may retain any cash savings, including interest, accumulated pursuant to the child's Independent Living Program case plan. The cash savings shall be the child's own money and shall be deposited by the child or on behalf of the child in any bank or savings and loan institution whose deposits are insured by the Federal Deposit Insurance Corporation or the Federal Savings and Loan Insurance Corporation. The cash savings shall be for the child's use for purposes directly related to emancipation pursuant to Part 2.7 (commencing with Section 60) of Division 1 of the Civil Code.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>(b) The cash savings accumulated and deposited pursuant to this section shall be kept separate from other types and sources of cash savings. The withdrawal of the savings shall require the written approval of the child's probation officer or social worker and shall be directly related to the goal of emancipation.</p> | | |
| <p><u>Cal. Welf. & Inst. Code § 16501.1 – Case Plan; Legislative Findings And Declarations; Use For Out-of-home Placement; Completion; Update; Sufficiency; Development; Consideration By Court</u></p> <p>(a) The Legislature finds and declares that the foundation and central unifying tool in child welfare services is the case plan.</p> <p>(b) The Legislature further finds and declares that a case plan ensures that the child receives protection and proper case management, and that services are provided to the parents or other caretakers as appropriate. A case plan shall be based upon the principles of this section and shall document that a preplacement assessment of the service needs of the child and family, and preplacement preventive</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>services, have been provided, and that reasonable efforts to prevent out-of-home placement have been made.</p> <p>(c) When out-of-home placement is used to attain case plan goals, the decision regarding choice of placement shall be based upon selection of the least restrictive or most familylike setting, selection of the environment best suited to meet the child's special needs and best interests, or both. The selection shall consider, in order of priority, placement with relatives, tribal members, and foster family, group care, and residential treatment pursuant to Section 275 of the Civil Code.</p> <p>(d) A written case plan shall be completed within 30 days of the initial removal of the child or of the in-person response required under subdivision (f) of Section 16501 if the child has not been removed from his or her home, or by the date of the jurisdictional hearing pursuant to Section 356, whichever comes first. The case plan shall be updated, as the service needs of the child and family dictate. At a minimum, the case plan shall be updated in conjunction with each status review hearing conducted pursuant to Section 366.21, and the hearing conducted pursuant</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>to Section 366.25 or 366.26, but no less frequently than once every six months.</p> <p>(e) The child welfare services case plan shall be comprehensive enough to meet the juvenile court dependency proceedings requirements pursuant to Article 6 (commencing with Section 300) of Chapter 2 of Part 1 of Division 2.</p> <p>(f) The case plan shall be developed as follows:</p> <p>(1) The case plan shall be based upon an assessment of the circumstances which required child welfare services intervention.</p> <p>(2) The case plan shall identify specific goals, and the appropriateness of the planned services in meeting those goals.</p> <p>(3) The case plan shall identify the original allegations of abuse or neglect, as defined in Article 2.5 (commencing with Section 11164) of Chapter 2 of Title 1 of Part 4 of the Penal Code, or the conditions cited as the basis for declaring the child a dependent of the court pursuant to Section 300, or all of these, and the</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|--|------------------------------------|
| <p>other precipitating incidents which led to child welfare services intervention.</p> <p>(4) The case plan shall include a description of the schedule of the social worker contacts with the child and the family or other caretakers. The frequency of these contacts shall be in accordance with regulations adopted by the State Department of Social Services.</p> <p>(5) When out-of-home services are used, the frequency of contact between the natural parents or legal guardians and the child shall be specified in the case plan. The frequency of those contacts shall reflect overall case goals, and consider other principles outlined in this section.</p> <p>(6) When out-of-home services are used, the case plan shall include a recommendation regarding the appropriateness of unsupervised visitation between the child and any of the child's siblings. This recommendation shall include a statement regarding the child's and the siblings' willingness to participate in</p> | <p><u>Module 4, Chapter 3, Section A – Visitation – 8.1 Documenting Visitation in the Case Plan</u></p> <p>A well-documented and written visitation plan, developed with the family's involvement, leads to more successful outcomes. The court mandates that the assigned social worker develop a visitation plan with the parent, child, and grandparent, in accordance with all orders of the court.</p> | <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|--|------------------------------------|
| <p>unsupervised visitation. If the case plan includes a recommendation for unsupervised sibling visitation, the plan shall also note that information necessary to accomplish this visitation has been provided to the child or to the child's siblings.</p> <p>(7) Parents and legal guardians shall have an opportunity to review the case plan, sign it whenever possible, and then shall receive a copy of the plan. In any voluntary service or placement agreement, the parents or legal guardians shall be required to review and sign the case plan. Whenever possible, parents and legal guardians shall participate in the development of the case plan.</p> <p>(8) The case plan shall be included in the court report and shall be considered by the court at the initial hearing and each review hearing. Modifications to the case plan made during the period between review hearings need not be approved by the court if the casework supervisor for that case determines that the modifications further the goals of the plan.</p> <p>(g) If the court finds, after considering the case plan, that unsupervised sibling visitation is appropriate and has been consented to, the court shall order that the</p> | <p><u>Module 4, Chapter 1, Section A – Family Maintenance Voluntary Services – 4.3 Finalizing the FMV Case Plan</u></p> <p>The case plan is then reviewed with the parent and child who were involved in its development, then signed by the parent</p> | <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| child or the child's siblings be provided with information necessary to accomplish this visitation. Nothing in this section shall be construed to require or prohibit the probation officer's facilitation, transportation, or supervision of visits between the child and his or her siblings. | | |
| Health and Well Being (physical, mental, dental) | | |
| <u>CWS 31–005.17 – Child Welfare Services</u> <u>Program Support Activities</u> | | |
| Contact each health care facility in the county that provides acute care to infants to obtain the name, title and telephone number of the person who is designated by the health care facility to act as a liaison to the county for medically neglected infants as defined in Section 31–002(n)(1). | | |
| <u>CWS 31–005.171 – Child Welfare Services</u> <u>Program Support Activities</u> | | |
| .171 The county shall, no less than once a year, recontact each health care facility in the county that provides acute care to infants to obtain any changes in | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| the name, title and telephone number of the designated person. | | |
| <p><u>Cal. Welf. & Inst. Code § 319.1 – Minors in Need of Specialized Mental Health Treatment; Notification of County Mental Health Department</u></p> <p>When the court finds a minor to be a person described by Section 300, and believes that the minor may need specialized mental health treatment while the minor is unable to reside in his or her natural home, the court shall notify the director of the county mental health department in the county where the minor resides. The county mental health department shall perform the duties required under Section 5697.5 for all those minors.</p> <p>Nothing in this section shall restrict the provisions of emergency psychiatric services to those minors who are involved in dependency cases and have not yet reached the point of adjudication or disposition, nor shall it operate to restrict evaluations at an earlier stage of the proceedings or to restrict orders removing</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| the minor from a detention facility for psychiatric treatment. | | |
| Emergency Protocol and Grievance Procedure | | |
| <p><u>CWS 31–010.1 – Administrative Requirements for Emergency Response Services</u></p> <p>The county shall be permitted to establish an emergency response services unit in cooperation with neighboring counties, provided that the requirements specified in Welfare and Institutions Code Section 16502 have been met.</p> | | |
| <p><u>CWS 31–010.11 – Administrative Requirements for Emergency Response Services</u></p> <p>Welfare and Institutions Code Section 16502 specifies as follows:</p> <p>Child welfare services... shall be established in any county or combination of counties when a plan which includes financing of such services has been certified by the department.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|--|------------------------------------|
| <p><u>CWS 31-020.1 – Grievance Procedures</u></p> <p>Grievance procedures shall be developed to review complaints from foster parents, legal parents, guardians, and children concerning the placement or removal of a child from a foster home. All issues shall be resolved in the best interest of the child.</p> | <p><u>Module 1, Chapter 3, Section B – Customer Service Policy</u></p> <p>The CSD social worker must, at initial contact and as needed:</p> <ul style="list-style-type: none"> • Inform a client, relative or other involved party of his/her right to make or file a complaint • Review the complaint process with him/her, and Provide the PUB 13. <p>All child welfare customer service complaints filed by clients, relatives, elected officials or others must be received and tracked to ensure that CSD complaints are reviewed, responded to and resolved as quickly as possible.</p> | <p>✓</p> |
| <p><u>CWS 31-020.7 – Grievance Procedures</u></p> <p>Unless the child is in immediate danger, he/she shall remain with the foster parent(s), pending decision of the county director, when removal is the basis for a complaint.</p> | <p><u>Module 1, Chapter 3, Section C – 2.3 Notification of Removal Exceptions</u></p> <p>If the foster parent/resource family objects to the placement change and utilizes the grievance hearing process <i>and</i> an above stated removal exception does not exist, the SSP <i>is not</i> to remove the child until the objection has been resolved.</p> | <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p><u>CWS 31–021.1–.13 – Child Abuse Central Index (Caci) Grievance Procedures</u></p> <p>Within five (5) business days of submitting an individual's name to the Department of Justice (DOJ) for listing on the CACI pursuant to Section 31–501.4, the following forms shall be sent to the individual of his/her last known address:</p> <p>.11 The Notice of Child Abuse Central Index Listing (SOC 832),</p> <p>.12 Grievance Procedures for Challenging Reference to the Child Abuse Central Index (SOC 833),</p> <p>and .13 Request for Grievance Hearing (SOC 834)</p> | | |
| <p><u>CWS 31–084.1–.11 – Identification Of Cases Receiving Emergency Response Services</u></p> <p>.1 The county shall report a referral as an emergency response referral when the referral alleges child abuse, neglect, or exploitation as defined in Penal Code Section 11165 et seq.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>.11 The effective date for reporting an emergency response referral shall be the date the referral is received by the county.</p> | | |
| <p><u>CWS 31–084.2–.21 – Identification Of Cases Receiving Emergency Response Services</u></p> | | |
| <p>.2 The county shall report an emergency response referral as an emergency response assessment case when the social worker determines based upon the completed emergency response protocol that an in-person investigation is not required.</p> | | |
| <p>.21 The effective date for reporting an emergency response assessment case shall be the date that the emergency response protocol is completed in accordance with Section 31–105.21.</p> | | |
| <p><u>CWS 31–084.3–.31 – Identification Of Cases Receiving Emergency Response Services</u></p> | | |
| <p>.3 The county shall report an emergency response referral as an emergency response in-person investigation case when the social worker completes the in-person investigation and no further child welfare services are provided.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>.31 The effective date for reporting an emergency response in-person investigation shall be the date the social worker's supervisor approves case closure.</p> | | |
| <p><u>CWS 31–105.1–.117 – Emergency Response Protocol</u></p> <p>.1 The social worker shall immediately initiate and complete the Emergency Response Protocol process when it is necessary to determine whether an in-person investigation is required. The social worker shall record all available and appropriate information on the Emergency Response Protocol form, SOC 423 (10/92), or an approved substitute. The social worker is not required to initiate the Emergency Response Protocol when the social worker has already determined an in-person investigation is required (i.e., law enforcement referrals, obvious immediate danger referrals).</p> <p>.11 In order to be approved as a substitute for the Emergency Response Protocol form, the substitute shall at a minimum contain all of the following elements:</p> <p>.111 The following identifying information:</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>(a) Information regarding the child alleged to be abused, neglected, or exploited, which shall include:</p> <p>(1) Information specified in Section 31–105.111(f),</p> <p>(2) Case name, and</p> <p>(3) Case number.</p> <p>(b) Information regarding the referral, which shall include:</p> <p>(1) Time and date referral received, and</p> <p>(2) Location of alleged incident.</p> <p>(c) Information regarding the reporter, which shall include:</p> <p>(1) Name,</p> <p>(2) Relationship to child,</p> <p>(3) Agency affiliation, if a mandated reporter,</p> <p>(4) Address, and</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>(5) Phone number (home/work).</p> <p>(d) Information regarding each adult in the household, which shall include:</p> <p>(1) Name,</p> <p>(2) Relationship to child,</p> <p>(3) Birthdate,</p> <p>(4) Ethnicity,</p> <p>(5) Primary language, if non-English speaking,</p> <p>(6) Current location, and</p> <p>(7) Phone number(s).</p> <p>(e) Information regarding the alleged perpetrator, which shall include:</p> <p>(1) Elements specified in Sections 31–105.111(d)(1) through (7), and</p> <p>(2) Access to the child.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>(f) Information regarding each minor child in the family, which shall include:</p> <p>(1) Name,</p> <p>(2) Birthdate,</p> <p>(3) Sex,</p> <p>(4) Ethnicity,</p> <p>(5) Primary language, if non-English speaking,</p> <p>(6) Current location,</p> <p>(7) Name and address of school/daycare, if applicable, and</p> <p>(8) Name, current location and phone number of each absent parent.</p> <p>.112 A description of the alleged incident, including consideration of the following risk factors:</p> <p>(a) Precipitating incident including the following:</p> <p>(1) Severity and frequency;</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>(2) Location and description of injury on child's body; and</p> <p>(3) History of child abuse, neglect, or exploitation.</p> <p>(b) Child characteristics including the following:</p> <p>(1) Age, vulnerability, special circumstances; and</p> <p>(2) Behavior, interaction with caretakers, siblings, and peers.</p> <p>(c) Caretaker characteristics including the following:</p> <p>(1) Ability to care for child;</p> <p>(2) Interaction with children, other caretakers;</p> <p>(3) Parenting skill/knowledge; and</p> <p>(4) Substance abuse, criminal behavior, and mental health.</p> <p>(d) Family factors including the following:</p> <p>(1) Relationships, support systems;</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|--|------------------------------------|
| <p>(2) History of abuse, neglect, or exploitation;</p> <p>(3) Presence of parent substitute</p> <p>(4) Environmental conditions; and</p> <p>(5) Family strengths.</p> <p>.113 Information regarding a records review.</p> <p>.114 Information regarding the collateral contacts, including the following:</p> <p>(a) Date of contact,</p> <p>(b) Name and phone number of each person contacted,</p> <p>(c) Agency affiliation or person's relationship to the child, and</p> <p>(d) Summary of information obtained.</p> <p>.115 Decision criteria. The decision whether or not an in-person investigation is necessary shall include, but not be limited to, consideration of the following factors:</p> | <p><u>Module 2, Chapter 1, Section B Response Priority and Dispatch Protocol– 2.1 Decision Criteria</u></p> | <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>(a) The ability to locate the child alleged to be abused and/or the family.</p> <p>(b) The existence of an open case and the problem described in the allegation is being adequately addressed.</p> <p>(c) The allegation meets one or more of the definitions of child abuse, exploitation or neglect contained in Sections 31-002(c)(7), 31-002(e)(9), or 31-002(n)(1).</p> <p>(d) The alleged perpetrator is a caretaker of the child or the caretaker was negligent in allowing, or unable or unwilling to prevent, the alleged perpetrator access to the child.</p> <p>(e) The allegation includes specific acts and/or behavioral indicators which are suggestive of abuse, neglect, or exploitation.</p> <p>(f) There is additional information from collateral contacts or records review which invalidates the reported allegation.</p> | <p>The decision as to whether or not an in-person response is necessary includes, but is not limited to the following:</p> <ul style="list-style-type: none"> • ability to locate the alleged abused child and/or the family • existence of an open case or referral and the problem described in the investigative referral has or is at the time of the report being adequately addressed • allegations meets one (1) or more of the definitions of child abuse, exploitation or neglect¹ • alleged perpetrator is the caretaker of the child, or the caretaker was negligent was allowing, or unable or unwilling to prevent the alleged perpetrator access to the child • allegations include specific acts and/or behavioral indicators, which are suggestive of abuse, neglect, or exploitation | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|--|------------------------------------|
| (g) There are previously investigated unsubstantiated or unfounded reports from the same reporter with no new allegations or risk factors. | <ul style="list-style-type: none"> • additional information from collateral contacts or records review invalidates the reported allegations, and • the same allegation from the same reporter was previously investigated and determined to be unfounded, and there is no new allegation or risk factors reported. | |
| .116 The decision whether an in-person investigation is required, including the following outcome options. | <u>Module 2, Chapter 1, Section B – 2 Identifying the Response Priority</u> | ✓ |
| (a) Evaluate out, with no referral to another community agency; | Riverside County currently utilizes three (3) investigative response priorities: | |
| (b) Evaluate out, with a referral to an appropriate community agency; or | <ul style="list-style-type: none"> • Immediate Response (IR) | |
| (c) Accept for in-person investigation. | <ul style="list-style-type: none"> • 10-Day Response | |
| | <ul style="list-style-type: none"> • Evaluate Out (EVO) | |
| .117 When the decision is to evaluate out, either with or without a referral to another community agency, the following information: | | |
| (a) Rationale for the decision; and | | |
| (b) Supervisor approval | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p><u>CWS 31–105.2 – Emergency Response Protocol</u></p> <p>The social worker shall complete the Emergency Response Protocol process by determining if an in person investigation is required.</p> <p>.21 The Emergency Response Protocol form, or approved substitute, is complete when the social worker has recorded enough information as specified in Section 31–105.1 to document the decision as to whether or not to make an in-person investigation and shall include:</p> <p>.211 The specific decision outcome,</p> <p>.212 The rationale for evaluating out the referral, and</p> <p>.213 The supervisor approval</p> | | |
| <p><u>CWS 31–110.1–.4 – In-person Investigations</u></p> <p>.1 If the social worker determines from the emergency response protocol that an in-person investigation is not necessary, the social worker shall document the determination.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|--|------------------------------------|
| <p>.2 If the social worker determines that an in-person investigation is not necessary, but that the services of another community agency are appropriate, the social worker shall refer the reporter to that agency.</p> <p>.21 When a referral alleges non-familial child abuse, the social worker shall report the referral to the appropriate law enforcement agency as specified in Section 31–501.1.</p> <p>.3 If the social worker determines that an in-person investigation is necessary, the social worker shall make the in-person investigation immediately or within <u>10 calendar days</u>, as appropriate.</p> <p>4 The social worker shall conduct an in-person investigation for all law enforcement referrals either immediately or within 10 calendar days after receipt of a referral, as appropriate.</p> | <p><u>Module 1, Chapter 3, Section E – Criteria for CACI Grievance Hearing Officer</u></p> <p>Scheduled within ten (10) business days from the date the grievance hearing request is received, by CSD Administrative Compliance</p> | <p>✓</p> |
| <p><u>CWS 31–115.1–.13 – In-person Immediate Investigation</u></p> <p>.1 The social worker shall conduct an in-person immediate investigation when:</p> | <p><u>Module 2, chapter 2, Section A – 3.1 Timeliness of Initial Contact</u></p> <p><i>Immediate</i> – When a child is considered to be at immediate risk of abuse, neglect, or exploitation, the</p> | <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>.11 The emergency response protocol indicates the existence of a situation in which imminent danger to a child, such as physical pain, injury, disability, severe emotional harm or death, is likely.</p> <p>.12 The law enforcement agency making the referral states that the child is at immediate risk of abuse, neglect or exploitation.</p> <p>.13 The social worker determines that the child referred by a law enforcement agency is at immediate risk of abuse, neglect, or exploitation.</p> | <p>SSP responds within 24 hour of the referral being received by the Central Intake Center (CIC).</p> | |
| <p><u>CWS 31–415.1–.2 – Emergency Shelter Care</u></p> <p>.1 Provision of emergency shelter care shall not exceed 30 calendar days in any one episode that requires removal of the child except as follows:</p> <p>.11 The county shall be permitted to provide emergency shelter care beyond 30 calendar days only when the case record documents the existence of one of the following circumstances:</p> <p>.111 Emergency shelter care is necessary to meet the continuing protective needs of the child, and there is</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>no other location wherein these protective needs can be met.</p> <p>.112 The child has special needs which render him/her extremely difficult to place, and there is no other location available wherein these special needs can be met.</p> <p>.12 The circumstances permitting extension of emergency shelter care beyond 30 calendar days shall be reviewed and the extension approved in writing by an administrative official higher than a first-level supervisor.</p> <p>.21 Each county is permitted to utilize county-only funds to draw down federal financial participation under the Emergency Assistance program, with no state share of cost, in order to provide emergency shelter care beyond 30 calendar days in any one episode if:</p> <p>.211 the child is from a needy family authorized to receive Emergency Assistance funding in accordance with provisions in the Title IV-A State Plan implementing 45 CFR 233.120; and</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| .212 the circumstances specified in Section 31–415.1 are documented in the child's case record. | | |
| <u>CWS 31–502.1–.16 – Child Fatality Reporting And Disclosure Requirements</u> | | |
| .1 When the county child welfare agency learns that a child fatality has occurred and has reasonable suspicion that the fatality was a result of abuse and/or neglect, the county child welfare agency shall generate a referral within the Child Welfare Services/Case Management system, and the county shall respond to the referral as described in Section 31–101. | <u>Module 1, Chapter 1, Section C – 2.1 Child Fatality</u> <u>Module 1, Chapter 1, Section C – 4.2 Additional Disclosed Documentation for the Dependent Child</u> | ✓ |
| .11 The county child welfare agency may "learn" of the fatality in ways that may include, but not be limited to, a formal report, emergency response referral, a cross report from a law enforcement agency or a private party. Once this information is learned the standard condition of reasonable suspicion is applied. | | |
| .12 Within five business days of the county child welfare agency receiving a public request for information concerning a child fatality, whether written, verbal, or via e–mail or facsimile, and the county child welfare agency has reasonable suspicion | <u>Module 1, Chapter 1, Section C – 3.2 Releasing at the Investigation Stage</u> Information regarding a child fatality can be released at the investigation stage if there is reasonable suspicion the fatality was the result of abuse and/or | ✓ |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>that the fatality was a result of abuse and/or neglect, the county child welfare agency shall release the information provided in Welfare and Institutions Code Section 10850.4(a)(1–4).</p> <p>.122 For cases in which a county’s involvement with a child fatality is limited to the provision of medical services to the victim and/or the preparation and issuance of a coroner or medical examiner’s report, and the abuse or neglect that resulted in the child’s fatality occurred in a different county, the child welfare services agency in the county where the abuse and/or neglect occurred shall report on behalf of both counties.</p> <p>.13 A child fatality shall be the result of abuse and/or neglect if any agency pursuant to Section 31–502.14 determines that abuse and/or neglect is either the sole cause of the child fatality, or is a material contributing factor in the child fatality. For purposes of this regulation, “abuse and/or neglect” has the same definition as set forth in section 11165.6 of the Penal Code.</p> | <p>neglect. CSD is responsible for releasing information within <i>five (5) business days</i> from the date of the request to the media/public. . .</p> <p><u>Module 1, Chapter 1, Section C, Attachment 1 – Child Fatality and Near Fatality Disclosure Requirements</u></p> <p><u>Module 1, Chapter 1, Section C – 2.3 Material Contributing Factors</u></p> <p>A material contributing factor is defined as a factor that is more than inconsequential or incidental, which contributed to the cause or causes of the child fatality. In instances where there are multiple factors that resulted in a child fatality, it is only necessary to</p> | <p></p> <p></p> <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|--|------------------------------------|
| <p>.131 For the county child welfare agency to find that abuse and/or neglect was a material contributing factor in a child fatality, it is not necessary that an agency described in 31–502.14 determine that the abuse or neglect was the sole cause of the fatality or that the child would have lived if the abuse and/or neglect did not occur. On the other hand, the fact that an agency described in 31–502.14 has determined that evidence of abuse and/or neglect was present is by itself an insufficient basis for the county child welfare agency to find that abuse and/or neglect was a material contributing factor in a child fatality. To meet the material contributing factor test, the county child welfare agency must be able to conclude that an agency described in 31–502.14 has determined that abuse and/or neglect was a factor in the child fatality</p> | <p>determine that abuse and/or neglect was a “material contributing factor” in the child’s death.</p> <p><u>Module 1, Chapter 1, Section C – 2.4 Contributory Neglect</u></p> <p>“Contributory Neglect” is when neglect by a parent or guardian has contributed to the abuse or neglect that resulted in a child fatality or near fatality.</p> <p><u>Module 1, Chapter 1, Section C – 3 Notification and the Release of Information</u></p> <p>The federal Child Abuse Prevention and Treatment Act (CAPTA) requires states to disclose to the public, findings and information on child abuse and neglect cases that result in a child fatality or near fatality. Information on a “near fatality” is only released after it has been determined to be caused by abuse and/or neglect.</p> | <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>that was more than inconsequential or incidental, which contributed to the cause or causes of the child fatality.</p> <p>.14 Pursuant to Welfare and Institutions Code § 10850.4(b)(1)–(3), for reporting and disclosure purposes, the county child welfare agency shall rely on a determination by a law enforcement agency and/or a coroner or medical examiner that abuse and/or neglect resulted in a child fatality as described in section 31–502.13, and/or that a county child welfare or probation agency has substantiated that abuse and/or neglect resulted in a child fatality as described in section 31–502.13.</p> <p>.15 Where it is determined or substantiated by an agency identified in Section 31–502.14 that a child fatality occurred as a result of more than one cause, one of which was abuse and/or neglect, the county child welfare agency shall report and disclose child fatality information pursuant to Section 31–502.2 and Section 31–502.3.</p> <p>.16 The county child welfare agency shall report and disclose child fatality information pursuant to Section 31–502.2 and section 31–502.3 if any of the agencies</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>identified in Section 31–502.14 have made the determination that abuse and/or neglect resulted in a child fatality as described in section 31–502.13, even if another agency identified in Section 31–502.14 has determined otherwise.</p> | | |
| <p><u>CWS 31–105.2–.213 – Emergency Response Protocol</u></p> <p>.2 The social worker shall complete the Emergency Response Protocol process by determining if an in-person investigation is required.</p> <p>.21 The Emergency Response Protocol form, or approved substitute, is complete when the social worker has recorded enough information as specified in Section 31–105.1 to document the decision as to whether or not to make an in-person investigation and shall include:</p> <p>.211 The specific decision outcome,</p> <p>.212 The rationale for evaluating out the referral, and</p> <p>.213 The supervisor approval</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| Native American Children | | |
| <p><u>CWS 31–001.33 – General Requirements</u></p> <p>“When considering the "best interest of the child" social workers must adhere to Welfare and Institutions Code section 224(a)(2), which specifies that it is in the best interest of an Indian child that the connection to its tribe and tribal community is encouraged and protected regardless of whether the child is in the physical custody of the Indian parent or Indian custodian(s) at the commencement of a child custody proceeding, the parental rights of the child’s parents have been terminated or where the child has resided or been domiciled. In assessing whether there is a sufficient basis to ask the court to make a finding of good cause as later used in this Division, a social worker shall consider that the Indian Child Welfare Act (ICWA) 25 USC 1902, seeks to protect not only the rights of the Indian child but the rights of Indian communities and tribes in retaining their Indian children.”</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p><u>CWS 31–066.21–.211 – Multidisciplinary Team Assessment And Recommendation For Placement In An Out-of-state Group Home</u></p> <p>In the case of an Indian child, pursuant to Cal. Welf. & Inst. Code § 361.31(g), the Multidisciplinary Team shall include a tribal social worker, or a representative of the child's tribe at team meetings in order to provide relevant information about the child.</p> <p>.211 In making a decision whether to place the Indian child in an out of state group home, any placement decision shall be made consistent with ICWA placement preference requirements as specified in Section 31–420.3, and the agency’s duties to engage in Active Efforts to comply with those placement preferences.</p> | | |
| <p><u>CWS 31–066.4; .421 – Multidisciplinary Team Assessment And Recommendation For Placement In An Out-of-state Group Home</u></p> <p>In assessing a child's need for an out-of-state placement, the multidisciplinary team shall consider, but is not limited to, a review of the current circumstances precipitating the request for an out-of-</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>state placement, including a review of the reasonable efforts/services provided prior to the placement of the child in foster care or to make it possible for the child to return home, the services provided to prevent an out-of-home placement, the current location of the child and length of time there, situation and location of parents/siblings, descriptions of out-of-state placement resource(s) or type of placement resource being sought, the child's attitude toward placement, and the parents' attitude towards placement.</p> <p>. . .</p> <p>.421 In the case of an Indian child, the assessment shall include consultation with the Indian child's tribe regarding the impact of the child's out of state placement on the child's retention of connections with his or her family, extended family and tribe or tribal community and the tribe's position on the placement. Where the tribe's position is that the out of state placement is contrary to the ICWA placement preferences, only the court can determine that there is good cause to deviate from the preferences.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p><u>CWS 31–075.21 – Case Records</u></p> <p>An Indian child’s case records, including eligibility records, shall be maintained in perpetuity and made available at any time upon request of the Secretary of the Interior or the Indian child's tribe as required by 25 U.S.C. 1915 (e) and Welfare and Institutions Code section 361.31(k). Records and information regarding an Indian child must be entered into the Statewide Automated Child Welfare Information System (SACWIS) and shall never be removed via Data Deletion Requests.</p> | | |
| <p><u>CWS 31–075.3 (e, f) – Case Records</u></p> <p>(e) In the case of an Indian child, documentation of the Active Efforts taken to identify and provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family and whether these efforts proved unsuccessful and why as described in Section 31–135.23. "Documentation of Active Efforts must be included in the case plan which is required as an attachment to all court reports."</p> <p>(f) In the case of an Indian child, documentation of the Active Efforts taken to comply with the ICWA</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>placement preferences as described in Section 31–420.3 including whether these efforts proved unsuccessful. If unsuccessful, document the reasons why. "Documentation of Active Efforts must be included in the case plan which is required as an attachment to all court reports."</p> | | |
| <p><u>CWS 31–310.131 – Social Worker Responsibilities for Service Delivery</u></p> <p>.131 In the case of an Indian child, the services to maintain the child in the home must be provided in accordance with the requirement to engage in Active Efforts to provide remedial and rehabilitative services to prevent the breakup of the Indian family as further specified in Section 31–135.23. This standard requires additional efforts on the part of the social worker to work with the child's family and tribe to identify and utilize tribally based resources that may be available to the family, such as tribal and other Indian social service agencies and organizations.</p> | | |
| <p><u>CWS 31–315.1–.11 – Service Funded Activities</u></p> <p>.1 Service-funded activities shall be available to children and their families in all phases of the Child</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>Welfare Services program as specifically identified in the child's case plan.</p> <p>.11 In the case of an Indian child, social workers shall seek and make available to Indian children and their families service-funded activities that reflect the unique values of the Indian culture and promote the stability and security of Indian children, Indian families and Indian communities. Sources of such services may be found in the Indian child's tribe, Tribal TANF programs, and other Indian organizations. ICWA requires documentation when Active Efforts to provide these services prove unsuccessful.</p> | | |
| <p><u>CWS 31–405.121 – Social Worker Responsibilities for Placement</u></p> <p>.12 Give preferential consideration for placement of the child to an adult who is a grandparent, aunt, uncle or sibling of the child.</p> <p>.121 In the case of an Indian child Active Efforts shall be made to comply with the ICWA placement preferences and standards as required by Section 31–420.3. The first preference shall be placement with a</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| member of the child's extended family, as defined in Section 1903(2), of 25 U.S.C. | | |
| <p data-bbox="310 441 808 516"><u>CWS 31–405.131 – Social Worker Responsibilities for Placement</u></p> <p data-bbox="199 555 905 711">.131 In the case of an Indian child, Active Efforts shall be made to comply with the ICWA placement preferences and standards as required by Section 31–420.3 for foster care placement and shall:</p> <p data-bbox="199 750 890 824">(a) Consider the placement preferences of the child’s tribe.</p> <p data-bbox="199 863 846 977">(b) Consider the Tribally Specified Home when designated as the preference of the Indian child's tribe.</p> <p data-bbox="199 1016 854 1214">(c) If adoption of the child is being considered the social worker shall take into account the ICWA preferences for adoptive placement which, absent good cause to the contrary as determined by the court, are a placement with:</p> <p data-bbox="199 1253 772 1286">(1) A member of the child's extended family</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| (2) Other members of the Indian Tribe or (3) Other Indian families. | | |
| <p><u>CWS 31–405.16–.164 – Social Worker Responsibilities for Placement</u></p> <p>.16 When considering the placement of an Indian child in a Tribally Approved Home, the following requirements shall apply:</p> <p>.161 The social worker must conduct the caregiver background checks on all adults (over age 18) living in the home or persons that may have significant contact with the child unless the tribe has an authorized Tribal Agency that conducts the caregiver background checks pursuant to Welfare and Institutions Code section 10553.12.</p> <p>.162 If the tribe has a Tribal Agency that is approved to receive criminal and child abuse registry information from the California Department of Justice pursuant to Welfare and Institutions Code section 10553.12 the social worker shall secure documentation of the following:</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>(a) The Tribal Agency's certification that it has completed caregiver background checks, pursuant to the standards set forth in Sections 1522 and 1522.1 of the Health and Safety Code, with respect to any prospective foster parent, adoptive parent, or any adult who resides or is employed in the Tribally Approved Home.</p> <p>(1) The certification must provide the address of the home, the names of the individuals in the household that have been cleared, the date of the completion of the clearance for each individual, and if any exemptions were granted.</p> <p>(2) Documentation that the Tribal Agency has agreed to report, within 24 hours to the county social worker responsible for the child placed in the Tribally Approved Home, any notification to the Tribal Agency by the Department of Justice of a subsequent state or federal arrest or disposition notification involving an individual associated with the Tribally Approved Home.</p> <p>(b) The social worker shall conduct the verifications required by Section 31-445.14.</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>.163 Should the social worker have any concerns about the safety of the home, the social worker must consult and collaborate with the tribe to address any concerns.</p> <p>.164 The social worker must follow the ICWA placement preferences, which include the Tribally Approved or Tribally Specified Home designated by the child's tribe. Deviation from the preference order may occur only with good cause, as determined by the court. The social worker must provide the court with facts and supporting evidence that justify a request to deviate from the placement preferences and must ask the court for a finding that there is good cause to deviate from the ICWA placement preferences.</p> | <p><u>Module 11, Chapter 8, Section D – Placing an Indian Child – 3.1 Guidelines for Placement of an Indian child in a Tribally Approved Home</u></p> <p>If there are safety concerns present in the tribally designated home, the assigned social worker consults and collaborates with the Indian child's tribe to address these concerns.</p> | <p>✓</p> |
| <p><u>CWS 31– 410.3–.31 – Temporary Placement</u></p> <p>.3 For temporary placement services involving an Indian child, the social worker shall to the extent possible, collaborate with the child's tribe in an attempt to prevent the removal of the child and to</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>solicit tribal assistance and support in the placement of the child.</p> <p>.31 When selecting a temporary placement for an Indian child, the social worker shall, engage in Active Efforts to place the child in compliance with the ICWA placement preference order required in Section 31–420.3.</p> | | |
| <p><u>CWS 31– 410.8–.83 – Temporary Placement</u></p> <p>.8 In addition to those needs specified in Section 31–410.7, the temporary placement of an Indian child shall require Active Efforts to comply with the ICWA placement preference requirements as specified in Section 31–420.3 and shall also be based on the following:</p> <p>.81 The least restrictive setting which most approximates a family-like environment and in which the child's special needs, if any, can be met.</p> <p>.82 The reasonable proximity to the child's home, taking into account any special needs of the child.</p> <p>.83 The prevailing social and cultural standards of the Indian child's tribe and community in which the parent</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| or extended family members reside or maintain social and cultural ties. | | |
| <u>CWS-420.3-.35 – Foster Care Placement</u> | | |
| .3 When selecting a foster care placement for an Indian child the social worker shall engage in Active Efforts to adhere to the following ICWA placement preference requirements: | | |
| .31 The prevailing social and cultural standards of the Indian community in which the parent or extended family members reside or maintain social and cultural ties, or the prevailing social and cultural standards of the Indian child's tribe shall be applied. | | |
| .311 A determination of the applicable prevailing social and cultural standards may be confirmed by the Indian child's tribe or by the testimony or other documented support of a qualified expert witness who is knowledgeable regarding the social and cultural standards of the Indian child's tribe. | | |
| .32 The services of the Indian child's tribe shall be used, when available, in seeking to secure a | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|---|---------------------------------|------------------------------------|
| <p>placement that meets their placement preference order.</p> <p>.33 The social worker shall select the least restrictive placement that most approximates a family-like environment and in which the child's special needs, if any, may be met. The placement shall be within reasonable proximity to the child's home, taking into account any special needs of the child.</p> <p>.331 Preference shall be given to the child's placement with one of the following, in descending order:</p> <p>(a) A member of the Indian child's extended family, which shall be defined by the law or custom of the Indian child's tribe or, in the absence of such law or custom, shall be a person who has reached the age of eighteen and who is the Indian child's grandparent, aunt or uncle, brother or sister, bother-in-law or sister-in-law, niece or nephew, first or second cousin, or stepparent.</p> <p>(b) A Tribally Approved Home or a Tribally Specified Home as so designated by the Indian child's tribe.</p> <p>(c) An Indian foster home licensed or approved by an authorized non-Indian licensing authority (a state</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---------------------------------|------------------------------------|
| <p>licensed home; a home certified by a licensed foster family agency).</p> <p>(d) An institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs.</p> <p>.332 A tribe may establish a different preference order, which must be followed so long as the placement is in the least restrictive setting appropriate to the particular needs of the child.</p> <p>.333 Deviation from the preference order may occur only with good cause, as determined by the court, which may include but not necessarily be limited to the following:</p> <p>.334 The social worker must provide the court with facts and supporting evidence that justify the request to deviate from the placement preferences and must ask the court for a finding that there is good cause to deviate from the ICWA placement preferences.</p> <p>.34 When no preferred placement is available, Active Efforts shall be made and documented to place the child with a family committed to enabling the child to</p> | | |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>have extended family visitation and participation in the cultural and ceremonial events of the child's tribe.</p> <p>.35 A record of each placement shall be maintained in perpetuity, including the Active Efforts made to comply with the placement preference order, and the placement history shall be available to the Secretary of the Interior and/or the child's Indian tribe, upon request to the county.</p> | | |
| <p><u>CWS 31–425.2–.23 – Permanent Placement</u></p> <p>.2 When selecting a permanent placement for the Indian child, the social worker shall adhere to the priority order specified in Sections 31–201.121(c)(3)(A)2 through 7.</p> <p>.21 When selecting a permanent placement for an Indian child that may involve the adoption of the child or termination of parental rights, the social worker shall adhere to the adoptive placement preference standards specified in Sections 31–201.121 (c)(3)(A)2 through 7.</p> | <p><u>Module 9, Chapter 1, Section A – Concurrent Planning – 2.4 Tribal Customary Adoption</u></p> <p>Tribal Customary Adoption (TCA) is a permanency option for dependent Indian children found eligible under the Indian Child Welfare Act (ICWA). An ICWA child who is unable to reunify with a parent can be eligible for adoption using the laws, traditions and customs of the tribe without the adoption requirement of terminating the parental rights. TCA offers a</p> | <p>✓</p> |

| Statute | Riverside Child Services Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>.22 When the permanent placement of an Indian child may involve a foster care or guardianship placement the social worker shall adhere to the placement preference standards specified in Section 31–420.3.</p> <p>.23 When selecting a permanent placement of the Indian child, the social worker shall consider and consult with the child's tribe regarding Tribal Customary Adoption.</p> | <p>culturally appropriate permanency option for a dependent Indian child, while still providing all of the benefits of adoption and court adoption procedures. The assigned social worker considers TCA as a concurrent plan option on all designated ICWA cases.</p> | |

Appendix J: Public Guardian Policy and Procedures

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| Public Guardian | | |
| <p><u>Cal. Prob. Code § 2900. Loss, injury, waste or misappropriation of property; control or possession of property; restraint of persons from disposal of property held in trust; removal of occupants; hearing</u></p> <p>(a)(1) If the public guardian or public conservator determines that the requirements for appointment of a guardian or conservator of the estate are satisfied and the public guardian or public conservator intends to apply for appointment, the public guardian or public conservator may take possession or control of real or personal property of a person domiciled in the county that is subject to loss, injury, waste, or misappropriation, and, subject to subdivision (b), may deny use of, access to, or prohibit residency in, the real or personal property, by anyone who does not have a written rental agreement or other legal right to the use of, or access to, the property.</p> <p>(2)(A) Except as provided in subparagraph (C), if the public guardian or public conservator determines that the requirements for appointment of a guardian or conservator</p> | XX | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>of the estate are satisfied and the public guardian or public conservator intends to apply for appointment as the guardian or conservator of a person domiciled in the county, the public guardian or public conservator may restrain any person from transferring, encumbering, or in any way disposing of any real or personal property held in a trust, provided all of the following requirements are met:</p> <p>(i) The real or personal property held in the trust is subject to loss, injury, waste, or misappropriation.</p> <p>(ii) The proposed ward or conservatee is a settlor of the trust.</p> <p>(iii) The proposed ward or conservatee has a beneficial interest in the trust to currently receive income or principal from the trust.</p> <p>(iv) The proposed ward or conservatee holds a power to revoke the trust.</p> <p>(B) During the period of any restraint under this paragraph, the property subject to the restraint shall continue to be retained as property of the trust pending termination of the restraint or further court order. The public guardian or public conservator shall provide notice of any action taken under this paragraph to all of the persons required to be noticed</p> | | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>pursuant to Section 17203, to the extent the public guardian or public conservator has access to the trust documents or is otherwise able to determine the persons entitled to receive notice. Any settlor, trustee, or beneficiary may petition the court for relief from any action taken by the public guardian or public conservator under this paragraph.</p> <p>(C) This paragraph shall not apply if a current trustee or cotrustee is a spouse of the proposed ward or conservatee and that spouse is also a settlor of the trust, unless the public guardian or public conservator determines that the real or personal property held in the trust is subject to substantial loss, injury, waste, or misappropriation.</p> <p>(b) The authority provided to the public guardian and public conservator in subdivision (a) includes the authority to terminate immediately the occupancy of anyone living in the home of an intended ward or conservatee, other than the intended ward or conservatee, and the authority to remove any such occupant residing therein, subject to the following requirements:</p> <p>(1) The public guardian or public conservator shall first determine that the person whose occupancy is to be terminated has no written rental agreement or other legal right to occupancy, and has caused, contributed to, enabled,</p> | | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>or threatened loss, injury, waste, or misappropriation of the home or its contents. In making this determination, the public guardian or public conservator shall contact the intended ward or conservatee and the occupant, advise them of the proposed removal and the grounds therefor, and consider whatever information they provide.</p> <p>(2) At the time of the removal, the public guardian or public conservator shall advise the intended ward or conservatee and the occupant that a hearing will be held as provided in paragraph (3).</p> <p>(3) The public guardian or public conservator shall file a petition regarding removal, showing the grounds therefor, to be set for hearing within 10 days of the filing of the petition and within 15 days of the removal. The person removed and the intended ward or conservatee shall be personally served with a notice of hearing and a copy of the petition at least five days prior to the hearing, subject to Part 2 (commencing with Section 1200) of Division 3. The right of the public guardian or public conservator to deny occupancy by the removed person to the premises shall terminate 15 days after removal, unless extended by the court at the hearing on the petition. The court shall not grant an extension unless the public guardian or public conservator</p> | | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|---|--|------------------------------------|
| <p>has filed a petition for appointment as guardian or conservator of the estate.</p> <p>(c) If the public guardian or public conservator takes possession of the residence of an intended ward or conservatee under this section, then for purposes of Section 602.3 of the Penal Code, the public guardian or public conservator shall be the owner's representative.</p> | | |
| <p><u>Cal. Prob. Code § 2901. Certificate of authority; standardized form; effect; surrender of property; discharge of liability</u></p> <p>(a) A public guardian who is authorized to take possession or control of property under this chapter may issue a written certification of that fact. The written certification is effective for 30 days after the date of issuance.</p> <p>(b) The written recordable certification shall substantially comply with the following form: (please reference statute for full form).</p> <p>(c) The public guardian may record a copy of the written certification in any county in which is located real property of which the public guardian is authorized to take possession or control under this chapter.</p> | <p><u>RUBH – PG Policy 367 – Managing Real Property After The Letters of Conservatorship Are Issued</u></p> | <p>✓</p> |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>(d) A financial institution or other person shall, without the necessity of inquiring into the truth of the written certification and without court order or letters being issued:</p> <p>(1) Provide the public guardian information concerning property held in the sole name of the proposed ward or conservatee.</p> <p>(2) Surrender to the public guardian property of the proposed ward or conservatee that is subject to loss, injury, waste, or misappropriation.</p> <p>(e) Receipt of the written certification:</p> <p>(1) Constitutes sufficient acquittance for providing information and for surrendering property of the proposed ward or conservatee.</p> | <p>The Deputy Public Guardian should ascertain the county in which the parcel of land is located. A certified copy of the Letters of Conservatorship should be filed with the appropriate County recorder. The purpose to this filing is to notice all parties; the Public Guardian has conservatorship over the holder of real property.</p> | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>(2) Fully discharges the financial institution or other person from any liability for any act or omission of the public guardian with respect to the property.</p> | | |
| <p><u>Cal. Prob. Code § 2901.5. Restraint of disposal of real or personal property held in trust; written certificate of authority</u></p> <p>(a) A public guardian or public conservator, who is authorized to restrain any person from transferring, encumbering, or in any way disposing of any real or personal property held in a trust in accordance with paragraph (2) of subdivision (a) of Section 2900, may issue a written certification of that fact. The written certification is effective for 30 days after the date of issuance.</p> <p>(b) The written recordable certification shall substantially comply with the following form: (please reference statute for full form).</p> <p>(c) The public guardian or public conservator may record a copy of the written certification in any county in which is located real property held in a trust as to which the public guardian or public conservator has determined it has authority to issue the written certification.</p> | | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>(d) A financial institution or other person who is provided with the written certification by the public guardian or public conservator shall, without the necessity of inquiring into the truth of the written certification and without court order or letters being issued:</p> <p>(1) Provide the public guardian or public conservator information concerning any real or personal property held in the trust identified in the written certification.</p> <p>(2) Restrain any person from transferring, encumbering, or in any way disposing of any real or personal property, held in the trust identified in the written certification.</p> <p>(e) Receipt of the written certification:</p> <p>(1) Constitutes sufficient acquittance for providing information and for restraining any person from transferring, encumbering, or in any way disposing of any real or personal property held in the trust identified in the written certification.</p> <p>(2) Fully discharges the financial institution or other person from any liability for any act or omission of the public guardian or public conservator with respect to the property.</p> | | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|--|--|------------------------------------|
| <p><u>Cal. Prob. Code § 2902. Costs and fees</u></p> <p>A public guardian who takes possession or control of property pursuant to this chapter is entitled to reasonable costs incurred for the preservation of the property, together with reasonable compensation for services, in case of the subsequent appointment of another person as guardian or conservator of the estate. The costs and compensation are a proper and legal charge against the estate of the ward or conservatee.</p> | <p><u>RUBH – PG Policy 330 – Fees</u></p> <p>The public guardian shall make every effort to recover the cost of providing services from the conservatorship estate consistent with the amount of services rendered and the ability of the estate to pay for such costs.</p> | <p>✓</p> |
| <p><u>Cal. Prob. Code § 2910. Petition for appointment of public guardian as conservator; investigation; notice and service of process</u></p> <p>(a) Upon a showing of probable cause to believe that a person is in substantial danger of abuse or neglect and needs a conservator of the person, the estate, or the person and estate for his or her own protection, the public guardian or the county's adult protective services agency may petition for either or both of the orders of the court provided in subdivision (b) in connection with his or her investigation to determine whether a petition for the appointment of the public guardian as conservator of the person, estate, or the</p> | | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>person and estate of the person would be necessary or appropriate.</p> <p>(b) The petition may request either or both of the following orders for the limited purposes of the investigation concerning a person:</p> <p>(1) An order authorizing identified health care providers or organizations to provide private medical information about the person to the public guardian's authorized representatives.</p> <p>(2) An order authorizing identified financial institutions or advisers, accountants, and others with financial information about the person to provide the information to the public guardian's authorized representatives.</p> <p>(c) Notice of the hearing and a copy of the petition shall be served on the person who is the subject of the investigation in the manner and for the period required by Section 1460 or, on application of the public guardian contained in or accompanying the petition, on an expedited basis in the manner and for the period ordered by the court. The court may dispense with notice of the hearing only on a showing of facts demonstrating an immediate threat of substantial harm to the person if notice is given.</p> | | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p><u>Cal. Prob. Code § 2911. Contents of order issued in response to petition</u></p> <p>A court order issued in response to a public guardian's petition pursuant to Section 2910 shall do all of the following:</p> <p>(a) Authorize health care providers to disclose a person's confidential medical information as permitted under California law, and also authorize disclosure of the information under federal medical privacy regulations enacted pursuant to the Health Insurance Portability and Accountability Act of 1996.</p> <p>(b) Direct the public guardian or the adult protective services agency to keep the information acquired under the order confidential, except as disclosed in a judicial proceeding or as required by law enforcement or an authorized regulatory agency.</p> <p>(c) Direct the public guardian or the adult protective services agency to destroy all copies of written information obtained under the order or give them to the person who was the subject of the investigation if a conservatorship proceeding is not commenced within 60 days after the date of the order.</p> | | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>The court may extend this time period as the court finds to be in the subject's best interest.</p> | | |
| <p><u>Cal. Prob. Code § 2920. Application for appointment; court order; notice and hearing</u></p> <p>(a) If any person domiciled in the county requires a guardian or conservator and there is no one else who is qualified and willing to act and whose appointment as guardian or conservator would be in the best interests of the person, then either of the following shall apply:</p> <p>(1) The public guardian shall apply for appointment as guardian or conservator of the person, the estate, or the person and estate, if there is an imminent threat to the person's health or safety or the person's estate.</p> <p>(2) The public guardian may apply for appointment as guardian or conservator of the person, the estate, or the person and estate in all other cases.</p> <p>(b) The public guardian shall apply for appointment as guardian or conservator of the person, the estate, or the person and estate, if the court so orders. The court may make an order under this subdivision on motion of an interested person or on the court's own motion in a pending proceeding or in a proceeding commenced for that purpose.</p> | | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>The court shall order the public guardian to apply for appointment as guardian or conservator of the person, the estate, or the person and estate, on behalf of any person domiciled in the county who appears to require a guardian or conservator, if it appears that there is no one else who is qualified and willing to act, and if that appointment as guardian or conservator appears to be in the best interests of the person. However, if prior to the filing of the petition for appointment it is discovered that there is someone else who is qualified and willing to act as guardian or conservator, the public guardian shall be relieved of the duty under the order. The court shall not make an order under this subdivision except after notice to the public guardian for the period and in the manner provided for in Chapter 3 (commencing with Section 1460) of Part 1, consideration of the alternatives, and a determination by the court that the appointment is necessary. The notice and hearing under this subdivision may be combined with the notice and hearing required for appointment of a guardian or conservator.</p> <p>(c) The public guardian shall begin an investigation within two business days of receiving a referral for conservatorship or guardianship.</p> | | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p><u>Cal. Prob. Code § 2922. Letters; bond and oath</u></p> <p>If the public guardian is appointed as guardian or conservator:</p> <p>(a) Letters shall be issued in the same manner and by the same proceedings as letters are issued to other persons. Letters may be issued to "the public guardian" of the county without naming the public guardian.</p> <p>(b) The official bond and oath of the public guardian are in lieu of the guardian or conservator's bond and oath on the grant of letters.</p> | | |
| <p><u>Cal. Prob. Code § 2923. Continuing education requirements</u></p> <p>On or before January 1, 2008, the public guardian shall comply with the continuing education requirements that are established by the California State Association of Public Administrators, Public Guardians, and Public Conservators.</p> | | |
| <p><u>Cal. Prob. Code § 2943. Appraisal of inventory property; sale of residence</u></p> <p>(a) Notwithstanding subdivision (c) of Section 2610, the property described in the inventory may be appraised by the</p> | | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>public guardian and need not be appraised by a probate referee if the public guardian files with the inventory an appraisal showing that the estimated value of the property in the estate does not exceed the amount prescribed in Section 13100.</p> <p>(b) If the conservator seeks authority pursuant to subdivision (b) of Section 2540 to sell the conservatee's personal residence, whether or not it is real property, or if the conservator seeks authority pursuant to Section 2590 to sell the conservatee's real property, valued in excess of ten thousand dollars (\$10,000), or an item of personal property valued in excess of ten thousand dollars (\$10,000) that is not a security sold pursuant to subdivision (a) of Section 2544, that property shall be appraised by a probate referee.</p> | | |
| <p><u>Cal. Prob. Code § 2952. Issuance of declaration by peace officer; certificate of authority; standardized form; authority and responsibility; liabilities for actions under certificate; expiration; investigation by county adult protective services agency</u></p> <p>(a) A peace officer may issue a declaration, as provided in Section 2954, concerning an elder person if all of the following conditions are satisfied:</p> | | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>(1) There is probable cause to believe that the elder person is substantially unable to manage his or her financial resources or to resist fraud or undue influence.</p> <p>(2) There exists a significant danger that the elder person will lose all or a portion of his or her property as a result of fraud or misrepresentations or the mental incapacity of the elder person.</p> <p>(3) There is probable cause to believe that a crime is being committed against the elder person.</p> <p>(4) The crime is connected to the inability of the elder person to manage his or her financial resources or to resist fraud or undue influence, and that inability is the result of deficits in the elder person's mental functions.</p> <p>(5) The peace officer has consulted with an individual qualified to perform a mental status examination.</p> <p>(b) If the requirements of subdivision (a) are satisfied, the peace officer may provide a signed declaration to the public guardian of the county. The declaration provided by the peace officer under this subdivision shall be signed by both the peace officer and a supervisor from the county's adult protective services agency. The declaration shall be</p> | | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>transmitted to the public guardian within 24 hours of its being signed, and may be transmitted by facsimile.</p> <p>(c)(1) Upon receiving a signed declaration from a peace officer, the public guardian is authorized to rely on the information contained in the declaration to take immediate possession or control of any real or personal property belonging to the elder person referred to in the declaration, including any property that is held jointly between the elder person and a third party that is subject to loss, injury, waste, or misappropriation, and may issue a written recordable certification of that fact pursuant to this section. The written recordable certification shall substantially comply with the following form: (please reference statute for full form).</p> <p>(2) The mere issuance of the declaration provided by this section shall not require the public guardian to take possession or control of property and shall not require the public guardian to make a determination that the requirements for the appointment of a conservator are satisfied.</p> <p>(3) The authority provided to the public guardian in paragraph (1) includes the authority to deny use of, access to, or prohibit residency in the home of the elder, by anyone</p> | | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>who does not have a written rental agreement or other legal right to the use of, or access to, the residence, and, subject to the requirements of subdivision (b) of Section 2900, the authority to terminate the occupancy of anyone living in the home of the elder person, and the authority to remove that occupant residing therein.</p> <p>(4) The public guardian shall serve, or cause to be served, a copy of the certification issued pursuant to this section on the elder person by mail within 24 hours of the execution of the certification, or as soon thereafter as is practical, in the manner provided in Chapter 4 (commencing with Section 413.10) of Title 5 of Part 2 of the Code of Civil Procedure.</p> <p>(5) Receipt of a certification issued under this section constitutes sufficient acquittance to financial institutions and others in possession of an elder person's property to provide information and surrender property of the elder person to the public guardian. Any financial institution or other person who provides information or surrenders property pursuant to this section shall be discharged from any liability for any act or omission of the public guardian with respect to the property.</p> | | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>(6) A public guardian acting in good faith is not liable when taking possession or control of property pursuant to this section.</p> <p>(7) A certification issued pursuant to this section is valid for 15 days after the date of issuance. Upon ex parte petition to the superior court, the public guardian may seek additional 15-day certifications. The court shall grant that petition only if it determines that the additional certification is necessary to protect the elder from financial abuse and the elder's property from loss, injury, waste, or misappropriation.</p> <p>(d)(1) If the public guardian takes possession of an elder person's property pursuant to this section, the public guardian shall attempt to find agents pursuant to the use of durable powers of attorney or successor trustees nominated in trust instruments, or other persons having legal authority under existing legal instruments, to manage the elder person's estate.</p> <p>(2) If the public guardian is unable to find any appropriate person to manage the elder person's estate pursuant to paragraph (1), the public guardian shall attempt to find appropriate family members willing to manage the elder person's estate. If no documents exist appointing appropriate fiduciaries, the public guardian shall</p> | | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>follow the priorities set forth in Article 2 (commencing with Section 1810) of Chapter 1 of Part 3.</p> <p>(3) The public guardian shall take the steps described in paragraphs (1) and (2) within 15 days of taking possession of an elder person's property pursuant to this section.</p> <p>(e) Nothing in this section prevents the county's adult protective services agency from conducting an investigation regarding the elder person named in the declaration and providing appropriate services, in coordination with any actions taken with the public guardian under this section or an investigation conducted by law enforcement regarding the elder person.</p> | | |
| <p><u>Cal. Prob. Code § 2953. Petition for costs and fees; duties of public guardian; petition for order to quash certification</u></p> <p>(a)(1) A public guardian who has taken possession or control of the property of an elder person pursuant to this chapter is entitled to petition a court of competent jurisdiction for the reasonable costs incurred by the public guardian for the protection of the person or the property, together with reasonable fees for services, including, but not limited to, reasonable attorneys' fees. These fees shall be payable from</p> | | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|---|--|------------------------------------|
| <p>the estate of the elder person if the person is not deemed competent by the court and if any of the following apply:</p> <p>(A) The public guardian or someone else is appointed as the temporary or general conservator of the estate.</p> <p>(B) An attorney-in-fact, under a durable power of attorney, or a trustee, takes steps, or is notified of the need to take steps, to protect the estate of the elder person.</p> <p>(C) An action is brought against the alleged financial abuser by the elder person, his or her conservator, a trustee, a fiduciary, or a successor in interest of the elder person, arising from a harm that the public guardian taking charge was intended to prevent or minimize.</p> <p>(2) Any costs incurred by the public guardian pursuant to paragraph (1) shall be compensable as provided in Section 2902. Fees collected by the public guardian pursuant to this chapter shall be used for the activities described in this chapter.</p> | | |
| <p>(b) When a public guardian has taken possession or control of the property of an elder person pursuant to this chapter, the public guardian shall exercise reasonable care to ensure that the reasonable living expenses and legitimate debts of</p> | <p><u>RUBH – PG Policy 334 – Compromising Debt</u></p> <p>The Deputy Public Guardian shall pay all debts incurred by the conservatee during the</p> | <p>✓</p> |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|--|--|------------------------------------|
| <p>the elder person are addressed as well as is practical under the circumstances.</p> | <p>conservatorship to provide for the necessities of life and wage claims for work and services rendered.</p> <p><u>RUBH – PG Policy 360 – Payment of Bills</u></p> <p>A. Bills which are paid from the estate of a conservatee shall include:</p> <ol style="list-style-type: none"> 1. Debts incurred by the conservatee prior to the appointment of the public guardian, as conservator, when sufficient assets are available. 2. Debts incurred by the conservator to provide food, clothing and shelter for the conservatee when they are reasonable, and medical expenses not payable by any health insurance benefits, and there are sufficient funds with which to pay these bills. 3. Any debts incurred by the conservatee which he/she is allowed to incur pursuant to the Oder Appointing Conservator. | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|--|--|------------------------------------|
| <p>(c) Any person identified as a victim in a declaration described in Section 2954 may bring an ex parte petition in the superior court for an order quashing the certification issued by the public guardian as provided in subdivision (c) of Section 2952.</p> <p>(1) Upon request by the petitioner, the court may defer filing fees related to the petition, and order the public guardian to authorize the release of funds from a financial institution to reimburse the petitioner the filing fees from assets belonging to the petitioner, but shall waive filing fees if the petitioner meets the standards of eligibility established by subparagraph (A) or (B) of paragraph (6) of subdivision (a) of Section 68511.3 of the Government Code for the waiver of a filing fee.</p> <p>(2) The court shall quash the certification if the court determines that there is insufficient evidence to justify the imposition on the alleged victim's civil liberties caused by the certification.</p> | <p>4. Any debts incurred in the collection, care and administration of the estate with the exception of those items sent for in #2, hereafter.</p> | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>(3) If the court determines that there is sufficient evidence to justify the imposition on the alleged victim's civil liberties caused by the certification, the court may, in its discretion, do one or more of the following:</p> <p>(A) Order disbursements from the alleged victim's assets, as are reasonably needed to address the alleged victim's needs.</p> <p>(B) Appoint a temporary conservator of the alleged victim's estate, where the facts before the court would be sufficient for the appointment of a temporary conservator under Section 2250.</p> <p>(C) Deny the petition.</p> <p>(D) Award reasonable attorney's fees to the respondent's attorney from the victim's estate.</p> | | |
| <p><u>Cal. Prob. Code § 2954. Form of declaration</u></p> <p>A declaration issued by a peace officer under this chapter shall not be valid unless it substantially complies with the following form: (please reference statute for full form).</p> | | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| Guardianship | | |
| <p><u>Cal. Prob. Code § 1511: Notice of hearing</u></p> <p>(a) Except as provided in subdivisions (f) and (g), at least 15 days before the hearing on the petition for the appointment of a guardian, notice of the time and place of the hearing shall be given as provided in subdivisions (b), (c), (d), and (e) of this section. The notice shall be accompanied by a copy of the petition and shall include a copy of the form required by Section 68511.1 of the Government Code. The court shall not shorten the time for giving the notice of hearing under this section.</p> <p>(b) Notice shall be served in the manner provided in Section 415.10 or 415.30 of the Code of Civil Procedure, or in any manner authorized by the court, on all of the following persons:</p> <p>(1) The proposed ward if 12 years of age or older.</p> <p>(2) Any person having legal custody of the proposed ward, or serving as guardian of the estate of the proposed ward.</p> <p>(3) The parents of the proposed ward.</p> | | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>(4) Any person nominated as a guardian for the proposed ward under Section 1500 or 1501.</p> <p>(c) Notice shall be delivered pursuant to Section 1215 to the addresses stated in the petition, or in any manner authorized by the court, to all of the following:</p> <p>(1) The spouse named in the petition.</p> <p>(2) The relatives named in the petition, except that if the petition is for the appointment of a guardian of the estate only the court may dispense with the giving of notice to any one or more or all of the relatives.</p> <p>(3) The person having the care of the proposed ward if other than the person having legal custody of the proposed ward.</p> <p>(d) If notice is required by Section 1461 or 1542 to be given to the Director of State Hospitals or the Director of Developmental Services or the Director of Social Services, notice shall be delivered pursuant to Section 1215 as required.</p> <p>(e) If the petition states that the proposed ward is receiving or is entitled to receive benefits from the Veterans Administration, notice shall be delivered pursuant to Section</p> | | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>1215 to the office of the Veterans Administration referred to in Section 1461.5.</p> <p>(f) Unless the court orders otherwise, notice shall not be given to any of the following:</p> <p>(1) The parents or other relatives of a proposed ward who has been relinquished to a licensed adoption agency.</p> <p>(2) The parents of a proposed ward who has been judicially declared free from their custody and control.</p> <p>(g) Notice need not be given to any person if the court so orders upon a determination of either of the following:</p> <p>(1) The person cannot with reasonable diligence be given the notice.</p> <p>(2) The giving of the notice would be contrary to the interest of justice.</p> <p>(h) Before the appointment of a guardian is made, proof shall be made to the court that each person entitled to notice under this section either:</p> <p>(1) Has been given notice as required by this section.</p> | | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>(2) Has not been given notice as required by this section because the person cannot with reasonable diligence be given the notice or because the giving of notice to that person would be contrary to the interest of justice.</p> <p>(i) If notice is required by Section 1460.2 to be given to an Indian custodian or tribe, notice shall be mailed as required.</p> | | |
| <p><u>Cal. Prob. Code § 1600. Majority, death, adoption, or emancipation of ward</u></p> <p>(a) A guardianship of the person or estate or both terminates when the ward attains majority unless, pursuant to Section 1510.1, the ward requests the extension of, or consents to the extension of, the guardianship of the person until the ward attains 21 years of age.</p> <p>(b) A guardianship of the person terminates upon the death of the ward, the adoption of the ward, or upon the emancipation of the ward under Section 7002 of the Family Code.</p> <p>(c) A guardianship of the estate terminates upon the death of the ward, except as provided by Section 2467 and Article 4 (commencing with Section 2630) of Chapter 7 of Part 4, and except as otherwise provided by law.</p> | | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| Conservatorship | | |
| <p><u>Cal. Prob. Code § 1880. Determination by court; order</u></p> <p>If the court determines that there is no form of medical treatment for which the conservatee has the capacity to give an informed consent, the court shall (1) adjudge that the conservatee lacks the capacity to give informed consent for medical treatment and (2) by order give the conservator of the person the powers specified in Section 2355. If an order is made under this section, the letters shall include a statement that the conservator has the powers specified in Section 2355.</p> | <p><u>RUBH – PG Policy 301 – General Powers– Probate Conservatorship of the Person</u></p> <p>B. Medical Consent</p> <p>1. If a conservatee has been adjudicated to lack the capacity to consent to medical treatment, the conservator shall have the exclusive right to consent to medical treatment.</p> | ✓ |
| <p><u>Cal. Welf. & Inst.Code § 5004.5 Reports of crime; complaints</u></p> <p>(a) Notwithstanding any other law, a legal guardian, conservator, or other person who reasonably believes a person with a mental health disorder or developmental disability is the victim of a crime may file a report with an appropriate law enforcement agency. The report shall specify the nature of the alleged offense and any pertinent evidence. Notwithstanding any other law, the information in that report shall not be deemed confidential in any</p> | | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>manner. No person shall incur any civil or criminal liability as a result of making a report authorized by this section unless it can be shown that a false report was made and the person knew or should have known that the report was false.</p> | | |
| <p><u>Cal. Prob. Code § 1800. Purpose of chapter</u></p> <p>It is the intent of the Legislature in enacting this chapter to do the following:</p> <p>(a) Protect the rights of persons who are placed under conservatorship.</p> <p>(b) Provide that an assessment of the needs of the person is performed in order to determine the appropriateness and extent of a conservatorship and to set goals for increasing the conservatee's functional abilities to whatever extent possible.</p> <p>(c) Provide that the health and psychosocial needs of the proposed conservatee are met.</p> <p>(d) Provide that community-based services are used to the greatest extent in order to allow the conservatee to remain</p> | | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>as independent and in the least restrictive setting as possible.</p> <p>(e) Provide that the periodic review of the conservatorship by the court investigator shall consider the best interests of the conservatee.</p> <p>(f) Ensure that the conservatee's basic needs for physical health, food, clothing, and shelter are met.</p> <p>(g) Provide for the proper management and protection of the conservatee's real and personal property.</p> | | |
| <p><u>Cal. Prob. Code § 1830. Order appointing conservator or limited conservator for developmentally disabled adult; contents</u></p> <p>(c) An information notice of the rights of conservatees shall be attached to the order. The conservator shall deliver pursuant to Section 1215 the order and the attached information notice to the conservatee and the conservatee's relatives, as set forth in subdivision (b) of Section 1821, within 30 days of the issuance of the order. By January 1, 2008, the Judicial Council shall develop the notice required by this subdivision.</p> | | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p><u>Cal. Prob. Code § 1863. Hearing and judgment</u></p> <p>(a) The court shall hear and determine the matter according to the law and procedure relating to the trial of civil actions, including trial by jury if demanded by the conservatee. The conservator, the conservatee, the spouse or domestic partner, or any relative or friend of the conservatee or other interested person may appear and support or oppose the termination of the conservatorship.</p> <p>(b)(1) The conservatee shall be produced at the hearing except in the following cases:</p> <p>(A) When the conservatee is out of the state and is not the petitioner.</p> <p>(B) When the conservatee is unable to attend the hearing by reason of medical inability.</p> <p>(C) When the court investigator has reported to the court that the conservatee has expressly communicated that the conservatee (i) is not willing to attend the hearing, (ii) does not wish to contest the continuation of the conservatorship, and (iii) does not object to the current conservator or prefer that another person act as conservator, and the court makes an order that the conservatee need not attend the hearing.</p> | | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>(2) If the conservatee is unable to attend the hearing because of medical inability, that inability shall be established by the affidavit or certificate of a licensed medical practitioner or, if the conservatee is an adherent of a religion whose tenets and practices call for reliance on prayer alone for healing and is under treatment by an accredited practitioner of that religion, by the affidavit of the practitioner. The affidavit or certificate is evidence only of the conservatee's inability to attend the hearing and shall not be considered in determining the issue of need for the continuation of the</p> <p>(3) Emotional or psychological instability is not good cause for the absence of the conservatee from the hearing unless, by reason of that instability, attendance at the hearing is likely to cause serious and immediate physiological damage to the conservatee.</p> <p>(c) Unless the court determines, on the record and by clear and convincing evidence, that (1) the conservatee still meets the criteria for appointment of a conservator of the person under subdivision (a) of Section 1801, a conservator of the estate under subdivision (b) of Section 1801, or both; and (2) a conservatorship remains the least restrictive alternative needed for the conservatee's protection, as required</p> | <p><u>RUBH – PG Policy 300.2 – Probate Conservatorship Investigation</u></p> <p>When an investigator is recommended, the Public Guardian Investigator shall [. . .] determine if the Proposed conservatee is able to attend the court hearing.</p> <p>b. if not able to attend court hearing, the PGI shall be responsible for obtaining a Declaration of Medical Inability to attend court hearing.</p> | <p>✓</p> |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>by subdivision (b) of Section 1800.3, the court shall enter judgment terminating the conservatorship.</p> <p>(d) If the court determines, by clear and convincing evidence, that the conservatee meets the criteria for appointment of a conservator of the person under subdivision (a) of Section 1801, a conservator of the estate under subdivision (b) of Section 1801, or both, the court shall determine whether to modify the existing powers of the conservator to ensure that the conservatorship remains the least restrictive alternative needed for the conservatee's protection and shall order the conservatorship to continue accordingly. If the court modifies the existing powers of the conservator, new letters shall issue.</p> <p>(e) At the hearing, or thereafter on further notice and hearing, the conservator may be discharged and the bond given by the conservator may be exonerated upon the settlement and approval of the conservator's final account by the court.</p> <p>(f) This section does not apply to limited conservatorships.</p> <p>(g) Termination of conservatorship does not preclude a new proceeding for appointment of a conservator on the same or other grounds.</p> | | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|---|--|------------------------------------|
| <p><u>Cal. Prob. Code § 2113. Balance of conflicting interests</u></p> <p>A conservator shall accommodate the desires of the conservatee, except to the extent that doing so would violate the conservator's fiduciary duties to the conservatee or impose an unreasonable expense on the conservatorship estate.</p> | | |
| <p><u>Cal. Prob. Code § 2430. Payments from principal and income; debts and expenses</u></p> <p>(a) Subject to subdivisions (b) and (c), the guardian or conservator shall pay the following from any principal and income of the estate:</p> <p>(1) The debts incurred by the ward or conservatee before creation of the guardianship or conservatorship, giving priority to the debts described in Section 2431 to the extent required by that section.</p> <p>(2) The debts incurred by the ward or conservatee during the guardianship or conservatorship to provide the necessities of life to the ward or conservatee, and to the spouse and minor children of the ward or conservatee, to</p> | <p><u>RUBH – PG Policy 380 – General Sales Procedures</u></p> <p>The guardian or conservator may sell personal property of estate in any of the following cases:</p> <p>2. The personal Property of the estate and income from real property of the estate is insufficient to pay the debts referred to in section 2430 and 2431.</p> | <p>✓</p> |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>the extent the debt is reasonable. Also, the debts reasonably incurred by the conservatee during the conservatorship to provide the basic living expenses, as defined in Section 297 of the Family Code, to the domestic partner of the conservatee. The guardian or conservator may deduct the amount of any payments for these debts from any allowance otherwise payable to the ward or conservatee.</p> <p>(3) In the case of a conservatorship, any other debt incurred by the conservatee during the conservatorship only if the debt satisfies the requirements of any order made under Chapter 4 (commencing with Section 1870) of Part 3.</p> <p>(4) The reasonable expenses incurred in the collection, care, and administration of the estate, but court authorization is required for payment of compensation to any of the following:</p> <p>(A) The guardian or conservator of the person or estate or both.</p> <p>(B) An attorney for the guardian or conservator of the person or estate or both.</p> <p>(C) An attorney for the ward or conservatee.</p> | | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|---|--|------------------------------------|
| <p>(D) An attorney for the estate.</p> <p>(E) The public guardian for the costs and fee under Section 2902.</p> <p>(b) The payments provided for by paragraph (3) of subdivision (a) are not required to be made to the extent the payments would impair the ability to provide the necessities of life to the conservatee and the spouse and minor children of the conservatee and to provide the basic living expenses, as defined in Section 297 of the Family Code, of the domestic partner of the conservatee.</p> <p>(c) The guardian or conservator may petition the court under Section 2403 for instructions when there is doubt whether a debt should be paid under this section.</p> | | |
| <p><u>Cal. Prob. Code § 2431. Wage claims; priority</u></p> <p>(a) Subject to subdivision (d), the guardian or conservator may petition the court under Section 2403 for instructions when there is doubt whether a wage claim should be paid under this section.</p> <p>(b) The guardian or conservator shall promptly pay wage claims for work done or services rendered for the ward or conservatee within 30 days prior to the date the petition for</p> | <p><u>RUBH – PG Policy 380 – General Sales Procedures</u></p> <p>The guardian or conservator may sell personal property of estate in any of the following cases:</p> <p>2. The personal Property of the estate and income from real property of the estate is</p> | <p>✓</p> |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|--|--|------------------------------------|
| <p>appointment of the guardian or conservator was filed. The payments made pursuant to this subdivision shall not exceed nine hundred dollars (\$900) to each claimant. If there is insufficient money to pay all the claims described in this subdivision up to nine hundred dollars (\$900), the money available shall be distributed among such claimants in proportion to the amount of their respective claims.</p> <p>(c) After the payments referred to in subdivision (b) have been made, the guardian or conservator shall pay wage claims for work done or services rendered for the ward or conservatee within 90 days prior to the date the petition for appointment of the guardian or conservator was filed, excluding the claims described in subdivision (b). The payments made pursuant to this subdivision shall not exceed one thousand one hundred dollars (\$1,100) to each claimant. If there is insufficient money to pay all the claims described in this subdivision up to one thousand one hundred dollars (\$1,100), the money available shall be distributed among such claimants in proportion to the amounts of their respective claims.</p> <p>(d) The guardian or conservator may require sworn claims to be presented. If there is reasonable cause to believe that the claim is not valid, the guardian or conservator may refuse to pay the claim in whole or in part but shall pay any</p> | <p>insufficient to pay the debts referred to in section 2430 and 2431.</p> | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>part thereof that is not disputed without prejudice to the claimant's rights as to the balance of the claim. The guardian or conservator shall withhold sufficient money to cover the disputed portion until the claimant has had a reasonable opportunity to establish the validity of the claim by bringing an action, either in the claimant's own name or through an assignee, against the guardian or conservator.</p> <p>(e) If the guardian or conservator neglects or refuses to pay all or any portion of a claim which is not in dispute, the court shall order the guardian or conservator to do so upon the informal application of any wage claimant or the assignee or legal representative of such claimant.</p> | | |

***** The following references found in the Public Guardian Handbook are to outdated statutes. These references should be updated in the Handbook to assure compliance.**

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|--|--|------------------------------------|
| <p><u>Outdated Citations:</u> <u>Cal. Prob. Code § 3200. Definitions:</u> Nothing to do with establishing conservatorship.</p> | <p><u>Outdated Reference:</u> <u>RUBH—PG Policy 300 – Probate Conservatorship Policy</u> C. The Public Guardian shall not petition to act as the Probate conservator for any of the following reasons: 1. For the Sole Purpose of providing medical consent. Existing State law provides a mechanism for obtaining medical consent without the necessity of establishing a Conservatorship (Probate Code Section 3200)</p> | |
| <p><u>Cal. Welf. & Inst. Code §§ 8000 to 8013. Repealed by Stats.1988, c. 1199, §§ 110 to 117, operative July 1, 1989</u></p> | <p><u>RUBH – PG Policy 408 – Revenue Interest</u> Cites to W & I 8009 – repealed</p> | |

| Statute | Public Guardian Policies and Procedures | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p><u>Cal. Welf. & Inst. Code §§ 8000 to 8013. Repealed by Stats.1988, c. 1199, §§ 110 to 117, operative July 1, 1989</u></p> | <p><u>RUBH – PG Policy 300.2 – Probate Conservatorship Investigation</u></p> <p>3. Public Guardian Investigator shall determine if the Proposed Conservatee is able to attend the court hearing.</p> <p>e. If any assets require protection under provisions of the Welfare and Institution Code Section 8006, the Public Guardian Investigator shall marshal those items.</p> | <p>xx</p> |

Appendix K: Adult Protective Services Policies

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p><u>Cal. Welf. & Inst. Code § 10851 Public social services case records; establishment and maintenance; retention; destruction</u></p> <p>(c) Each county shall maintain fiscal, statistical, and other records necessary for maintaining accountability and meeting reporting requirements relating to the administration of public social services. These fiscal and reporting records shall be retained for a minimum period of three years from the date of submission of the final expenditure report and shall be retained beyond the three-year period when audit findings have not been resolved.</p> | | |
| <p><u>Cal. Welf. & Inst. Code § 10851.5 Retention of records to determine months of received aid; automated system for tracking; alternative nonautomated format; failure to provide information; good cause standards and appeal process; expending funds; adoption of regulations</u></p> <p>(a) Notwithstanding Section 10851, each county shall retain all records that are necessary to determine the number of months each adult recipient has received aid</p> | | |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>subject to the time limits provided in Section 11454 and Section 608(a)(7) of Title 42 of the United States Code. The county shall retain the records for the period of time established by the department by regulation.</p> <p>(b) Each county shall provide case record information to the department's automated system for tracking the period of time a recipient has received aid. Each county shall provide information, as determined by the department, to the department's automated system that is sufficient to allow reliable determinations of the number of months each adult recipient of aid has received aid for purposes of Section 11454 and Section 608(a)(7) of Title 42 of the United States Code. The department shall, pursuant to the adoption of emergency regulations, specify the case record information that each county shall provide under this section.</p> | | |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|--|--|------------------------------------|
| <p><u>Cal. Welf. & Inst. Code § 15630 Mandated reporters; known or suspected abuse; telephone or Internet reports; failure to report; impeding or inhibiting report; penalties</u></p> <p>(a) A person who has assumed full or intermittent responsibility for the care or custody of an elder or dependent adult, whether or not they receive compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, clergy member, or employee of a county adult protective services agency or a local law enforcement agency, is a mandated reporter.</p> <p>(b)(1) A mandated reporter who, in their professional capacity, or within the scope of their employment, has observed or has knowledge of an incident that reasonably appears to be physical abuse, as defined in Section</p> | <p><u>APS Policy Manual – Module 1: Adult Protect Services intake – Chapter 2, Reporting Party</u></p> <p>A reporting party (RP) is an individual who files a report of any known or suspected instance of elder abuse or neglect to Adult Protective Services. Mandated reporters must report any reasonable suspicion of elder or dependent abuse or neglect (WIC 15630) by phone and written report. Mandated reporters are protected from civil or criminal liability as a result of any required reporting responsibilities. The identity of all reporting parties for APS referrals is confidential and shall only be released under limited circumstances.</p> | <p>✓</p> |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>15610.63, abandonment, abduction, isolation, financial abuse, or neglect, or is told by an elder or dependent adult that they have experienced behavior, including an act or omission, constituting physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect, or reasonably suspects that abuse, shall report the known or suspected instance of abuse by telephone or through a confidential internet reporting tool, as authorized by Section 15658, immediately or as soon as practicably possible. If reported by telephone, a written report shall be sent, or an internet report shall be made through the confidential internet reporting tool established in Section 15658, within two working days.</p> <p>(A) If the suspected or alleged abuse is physical abuse, as defined in Section 15610.63, and the abuse occurred in a long-term care facility, except a state mental health hospital or a state developmental center, the following shall occur:</p> <p>(i) If the suspected abuse results in serious bodily injury, a telephone report shall be made to the local law enforcement agency immediately, but also no later than within two hours of the mandated reporter observing, obtaining knowledge of, or suspecting the physical abuse,</p> | | |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>and a written report shall be made to the local ombudsman, the corresponding licensing agency, and the local law enforcement agency within two hours of the mandated reporter observing, obtaining knowledge of, or suspecting the physical abuse.</p> <p>(ii) If the suspected abuse does not result in serious bodily injury, a telephone report shall be made to the local law enforcement agency within 24 hours of the mandated reporter observing, obtaining knowledge of, or suspecting the physical abuse, and a written report shall be made to the local ombudsman, the corresponding licensing agency, and the local law enforcement agency within 24 hours of the mandated reporter observing, obtaining knowledge of, or suspecting the physical abuse.</p> <p>(iii) When the suspected abuse is allegedly caused by a resident with a physician's diagnosis of dementia, and there is no serious bodily injury, as reasonably determined by the mandated reporter, drawing upon their training or experience, the reporter shall report to the local ombudsman or law enforcement agency by telephone, immediately or as soon as practicably possible, and by written report, within 24 hours.</p> | | |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>(iv) When applicable, reports made pursuant to clauses (i) and (ii) shall be deemed to satisfy the reporting requirements of the federal Elder Justice Act of 2009, as set out in Subtitle H of the federal Patient Protection and Affordable Care Act (Public Law 111–148),¹ Section 1418.91 of the Health and Safety Code, and Section 72541 of Title 22 of the California Code of Regulations. When a local law enforcement agency receives an initial report of suspected abuse in a long-term care facility pursuant to this subparagraph, the local law enforcement agency may coordinate efforts with the local ombudsman to provide the most immediate and appropriate response warranted to investigate the mandated report. The local ombudsman and local law enforcement agencies may collaborate to develop protocols to implement this subparagraph.</p> <p>(C) If the suspected or alleged abuse is abuse other than physical abuse, and the abuse occurred in a long-term care facility, except a state mental health hospital or a state developmental center, a telephone report and a written report shall be made to the local ombudsman or the local law enforcement agency.</p> <p>(E)(i) If the suspected or alleged abuse or neglect occurred in a state mental hospital or a state</p> | | |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>developmental center, and the suspected or alleged abuse or neglect resulted in any of the following incidents, a report shall be made immediately, but no later than within two hours of the mandated reporter observing, obtaining knowledge of, or suspecting abuse, to designated investigators of the State Department of State Hospitals or the State Department of Developmental Services, and to the local law enforcement agency:</p> <p>(I) A death.</p> <p>(II) A sexual assault, as defined in Section 15610.63.</p> <p>(III) An assault with a deadly weapon, as described in Section 245 of the Penal Code, by a nonresident of the state mental hospital or state developmental center.</p> <p>(IV) An assault with force likely to produce great bodily injury, as described in Section 245 of the Penal Code.</p> <p>(V) An injury to the genitals when the cause of the injury is undetermined.</p> <p>(VI) A broken bone when the cause of the break is undetermined.</p> | | |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>(ii) All other reports of suspected or alleged abuse or neglect that occurred in a state mental hospital or a state developmental center shall be made immediately, but no later than within two hours of the mandated reporter observing, obtaining knowledge of, or suspecting abuse, to designated investigators of the State Department of State Hospitals or the State Department of Developmental Services, or to the local law enforcement agency.</p> <p>(iii) When a local law enforcement agency receives an initial report of suspected or alleged abuse or neglect in a state mental hospital or a state developmental center pursuant to clause (i), the local law enforcement agency shall coordinate efforts with the designated investigators of the State Department of State Hospitals or the State Department of Developmental Services to provide the most immediate and appropriate response warranted to investigate the mandated report. The designated investigators of the State Department of State Hospitals or the State Department of Developmental Services and local law enforcement agencies may collaborate to develop protocols to implement this clause.</p> <p>(iv) Except in an emergency, the local law enforcement agency shall, as soon as practicable, report any case of</p> | | |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>known or suspected criminal activity to the Division of Medi-Cal Fraud and Elder Abuse.</p> <p>(v) Notwithstanding any other law, a mandated reporter who is required to report pursuant to Section 4427.5 shall not be required to report under clause (i).</p> <p>(F) If the abuse has occurred in any place other than a long-term care facility, a state mental hospital, or a state developmental center, the report shall be made to the adult protective services agency or the local law enforcement agency.</p> <p>(c)(1) Any mandated reporter who has knowledge, or reasonably suspects, that types of elder or dependent adult abuse for which reports are not mandated have been inflicted upon an elder or dependent adult, or that their emotional well-being is endangered in any other way, may report the known or suspected instance of abuse.</p> <p>(e) A telephone report or internet report, as authorized by Section 15658, of a known or suspected instance of elder or dependent adult abuse shall include, if known, the name of the person making the report, the name and age of the elder or dependent adult, the present location of</p> | | |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>the elder or dependent adult, the names and addresses of family members or any other adult responsible for the elder's or dependent adult's care, the nature and extent of the elder's or dependent adult's condition, the date of the incident, and any other information, including information that led that person to suspect elder or dependent adult abuse, as requested by the agency receiving the report.</p> <p>(f) The reporting duties under this section are individual, and no supervisor or administrator shall impede or inhibit the reporting duties, and no person making the report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting, ensure confidentiality, and apprise supervisors and administrators of reports may be established, provided they are not inconsistent with this chapter.</p> <p>(g)(1) Whenever this section requires a county adult protective services agency to report to a law enforcement agency, the law enforcement agency shall, immediately upon request, provide a copy of its investigative report concerning the reported matter to that county adult protective services agency.</p> <p>(2) Whenever this section requires a law enforcement agency to report to a county adult protective services</p> | | |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>agency, the county adult protective services agency shall, immediately upon request, provide to that law enforcement agency a copy of its investigative report concerning the reported matter.</p> <p>(3) The requirement to disclose investigative reports pursuant to this subdivision shall not include the disclosure of social services records or case files that are confidential, nor shall this subdivision allow disclosure of any reports or records if the disclosure would be prohibited by any other state or federal law.</p> <p>(h) Failure to report, or impeding or inhibiting a report of, physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, in violation of this section, is a misdemeanor, punishable by not more than six months in the county jail, by a fine of not more than one thousand dollars (\$1,000), or by both that fine and imprisonment. A mandated reporter who willfully fails to report, or impedes or inhibits a report of, physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, in violation of this section, if that abuse results in death or great bodily injury, shall be punished by not more than one year in a county jail, by a fine of not</p> | | |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>more than five thousand dollars (\$5,000), or by both that fine and imprisonment. If a mandated reporter intentionally conceals their failure to report an incident known by the mandated reporter to be abuse or severe neglect under this section, the failure to report is a continuing offense until a law enforcement agency specified in paragraph (1) of subdivision (b) of Section 15630 discovers the offense.</p> | | |
| <p><u>Cal. Welf. & Inst. Code § 15631 Nonmandated reporters; known or suspected abuse</u></p> <p>(b) Any person who is not a mandated reporter under Section 15630, who knows, or reasonably suspects, that an elder or a dependent adult has been the victim of abuse in any place other than a long-term care facility may report the abuse to the county adult protective services agency or local law enforcement agency.</p> | | |
| <p><u>Cal. Welf. & Inst. Code § 15633.5 Information given to investigator; reporting person's identity; confidentiality</u></p> <p>(a)(1) Information relevant to the incident of elder or dependent adult abuse shall be given to an investigator from an adult protective services agency, a local law enforcement agency, the office of the District Attorney,</p> | | |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>the office of the public guardian, the probate court, the division, the Department of Financial Protection and Innovation, or an investigator of the Department of Consumer Affairs, Division of Investigation, who is investigating a known or suspected case of elder or dependent adult abuse.</p> | | |
| <p><u>Cal. Welf. & Inst. Code § 15636 Victim's refusal or withdrawal of consent; long-term care ombudsman; temporary conservatorship or guardianship</u></p> <p>(a) Any victim of elder or dependent adult abuse may refuse or withdraw consent at any time to an investigation or the provision of protective services by an adult protective services agency or long-term care ombudsman program. The adult protective services agency shall act only with the consent of the victim unless a violation of the Penal Code has been alleged. A local long-term care ombudsman shall act only with the consent of the victim and shall disclose confidential information only after consent to disclose is given by the victim or pursuant to court order.</p> <p>(b) If the elder or dependent adult abuse victim is so incapacitated that he or she cannot legally give or deny</p> | <p><u>APS Policy Manual – Module 2: Adult Protective Services investigations –</u></p> | <p>✓</p> |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|--|--|------------------------------------|
| <p>consent to protective services, a petition for temporary conservatorship or guardianship may be initiated in accordance with Section 2250 of the Probate Code.</p> | <p><u>Section B – Interviews – Completing the Investigation without Client Consent</u></p> <p>The social worker shall continue the APS investigation even if the client refuses services or has been determined to not have capacity to consent if one of the following situations exists: The client is at risk of serious injury, death, or significant loss, in which case the social worker shall continue the investigation in order to determine the need for involuntary services (e.g. conservatorship) consistent with WIC 15636(b).</p> | |
| <p><u>Cal. Welf. & Inst. Code § 15640 Criminal activity and abuse instances requiring reports; referring agencies; abuse by licensed health practitioners; abuse at long-term care facilities; consent of victim for reporting; neglect or abandonment</u></p> <p>(a)(1) An adult protective services agency shall immediately, or as soon as practically possible, report by telephone to the law enforcement agency having jurisdiction over the case any known or suspected instance of criminal activity, and to any public agency given responsibility for investigation in that jurisdiction of</p> | <p><u>APS Policy Manual – Module 2: Adult Protective Services investigations – Section C – Documents and Findings – Cross Reporting to Law Enforcement</u></p> | <p>✓</p> |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>cases of elder and dependent adult abuse, every known or suspected instance of abuse of an elder or dependent adult pursuant to Section 15630, 15630.1, or 15630.2. A county adult protective services agency shall also send a written report thereof within two working days of receiving the information concerning the incident to each agency to which it is required to make a telephone report under this subdivision. Before making any cross-report of allegations of financial abuse to law enforcement agencies, an adult protective services agency shall first determine whether there is reasonable suspicion of any criminal activity.</p> <p>(2) If an adult protective services agency receives a report of abuse alleged to have occurred in a long-term care facility, that adult protective services agency shall immediately inform the person making the report that they are required to make the report to the long-term care ombudsman program or to a local law enforcement agency. The adult protective services agency shall not accept the report by telephone but shall forward any written report received to the long-term care ombudsman.</p> <p>(b) If an adult protective services agency or local law enforcement agency or ombudsman program receiving a report of known or suspected elder or dependent adult abuse determines, pursuant to its investigation, that the</p> | <p>The social worker shall cross report the APS case to law enforcement within 24 hours by sending the SOC 341/342 under the following conditions (MPP 33–515):</p> <p>The social worker substantiated the allegations of financial abuse and there is reasonable suspicion of criminal activity defined under W&IC15640(a)(1).</p> | |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>abuse is being committed by a health practitioner licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, or any related initiative act, or by a person purporting to be a licensee, the adult protective services agency or local law enforcement agency or ombudsman program shall immediately, or as soon as practically possible, report this information to the appropriate licensing agency. The licensing agency shall investigate the report in light of the potential for physical harm. The transmittal of information to the appropriate licensing agency shall not relieve the adult protective services agency or local law enforcement agency or ombudsman program of the responsibility to continue its own investigation as required under applicable provisions of law. The information reported pursuant to this subdivision shall remain confidential and shall not be disclosed.</p> <p>(c) A local law enforcement agency shall immediately, or as soon as practically possible, report by telephone to the long-term care ombudsman program when the abuse is alleged to have occurred in a long-term care facility or to the county adult protective services agency when it is alleged to have occurred anywhere else, and to the agency given responsibility for the investigation of cases of elder and dependent adult abuse every known or</p> | | |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>suspected instance of abuse of an elder or dependent adult. A local law enforcement agency shall also send a written report thereof within two working days of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subdivision.</p> <p>(d) A long-term care ombudsman coordinator may report the instance of abuse to the county adult protective services agency or to the local law enforcement agency for assistance in the investigation of the abuse if the victim gives their consent. A long-term care ombudsman program and the Licensing and Certification Division of the State Department of Public Health shall immediately report by telephone and in writing within two working days to the Division of Medi-Cal Fraud and Elder Abuse any instance of neglect occurring in a health care facility that has seriously harmed any patient or reasonably appears to present a serious threat to the health or physical well-being of a patient in that facility. If a victim or potential victim of the neglect withholds consent to being identified in that report, the report shall contain circumstantial information about the neglect, but shall not identify that victim or potential victim. The Division of Medi-Cal Fraud and Elder Abuse and the reporting agency shall maintain</p> | | |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>the confidentiality of the report until the report becomes a matter of public record.</p> <p>(e) When a county adult protective services agency, a long-term care ombudsman program, or a local law enforcement agency receives a report of abuse, neglect, or abandonment of an elder or dependent adult alleged to have occurred in a long-term care facility, that county adult protective services agency, long-term care ombudsman coordinator, or local law enforcement agency shall report the incident to the licensing agency by telephone as soon as possible.</p> <p>(f) County adult protective services agencies, long-term care ombudsman programs, and local law enforcement agencies shall report the results of their investigations of referrals or reports of abuse to the respective referring or reporting agencies.</p> | <p><u>APS Policy Manual – Module 2: Adult Protective Services investigations – Section B – Reporting Party Contact</u></p> <p>Report the results of the investigation to the mandated reporting party representing a local law enforcement agency or long-term care ombudsman program (W&IC 15640(f)).</p> | <p>✓</p> |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p><u>Cal. Welf. & Inst. Code § 15650 Investigation of reports of known or suspected abuse; responsibility; other involved public agencies; inventories of services available to help victims</u></p> <p>(a) Investigation of reports of known or suspected instances of abuse in long-term care facilities shall be the responsibility of the division, the local law enforcement agency, and the long-term care ombudsman program.</p> <p>(b) Investigations of known or suspected instances of abuse outside of long-term care facilities shall be the responsibility of the county adult protective services agency, unless another public agency is given responsibility for investigation in that jurisdiction, and the local law enforcement agency.</p> <p>(c) The investigative responsibilities set forth in this section are in addition to, and not in derogation of or substitution for, the investigative and regulatory responsibilities of licensing agencies, such as the State Department of Social Services Community Care Licensing Division and the State Department of Public Health Licensing and Certification Division and their authorized representatives.</p> | <p><u>APS Policy Manual – Module 2: Adult Protective Services investigations</u></p> | |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p><u>Cal. Welf. & Inst. Code § 15651 Referral of individuals with complex or intensive needs by county adult protective service agencies and the Home Safe Program</u></p> <p>County adult protective service agencies and the Home Safe Program, as established in Chapter 14 (commencing with Section 15770), may refer individuals with complex or intensive needs to the appropriate state or local agencies, as determined by the adult protective services agency or the Home Safe Program case workers, and based on a determination that the individual may be eligible for services and that those services may support the individual's safety goals. A referral may be made before or after an individual begins to receive adult protective services, and a referral does not preclude the individual from receiving adult protective services or Home Safe program services.</p> | | |
| <p><u>Cal. Welf. & Inst. Code § 15654 Training programs; investigating and prosecuting criminal abuse; training materials</u></p> <p>(a) As described in subdivision (h) of Section 12528 of the Government Code, the division shall offer training programs to local law enforcement and prosecutorial</p> | | |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>personnel in investigating and prosecuting crimes against elders and dependent adults, and to the State Department of Health Care Services, the State Department of Social Services, the county adult protective services agencies and to the long-term care ombudsman program in evaluating and documenting criminal abuse against elders and dependent adults.</p> <p>(b) When producing new or updated training materials pursuant to this section, the division shall consult with the Commission on Peace Officer Standards and Training and other subject matter experts. Any new or updated training materials shall address all of the following:</p> <p>(1) The jurisdiction and responsibility of law enforcement agencies pursuant to Section 368.5 of the Penal Code.</p> <p>(2) The fact that the protected classes of “dependent person” as defined in Section 288 of the Penal Code and “dependent adult” as defined in Section 368 of the Penal Code include many persons with disabilities, regardless of the fact that most of those persons live independently.</p> <p>(3) Other relevant information and laws.</p> <p>(c) When the division offers or provides new or updated training materials pursuant to this section,</p> | | |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>the division also may inform the agencies of other relevant training materials.</p> | | |
| <p><u>Cal. Welf. & Inst. Code § 15655 Training on elder and dependent adult abuse; long-term health care facility, community care facility and residential care facility for the elderly; facility review</u></p> <p>(a)(1) Each long-term health care facility, as defined in Section 1418 of the Health and Safety Code, community care facility, as defined in Section 1502 of the Health and Safety Code, or residential care facility for the elderly, as defined in Section 1569.2 of the Health and Safety Code, that provides care to adults shall provide training in recognizing and reporting elder and dependent adult abuse, as prescribed by the Department of Justice. The Department of Justice shall, in cooperation with the State Department of Health Services and the State Department of Social Services, develop a minimal core training program for use by these facilities. As part of that training, long-term care facilities, including nursing homes and out-of-home care facilities, shall provide to all staff being trained a written copy of the reporting requirements and a written notification of the staff's confidentiality rights as specified in Section 15633.5.</p> | | |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>(2) Each long-term health care facility, as defined in Section 1418 of the Health and Safety Code, and each community care facility as defined in Section 1502 of the Health and Safety Code, shall comply with paragraph (1) by January 1, 2001, or, if the facility began operation after July 31, 2000, within six months of the date of the beginning of the operation of the facility. Employees hired after June 1, 2001, shall be trained within 60 days of their first day of employment.</p> <p>(3) Each residential care facility, as defined in Section 1569.2 of the Health and Safety Code, shall comply with paragraph (1) by July 1, 2002, or, if the facility began operation after July 1, 2002, within six months of the date of the beginning of the operation of the facility. Employees hired on or after July 1, 2002, shall be trained within 60 days of their first day of employment.</p> <p>(b) Each long-term health care facility, as defined in Section 1418 of the Health and Safety Code, shall be subject to review by the State Department of Health Services Licensing and Certification Unit for compliance with the duties imposed in subdivision (a).</p> | | |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p><u>Cal. Welf. & Inst. Code § 15655.5 Provision of instructional materials regarding elder and dependent adult abuse and neglect and reporting requirements to specified organizations and mandated reporters; contents</u></p> <p>A county adult protective services agency shall provide the organizations listed in subdivisions (v), (w), and (x) of Section 15610.17, and mandated reporters of suspected financial abuse of an elder or dependent adult pursuant to Sections 15630.1 and 15630.2, with instructional materials regarding abuse and neglect of an elder or dependent adult and their obligation to report under this chapter. At a minimum, the instructional materials shall include the following:</p> <p>(a) An explanation of abuse and neglect of an elder or dependent adult, as defined in this chapter.</p> <p>(b) Information on how to recognize potential abuse and neglect of an elder or dependent adult.</p> <p>(c) Information on how the county adult protective services agency investigates reports of known or suspected abuse and neglect.</p> | | |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>(d) Instructions on how to report known or suspected incidents of abuse and neglect, including the appropriate telephone numbers to call and what types of information would assist the county adult protective services agency with its investigation of the report.</p> | | |
| <p><u>Cal. Welf. & Inst. Code § 15657.03 Protective orders</u></p> <p>(a)(1) An elder or dependent adult who has suffered abuse, as defined in Section 15610.07, may seek protective orders as provided in this section.</p> <p>(3)(A) A petition under this section may be brought on behalf of an elder or dependent adult by a county adult protective services agency in either of the following circumstances:</p> <p>(i) If the elder or dependent adult has suffered abuse as defined in subdivision (b) and has an impaired ability to appreciate and understand the circumstances that place the elder or dependent at risk of harm.</p> <p>(ii) If the elder or dependent adult has provided written authorization to a county adult protective services agency to act on that person's behalf.</p> | <p><u>APS Policy Manual – Module 2: Adult Protective Services investigations, Chapter 3, Section B</u></p> | |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>(B) In the case of a petition filed pursuant to clause (i) of subparagraph (A) by a county adult protective services agency, a referral shall be made to the public guardian consistent with Section 2920 of the Probate Code prior to or concurrent with the filing of the petition, unless a petition for appointment of a conservator has already been filed with the probate court by the public guardian or another party.</p> <p>(C) A county adult protective services agency shall be subject to any confidentiality restrictions that otherwise apply to its activities under law and shall disclose only those facts as necessary to establish reasonable cause for the filing of the petition, including, in the case of a petition filed pursuant to clause (i) of subparagraph (A), to establish the agency's belief that the elder or dependent adult has suffered abuse and has an impaired ability to appreciate and understand the circumstances that place the elder or dependent adult at risk, and as may be requested by the court in determining whether to issue an order under this section.</p> | | |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p><u>Cal. Welf. & Inst. Code § 15760 Included adult protective services</u></p> <p>Adult protective services shall include investigations, needs assessments, remedial and preventive social work activities; the necessary tangible resources such as food, transportation, emergency shelter, and In-home protective care; the use of multidisciplinary teams; and a system in which reporting of abuse can occur on a 24-hour basis.</p> | | |
| <p><u>Cal. Welf. & Inst. Code § 15762 Report of abuse; social worker meeting with alleged victim</u></p> <p>When an allegation of abuse of an elder or dependent adult is reported to a county designated adult protective service agency and an agency social worker has reason to believe an elder or dependent adult has suffered or is at substantial risk of abuse pursuant to Section 15630, the social worker shall attempt to obtain consent to enter and meet privately with the elder or dependent adult about whom the report was made in the residence or dwelling in which the elder or dependent adult resides without the presence of the person's caretaker, attendant, or family or household member, unless the person requests the</p> | <p><u>APS Policy Manual – Module 1: Adult Protective Services Intake</u></p> <p><u>APS Policy Manual – Module 2: Adult Protective Services investigations</u></p> | |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>presence of the attendant, care giver, or family member, or refuses to meet with the social worker.</p> | | |
| <p><u>Cal. Welf. & Inst. Code § 15763 Establishment of an emergency response adult protective services program policies and procedures</u></p> <p>(a) Each county shall establish an emergency response adult protective services program that shall provide in-person response, 24 hours per day, seven days per week, to reports of abuse of an elder or a dependent adult, for the purpose of providing immediate intake or intervention, or both, to new reports involving immediate life threats and to crises in existing cases. The program shall include policies and procedures to accomplish all of the following:</p> <p>(1) Provision of case management services that include investigation of the protection issues, assessment of the person's concerns, needs, strengths, problems, and limitations, stabilization and linking with community</p> | <p><u>APS Policy Manual – Module 1: Adult Protective Services Intake</u></p> <p>State regulations require APS to provide free public telephone access to a 24-hour hotline system to receive reports of suspected abuse or neglect of elder and dependent adults. The Adult Services Division's APS Hotline is a toll-free number and inaccessible for the deaf and hearing impaired via a Telecommunications Device for the Deaf (TDD/TTY). All reports of elder and dependent adult abuse in Riverside County can be made by calling the following number:</p> | <p>✓</p> |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>services, and development of a service plan to alleviate identified problems utilizing counseling, monitoring, followup, and reassessment.</p> <p>(2) Provisions for emergency shelter or In-home protection to guarantee a safe place for the elder or dependent adult to stay until the dangers at home can be resolved.</p> <p>(3) Establishment of multidisciplinary teams to develop interagency treatment strategies, to ensure maximum coordination with existing community resources, to ensure maximum access on behalf of elders and dependent adults, and to avoid duplication of efforts. The multidisciplinary team may include community-based agencies, health plans, and other state- and county-based service providers.</p> | <p><u>APS Policy Manual – Module 3: Program Support and Resources – EAFC Core Representatives</u></p> <p>Core members of the EAFC include the following agency representatives: APS; Riverside County Sheriff’s Department; Sheriff’s Office; Coroner’s Office; Public Administrator’s Bureau; University of California Riverside (UCR) School of Medicine; Riverside University Health System (RUHS) Behavioral Health; Public Guardian Programmatical Center Emergency Treatment Services (ETS); Riverside County District Attorney; District Attorney’s Office Division of Victim Services; Riverside County Office of County Counsel; Superior Court of California, County of Riverside, Probate Court; State of</p> | <p>✓</p> |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>(4) Provisions for homeless prevention through the Home Safe Program established in Chapter 14 (commencing with Section 15770), to the extent that funding is provided for this purpose in the annual Budget Act and the county receives those funds.</p> <p>(b)(1) A county shall respond immediately to any report of imminent danger to an elder or dependent adult in other than a long-term care facility, as defined in Section 9701, or a residential facility, as defined in Section 1502 of the Health and Safety Code. For reports involving persons in a long-term care facility or a residential care facility, the county shall report to the local long-term care ombudsman program. Adult protective services staff shall consult, coordinate, and support efforts of the ombudsman program to protect vulnerable residents. Except as specified in paragraph (2), the county shall respond to all other reports of danger to an elder or dependent adult in other than a long-term care facility or residential care</p> | <p>California, Department of Justice; Office of the Attorney General; Bureau of Medi-Cal Fraud and Elder Abuse (BMFEA); Long-term Care Ombudsman Program; Riverside Legal Aid</p> | |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>facility within 10 calendar days or as soon as practicably possible.</p> <p>(2) An immediate or 10-day in-person response is not required when the county, based upon an evaluation of risk, determines and documents that the elder or dependent adult is not in imminent danger and that an immediate or 10-day in-person response is not necessary to protect the health or safety of the elder or dependent adult.</p> <p>(d) A county shall provide case management services to elders and dependent adults who are determined to be in need of adult protective services for the purpose of bringing about changes in the lives of victims and to provide a safety net to enable victims to protect themselves in the future. Case management services shall include all of the following, to the extent services are appropriate for the individual:</p> <p>(1) Investigation of the protection issues, including, but not limited to, social, medical, environmental, physical, emotional, and developmental.</p> | | |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|--|---|------------------------------------|
| <p>(2) Assessment of the person's concerns and needs on whom the report has been made and the concerns and needs of other members of the family and household.</p> <p>(3) Analysis of problems and strengths.</p> <p>(4) Establishment of a service plan for each person on whom the report has been made to alleviate the identified problems.</p> <p>(5) Client input and acceptance of proposed service plans.</p> <p>(6) Counseling for clients and significant others to alleviate the identified problems and to implement the service plan.</p> <p>(7) Stabilizing and linking with community services, including, but not limited to, those provided by health plans, other county-based service providers, and community agencies.</p> <p>(8) Monitoring and followup.</p> <p>(9) Reassessments, as appropriate.</p> <p>(e)(1) To the extent resources are available, each county shall provide emergency shelter in the form of a safe haven or In-home protection for victims. Shelter and care</p> | | |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|--|--|------------------------------------|
| <p>appropriate to the needs of the victim shall be provided for frail and disabled victims who are in need of assistance with activities of daily living.</p> <p>(2) To the extent a county receives grant funds under the Home Safe Program (Chapter 14 (commencing with Section 15770)), counties may provide housing assistance and support to elders and dependent adults who are homeless or at risk of becoming homeless.</p> <p>(f) Each county shall designate an adult protective services agency to establish and maintain multidisciplinary teams including, but not limited to, adult protective services, law enforcement, probation departments, home health care agencies, hospitals, adult protective services staff, the public guardian, private community service agencies, public health agencies, and mental health agencies for the purpose of providing interagency treatment strategies.</p> | <p><u>APS Policy Manual – Module 3: Program Support and Resources – EAFC Core Representatives</u></p> <p>Core members of the EAFC include the following agency representatives: APS; Riverside County Sheriff’s Department; Sheriff’s Office; Coroner’s Office; Public Administrator’s Bureau; University of California Riverside (UCR) School of Medicine; Riverside University Health System (RUHS) Behavioral Health; Public Guardian Programmatical Center Emergency Treatment Services (ETS); Riverside County District Attorney; District Attorney’s Office Division of Victim Services; Riverside County Office of County Counsel; Superior Court of California,</p> | <p>✓</p> |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|---|---|------------------------------------|
| <p>(g) Each county shall provide tangible support services, to the extent resources are available, which may include, but not be limited to, emergency food, clothing, repair or replacement of essential appliances, plumbing and electrical repair, blankets, linens, and other household goods, advocacy with utility companies, and emergency response units.</p> | <p>County of Riverside, Probate Court; State of California, Department of Justice; Office of the Attorney General; Bureau of Medi-Cal Fraud and Elder Abuse (BMFEA); Long-term Care Ombudsman Program; Riverside Legal Aid</p> | |
| <p><u>Cal. Welf. & Inst. Code § 15766 Investigations and case management of elder and dependent adult abuse cases; county merit systems civil service employees</u></p> <p>The investigation of allegations of elder and dependent adult abuse pursuant to this chapter, and the case management of elder and dependent adult abuse cases shall be performed by county merit systems civil service employees. A county adult protective service agency may utilize a contracted private or nonprofit telephone answering service after normal working hours and on</p> | <p><u>APS Policy Manual – Module 1: Adult Protective Services intake – Chapter 4, Stand-By/Call-Back</u></p> <p>ASD must arrange to have screeners and responders available to provide coverage for after-hours, weekends, and holidays. All APS</p> | <p>✓</p> |

| Statute | Adult Protective Services Policy Manual | Care Standard Discussed in Manual? |
|---|--|------------------------------------|
| <p>weekends and holidays. Such a contracted telephone service shall immediately forward to a county merit systems civil service employee any report of abuse or neglect of an elder or dependent adult, unless the caller is: (a) requesting routine information only; (b) reporting an incident of abuse which occurred prior to the date of the call, which does not at the time of the call put the victim at risk; or (c) requesting information not related to the adult protective service program, and the person answering the telephone meets the standards established by the department.</p> | <p>social workers shall participate in SBCB based on business needs.</p> | |

Appendix L: Summary of Recommendations

Appendix I provides a summary of recommendations, including benchmarks, timelines, and action steps if applicable. It also sets forth the positions or units responsible for carrying out the recommendations for the following:

1. Children's Services Division
2. Office of Public Guardian
3. Appointed Counsel
4. Self-Sufficiency Programs

CSD: Summary of Recommendations

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|--|---|--|
| Workforce: Concrete Resources | | |
| Recommendation: Create and resource a cross-functional, cross-organizational strategic initiative for Workforce Retention and Enhancement (Workforce Initiative) with responsibility for planning and implementing specified workforce recommendations. | Action Steps: <ul style="list-style-type: none"> • Establish and resource the Workforce Initiative • Task the newly-formed Strategic Initiatives Unit with implementation. • Determine how to obtain input from social workers, supervisors, CSD leadership, and HR to support the Workforce Initiative in implementing Workforce recommendations | Responsible: DPSS HR; CSD leadership; Strategic Initiatives Unit |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|--|--|---|
| | (e.g., serve on sub-teams, engage in targeted consultation). | |
| <p>Recommendation: Increase compensation for social workers and supervisors across positions.</p> <p><i>Benchmark: Annual cost of living for Riverside County, as calculated by the MIT Living Wage Calculator.</i></p> | <p>Action Steps:</p> <ul style="list-style-type: none"> • Compare current salaries for all CSD positions to cost of living and wages for similar positions in surrounding large counties, including Los Angeles, San Bernardino, San Diego, and Imperial Counties. • Identify a time period for achieving parity and associated percentage increases to reach this goal. • Share salary increase structure with staff and provide benchmark updates. • Institute cost-of-living-adjustments across positions. | <p>Responsible: DPSS HR; Workforce Initiative</p> |
| <p>Recommendation: Reduce employee contribution and increase employer contribution to medical and retirement benefits.</p> | <p>Action Steps:</p> <ul style="list-style-type: none"> • Compare employee benefit contributions to those in surrounding counties and for other public service positions such as public school teachers. | <p>Responsible: DPSS HR; Workforce Initiative</p> |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|---|---|---|
| <p><i>Benchmark: Benchmark to be identified based on feasibility assessment.</i></p> | <ul style="list-style-type: none"> Identify reductions in employee benefit contributions and secure necessary funding. | |
| <p>Recommendation: Set caseload limits for all units.</p> <p><i>Benchmark: Initially, SB 2030 minimum caseload standards, with the goal of reaching SB 2030 optimum standards.</i></p> | <p>Action Steps:</p> <ul style="list-style-type: none"> Identify positions with the largest gap between current average caseload and SB 2030 minimum caseload standards. For identified positions, review the caseload process to assess areas for increased efficiency, as well as possible needs for additional staffing to meet benchmarks. Create and recruit for a back-up unit of retired, on-call social workers to mobilize during surges or staff shortages. | <p>Responsible: CSD leadership with input from social workers; CQI Unit; Workforce Initiative</p> |
| <p>Recommendation: Increase clerical support for social workers.</p> <p><i>Benchmarks: Reduced hours worked per case; reduced social worker stress and burnout, as determined by feedback surveys.</i></p> | <p>Action Steps:</p> <ul style="list-style-type: none"> Collaborate with social workers to identify tasks which could be taken on by dedicated clerks. Review feasibility of hiring additional clerical staff, either as direct hires or as part of CSD's FFA contracts. Identify and provide necessary training for clerks and identify dedicated supervision for | <p>Responsible: DPSS HR; CSD leadership, with input from social workers; Workforce Initiative, FFA contractors</p> |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|---|---|---|
| | <p>clerical staff so training does not fall to social workers.</p> <ul style="list-style-type: none"> Gather quarterly feedback from social workers on effectiveness of clerical staff and the impact on their workload. This feedback should be used by supervisors as a key element of performance reviews for clerical staff. | |
| <p>Recommendation: Improve hiring practices to reduce vacancies and workload.</p> <p><i>Benchmarks: Increased offer acceptance rate; reduced vacancy rate; increased retention rate, decreased onboarding time.</i></p> | <p>Action Steps:</p> <ul style="list-style-type: none"> A sub-team of the Workforce Initiative team should define the core competencies, responsibilities, and education needed for key positions. Review job qualifications and posting language to ensure they match core competencies. Develop and institute a pre-screening process. Assess effectiveness based on offer acceptance and retention rates for pre-screened staff compared to non-prescreened staff. | <p>Responsible: DPSS HR; CSD leadership; Workforce Initiative</p> |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|--|---|---|
| Workforce: Positive Organizational Culture | | |
| <p>Recommendation: Address critical incidents as system-wide learning opportunities.</p> | <p>Action Step:</p> <ul style="list-style-type: none"> • Develop protocol to engage all staff and community partner agencies involved in a critical incident to conduct a thorough practice and policy review. In addition to extreme and rare instances of egregious child maltreatment and/or death, adoption dissolutions should be considered critical incidents. • Write briefing documents following critical incidents to share lessons learned with all staff, and CSD stakeholders, noting system-level areas in need of improvement. | <p>Responsible: DPSS; CSD; CQI Unit</p> |
| <p>Recommendation: Develop a peer support program for critical incidents and overall employee well-being.</p> <p><i>Benchmarks: Increased social worker retention; reduced number of critical incidents per year; reduced stress and increased job satisfaction,</i></p> | <p>Action Step:</p> <ul style="list-style-type: none"> • A sub-team of the Workforce Initiative should design the peer support group, including level of support provided, and a funding source. | <p>Responsible: DPSS HR; CSD leadership; CQI Unit; Workforce Initiative; social workers</p> |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|--|---|---|
| <i>as determined through annual employee surveys.</i> | | |
| <p>Recommendation: Increase team-building events for all staff.</p> <p><i>Benchmarks: Increased retention across positions; increased job satisfaction, as determined through annual employee surveys.</i></p> | <p>Action Steps:</p> <ul style="list-style-type: none"> • Identify a current position or team that can be responsible for remote and in-person team-building events. • Establish a new position if needed. | <p>Responsible: DPSS HR; CSD leadership; Workforce Initiative</p> |
| <p>Recommendation: Highlight staff accomplishments on an ongoing basis.</p> <p><i>Benchmarks: Increased retention across positions; increased job satisfaction, as determined through annual employee surveys.</i></p> | <p>Action Steps:</p> <ul style="list-style-type: none"> • Create and regularly use online appreciation platforms while staff work remotely to celebrate excellence and work anniversaries. • Provide monthly awards to recognize employees doing excellent work. • Honor key work anniversaries including years 1, 2, 3, 5, 10, 15, and additional increments of 5 years thereafter. • Incorporate appreciation and recognition at every all-staff or all-hands meeting. | <p>Responsible: DPSS HR; CSD leadership; newly-identified position/team cited above; Workforce Initiative</p> |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|---|---|--|
| <p>Recommendation: Participate in community events to improve public perception of CSD.</p> <p><i>Benchmarks: Increased retention across positions; reduced stress and increased job satisfaction, as determined through annual employee surveys.</i></p> | <p>Action Steps:</p> <ul style="list-style-type: none"> • Create and staff a Communications team for CSD. • Identify relevant community events and media contacts. • Develop a communications package with key talking points and success stories. • Assign events and media opportunities to leadership and communications teams. | <p>Responsible: Communications team; CSD leadership</p> |
| Workforce: Support | | |
| <p>Recommendation: Increase support for new social workers through mentorship.</p> <p><i>Benchmarks: Increased retention for both incoming and seasoned social workers; increased job satisfaction, as determined through annual employee surveys.</i></p> | <p>Action Steps:</p> <ul style="list-style-type: none"> • A sub-team of the Workforce Initiative should assess feasibility and structure of a mentorship model, building on CSD's previous program. • Compensate mentors. • Gather feedback within the first three months and during annual employee surveys. | <p>Responsible: Workforce Initiative; peer support workgroup; CSD leadership</p> |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|---|--|---|
| <p>Recommendation: Establish an Office of Staff Health and Wellness.</p> <p><i>Benchmarks: Increased retention across positions; reduced stress and increased job satisfaction, as determined through annual employee surveys.</i></p> | <p>Action Steps:</p> <ul style="list-style-type: none"> • A sub-team of the Workforce Initiative should assess feasibility of establishing such a team or office. • Gather social worker input on Office structure and services. • Identify necessary funding. • Gather feedback within the first three months and during annual employee surveys. | <p>Responsible: Workforce Initiative; DPSS HR; CSD leadership</p> |
| Workforce: Training and Advancement | | |
| <p>Recommendation: Tailor employee training to core competencies and increase field training.</p> <p><i>Benchmarks: Increased field hours for new hires; increased retention of new hires within their first six and 12 months; reduced workload for supervisory staff, as determined in annual employee surveys.</i></p> | <p>Action Steps:</p> <ul style="list-style-type: none"> • A sub-team of the Workforce Initiative should review training modules and recommend improvements based on core competencies and employee feedback. • Implement changes and gather continuous feedback to assess the need for further refinement. • Conduct outreach to local universities to explore partnerships. | <p>Responsible: DPSS HR; Workforce Initiative; Training workgroup</p> |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|--|---|---|
| <p>Recommendation: Resume in-person induction for new social workers.</p> <p><i>Benchmarks: Increased retention of new hires within their first six and 12 months; reduced workload for supervisory staff, as determined in annual employee surveys.</i></p> | <p>Action Step:</p> <ul style="list-style-type: none"> Review feasibility of increasing in-person induction hours and implement accordingly. | <p>Responsible: DPSS HR; Training Workgroup</p> |
| <p>Recommendation: Provide bi-annual training on foundational skills.</p> <p><i>Benchmarks: Increased retention for all positions receiving increased training; reduced workload for supervisory staff.</i></p> | <p>Action Step:</p> <ul style="list-style-type: none"> A sub-team of the Workforce Initiative should identify topics for inclusion in bi-annual training. | <p>Responsible: Training Workgroup</p> |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|---|---|---|
| <p>Recommendation: Incentivize higher education and professional development by offering an increased pay differential for staff with advanced degrees and/or licenses.</p> <p><i>Benchmarks: Increased number of new hires with advanced degrees/licenses; increased retention for staff with advanced degrees/licenses</i></p> | <p>Action Step:</p> <ul style="list-style-type: none"> Review feasibility of providing pay differentials based on what is offered in surrounding counties or in other departments. | <p>Responsible: DPSS HR; Workforce Initiative</p> |
| Placements for Children: Kinship Care | | |
| <p>Recommendation: Create and resource a cross-functional, cross-organizational strategic initiative for placements (Placement Initiative) with responsibility for planning and implementing placement recommendations.</p> | <p>Action Steps:</p> <ul style="list-style-type: none"> Establish and resource the Placement Initiative. Task the Strategic Initiatives Unit with implementation. Determine how to obtain input and support from CSD leadership, social workers, selected FFA leaders, faith leaders, other | <p>Responsible: Committee on Inter-Departmental Systems Improvement; Strategic Initiatives Unit</p> |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|--|---|--|
| <p><i>Benchmarks: Lower rate of maltreatment in care, increased percent of siblings placed together, increased rates of children being placed near their community of origin, increased placement stability.</i></p> | <p>community-based organizations, and media representatives to help implement placement recommendations (e.g., serve on sub-teams, engage in targeted consultation, lead specific campaigns).</p> | |
| <p>Recommendation: Make better use of family finding efforts to identify viable kinship or NREFM (non-related extended family member) placements when children are placed in out-of-home care.</p> <p><i>Benchmarks: Increased rate of children in kinship care.</i></p> | <p>Action Step:</p> <ul style="list-style-type: none"> Engage the National Institute for Permanent Family Connectedness for additional training and support relating to family finding and family engagement. | <p>Responsible: CSD leadership; Placement Initiative</p> |
| <p>Recommendation: Use CFTs strategically to identify family members who might serve as a placement or other resource.</p> | <p>Action Step:</p> <ul style="list-style-type: none"> Mandate that there be a family finding representative on every CFT. | <p>Responsible: CSD leadership; Placement Initiative</p> |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|---|--|--|
| <p><i>Benchmarks: Increased rate of children in kinship care.</i></p> | | |
| <p>Recommendation: Develop policies and support initiatives to strengthen and increase kin placements.</p> <p><i>Benchmarks: Increased placement stability for children in kinship care placements. Decreased rates of maltreatment for children in kinship care.</i></p> | <p>Action Steps:</p> <ul style="list-style-type: none"> • Kinship placement supervisors should regularly assess and track barriers to kinship placements for family members who they identify as potential caregivers. • Institute quarterly meetings with kinship placement supervisors and their managers to review and resolve placement barriers. | <p>Responsible: CSD leadership; Placement Initiative</p> |
| <p>Recommendation: Make greater use of hybrid, in-person, and remote access to CFTMs.</p> | <p>Action Steps:</p> <ul style="list-style-type: none"> • Develop a written plan to resume in-person CFTMs. • Assign staff to ensure that in-person meetings have basic technology capacity to support remote access for family members unable to attend in person. | <p>Responsible: CSD leadership</p> |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|---|--|---|
| Placements for Children: Foster Care | | |
| <p>Recommendation: Launch a county-wide effort to substantially increase the number of highly-effective foster homes available to care for children.</p> <p><i>Benchmark: Detailed county-wide plan to the Board of Supervisors.</i></p> | <p>Action Steps:</p> <ul style="list-style-type: none"> • A sub-team of the Placement Initiative should create a county-wide plan. • The sub-team should identify specific partners to lead workstreams (e.g., media campaign pilots for highly-targeted recruitment efforts). | <p>Responsible: Committee on Inter-Departmental Systems Improvement; Placement Initiative</p> |
| <p>Recommendation: Appoint an ombudsperson to process feedback about FFA-county partnerships.</p> | <p>Action Steps:</p> <ul style="list-style-type: none"> • Consult with the California State Ombudsperson for guidance on setting up this role at the county level. • Determine the entity to sponsor and house this position that will promote neutrality. • Develop an ombudsperson position, communicate its scope of practice, and provide outreach to all CSD and FFA providers about access points. • Assess the value of this staff position within one year of appointment and determine the | <p>Responsible: County leadership; Appointed Counsel; CSD leadership; California State Ombudsperson as liaison and advisor in establishing local role</p> |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|---|--|---|
| | need for additional ombudspersons or support for this position. | |
| <p>Recommendation: Increase County oversight of Foster Family Agencies (FFAs).</p> <p><i>Benchmarks: Reduced critical incidents; increased placement stability; fewer children who abscond from placement; fewer maltreatment reports for children in care.</i></p> | <p>Action Steps</p> <ul style="list-style-type: none"> • Review mechanisms for increased verification of FFA safety and performance described in this report to determine the most effective strategies. • Review lessons learned from past critical incidents and identify additional safety protocols needed. • Modify FFA contracts to require continuous access to FFA social worker notes, visit logs, and service logs. • Engage a contractor such as Implematix to develop audit protocols for FFAs when one or more critical incidents occur. | <p>Responsible: CSD Leadership; CQI Unit; Contracts Unit</p> |
| <p>Recommendation: Launch several region-specific pilots in partnership with selected FFAs to increase the census of foster parents.</p> | <p>Action Step:</p> <ul style="list-style-type: none"> • Use the RFP process to select 3–5 FFAs to develop new, targeted recruitment initiatives, including enhanced funding for recruitment efforts. | <p>Responsible: CSD leadership; Strategic Initiatives Unit/Placement Initiative</p> |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|--|--|---|
| Recommendation: Develop targeted, intensive efforts to improve the quality of care that kin and non-kin foster parents provide. | Action Steps: <ul style="list-style-type: none"> • Develop a plan for a quality-improvement initiative county-wide. • Start the roll-out with a small group of selected FFAs, using a train-the-trainer model to expand the initiative. • Engage the California Alliance for Child and Family Services in developing best practice models for FFA contracting to build incentives for high-quality caregiving. | Responsible: CSD leadership; Strategic Initiatives Unit/Placement Initiative |
| Recommendation: Implement KEEP training for all resource parents. | Action Steps: <ul style="list-style-type: none"> • Engage the services of KEEP model trainers. • Dedicate resources to staff the KEEP coaching model with kinship caregivers. • Build incentives into FFA contracts for agencies utilizing the KEEP model. | Responsible: CSD leadership; contracts managers; FFA leaders; Strategic Initiatives Unit/Placement Initiative |
| Recommendation: Fully implement and elevate Riverside County's Quality Parenting Initiative (QPI) model. | Action Steps: <ul style="list-style-type: none"> • Target QPI training to kinship foster parents, since these caregivers fall under the jurisdiction of CSD. • Examine the relevance of CSD's QPI staffing in relation to FFA providers, and | Responsible: CSD leadership; Strategic Initiatives Unit/Placement Initiative |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|--|--|---|
| | <p>consider focusing QPI resources only on kinship caregivers.</p> <ul style="list-style-type: none"> • Work with Binti or another firm to develop a ready inventory of all active resource parents serving Riverside County so that CSD can communicate initiatives such as QPI directly to the caregiver community. | |
| <p>Recommendation: Develop a Foster Parent Retention Plan, with a focus on retaining highly effective resource parents.</p> | <p>Action Step:</p> <ul style="list-style-type: none"> • A sub-team of the Placement Initiative should work with selected FFA providers and relevant community partners to develop a plan to effectively address retention issues. | <p>Responsible: CSD leadership; Strategic Initiatives Unit/Placement Initiative</p> |
| <p>Recommendation: Consider providing additional financial support to resource families to improve retention.</p> | <p>Action Steps:</p> <ul style="list-style-type: none"> • Create a pilot initiative with 3–5 select FFAs to increase the financial subsidy offered to resource parents. • Contract with a local university or evaluation firm to study the impacts. | <p>Responsible: CSD leadership; Strategic Initiatives Unit/Placement Initiative</p> |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|--|---|---|
| Recommendation: Develop a receiving center or home for short-term transitional stays for children awaiting placement. | Action Steps: <ul style="list-style-type: none"> • Expedite the development of a receiving center with a selected FFA provider. • Study best practices for receiving centers locally and nationally. | Responsible: CSD leadership; Strategic Initiatives Unit |
| Recommendation: Standardize professional norms. | Action Steps: <ul style="list-style-type: none"> • Develop written policies regarding workplace professional norms. • Include these professional norms in in-service training for staff and supervisors. | Responsible: CSD leadership; training workgroup |
| Recommendation: Institute feedback mechanisms to regularly elicit information from clients about the services they receive. | Action Steps: <ul style="list-style-type: none"> • Develop a strategy (e.g., QR code) for collecting feedback from constituent groups with whom CSD interacts. • Develop a plan for collecting, analyzing, and acting upon community feedback. | Responsible: Strategic Initiatives Unit; CQI Unit |
| Placements for Special Populations | | |
| Recommendation: Assess the newly-developed professional parent model | Action Step: <ul style="list-style-type: none"> • Contract with a local university or evaluation firm to study the relative | Responsible: CSD leadership |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|---|---|---|
| (Short-term Residential Treatment Program of 1) and determine if it should be expanded to serve additional children. | outcomes and costs/benefits associated with the new model. | |
| Recommendation: Create financial or other incentives for FFAs to develop STRTPs with unconditional care policies. | Action Steps: <ul style="list-style-type: none"> Identify a small group of FFA providers who show an interest in developing an unconditional care continuum of services model. Work with the California Alliance of Child and Family Services to identify existing California FFAs incorporating an unconditional care philosophy and establish a training opportunity for selected Riverside FFAs. Evaluate the effectiveness of the expansion of the model. | Responsible: CSD leadership; Contracts Unit |
| Recommendation: Explore an organizational partnership with Think of Us. | Action Steps: <ul style="list-style-type: none"> Engage with Think of Us, or a similar partner, to guide the implementation of TAY recommendations below. | Responsible: CSD leadership; Strategic Initiatives Unit; Contracts Unit |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|---|---|---|
| Recommendation: Create and resource a cross-functional, cross-organizational strategic initiative for services for TAY-a TAY Initiative-with responsibility for planning and implementing related recommendations. | Action Steps: <ul style="list-style-type: none"> Establish and resource a TAY Initiative. Task the Strategic Initiatives Unit with implementation. | Responsible: CSD leadership; Strategic Initiatives Unit |
| Recommendation: Seek input from teens and young adults on effective ways to support them. | Action Step: <ul style="list-style-type: none"> Establish a funded county Youth Commission to provide input on the TAY recommendations in this report and supplement with areas of concern and ideas for improvement. | Responsible: CSD leadership; Tay Initiative |
| Recommendation: Increase opportunities to pair TAY with a young adult mentor with experience in foster care. | Action Step: <ul style="list-style-type: none"> Examine whether expansion of the Youth Partner program is feasible and implement if so. | Responsible: CSD leadership; TAY Initiative |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|---|--|--|
| Recommendation: Recruit young adults with experience in foster care for TAY-related roles in the CSD. | Action Step: <ul style="list-style-type: none"> Review all of the regions, units, and roles in CSD to determine if any positions might be appropriate for targeted staff recruitment among TAY former clients. | Responsible: DPSS HR; CSD leadership; Contracts Unit; TAY Initiative |
| Recommendation: Create a TAY Navigation Team within the Youth and Community Services Region. | Action Step: <ul style="list-style-type: none"> Work with HR to develop new TAY navigation positions within the Youth and Community Services Region. | Responsible: CSD leadership; TAY Initiative |
| Recommendation: Verify the obtaining of vital identification documents and track performance. Benchmarks: <i>Track and ensure that 95% of young adults in care and leaving care have vital identification documents.</i> | Action Steps: <ul style="list-style-type: none"> Identify a single point of accountability for obtaining clients' vital identification documents. Communicate these expectations widely to staff, FFAs, and other CSD partners. Require photographic verification that documents have been obtained. Track what percentage of children in care have their identification documents at six months after entering care, at age 15.5, and at 18th birthday milestones. | Responsible: CSD leadership; TAY Initiatives; Appointed Counsel; IT Unit; Contracts Unit; FFAs |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|--|---|---|
| Recommendation: Provide young adults with tools to retain their vital documents. | Action Steps: <ul style="list-style-type: none"> • Modify protocols to require social workers for youth to assist young people with creating a free iFoster membership and to upload their vital documents to the digital locker smartphone app. • Include a brief module on iFoster's free services, including the digital locker, in-staff training and during Independent Living Program (ILP) training. | Responsible: CSD leadership; IT Unit; TAY Initiative; Training Unit |
| Recommendation: Develop and use teen-friendly channels of communication with TAY. | Action Steps: <ul style="list-style-type: none"> • Explore an organizational partnership with Think of Us to connect youth with their virtual support services. • Contract with a social media expert to develop and regularly update a social media platform that is TAY-friendly, that includes relevant and timely information and resources, and that is connected to services, supports, and information both within and outside of CSD. • Update the DPSS website to include TAY-specific information in TAY-responsive language. | Responsible: CSD leadership; IT unit; TAY Initiative |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|---|---|--|
| | <ul style="list-style-type: none"> Redesign DPSS website for improved navigation. | |
| Recommendation: Increase texting options to communicate with TAY about youth services, including peer support. | Action Step: <ul style="list-style-type: none"> Collaborate with County Counsel and minors' counsel to determine when and what types of information can be shared via text. | Responsible: CSD leadership; County Counsel; Appointed Counsel |
| Recommendation: Increase promotion of the Independent Living Program. | Action Step: <ul style="list-style-type: none"> Revise the current contract with the county's ILP provider to include provisions for outreach using social media and other methods. | Responsible: CSD leadership; TAY Initiative |
| Recommendation: Collect contact information for youth exiting the system to support reconnection. | Action Step: <ul style="list-style-type: none"> Work with IT staff to modify internal systems and protocols to collect email and alternate contact details for youth exiting care who may wish to return to care to become Non-Minor Dependents (NMDs). | Responsible: CSD leadership; Tay Initiative; IT manager |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|--|---|--|
| Services to Children and Families | | |
| Recommendation: Review data on service availability by region within the County and assess opportunities for service expansion. | Action Step: <ul style="list-style-type: none"> Leverage the Asset Mapping effort to collect and analyze data on service availability, particularly for high-need services such as domestic violence, mental health, substance abuse, income & employment, housing, and carceral re-entry programs. | Responsible: Committee on Inter-Departmental Systems Improvement |
| Recommendation: Identify opportunities for expanded access to transportation for clients living in remote areas of the county. | Action Step: <ul style="list-style-type: none"> Engage rideshare companies (e.g., Lyft & Uber) to determine opportunities for reduced-cost transportation services for child-welfare-involved families. Consider the feasibility of extending Los Angeles County's child and youth transportation service, Hop, Skip, Drive for implementation in Riverside County (www.hopskipdrive.com). | Responsible: CSD leadership; Contract Unit; Strategic Initiatives Unit |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|--|---|---|
| Recommendation: Continue to build on the already established peer mentor model to make mentoring services more widely available to parents. | Action Step: <ul style="list-style-type: none"> Contact staff associated with the Contra Costa Parent Partner program to examine replication opportunities, including models of staff supervision. | Responsible: CSD leadership; Strategic Initiatives Unit |
| Court Services | | |
| Recommendation: Include a requirement in CSD contracts that directs service providers to share completion reports and activity logs with the County and Appointed Counsel. | Action Step: <ul style="list-style-type: none"> Add new contract language to community providers to require regular communication with CSD social workers and juvenile court attorneys about client progress and completion activities. | Responsible: CSD leadership; Juvenile Court leadership, Contracts Unit, IT Unit |
| Recommendation: Track and publicize court report completion rates. | Action Step: <ul style="list-style-type: none"> Court staff should develop simple case counts and summarize monthly. | Responsible: Juvenile Court leadership |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|---|---|---|
| Recommendation: Expand the role of County Counsel during this period of staffing shortages to support the development of timely court reports. | Action Step: <ul style="list-style-type: none"> County counsel staff be made available for office hours and other one-on-one support to aid social workers in developing court reports. | Responsible: County Counsel |
| Recommendation: Resume in-person court activities for social workers on a selective basis. | Action Step: <ul style="list-style-type: none"> Engage supervisors in selecting client cases appropriate for a social workers' in-person court presence on a limited basis. | Responsible: CSD; County Counsel |
| Recommendation: Expand partnership with the CASA program. | Action Steps: <ul style="list-style-type: none"> Engage communications staff in featuring CASA on the revamped DPSS website. Ensure a CASA representative is included in county-wide efforts to recruit highly effective foster parents. | Responsible: CSD leadership; CASA E.D.; Juvenile Court; Appointed Counsel |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|--|---|---|
| Recommendation: Create courtroom and attorney-level access to the new Comprehensive Child Welfare Information System (CCWIS). | Action Step: <ul style="list-style-type: none"> • Implement two-way (bi-directional) data exchange between the agency and the court. • Identify Appointed Counsel representative to assist in system design approval | Responsible: CSD leadership; Appointed Counsel; Juvenile Court; IT Unit |

OPG: Summary of Recommendations

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|--|--|--|
| <p>Recommendation: Increase number of deputy public guardians and decrease caseloads.</p> <p><i>Benchmarks: Reduced caseloads to 1:60 or less; reduced and maintained caseloads at a maximum ratio of 1:30 within two years.</i></p> | <p>Action Steps:</p> <ul style="list-style-type: none"> • Fill vacant deputy public guardian positions. • Work through CA PA/PG/PC to secure state funds for additional positions. • Explore specific grant funding in collaboration with other agencies. • Track cost savings of public guardianship functions for the county and state; use this information to advocate for additional funding for staff. | <p>Responsible: Board of Supervisors; RUHS/BH leadership; OPG leadership</p> |
| <p>Recommendation: Increase support for deputy public guardians.</p> <p><i>Benchmark: Reduced turnover of deputy public guardians.</i></p> | <p>Action Steps:</p> <ul style="list-style-type: none"> • Explore scenarios of unsafe field environments and develop a plan of protection. • Develop, contract for, and incentivize curricula concerning best practices through OPG supervisors, RUHS/BH staff, DPSS and other county agencies, CA PA/PG/PC, and National Guardianship Association. • Purchase necessary technology for deputy public guardians, including equipment for use in the field. | <p>Responsible: Board of Supervisors; RUHS/BH leadership; OPG leadership; RUHS/BH and OPG HR</p> |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|--|---|--|
| | <ul style="list-style-type: none"> • Allocate funds for increased administrative support for deputy public guardians. • Review and develop policies for remote work for functions without client interface. • Increase flexibility of work hours. • Convene a facilitated working group on reducing deputy public guardians' stress. • Develop protocols for supervisors to periodically receive feedback from deputies. | |
| <p>Recommendation: Improve OPG collaboration with other agencies.</p> <p><i>Benchmark: Increased use of Self-Sufficiency benefits by OPG clients.</i></p> | <p>Action Steps:</p> <ul style="list-style-type: none"> • Include OPG in County Service Integration planning meetings. • Establish meetings with DPSS agencies, CalFresh, Medi-Cal, CalWORKS, Office on Aging, and housing agencies to develop working agreements. • Designate liaisons with these agencies to fast track services. | <p>Responsible: Inter-departmental executive steering committee for Service Integration; RUHS/BH leadership; OPG leadership; County Counsel; DPSS leadership; leadership of housing agencies</p> |
| <p>Recommendation: Implement means of OPG external review and outreach.</p> | <p>Action Steps:</p> <ul style="list-style-type: none"> • Convene a workgroup to develop OPG-specific complaint processes and means of publicizing the process. • Contract for a redesign of the website within county guidelines. | <p>Responsible: RUHS/BH leadership; OPG leadership; County Counsel</p> |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|---|--|--|
| <p>Benchmark: <i>Increased awareness of how to make a complaint using the complaints process, as measured by client interviews; number of website hits; percentage of audit findings resolved.</i></p> | <ul style="list-style-type: none"> • Contract for or designate staff to produce a succinct, accessible, and informative OPG annual report. • Identify an independent performance audit entity and contract for review. • Identify staff and/or an outside entity to develop a plan for a continuous quality improvement protocol. • Identify 8–10 experts from different disciplines in the county to serve on an advisory committee, staff the committee, and determine meeting protocols and means of committee input. | |
| <p>Recommendation: Implement channels to strengthen client voice in OPG decision-making.</p> <p>Benchmark: <i>Improved client satisfaction, as measured by the client satisfaction survey.</i></p> | <p>Action Steps:</p> <ul style="list-style-type: none"> • Convene a workgroup of staff and experts or use the advisory committee to develop a guide for staff on client-centered practice and client rights. • Train staff on the client-centered practice guide. • Convene a workgroup of staff and experts or use the advisory committee to develop an OPG client satisfaction survey. | <p>Responsible: OPG leadership; County Counsel; Appointed Counsel</p> |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|---|---|--|
| | <ul style="list-style-type: none"> Implement the client satisfaction survey; provide any needed support to clients in responding. | |
| <p>Recommendation: Expand use of client residential settings.</p> <p><i>Benchmark: Increased Number and percent of clients living in their own home, in affordable apartments, in small board and care or assisted living settings, and in nursing homes.</i></p> | <p>Action Steps:</p> <ul style="list-style-type: none"> Convene a workgroup of staff, experts and/or advisory committee members to develop policies and procedures for community-based placements. Train staff on policies and procedures. Meet with housing agencies and programs to develop OPG agreements and liaisons. Meet with the long-term care ombudsman program concerning referral protocols. | <p>Responsible: leadership; OPG leadership; Housing agencies</p> |

Appointed Counsel: Summary of Recommendations

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|--|---|--|
| <p>Recommendation: Reduce juvenile dependency counsel caseloads.</p> <p>Caseloads for court appointed dependency counsel should be reduced such that caseloads should never exceed the 141/188 threshold per attorney.</p> <p><i>Benchmark: Cases per court-appointed dependency counsel below the 141/188 threshold.</i></p> | <p>Action Step:</p> <ul style="list-style-type: none"> Monitor court-appointed dependency counsels' caseloads and contract with additional attorneys as needed to ensure caseloads do not exceed the 141/188 threshold. | <p>Responsible: Superior Court, in consultation with Appointed Counsel</p> |
| <p>Recommendation: Ensure payment on each juvenile dependency appointment.</p> <p>Currently, the contracts require that appointed counsel submit an invoice for a predetermined number of</p> | <p>Action Steps:</p> <ul style="list-style-type: none"> Amend current contract to permit monthly invoices for actual number of appointments. Include similar provision in future contracts. | <p>Responsible: Superior Court, in consultation with Appointed Counsel</p> |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|--|---|---|
| <p>appointments with a quarterly reconciliation system. The contract should be revised to allow appointed counsel to submit invoices for the actual number of appointments each month.</p> <p><i>Benchmark: Completion of new or amended contract.</i></p> | | |
| <p>Recommendation: Conduct flat-fee compensation analyses.</p> <p>The County should conduct studies to ensure that the negotiated flat-fee rates are adequate for the attorneys' practice, accounting for overhead and other costs borne by private professionals and, in the case of juvenile appointments, that at a minimum, compensation is equal to county or child welfare agency attorneys' compensation.</p> | <p>Action Steps:</p> <ul style="list-style-type: none"> • Conduct studies to evaluate current rates provided to counsel providing representation in juvenile dependency, conservatorship, and guardianship proceedings. • Amend the contracts to compensate court-appointed counsel according to the studies. • Ensure any future flat-fee contract reflects the findings of these studies. | <p>Responsible: Superior Court; Board of Supervisors, in consultation with Appointed Counsel</p> |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|--|--|--|
| <p><i>Benchmark: Completion of flat-fee compensation analyses.</i></p> | | |
| <p>Recommendation: Add an extraordinary case fee provision to the contract for representation in probate court.</p> <p><i>Benchmark: Revised contract for Designated Firm includes extraordinary case fee provision.</i></p> | <p>Action Steps:</p> <ul style="list-style-type: none"> • Negotiate with the Designated Firm to amend the current contract to include a provision for additional compensation in extraordinary cases. • Ensure that any future flat-fee contract includes a provision for additional compensation in extraordinary cases. | <p>Responsible: Board of Supervisors, in consultation with Appointed Counsel</p> |
| <p>Recommendation: Consider the feasibility of hourly rate compensation structures.</p> <p>Consider modifying the contracts with appointed counsel and the Designated Firm to compensate on an hourly basis instead of on a per-case basis.</p> | <p>Action Step:</p> <ul style="list-style-type: none"> • Evaluate the feasibility of hourly rate structures. | <p>Responsible: Superior Court; Board of Supervisors, in consultation with Appointed Counsel</p> |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|--|---|--|
| <p>Recommendation: Implement feedback systems that capture clients' voices.</p> <p>Create formal client feedback systems to make sure that clients are given the opportunity to voice their needs and concerns to their counsel on a regular basis.</p> <p><i>Benchmark: Created client feedback systems.</i></p> | <p>Action Step:</p> <ul style="list-style-type: none"> • Create formal client feedback systems (i.e., periodic surveys, client check-ins, and client exit interviews) to make sure that clients are given the opportunity to voice their needs and concerns on a regular basis. | <p>Responsible: Appointed counsel</p> |
| <p>Recommendation: Determine and set caseload for caseload of conservatorship and guardianship proceedings.</p> <p>Impose a cap on attorney caseloads in guardianship and conservatorship cases.</p> <p><i>Benchmarks: Established ceiling for caseloads per attorney, completed new or amended contract which</i></p> | <p>Action Steps:</p> <ul style="list-style-type: none"> • Work with the Designated Firm and other experts to determine the appropriate caseload ceiling for a caseload of conservatorship and guardianship proceedings. • Modify the contract with the Designated Firm to ensure that no attorney has a caseload higher than the determined threshold. • Once set, include caseload ceilings in future contracts. | <p>Responsible: Board of Supervisors, in consultation with Appointed Counsel</p> |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|--|---|---|
| <i>ensures caseloads fall below the determined threshold.</i> | | |
| <p>Recommendation: Create an informational document for conservatorship and guardianship proceedings.</p> <p><i>Benchmark: Created informational summary document describing roles and responsibilities.</i></p> | <p>Action Step:</p> <ul style="list-style-type: none"> • Create an informational document that summarizes the various roles and responsibilities of professionals involved in conservatorships and guardianships. | <p>Responsible: OPG leadership; Superior Court; County Counsel; Appointed Counsel</p> |

Self-Sufficiency Programs: Summary of Recommendations

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|---|---|---|
| <p>Recommendation: Leverage the county-wide Integrated Health and Human Services Delivery System effort to streamline data sharing protocols and practices between DPSS internal programs.</p> | <p>Action Steps:</p> <ul style="list-style-type: none"> • Identify a plan to prioritize training and supporting staff in accessing and interpreting new information that will become available through increased data sharing. • Maximize opportunities to share de-identified data for large-scale analytics and targeted outreach. Create protocols for documenting the legal basis for each step of the data sharing. A knowledge base of these rationales will support continuity, especially when turnover is high. • Develop and articulate an umbrella approach that avoids the need to reinvent sharing agreements. | <p>Responsible: DPSS leadership</p> |
| <p>Recommendation: Create a plan, as part of the Integrated Health and Human Services Delivery System effort, to improve screening, referral, and enrollment systems to</p> | <p>Action Steps: Develop implementation plans for:</p> <ul style="list-style-type: none"> • Investing in automated screening tools to support integrated enrollment and agency-wide protocols for DPSS staff to | <p>Responsible: DPSS leadership; OPG leadership</p> |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|---|--|---|
| <p>ensure that all clients are systematically connected to the full suite of supportive services that they may need, regardless of whether DPSS, other county departments, or community-based service providers administer those services.</p> | <p>systematically connect clients to referral hubs.</p> <ul style="list-style-type: none"> • Ramping up ongoing communication with clients about additional services. • Expanding the use of multi-disciplinary teams between DPSS programs and across the county to better assess needs and provide holistic support for clients. | |
| <p>Recommendation: Strengthen messaging to clients to ensure that they can maximize the benefits from Self-Sufficiency programs.</p> <p><i>Benchmarks: Increased client knowledge of ways to maximize benefits; increased engagement with health care providers among Medi-Cal clients.</i></p> | <p>Action Steps:</p> <ul style="list-style-type: none"> • Develop multilingual materials, along with text and email follow-up messaging, on ways to use and maximize benefits. Identify distribution times for physical materials and digital follow-up messages. Monitor uptake rates for promoted services. • Create a plan to systematically promote the availability of health care navigators to ensure that Medi-Cal clients get actual health care and not just insurance. • Systematically include guidance on how to stretch CalFresh benefits. | <p>Responsible: DPSS leadership</p> |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|--|--|---|
| <p>Recommendation: Streamline enrollment experiences to ensure that more eligible clients, especially those experiencing high stress and instability, get approved for benefits.</p> <p><i>Benchmarks: Increased BenefitsCal portal and text messaging opt-in rates to at least 80%; decreased percentage of applications denied due to procedural reasons to at least the rates of the closest peer county.</i></p> | <p>Action Steps:</p> <ul style="list-style-type: none"> • Conduct an analysis of current enrollments and procedural denials for Self-Sufficiency programs for low-income adults associated with recent APS, CSD, and OPG cases. • Review existing benefits access and enrollment experiences from a client-centered, trauma-informed approach, potentially engaging a client-centered design consultant for support. Include ongoing feedback structures and plans for testing possible improvements. • Create additional liaisons, including dedicated eligibility specialists, to support Adult Services, CSD, and OPG social workers with streamlined interviewing and verification processes. This should include a focus on CalFresh applications for NMDs and youth under the care of CSD who lack food access. • Increase the usage (opt-in rate) and impact of text and email campaigns that let people know what the next steps are in the enrollment and benefits access process before it is too late. Reminder messages for key enrollment processes (e.g., interviews, | <p>Responsible: DPSS leadership</p> |

| Recommendation & Benchmark | Timeline & Action Steps | Positions or Units Responsible |
|----------------------------|---|--------------------------------|
| | <p>verification document uploads) should use industry best practices with regard to messaging and timing.</p> <ul style="list-style-type: none"> • Experiment with strategies for reducing CalFresh denials due to missed verifications. | |