



Board of
Behavioral
Sciences

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MEETING NOTICE

Consumer Protection Committee July 20, 2007

Department of Consumer Affairs
1625 N. Market Blvd.
El Dorado Room
(916) 574-7830

10:00 a.m. – 3:00 p.m.

- I. Introductions
- II. Review and Approve April 11, 2007 Consumer Protection Committee Meeting Minutes
- III. Review and Discussion of Disciplinary Guidelines
- IV. Review and Discussion of Supervision Rules for Associate Clinical Social Workers
- V. Review and Discussion of Requirements for Group Supervision
- VI. Review of the Transnational Association of Christian Colleges and Schools Accreditation for Marriage and Family Therapist Licensure
- VII. Discussion of Licensure for Child Welfare Staff
- VIII. Update on Examination Program
- IX. Review Enforcement Program Statistics
- X. Review of Draft Consumer Information Brochure
- XI. Suggestions for Future Agenda Items

Public Comment on items of discussion will be taken during each item. The Chairperson will determine time limitations. Due to the convenience of the presenters, items may be heard out of the order listed on the Agenda. Times are approximate and subject to change. Action may be taken on any item listed on the Agenda.

THIS AGENDA AS WELL AS BOARD MEETING MINUTES CAN BE FOUND ON THE BOARD OF BEHAVIORAL SCIENCES WEBSITE AT www.bbs.ca.gov

NOTICE: The meeting facilities are accessible to persons with disabilities. Please make requests for accommodations to the attention of Christina Kitamura at the Board of Behavioral Sciences, 1625 N. Market Boulevard, Suite S-200, Sacramento, CA 95834, or by phone at 916-574-7835, no later than one week prior to the meeting. If you have any questions please contact the Board at (916) 574-7830.



Arnold Schwarzenegger
Governor

State of California

State and Consumer
Services Agency

Department of
Consumer Affairs

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***DRAFT* MEETING MINUTES**

Consumer Protection Committee

April 11, 2007

9:30 a.m. – 12:30 p.m.

Ayres Hotel and Suites

325 Bristol Street

Costa Mesa, CA 92626

MEMBERS PRESENT

Judy Johnson, Chair, LEP Member
Renee Lonner, LCSW Member
Howard Stein, Public Member
Joan Walmsley, LCSW Member

STAFF PRESENT

Paul Riches, Executive Officer
Mona Maggio, Assistant Executive Officer
Christy Berger, Legislative Analyst
Justin Sotelo, Regulation Analyst
George Ritter, Legal Counsel

MEMBERS ABSENT

None

GUEST LIST ON FILE

I. Introductions

Judy Johnson, Committee Chair, called the meeting to order at 9:40 a.m. Committee members introduced themselves in place of roll. A quorum was established. Staff and guests also introduced themselves.

II. Review and Approve January 10, 2007 Consumer Protection Committee Meeting Minutes

Howard Stein moved, Joan Walmsley seconded, and the Committee concurred to approve the January 10, 2007 Consumer Protection Committee Meeting Minutes.

III. Review Strategic Plan Goal #3 – Promote Higher Professional Standards Through Rigorous Enforcement and Public Policy Changes – Report on Progress

Mona Maggio stated that a number of the objectives under this agenda item are covered as separate issues during today's meeting. Ms. Maggio provided an update on the following objectives:

Objective 3.3 - Complete 12 Substantive Changes in Laws and Regulations by January 1, 2008. At this time, there were no legislative changes since the February 2007 Board Meeting. The legislature reconvened in January and staff is currently analyzing a number of bills, including proposals for licensure of Alcohol and Drug Abuse Counselors and Licensed Professional Counselors.

The proposal to give Delegation of Authority to the Executive Officer, Title 16, California Code of Regulations (CCR) Section 1803 was submitted and approved by the Office of Administrative Law and was sent to the Secretary of State on March 20, 2007. The regulation becomes effective in 30 days.

Objective 3.7 – Complete Annual Review of Examination Program and Report the Results at a Public Meeting. Staff has identified this objective as being met. The Department of Consumer Affairs (DCA) has contracted with a new examination vendor Psychological Testing, Inc. (PSI). The last day for candidates to test with Thomson/Prometric will be May 31, 2007. Paul Riches and Steve Sodergren met with PSI representatives to prepare for the transition between vendors. Staff has developed a letter to inform candidates of the change in vendors; however, there is still a lot of information we do not know. Additional meetings will be held with PSI and the Office of Examination Resources for information sharing prior to the June 1, 2007 implementation. There will be 13 test sites devoted to DCA licensure candidates. This alone will alleviate many problems that candidates experience when testing with Thomson. Candidates will be able to schedule exams within 5 days of receiving their eligibility notification compared to 14 days previously required by Thomson.

Mr. Riches indicated that staff is receiving a bit of a "crash course" as this is a big change. Ten DCA agencies will use this contract, with the Board as one of the largest based on candidates and the number of exams. New candidate handbooks are under review and will be sent to candidates once available. The professional associations will assist the Board by sharing information on the change in exam vendors, the scheduling process, etc. PSI is headquartered in Burbank, California. Mr. Riches stated that we had a positive kick-off meeting with PSI and we have heard good things about this company. Their bid was the only one submitted in the last round of bidding. Mr. Riches shared that in past we have had an assortment of problems reported about the professionalism and knowledge of the proctors employed by Thomson. We have been assured that the proctors employed by PSI will be fully trained and will have access to PSI headquarters to assist them should problems arise they cannot handle. The 13 DCA sites are brand new sites. PSI has test sites in 23 states – so there may be the opportunity for candidates seeking licensure in California to test in other states; however, currently, only about half of the sites meet our requirements.

Ms. Johnson inquired as to the kind of growth projection we foresee in candidates sitting for the examinations. Mr. Riches responded that licensure growth is 1%-2% increase each year. He added that we would see reduced testing in May due to the transition, and then an increase most likely in July. Additionally, we should see a reduction in the vendor cost of about \$40k-\$50k per year.

IV. Review and Possible Action on Proposal to Adopt a Retired License Status for Marriage and Family Therapists (MFTs), Licensed Clinical Social Workers (LCSWs), and Licensed Educational Psychologists (LEPs)

Justin Sotelo reported that at the January 10, 2007 meeting, the Committee discussed the possibility of creating a retired licensed status for the Board's licensees. This proposal came from staff that receive numerous inquiries and requests from licensees regarding a retired licensed status. Currently, if a licensee retires from practice, he/she can request that his/her license be placed on inactive status and pay a biennial fee of one half the standard active renewal fee, or not pay the fee and allow his/her license to expire. If a licensee allows his/her license to expire, the Board's web site labels his/her license status as "delinquent" until the license is cancelled after five years.

At the January 2007 meeting the committee reviewed a comparison table that illustrates the differences and similarities between those boards that offer a retired license status, (Board of Pharmacy, California Architects Board, Board for Professional Engineers and Land Surveyors, Medical Board of California, and the Board of Registered Nursing) as well as model statutory language that the Board could emulate. The Committee members expressed interest in creating a retired license status and requested that staff come back with proposed legislative language that it could consider recommending to the Board.

At the April 11, 2007 meeting the Committee reviewed the proposed language. Ms. Johnson asked if a licensee would be able to reinstate his/her license from a retired status to an active status. Staff suggested allowing a licensee to reactivate from a retired status license to an active status license within the first three years of going to a retired status. This would be consistent with the existing policy of allowing a delinquent license to be renewed to active status.

The Committee recommended that the Board pursue legislation to create a retired license status for marriage and family therapists, licensed clinical social workers and licensed educational psychologists. This proposal includes amendments to include a reinstatement process within the first three years of the license being in a retired status.

V. Discussion and Possible Action on Proposal to Amend California Code of Regulations (CCR) Section 1887.2 Regarding Exceptions to Continuing Education Requirements

Mr. Sotelo reported that at the February 15, 2007 meeting, the Board reviewed the proposed language and the request for exception form as recommended by the Committee. However, there was discussion to modify the minimum timeframe for CE exceptions pertaining to a disability [under CCR Section 1887.2, subsection(c) (3)] Staff had originally recommended that the timeframe be established at a one-year minimum in order to provide consistency with subdivision (c) (1) [exceptions pertaining to military service] and (c) (2) [exceptions pertaining to residing in another country}. However, the Board voted to modify the minimum timeframe under (c) (3) to "at least nine (9) months."

Staff brought this issue back to the Committee for further discussion. Ms. Maggio stated that the purpose of an exception to the continuing education requirement is for those individuals who were 1) disabled; 2) the main caregiver for an ill family member; 3) lived out of the country for a year; or 4) was serving in the military. However; staff is finding that some licensees are abusing the exception process to get out of completing the CE requirement for their license renewal. Keeping the one-year minimum will provide

consistency with the subdivisions and help eliminate those who are abusing the exception process.

The Committee recommended that the Board proceed with the recommendation that the timeframes for requesting an exception to the continuing education requirement be consistent within the subsections of CCR 1887.2.

VI. Review and Possible Action on Proposal to Clean-Up Continuing Education Regulations

Mr. Sotelo reported that in an effort to meet the Board's strategic planning objectives, staff has reviewed the continuing education regulations and has recommended minor clean-up amendments.

The Committee recommended that the Board proceed with the suggested clean-up regulations.

VII. Review and Possible Action on Proposal to Amend CCR Section 1870 Regarding Two-Year Practice Requirement for LCSW Supervisors

Mr. Sotelo reported that Section 1870 of Title 16, Division 18 of the California Code of Regulations sets forth the requirements for supervisors of Associate Clinical Social Workers (ASW). Section 1833.1 sets forth the requirements for supervisors of Marriage and Family Therapist (MFT) Interns and Trainees.

Currently, Section 1833.1 requires that supervisors of MFT Interns and Trainees be licensed for at least two years prior to commencing any supervision; Section 1870 does not have a comparable requirement for supervisor of ASWs.

In order to provide consistency between the two regulations, staff recommended that language be added under Section 1870 which would require that supervisor of ASWs also be licensed for at least two years prior to commencing any supervision.

A member of the audience suggested that there should be a percentage of required supervisor time with a supervisee. The Committee agreed this might be an issue for discussion at a future meeting.

Charlene Gonzalez suggested a work group be formed so that licensees could discuss these types of issues.

The Committee recommended that the Board proceed with the suggested amendment to Title 16, California Code of Regulations Section 1870.

VIII. Discussion and Possible Action to Allow Supervision of MFT Interns and ASWs Via Videoconferencing

Christy Berger reported that in January 2006 the Committee discussed allowing supervisors to conduct required one-on-one supervision sessions with interns via video conferencing. The Committee directed staff to bring back a specific proposal for limited use of video conferencing for remote locations and specialty access for ASWs and IMFs. The Committee reconsidered the proposal at its April 2006 meeting and it was suggested that perhaps a pilot study should first take place due to concerns regarding confidentiality. After further consideration, however, it was not clear what would be

gained from a pilot study. In the revised proposal presented at the April 2006 meeting, it was discussed that the supervisor would be responsible for maintaining the client's confidentiality. This could be done by ensuring a secure, private connection and data encryption, for example.

The Committee also discussed the amount of direct supervision hours that could be gained via video conferencing. The original proposal would have allowed a maximum of 12 hours of direct supervision via videoconferencing when a hardship existed in obtaining supervision at the setting. The supervisor would have been required to certify that a hardship existed, and the applicant would retain that certification for submission with his or her licensure application. However, after further consideration, staff recommended that the maximum number of hours be capped at 30 hours with or without a hardship situation. There is not good reason to limit this type of supervisor to twelve hours out of a minimum of 104 hours. Additionally, it would be difficult for the supervisor and staff to make a judgment regarding a qualifying hardship situation.

Ms. Gonzalez voiced that she is not in favor of this proposal. The proposal does not speak to the quality of supervision one would receive by video conferencing. She believes the Board may wish to make an exception to those who live in a rural setting.

Ms. Johnson stated that video therapy is growing. She believes 30 hours is sufficient, minimal, but just enough.

A member of the audience inquired as to how the supervisor would read a client's file? How would a supervisor review the supervisee's documentation? How would a supervisor sign off on the hours log?

Mr. Riches responded that the supervisor is still responsible to the supervisee. Face to face meetings would still be necessary and supervision by video conferencing would not be allowed in private practice settings.

It was suggested that a category for video supervision be added to the supervisor responsibility statement.

The Committee recommended that the Board sponsor legislation to permit supervision via videoconferencing consistent with the proposal submitted by staff.

IX. Discussion and Possible Action to Revise LEP Statutes Affected by Senate Bill 1475

Ms. Berger stated that Senate Bill 1475 made a number of changes to the statutes governing Licensed Educational Psychologists (LEP), including:

- Establishing a continuing education (CE) requirement for LEPs. The legislation set the CE requirement at 60 hours every two years. At the time of the legislation, LEPs who received their school psychologist credential on or after July 1, 1994 were required to complete 150 hours of professional development every five years, and average of 30 hours per year.
- Requiring qualifying experience to have been gained in the six years prior to application for licensure.
- Deleted the Board's ability to deem a degree with a title other than those specified in statute as equivalent.

Ms. Berger noted that draft language contained in SB1475 was shared with interest groups prior to its passage but the Board received no comment or opposition to the proposal at that time. However after passage, a number of stakeholders voiced the following concerns:

- The Commission on Teacher Credentialing (CTC) deleted the requirement for 150 hours of professional development effective January 1, 2007 (SB 1209)
- The one year of supervised professional experience required in an accredited school psychology program often takes place more than six years prior to applying for licensure. Many school psychologists do not apply for LEP licensure until later in their careers.
- Many degrees that would otherwise qualify do not have one of the titles specified in statute.

The Committee agreed with staff's recommendation to amend as follows:

- The CE requirement to 36 hours every two years, consistent with MFT and LCSW statutes.
- Permit the one-year of supervised professional experience required in an accredited school psychology program to have been gained at any time prior to the application for licensure.
- Restores the Board's ability to deem a degree with a title other than those specified in statute as equivalent.

Ms. Johnson requested further discussion regarding the supervision of educational psychologists – she prefers only LEPs provide clinical supervision. The Committee discussed if this was feasible. Are there enough LEPs to provide supervision?

Mr. Riches suggested the Committee address supervisor issue later so that this proposal can move forward.

The Committee recommended that the Board sponsor legislation to implement the amendments to the LEP Statutes consistent with this proposal.

X. Review and Discuss Advertising Guidelines and Use of Title for Inactive Licenses

Ms. Maggio stated that the Board receives a number of inquires regarding how a holder of an inactive license can represent himself/herself. Once a licensee places his/her license in inactive status, the licensee cannot practice. The Committee reviewed the advertising guidelines and samples of proper and improper advertisements. Ms. Maggio stated that the Board of Psychology allows licensees holding an inactive license to use the title psychologist, as long as they make it clear that they are not allowed to practice. Ms. Maggio stated that Board staff gives the same message to callers about BBS licensees who have placed their licenses in inactive status.

Ms. Maggio reported that currently, the Board has 3129 inactive LCSW licenses, 5850 MFT inactive licenses and 287 inactive LEP licenses.

Ms. Walmsley commented that an individual should not be handing out a business card if they cannot practice due to an inactive license.

George Ritter, Legal Counsel stated that some form of additional disclosure may be required; that would be consistent with other laws

The Committee recommended that staff draft language for inactive status licenses for the Committee's review.

XI. Discussion Regarding Life Coaching

Ms. Maggio stated that Board staff receives inquiries from consumers and licensees concerning the practice and advertising of life coaching. The standard response Board staff has been providing is that life coaches do not perform services within the scope of practice of our licensees and are not required to be licensed. Life coaches may advertise their services so long as they do not misrepresent themselves.

In an effort to educate ourselves on the differences between coaching and psychotherapy, the Enforcement staff met with Gary Yeatts, MSW, Executive Coach. Though Mr. Yeatts holds a valid LCSW license, he does not practice in that capacity. Mr. Yeatts explained that life coaches are experts in setting goals, providing strategies to achieve those goals and holding clients accountable in reaching their goals.

The Committee reviewed a comparison chart provided by Mr. Yeatts, as compiled by www.CoachVille.com, which identifies the differences between psychotherapy and coaching. He informed staff that ethical guidelines exist through two professional organizations that certify life coaches, the International Coaching Federation and the International Association of Coaches (ICF). According to the ICF, "Coaching is partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential."

Special education and/or training are not required unless an individual wishes to become certified through a professional association. Staff research found that no other states currently regulate the practice of life coaching.

Ms. Maggio stated that it is not known how many complaints have been received concerning life coaches as these types of complaints are generally opened for unlicensed practice. The Board does investigate those cases alleging misleading advertising and unlicensed practice.

Ms. Johnson stated that there appears to be a fine line between being a coach and therapy. She knows a lot of life coaches have religious backgrounds.

Ms. Maggio suggested possibly a newsletter article and a piece on the website that provides clarification between a life coach and the scope of practice of the BBS licensees.

A representative from the California Association of Marriage and Family Therapists (CAMFT) stated CAMFT receives a number of calls from individuals who were disciplined by the Board and who are now practicing life coaching. CAMFT believes this is becoming a serious problem as anyone can call themselves a life coach and there is no oversight.

Mr. Riches suggested staff prepare an article and bring back to the Committee for review and further discussion.

A guest suggested we look at how other states are addressing this issue.

XII. Review Enforcement Program Statistics

The Committee reviewed the Enforcement Program's statistical reports. Ms. Maggio reported the budget change proposal to hire two full time analysts for the Enforcement Unit was approved. Interviews will take place in July. She noted that the Division of Investigation is still struggling to fill its vacant positions. Board Enforcement staff has

attended investigative training and we are relying more on our expert witnesses to assist in the investigative process.

XIII. Review Examination Program Statistics

Ms. Maggio explained that examination statistics are provided twice a year after a new examination format is implemented. The next set of statistics will be provided in August.

XIV. Discuss Future Agenda Topics

The next meeting of the Consumer Protection Committee is scheduled for July 20, 2007 in Sacramento. Ms. Walmsley noted that she will be on vacation during the month of July and would not be able to attend the July meeting.

A recommendation will be made to the Board in May 2007 to change the committee structure from four committees to two standing committees, Consumer Protection and Policy and Advocacy. These committees will meet on the same day. A third committee that will have oversight of the Board's Communication Plan, Strategic Plan and budget will meet in conjunction with the Board meetings.

Mr. Riches reported that staff is in the process of developing study guides for examination candidates. The Committee will have an opportunity to review and provide comments as soon as the drafts are complete.

The meeting adjourned at 12: 20 p.m.

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To: Consumer Protection Committee

Date: July 12, 2007

From: Rosanna Webb-Flores, Lead Analyst
Enforcement Unit

Telephone: (916) 574-7864

Subject: **Review and Discussion of Disciplinary Guidelines**

Overview

The Board of Behavioral Sciences is a consumer protection agency with the primary mission of protecting consumers by establishing and maintaining standards for competent and ethical behavior by the professionals under its jurisdiction. One of the Board's highest priorities is to protect consumers by employing its authority to investigate complaints and take disciplinary action against licensees, registrants and applicants for licensure who endanger the health and safety of the consumer.

Business and Professions Code Sections 4982, 4989.54, 4988.1 4992.3 and 4998.5 specify the grounds for which the Board may discipline a Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Educational Psychologist, Registered Marriage and Family Therapist Intern, and Associate Clinical Social Worker.

The Board's Disciplinary Guidelines are utilized by Board staff, Deputy Attorneys General, Administrative Law Judges, licensees and attorneys to assist in determining the penalties in the disciplinary process against Marriage and Family Therapists, Licensed Clinical Social Workers, Licensed Educational Psychologists, Registered Marriage and Family Therapist Interns, and Associate Clinical Social Workers.

The Disciplinary Guidelines indicate the minimum and maximum discipline that may be imposed for each violation of the Board's laws and regulations. The Disciplinary Guidelines also contain standard and optional terms and conditions that may be imposed if the respondent is placed on probation. "Standard" terms and conditions of probation are applied in all settlements where a period of probation is granted. The "optional" terms and conditions of probation are incorporated in the settlement based on the circumstances specific to the case.

The Board's Disciplinary Guidelines are incorporated by reference in California Code of Regulations, Division 18, Title 16, Section 1888. The Board adopted Disciplinary Guidelines in 1997; the most recent revision was in May 2004.

Proposed Action

At the May Board Meeting, the Board asked the Consumer Protection Committee to review the current Disciplinary Guidelines and determine if the recommended penalties are appropriate for the violations and to suggest revisions where necessary.

Attachment

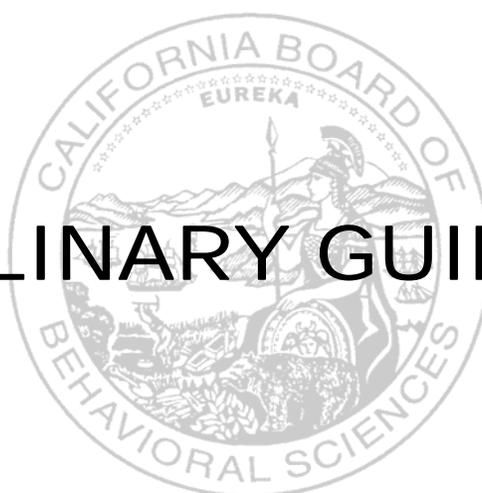
Disciplinary Guidelines (revised May 21, 2004)

State of California

Department of Consumer Affairs

Board of Behavioral Sciences

DISCIPLINARY GUIDELINES



Revised: May 21, 2004

INTRODUCTION

The Board of Behavioral Sciences (hereinafter “the Board”) is a consumer protection agency with the primary mission of protecting consumers by establishing and maintaining standards for competent and ethical behavior by the professionals under its jurisdiction. In keeping with its mandate, the Board has adopted the following recommended guidelines for the intended use of those involved in the disciplinary process: Administrative Law Judges, licensee respondents and attorneys involved in the discipline process, as well as Board members who review proposed decisions and stipulations and make final decisions.

These guidelines consist of two parts: an identification of the types of violations and range of penalties, for which discipline may be imposed (Penalty Guidelines); and model language for proposed terms and conditions of probation (Model Disciplinary Orders).

The Board expects the penalty imposed to be commensurate with the nature and seriousness of the violation.

These penalty guidelines apply only to the formal disciplinary process and do not apply to other alternatives available to the Board, such as citations and fines. See Business and Professions Code Section 125.9 and Title 16 California Code of Regulations Section 1886.

TABLE OF CONTENTS

PENALTY GUIDELINES.....	4
Engaging in Sexual Contact with Client / Former Client	5
Sexual Misconduct.....	5
Commission of an Act Punishable as a Sexually Related Crime	5
Impaired Ability to Function Safely Due to Mental illness, Physical Illness, Affecting Competency or Chemical Dependency.....	6
Chemical Dependency / Use of Drugs With Client While Performing Services	6
Intentionally / Recklessly Causing Physical or Emotional Harm to Client	7
Gross Negligence / Incompetence	7
General Unprofessional Conduct.....	7
Failure to Comply with Mandated Reporting Requirements.....	8
Conviction of a Crime Substantially Related to Duties, Qualifications, and Functions of a Licensee / Registrant	8
Commission of Dishonest, Corrupt, or Fraudulent Act Substantially Related to Qualifications, Duties and Functions of License	9
Performing, Representing Able to Perform, Offering to Perform, Permitting Trainee or Intern to Perform Beyond Scope of License / Competence	9
Discipline by Another State or Governmental Agency	9
Securing or Attempting to Secure a License by Fraud.....	9
Misrepresentation of License / Qualifications.....	10
Violates Exam Security / Subversion of Licensing Exam.....	10
Impersonating Licensee / Allowing Impersonation.....	10
Aiding and Abetting Unlicensed / Unregistered Activity	10
Failure to Maintain Confidentiality	10
Failure to Provide Sexual Misconduct Brochure	10
Improper Supervision of Trainee / Intern / Associate / Supervisee	11
Violations of the Chapter or Regulations by Licensees or Registrants / Violations Involving Acquisition and Supervision of Required Hours of Experience	11
Pay, Accept, Solicit Fee for Referrals	11
Failure to Disclose Fees in Advance.....	11
False / Misleading / Deceptive / Improper Advertising.....	12
Failure to Keep Records Consistent with Sound Clinical Judgment	12
MODEL DISCIPLINARY ORDERS	13
Optional Terms and Conditions of Probation	13
Standard Terms and Conditions of Probation.....	20

BOARD POLICIES AND GUIDELINES	25
Accusations.....	25
Statement of Issues	25
Stipulated Settlements	25
Recommended Language for License Surrenders	25
Proposed Decisions	26
Reinstatement/Reduction of Penalty Hearings	26

PENALTY GUIDELINES

The following is an attempt to provide information regarding violations of laws under the jurisdiction of the Board of Behavioral Sciences and the appropriate range of penalties for each violation. Each penalty listed is followed in parenthesis by a number, which corresponds with a number under the chapter "Model Disciplinary Orders." Examples are given for illustrative purposes, but no attempt is made to catalog all possible violations. Optional conditions listed are those the Board deems most appropriate for the particular violation; optional conditions not listed as potential minimum terms, should nonetheless be imposed where appropriate. The Board recognizes that the penalties and conditions of probation listed are merely guidelines and that individual cases will necessitate variations which take into account unique circumstances.

If there are deviations or omissions from the guidelines in formulating a Proposed Decision, the Board requires that the Administrative Law Judge hearing the case include an explanation of the deviations or omissions, including all mitigating factors considered by the Administrative Law Judge in the Proposed Decision so that the circumstances can be better understood by the Board during its review and consideration of the Proposed Decision.

STATUTE Business and Professions Code: [B&P], Title 16, California Code of Regulations: [CCR], General Provisions: [GP], Penal Code: [PC], and Welfare and Institutions Code: [WI]	VIOLATION CATEGORY	MAXIMUM PENALTY	MINIMUM PENALTY
MFT: B&P § 4982.26 LCSW: B&P § 4992.33 LEP: B&P § 4986.71 GP: B&P § 729	<i>ENGAGING IN SEXUAL CONTACT WITH CLIENT / FORMER CLIENT</i>	Revocation / Denial of license or registration application; cost recovery. The Board considers this reprehensible offense to warrant revocation.	Revocation / Denial of license or registration application; cost recovery.
MFT: B&P § 4982(k), 4982.26 LCSW: B&P § 4992.3(k), 4992.33 CCR § 1881(f) LEP: B&P § 4986.71 CCR § 1858(h) GP: B&P § 480, 726	<i>SEXUAL MISCONDUCT</i> (Anything other than as defined in B&P Section 729)	Revocation / Denial of license or registration application; cost recovery. (See B&P 4982.26, 4986.71, 4992.33) The Board considers this reprehensible offense to warrant revocation.	Revocation stayed; 120-180 days minimum actual suspension and such additional time as may be necessary to obtain and review psychological/psychiatric evaluation and to implement any recommendations from that evaluation, and to successfully complete the required licensure examination as a condition precedent to resumption of practice; 7 years probation; standard terms and conditions; psychological/psychiatric evaluation as a condition precedent to resumption of practice; supervised practice; psychotherapy; education; take and pass licensure examination; reimbursement of probation program; and if warranted: rehabilitation program; abstain from controlled substances/use of alcohol, submit to biological fluid testing and samples; restricted practice, reimbursement of probation program costs.
MFT: B&P § 4982(k) LCSW: B&P § 4992.3(k) CCR § 1881(f) LEP: CCR § 1858(h) GP: B&P § 480	<i>COMMISSION OF AN ACT PUNISHABLE AS A SEXUALLY RELATED CRIME</i>	Revocation / Denial of license or registration application; cost recovery.	Revocation stayed; 120-180 days minimum actual suspension and such additional time as may be necessary to obtain and review psychological/psychiatric evaluation and to implement any recommendations from that evaluation; psychotherapy; 5 years probation; standard terms and conditions; psychological/psychiatric evaluation as a condition precedent to the resumption of practice; supervised practice; education; cost recovery; reimbursement of probation program costs; and if warranted: restricted practice.

STATUTE Business and Professions Code: [B&P], Title 16, California Code of Regulations: [CCR], General Provisions: [GP], Penal Code: [PC], and Welfare and Institutions Code: [WI]	VIOLATION CATEGORY	MAXIMUM PENALTY	MINIMUM PENALTY
MFT: B&P § 4982(c), 4982.1 LCSW: B&P § 4992.3(c), 4992.35 LEP: B&P § 4986.70(c), 4986.75 GP: B&P § 480, 820	<i>IMPAIRED ABILITY TO FUNCTION SAFELY DUE TO MENTAL ILLNESS OR PHYSICAL ILLNESS AFFECTING COMPETENCY OR CHEMICAL DEPENDENCY</i>	Revocation / Denial of license or registration application; cost recovery.	Revocation stayed; 60-90 days actual suspension and such additional time as may be necessary to obtain and review psychological or psychiatric evaluation and to implement any recommendations from that evaluation; 5 years probation; standard terms and conditions; supervised practice; cost recovery; reimbursement of probation program costs. In addition: MENTAL ILLNESS: Psychological/psychiatric evaluation; psychotherapy. PHYSICAL ILLNESS: Physical evaluation; and if warranted: restricted practice. CHEMICAL DEPENDENCY: Psychological/psychiatric evaluation; therapy; rehabilitation program; abstain from controlled substances/use of alcohol, submit to biological fluid tests and samples; and if warranted: restricted practice.
MFT: B&P § 4982(c), 4982.1 LCSW: B&P § 4992.3(c), 4992.35 LEP: B&P § 4986.70(c), 4986.75 GP: B&P § 480	<i>CHEMICAL DEPENDENCY / USE OF DRUGS WITH CLIENT WHILE PERFORMING SERVICES</i>	Revocation / Denial of license or registration application; cost recovery.	Revocation stayed; 120-180 days minimum actual suspension and such additional time as may be necessary to obtain and review psychological/psychiatric evaluation and to implement any recommendations from that evaluation; 5 years probation; standard terms and conditions; psychological/psychiatric evaluation; supervised practice; education; rehabilitation program; abstain from controlled substances, submit to biological fluid test and samples; cost recovery; reimbursement of probation program costs; and if warranted: psychotherapy; restricted practice.

STATUTE Business and Professions Code: [B&P], Title 16, California Code of Regulations: [CCR], General Provisions: [GP], Penal Code: [PC], and Welfare and Institutions Code: [WI]	VIOLATION CATEGORY	MAXIMUM PENALTY	MINIMUM PENALTY
MFT: B&P § 4982(i) LCSW: B&P § 4992.3(i) CCR § 1881(d) LEP: CCR § 1858(d) GP: B&P § 480	<i>INTENTIONALLY / RECKLESSLY CAUSING PHYSICAL OR EMOTIONAL HARM TO CLIENT</i>	Revocation / Denial of license or registration application; cost recovery.	Revocation stayed; 90-120 days actual suspension; 5 years probation; standard terms and conditions; supervised practice; education; take and pass licensure exams; cost recovery; reimbursement of probation program costs; and if warranted: psychological/psychiatric evaluation; psychotherapy, restricted practice.
MFT: B&P § 4982(d) LCSW: B&P § 4992.3(d) CCR § 1881(m) LEP: --- GP: B&P § 480	<i>GROSS NEGLIGENCE / INCOMPETENCE</i>	Revocation / Denial of license or registration application; cost recovery.	Revocation stayed; 60-90 days actual suspension; 5 years probation; standard terms and conditions; supervised practice; education; take and pass licensure exams; cost recovery; reimbursement of probation program costs; and if warranted: psychological/psychiatric evaluation; psychotherapy; rehabilitation program; abstain from controlled substances/use of alcohol, submit to biological fluid testing; restricted practice.
MFT: B&P § 4982 CCR § 1845 LCSW: B&P § 4992.3 CCR § 1881 LEP: B&P § 4986.70, CCR § 1858 GP: B&P § 125.6 480, 821	<i>GENERAL UNPROFESSIONAL CONDUCT</i>	Revocation / Denial of license or registration application; cost recovery.	Revocation stayed; 60-90 days actual suspension; 3-5 years probation; standard terms and conditions; supervised practice; education; cost recovery; reimbursement of probation program; and if warranted: psychological/psychiatric evaluation; psychotherapy; rehabilitation program; abstain from controlled substances/use of alcohol, submit to biological fluid testing; restricted practice, law and ethics course.

STATUTE Business and Professions Code: [B&P], Title 16, California Code of Regulations: [CCR], General Provisions: [GP], Penal Code: [PC], and Welfare and Institutions Code: [WI]	VIOLATION CATEGORY	MAXIMUM PENALTY	MINIMUM PENALTY
MFT: CCR § 1845(c)–(d) LCSW: CCR § 1881(o)–(p) LEP: CCR § 1858(o)–(p) GP: B&P § 480 PC: 11166 W&I: 15630	<i>FAILURE TO COMPLY WITH MANDATED REPORTING REQUIREMENTS</i>	Revocation / Denial of license or registration application; cost recovery.	Revocation stayed; 60-90 days actual suspension; 5 years probation; standard terms and conditions; supervised practice; education; cost recovery; reimbursement of probation program costs; and if warranted: psychological/psychiatric evaluation; psychotherapy; restricted practice, law and ethics course.
MFT: B&P § 4980.40(h), 4982(a) LCSW: B&P § 4992.3(a), 4996.2(d), 4996.18(a) LEP: B&P § 4986.20(c), 4986.70(a) GP: B&P § 480, 490, 493	<i>CONVICTION OF A CRIME SUBSTANTIALLY RELATED TO DUTIES, QUALIFICATIONS, AND FUNCTIONS OF A LICENSEE / REGISTRANT</i>	Revocation / Denial of license or registration application; cost recovery.	Revocation stayed; 60 days actual suspension; 5 years probation; standard terms and conditions; supervised practice; education; cost recovery; reimbursement of probation program costs; terms and conditions of probation depend on the nature of the criminal offense. CRIMES AGAINST PEOPLE: Psychological/psychiatric evaluation; psychotherapy; restitution; and if warranted: rehabilitation program; restricted practice. DRUGS AND ALCOHOL: Psychological/psychiatric evaluation; psychotherapy; rehabilitation program; abstain from controlled substances/use of alcohol, submit to biological fluid testing; and if warranted: restricted practice. FISCAL AND PROPERTY CRIMES: Restitution, and if warranted: psychotherapy; take and pass licensure exams; rehabilitation program; restricted practice.

STATUTE Business and Professions Code: [B&P], Title 16, California Code of Regulations: [CCR], General Provisions: [GP], Penal Code: [PC], and Welfare and Institutions Code: [WI]	VIOLATION CATEGORY	MAXIMUM PENALTY	MINIMUM PENALTY
MFT: B&P § 4982(j) LCSW: B&P § 4992.3(j) CCR § 1881(e) LEP: B&P § 4986.70(f) CCR § 1858(e) GP: B&P § 480, 650, 810	<i>COMMISSION OF DISHONEST, CORRUPT, OR FRAUDULENT ACT SUBSTANTIALLY RELATED TO QUALIFICATIONS, DUTIES AND FUNCTIONS OF LICENSE</i>	Revocation / Denial of license or registration application; cost recovery.	Revocation stayed; 30-60 days actual suspension; 3-5 years probation; standard terms and conditions; education; cost recovery; law and ethics course; reimbursement of probation program costs; and if warranted: psychological/psychiatric evaluation; supervised practice; psychotherapy; take and pass licensure exams; restricted practice.
MFT: B&P § 4980.02, 4982(l), 4982(s), 4982(t) CCR § 1845(a) LCSW: B&P § 4992.3(l) 4996.9 CCR § 1881(g), 1881(h) LEP: B&P § 4986.10, CCR § 1858(i), 1858(j) GP: B&P § 480	<i>PERFORMING, REPRESENTING ABLE TO PERFORM, OFFERING TO PERFORM, PERMITTING TRAINEE OR INTERN TO PERFORM BEYOND SCOPE OF LICENSE / COMPETENCE</i>	Revocation / Denial of license or registration application; cost recovery.	Revocation stayed; 30-60 days actual suspension; 3-5 years probation; standard terms and conditions; education; cost recovery; reimbursement of probation program costs; and if warranted: psychological/psychiatric evaluation; supervised practice; psychotherapy, take and pass licensure exams; restricted practice.
MFT: B&P § 4982.25 LCSW: B&P § 4992.36 LEP: B&P § 4986.70 GP: B&P § 141, 480	<i>DISCIPLINE BY ANOTHER STATE OR GOVERNMENTAL AGENCY</i>	Revocation / Denial of license or registration application; cost recovery.	Determine the appropriate penalty by comparing the violation under the other state with California law; and if warranted: take and pass licensure exams as a condition precedent to practice, reimbursement of probation program costs.
MFT: B&P § 4982(b) LCSW: B&P § 4992.3(b), 4992.7 LEP: B&P § 4986.70(b) GP: B&P § 480, 498, 499	<i>SECURING OR ATTEMPTING TO SECURE A LICENSE BY FRAUD</i>	Revocation / Denial of license or registration application; cost recovery.	Revocation / Denial of license or registration application; cost recovery.

STATUTE Business and Professions Code: [B&P], Title 16, California Code of Regulations: [CCR], General Provisions: [GP], Penal Code: [PC], and Welfare and Institutions Code: [WI]	VIOLATION CATEGORY	MAXIMUM PENALTY	MINIMUM PENALTY
MFT: B&P § 4980, 4982(f) CCR § 1845(a), 1845(b) LCSW: B&P § 4992.3(f), 4996 CCR § 1881(a) LEP: B&P § 4986.50 CCR § 1858(a), 1858(g) GP: B&P § 480	<i>MISREPRESENTATION OF LICENSE / QUALIFICATIONS</i>	Revocation / Denial of license or registration application; cost recovery.	Revocation stayed; 60 days actual suspension; 3-5 years probation; standard terms and conditions; education; cost recovery; reimbursement of probation program costs; and if warranted: take and pass licensure exams.
MFT: B&P § 4982(q) LCSW: B&P § 4992.3(q) CCR § 1881(l) LEP: CCR § 1858(n) GP: B&P § 123, 480, 496	<i>VIOLATES EXAM SECURITY / SUBVERSION OF LICENSING EXAM</i>	Revocation / Denial of license or registration application; cost recovery.	Revocation stayed; 5 years probation; standard terms and conditions; education; cost recovery; reimbursement of probation program costs.
MFT: B&P § 4982(g) LCSW: B&P § 4992.3(g), 4992.7 CCR § 1881(b) LEP: CCR § 1858(b), 1858(g) GP: B&P § 119, 480	<i>IMPERSONATING LICENSEE / ALLOWING IMPERSONATION</i>	Revocation / Denial of license or registration application; cost recovery.	Revocation stayed; 60-90 days actual suspension; 5 years probation; supervised practice; standard terms and conditions; psychological/psychiatric evaluation; psychotherapy; cost recovery; reimbursement of probation costs.
MFT: B&P § 4982(h) LCSW: B&P § 4992.3(h) CCR § 1881(c) LEP: CCR § 1858(c) GP: B&P § 125, 480	<i>AIDING AND ABETTING UNLICENSED / UNREGISTERED ACTIVITY</i>	Revocation / Denial of license or registration application; cost recovery.	Revocation stayed; 30-90 days actual suspension; 3-5 years probation; standard terms and conditions; education; cost recovery; reimbursement of probation program costs; and if warranted: supervised practice.
MFT: B&P § 4982(m) LCSW: B&P § 4992.3(m) CCR § 1881(i) LEP: CCR § 1858(k) GP: B&P § 480	<i>FAILURE TO MAINTAIN CONFIDENTIALITY</i>	Revocation / Denial of license or registration application; cost recovery.	Revocation stayed; 60-90 days actual suspension; 3-5 years probation; standard terms and conditions; education; take and pass licensure exams; cost recovery; reimbursement of probation program costs.
MFT: B&P § 728 LCSW: B&P § 728 LEP: --- GP: B&P § 480	<i>FAILURE TO PROVIDE SEXUAL MISCONDUCT BROCHURE</i>	Revocation / Denial of license or registration application; cost recovery.	Revocation stayed; 1-3 years probation; standard terms and conditions; education; cost recovery; reimbursement of probation program costs.

STATUTE Business and Professions Code: [B&P], Title 16, California Code of Regulations: [CCR], General Provisions: [GP], Penal Code: [PC], and Welfare and Institutions Code: [WI]	VIOLATION CATEGORY	MAXIMUM PENALTY	MINIMUM PENALTY
MFT: B&P § 4982(r), 4982(t), 4982(u) CCR § 1833.1, 1845(b) LCSW: B&P § 4992.3(r) CCR § 1881(h) LEP: CCR § 1858(j)	<i>IMPROPER SUPERVISION OF TRAINEE / INTERN / ASSOCIATE / SUPERVISEE</i>	Revocation / Denial of license or registration application; cost recovery.	Revocation stayed; 30-90 days actual suspension; 2 years probation; standard terms and conditions; education; cost recovery; reimbursement of probation program costs; and if warranted: supervised practice.
MFT: B&P § 4982(e), 4982(u) LCSW: B&P § 4992.3(e) LEP: B&P § 4986.70(e) GP: B&P § 480	<i>VIOLATIONS OF THE CHAPTER OR REGULATIONS BY LICENSEES OR REGISTRANTS / VIOLATIONS INVOLVING ACQUISITION AND SUPERVISION OF REQUIRED HOURS OF EXPERIENCE</i>	Revocation / Denial of license or registration application; cost recovery.	Revocation stayed; registration on probation until exams are passed and license issued; license issued on probation for one year; rejection of all illegally acquired hours; standard terms and conditions; education; cost recovery; reimbursement of probation program costs.
MFT: B&P § 4982(o) LCSW: B&P § 4992.3(o) CCR § 1881(n) LEP: --- GP: B&P § 650	<i>PAY, ACCEPT, SOLICIT FEE FOR REFERRALS</i>	Revocation / Denial of license or registration application; cost recovery.	Revocation stayed; 3-5 years probation; standard terms and conditions; education; cost recovery; reimbursement of probation program costs; law and ethics course.
MFT: B&P § 4982(n) LCSW: B&P § 4992.3(n) CCR § 1881(j) LEP: CCR § 1858(l)	<i>FAILURE TO DISCLOSE FEES IN ADVANCE</i>	Revocation stayed; 30 days actual suspension; 2 years probation; standard terms and conditions; education; cost recovery; reimbursement of probation program.	Revocation stayed; 1 year probation; standard terms and conditions; education; cost recovery; reimbursement of probation program costs.

STATUTE Business and Professions Code: [B&P], Title 16, California Code of Regulations: [CCR], General Provisions: [GP], Penal Code: [PC], and Welfare and Institutions Code: [WI]	VIOLATION CATEGORY	MAXIMUM PENALTY	MINIMUM PENALTY
MFT: B&P § 4980.46, 4982(p) LCSW: B&P § 4992.3(p) CCR § 1881(k) LEP: B&P § 4986.70(d) CCR § 1858(m) ALL: CCR § 1811 GP: B&P § 480, 651 17500	<i>FALSE / MISLEADING / DECEPTIVE / IMPROPER ADVERTISING</i>	Revocation stayed; 30-60 days actual suspension; 5 years probation; standard terms and conditions; education; cost recovery; reimbursement of probation program costs.	Revocation stayed; 1 year probation; standard terms and conditions; education; cost recovery; reimbursement of probation program costs.
MFT: B&P § 4982(v) LCSW: B&P § 4992.3(s) LEP: B&P § 4986.70(i)	<i>FAILURE TO KEEP RECORDS CONSISTENT WITH SOUND CLINICAL JUDGMENT</i>	Revocation stayed; 30 days actual suspension; 1-3 years probation; standard terms and conditions; education; cost recovery; reimbursement of probation program costs.	Revocation stayed; 1 year probation; standard terms and conditions; education; cost recovery; reimbursement of probation program costs.

MODEL DISCIPLINARY ORDERS

Model Disciplinary Orders are divided into two categories. The first category consists of **Optional Terms and Conditions of Probation** that may be appropriate as demonstrated in the Penalty Guidelines depending on the nature and circumstances of each particular case. The second category consists of the **Standard Terms and Conditions of Probation** which must appear in all Proposed Decisions and proposed stipulated agreements.

To enhance the clarity of a Proposed Decision or Stipulation, the Board requests that all optional conditions (1-16) that are being imposed be listed first in sequence followed immediately by all of the standard terms and conditions, which include cost recovery (17- 32).

OPTIONAL TERMS AND CONDITIONS OF PROBATION

Depending on the nature and circumstances of the case, the optional terms and conditions of probation that may appear are as follows:

1. Actual suspension
2. Psychological / Psychiatric evaluation
3. Psychotherapy
4. Supervised Practice
5. Education
6. Take and pass licensure examinations
7. Rehabilitation Program
8. Abstain from Controlled Substances/Submit to Biological Fluid Testing and Samples
9. Abstain from Use of Alcohol / Submit to Biological Fluid Testing and Samples
10. Restricted practice
11. Restitution
12. Reimbursement of probation program
13. Physical Evaluation
14. Monitor Billing System
15. Monitor Billing System Audit
16. Law and Ethics Course

1. Actual Suspension

A. Commencing from the effective date of this decision, respondent shall be suspended from the practice of _____ for a period of ____ days.

OR

B. Commencing from the effective date of this decision, respondent shall be suspended from the practice of _____ for a period of ____ days, and such additional time as may be necessary to obtain and review psychological or psychiatric evaluation, to implement any recommendations from that evaluation, and to successfully complete the required licensure examinations as a condition precedent to resumption of practice as outlined in condition #____ (Take and pass licensure examinations).

2. Psychological / Psychiatric Evaluation

Within 90 days of the effective date of this decision, and on a periodic basis thereafter as may be required by the Board or its designee, respondent shall complete a psychological or psychiatric evaluation by such licensed psychologists or psychiatrists as are appointed by the Board. The cost of such evaluation shall be borne by respondent. Failure to pay for the report in a timely fashion constitutes a violation of probation.

Such evaluator shall furnish a written report to the Board or its designee regarding respondent's judgment and ability to function independently and safely as a counselor and such other information as the Board may require. Respondent shall execute a Release of Information authorizing the evaluator to release all information to the Board. Respondent shall comply with the recommendations of the evaluator.

If a psychological or psychiatric evaluation indicates a need for supervised practice, (within 30 days of notification by the Board), respondent shall submit to the Board or its designee, for its prior approval, the name and qualification of one or more proposed supervisors and a plan by each supervisor by which the respondent's practice will be supervised.

If respondent is determined to be unable to practice independently and safely, upon notification, respondent shall immediately cease practice and shall not resume practice until notified by the Board or its designee. Respondent shall not engage in any practice for which a license issued by the Board is required, until the Board or its designee has notified the respondent of its determination that respondent may resume practice.

NOTE: The Board requires the appointment of evaluators who have appropriate knowledge, training, and experience in the area involved in the violation.

3. Psychotherapy

Respondent shall participate in ongoing psychotherapy with a California licensed mental health professional who has been approved by the Board. Counseling shall be at least once a week unless otherwise determined by the Board. Respondent shall continue in such therapy at the Board's discretion. Cost of such therapy is to be borne by respondent.

Within 60 days of the effective date of this decision, respondent shall submit to the Board or its designee for its prior approval the name and qualifications of one or more therapists of respondent's choice. Such therapist shall possess a valid California license to practice and shall have had no prior business, professional, or personal relationship with respondent, nor shall the psychotherapist be the respondent's supervisor. Respondent shall provide the therapist with a copy of the Board's decision no later than the first counseling session. Upon approval by the Board, respondent shall undergo and continue treatment until the Board or its designee determines that no further psychotherapy is necessary.

Respondent shall take all necessary steps to ensure that the treating psychotherapist submits quarterly written reports to the Board concerning respondent's fitness to practice, progress in treatment, and to provide such other information as may be required by the Board. Respondent shall execute a Release of Information authorizing the therapist to divulge information to the Board.

If the treating psychotherapist finds that respondent cannot practice safely or independently, the psychotherapist shall notify the Board within three (3) working days. Upon notification by the Board, respondent shall immediately cease practice and shall not resume practice until notified by the Board or its designee that respondent may do so. Respondent shall not thereafter engage in any practice for which a license issued by the Board is required until the Board or its designee has notified respondent that he/she may resume practice. Respondent shall document compliance with this condition in the manner required by the Board.

NOTE: The Board requires that therapists have appropriate knowledge, training and experience in the area involved in the violation.

4. Supervised Practice

Within 30 days of the effective date of this decision, respondent shall submit to the Board or its designee, for its prior approval, the name and qualification of one or more proposed supervisors and a plan by each supervisor. The supervisor shall be a current California licensed practitioner in respondent's field of practice, who shall submit written reports to the Board or its designee on a quarterly basis verifying that supervision has taken place as required and including an evaluation of respondent's performance. The supervisor shall be independent, with no prior business, professional or personal relationship with respondent. Failure to file the required reports in a timely fashion shall be a violation of

probation. Respondent shall give the supervisor access to respondent's fiscal and client records.

[Optional - Respondent shall not practice until he/she has received notification that the Board has approved respondent's supervisor.] If the supervisor is no longer available, respondent shall notify the Board within 15 days and shall not practice until a new supervisor has been approved by the Board. All costs of the supervision shall be borne by respondent. Supervision shall consist of at least one (1) hour per week in individual face to face meetings. The supervisor shall not be the respondent's therapist.

5. Education

Respondent shall take and successfully complete the equivalency of ____ semester units in each of the following areas _____. All course work shall be taken at the graduate level at an accredited educational institution. Classroom attendance must be specifically required; workshops are not acceptable. Course content shall be pertinent to the violation and all course work must be completed within _____.

Within 90 days of the effective date of the decision respondent shall submit a plan for prior Board approval for meeting these educational requirements. All costs of the course work shall be paid by the respondent. Units obtained for an approved course shall not be used for continuing education units required for renewal of licensure.

6. Take and Pass Licensure Examinations

Respondent shall take and pass the licensure exam(s) currently required of new applicants for the license possessed by respondent. Respondent shall not practice until such time as respondent has taken and passed these examinations. Respondent shall pay the established examination fees. If respondent has not taken and passed the examination within twelve months from the effective date of this decision, respondent shall be considered to be in violation of probation.

7. Rehabilitation Program

Within fifteen (15) days from the effective date of the decision, respondent shall submit to the Board or its designee for prior approval the name of one or more rehabilitation program(s). Respondent shall enter a rehabilitation and monitoring program within fifteen (15) days after notification of the board's approval of such program. Respondent shall successfully complete such treatment contract as may be recommended by the program and approved by the Board or its designee. Respondent shall submit proof satisfactory to the Board or its designee of compliance with this term of probation. Respondent shall sign a release allowing the program to release to the Board all information the Board deems relevant.

Components of the treatment contract shall be relevant to the violation and to the respondent's current status in recovery or rehabilitation. The components may include, but are not limited to: restrictions on practice and work setting, random biological fluid testing, abstention from drugs and alcohol, use of worksite monitors, participation in chemical dependency rehabilitation programs or groups, psychotherapy, counseling, psychiatric evaluations, and other appropriate rehabilitation or monitoring programs. All costs of participating in the program(s) shall be borne by the respondent.

8. Abstain from Controlled Substances / Submit to Biological Fluid Testing and Samples

Respondent shall completely abstain from the use or possession of controlled or illegal substances unless lawfully prescribed by a medical practitioner for a bona fide illness.

Respondent shall immediately submit to biological fluid testing, at respondent's cost, upon request by the Board or its designee. The length of time and frequency will be determined by the Board. Respondent is responsible for ensuring that reports are submitted directly by the testing agency to the Board or its designee. There will be no confidentiality in test results. Any confirmed positive finding will be immediately reported to respondent's current employer and shall be a violation of probation.

9. Abstain from Use of Alcohol / Submit to Biological Fluid Testing and Samples

Respondent shall completely abstain from the use of alcoholic beverages during the period of probation.

Respondent shall immediately submit to biological fluid testing, at respondent's cost, upon request by the Board or its designee. The length of time and frequency will be determined by the Board. The respondent is responsible for ensuring that reports are submitted directly by the testing agency to the Board or its designee. There will be no confidentiality in test results. Any confirmed positive finding will be immediately reported to the respondent's current employer and shall be a violation of probation.

10. Restricted Practice

Respondent's practice shall be limited to _____. Within 30 days from the effective date of the decision, respondent shall submit to the Board or its designee, for prior approval, a plan to implement this restriction. Respondent shall submit proof satisfactory to the Board or its designee of compliance with this term of probation. Respondent shall notify their supervisor of the restrictions imposed on their practice.

11. Restitution

Within 90 days of the effective date of this decision, respondent shall provide proof to the Board or its designee of restitution in the amount of \$_____ paid to _____.

12. Reimbursement of Probation Program

Respondent shall reimburse the Board for the hourly costs it incurs in monitoring the probation to ensure compliance for the duration of the probation period.

13. Physical Evaluation

Within 90 days of the effective date of this decision, and on a periodic basis thereafter as may be required by the Board or its designee, respondent shall complete a physical evaluation by such licensed physicians as are appointed by the Board. The cost of such evaluation shall be borne by respondent. Failure to pay for the report in a timely fashion constitutes a violation of probation.

Such physician shall furnish a written report to the Board or its designee regarding respondent's judgment and ability to function independently and safely as a therapist and such other information as the Board may require. Respondent shall execute a Release of Information authorizing the physician to release all information to the Board. Respondent shall comply with the recommendations of the physician.

If a physical evaluation indicates a need for medical treatment, within 30 days of notification by the Board, respondent shall submit to the Board or its designee the name and qualifications of the medical provider, and a treatment plan by the medical provider by which the respondent's physical treatment will be provided.

If respondent is determined to be unable to practice independently and safely, upon notification, respondent shall immediately cease practice and shall not resume practice until notified by the Board or its designee. Respondent shall not engage in any practice for which a license issued by the Board is required, until the Board or its designee has notified the respondent of its determination that respondent may resume practice.

14. Monitor Billing System

Within 30 days of the effective date of this decision, respondent shall obtain the services of an independent billing system to monitor and document the dates and times of client visits. Clients are to sign documentation stating the dates and time of services rendered by respondent and no bills are to be issued unless there is a corresponding document signed by the client in support thereof. The billing system service shall submit quarterly

written reports concerning respondent's cooperation with this system. The cost of the service shall be borne by respondent.

15. Monitor Billing System Audit

Within 60 days of the effective date of this decision, respondent shall provide to the Board or its designee the names and qualifications of three auditors. The Board or its designee shall select one of the three auditors to annually audit respondent's billings for compliance with the Billing System condition of probation. During said audit, randomly selected client billing records shall be reviewed in accordance with accepted auditing/accounting standards and practices. The cost of the audits shall be borne by respondent. Failure to pay for the audits in a timely fashion shall constitute a violation of probation.

16. Law and Ethics Course

Respondent shall take and successfully complete the equivalency of two semester units in law and ethics. Course work shall be taken at the graduate level at an accredited educational institution as defined in Sections 4980.40 and 4996.18 of the Business and Professions Codes and Section 1854 of Title 16 of the California Code of Regulations. Classroom attendance must be specifically required; workshops are not acceptable. Within 90 days of the effective date of this Decision, respondent shall submit a plan for prior Board approval for meeting this educational requirement. Said course must be taken and completed within one year from the effective date of this Decision. The costs associated with the law and ethics course shall be paid by the respondent. Units obtained for an approved course in law and ethics shall not be used for continuing education units required for renewal of licensure.

NOTE: This term is appropriate when the licensee fails to keep informed about or comprehend the legal obligations and/or ethical responsibilities applicable to their actions. Examples include violations involving boundary issues, transference/countertransference, breach of confidentiality and reporting requirements.

STANDARD TERMS AND CONDITIONS OF PROBATION

The sixteen standard terms and conditions generally appearing in every probation case are as follows:

17. Obey all laws
18. File quarterly reports
19. Comply with probation program
20. Interviews with the Board
21. Residing or Practicing Out-of-State
22. Failure to Practice- California Resident
23. Change of place of employment or place of residence
24. Supervision of unlicensed persons
25. Notification to Clients
26. Notification to Employer
27. Violation of probation
28. Maintain Valid License
29. License Surrender
30. Instruction of Coursework Qualifying for Continuing Education
31. Notification to Referral Services
32. Cost Recovery

Specific Language for Standard Terms and Conditions of Probation

(To be included in all Decisions)

17. Obey all Laws

Respondent shall obey all federal, state and local laws, all statutes and regulations governing the licensee, and remain in full compliance with any court ordered criminal probation, payments and other orders. A full and detailed account of any and all violations of law shall be reported by the respondent to the Board or its designee in writing within seventy-two (72) hours of occurrence. To permit monitoring of compliance with this term, respondent shall submit fingerprints through the Department of Justice and Federal Bureau of Investigation within 30 days of the effective date of the decision, unless previously submitted as part of the licensure application process. Respondent shall pay the cost associated with the fingerprint process.

18. File Quarterly Reports

Respondent shall submit quarterly reports, to the Board or its designee, as scheduled on the "Quarterly Report Form" (rev. 01/12/01). Respondent shall state under penalty of perjury whether he/she has been in compliance with all the conditions of probation. Notwithstanding any provision for tolling of requirements of probation, during the cessation of practice respondent shall continue to submit quarterly reports under penalty of perjury.

19. Comply with Probation Program

Respondent shall comply with the probation program established by the Board and cooperate with representatives of the Board in its monitoring and investigation of the respondent's compliance with the program.

20. Interviews with the Board

Respondent shall appear in person for interviews with the Board or its designee upon request at various intervals and with reasonable notice.

21. Residing or Practicing Out-of-State

In the event respondent should leave the State of California to reside or to practice, respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return. Non-practice is defined as any period of time exceeding thirty calendar days in which respondent is not engaging in any activities defined in Sections 4980.02, 4986.10 or 4996.9 of the Business and Professions Code.

All time spent in an intensive training program outside the State of California which has been approved by the Board or its designee shall be considered as time spent in practice within the State. A Board-ordered suspension of practice shall not be considered as a period of non-practice. Periods of temporary or permanent residence or practice outside California will not apply to the reduction of the probationary term. Periods of temporary or permanent residence or practice outside California will relieve respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; Probation Unit Compliance; and Cost Recovery.

Respondent's license shall be automatically cancelled if respondent's periods of temporary or permanent residence or practice outside California total two years. However, respondent's license shall not be cancelled as long as respondent is residing and practicing in another state of the United States and is on active probation with the licensing authority of that state, in which case the two year period shall begin on the date probation is completed or terminated in that state.

(OPTIONAL)

Any respondent disciplined under Business and Professions Code Sections 141(a), 4982.25, 4992.36 or 4986.70 (another state discipline) may petition for modification or termination of penalty: 1) if the other state's discipline terms are modified, terminated or reduced; and 2) if at least one year has elapsed from the effective date of the California discipline.

22. Failure to Practice- California Resident

In the event respondent resides in the State of California and for any reason respondent stops practicing in California, respondent shall notify the Board or its designee in writing within 30 calendar days prior to the dates of non-practice and return to practice. Any period of non-practice within California, as defined in this condition, will not apply to the reduction of the probationary term and does not relieve respondent of the responsibility to comply with the terms and conditions of probation. Non-practice is defined as any period of time exceeding thirty calendar days in which respondent is not engaging in any activities defined in Sections 4980.02, 4986.10 or 4996.9 of the Business and Professions Code.

23. Change of Place of Employment or Place of Residence

Respondent shall notify the Board or its designee in writing within 30 days of any change of place of employment or place of residence. The written notice shall include the address, the telephone number and the date of the change.

24. Supervision of Unlicensed Persons

While on probation, respondent shall not act as a supervisor for any hours of supervised practice required for any license issued by the Board. Respondent shall terminate any such supervisory relationship in existence on the effective date of this Decision.

25. Notification to Clients

Respondent shall notify all clients when any term or condition of probation will affect their therapy or the confidentiality of their records, including but not limited to supervised practice, suspension, or client population restriction. Such notification shall be signed by each client prior to continuing or commencing treatment. Respondent shall submit, upon request by the Board or its designee, satisfactory evidence of compliance with this term of probation.

NOTE: Respondents should seek guidance from Board staff regarding appropriate application of this condition.

26. Notification to Employer

Respondent shall provide each of his or her current or future employers, when performing services that fall within the scope of practice of his or her license, a copy of this Decision and the Statement of Issues or Accusation before commencing employment. Notification to the respondent's current employer shall occur no later than the effective date of the

Decision or immediately upon commencing employment. Respondent shall submit, upon request by the Board or its designee, satisfactory evidence of compliance with this term of probation.

27. Violation of Probation

If respondent violates the conditions of his/her probation, the Board, after giving respondent notice and the opportunity to be heard, may set aside the stay order and impose the discipline (revocation/suspension) of respondent 's license [or registration] provided in the decision.

If during the period of probation, an accusation, petition to revoke probation, or statement of issues has been filed against respondent's license [or registration] or application for licensure, or the Attorney General's office has been requested to prepare such an accusation, petition to revoke probation, or statement of issues, the probation period set forth in this decision shall be automatically extended and shall not expire until the accusation, petition to revoke probation, or statement of issues has been acted upon by the board. Upon successful completion of probation, respondent's license [or registration] shall be fully restored.

28. Maintain Valid License

Respondent shall, at all times while on probation, maintain a current and active license with the Board, including any period during which suspension or probation is tolled. Should respondent's license, by operation of law or otherwise, expire, upon renewal respondent's license shall be subject to any and all terms of this probation not previously satisfied.

29. License Surrender

Following the effective date of this decision, if respondent ceases practicing due to retirement or health reasons, or is otherwise unable to satisfy the terms and conditions of probation, respondent may voluntarily request the surrender of his/her license to the Board. The Board reserves the right to evaluate the respondent's request and to exercise its discretion whether to grant the request or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, respondent shall within 30 calendar days deliver respondent's license and certificate and if applicable wall certificate to the Board or its designee and respondent shall no longer engage in any practice for which a license is required. Upon formal acceptance of the tendered license, respondent will no longer be subject to the terms and conditions of probation.

Voluntary surrender of respondent's license shall be considered to be a disciplinary action and shall become a part of respondent's license history with the Board. Respondent may not petition the Board for reinstatement of the surrendered license. Should respondent at any time after voluntary surrender ever reapply to the Board for licensure, respondent must meet all current requirements for licensure including, but not limited to, filing a current application, meeting all current educational requirements, and taking and passing any and all examinations required of new applicants.

30. Instruction of Coursework Qualifying for Continuing Education

Respondent shall not be an instructor of any coursework for continuing education credit required by any license issued by the Board.

31. Notification to Referral Services

Respondent shall immediately send a copy of this decision to all referral services registered with the Board in which respondent is a participant. While on probation, respondent shall send a copy of this decision to all referral services registered with the Board that respondent seeks to join.

32. Cost Recovery

Respondent shall pay the Board \$_____ as and for the reasonable costs of the investigation and prosecution of Case No. _____. Respondent shall make such payments as follows: [Outline payment schedule.] Respondent shall make the check or money order payable to the Board of Behavioral Sciences and shall indicate on the check or money order that it is the cost recovery payment for Case No. _____. Any order for payment of cost recovery shall remain in effect whether or not probation is tolled. Probation shall not terminate until full payment has been made. Should any part of cost recovery not be paid in accordance with the outlined payment schedule, respondent shall be considered to be in violation of probation. A period of non-practice by respondent shall not relieve respondent of his or her obligation to reimburse the board for its costs.

BOARD POLICIES AND GUIDELINES

ACCUSATIONS

The Board of Behavioral Sciences (Board) has the authority pursuant to Section 125.3 of the Business and Professions Code to recover costs of investigation and prosecution of its cases. The Board requests that this fact be included in the pleading and made part of the accusation.

STATEMENT OF ISSUES

The Board will file a Statement of Issues to deny an application of a candidate for the commission of an act, which if committed by a licensee would be cause for license discipline.

STIPULATED SETTLEMENTS

The Board will consider entering into stipulated settlements to promote cost effective consumer protection and to expedite disciplinary decisions. The respondent should be informed that in order to stipulate to settlement with the Board, he or she may be required to admit to the violations set forth in the Accusation. The Deputy Attorney General must accompany all proposed stipulations submitted with a memo addressed to Board members explaining the background of the case, defining the allegations, mitigating circumstances, admissions, and proposed penalty along with a recommendation.

RECOMMENDED LANGUAGE FOR LICENSE SURRENDERS

"Admission(s) made in the stipulation are made solely for the purpose of resolving the charges in the pending accusation, and may not be used in any other legal proceedings, actions or forms, except as provided in the stipulation.

The admissions made in this stipulation shall have no legal effect in whole or in part if the Board does not adopt the stipulation as its decision and order.

Respondent fully understands that when the Board adopts the license surrender of respondent's license, respondent will no longer be permitted to practice as a _____ in California. Respondent further understands that the license surrender of his or her license, upon adoption, shall be considered to be a disciplinary action and shall become a part of respondent's license history with the Board.

The respondent further agrees that with the adoption by the Board of his or her license surrender, respondent may not petition the Board for reinstatement of the surrendered license.

Should respondent at any time after this surrender ever reapply to the Board for licensure, respondent must meet all current requirements for licensure including, but not limited, to filing a current application, meeting all current educational requirements, and taking and passing any and all examinations required of new applicants.

Respondent understands that should he or she ever reapply for licensure as a _____ or should he or she ever apply for any other registration or licensure issued by the Board, or by the Board of Psychology, all of the charges contained in Accusation No. _____ shall be deemed admitted for the purpose of any Statement of Issues or other proceeding seeking to deny such application or reapplication."

PROPOSED DECISIONS

The Board requests that proposed decisions include the following if applicable:

- A. Names and addresses of all parties to the action.
- B. Specific Code section violated with the definition of the code in the Determination of Issues.
- C. Clear description of the acts or omissions that constitute a violation.
- D. Respondent's explanation of the violation in the Findings of fact if he or she is present at the hearing.
- E. Explanation for deviation from the Board's Disciplinary Guidelines.

When a probation order is imposed, the Board requests that the Order first list the Optional Terms and Conditions (1-16) followed by the Standard Terms and Conditions as they may pertain to the particular case. If the respondent fails to appear for his or her scheduled hearing or does not submit a notice of defense, such inaction shall result in a default decision to revoke licensure or deny application.

REINSTATEMENT / REDUCTION OF PENALTY HEARINGS

The primary concerns of the Board at reinstatement or penalty relief hearings are (1) the Rehabilitation Criteria for Suspensions or Revocations identified in Title 16, California Code of Regulations Section 1814, and (2) the evidence presented by the petitioner of his or her rehabilitation. The Board is not interested in retrying the original revocation or probation case. The Board shall consider, pursuant to Section 1814, the following criteria of rehabilitation:

- (1) Nature and severity of the act(s) or crime(s) under consideration as grounds for suspension or revocation.
- (2) Evidence of any acts committed subsequent to the acts or crimes under consideration as grounds for suspension or revocation under Section 490 of the Code.
- (3) The time that has elapsed since commission of the acts or crimes giving rise to the suspension or revocation.
- (4) Whether the licensee has complied with any terms of probation, parole, restitution, or any other sanctions lawfully imposed against such person.

- (5) If applicable, evidence of expungement proceedings pursuant to Section 1203.4 of the Penal Code.
- (6) Evidence, if any, concerning the degree to which a false statement relative to application for licensure may have been unintentional, inadvertent, or immaterial.
- (7) Efforts made by the applicant either to correct a false statement once made on an application or to conceal the truth concerning facts required to be disclosed.
- (8) Evidence, if any, of rehabilitation submitted by the licensee.

In the Petition Decision the Board requires a summary of the offense and the specific codes violated which resulted in the revocation, surrender, or probation of the license.

In petitioning for Reinstatement or Reduction of Penalty under Business and Professions Code Section 4982.2, the petitioner has the burden of demonstrating that he or she has the necessary and current qualifications and skills to safely engage in the practice of marriage and family therapy, clinical social work, or educational psychology within the scope of current law, and accepted standards of practice. In reaching its determination, the Board considers various factors including the following:

- A. The original violations for which action was taken against the petitioner's license;
- B. Prior disciplinary and criminal actions taken against the petitioner by the Board, any State, local, or Federal agency or court;
- C. The petitioner's attitude toward his or her commission of the original violations and his or her attitude in regard to compliance with legal sanctions and rehabilitative efforts;
- D. The petitioner's documented rehabilitative efforts;
- E. Assessment of the petitioner's rehabilitative and corrective efforts;
- F. In addition, the Board may consider other appropriate and relevant matters not reflected above.

If the Board should deny a request for reinstatement of a revoked license or reduction of penalty (modification or termination of probation), the Board requests the Administrative Law Judge provide technical assistance in the formulation of language clearly setting forth the reasons for denial.

If a petitioner fails to appear for his or her scheduled reinstatement or penalty relief hearing, such proceeding shall go forth without the petitioner's presence and the Board will issue a decision based on the written evidence and oral presentations submitted.

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To: Consumer Protection Committee

Date: July 12, 2007

From: Christy Berger
Legislation Analyst

Telephone: (916) 574-7847

Subject: **Review and Discussion of Supervision Rules for Associate Clinical Social Workers**

Background

When a Marriage and Family Therapist (MFT) Intern is working in a private practice setting, a number of laws apply regarding supervision, including the following:

- Supervisors may not supervise more than two Interns (BPC § 4980.45(a))
- The supervisor must be either employed by and practice at the same site as the intern's employer or must be an owner or shareholder of the private practice (BPC § 4980.43(e)(4)).

There are no such laws regarding Associate Clinical Social Workers (ASWs) working in a private practice and their supervisors. However, prior to 1999, ASWs had a similar law which restricted those working in a private practice to performing services only at the place where their employer regularly conducts business (BPC § 4996.20(c)(3)). This changed with Senate Bill 1983 (Ch. 589, Stats. 1998), however staff was unable to locate any material that would explain why this change was made. It may be due to the fact that this legislation expanded the laws regarding supervision of ASWs, including defining the supervisor's responsibilities and requiring a supervisory plan for each ASW.

Supervisors of ASWs in private practice have never been prohibited from having more than two supervisees.

Discussion

There are differences between private practice settings and other types of settings such as nonprofit and charitable corporations, schools, health facilities, or governmental entities. A private practice is typically owner-operated, with the owner responsible for all aspects of the business. Agencies are larger institutions which regularly offer services at one or more locations. They are generally able to provide more support to staff as they have greater resources, including more licensed and supervisory staff.

Though ASWs and MFT Interns have different content standards for registration and experience, the requirements for employment and supervision in a private practice setting should be similar. Additionally, differences regarding such requirements can be confusing for supervisors and registrants, especially considering that more people are supervising both ASWs and Interns.

Recommendation

The Committee is asked to review and consider the proposed language and recommend that it go to the Board for review and approval.

Attachments

Proposed Language
Related MFT Supervision Laws

**BOARD OF BEHAVIORAL SCIENCES
PROPOSED LANGUAGE
ASW SUPERVISION REQUIREMENTS**

§4996.23 SUPERVISED POST-MASTER'S EXPERIENCE CRITERIA EFFECTIVE JANUARY 1, 2002

The experience required by subdivision (c) of Section 4996.2 shall meet the following criteria:

(a) All persons registered with the board on and after January 1, 2002, shall have at least 3,200 hours of post-master's degree supervised experience providing clinical social work services as permitted by Section 4996.9. At least 1,700 hours shall be gained under the supervision of a licensed clinical social worker. The remaining required supervised experience may be gained under the supervision of a licensed mental health professional acceptable to the board as defined by a regulation adopted by the board. This experience shall consist of the following:

(1) A minimum of 2,000 hours in clinical psychosocial diagnosis, assessment, and treatment, including psychotherapy or counseling.

(2) A maximum of 1,200 hours in client-centered advocacy, consultation, evaluation, and research.

(3) Of the 2,000 clinical hours required in paragraph (1), no less than 750 hours shall be face-to-face individual or group psychotherapy provided to clients in the context of clinical social work services.

(4) A minimum of two years of supervised experience is required to be obtained over a period of not less than 104 weeks and shall have been gained within the six years immediately preceding the date on which the application for licensure was filed.

(5) Experience shall not be credited for more than 40 hours in any week.

(b) "Supervision" means responsibility for, and control of, the quality of clinical social work services being provided. Consultation or peer discussion shall not be considered to be supervision.

(c) (1) Prior to the commencement of supervision, a supervisor shall comply with all requirements enumerated in Section 1870 of Title 16 of the California Code of Regulations and shall sign under penalty of perjury the "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" form.

(2) Supervised experience shall include at least one hour of direct supervisor contact for a minimum of 104 weeks. In addition, an associate shall receive an average of at least one hour of direct supervisor contact for every week in which more than 10 hours of face-to-face psychotherapy is performed in each setting experience is gained. No more than five hours of supervision, whether individual or group, shall be credited during any single week. Of the 104 weeks of required supervision, 52 weeks shall be individual supervision, and of the 52 weeks of required individual supervision, not less than 13 weeks shall be supervised by a licensed clinical social worker. For purposes of this section, "one hour of direct supervisor contact" means one hour of face-to-face contact on an individual basis or two hours of face-to-face contact in a group of not more than eight persons receiving supervision.

(d) The supervisor and the associate shall develop a supervisory plan that describes the goals and objectives of supervision. These goals shall include the ongoing assessment of strengths and limitations and the assurance of practice in accordance with the laws and regulations. The

associate shall submit to the board the initial original supervisory plan upon application for licensure.

(e) Experience shall only be gained in a setting that meets both of the following:

(1) Lawfully and regularly provides clinical social work, mental health counseling, or psychotherapy.

(2) Provides oversight to ensure that the associate's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4996.9.

(f) Experience shall not be gained until the applicant has been registered as an associate clinical social worker.

(g) Employment in a private practice as defined in subdivision (h) shall not commence until the applicant has been registered as an associate clinical social worker.

(h) A private practice setting is a setting that is owned by a licensed clinical social worker, a licensed marriage and family therapist, a licensed psychologist, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.

(i) If volunteering, the associate shall provide the board with a letter from his or her employer verifying his or her voluntary status upon application for licensure.

(j) If employed, the associate shall provide the board with copies of his or her W-2 tax forms for each year of experience claimed upon application for licensure.

(k) While an associate may be either a paid employee or volunteer, employers are encouraged to provide fair remuneration to associates.

(l) Associates shall not do the following:

(1) Receive any remuneration from patients or clients and shall only be paid by his or her employer.

(2) Have any proprietary interest in the employer's business.

(m) An associate working in any setting other than a private practice, whether employed or volunteering, may obtain supervision from a person not employed by the associate's employer if that person has signed a written agreement with the employer to take supervisory responsibility for the associate's social work services.

(n) Except for periods of time during a supervisor's vacation or sick leave, an associate who is employed or volunteering in private practice shall be under the direct supervision of a licensee defined in regulation as a mental health professional acceptable to the board. The supervising licensee shall either be employed by and practice at the same site as the associate's employer, or shall be an owner or shareholder of the private practice. Alternative supervision may be arranged during a supervisor's vacation or sick leave if the supervision meets the requirements of this section.

(o) Associates shall only perform services at the place where their employers regularly conduct business, which may include performing services at other locations, so long as the services are performed under the direction and control of their employer and supervisor, and in compliance with the laws pertaining to supervision.

~~(n)~~ (p) Notwithstanding any other provision of law, associates and applicants for examination shall receive a minimum of one hour of supervision per week for each setting in which he or she is working.

(q) A licensee defined in regulation as a mental health professional acceptable to the board may supervise or employ, at any one time, no more than two associate clinical social workers in a private practice.

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RELATED MFT SUPERVISION LAWS

§4980.43. PROFESSIONAL EXPERIENCE; INTERNS OR TRAINEES

(a) Prior to applying for licensure examinations, each applicant shall complete experience that shall comply with the following:

(1) A minimum of 3,000 hours completed during a period of at least 104 weeks.

(2) Not more than 40 hours in any seven consecutive days.

(3) Not less than 1,700 hours of supervised experience completed subsequent to the granting of the qualifying master's or doctor's degree.

(4) Not more than 1,300 hours of experience obtained prior to completing a master's or doctor's degree. This experience shall be composed as follows:

(A) Not more than 750 hours of counseling and direct supervisor contact

(B) Not more than 250 hours of professional enrichment activities excluding personal psychotherapy.

(C) Not more than 100 hours of personal psychotherapy. The applicant shall be credited for three hours of experience for each hour of personal psychotherapy.

(5) No hours of experience may be gained prior to completing either 12 semester units or 18 quarter units of graduate instruction and becoming a trainee except for personal psychotherapy.

(6) No hours of experience gained more than six years prior to the date the application for licensure was filed, except that up to 500 hours of clinical experience gained in the supervised practicum required by subdivision (b) of Section 4980.40 shall be exempt from this six-year requirement.

(7) Not more than 1000 hours of experience for direct supervisor contact and professional activities.

(8) Not more than 500 hours of experience providing group therapy or group counseling.

(9) Not more than 250 hours of experience administering and evaluating psychological tests of counselees, writing clinical reports, writing progress notes, or writing process notes.

(10) Not more than 250 hours of experience providing counseling or crisis counseling on the telephone.

(11) Not less than 500 total hours of experience in diagnosing and treating couples, families, and children.

(b) All applicants, trainees, and registrants shall be at all times under the supervision of a supervisor who shall be responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who shall be responsible to the board for compliance with all laws, rules, and regulations governing the practice of marriage and family therapy. Supervised experience shall be gained by interns and trainees either as an employee or as a volunteer. The requirements of this chapter regarding gaining hours of experience and supervision are applicable equally to

employees and volunteers. Experience shall not be gained by interns or trainees as an independent contractor.

(c) Supervision shall include at least one hour of direct supervisor contact in each week for which experience is credited in each work setting, as specified:

(1) A trainee shall receive an average of at least one hour of direct supervisor contact for every five hours of client contact in each setting.

(2) Each individual supervised after being granted a qualifying degree shall receive an average of at least one hour of direct supervisor contact for every 10 hours of client contact in each setting in which experience is gained.

(3) For purposes of this section, "one hour of direct supervisor contact" means one hour of face-to-face contact on an individual basis or two hours of face-to-face contact in a group of not more than eight persons.

(4) All experience gained by a trainee shall be monitored by the supervisor as specified by regulation. The 5-to-1 and 10-to-1 ratios specified in this subdivision shall be applicable to all hours gained on or after January 1, 1995.

(d) (1) A trainee may be credited with supervised experience completed in any setting that meets all of the following:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the trainee's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4980.02.

(C) Is not a private practice owned by a licensed marriage and family therapist, a licensed psychologist, a licensed clinical social worker, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.

(2) Experience may be gained by the trainee solely as part of the position for which the trainee volunteers or is employed.

(e) (1) An intern may be credited with supervised experience completed in any setting that meets both of the following:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the intern's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4980.02.

(2) An applicant shall not be employed or volunteer in a private practice, as defined in subparagraph (C) of paragraph (1) of subdivision (d), until registered as an intern.

(3) While an intern may be either a paid employee or a volunteer, employers are encouraged to provide fair remuneration to interns.

(4) Except for periods of time during a supervisor's vacation or sick leave, an intern who is employed or volunteering in private practice shall be under the direct supervision of a licensee enumerated in subdivision (f) of Section 4980.40. The supervising licensee shall either be employed by and practice at the same site as the intern's employer, or shall be an owner or

shareholder of the private practice. Alternative supervision may be arranged during a supervisor's vacation or sick leave if the supervision meets the requirements of this section.

(5) Experience may be gained by the intern solely as part of the position for which the intern volunteers or is employed.

(f) Except as provided in subdivision (g), all persons shall register with the board as an intern in order to be credited for postdegree hours of supervised experience gained toward licensure.

(g) Except when employed in a private practice setting, all postdegree hours of experience shall be credited toward licensure so long as the applicant applies for the intern registration within 90 days of the granting of the qualifying master's or doctor's degree and is thereafter granted the intern registration by the board.

(h) Trainees, interns, and applicants shall not receive any remuneration from patients or clients, and shall only be paid by their employers.

(i) Trainees, interns, and applicants shall only perform services at the place where their employers regularly conduct business, which may include performing services at other locations, so long as the services are performed under the direction and control of their employer and supervisor, and in compliance with the laws and regulations pertaining to supervision. Trainees and interns shall have no proprietary interest in the employer's business.

(j) Trainees, interns, or applicants who provide volunteered services or other services, and who receive no more than a total, from all work settings, of five hundred dollars (\$500) per month as reimbursement for expenses actually incurred by those trainees, interns, or applicants for services rendered in any lawful work setting other than a private practice shall be considered an employee and not an independent contractor. The board may audit applicants who receive reimbursement for expenses, and the applicants shall have the burden of demonstrating that the payments received were for reimbursement of expenses actually incurred.

(k) Each educational institution preparing applicants for licensure pursuant to this chapter shall consider requiring, and shall encourage, its students to undergo individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Each supervisor shall consider, advise, and encourage his or her interns and trainees regarding the advisability of undertaking individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Insofar as it is deemed appropriate and is desired by the applicant, the educational institution and supervisors are encouraged to assist the applicant in locating that counseling or psychotherapy at a reasonable cost.

§4980.45. EMPLOYMENT OR TERMINATION OF INTERNS, NOTIFICATION TO BOARD

(a) A licensed professional in private practice who is a marriage and family therapist, a psychologist, a clinical social worker, a licensed physician certified in psychiatry by the American Board of Psychiatry and Neurology, or a licensed physician who has completed a residency in psychiatry and who is described in subdivision (f) of Section 4980.40 may supervise or employ, at any one time, no more than two unlicensed marriage and family therapist registered interns in that private practice.

(b) A marriage and family therapy corporation may employ, at any one time, no more than two registered interns for each employee or shareholder who is qualified to provide supervision pursuant to subdivision (f) of Section 4980.40. In no event shall any corporation employ, at any one time, more than 10 registered interns. In no event shall any supervisor supervise, at any one time, more than two registered interns. Persons who supervise interns shall be employed full time by the professional corporation and shall be actively engaged in performing professional services

at and for the professional corporation. Employment and supervision within a marriage and family therapy corporation shall be subject to all laws and regulations governing experience and supervision gained in a private practice setting.

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To: Consumer Protection Committee

Date: July 11, 2007

From: Christy Berger
Legislation Analyst

Telephone: (916) 574-7847

Subject: Review and Discussion of Requirements for Group Supervision

Background

Associate Clinical Social Workers (ASWs), Marriage and Family Therapist (MFT) Interns and MFT Trainees who are gaining hours of experience toward licensure are required to have a total of 104 weeks and 3,000 hours (MFT) or 3,200 hours (LCSW) of supervised experience. Supervision may be provided by any of the following licensees:

- Licensed Clinical Social Worker
- Marriage and Family Therapist
- Psychologist
- Board-Certified Psychiatrist

For each week in which experience is gained, "one unit" of supervision is required. One unit of supervision is equivalent to one hour of individual supervision or two hours of group supervision. Group supervision is required to be conducted with no more than eight supervisees at one time. Out of the 104 weeks of supervised experience required for licensure, individual supervision must have been received for at least 52 of those weeks.

Discussion

Staff has become aware through telephone calls and licensure applications that people generally receive individual supervision in one-hour increments, but group supervision is often split up by the employer into more than one session. Staff believes that the intent of the law is for two continuous hours of group supervision, but the law is not clear in that regard.

As an example, if an LCSW licensure applicant had 3,200 hours of supervised experience over a 104-week period and during 52 of those weeks they received individual supervision, and during the other 52 weeks they received 104 hours of group supervision, this applicant would meet the basic experience requirements for licensure. However, staff has no way of knowing whether the 104 hours of group supervision is just an average over a one-year period, or if the person actually received two continuous hours every week. In a group of eight people, less than two continuous hours may not be enough for people working toward

licensure to get the supervision they need in order to develop their skills and to ensure that the services they are providing to consumers are satisfactory.

Recommendation

The Committee is asked to review and consider the proposed language and recommend that it go to the Board for review and approval.

Attachment

Proposed Language-LCSW

Proposed Language-MFT

**BOARD OF BEHAVIORAL SCIENCES
PROPOSED LANGUAGE
GROUP SUPERVISION – LCSW**

**§4996.23 SUPERVISED POST-MASTER'S EXPERIENCE CRITERIA EFFECTIVE
JANUARY 1, 2002**

The experience required by subdivision (c) of Section 4996.2 shall meet the following criteria:

(a) All persons registered with the board on and after January 1, 2002, shall have at least 3,200 hours of post-master's degree supervised experience providing clinical social work services as permitted by Section 4996.9. At least 1,700 hours shall be gained under the supervision of a licensed clinical social worker. The remaining required supervised experience may be gained under the supervision of a licensed mental health professional acceptable to the board as defined by a regulation adopted by the board. This experience shall consist of the following:

(1) A minimum of 2,000 hours in clinical psychosocial diagnosis, assessment, and treatment, including psychotherapy or counseling.

(2) A maximum of 1,200 hours in client-centered advocacy, consultation, evaluation, and research.

(3) Of the 2,000 clinical hours required in paragraph (1), no less than 750 hours shall be face-to-face individual or group psychotherapy provided to clients in the context of clinical social work services.

(4) A minimum of two years of supervised experience is required to be obtained over a period of not less than 104 weeks and shall have been gained within the six years immediately preceding the date on which the application for licensure was filed.

(5) Experience shall not be credited for more than 40 hours in any week.

(b) "Supervision" means responsibility for, and control of, the quality of clinical social work services being provided. Consultation or peer discussion shall not be considered to be supervision.

(c) (1) Prior to the commencement of supervision, a supervisor shall comply with all requirements enumerated in Section 1870 of Title 16 of the California Code of Regulations and shall sign under penalty of perjury the "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" form.

(2) Supervised experience shall include at least one hour of direct supervisor contact for a minimum of 104 weeks. In addition, an associate shall receive an average of at least one hour of direct supervisor contact for every week in which more than 10 hours of face-to-face psychotherapy is performed in each setting experience is gained. No more than five hours of supervision, whether individual or group, shall be credited during any single week. Of the 104 weeks of required supervision, 52 weeks shall be individual supervision, and of the 52 weeks of required individual supervision, not less than 13 weeks shall be supervised by a licensed clinical social worker. For purposes of this section, "one hour of direct supervisor contact" means one hour of face-to-face contact on an individual basis or two continuous hours of face-to-face contact in a group of not more than eight persons receiving supervision.

(d) The supervisor and the associate shall develop a supervisory plan that describes the goals and objectives of supervision. These goals shall include the ongoing assessment of strengths

and limitations and the assurance of practice in accordance with the laws and regulations. The associate shall submit to the board the initial original supervisory plan upon application for licensure.

(e) Experience shall only be gained in a setting that meets both of the following:

(1) Lawfully and regularly provides clinical social work, mental health counseling, or psychotherapy.

(2) Provides oversight to ensure that the associate's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4996.9.

(f) Experience shall not be gained until the applicant has been registered as an associate clinical social worker.

(g) Employment in a private practice as defined in subdivision (h) shall not commence until the applicant has been registered as an associate clinical social worker.

(h) A private practice setting is a setting that is owned by a licensed clinical social worker, a licensed marriage and family therapist, a licensed psychologist, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.

(i) If volunteering, the associate shall provide the board with a letter from his or her employer verifying his or her voluntary status upon application for licensure.

(j) If employed, the associate shall provide the board with copies of his or her W-2 tax forms for each year of experience claimed upon application for licensure.

(k) While an associate may be either a paid employee or volunteer, employers are encouraged to provide fair remuneration to associates.

(l) Associates shall not do the following:

(1) Receive any remuneration from patients or clients and shall only be paid by his or her employer.

(2) Have any proprietary interest in the employer's business.

(m) An associate, whether employed or volunteering, may obtain supervision from a person not employed by the associate's employer if that person has signed a written agreement with the employer to take supervisory responsibility for the associate's social work services.

(n) Notwithstanding any other provision of law, associates and applicants for examination shall receive a minimum of one hour of supervision per week for each setting in which he or she is working.

**BOARD OF BEHAVIORAL SCIENCES
PROPOSED LANGUAGE
GROUP SUPERVISION - MFT**

§4980.43. PROFESSIONAL EXPERIENCE; INTERNS OR TRAINEES

(a) Prior to applying for licensure examinations, each applicant shall complete experience that shall comply with the following:

(1) A minimum of 3,000 hours completed during a period of at least 104 weeks.

(2) Not more than 40 hours in any seven consecutive days.

(3) Not less than 1,700 hours of supervised experience completed subsequent to the granting of the qualifying master's or doctor's degree.

(4) Not more than 1,300 hours of experience obtained prior to completing a master's or doctor's degree. This experience shall be composed as follows:

(A) Not more than 750 hours of counseling and direct supervisor contact

(B) Not more than 250 hours of professional enrichment activities excluding personal psychotherapy.

(C) Not more than 100 hours of personal psychotherapy. The applicant shall be credited for three hours of experience for each hour of personal psychotherapy.

(5) No hours of experience may be gained prior to completing either 12 semester units or 18 quarter units of graduate instruction and becoming a trainee except for personal psychotherapy.

(6) No hours of experience gained more than six years prior to the date the application for licensure was filed, except that up to 500 hours of clinical experience gained in the supervised practicum required by subdivision (b) of Section 4980.40 shall be exempt from this six-year requirement.

(7) Not more than 1000 hours of experience for direct supervisor contact and professional activities.

(8) Not more than 500 hours of experience providing group therapy or group counseling.

(9) Not more than 250 hours of experience administering and evaluating psychological tests of counselees, writing clinical reports, writing progress notes, or writing process notes.

(10) Not more than 250 hours of experience providing counseling or crisis counseling on the telephone.

(11) Not less than 500 total hours of experience in diagnosing and treating couples, families, and children.

(b) All applicants, trainees, and registrants shall be at all times under the supervision of a supervisor who shall be responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who shall be responsible to the board for compliance with all laws, rules, and regulations governing the practice of marriage and family therapy. Supervised experience shall be gained by interns and trainees either as an employee or as a volunteer. The requirements of this

chapter regarding gaining hours of experience and supervision are applicable equally to employees and volunteers. Experience shall not be gained by interns or trainees as an independent contractor.

(c) Supervision shall include at least one hour of direct supervisor contact in each week for which experience is credited in each work setting, as specified:

(1) A trainee shall receive an average of at least one hour of direct supervisor contact for every five hours of client contact in each setting.

(2) Each individual supervised after being granted a qualifying degree shall receive an average of at least one hour of direct supervisor contact for every 10 hours of client contact in each setting in which experience is gained.

(3) For purposes of this section, "one hour of direct supervisor contact" means one hour of face-to-face contact on an individual basis or two continuous hours of face-to-face contact in a group of not more than eight persons.

(4) All experience gained by a trainee shall be monitored by the supervisor as specified by regulation. The 5-to-1 and 10-to-1 ratios specified in this subdivision shall be applicable to all hours gained on or after January 1, 1995.

(d) (1) A trainee may be credited with supervised experience completed in any setting that meets all of the following:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the trainee's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4980.02.

(C) Is not a private practice owned by a licensed marriage and family therapist, a licensed psychologist, a licensed clinical social worker, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.

(2) Experience may be gained by the trainee solely as part of the position for which the trainee volunteers or is employed.

(e) (1) An intern may be credited with supervised experience completed in any setting that meets both of the following:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the intern's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4980.02.

(2) An applicant shall not be employed or volunteer in a private practice, as defined in subparagraph (C) of paragraph (1) of subdivision (d), until registered as an intern.

(3) While an intern may be either a paid employee or a volunteer, employers are encouraged to provide fair remuneration to interns.

(4) Except for periods of time during a supervisor's vacation or sick leave, an intern who is employed or volunteering in private practice shall be under the direct supervision of a licensee enumerated in subdivision (f) of Section 4980.40. The supervising licensee shall either be

employed by and practice at the same site as the intern's employer, or shall be an owner or shareholder of the private practice. Alternative supervision may be arranged during a supervisor's vacation or sick leave if the supervision meets the requirements of this section.

(5) Experience may be gained by the intern solely as part of the position for which the intern volunteers or is employed.

(f) Except as provided in subdivision (g), all persons shall register with the board as an intern in order to be credited for postdegree hours of supervised experience gained toward licensure.

(g) Except when employed in a private practice setting, all postdegree hours of experience shall be credited toward licensure so long as the applicant applies for the intern registration within 90 days of the granting of the qualifying master's or doctor's degree and is thereafter granted the intern registration by the board.

(h) Trainees, interns, and applicants shall not receive any remuneration from patients or clients, and shall only be paid by their employers.

(i) Trainees, interns, and applicants shall only perform services at the place where their employers regularly conduct business, which may include performing services at other locations, so long as the services are performed under the direction and control of their employer and supervisor, and in compliance with the laws and regulations pertaining to supervision. Trainees and interns shall have no proprietary interest in the employer's business.

(j) Trainees, interns, or applicants who provide volunteered services or other services, and who receive no more than a total, from all work settings, of five hundred dollars (\$500) per month as reimbursement for expenses actually incurred by those trainees, interns, or applicants for services rendered in any lawful work setting other than a private practice shall be considered an employee and not an independent contractor. The board may audit applicants who receive reimbursement for expenses, and the applicants shall have the burden of demonstrating that the payments received were for reimbursement of expenses actually incurred.

(k) Each educational institution preparing applicants for licensure pursuant to this chapter shall consider requiring, and shall encourage, its students to undergo individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Each supervisor shall consider, advise, and encourage his or her interns and trainees regarding the advisability of undertaking individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Insofar as it is deemed appropriate and is desired by the applicant, the educational institution and supervisors are encouraged to assist the applicant in locating that counseling or psychotherapy at a reasonable cost.

§1833. EXPERIENCE

(a) In order for experience to qualify under Section 4980.40(f) of the Code, it must meet the following criteria:

(1) It must have been gained in accordance with Sections 4980.42 through 4980.45 of the Code and the regulations contained in this article.

(2) Experience shall not be credited for more than forty (40) hours in any week.

(3) No more than five hundred (500) hours of experience will be credited for providing group therapy or group_counseling.

(4) No more than two hundred fifty (250) hours of experience will be credited for administering and evaluating psychological tests of counselees, writing clinical reports, writing progress notes,

or writing process notes; except that for any person who enrolled in a qualifying degree program prior to January 1, 1990, no more than five hundred (500) hours of experience may be credited for such activities.

(5) For any person who enrolls in a qualifying degree program on or after January 1, 1990, no more than two hundred fifty (250) hours of experience will be credited for actual time spent counseling or crisis counseling on the telephone.

(6) For any person who enrolls in a qualifying degree program on or after January 1, 1990, not less than five hundred (500) total hours of experience shall have been gained in diagnosing and treating couples, families, and children.

(b) The term "supervision", as used in this article, includes ensuring that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the person being supervised; reviewing client/patient records, monitoring and evaluating assessment, diagnosis, and treatment decisions of the intern or trainee; monitoring and evaluating the ability of the intern or trainee to provide services at the site(s) where he or she will be practicing and to the particular clientele being served; and ensuring compliance with laws and regulations governing the practice of marriage and family therapy. Supervision shall include that amount of direct observation, or review of audio or video tapes of therapy, as deemed appropriate by the supervisor. Supervision shall be credited only upon the following conditions:

(1) During each week in which experience is claimed and for each work setting in which experience is gained, an applicant shall have at least one (1) hour of one-on-one, individual, face-to-face supervisor contact or two (2) continuous hours of face-to-face supervisor contact in a group of not more than eight (8) persons receiving supervision. No more than five (5) hours of supervision, whether individual or group, shall be credited during any single week.

(2) The applicant shall have received at least one (1) hour of one-on-one, individual, face-to-face supervisor contact per week for a minimum of fifty-two (52) weeks.

(3) Any experience obtained under the supervision of a spouse, relative, or domestic partner shall not be credited toward the required hours of supervised experience. Any experience obtained under the supervision of a supervisor with whom the applicant has had or currently has a personal or business relationship which undermines the authority or effectiveness of the supervisor shall not be credited toward the required hours of supervised experience.

(4) In a setting which is not a private practice, the authorized supervisor may be employed by the applicant's employer on either a paid or a voluntary basis. If such employment is on a voluntary basis, a written agreement must be executed between the supervisor and the organization, prior to commencement of supervision, in which the supervisor agrees to ensure that the extent, kind, and quality of counseling performed by the intern or trainee is consistent with the intern or trainee's training, education, and experience, and is appropriate in extent, kind, and quality. The agreement shall contain an acknowledgment by the employer that the employer:

(A) Is aware of the licensing requirements that must be met by the intern or trainee and agrees not to interfere with the supervisor's legal and ethical obligations to ensure compliance with those requirements; and

(B) Agrees to provide the supervisor access to clinical records of the clients counseled by the intern or trainee.

(c) Professional enrichment activities may be credited toward the experience requirement as specified in this article and by Section 4980.43(d)(1) of the Code.

(1) No more than two hundred fifty (250) hours of verified attendance, with the approval of the applicant's supervisor, at workshops, seminars, training sessions, or conferences directly related to marriage and family therapy will be credited.

(2) No more than one hundred (100) hours of psychotherapy, which will be triple counted, received as specified in Section 4980.43(d)(2) of the Code, will be credited.

(d) Experience gained by interns and trainees shall be subject to the following conditions, as applicable:

(1) When an intern employed in private practice is supervised by someone other than the employer, the supervisor must be employed by and practice at the same site(s) as the intern's employer.

(2) A trainee shall not perform services in a private practice.

(3) Interns and trainees may only perform services as employees or volunteers and not as independent contractors.

(e) Effective January 1, 1991, trainees and interns shall maintain a log of all hours of experience gained toward licensure. The log shall be in the form specified below and shall be signed by the supervisor on a weekly basis. An applicant shall retain all logs until such time as the applicant is licensed by the board. The board shall have the right to require an applicant to submit all or such portions of the log as it deems necessary to verify hours of experience.

[See Barclays Official California Code of Regulations for original illustration]

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To: Consumer Protection Committee

Date: July 12, 2007

From: Christy Berger
Legislation Analyst

Telephone: (916) 574-7847

Subject: **Review of the Transnational Association of Christian Colleges and Schools Accreditation for Marriage and Family Therapist Licensure**

Background

Current law recognizes three separate entities for approving/accrediting marriage and family therapy degree programs. In order to qualify for registration as a marriage and family therapist (MFT) intern or a license as a MFT, the candidate must have a qualifying degree from a program approved/accredited by one of these organizations:

- Western Association of Schools and Colleges (WASC)
- Commission on Accreditation of Marriage and Family Therapy Education (COAMFTE)
- Bureau of Private Postsecondary and Vocational Education (BPPVE)

The BPPVE and its laws became inoperative on July 1, 2007. The Board has approved emergency regulations that permit the board to accept degrees conferred by BPPVE-approved programs for one year after this date. The administration and legislative leadership are working on reform proposals to establish a new law and administrative entity to succeed the BPPVE but it is unclear as to when this will happen.

A number of other accrediting agencies exist that are approved through the U.S. Department of Education or the Council for Higher Education Accreditation (CHEA). Information about the USDE and CHEA are attached. These accrediting agencies are not recognized in current BBS law, and it is likely that a number of schools possess both BPPVE-approval and another type of accreditation.

Discussion

Southern California Seminary is an example of a school both BPPVE-approved and accredited by the Transnational Association of Christian Colleges and Schools (TRACS). The Board has had a request from the Seminary to recognize "TRACS" accreditation in BBS law. Such recognition would alleviate concerns about BPPVE-approval for schools accredited by TRACS. TRACS:

- Is a voluntary, non-profit, self-governing organization of Christian postsecondary institutions.
- Promotes the welfare, interests, and development of postsecondary institutions through the accreditation process

- Mission is distinctly Christian in purpose
- Expects institutions to provide quality postsecondary education within the context of Christian values, with an emphasis on high academic standards and spiritual development

Additional information regarding TRACS is attached, along with a list of California schools that are TRACS accredited. Only one of these currently has an MFT program.

TRACS is recognized as an institutional accrediting agency by both the USDE and CHEA. They are also a member of the International Network for Quality Assurance Agencies in Higher Education (INQAAHE). Information about INQAAHE is attached.

Representatives from Southern California Seminary and TRACS are scheduled to present at the July 20, 2007 Committee meeting and include Dr. Russell G. Fitzgerald, Executive Director of TRACS, Dr. T. Paul Boatner, Executive Vice President and Mr. Barry Lord, Program Coordinator of Southern California Seminary.

Dr. Boatner from Southern California Seminary prepared a comparison of WASC and TRACS accreditation standards. This comparison is attached. Dr. Boatner stated that he “identified the TRACS equivalent to the WASC standard using the WASC formats.” He additionally explained:

“This results in the TRACS standards appearing to be somewhat fragmented. In reality, TRACS has many more standards (most of which are more detailed representations of the same standards as WASC) but appear in a different order. Bits and pieces of TRACS standards were pulled from different sections in an attempt to match them to each WASC standard. Finally, in many cases I could have continued on and on with bits and pieces of TRACS standards to fully address every detail of each WASC standard, but felt that to do so, would not add any more strength to the presentation.”

Questions for Consideration

1. What criteria should the Board use in evaluating different accreditation standards for MFT licensure?
2. How do the TRACS standards compare with BPPVE approval requirements?
3. There are six TRACS-accredited schools in California now that don't offer MFT degrees. What effect would recognizing TRACS have on those schools? Would they begin to offer MFT programs?
4. There are 37 TRACS-accredited schools outside of California. Should the Board decided to accept TRACS accreditation, would this also apply to out-of-state schools, some of which may already have MFT programs?

Attachments

- A. California-Based Colleges with TRACS Accreditation
- B. TRACS “General Information”
- C. CHEA “At a Glance”
- D. USDE “Accreditation in the United States”
- E. “About INQAAHE”
- F. WASC and TRACS Comparison of Standards

California-Based Colleges with TRACS Accreditation

Bethesda Christian University

730 North Euclid Street
Anaheim, California 92801
Phone: (714) 517 - 1945
Fax: (714) 517 - 1948
E-mail: bcu@bcu.edu
Web Site: www.bcu.edu

California Christian College

4881 East University Avenue
Fresno, California 93703
Phone: (559) 251 - 4215
Fax: (559) 251 - 4231
E-mail: cccfresno@aol.com
Web Site: www.calchristiancollege.org

Institute for Creation Research

10946 Woodside Avenue North
Santee, California 92071
Phone: (619) 448 - 0900
Fax: (619) 448 - 3469
E-mail: kcumming@icr.edu
Web Site: www.icr.org

King's College and Seminary, The

14800 Sherman Way
Van Nuys, California 91405
Phone: (818) 779 - 8040
Fax: (818) 779 - 8241
E-mail: info@kingscollege.edu
Web Site: www.kingscollege.edu or www.kingsseminary.edu

Shasta Bible College and Graduate School

2951 Goodwater Avenue
Redding, California 96002
Phone: (530) 221 - 4275
Fax: (530) 221 - 6929
E-mail: sbcadm@shasta.edu
Web Site: www.shasta.edu

Southern California Seminary

2075 East Madison Avenue
El Cajon, California 92019-1108
Phone: (619) 442 - 9841
Fax: (619) 442 - 4510
E-mail: info@socalsem.edu
Web Site: www.socalsem.edu

Trinity Life Bible College

5225 Hillsdale Boulevard
Sacramento, California 95842
Phone: (916) 348 - 4689
Fax: (916) 334 - 2315
E-mail: tlbc@email.com
Web Site: www.tlbc.edu

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**TRANSNATIONAL ASSOCIATION OF CHRISTIAN
COLLEGES AND SCHOOLS**
PO Box 328 - Forest, VA 24551
15935 Forest Road, Forest, VA 24551 (*FedEx, UPS, etc.*)
(434) 525 - 9539 / FAX: (434) 525 - 9538
E-mail – info@tracs.org - Web Address - www.tracs.org

Russell G. Fitzgerald, Ed.D.
Executive Director

Boyd C. Rist, Ph.D.
Accreditation Commission Chair

GENERAL INFORMATION

PURPOSE

Transnational Association of Christian Colleges and Schools (TRACS) is a voluntary, non-profit, self-governing organization of Christian postsecondary institutions. TRACS was established in 1979 to promote the welfare, interests, and development of postsecondary institutions through the accreditation process, whose mission is characterized by a distinctly Christian purpose as set forth in the Foundational Standards. While TRACS encourages each affiliated institution to develop its own distinctives, TRACS expects institutions to provide quality postsecondary education within the context of Christian values, with emphasis on high academic standards and spiritual development.

SCOPE

TRACS is recognized by the United States Department of Education (USDOE), the Council on Higher Education Accreditation (CHEA), and the International Network for Quality Assurance Agencies in Higher Education (INQAAHE), as an institutional agency accrediting Christian postsecondary institutions (e.g. liberal arts colleges/universities, graduate schools/ seminaries, Bible colleges) that offer associate's, bachelor's, or graduate degrees. TRACS works closely with state higher education agencies in the accrediting process.

ROLE AND VALUE OF ACCREDITATION

TRACS accreditation is granted to higher educational institutions that are in compliance with its Standards and Evaluative Criteria within the Policies and Procedures established by the TRACS Accreditation Commission. In the United States, accreditation is voluntarily sought by institutions and is conferred by independent, autonomous bodies. Voluntary, non-governmental, institutional accreditation, as practiced by TRACS and other accrediting agencies recognized by the United States Department of Education (USDOE), is uniquely characteristic of American education. For purposes of determining eligibility for federal government assistance under certain legislation, the USDOE publishes a list of nationally recognized accrediting agencies.

The two fundamental purposes of the accreditation process are: (1) to assure the quality and integrity of postsecondary institutions and (2) to assist the development and improvement of institutional higher learning. The Accreditation process involves continuous institutional self-evaluation, periodic self-study, long and short-range planning, and institutional research for the purpose of determining areas of strengths and weaknesses indicating effectiveness. Periodic peer evaluations by qualified professionals from other institutions serving on visiting teams serve to confirm that the institution is achieving its mission through compliance with the established Standards.

ACCREDITATION COMMISSION

The TRACS Accreditation Commission is charged with the responsibility of enforcing all the accreditation policies as well as approving all institutions for Accreditation or Candidacy. The decision of the Accreditation Commission is final. The Commission is made up of eighteen members, including three public commissioners.

ELIGIBILITY REQUIREMENTS FOR APPLICATION

Institutions must be legally constituted as a non-profit institution if so operated. They must meet the legal requirements established by the State to operate as an educational institution, to maintain its functions, and to conduct its programs. The educational institution should attain a satisfactory degree of stability before it applies. Pre-requisites are determined through the Institutional Eligibility Requirements (IERs).

ACCREDITATION STANDARDS AND GUIDELINES

The *Accreditation Manual*, which contains the Standards and Criteria, guide the accreditation process for those institutions seeking candidacy/accreditation. A copy of the *Accreditation Manual* may be obtained from the TRACS office.

ACCREDITATION CLASSIFICATION

Candidate (Pre-accredited) Status: Candidacy offers institutions the opportunity to establish an initial, formal, and publicly recognized membership with TRACS. Candidate institutions must satisfy the Institutional Eligibility Requirements (IERs). They must also demonstrate basic compliance with the TRACS Accreditation Standards that will, among other things, provide evidence of sound planning; adequate human, financial and physical resources and the potential to attain its goals within a five-year period. Following a successful staff visit, institutional self-study, and an on-site peer evaluation team visit, an institution may be awarded candidacy for a maximum of five years by the Accreditation Commission.

Accredited Status: Following an institutional self-study and an on-site peer evaluation team visit, accredited status may be granted for a period of five years by the Accreditation Commission to institutions that are in substantial compliance with the Standards and Criteria for accreditation.

The Accreditation Commission, after full deliberation and examination of all institutional and visiting team documentation, including self-study report, the visiting team report, and institutional response, may approve, defer, or deny an institution's application for candidate or accredited status.

Council for Higher Education

Accreditation... *Accreditation Serving the Public Interest*

A national advocate and institutional voice for self-regulation of academic quality through accreditation, CHEA is an association of 3,000 degree-granting colleges and universities and recognizes 60 institutional and programmatic accrediting organizations.

CHEA At•A•Glance

- Largest institutional higher education membership organization in the United States, with approximately 3,000 degree-granting colleges and universities.
- Sixty recognized institutional and programmatic accrediting organizations.
- Governed by a 20-person board of college and university presidents, institutional representatives and public members.

CHEA Purposes

Advocacy

- A primary national voice for voluntary accreditation and quality assurance to the U.S. Congress and U.S. Department of Education.
- A primary national voice for voluntary accreditation to the general public, opinion leaders, students and families.
- A representative of U.S. accreditation community to international audiences.

Service

- National leader in identifying and articulating emerging issues in quality assurance.
- National forum to address issues of mutual interest and concern in voluntary accreditation.
- Authoritative source of data and information about regional, faith-based, private career and programmatic accreditors.
- Projects and initiatives to strengthen accreditation and its role in serving the public interest.
- Conferences and meetings.
- Mediation and dispute-resolution service.
- Databases and directories of accredited institutions and programs and accreditation or quality assurance bodies.

Recognition

Recognition is the scrutiny and certification of the quality of regional, faith-based, private career and programmatic accrediting organizations. CHEA is the only nongovernmental higher education organization that undertakes this scrutiny. The federal government, through the U.S. Department of Education, conducts governmental recognition reviews.

Council for Higher Education Accreditation

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CHEA

CHEA Recognition Standards*

- *Advance academic quality.* Accreditors have a clear description of academic quality and clear expectations that the institutions or programs they accredit have processes to determine whether quality standards are being met.
- *Demonstrate accountability.* Accreditors have standards that call for institutions and programs to provide consistent, reliable information about academic quality and student achievement to foster continuing public confidence and investment.
- *Encourage, where appropriate, self scrutiny and planning for change and needed improvement.* Accreditors encourage self scrutiny for change and needed improvement through ongoing self-examination in institutions and programs.
- *Employ appropriate and fair procedures in decision making.* Accreditors maintain appropriate and fair organizational policies and procedures that include effective checks and balances.
- *Demonstrate ongoing review of accreditation practice.* Accreditors undertake self scrutiny of their accrediting activities.
- *Possess sufficient resources.* Accreditors have and maintain predictable and stable resources.

United States Accreditation

Accreditation in higher education is a collegial process of self-review and peer review for improvement of academic quality and public accountability of institutions and programs. This quality review process occurs on a periodic basis, usually every 3 to 10 years. Typically, it involves three major activities:

- A self-study by an institution or program using the standards or criteria of an accrediting organization.
- A peer review of an institution or program to gather evidence of quality.
- A decision or judgment by an accrediting organization to accredit, accredit with conditions or not accredit an institution or program.

CHEA Principles

CHEA's commitment to the coordination and improvement of quality review is based on seven principles. These principles provide the foundation for the CHEA mission statement, the organizational functions described in the CHEA Bylaws and the CHEA Recognition Policy.

- *Quality Assurance.* CHEA will apply its recognition standards and sustain ongoing review of its participating accrediting organizations to assure high quality of organizational performance.
- *Leadership.* CHEA will provide thoughtful leadership to formulate issues related to quality assurance; to develop needed tools and strategies to sustain the value of quality assurance to institutions, accreditors and students; and to advance change and needed improvement in quality assurance in higher education.
- *Advocacy.* CHEA will be a forceful and articulate advocate for voluntary accreditation of higher education to the public, government and other interested individuals, groups and countries.
- *Service.* CHEA will consistently provide high-quality research, policy analysis and service to its member institutions, accrediting organizations, students and the public.
- *Core Values.* CHEA will maintain the core academic values central to higher education and quality assurance. These include, for example, the values of general education, collegiality and academic freedom.
- *Independence.* CHEA will be an independent and authoritative voice for the strengthening of accreditation to strengthen higher education.
- *Inclusion.* CHEA will sustain an environment of active consultation and participation among its member institutions and participating organizations, as well as encourage cooperation and exchange throughout the higher education and quality assurance communities.

(Adopted by CHEA Board of Directors, January 2000)

*This language illustrates the recognition standards and is not the full or official policy statement. Please consult the 2006 CHEA *Recognition Policy and Procedures* at www.chea.org for the formal policy language that is used in CHEA recognition reviews.

Accreditation in the United States

OVERVIEW OF ACCREDITATION

The goal of accreditation is to ensure that education provided by institutions of higher education meets acceptable levels of quality. [Accreditation in the United States](#) involves non-governmental entities as well as governmental agencies.

Accrediting agencies, which are private educational associations of regional or national scope, develop evaluation criteria and conduct peer evaluations to assess whether or not those criteria are met. Institutions and/or programs that request an agency's evaluation and that meet an agency's criteria are then "accredited" by that agency.

The **U.S. Department of Education** does not accredit educational institutions and/or programs. However, the Secretary of Education is required by law to publish a list of nationally recognized accrediting agencies that the Secretary determines to be reliable authorities as to the quality of education or training provided by the institutions of higher education and the higher education programs they accredit. An agency seeking national recognition by the Secretary must meet the [Secretary's procedures and criteria](#) for the recognition of accrediting agencies, as published in the *Federal Register*. Some of the criteria for recognition, such as the criterion requiring a link to Federal programs, have no bearing on the quality of an accrediting agency; however, they do have the effect of making some agencies ineligible for recognition for reasons other than quality. The [recognition process](#) involves not only filing an application with the U. S. Department of Education but also review by the [National Advisory Committee on Institutional Quality and Integrity](#), which makes a recommendation to the Secretary regarding recognition. The Secretary, after considering the Committee's recommendation, makes the final determination regarding recognition.

The U.S. Secretary of Education also recognizes [State agencies](#) for the approval of public postsecondary vocational education and State agencies for the approval of nurse education. These agencies must meet the Secretary's criteria and procedures for such recognition and must undergo review by the National Advisory Committee.

The U. S. Department of Education does not accredit institutions in foreign countries. However, the Secretary of Education does appoint members to the [National Committee on Foreign Medical Education and Accreditation](#). The law gives that Committee the responsibility for reviewing the standards that foreign countries use to accredit medical schools to determine whether those standards are comparable to the standards used to accredit medical schools in the United States. The comparability decisions made by the Committee affect whether U.S. students attending foreign medical schools can receive loans under the Federal Family Education Loan Program.

ACCREDITATION IN THE U.S.

The United States has no Federal Ministry of Education or other centralized authority exercising single national control over postsecondary educational institutions in this

country. The States assume varying degrees of control over education, but, in general, institutions of higher education are permitted to operate with considerable independence and autonomy. As a consequence, American educational institutions can vary widely in the character and quality of their programs.

In order to ensure a basic level of quality, the practice of accreditation arose in the United States as a means of conducting non-governmental, peer evaluation of educational institutions and programs. Private educational associations of regional or national scope have adopted criteria reflecting the qualities of a sound educational program and have developed procedures for evaluating institutions or programs to determine whether or not they are operating at basic levels of quality.

Some Functions of Accreditation

1. Verifying that an institution or program meets established standards;
2. Assisting prospective students in identifying acceptable institutions;
3. Assisting institutions in determining the acceptability of transfer credits;
4. Helping to identify institutions and programs for the investment of public and private funds;
5. Protecting an institution against harmful internal and external pressure;
6. Creating goals for self-improvement of weaker programs and stimulating a general raising of standards among educational institutions;
7. Involving the faculty and staff comprehensively in institutional evaluation and planning;
8. Establishing criteria for professional certification and licensure and for upgrading courses offering such preparation; and
9. Providing one of several considerations used as a basis for determining eligibility for Federal assistance.

The Accrediting Procedure

1. Standards: The accrediting agency, in collaboration with educational institutions, establishes standards.
2. Self-study: The institution or program seeking accreditation prepares an in-depth self-evaluation study that measures its performance against the standards established by the accrediting agency.
3. On-site Evaluation: A team selected by the accrediting agency visits the institution or program to determine first-hand if the applicant meets the established standards.
4. Publication: Upon being satisfied that the applicant meets its standards, the accrediting agency grants accreditation or preaccreditation status and lists the institution or program in an official publication with other similarly accredited or preaccredited institutions or programs.
5. Monitoring: The accrediting agency monitors each accredited institution or program throughout the period of accreditation granted to verify that it continues to meet the agency's standards.
6. Reevaluation: The accrediting agency periodically reevaluates each institution or program that it lists to ascertain whether continuation of its accredited or preaccredited status is warranted.

Types of Accreditation

There are two basic types of educational accreditation, one identified as "institutional" and one referred to as "specialized" or "programmatic."

Institutional accreditation normally applies to an entire institution, indicating that each of an institution's parts is contributing to the achievement of the institution's objectives, although not necessarily all at the same level of quality. The various commissions of the regional accrediting associations, for example, perform institutional accreditation, as do many national accrediting agencies.

Specialized or programmatic accreditation normally applies to programs, departments, or schools that are parts of an institution. The accredited unit may be as large as a college or school within a university or as small as a curriculum within a discipline. Most of the specialized or programmatic accrediting agencies review units within an institution of higher education that is accredited by one of the regional accrediting commissions. However, certain accrediting agencies also accredit professional schools and other specialized or vocational institutions of higher education that are free-standing in their operations. Thus, a "specialized " or "programmatic " accrediting agency may also function in the capacity of an "institutional " accrediting agency. In addition, a number of specialized accrediting agencies accredit educational programs within non-educational settings, such as hospitals.

Accreditation does not provide automatic acceptance by an institution of credit earned at another institution, nor does it give assurance of acceptance of graduates by employers. Acceptance of students or graduates is always the prerogative of the receiving institution or employer. For these reasons, besides ascertaining the accredited status of a school or program, students should take additional measures to determine, prior to enrollment, whether or not their educational goals will be met through attendance at a particular institution. These measures should include inquiries to institutions to which transfer might be desired or to prospective employers and, if possible, personal inspection of the institution at which enrollment is contemplated.

Non-governmental Coordinating Agency

For more than 50 years, there has been some type of nongovernmental coordinating agency for accreditation. This body, whatever its form, has existed primarily for the purpose of coordinating and improving the practice of accreditation. For example, the Council on Postsecondary Accreditation (COPA), which was established in 1974 and existed until December 1993, served as a nongovernmental organization whose purpose was to foster and facilitate the role of accrediting agencies in promoting and ensuring the quality and diversity of American postsecondary education. Through its Committee on Recognition, COPA recognized, coordinated, and periodically reviewed the work of its member accrediting agencies and the appropriateness of existing or proposed accrediting agencies and their activities, through its granting of recognition and performance of other related functions. COPA itself was created through the merger of two organizations: the National Commission on Accreditation, founded in 1949 as the first national organization to develop criteria and recognize accrediting agencies; and the Federation of Regional Accrediting Commission of Higher Education.

After COPA voted to dissolve in December 1993, a new entity, the Commission on Recognition of Postsecondary Accreditation (CORPA) was established in January 1994 to continue the recognition of accrediting agencies previously carried out by COPA until such time as a new national organization for accreditation could be established. CORPA was dissolved in April 1997 after the Council on Higher Education Accreditation (CHEA) was created. CHEA is currently the entity that carries out a recognition function in the private, nongovernmental sector. Information about CHEA may be found on the agency's website, www.chea.org.

NATIONAL RECOGNITION OF ACCREDITING AGENCIES BY THE U.S. SECRETARY OF EDUCATION

The U.S. Secretary of Education is required by statute to publish a list of nationally recognized accrediting agencies that the Secretary determines to be reliable authorities as to the quality of education or training provided by the institutions of higher education and the higher education programs they accredit. The Secretary only evaluates accrediting agencies that apply for recognition, and certain criteria for recognition that are unrelated to the quality of accrediting activities limit the scope of the Secretary's recognition activities. Most institutions attain eligibility for Federal funds by holding accredited or preaccredited status with one of the accrediting agencies recognized by the Secretary, in addition to fulfilling other eligibility requirements. For example, accreditation by a nationally recognized institutional accrediting agency enables the institutions it accredits to establish eligibility to participate in the Federal student financial assistance programs administered by the U.S. Department of Education under Title IV of the Higher Education Act of 1965, as amended.

The commissions of the institutional (regional and national) accrediting agencies that are recognized by the Secretary have no legal control over educational institutions or programs. They promulgate standards of quality or criteria of institutional excellence and approve or renew membership of those institutions that apply for meet their accreditation and standards or criteria.

The Accrediting Agency Evaluation Unit

The Accrediting Agency Evaluation Unit has been established within the Department of Education to deal with accreditation matters. Located in the Office of Postsecondary Education, the Unit carries out the following major functions with respect to accreditation:

1. Conduct a continuous review of standards, policies, procedures, and issues in the area of the Department of Education's interests and responsibilities relative to accreditation;
2. Administer the process whereby accrediting agencies and State approval agencies secure initial and renewed recognition by the Secretary of Education;
3. Serve as the Department's liaison with accrediting agencies and State approval agencies;
4. Provide consultative services to institutions, associations, State agencies, other Federal agencies, and Congress regarding accreditation;
5. Interpret and disseminate policy relative to accreditation issues in the case of all appropriate programs administered by the Department of Education;
6. Conduct and stimulate appropriate research; and
7. Provide support for the Secretary's [National Advisory Committee on Institutional Quality and Integrity](#).

**Accrediting Agency Evaluation
Accreditation and State Liaison
U.S. Department of Education
1990 K Street, NW, #7105
Washington, DC 20006-8509
Telephone: (202) 219-7011**



About	Membership	Conferences	Working Groups	Publications	News
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About INQAAHE

The International Network for Quality Assurance Agencies in Higher Education (INQAAHE) was established in 1991.

The Role of the Network

The main purpose of the Network is to collect and disseminate information on current and developing theory and practice in the assessment, improvement and maintenance of quality in higher education.

Through this information-sharing, and otherwise, it is intended that the Network should:

- promote good practices in the maintenance and improvement of quality in higher education;
- facilitate research into the practice of quality management in higher education and its effectiveness;
- be able to provide advice and expertise to assist the development of new quality assurance agencies;
- facilitate links between accrediting bodies especially insofar as they operate across national borders;
- assist members to determine the standards of institutions operating across national borders;
- permit better-informed international recognition of qualifications;
- be able to assist in the development and use of credit transfer schemes to enhance the mobility of students between institutions within and across national borders; and
- enable members to be alert to dubious accrediting practices and organisations.

Information and views are shared:

- through this Website;
- through the Network's Newsletter 'QA', published every six months;
- through the Journal 'Quality in Higher Education' published three times a year;
- by access to the Network's Members database; and
- through the Network's biennial International Conference.

The Board

Members of the Board of INQAAHE, together with their contact details and their particular areas of responsibility, see [Board members](#).

The Constitution

More details about the Network you may find in [Constitution](#).

Membership

From 1st January 2007 the membership fees will be:

- Full Members Euro 380
- Full Members (LDC/LIC) Euro 195 (fn)
- Associate Members Euro 380
- Affiliates Euro 270

(fn) These countries are listed by OECD as less developed countries or low income countries.

Members receive the Networks Newsletter and Journal.

Further Information

Those interested in quality assurance in higher education and related matters can obtain further information about the Network, and forms for application for membership, from the Secretary or any of the other directors. While each director is responsible for particular areas, directors are always pleased to discuss any matter of mutual interest.

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WASC and TRACS
Comparison of Standards

Prepared Spring 2007

Standard 1

Defining Institutional Purposes and Ensuring Educational Objectives

The institution defines its purposes and establishes educational objectives aligned with its purposes and character. It has a clear and conscious sense of its essential values and character, its distinctive elements, its place in the higher education community, and its relationship to society at large. Through its purposes and educational objectives, the institution dedicates itself to higher learning, the search for truth, and the dissemination of knowledge. The institution functions with integrity and autonomy.

Institutional Purposes

Purposes and Objectives

Criteria for Review (WASC)

Standards and Evaluative Criteria (TRACS)

<p>1.1. The institution's formally approved statements of purpose and operational practices are appropriate for an institution of higher education and clearly define its essential values and character.</p> <p>Guidelines: The institution has a published mission statement that clearly describes its purposes. The institution's purposes fall within recognized academic areas and/or disciplines, or are subject to peer review within the framework of generally recognized academic disciplines or areas of practice.</p>	<p>2.1 The institution must have a written mission/purpose statement that has been approved by the governing board and that reflects its Biblical Foundations Statement.</p> <p>4.1 The institution must have a statement of ethical values and standards. a. It is clearly written. b. It is comprehensive. c. It is approved by the governing board.</p> <p>The institutional purpose statement serves as a frame of reference for decision-making in determining operational policies. Educational programs and all other operations of an institution are to be clearly related to the purpose of the institution</p>
<p>1.2. Educational objectives are clearly recognized throughout the institution and are consistent with stated purposes. The institution has developed indicators and evidence to ascertain the level of achievement of its purposes and educational objectives.</p> <p>Guideline: The institution has published educational objectives that are consistent with its purposes.</p>	<p>2.2 The institution must have clearly defined objectives. a. They are available in writing and stated in measurable terms. b. They are consistent with written institutional purpose/mission. c. They have been approved by the governing board. d. They are being evaluated.</p> <p>2.6 There must be regular review of the purpose and objectives and assessment of actual outcomes. a. There is a written review process. b. Governing board and other official minutes indicate appropriate reviews.</p>
<p>1.3. The institution's leadership creates and sustains a leadership system at all levels that is marked by high performance, appropriate responsibility, and accountability.</p>	<p>An administrative or leadership team must be in place, adequate in number, appropriate by title, function, appropriately degreed. Administrators must possess credentials, experience, and demonstrated competence appropriate to their areas of responsibility.</p> <p>6.1 The chief executive officer must be responsible for carrying out published board policies and procedures. Each staff position must have a detailed job description.</p> <p>6.3 There must be a chief academic officer chosen by the board who has the credentials, experience, and competence to provide leadership to the institution and to guide the institution toward quality outcomes.</p> <p>6.4 There must be other administrative or leadership team members sufficient in number and competence to give direction to the major operational areas of the institution.</p> <p>6.5 A system of evaluation for the administration must exist and be in use.</p>

Integrity

Ethical Values and Standards

Criteria for Review (WASC)

Standards and Evaluative Criteria (TRACS)

<p>1.4. The institution publicly states its commitment to academic freedom for faculty, staff, and students, and acts accordingly. This commitment affirms that those in the academy are free to share their convictions and responsible conclusions with their colleagues and students in their teaching and in their writing.</p> <p>Guidelines: The institution has published or has readily-available policies on academic freedom. For those institutions that strive to instill specific beliefs and world views, policies clearly state conditions, and ensure these conditions are consistent with academic freedom. Due process procedures are disseminated, demonstrating that faculty and students are protected in their quest for truth.</p>	<p>14.11 A policy for faculty academic freedom and responsibility must be set forth in published form by the institution. a. The faculty handbook or other such publication of the institution contains the policy on faculty academic freedom and responsibility. It is clear and specific.</p> <p>5.4 The board must ensure academic freedom within the framework of the institution's biblical foundations, purpose, objectives, and philosophy. a. It has approved a general policy regarding academic freedom. b. It reviews any alleged breach of academic freedom. c. It demonstrates support and commitment to academic freedom.</p>
<p>1.5. Consistent with its purposes and character, the institution demonstrates an appropriate response to the increasing diversity in society through its policies, its educational and co-curricular programs, and its administrative and organizational practices.</p> <p>Guideline: The institution has demonstrated institutional commitment to the principles enunciated in the WASC Statement on Diversity.</p>	<p>...institutions define themselves by a set of values which are central to its purpose, educational philosophy and mission. These values govern every aspect of the operations and spell out the nature of the character the institution sees itself as instilling in its students—and all of its constituencies. These values result in standard of conduct, expectations, or guidelines for board members, administrators, faculty, staff and students. Their goal is to shape character by personal discipline resulting in a lifestyle that respects other persons equally, provides caring service and outreach, and exemplifies integrity. Catalog requirement: 18) Statement of nondiscrimination.</p>
<p>1.6. Even when supported by or affiliated with political, corporate, or religious organizations, the institution has education as its primary purpose and operates as an academic institution with appropriate autonomy.</p> <p>Guideline: The institution has no history of interference in substantive decisions or educational functions by political, religious, corporate, or other external bodies outside the institution's own governance arrangements.</p>	<p>The governing board must be a well defined, legally constituted body responsible for establishing broad policy, appointing and evaluating the chief executive officer, establishing and maintaining financial stability and oversight of the effective pursuit of the stated purpose and objectives of the institution.</p> <p>5.1 The institution must have a legally constituted governing board that holds the institution in trust and has final authority in matters of policy, operation and evaluation.</p>
<p>1.7. The institution truthfully represents its academic goals, programs, and services to students and to the larger public; demonstrates that its academic programs can be completed in a timely fashion; and treats students fairly and equitably through established policies and procedures addressing student conduct, grievances, human subjects in research, and refunds.</p> <p>Guidelines: The institution has published or a readily-available policy on student grievances and complaints, refunds, etc. and has no history of adverse findings against it with respect to violation of these policies. Records of student complaints are maintained for a six-year period. The institution clearly defines and distinguishes between the different types of credits it offers and between degree and non-degree credit, and accurately identifies the type and meaning of the credit awarded in its transcripts.</p>	<p>8.2 The information in all institutional publications must be consistent, clear, factually accurate, current, and consistent with the institutional purposes and objectives.</p> <p><u>Catalog</u> The institutions catalog must be readily available and must accurately reflect the academic program, faculty and facilities provided. The following is a list of information normally addressed in the catalog: 8) Degree and program completion requirements, including length of time required to obtain a degree or certificate of completion and number of credit hours required. 13) Rules and regulations for conduct. 14) Tuition, fees, and other program costs. 16) Policies and procedures for refunding fees and charges to students who withdraw from enrollment. Statement of nondiscrimination. 20) A refund policy for students.</p> <p>17.7 The institution must have a legally approved, clearly stated, and published student complaint policy.</p>
<p>1.8. The institution exhibits integrity in its operations as demonstrated by the implementation of appropriate policies, sound business practices, timely and fair responses to</p>	<p>17.7 The institution must have a legally approved, clearly stated, and published student complaint policy.</p> <p>8.7 Faculty rights and responsibilities must be clearly stated</p>

<p>complaints and grievances, and regular evaluation of its performance in these areas.</p> <p>Guideline: The institution has published or readily-available grievance procedures for faculty, staff, and students. Its finances are regularly audited by external agencies</p>	<p>in the Faculty Handbook. <u>Faculty Handbook</u> The faculty handbook must list and clearly describe the rights and responsibilities of the faculty. The handbook will include a description of policies regarding (9) contractual issues, (10) due process.</p>
<p>1.9. The institution is committed to honest and open communication with the Accrediting Commission, to undertaking the accreditation review process with seriousness and candor, and to abiding by Commission policies and procedures, including all substantive change policies.</p>	<p>B. <u>Purpose and Objectives</u> TRACS requires member institutions to pursue their established educational purpose. TRACS measures institutional commitment by giving benchmark ratings for all areas of evaluation. These are listed in their Benchmark Standards as 5 = Far exceeds the standard, 4 = Exceeds the standard, 3 = Meets the standard, 2 = Falls below the standard, 1 = Fails to meet the standard.</p>

Standard 2

Achieving Educational Objectives Through Core Functions

The institution achieves its institutional purposes and attains its educational objectives through the core functions of teaching and learning, scholarship and creative activity, and support for student learning. It demonstrates that these core functions are performed effectively and that they support one another in the institution's efforts to attain educational effectiveness.

Teaching and Learning

Educational Programs

Criteria for Review (WASC)

Standards and Evaluative Criteria (TRACS)

<p>2.1. The institution's educational programs are appropriate in content, standards, and nomenclature for the degree level awarded, regardless of mode of delivery, and are staffed by sufficient numbers of faculty qualified for the type and level of curriculum offered.</p> <p>Guidelines: The content, length, and standards of the institution's academic programs conform to recognized disciplinary or professional standards and are subject to peer review.</p>	<p>10.4 The curriculum must be appropriate for the educational level and must be consistent with national norms. a. The academic program is comparable with similar institutions. b. The educational experiences are appropriate for educational level. <u>Distance Learning Programs 2)</u> a) The content of external courses is the same as on-campus courses although special consideration may be given for different age groups.</p>
<p>2.2. All degrees—undergraduate and graduate—awarded by the institution are clearly defined in terms of entry-level requirements and in terms of levels of student achievement necessary for graduation that represent more than simply an accumulation of courses or credits.</p> <p>Guideline: Competencies required for graduation are reflected in course syllabi for both General Education and the major.</p> <p>❖ Baccalaureate programs engage students in an integrated course of study of sufficient breadth and depth to prepare them for work, citizenship, and a fulfilling life. These programs also ensure the development of core learning abilities and competencies including, but not limited to, college-level written and oral communication; college-level quantitative skills; information literacy; and the habit of critical analysis of data and argument. In addition, baccalaureate programs actively foster an understanding of diversity; civic responsibility; the ability to work with others; and the capability to engage in lifelong learning.</p> <p>Baccalaureate programs also ensure breadth for all students in the areas of cultural and aesthetic, social and political, as well as scientific and technical knowledge expected of educated persons in this society. Finally, students are required to engage in an in-depth, focused, and sustained program of study as part of their baccalaureate programs.</p> <p>Guideline: The institution has a program of General Education that is integrated throughout the curriculum, including at the upper division level, consisting of a minimum of 45 semester credit hours (or the equivalent), together with significant study in depth in a given area of knowledge (typically described in terms of a major).</p>	<p>10.15 e. The admission policies of the institution set forth both qualitative and quantitative requirements aimed at admitting students who demonstrate reasonable ability for success</p> <p>10.6 The curriculum must progressively lead to student competency and learning.</p> <p>10.14 All degree programs offered must include an appropriate general education core. a. The liberal arts college's bachelors programs include a minimum of 44 semester hours/quarter hours equivalent, with a minimum of 3 semester hours/quarter hours equivalent, in each of the humanities/fine arts, behavioral sciences, communications, and natural sciences/math. b. The Bible college's bachelor's degree programs include a minimum of 36 semester hours/quarter hours equivalent, with a minimum of 3 semester hours/quarter hours equivalent, in each of the humanities/fine arts, behavioral sciences, communications, and natural science/math.</p> <p>11.1 The graduate curriculum must relate to the purpose and objectives of the institution. b. Course content and learning experiences are clearly equal to institutional, national, and state norms.</p> <p>11.3 Each graduate program offered by the institution must have as its central focus the imparting of a common core of knowledge, predicated on undergraduate studies, that will enhance the individual educationally and/or vocationally – and that is compatible with such programs in accredited postsecondary institutions.</p> <p>11.4 The programs (curriculum) of the institution must be at a post-baccalaureate level that reflects and extends the intellectual maturity of the students. There must be a clear distinction between graduate entry-level master's degrees</p>

<p>❖ Graduate programs are consistent with the purpose and character of their institutions; are in keeping with the expectations of their respective disciplines and professions; and are described through nomenclature that is appropriate to the several levels of graduate and professional degrees offered. Graduate curricula are visibly structured to include active involvement with the literature of the field and ongoing student engagement in research and/or appropriate high-level professional practice and training experiences. Additionally, admission criteria to graduate programs normally include a baccalaureate degree in an appropriate undergraduate program.</p> <p>Guideline: The institution employs at least one full-time faculty member for each graduate degree program offered.</p>	<p>and advanced and doctoral degrees. a. Learning levels include knowledge, understanding, skills, application, synthesis, and evaluation in the cognitive area. Attitudes and values in the affective area are normally geared to the graduate level.</p> <p>11.5 The graduate program(s) must include a common core of introductory courses appropriate to the discipline of field of study, such as foundations, theory, or research methods and reflect course organization that allows for diversity in student learning, yet generally and logically leads to the internalization and application of information.</p> <p>11.7 The graduate program(s) must include integrative experiences to translate theory into practice such as application, synthesis, and evaluations.</p> <p>11.8 The graduate program(s) must include summative experience to measure student achievement, competency or cognitive growth such as final projects, papers, tests or practicums of a comprehensive nature.</p>
<p>2.3. The institution's expectations for learning and student attainment are clearly reflected in its academic programs and policies. These include the organization and content of the institution's curricula; admissions and graduation policies; the organization and delivery of advisement; the use of its library and information resources; and (where applicable) experience in the wider learning environment provided by the campus and/or co-curriculum.</p> <p>Guideline: The use of information and learning resources beyond textbooks is evidenced in syllabi throughout the undergraduate and graduate curriculum.</p>	<p>10.2 There must be in place an established faculty curriculum process for the development and assessment of the educational program.</p> <p>10.3 The curriculum must have as its central focus the education of students. a. Course objectives are written in reference to measurable learning outcomes. b. Course objectives/outcomes are assessed through student achievement and competency.</p> <p>10.13 Innovative curricular activities must be supported by clear and explicit objectives and must be consistent with the institutional purpose, objectives, and philosophy.</p> <p>11.11 Individual courses, seminars, etc. within graduate programs must evidence a process for the evaluation of stated objectives and/or student outcomes and competencies through objectives which can be assessed and evaluated through student performances/learning experiences at critical periods.</p> <p>* A course syllabus is prepared for each course and is distributed to each student at the beginning of the course. This syllabus for each course includes course requirements, the nature of the course contents, its objectives, and the methods of student evaluation.</p>
<p>2.4. The institution's expectations for learning and student attainment are developed and widely shared among its members (including faculty, students, staff, and where appropriate, external stakeholders). The institution's faculty takes collective responsibility for establishing, reviewing, fostering, and demonstrating the attainment of these expectations.</p>	<p>10.2 There must be in place an established faculty curriculum process for the development and assessment of the educational program. a. Policies and procedures have been established to develop, evaluate, and modify the academic programs. b. Minutes of academic committees and official meetings indicate that members of the faculty are actively involved in curriculum matters.</p> <p>10.7 The curriculum must be systematically and regularly evaluated, using established processes. a. Policies and procedures indicate a systematic process for curriculum evaluation. b. Minutes of appropriate academic committees reflect regular and systematic curriculum review.</p> <p>11.11 Individual courses, seminars, etc. within graduate programs must evidence a process for the evaluation of stated objectives and/or student outcomes and competencies through objectives which can be assessed and evaluated</p>

	through student performances/learning experiences at critical periods.
2.5. The institution's academic programs actively involve students in learning, challenge them to achieve high expectations, and provide them with appropriate and ongoing feedback about their performance and how it can be improved.	10.3 The curriculum must have as its central focus the education of students. a. Course objectives are written in reference to measurable learning outcomes. b. Course objectives/outcomes are assessed through student achievement and competency. a. Course objectives are written in reference to measurable learning outcomes. b. Course objectives/outcomes are assessed through student achievement and competency. c. The grading system for rewarding and evaluating academic progress is published and designed to provide incentive, reward achievement,, and assist in identifying student problems. C. The grading system is the same throughout the institution and grades are reported numerically (4.0, 3.0, 2.0, 1.0, etc.), by letter (A, B, C, D, etc.), or possible instances for specific courses as P-F.
2.6. The institution demonstrates that its graduates consistently achieve its stated levels of attainment and ensures that its expectations for student learning are embedded in the standards faculty use to evaluate student work.	10.7 The curriculum must be systematically and regularly evaluated, using established processes 11.8 The graduate program(s) must include summative experience to measure student achievement, competency or cognitive growth such as final projects, papers, tests or practicums of a comprehensive nature.
2.7. In order to improve program currency and effectiveness, all programs offered by the institution are subject to review, including analyses of the achievement of the program's learning objectives and outcomes. Where appropriate, evidence from external constituencies such as employers and professional societies is included in such reviews. Guideline: The institution incorporates in its assessment of educational objectives results with respect to student achievement, including program completion, license examination, and placement rates results.	11.2 There must be an established curriculum process for curriculum development, modification, and assessment in place. a. Faculty are actively involved in the development, approval, and modification of the curriculum in a procedural process. b. The curricular process involves the administration, board and others s needed. c. Faculty meeting minutes indicate appropriate faculty involvement.

Scholarship and Creative Activity

Non-Traditional Programs

Criteria for Review (WASC)

Standards and Evaluative Criteria (TRACS)

2.8. The institution actively values and promotes scholarship, curricular and instructional innovation, and creative activity, as well as their dissemination at levels and of the kinds appropriate to the institution's purposes and character.	Traditional institutions that utilize selected non-traditional formats or delivery systems must carefully describe the distinctives in their non-traditional programs with careful reference to (1) educational purpose, (2) financial procedures, (3) student body (recruitment, admission, student profile), (4) degree offerings and ((5a0 any adaptive measures in governance, organizational structure, resource allocation, faculty component, or other areas of the institution that may be necessitated by the presence of the non-traditional format.
2.9. The institution recognizes and promotes appropriate linkages among scholarship, teaching, student learning and service.	E. <u>Student Development</u> Each institution must provide a variety of appropriate student services that will effectively support the educational purpose – services that enhance the educational, social, spiritual, moral, and physical development of the student. In order to achieve this development of the whole person, the institution must have a working plan for this purpose.

Support for Student Learning

Student Development

Criteria for Review (WASC)

Standards and Evaluative Criteria (TRACS)

<p>2.10. Regardless of mode of program delivery, the institution regularly identifies the characteristics of its students and assesses their needs, experiences, and levels of satisfaction. This information is used to help shape a learning-centered environment and to actively promote student success.</p> <p>Guideline: The institution's policy on grading and student evaluation is clearly stated, and provides opportunity for appeal as needed; and periodic analyses of grades and evaluation procedures are conducted to assess the rigor and impact of these policies.</p>	<p>The Student Development plan must <i>be based on the studies needs of its student body</i> – based on a plenary profile of entering and current students.</p> <p>10.3 The curriculum must have as its central focus the education of students. a. Course objectives are written in reference to measurable learning outcomes. b. Course objectives/outcomes are assessed through student achievement and competency. a. Course objectives are written in reference to measurable learning outcomes. b. Course objectives/outcomes are assessed through student achievement and competency. c. The grading system for rewarding and evaluating academic progress is published and designed to provide incentive, reward achievement,, and assist in identifying student problems. C. The grading system is the same throughout the institution and grades are reported numerically (4.0, 3.0, 2.0, 1.0, etc.), by letter (A, B, C, D, etc.), or possible instances for specific courses as P-F.</p>
<p>2.11. Consistent with its purposes, the institution develops and implements co-curricular programs that are integrated with its academic goals and programs, and supports student professional and personal development.</p>	<p>E. <u>Student Development</u> Each institution must provide a variety of appropriate student services that will effectively support the educational purpose – services that enhance the educational, social, spiritual, moral, and physical development of the student. In order to achieve this development of the whole person, the institution must have a working plan for this purpose.</p>
<p>2.12. The institution ensures that all students understand the requirements of their academic programs and receive timely, useful, and regular information and advising about relevant academic requirements.</p> <p>Guideline: Recruiting and admission practices, academic calendars, publications, and advertising are accurate, current, disclosing, and are readily available to support student needs.</p>	<p>17.3 There must be a thorough orientation program for all incoming students that covers major student issues needed by students during registration.</p> <p>17.9 There must be an experienced and competent person(s) to provide academic, career, personal and spiritual counseling to students.</p> <p>8.2 The information in all institutional publications must be consistent, clear, factually accurate, current, and consistent with the institutional purpose and objectives.</p>
<p>2.13. Student support services—including financial aid, registration, advising, career counseling, computer labs, and library and information services—are designed to meet the needs of the specific types of students the institution serves and the curricula it offers.</p>	<p>Although institutions vary, a TRACS accredited institution must provide support services adequate for the prudent development of the student in his or her physical, social, moral, spiritual, and intellectual development. Such student services may include; security and health, housing, food, bookstore, mailroom, computing, intramurals, intercollegiate athletics, student government sponsorship, orientation, financial aid services, academic and other records, code of conduct, counseling (personal, academic, vocational placement, spiritual/moral), and opportunities for spiritual ministry and community service.</p>
<p>2.14. Institutions that serve transfer students assume an obligation to provide clear and accurate information about transfer requirements, ensure equitable treatment for such students with respect to academic policies, and ensure that such students are not unduly disadvantaged by transfer requirements.</p>	<p>10.11 Academic policies, including entrance and exit requirements and student transfer or credits, must be published and disseminated.</p>

Fiscal, Physical, and Information Resources Financial Operations

Criteria for Review (WASC)

Standards and Evaluative Criteria (TRACS)

<p>3.5. Fiscal and physical resources are effectively aligned with institutional purposes and educational objectives, and are sufficiently developed to support and maintain the level and kind of educational programs offered both now and for the foreseeable future.</p> <p>Guideline: The institution has a history of financial stability, appropriate independent audits, and realistic plans to eliminate any accumulated deficits and to build sufficient reserves to support long-term viability.</p>	<p>18.4 Finances must adequately support the institutional purpose and programs.</p> <p>18.9 The institution must give evidence that the finances will continue to support the programs for the current students and provide the resources for them to complete their degree programs. a. Long-range plans and contingency plans must reflect positive cash flows and positive budget outcomes. b. The long-range plan must be realistic.</p> <p>18.13 A certified external audit of the financial statements must be provided for each fiscal year.</p>
<p>3.6. The institution holds, or provides access to, information resources sufficient in scope, quality, currency, and kind to support its academic offerings and the scholarship of its members. For on-campus students and students enrolled at a distance, physical and information resources, services, and information technology facilities are sufficient in scope and kind to support and maintain the level and kind of education offered. These resources, services and facilities are consistent with the institution's purposes, and are appropriate, sufficient, and sustainable.</p>	<p>27.4 The institution must use computers in the learning process. a. Students and faculty are encouraged to become computer literate. b. Computers are available for instructional purposes.</p> <p>3.a. <u>Distance Learning Programs</u> 7) Educational Resources c) Computer services necessary for curriculum requirements are available.</p>
<p>3.7. The institution's information technology resources are sufficiently coordinated and supported to fulfill its educational purposes and to provide key academic and administrative functions.</p>	<p>1.3. It is recommended that provisions be made to incorporate use of the computer into the curriculum where it is appropriate. The faculty must be encouraged to use the computer and computer-related equipment where appropriate for instruction. Students must be provided computer access in courses normally requiring computer use. It is also recommended that computer literacy be part of the general education requirements. Equally important is the use of the computer systems for financial and student records. Budgeting for computers must be considered for acquisition, maintenance and replacement.</p>

Organizational Structures and Decision-Making Processes

Organizational Structure

Criteria for Review (WASC)

Standards and Evaluative Criteria (TRACS)

<p>3.8. The institution's organizational structures and decision making processes are clear, consistent with its purposes, and sufficient to support effective decision making.</p> <p>Guideline: The institution has an organization chart that clearly depicts positions, associated responsibilities, and lines of authority.</p>	<p>II.A.2. <u>The Administration</u> An administrative or leadership team must be in place, adequate in number, appropriate by title, function, appropriately degree, and competent to administer the institution effectively and efficiently. There must be a detailed job description for each position which is (a) appropriate to the position, (b) compatible with the purpose/objectives of the institution and the organization chart.</p>
<p>3.9. The institution has an independent governing board or similar authority that, consistent with its legal and fiduciary authority, exercises appropriate oversight over institutional integrity, policies, and ongoing operations, including hiring and</p>	<p>5.1 The institution must have a legally constituted governing board that holds the institution in trust and has final authority in matters of policy, operation and evaluation.</p> <p>5.2 The board must formulate and maintain a written long-</p>

Standard 3

Developing and Applying Resources and Organizational Structures to Ensure Sustainability

The institution sustains its operations and supports the achievement of its educational objectives through its investment in human, physical, fiscal, and information resources and through an appropriate and effective set of organizational and decision-making structures. These key resources and organizational structures promote the achievement of institutional purposes and educational objectives and create a high quality environment for learning.

Faculty and Staff

Faculty (and Staff)

Criteria for Review (WASC)

Standards and Evaluative Criteria (TRACS)

<p>3.1. The institution employs personnel sufficient in number and professional qualifications to maintain its operations and to support its academic programs, consistent with its institutional and educational objectives.</p>	<p>7.1 There must be a support staff sufficient in number and competence to adequately support the administration and academic functions of the institution.</p>
<p>3.2. The institution demonstrates that it employs a faculty with substantial and continuing commitment to the institution sufficient in number, professional qualifications, and diversity to achieve its educational objectives, to establish and oversee academic policies, and to ensure the integrity and continuity of its academic programs wherever and however delivered.</p> <p>Guideline: The institution has an instructional staffing plan that includes a sufficient number of full-time faculty with appropriate backgrounds by discipline and degree levels.</p>	<p>D. Faculty The faculty is integral to the educational quality of the institution. Therefore, the institution must employ, develop and support a faculty that is: Sufficient in number to provide for the curricular and student needs of the institution. In agreement with purpose, objectives, and philosophy of the institution. Cognizant of its role and responsibility in total institutional success. Academically qualified for the institution's educational level and goals. The institution must have a rationale for the number of faculty and staff it retains with reference to the size and level of educational program, and its full-time and part-time faculty ratio.</p>
<p>3.3. Faculty and staff recruitment, workload, incentive, and evaluation practices are aligned with institutional purposes and educational objectives. Evaluation processes are systematic, include appropriate peer review, and, for instructional faculty and other teaching staff, involve consideration of evidence of teaching effectiveness, including student evaluations of instruction.</p>	<p>14.15 The institution must have a formal, written procedure for the hiring of faculty.</p> <p>14.8 The institution must have policies regarding faculty appointment, retention, advancement and dismissal.</p> <p>14.10 Policies must be established and published concerning teaching loads, advising, committee assignments and other required assignments.</p> <p>14.12 Policy and procedures must be in evidence and practiced evaluating faculty performance. b. The faculty evaluation process is geared toward development of the faculty member as a professional – and includes the use of a standard form used in evaluation of faculty.</p>
<p>3.4. The institution maintains appropriate and sufficiently supported faculty development activities designed to improve teaching and learning consistent with its educational objectives and institutional purposes.</p>	<p>14.13 Policies and procedures must provide opportunities for the professional and spiritual growth of the faculty.</p>

evaluating the chief executive officer.	range plan for the institution. 5.3 The board must approve the institutional purposes, objectives, and philosophy, and must review these regularly to ensure that they are being pursued faithfully. 5.11 The board must appoint and regularly review a chief executive officer.
3.10. The institution has a chief executive whose full-time responsibility is to the institution, together with a cadre of administrators qualified and able to provide effective educational leadership and management at all levels.	II.A.2. The administration must be headed by a full-time chief executive officer who is appointed by the governing board – normally a president. 6.4 There must be other administrative or leadership team members sufficient in number and competence to give direction to the major operational areas of the institution.
3.11. The institution's faculty exercises effective academic leadership and acts consistently to ensure both academic quality and the appropriate maintenance of the institution's educational purposes and character.	D. <u>Faculty</u> The faculty is integral to the educational quality of the institution. Therefore the institution must employ, develop and support faculty that is: Sufficient in number to provide for the curricular and student needs of the institution. In agreement with purpose, objectives, and philosophy of the institution. Cognizant of its role and responsibility in total institutional success. Academically qualified for the institution's educational level and goals.

Creating an Organization Committed to Learning and Improvement

The institution conducts sustained, evidence-based, and participatory discussions about how effectively it is accomplishing its purposes and achieving its educational objectives. These activities inform both institutional planning and systematic evaluations of educational effectiveness. The results of institutional inquiry, research, and data collection are used to establish priorities at different levels of the institution, and to revise institutional purposes, structures, and approaches to teaching, learning, and scholarly work.

Strategic Thinking and Planning

Institutional Effectiveness (Research and Planning)

Criteria for Review (WASC)

Standards and Evaluative Criteria (TRACS)

<p>4.1. The institution periodically engages its multiple constituencies in institutional reflection and planning processes which assess its strategic position; articulate priorities; examine the alignment of its purposes, core functions and resources; and define the future direction of the institution. The institution monitors the effectiveness of the implementation of its plans and revises them as appropriate.</p> <p>Guidelines: A clear charge to planning bodies with a regular schedule and the existence of an understandable and coherent plan for assessing the attainment of educational objectives must be developed. Evidence of the ways the results of planning and evaluation are linked to decision-making is demonstrable.</p>	<p>23.1 An approved strategic planning process must exist and must be in use.</p> <p>23.2 The strategic plan must list goals in priority order for each area of the institution, such as academic, financial, administrative, etc.</p> <p>23.3 The planning process must take into account both income and expenditure categories beyond the current year.</p> <p>23.4 The planning process must take into account both internal and external factors.</p>
4.2. Planning processes at the institution define and, to the	H.1. Research and Planning The strategic

<p>extent possible, align academic, personnel, fiscal, physical, and technological needs with the strategic objectives and priorities of the institution.</p>	<p>planning/assessment process must include short range (1-2 years) and long-range (3-5 years) projections and goal setting. ...the plan will be updated annually. The plan should list goals in all aspects of the institution: administrative, academic, facilities, financial, student affairs, and staff. The process must identify priorities, set time limits with target dates for action, and component and on-going evaluation and assessment. The plan must be consistent with the stated purpose of the institution as well as the institution's financial capabilities.</p>
<p>4.3. Planning processes are informed by appropriately defined and analyzed quantitative and qualitative data, and include consideration of evidence of educational effectiveness, including student learning.</p>	<p>23.5 The latest plan must have been widely distributed. The planning document must have been developed on sound research data by the faculty, staff, and administration. a. Historical data is collected and separated. b. An analysis of the data is reflected in the plan. c. Minutes of departmental and committee meetings are maintained.</p>

Commitment to Learning and Improvement

Evaluation and Outcomes Assessment

Criteria for Review (WASC)

Standards and Evaluative Criteria (TRACS)

<p>4.4. The institution employs a deliberate set of quality assurance processes at each level of institutional functioning, including new curriculum and program approval processes, periodic program review, ongoing evaluation, and data collection. These processes involve assessments of effectiveness, track results over time, and use the results of these assessments to revise and improve structures and processes, curricula, and pedagogy.</p>	<p>24.1 The institution must have developed and implemented a comprehensive assessment plan which includes all aspects of the institution.</p>
<p>4.5. Institutional research addresses strategic data needs, is disseminated in a timely manner, and is incorporated in institutional review and decision-making processes. Included among the priorities of the institutional research function is the identification of indicators and the collection of appropriate data to support the assessment of student learning consistent with the institution's purposes and educational objectives. Periodic reviews of institutional research and data collection are conducted to develop more effective indicators of performance and to assure the suitability and usefulness of data.</p> <p>Guidelines: The institution exhibits existence of clear institutional research capacities with appropriate reporting lines and support appropriate to the institution's size and scope. Institutional research or equivalent databases are developed that are sufficient to meet all external reporting needs (e.g. IPEDS), and there are appropriate ways to access or disseminate this information through publications, reports, or widely-accessible databases.</p>	<p>23.6 The planning document must have been developed on sound research data by the faculty, staff, and administration. a. Historical data is collected and separated. b. An analysis of the data is reflected in the plan.</p> <p>24.2 The assessment plan must provide a systematic evaluation of student learning outcomes, development and program outcomes</p>
<p>4.6. Leadership at all levels is committed to improvement based on the results of the processes of inquiry, evaluation and assessment used throughout the institution. The faculty takes responsibility for evaluating the effectiveness of the teaching and learning process and uses the results for improvement. Assessments of the campus environment in support of academic and co-curricular objectives are also</p>	<p>H.2. <u>Evaluation and Outcomes Assessment</u> One of the most crucial responsibilities of any institution is to determine how well its mission is being accomplished and to ensure that each phase of its operation is optimally effective and efficient. While there are many partial, imprecise ways of assessing performance levels, by far the most productive is a comprehensive, systematic, continuous evaluation of the</p>

<p>undertaken and used, and are incorporated into institutional planning.</p> <p>Guideline: The institution has clear, well established policies and practices for gathering and analyzing information that leads to a culture of evidence and improvement.</p>	<p>entire institution – resources, administration, financial management, student development, faculty, academic programs and student learning.</p>
<p>4.7. The institution, with significant faculty involvement, engages in ongoing inquiry into the processes of teaching and learning, as well as into the conditions and practices that promote the kinds and levels of learning intended by the institution. The outcomes of such inquiries are applied to the design of curricula, the design and practice of pedagogy, and to the improvement of evaluation means and methodology.</p>	<p>24.3 The assessment plan must provide a systematic evaluation of student learning outcomes, development and program outcomes. a. The process includes graduation rates, job placement rates, student success rates on state and other licensing exams, and overall institutional and program retention rates. b. The process includes the assessment of student learning outcomes at the major/program level.</p> <p>24.4 The assessment plan must provide for a systematic evaluation of the curriculum. b. The process indicates how the analysis of the data will be linked to strategic planning and budget planning.</p>
<p>4.8. Appropriate stakeholders, including alumni, employers, practitioners, and others defined by the institution, are involved in the assessment of the effectiveness of educational programs.</p>	<p>H.2.d. In addition to the assessment of learning outcomes, there are other data that should be collected and analyzed. These include graduation rates, job placement, and further graduate education. Follow-up studies will indicate how an institution is achieving its objectives. Graduates are an especially strategic group in outcomes studies.</p>

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To: Consumer Protection Committee

Date: July 11, 2007

From: Christy Berger
Legislation Analyst

Telephone: (916) 574-7847

Subject: Discussion of Licensure for Child Welfare Staff

Background

At its January 2006 meeting, the Consumer Protection Committee explored the different types of social work licensure offered in other states. After discussion and input from stakeholders, the Committee directed staff to conduct more research specifically on child welfare and elder care areas with reference to other states' activities and report back at a future meeting. At its meeting in September 2006, staff provided an update indicating the need for more research.

Social work is very broad field that provides social workers with the possibility of entering many different types of jobs. Many enter the social work profession with no intent to practice psychotherapy. Common jobs performed by social workers such as administrator, case manager, adoptions worker, or protective services worker, do not require the practice of psychotherapy.

However, many who enter or wish to enter these non-clinical jobs in California may find themselves needing to obtain a clinical license, the only type offered in California. Many employers use the LCSW license as a screening tool or as an indicator of competency, and require it for employment or to remain in a job after a set number of years. The employee would then be required to obtain a clinical job in order to gain hours of experience toward their LCSW.

Staff was asked to research the possibility of licensure for county workers in child and elder welfare to determine their current scope of work, and to research scopes of practice for different levels of licensure in other states. This report focuses on child welfare.

Other States

Because of the large variety of types of jobs in the social work profession, at least 35 states offer more than two different types of social work licenses, including clinical licenses, non-clinical licenses at the Master's level, and also at the Bachelor's level. A handful of states also register social workers at a paraprofessional level. All other states use the national social work examinations developed by the Association of Social Work Boards (ASWB). The ASWB offers five examination categories: Advanced Generalist, Clinical, Master's and Bachelor's. ASWB also offers an Associate level

examination for paraprofessional social workers or those holding an Associate level degree, that is the same as the Bachelor's exam graded at a slightly lower cut score.

Child Welfare Agencies

California's child welfare system, with 58 counties and a diverse population, is the largest in the nation and among the most complex. More than 700,000 children come into contact with California's child welfare system each year.¹ The California Department of Social Services (CDSS) provides state oversight of the county child welfare agencies, who are in turn responsible for the following:

- Investigating reports of child abuse
- Screening and assessing families
- Providing case management and other services to help families stay together
- Placing and monitoring foster children
- Providing adoption services

The child welfare system is affected by legislation, regulations, court decisions, and new knowledge from practice and research which all combine to produce a flow of changing requirements and expectations. Additionally, "...families are coming into the child welfare system with more severe and complex problems than ever before, requiring more time and resources from child welfare social workers and challenging agencies to improve service coordination and share information." These agencies are also facing challenges from "...inflexible funding streams, lack of standardized practices and incompatible data systems."²

In 2002, the federal Administration for Children and Families conducted its first performance review of California's child welfare system. At the time of the review, California failed all seven of the outcome measures pertaining to child safety, well-being and permanency. The state has made "notable improvement" since that time, and is now passing in four of seven outcome areas, while continuing to fail in the remaining three (failing one area in permanency, and two under well-being).³

In response to the performance review results, the state took a number of actions, including:¹

- Worked with the California Social Work Education Center (CalSWEC) to develop a "Common Core Curricula," a standardized training program required for all new child welfare workers and supervisors to develop the capacity of the workforce to use best practices. This Curricula was developed based on CalSWEC's "Curriculum Competencies for Public Child Welfare" for MSW students (attached).
- Passed legislation (AB 1740, Ch. 52, Stats. 2000) requiring CDSS to work with a stakeholder's group charged with reviewing the state's child welfare system and recommending improvements.
- Initiated a pilot program with 11 counties to develop and test the implementation of key redesign strategies.
- Passed legislation (AB 636, Ch. 678, Stats. 2001) requiring an outcomes-based accountability system which requires counties to submit self-assessments and system improvement plans to CDSS. A copy of the most recent statewide report is attached.

¹ "Child Welfare System Improvements in California 2003-2005," California Department of Social Services, 2005.

² Understanding the Child Welfare System in California," California Center for Research on Women and Families, 2002.

³ "Analysis of the 2007-08 budget Bill: Health and Social Services," Legislative Analyst's Office, 2007.

Child Welfare Social Workers

As of 2004, there were 7,400 child welfare social workers in California.⁴ Child welfare social workers are described as:

“...highly skilled and flexible professionals working with large caseloads, typically comprised of families with multiple problems. Social workers often face many challenges to keep children safe and families together when appropriate. They assess and investigate reports of suspected child abuse and neglect, meet statutory deadlines, prepare reports, testify in juvenile dependency court, recommend courses of action, develop case/service plans with families, monitor compliance and progress, and find appropriate out-of-home placements for children.”⁵

CDSS regulations require the following qualifications for emergency response and family maintenance staff in county child welfare departments:⁶

- At least 50% of professional staff possess a MSW or its equivalent in education and/or experience.
- 100% of supervisors of professional staff must possess a MSW or its equivalent in education and/or experience.
- Remaining professional staff must possess a BSW or its equivalent in education and/or experience.

Since child welfare social workers are employed by individual counties, any complaints regarding social workers are handled by the individual counties. Staff was unable to locate any data regarding child welfare social worker complaints. News reports regarding harm to children in the child welfare system tend to either blame social worker negligence or systemic failures. A number of news articles are attached, and some of the problems that contribute to these failures are discussed below under “Workforce Issues.”

Workforce Issues

It has been reported that:

“California has a severe shortage of social workers, with high vacancy rates in many county child welfare departments and no immediate pool of candidates to fill the empty slots. In some agencies, the shortage of social workers results in heavy caseloads, and sometimes affects morale and staff turnover.”⁵

Additionally:

“A workload study commissioned by CDSS concluded that California’s county caseloads are twice the recommended levels in most categories, making it difficult for social workers to provide basic services or maintain meaningful contact with children and families.”⁵

⁴ “The Turnover Report for California’s County Public Child Welfare Agencies,” CalSWEC, 2005.

⁵ “Understanding the Child Welfare System in California,” California Center for Research on Women and Families, 2002.

⁶ Section 31-070 of Division 31, California Code of Regulations

Issues for Consideration

1. Is there evidence that licensure of child welfare social workers is necessary to protect the public?
2. If so, would requiring licensure for child welfare social workers contribute to the workforce shortage?

Attachments

- A. Understanding the Child Welfare System in California
- B. Curriculum Competencies for Public Child Welfare
- C. California Child Welfare Services Outcome and Accountability County Data Report (April 2007)
- D. Child abuse: A quiet shame (Dover Seacoast News, 01/03/2003)
- E. Foster Care in Crisis (Daily News of Los Angeles, 12/28/2003)
- F. Seeking Justice (Inland News, 02/23/05)
- G. Worker: Agency failed slain child (Oakland Tribune, 02/15/2006)
- H. The Case of Marie and Her Sons (New York Times, 07/23/06)

UNDERSTANDING THE CHILD WELFARE SYSTEM IN CALIFORNIA

A Primer for Service Providers
and Policymakers

Diane F. Reed, M.P.H.

Kate Karpilow, Ph.D.



November 2002

Dear Social Service Providers and Policymakers:

On any given day in California, 131,000 children and youth are involved in the public child welfare system. Each year, over 500,000 children—six percent of the state's population under age 18—come to the attention of child welfare officials because of reports of suspected child abuse or neglect. How many of us have a basic understanding of the laws and programs set up to care for these children?

This Primer aims to orient service providers to the building blocks and key issues of the public child welfare system. The Primer is also intended to educate local and state policymakers responsible for crafting public policy. There is considerable need for professionals in many fields to understand the many facets of the child welfare system, particularly as many of California's counties move to coordinate services to high-risk families.

In addition to highlighting the major laws, programs, and financing mechanisms, the Primer describes the four services required in each county child welfare agency (Emergency Response, Family Maintenance, Family Reunification, and Permanent Placement) and outlines the juvenile dependency court process. The Primer also reports the reasons that children are involved in the system and describes the children's backgrounds. Looking to the future, the Primer summarizes key challenges facing child welfare professionals and policymakers, ranging from improving data management and evaluating outcomes to assessing the shortage of foster care families.

Diane F. Reed, the primary author of the Primer, has our considerable and heartfelt thanks for her thorough research and for her extraordinary dedication to developing a document rich in information, yet concise and accessible to busy professionals.

Throughout the past year, Ms. Reed relied on the knowledge of many individuals who gave generously of their expertise and time. Sylvia Pizzini, Deputy Director for Children and Family Services at the California Department of Social Services, read numerous drafts and offered valuable information and advice. Barbara Needell, Principal Investigator at the Center for Social Services Research at UC Berkeley, responded to frequent queries for statistical information. Linda Orrante, Project Coordinator of the CalWORKs/Child Welfare Partnership Project, offered many professional insights and helped research current law and practice; and Sarah Boehm provided critical assistance with library and website research.

This Primer on child welfare and another on CalWORKs were funded by the Zellerbach Family Foundation to further the work of the CalWORKs/Child Welfare Partnership Project. We extend our considerable thanks to the Foundation for its support, with a particular note of appreciation to Program Executive Ellen Walker.

This Primer is dedicated to the children in California's child welfare system. They are our shared responsibility; and they depend on us to support them, to provide them care, and to help them heal.

Sincerely,



Kate Karpilow
Executive Director

UNDERSTANDING THE CHILD WELFARE SYSTEM IN CALIFORNIA: A PRIMER FOR SERVICE PROVIDERS AND POLICYMAKERS

Introduction

Every year, over a half million children in California come to the attention of child welfare officials through reports of suspected child abuse or neglect. On any given day, 131,000 children and youth are involved in the child welfare system: 39,000 receive emergency services and other forms of assistance to keep the family together safely, and 92,000 live in foster homes, relative homes, and residential care facilities. Today's child welfare system faces many challenges. In addition to investigating reports of abuse and neglect, protecting victimized and vulnerable children, assisting children who are removed from their parents' care, and supporting families to stay together, Congress requires documentation of how well the child welfare system is serving children and families.

This Primer provides an overview of the child welfare system—its history, structure, and funding streams. It also presents a profile of the children who are in the system and the multiple challenges facing a system in transition. The Primer is intended to increase understanding by child welfare professionals, policymakers, and others about the complex nature of the child welfare system and to inform dialogue about systemic changes and improvements that might better serve the children and families of California.

ABOUT THIS PRIMER

Understanding the Child Welfare System in California: A Primer for Service Providers and Policymakers is one in a series of primers offered by the California Center for Research on Women and Families (CCRWF) to assist practitioners and policy leaders in advancing their basic knowledge of complex social services systems. Funded by the Zellerbach Family Foundation, this Primer and a companion publication on CalWORKs support the CalWORKs/Child Welfare Partnership Project, which aims to coordinate welfare and child welfare programs in California.

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Permission to copy is granted. Please notify CCRWF at ccrwf@ccrwf.org. Copies of the Primer can be downloaded from the CCRWF website at www.ccrwf.org. To inquire about printed copies, call the CCRWF office at (510) 559-2696 or e-mail ccrwf@ccrwf.org.

RECOMMENDED CITATION

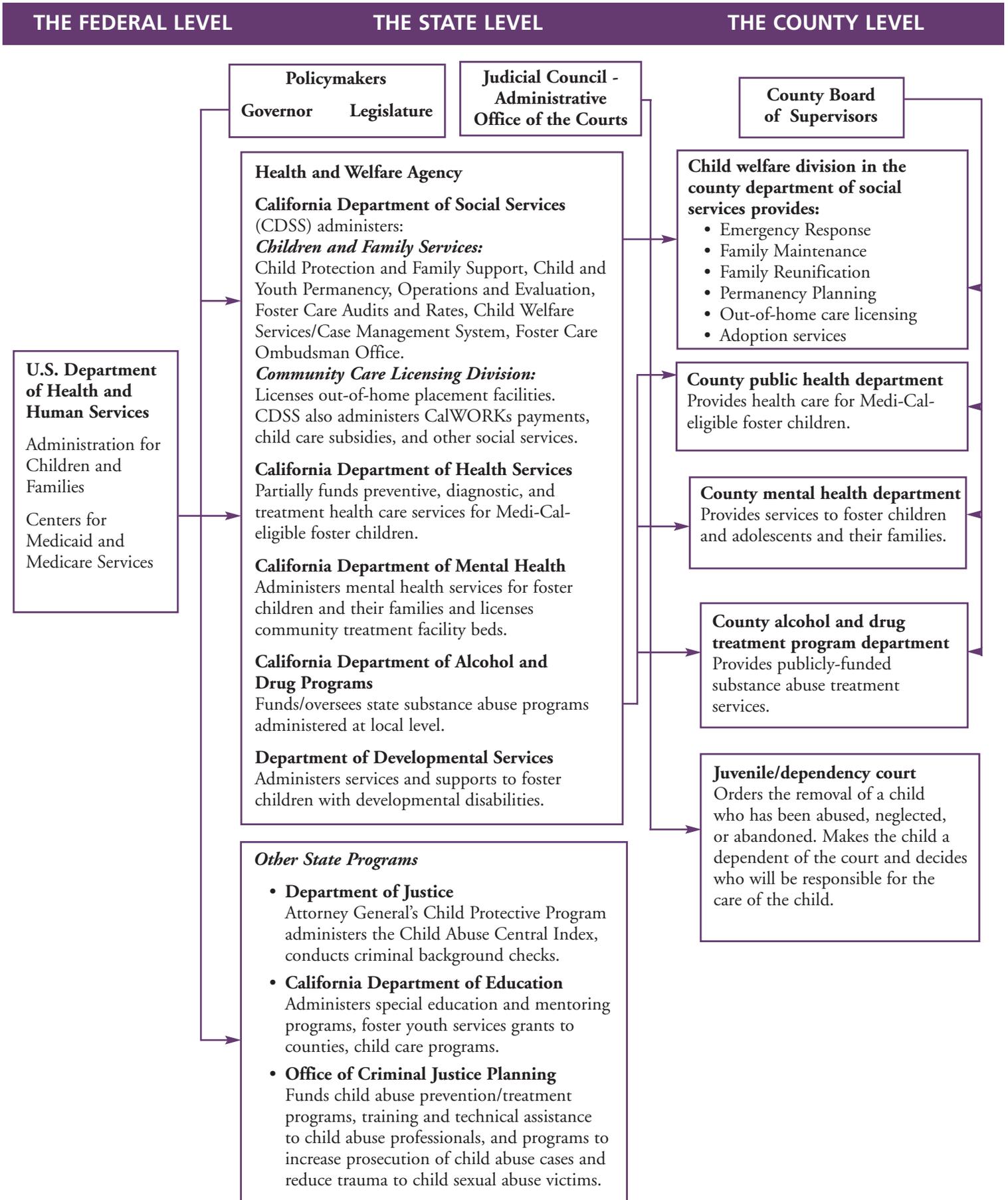
Reed, D. F., & Karpilow, K. A. (2002, November). *Understanding the child welfare system in California: A primer for service providers and policymakers*. Berkeley, CA: California Center for Research on Women and Families, Public Health Institute. Available on the CCRWF website, <http://www.ccrwf.org>

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Table Of Contents

Introduction	1
The Child Welfare System	3
Federal Government	3
State Government	5
County Government	7
Components of the County Child Welfare Agency	9
Emergency Response	9
Family Maintenance	11
Family Reunification	11
Permanent Placement	13
Juvenile Dependency Court	15
Children in the Child Welfare System	16
Reasons for Child Welfare System Involvement	16
Children Receiving Services	16
Children in Foster Care	17
Out-of-Home Providers	18
Kinship Care	18
Foster Care Placements	19
Funding the Child Welfare System	20
Title IV-E	20
Title IV-B	20
Title XIX	20
TANF	20
Funding Streams	21
Need for Coordination	21
CalWORKs	21
Health Care	21
Mental Health	22
Substance Abuse	22
Domestic Violence	22
Education	22
Key Issues: 2002 and Beyond	23
Administration and Practice	23
Reporting and Information Systems	23
Accountability	23
Flexible Funding	23
Service System Coordination	24
Prevention Programs	24
Adoption	25
Social Worker Shortage	25
Child Welfare Worker Caseload	25
Promising Practices	25
Children and Families	27
Overrepresentation	27
Transracial Adoption	27
Shortage of Foster Families	28
Transition-Age Youth	28
Conclusion	28
Endnotes	29

Figure 1: California's Child Welfare System: Primary Institutions



THE CHILD WELFARE SYSTEM

The child welfare system is made up of multiple federal, state, and county agencies, juvenile courts, and private social service agencies, all of which share the goals of providing for the safety, permanence, and well-being of children and their families. Both federal and state laws establish the legal framework that governs the roles and responsibilities of agencies and organizations for children that enter and leave the child welfare system.

FEDERAL GOVERNMENT

The federal government develops and implements national policy by issuing regulations, overseeing state performance, and conducting compliance reviews. It also allocates federal funds for child welfare and related programs to state, county, city, and tribal governments and public and private local agencies.

U.S. Department of Health and Human Services

The Department of Health and Human Services (DHHS) is the principal federal agency that regulates and partially funds services to maltreated children and their families. Within DHHS, the Administration for Children and Families and the Centers for Medicaid and Medicare Services oversee services provided to children and families involved with the child welfare system. Federal funding for child welfare programs requires state matching funds; states, in turn, may require matching funds from counties.

Administration for Children and Families

Responsible for some 60 programs that provide services to children and families, the Administration for Children and Families (ACF) assists state, county, city, and tribal governments and public and private local agencies to provide services through funding allocations, policy direction, and information services. ACF also supports state programs to provide foster care and adoption assistance; administers the state-federal welfare program, Temporary Assistance to Needy Families (TANF); administers the national child support enforcement system and the Head Start program; and provides funds to assist low-income families pay for child care. Within ACF, the Children's Bureau funds a number of programs that focus on preventing abuse, protecting children from abuse, and finding permanent placements for children who cannot safely return to their homes.

The Centers for Medicaid and Medicare Services

The Centers for Medicaid and Medicare Services (CMS) administers the Medicaid program (known as Medi-Cal in California) that provides health care coverage to foster children.

Brief History of Child Welfare Services

Our attitudes, beliefs, and ways of caring for and protecting abused or neglected children and supporting families have changed profoundly over the past 300 years. In the 1700s, orphans and children in need of care typically were indentured to other families to learn a trade. By the mid-1800s, family poverty was accepted as enough reason to remove children from their parents, and orphanages were established by private religious and charitable organizations to care for dependent children. By the last half of the 19th century, children increasingly were placed with families instead of institutions, but agencies did only minimal screening and placement follow-up. Some of the more zealous groups removed children from their homes with little regard for parental rights. In the early 1900s, a separate court system was established for minors, out-of-home care began to be reimbursed, and foster homes were more closely supervised.

The federal government first developed policies to deal with child abuse and neglect in 1935. Over the next 30 years, Congress created a federal foster care payment system to reimburse foster parents and strengthened the role of the court in removing children from their families. The passage of mandatory child abuse reporting laws increased the number of children placed in foster care during the 1970s, highlighting the need for prevention and early intervention services and shifting public policy toward reducing unnecessary foster care placements and safely reunifying children with their families when possible. In the late 1980s, the deaths of some children involved in the child welfare system and widespread coverage of parental substance abuse led to demands to better protect children and contributed to increased federal spending on foster care.

In the last decade, concern that children were in foster care for too long when there was little hope of reunification with their birth families led to policies and practices to terminate parental rights more quickly. This in turn has increased pressure on child welfare professionals unable to find adoptive parents for the children already in the system. Today, the struggle continues to find the right balance between the competing demands of child safety and preserving families.

Key Federal Child Welfare Laws

Child Abuse Prevention and Treatment Act (CAPTA), 1974

Public Law (PL) 93-247 began to shape the current child welfare system. CAPTA mandates that states establish child abuse reporting laws, define child abuse and neglect, describe the circumstances and conditions that obligate mandated reporters to report known or suspected child abuse, determine when juvenile/family courts can take custody of a child, and specify the forms of maltreatment that are criminally punishable. This Act has been amended and reauthorized several times since its inception, most recently in 1996. CAPTA is currently before Congress for reauthorization.

Indian Child Welfare Act (ICWA), 1978

PL 95-608 re-establishes tribal authority and protects and preserves the bond between Indian children and their tribe and culture. ICWA regulates any child protective case, adoption, guardianship, termination of parental rights action, runaway/truancy matter, or voluntary placement of Indian children. Placement cases involving Indian children must be heard in tribal courts, if possible, and involvement by the child's tribe in state court proceedings is permitted.

Adoption Assistance and Child Welfare Act, 1980

PL 96-272 created a categorical funding stream for out-of-home (foster) care to support the basic goal of protecting children, but established a preference to maintain and reunify families. This Act requires reasonable efforts to prevent unnecessary out-of-home placements, requires consideration of relatives as the placement of preference, establishes a process to safely reunify children with their families when possible, and authorizes assistance payments to families who adopt children with special needs. Only those children who meet means-tested eligibility requirements set in July 1996 are eligible for these categorical funds.

Independent Living Program Act (ILP), 1986

PL 99-272 provides services for foster youth age 16 and older to promote self-sufficiency and to help them transition out of the system at age 18.

Family Preservation and Family Support Services Program, 1993 Promoting Safe and Stable Families Act, 1997

PL 103-66 and PL 105-89 provide time-limited, flexible funds to states for family preservation and community-based family support services. In 1997, the Family Preservation and Family Support Services Program was extended, expanded, and renamed the Promoting Safe and Stable Families Act. The program is one of the few sources of federal funds for services to prevent or remedy the difficulties that bring families to the attention of the child welfare system. The Promoting Safe and Stable Families Act is in the process of being re-authorized by Congress.

Multi-Ethnic Placement Act (MEPA), 1994 Inter-Ethnic Placement Provisions, 1996

MEPA (PL 103-382) prohibits delaying or denying the placement of any child on the basis of race, color, or national origin, and requires that states recruit prospective adoptive and foster care families that reflect the ethnic and racial diversity of children needing homes. The Interethnic Placement Provisions (PL 104-188) amended MEPA and strengthened its provisions to ensure that adoption and foster placements were not delayed or denied because of race, color, or national origin.

Adoption and Safe Families Act (ASFA), 1997

PL 105-89 emphasizes child safety over keeping families together and provides financial incentives to states to promote permanency planning and adoption. It also identifies additional circumstances for terminating parental rights, establishes a time-limited federal waiver demonstration project for selected states to test new service delivery approaches, and requires DHHS to adopt outcome measures and a way to systematically collect data from states.

Foster Care Independence Act, 1999

PL 106-169 doubles funding for Independent Living Skills programs, allows states to use some funding for transitional living programs for emancipated youth and to extend Medicaid coverage to age 21, and permits all youth in out-of-home care (including non-IV-E eligible youth) to participate in ILP services.

STATE GOVERNMENT

California's Child Welfare Services (CWS) system is a continuum of programs and services aimed at safeguarding the well-being of children and families in ways that strengthen and preserve families, encourage personal responsibility, and foster independence. CWS includes:

- social worker response to allegations of child abuse and neglect;
- ongoing services to children who have been identified as victims or potential victims of abuse and neglect and their families; and
- services to children in foster care who have been temporarily or permanently removed from their families because of abuse or neglect.

California Department of Social Services

California Department of Social Services, or CDSS, is the primary entity responsible for the state's child welfare program. Among its many roles, CDSS:

- receives federal funding that provides partial support for state and county child welfare programs;
- develops and oversees programs and services for at-risk children and families;
- licenses out-of-home (foster) care providers;
- secures state and county funds for services to children in out-of-home (foster) care;
- provides direct service adoption programs in some counties;
- conducts research; and
- provides oversight and evaluation of local and statewide demonstration projects and statewide "best practices" training for social workers.

California is one of 11 states that operate on a state-supervised/county-administered model of governance. Under this system, each of California's 58 individual counties administers its own child welfare program, while CDSS monitors and provides support to counties through regulatory oversight, administration, and the development of program policies and laws. The challenge in this approach is balancing state standards that must be consistent with federal law with local outcomes that are tailored to meet the needs and values of diverse communities and populations in the state.

Two divisions within CDSS are responsible for providing child welfare and foster care services, the Children and Family Services Division and the Community Care Licensing Division.

Children and Family Services Division

The Children and Family Services division provides leadership and oversight of county and community agencies in implementing child welfare programs through training, technical assistance, incentives, and program evaluations. The division consists of six branches:

Child Protection and Family Support develops policy and practice for child abuse prevention, Emergency Response, and Family Maintenance; provides training services to counties; and provides oversight of the Indian Child Welfare Act.

Child and Youth Permanency develops policy and practice for child welfare programs related to permanency, including Family Reunification, guardianship, and adoption.

Operations and Evaluation conducts county-level compliance reviews, provides direct services adoption programs for 30 counties, and develops quality assurance policy.

Foster Care Audits and Rates audits and sets rates for group homes and Foster Family Agencies.

Child Welfare Services/Case Management System, or CWS/CMS, maintains the centralized statewide computer system with automated case management and information-reporting functions that provide data to monitor and evaluate outcomes.

Foster Care Ombudsman Office resolves concerns related to the care, placement, and services provided to foster children and youth and provides leadership, direction, and coordination with Ombudsman Offices at the county level.

Community Care Licensing Division

The Community Care Licensing Division (CCLD) licenses four different types of out-of-home placement settings for children: foster family homes, Foster Family Agencies, group homes, and Community Treatment Facilities. CCLD monitors facility safety standards, food storage and preparation, available medical services, staff qualifications and training, supervision, and documentation requirements. CCLD also licenses adoption agencies.

Key State Child Welfare Laws

Senate Bill (SB) 14 (Chapter 978, Statutes of 1982) requires the state, through the California Department of Social Services and county welfare departments, to establish and support a public system of statewide Child Welfare Services. Each county welfare department is required to maintain four specialized components: Emergency Response, Family Maintenance, Family Reunification, and Permanent Placement.

SB 243 (Chapter 1485, Statutes of 1987) makes termination of parental rights and removal from the home dependent on danger to the child, narrows the definition of physical abuse, establishes preservation of the family as the primary system goal, and restates the priority for relative placement over non-relative foster care for children.

SB 370 (Chapter 1294, Statutes of 1989) establishes the Foster Care Group Home Rate structure and authorizes the automated Child Welfare Services/Case Management System (CWS/CMS).

Assembly Bill (AB) 948 (Chapter 91, Statutes of 1991) increases the county share of cost for foster care and child welfare services to increase fiscal incentives to avoid or limit expensive foster care placements.

AB 3364 (Chapter 961, Statutes of 1994) establishes the California Family Preservation and Family Support Program consistent with federal requirements.

AB 1193 (Chapter 794, Statutes of 1997) establishes the Kinship Support Services Program to provide community-based support for relatives caring for children placed in their homes by the juvenile court or children who are at risk of abuse, neglect, or delinquency.

AB 1544 (Chapter 793, Statutes of 1997) mandates “concurrent planning” and makes specific changes in the law designed to increase the likelihood that foster children unable to reunify with their birth parents achieve permanency with relatives.

AB 2773 (Chapter 1056, Statutes of 1998) implements the federal Adoption and Safe Families Act in California that includes shortened timeframes for reunification.

SB 163 (Chapter 795, Statutes of 1998) allows counties to participate in a pilot program providing intensive wrap-around services to families and children in or at risk of high level group care to reduce the need for placement.

SB 933 (Chapter 311, Statutes of 1998) enacts group home reforms and establishes the Foster Care Ombudsman program to provide a way to resolve issues.

SB 1901 (Chapter 1055, Statutes of 1998) establishes the Kinship Guardianship Assistance Payment Program (Kin-GAP) to provide a subsidy for children placed in legal guardianship with a relative.

SB 2030 (Chapter 785, Statutes of 1998) requires the California Department of Social Services to evaluate workload and budgeting methodologies to understand the routine child welfare staff activities, the time needed to complete mandated services, and the estimated time needed for what is considered to be best practice in child welfare.

AB 1740 (Chapter 52, Statutes of 2000) establishes the Child Welfare Services Stakeholders Group to examine current child welfare programs and propose a redesigned system by June 2003.

AB 2877 (Chapter 93, Statutes of 2000) makes emancipated foster youth categorically eligible for Medi-Cal.

AB 427 (Chapter 125, Statutes of 2001) expands transitional housing for foster youth and emancipated foster youth and establishes the Supportive Transitional Emancipation Program (STEP) program to provide assistance payments to emancipated youth. Participation in STEP is optional for counties.

AB 636 (Chapter 678, Statutes of 2001) establishes a statewide Child and Family Services Review system to review county systems and assist them in meeting outcomes.

AB 899 (Chapter 683, Statutes of 2001) defines the rights of foster children and requires that children and youth be provided with this information.

Other State Departments and Programs

Numerous other governmental agencies and programs provide services to children and families involved in the child welfare system:

California Department of Health Services partially funds health services for Medi-Cal-eligible foster children through the state's Child Health and Disability Prevention (CHDP) Program. CHDP provides preventive and diagnostic screening services and treatment to foster children through Early and Periodic Screening, Diagnostic and Treatment (EPSDT). The state requires that foster children be screened every 2 months until age 1, once every 6 months to age 2, once at age 3, every 2 years to age 8, and every 3 years to age 20.

California Department of Education partially funds special education, academic mentoring programs, and non-competitive Foster Youth Services grants to provide interagency educational, emotional, social, and health services to foster children in some counties.

California Department of Mental Health partially funds county agencies to provide mental health services to foster children through Title XIX Medicaid funding and EPSDT.

California Department of Alcohol and Drug Programs partially funds community-based substance abuse programs through the federal Substance Abuse Block Grant and Drug Medi-Cal.

California Department of Developmental Services provides some services and assistance to families with children in foster care who need developmental services through Regional Centers.

Judicial Council of California is the policymaking body of the California courts. Under the leadership of the Chief Justice and in accordance with the California constitution, the Council provides guidelines to the courts, makes recommendations annually to the Governor and Legislature, and adopts and revises California Rules of Court in the areas of court administration, practice, and procedure.

California Department of Justice, through the Attorney General's Child Protection Program, administers the Child Abuse Central Index, a registry of all substantiated and inconclusive child abuse reports submitted by county child welfare agencies. The Department of Justice also conducts criminal background checks.

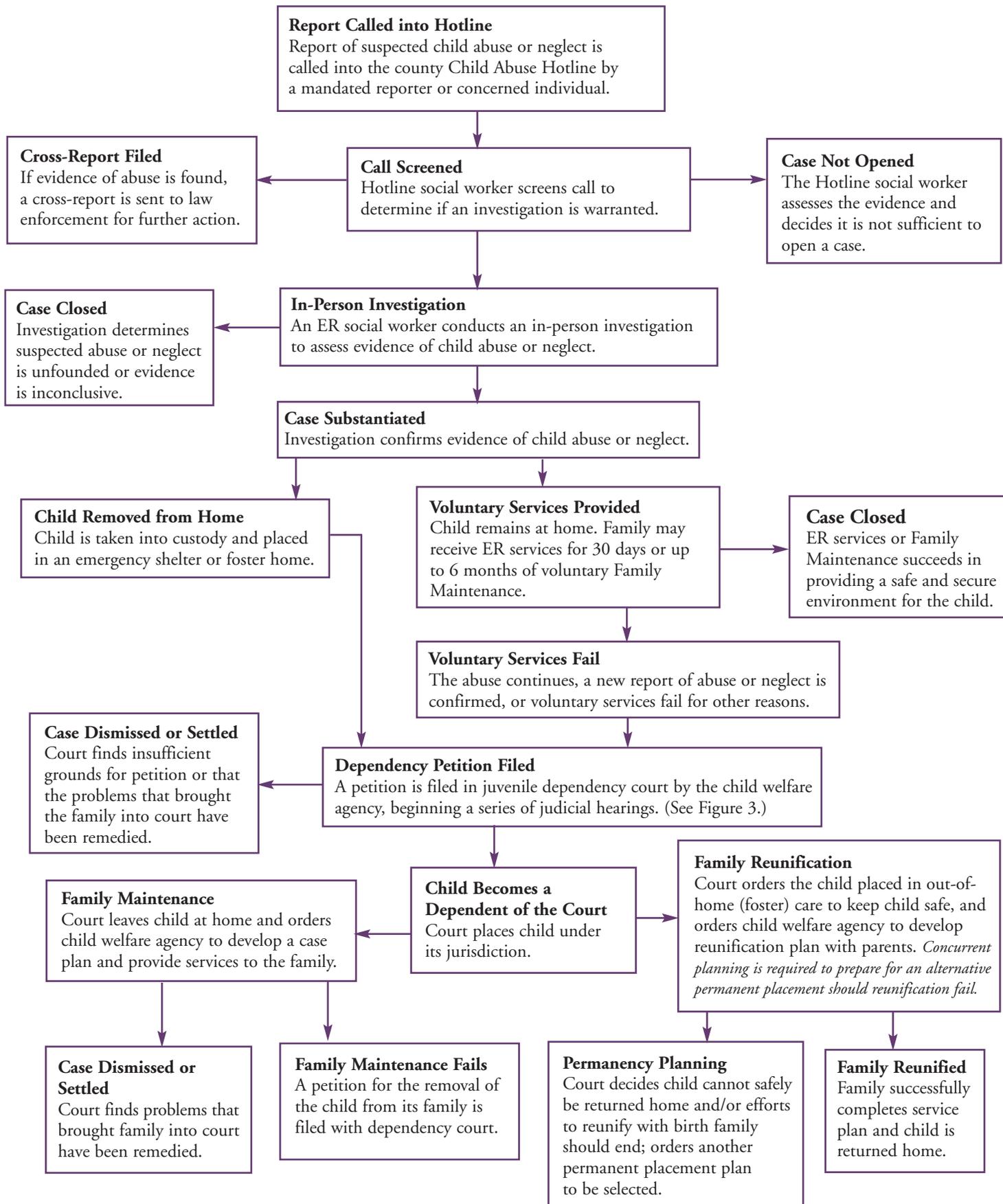
Office of Criminal Justice Planning administers a number of child welfare programs, including the American Indian Child Abuse Treatment Program, the Child Abuse and Abduction Prevention Program, the Child Abuse Training and Technical Assistance Centers, the Child Abuse Treatment Program, and the Child Abuser Vertical Prosecution Program.

COUNTY GOVERNMENT

Counties are the primary governmental bodies that directly interact with children and families to address child abuse and neglect. Children and families involved in the child welfare system receive services from several county-level departments:

- The county department or agency of social services through its child welfare division administers, partially funds, and provides local child welfare and foster care services under Sections 300 et seq. and 16500 et seq. of the California Welfare and Institutions Code. The child welfare division investigates reports of child abuse, screens and assesses families, provides case management and other services to help families stay together, places and monitors foster children, and provides adoption services.
- The county public health department provides preventive, diagnostic, and treatment health services for Medi-Cal-eligible foster children at county and community-based clinics. Many counties also hire, fund, and supervise public health nurses (PHNs) to oversee the physical health, behavioral, dental, and developmental needs for all children in foster care.
- The county mental health department provides services to children and adolescents who are in the child welfare system.
- The county alcohol and drug treatment services department provides detoxification, outpatient, and residential services through county and/or community-based treatment programs to individuals with substance abuse problems.
- The juvenile dependency court determines through petitions filed by the child welfare agency and hearings whether a child can remain safely at home while the family receives services to help it stay together, or whether to remove a child from home and assign custody and care responsibilities to the social services agency.

Figure 2: Going Through the Child Welfare System



COMPONENTS OF THE COUNTY CHILD WELFARE AGENCY

County welfare departments administer the Child Welfare Services (CWS) program under federal and state statutes and regulations and are responsible, either directly or through providers, to obtain or provide interventions and services to address child abuse and neglect and increase well-being of children and families. The four traditional service components of the program were established through state legislation (Senate Bill 14) enacted in 1982 to implement federal requirements under Public Law 96-272:

- Emergency Response
- Family Maintenance
- Family Reunification
- Permanent Placement

EMERGENCY RESPONSE

Every year, California county child welfare agencies receive over one-half million reports of suspected child abuse and neglect. These reports are almost always made by phone calls to the local Emergency Response (ER) 24-hour Hotline or crisis line. Each county has its own telephone number for reporting suspected abuse. Reports of child maltreatment are made by individuals who are required by law to report suspected child abuse and neglect (mandated reporters) and by other concerned individuals.

A Call Comes into the Hotline

When a call comes into the ER Hotline, it is first screened by a Hotline social worker to determine if there is enough evidence to warrant an in-person investigation.

Key questions at this stage include:

- Is the child in imminent danger?
- What is the risk of maltreatment?
- What are the family's strengths and resources?
- Does the suspected child abuse meet the legal definition of abuse or neglect?
- Is an in-person response required and, if so, how quickly?

What Is Child Abuse and Neglect?

California law defines specific categories of child abuse and neglect:

Physical abuse is bodily injury inflicted by other than accidental means on a child, including willful cruelty, unjustified punishment, or corporal punishment or injury resulting in a traumatic condition.

Sexual abuse is the victimization of a child by sexual activities, including molestation, indecent exposure, fondling, rape, or incest.

Emotional abuse is non-physical mistreatment, including willfully causing any child to suffer, inflicting mental suffering, or endangering a child's emotional well-being.

General neglect is the negligent failure of a parent, guardian, or caretaker to provide adequate food, clothing, shelter, medical care, or supervision, in cases where no physical injury to the child has occurred.

Severe neglect involves situations of neglect, including severe malnutrition, where the child's health is endangered.

Exploitation is forcing or coercing a child into performing activities that are beyond the child's capabilities or which are illegal or degrading, including sexual exploitation.

Sources: California Penal Code Section 11165 and Welfare and Institutions Code Section 300.

Mandated Reporters of Child Abuse

The California Child Abuse Reporting Law (Penal Code 11165) identifies 33 categories of individuals who are legally required to report known or suspected child abuse. These include workers in county welfare, police, or probation departments; clinical social workers; clergy; school teachers and counselors; employees of day care facilities; nurses and physicians; and commercial film and photographic print processors. Legally mandated reporters account for over half the reports of child abuse and neglect; about one-fifth of the total number of reports are made by mandated reporters working in schools (teachers, counselors, nurses, etc.).¹

The Hotline social worker determines, based on information received during the call, whether there appears to be sufficient evidence of neglect or abuse. If sufficient evidence does not exist to suspect neglect or abuse, a case is not opened. This is referred to as being “evaluated out of the system,” and the family may be referred to voluntary services in the community. If there appears to be sufficient evidence of abuse or neglect, then a case is opened and an investigation begins.

When a Case Is Opened

The Hotline social worker determines if an investigation needs to occur immediately or within 10 days. Interviews of the parent or caretaker and the child are conducted by an ER social worker responding individually or as part of a multidisciplinary team, possibly including law enforcement or public health.

An Investigation Is Conducted within Two Hours

If the Hotline social worker determines that a child appears to be at imminent or substantial risk of abuse or neglect due to circumstances such as sexual abuse, physical or mental injury, or an absent caretaker, state law requires county child welfare agencies to provide an immediate and in-person response within 2 hours.

An Investigation Is Conducted within Ten Days

If the Hotline social worker determines that there appears to be evidence of abuse or neglect but the child is not in imminent danger of harm, an in-person investigation must be completed within 10 calendar days.

After the Investigation

Several outcomes can occur as a result of the investigation: the case is closed, the child remains at home and his/her parents accept services, or the child is removed from the parents.

Case Is Closed

If the investigation finds no evidence of child maltreatment (the report was unfounded) or insufficient evidence to determine whether child maltreatment occurred (the report was inconclusive), the case is closed.

Child Remains at Home and Parents Accept Services

If the investigation finds that the parents do not pose an immediate and high risk of maltreating their child or there is inconclusive evidence to substantiate abuse, the ER social worker can decide to leave the child at home and may offer caregivers up to 30 days of ER services or up to 6 months of voluntary Family Maintenance services.

Criteria Used to Assess Risk for Child Abuse and Neglect

One of the most important aspects in responding to child abuse is how the family and children are assessed. Each of California’s 58 counties has its own handbook and training protocol; however, social workers generally use certain standard criteria to identify family problems and strengths and to develop an appropriate service plan. These criteria include:

- Frequency and severity of abuse or neglect,
- Vulnerability of the child due to age or disability,
- When the event occurred,
- Prior reports to Emergency Response, both in and out of the county,
- Unrelated adult males in homes with children under 5 years of age,
- Alleged perpetrator’s access to the child,
- Parental alcohol or other drug use,
- History of parental mental health problems,
- History of violence, including domestic violence, in the home, and/or
- Parental capacity to protect the child.

Source: Personal communication with Sylvia Pizzini, Deputy Director, Children and Family Services Division, CDSS, March 4, 2002.

What Is a Social Worker?

Social workers in a county child welfare agency are highly skilled and flexible professionals working with large caseloads, typically comprised of families with multiple problems. Social workers often face many challenges to keep children safe and families together when appropriate. They assess and investigate reports of suspected child abuse and neglect, meet statutory deadlines, prepare reports, testify in juvenile dependency court, recommend courses of action, develop case/service plans with families, monitor compliance and progress, and find appropriate out-of-home placements for children. Under its Division 31 regulations, CDSS requires that at least 50 percent of professional staff in county child welfare departments possess a Master’s degree in social work or its equivalent in education and/or experience.

Thirty-day ER services (also called “pre-placement prevention activities”) can be provided to families when there is a problem that does not require removal of the child and when the social worker believes that the problem can be ameliorated within 30 days. Services can include emergency shelter care, temporary in-home caregivers, therapeutic day services, parenting training, substance abuse testing, transportation, and respite. Each county decides to what extent it wants to utilize this intervention. Voluntary Family Maintenance, also known as “Informal Supervision,” means that if the family does not improve within the 6-month period, a Section 300 (juvenile dependency court) petition can be filed on the original allegations. Family Maintenance services can include counseling, parent training, substance abuse treatment, respite care, or other services that meet identified needs.

The family agrees to accept these services on a voluntary basis without court intervention. At the end of these periods, the case is either closed or referred to juvenile dependency court if there is a new report of suspected child abuse or the social worker determines that voluntary services have failed.

If the investigation finds that the parents do not pose an immediate and high risk of maltreating their children, but the parents will not voluntarily accept services, the social worker may leave the child at home and petition the court for an order to provide services, i.e., court-ordered family services.

Child Is Removed from Parents

If the ER social worker (or a police officer) determines that the child cannot remain safely at home, immediate steps are taken to remove and place the child in a safe environment, such as a temporary shelter or emergency foster care. The child can be placed into protective custody for up to 48 hours. During that 48 hours, a social worker will assess whether the child can safely be returned home with supportive services or whether the intervention of the juvenile court is needed. In cases of serious abuse, the perpetrator may also be arrested and referred to the district attorney for criminal prosecution. It is thus possible to have two parallel court proceedings occurring in juvenile dependency court and criminal court.

If the social worker determines that the protection of the juvenile court is needed, he or she must prepare and file a petition with the juvenile dependency court within 48 hours after the child has been removed from the parent or guardian. The petition is a legal document containing evidence that court intervention is necessary for the safety of the child. A petition may also be filed if the social worker allows the child to remain at home with caregivers that refuse to accept voluntary Family Maintenance services. The court process involves a series of hearings and case reviews (described in a later section of this Primer).

Outcome of Referrals

Of the more than one-half million (545,246) California children alleged to be victims of child abuse and neglect in 2001,² most reports to the Hotline were closed after an initial intake:

- 30 percent of the children had reports that were assessed and closed (no in-person investigation or case opened);
- 25 percent had reports that were investigated and classified as unfounded;
- 24 percent had reports that were investigated and found to be inconclusive; and
- 21 percent, or nearly 113,000 children, had referrals that were investigated and substantiated by credible evidence confirming that abuse or neglect had actually taken place (see Table 1).

From 25 to 33 percent of children with substantiated cases of abuse are eventually placed in out-of-home (foster) care.³

FAMILY MAINTENANCE

Family Maintenance (FM) provides time-limited protective services to families in crisis to prevent or remedy abuse or neglect, allowing social workers to work with the family while keeping the child in the home. Services include counseling, emergency shelter care, respite care, emergency in-home caretakers, substance abuse treatment, domestic violence intervention, victim services, and parenting education. Family Maintenance may be based upon a voluntary agreement with the parents where the court is not involved, or the juvenile court may order services to be provided under Section 300 of the Welfare and Institutions Code. The state pays for services for 6 months that may be extended for an additional 6-month period if there is evidence that the objectives of the service plan can be achieved within the extended time period. If, after that time, the family is unable to adequately care for the child, the county agency may continue to deliver in-home services using county funds or petition the juvenile dependency court to place the child in out-of-home (foster) care.

FAMILY REUNIFICATION

Family Reunification (FR) provides time-limited intervention and support services to parents and to children who have been removed from the home to make the family environment safe for the child to return. A reunification plan is agreed to by the parents and the child welfare agency, and services are made available to parents that can include counseling, emergency shelter care, substance abuse treatment, domestic violence intervention, parent

TABLE 1. CHILDREN WITH SUBSTANTIATED INVESTIGATIONS OF CHILD ABUSE AND NEGLECT CALIFORNIA, 2001

Reporting Category	Referrals	Substantiated	Percent Substantiated
General neglect	169,760	39,204	23.1
Physical abuse	100,382	17,133	17.1
Sexual abuse	48,322	9,763	20.2
Emotional abuse	45,351	15,036	33.1
At risk, sibling abused	39,268	6,041	15.4
Substantial risk	31,888	7,536	23.6
Caretaker absence/incapacity	26,976	12,419	46.0
Severe neglect	12,454	5,722	45.9
Exploitation	660	100	15.1
Missing/Other	70,185	—	—
Total	545,246	Total 112,954	Average 20.7

Source: Needell, B., et al. (2002) *Child Welfare Services Reports for California*. Retrieved 7-23-02 from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/CWSCMSreports/>

training, and homemaking skills. The service plan must be satisfactorily fulfilled for the child to be returned home. Child welfare agencies can also provide voluntary, short-term (usually limited to 6 months) FR services to families without being mandated by the court.

Under current federal law, the deadline for holding a permanency hearing to determine whether or not the foster child can be returned home safely is 15 months from the date the child entered foster care. Child welfare agencies are required to file a petition to terminate parental rights when a child has been in foster care for 15 of the past 22 months, unless certain conditions exist. In addition, under California law, parents of infants and toddlers under the age of 3 receive only 6 months of services, except in exceptional circumstances,* before a permanent plan must be selected.

Until recently, families had 12 to 18 months to work toward solving the problems that led to a child being removed and placed in out-of-home care. But concern over the increasing number of children in foster care combined with children staying in foster care longer prompted passage of the federal Adoption and Safe Families Act of 1997 (ASFA), which accelerates case resolution.

Family Preservation

Family Preservation services may be offered to families either by court order or through the voluntary participation of the parents when the child remains in the home and parenting and other skills need to be improved to make the home safe and stable for the child. Families can receive up to 60 days of intensive Family Preservation services based on their specific needs. Family Preservation services can be used:

- for families in Family Maintenance to prevent placement in foster care,
- to help reunite children in out-of-home care with their birth families when appropriate,
- to provide follow-up services to families after a child has been returned from foster care, and
- for families with an unsubstantiated investigation of child abuse or neglect who accept services on a voluntary basis.

* Services may be extended beyond 6 months for a child under the age of 3, or beyond 12 months for a child over 3 if “[the court] finds that there is substantial probability that the child will be returned to the physical custody of his or her parent or guardian within the extended time period or that reasonable services have not been provided to the parent or guardian.” (Welfare and Institutions Code 361.5[a])

Social workers now routinely do “concurrent planning” to plan for an alternative permanent placement for the child. This is a two-track process where, even as reasonable efforts are made to reunify children with parents, social workers also work to develop an alternative permanent living arrangement should reunification not be achieved. Parents thus have less time to meet reunification requirements before facing the loss of their parental rights.

PERMANENT PLACEMENT

Permanent Placement (PP) services are meant to ensure that children from families where there has been neglect or abuse can grow up in a permanent, safe, and secure living arrangement. The most preferred option is reunification with the family. To this end, many counties provide significant support through Family Maintenance and Family Reunification services. When children cannot live safely with their birth parents, federal policy prefers adoption as a first alternative option. If adoption is not possible, legal guardianship, preferably with a relative, is the second favored choice. If, for whatever reason, these options are not available, children may continue in foster care with annual permanency reviews until their 18th birthday when they “age out” of the child welfare system, although the deadline can be extended for a year to allow a youth to complete high school.

Adoption

Adoption is a process that creates a new parent-child relationship by legally terminating the birth parents’ rights and transferring those rights and responsibilities to adoptive parents. Children over the age of 12 must also consent to the adoption.

CDSS regulates and maintains records for 1) adoptions that occur through public agencies, 2) adoptions facilitated by private adoption agencies, 3) independent adoptions that are handled by a private attorney without the support of public or private agencies, and 4) adoptions of children from countries outside the United States. About two-thirds of all finalized adoptions in California occur through public adoption agencies, including five CDSS district offices (that provide direct services adoption programs for 30 counties) and 28 state-licensed county adoption agencies.

“Social workers now routinely do ‘concurrent planning’ to plan for an alternative permanent placement for the child.”

Legal Guardianship

If adoption is not a viable option, county child welfare staff can try to place a child with a legal guardian. This is a legal arrangement in which an adult has court-ordered authority and responsibility to care for a minor child. While guardians have authority to make the decisions on behalf of the child that a biological parent would make, guardians have no legal obligation to support the child financially. A guardian takes care of a child’s personal needs, including shelter, education, and medical care. If a relative becomes a guardian, the child welfare case may be closed, and the relative may receive ongoing assistance for the child in the same amount that the child would have received in a foster home.* Non-relative guardians receive similar assistance.

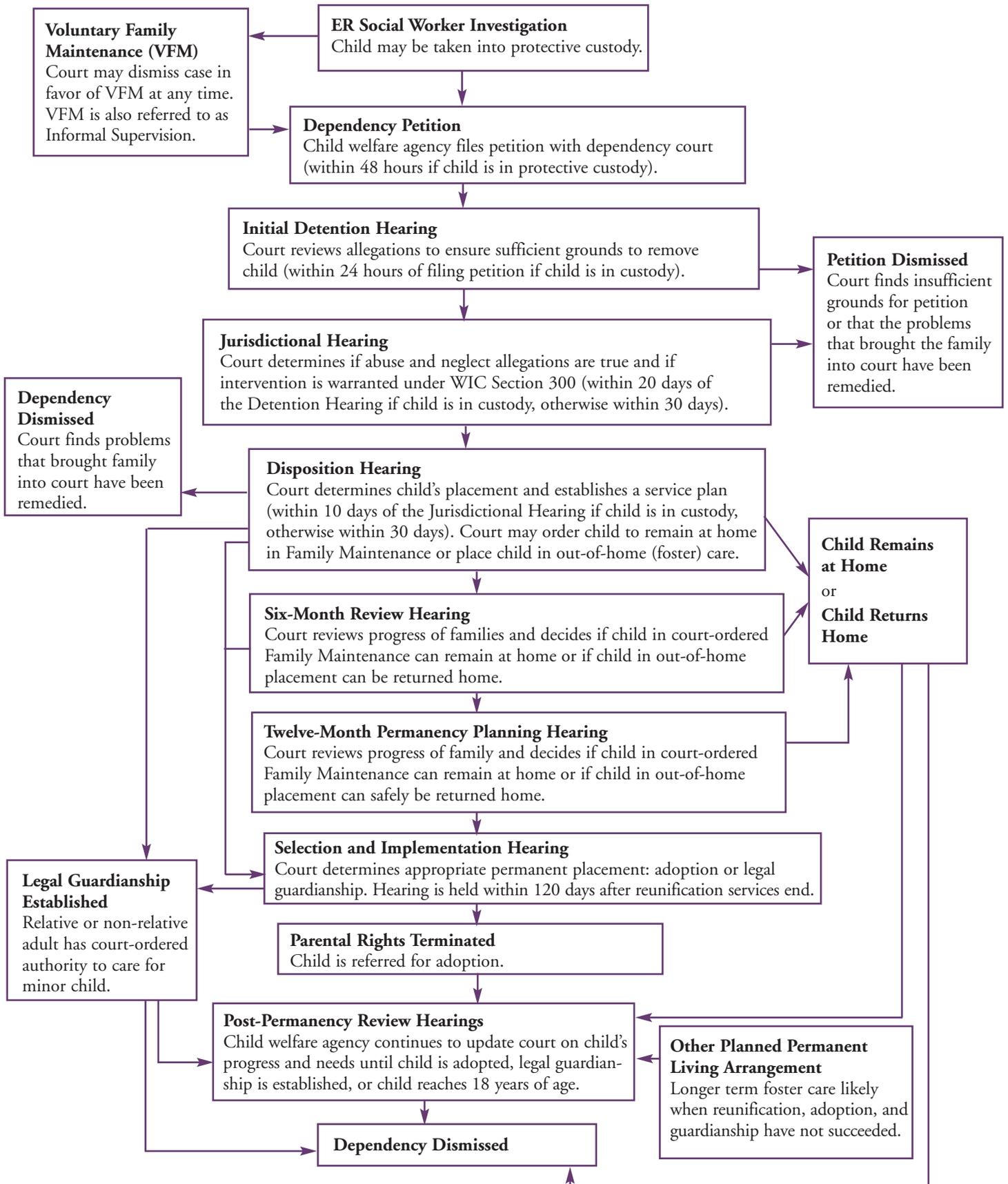
Under guardianship, the child’s formal and legal ties to his or her biological family remain intact, and the biological parents continue to be legally required to provide financial support for the child. Legal guardianship can be terminated when a parent successfully petitions to resume guardianship of the child, when a judge determines that a guardianship is no longer necessary, or when a guardian resigns. Guardianship automatically ends when a child reaches the age of 18.

Other Planned Permanent Living Arrangements

When efforts to place a child in a permanent home through reunification, adoption, or guardianship have not succeeded, other planned permanent living arrangements are considered, including foster care. Longer-term foster care placements may be with relatives, non-relatives, or in group homes.

* Financial support given to both relative and non-relative legal guardians is equivalent to the county’s basic rate of support for foster parents, typically between \$425 and \$597 per month. Legal guardians are not eligible for additional funds that foster parents may receive to meet the child’s specific health or mental health needs.

Figure 3: Juvenile Dependency Court Process



Adapted with permission from *Flow Chart of the Administrative Office of the Courts*, published by the Center for Families, Children and the Courts, Judicial Council of California.

JUVENILE DEPENDENCY COURT

The juvenile dependency court is a division of the county superior court that handles child abuse and neglect cases and has ultimate authority over what happens to children who are at risk of or have suffered abuse or neglect while in their parent's or guardian's care. California Welfare and Institutions Code (WIC) 300 provides the legal basis for juvenile court jurisdiction and authorizes the court to remove children from the care and custody of their parents if such action is necessary to keep them safe.

The court process begins when a social worker or police officer removes a child from the care of his or her parent(s) and places the child in protective custody. The county child welfare agency then files a petition with the juvenile court that, if approved by a juvenile court judge, brings the child under the court's jurisdiction and declares the child to be a "dependent" of the court. During the hearing process, each party, including parents, children, and the child welfare agency, is represented by an attorney. The juvenile court will appoint an attorney for parents who cannot afford one.

Through a series of hearings (see Figure 3) and depending on the safety needs of the child, the court can leave the child in the care of the parents and order Family Maintenance services for the parents to address concerns that the child welfare agency may have about the family. The court can also place the child in out-of-home care as a necessary step to keep the child safe and order that Family Reunification services be provided to the parents to help them regain custody of their child or children. If the court orders out-of-home placement, the child welfare agency is required by law to place children first with a non-custodial parent, then with relatives, and then in foster care only when the legally mandated alternatives have been exhausted.

Whenever the court removes a child from his/her home because of abuse or neglect, the court grants placement and responsibility for meeting the child's health and educational needs to the county child welfare agency. The court relies on the child welfare agency to provide clinical expertise and case management to the family, prepare service plans aimed at family reunification or alternative permanent placement, find and administer foster homes, and locate adoptive parents for children when reunification efforts fail. A service plan, individualized to meet the needs of the family and address safety concerns about the home environment, is developed by the social worker and the family and approved by the court.

“Whenever the court removes a child from his/her home because of abuse or neglect, the court grants placement and responsibility for meeting the child's health and educational needs to the county child welfare agency.”

The court may dismiss a case at any point if the problems that brought the family into court have been remedied and the child is no longer at risk in the care of his or her parent(s). For children under the age of 3, parents are generally only entitled to 6 months of reunification efforts, while efforts to reunify with children over 3 years of age can last up to 12 months. If the parents are unable to reunify during those time periods, the court must select a permanent placement for the child that might be adoption, legal guardianship, or another planned permanent living arrangement, including foster care.

Court Appointed Special Advocates

Court Appointed Special Advocates (CASA) are trained volunteer community members appointed by a juvenile court judge as sworn officers of the court to help advocate for and determine the best interests of a child who has been removed from home due to abuse, neglect, or abandonment. The volunteer gets to know the child and lets the judge and others in the child welfare system know the child's perspective and needs. CASA volunteers attend court hearings, help to ensure that court-ordered services are provided to the child, monitor services, and provide continuity and a stable presence in the child's life. Local CASA programs operate in 40 California counties and supervise and support over 4,000 volunteers who serve over 7,000 children throughout California every year. The majority of children assisted by CASA are 5 or older when the CASA volunteer is assigned.

Online source: <http://www.californiacasa.org>

CHILDREN IN THE CHILD WELFARE SYSTEM

Understanding the child welfare system not only requires knowledge of governmental laws and programs, but also a description of the children involved in the system.*

REASONS FOR CHILD WELFARE SYSTEM INVOLVEMENT

Of the nearly 113,000 children with substantiated cases of child abuse and neglect in 2001, general neglect accounted for 35 percent. About 15 percent of substantiated cases were for physical abuse, 9 percent were cases of sexual abuse, and 13 percent were for emotional abuse. Eleven percent involved cases where the caregiver was absent or incapacitated, 5 percent were for severe neglect, and about 12 percent were cases where the child was at risk but not abused (see Figure 4).

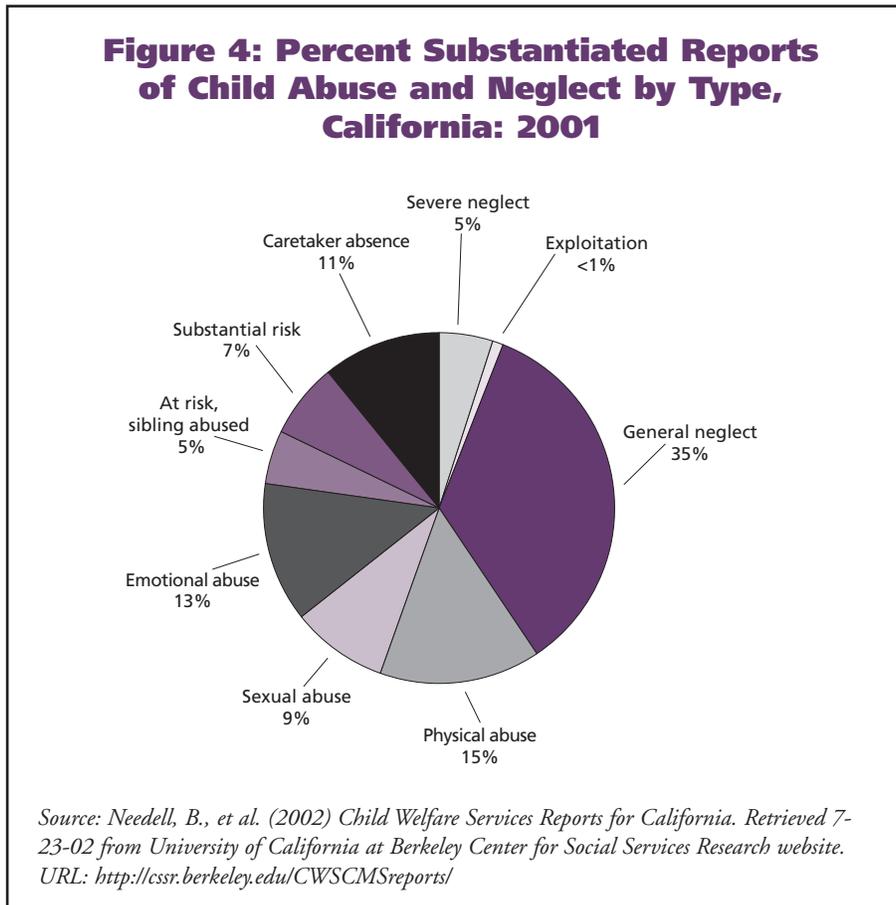
CHILDREN RECEIVING SERVICES

On April 1, 2002, 131,015 California children had open cases in California's county child welfare agencies, receiving mandatory or voluntary services.

These services included:

- Emergency Response services: 5,408 children, or 4 percent;
- Family Maintenance services: 29,719 children, or 23 percent;
- Family Reunification services: 28,590 children, or 22 percent were in foster care and their parents were receiving Family Reunification services; and
- Permanent Placement services: 67,298 children, or 51 percent.

The data from April 1, 2002 also shed light on the characteristics of children and youth in the child welfare system.



* Unless otherwise indicated, data in this section, *Children in the Child Welfare System*, were obtained from Needell, B., et al. (2002). *Child Welfare Services Reports for California*. University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/CWSCMSreports/>

Age

Younger children make up the majority of children throughout the child welfare system: 29 percent are under 5 years of age, and 57 percent are less than 11 (see Table 2).

TABLE 2. CHILDREN IN THE CALIFORNIA CHILD WELFARE SYSTEM, BY AGE, 4-1-02

Age	Percent
Under 1 year	4
1-5	25
6-10	28
11-15	30
16 and older	13

Source: Needell, B., et al. (2002). *Child Welfare Services Reports for California*. University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/CWSCMSreports/>

Race/Ethnicity

Children of color comprise the majority of children in the child welfare system, making up 69 percent of children in all four components. Native American and particularly African American children are disproportionately represented in the child welfare system, based on their percentage of children under 18 in California, whereas Latino, Asian/Pacific Islander and white children are underrepresented (see Figure 5).

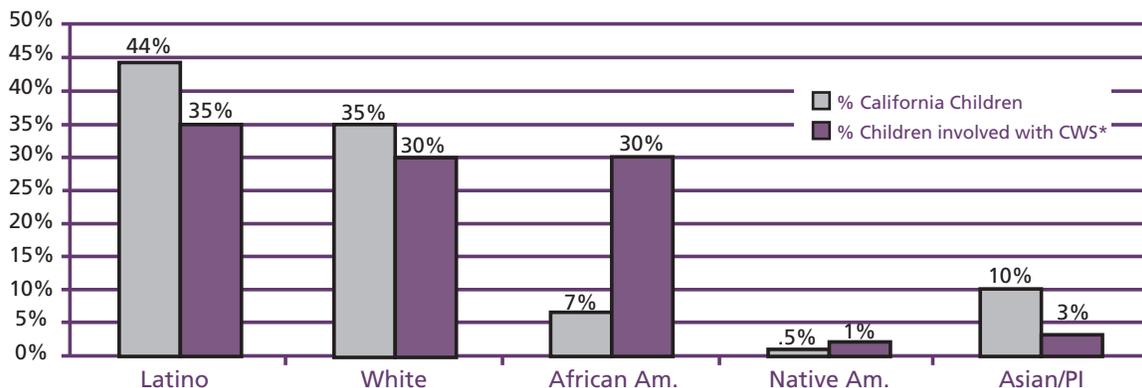
CHILDREN IN FOSTER CARE

Seven out of every 10 children in the child welfare system are in foster care. The number of California children in child welfare supervised out-of-home placement, or foster care, grew steadily from 68,120 in 1989 to 105,799 in 1999, and then began to decline each year. As of April 1, 2002, 91,951 children were in child welfare supervised foster care in California.*

Over 41,000 children left the foster care system in 2001. Nearly 23,000 (55 percent) were reunified with their families. Over 7,000 children were adopted, and nearly 3,900 were living with legal guardians. Another 3,600 turned age 18 and were discharged from the system, and 3,600 children had “other” types of exits from foster care, including running away and incarceration.

Many children cycle through the foster system more than once and experience multiple placements. About 20 percent of children entering foster care each year have been in foster care at least once before. Of the children who entered foster care in 2000 and remained in care for 12 months, 35 percent had experienced three or more placements; of those who entered foster care in 1999 and remained in care for 24 months, 48 percent had experienced three or more placements.

FIGURE 5. CHILDREN UNDER 18 IN THE CALIFORNIA CHILD WELFARE SYSTEM, BY RACE/ETHNICITY, 4-1-02



* Does not add to 100% because “missing” category of 1% not included. N=131,015.

Sources: 2000 Census; Needell, B., et al. (2002). *Child Welfare Services Reports for California*. University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/CWSCMSreports/>

* In California, children enter the foster care system under the auspices of either county child welfare services or probation departments. Children and youth who are in probation-supervised foster care entered the system through the juvenile justice system. On April 1, 2002, some 6,658 children and youth were in probation-supervised foster placement. This Primer does not deal with this group of foster children.

OUT-OF-HOME PROVIDERS

Federal law requires that children who are removed from their families be placed in the least restrictive setting that will meet their needs and, to the extent possible, allow them to remain in their own schools and communities. This goal, however, is not always reached. In August 2002, 18 percent of children in child welfare supervised foster care were placed outside their own counties, and 3 percent were placed outside of California.⁴ These placements occurred to deal with in-county shortages of foster homes, to place the children with relatives, or to meet other needs.

Foster children are placed in a variety of settings that provide different levels of structure and services. These include kinship (relative) care, foster family homes and agencies, group homes, and community treatment facilities. More children are placed in the homes of relatives (36 percent) than in any other placement. About 22 percent of children are placed in foster family agency facilities, 16 percent are placed in foster family homes, 8 percent are placed in group homes, and another 8 percent are living with legal guardians. The remaining 10 percent are in a variety of settings, including pre-adoptive placements, institutions, and trial home visits.⁵

KINSHIP CARE

Federal law requires the child welfare agency to first try to place children removed from their home with a relative before turning to placement in a stranger's home or a shelter. The foster care caseload in California has largely been absorbed by relative caregivers, who have always been a primary, if informal, source of care for children whose parents are absent.

In contrast to non-relative foster families, relative caregivers tend to be older, single, and African American. They tend to have less education and lower incomes and are more likely to receive public benefits. Relative caregivers are also less likely to report being in good health or to request or receive foster parent training, respite care services, mental health or educational assessments, tutoring for the children in their care, or counseling.⁶

In response to these issues, California enacted a series of legislative reforms that became effective in 1998 to provide protections, programs, and permanency options for children in foster care living with relative caregivers and to require kinship homes to meet the same health and safety standards as licensed foster homes.

The Kinship Guardianship Assistance Payment program (Kin-GAP) was implemented in 2000 as an alternative to adoption for relatives caring for foster children who will not be reunified with their biological parents. Kin-GAP is a voluntary program that provides financial assistance to relative caregivers who become legal guardians of the child. Kin-GAP provides a monthly stipend equal to the basic foster care rate (but not including supplemental funds to meet the child's specific health needs or behavior problems) based on the age of the child involved. When a relative joins Kin-GAP, dependency court jurisdiction is terminated, and the child leaves the child welfare system.

So far, less than one-fifth of relatives caring for foster children have elected to join the Kin-GAP program. By April 2001, some 6,229 children (representing 16.5 percent of the nearly 38,000 foster children placed with relatives) had left the foster care system for the Kin-GAP program in which relative caregivers were granted legal guardianship.⁷

Facts about Kinship Care in California, January 2001

- Over 26,000 relatives, the majority of whom are 50 to 65 years of age, care for the children, with an average of 1.6 children per caregiver.
- Most children in kinship care (79 percent) were removed from their homes for neglect-related reasons.
- Nearly half of the children in kinship care have at least two siblings who are also in care, and most of them are placed with at least some of their brothers and sisters.
- Of children in kinship care, 40 percent are African American, 32.5 percent are Latino, 24 percent are white, 1.6 percent are Asian, and 1 percent are Native American.
- Children in long-term kinship care have more stable placements, fewer placement moves, and stay in foster care longer than children placed with non-relatives.
- Children who have been in kinship care and who are subsequently reunified with their parents are less likely to re-enter foster care than children who have been in non-relative placements.

Sources: *Kinship Care in California*, Data from CWS/CMS, Center for Social Services Research presentation, January 2001.

Needell, B., et al. (2002). *Child Welfare Services Reports for California*. Retrieved from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/CWSCMSreports/>

FOSTER CARE PLACEMENTS

The CDSS Community Care Licensing Division licenses four different types of facilities: foster family homes, Foster Family Agencies (which certify their own family homes), group homes, and Community Treatment Facilities.

For foster homes, the process of licensing involves home inspections and family interviews to ensure compliance with minimum safety and space requirements. Foster parents are required to have pre-placement training and the number of pre-placement training hours varies from county to county. Foster parents must have sufficient income available without the foster care payment, and foster parents that work must make appropriate child care arrangements.

The four types of facilities provide increasingly specialized or restrictive levels of care:

Foster Family Homes are licensed residences that provide 24-hour care for no more than six children (or eight if it is a sibling group).

Foster Family Agencies (FFAs) are private, non-profit corporations created to provide treatment or therapeutic foster care for children with emotional, behavioral, developmental, or other special and higher level needs or to provide temporary care for children awaiting adoption through licensed adoption agencies.

FFAs provide placements for foster children in foster family homes that they certify, and FFAs assign their own social workers to provide services to children and foster parents. The county social workers retain case management responsibilities, including reports and recommendations to the juvenile dependency court, for children placed in FFAs.

Group Homes provide family-based, 24-hour supervision in a structured environment. These facilities range from small group homes for up to six foster children to group homes that can house large numbers of children. Some group homes have a treatment component as a part of their plan of operation.

Community Treatment Facilities (CTFs) are the most restrictive foster care placement option. These facilities have secure environments and serve seriously disturbed children who cannot be appropriately treated in a group home, but need a less restrictive setting than a psychiatric hospital. Placement in a CTF must be recommended by a county interagency placement committee. CDSS and the Department of Mental Health (DMH) jointly regulate CTFs. California currently has five CTFs with 137 licensed beds. CTFs are limited by statute to a maximum of 400 beds statewide.

OUT-OF-HOME PLACEMENT COSTS

Foster care providers receive maintenance payments on behalf of the child for board and care, food, clothing, daily supervision, school supplies, personal incidentals, liability insurance for the child, and travel to visit the child's home. Costs vary according to the needs of children and where they are placed. Payment levels also vary with the age of a child, with the lowest rates paid for children under 4 years of age and increasing for each four-year age group through age 20. Monthly rates for foster care facilities are set by CDSS and increase as levels of care or treatment become more specialized or restrictive as follows:

Foster family homes:	\$425–\$597 (board and care only)*
Foster family agency:	\$1,589–\$1,865 (includes family recruitment and administrative costs)
Group home:	\$1,454–\$6,371

*Most counties provide an additional monthly payment (called a “specialized care increment”), ranging from under \$100 to over \$1,000, for children in kinship and foster family homes to meet the child's specific health needs or behavior problems and an annual clothing allowance from \$100 to \$600.

Source: California Department of Social Services, effective July 2002.

FUNDING THE CHILD WELFARE SYSTEM

The primary sources of federal funding for Child Welfare Services are authorized in Title IV and Title XIX of the Social Security Act. These funds are passed through to the states, and in California they are further distributed to the counties. Over 80 percent of California's foster children are eligible for and receive partial funding from the federal government for board and care and medical costs, with the balance covered by state and county funds. Foster children who are not eligible for federal funds are supported by state, county, and private funds.

TITLE IV-E

Title IV-E is a major funding source for foster children who have been placed in out-of-home care. This funding source was established as an uncapped (unlimited) entitlement, which means that the federal government is obligated to make payments to any person that meets the eligibility criteria established by law. The funds provide half of the monies for allowable board, care, and related administration for children in foster care who meet eligibility requirements of the former Aid to Families with Dependent Children (AFDC) program. This program ended on July 16, 1996, with the enactment of welfare reform; and the eligibility criteria have not been means-tested or revised since that date. The remaining 50 percent must be matched (or paid) by the state at 20 percent and the county at 30 percent. If a child is not eligible for federal AFDC funds, the state pays 40 percent and the county pays 60 percent. Because eligibility requirements are frozen in time and not adjusted for cost-of-living increases, the number of children who are eligible for Title IV-E funds is diminishing.

Together with the required state and county matching funds, Title IV-E covers a variety of out-of-home costs, including state and local child welfare staff training, case management associated with placing children in foster care, and out-of-home care maintenance payments. Funding is also provided for the adoption of children with special needs and support for youths who transition from out-of-home care into independent living.

TITLE IV-B

Title IV-B is a capped (limited) allocation to each state to use for a wide range of services to preserve or support families, reunify children, or promote and support adoptions. The Child Welfare Services program (subpart 1 of Title IV-B) funds preventive intervention, alternative placements, and reunification services. The Promoting Safe and Stable Families program (subpart 2) provides funds to states for family support, family preservation, time-limited

“Over 80 percent of California’s foster children are eligible for and receive partial funding from the federal government for board and care and medical costs, with the balance covered by state and county funds.”

family reunification services, services to promote and support adoptions, and grants through the Court Improvement Program to help state courts improve the way they handle proceedings relating to foster care and adoption.

TITLE XIX

Title XIX provides partial coverage to foster children for health, mental health, developmental disability, and substance abuse treatment, as well as health-related social services through the federal Medicaid program (known as Medi-Cal in California).

TANF

The Temporary Assistance for Needy Families (TANF) Block Grant provides some additional funding for child welfare services. California uses TANF funds in a number of ways:

- to provide CalWORKs cash assistance to relatives caring for children who do not meet federal eligibility criteria, as well as for families in Kin-GAP;
- to continue to provide assistance payments to CalWORKs recipients whose child welfare case plan goals are reunification with the family;
- for the Emergency Assistance (EA) Program, which includes funding for children who do not meet federal eligibility requirements for AFDC-Foster Care, but who do meet the EA single episode criteria;
- for initial Emergency Response activities; and
- for counties that choose to use unexpended TANF performance incentive funds for Child Welfare Services within TANF regulations.

FUNDING STREAMS

Federal funds are provided to state agencies through a complex application and approval process and provide funding for a variety of services. Counties must then work through numerous state agencies to obtain funds for various programs.

- CDSS provides funds for Family Reunification, Family Maintenance, adoption, foster care, and child abuse prevention services.
- The California Department of Health Services provides Medi-Cal coverage for foster children.
- The Governor’s Office of Criminal Justice Planning is a clearinghouse for abuse prevention and children’s services grants.
- Special education funds pass through the California Department of Education.
- The California Departments of Mental Health, Rehabilitation, Developmental Disabilities, and Alcohol and Drug Programs also fund services through local and regional agencies.

In Fiscal Year 2002-03, California is expected to spend \$4.1 billion in federal, state, and county funds for Child Welfare Services, foster care, adoptions, Kin-GAP, and prevention services (see Table 3).

TABLE 3. CALIFORNIA CHILD WELFARE SERVICES BUDGET FISCAL YEAR 2002-03	
Child welfare services	\$1,943,668,000
Foster care grants to providers of care	1,548,894,000
Foster care administration	92,449,000
Adoptions	76,232,000
Kin-GAP	69,900,000
Adoptions assistance to adoptive parents	427,577,000
Office of Child Abuse Prevention	19,983,000
Total	4,178,703,000

Source: California Department of Social Services, October 2002.

NEED FOR COORDINATION

Because local child and family services agencies often serve the same clients, lack of coordination creates barriers that can prevent children and families from receiving appropriate and effective services to assist families in reducing or preventing child abuse. The multiple issues faced by families underscore the need for workers from different service sectors to work together, particularly in the key systems that serve child welfare-involved families: CalWORKs, health care, mental health, substance abuse, domestic violence, and schools.

CalWORKs

CalWORKs is a welfare program that provides cash aid and employment services to eligible California families through the federal program, Temporary Assistance to Needy Families (TANF), that replaced the former Aid to Families with Dependent Children (AFDC) program. Using a variety of data sources, CDSS estimates that in California, from two-thirds to three-fourths of families involved with the child welfare system are also CalWORKs recipients.⁸ Other research has found that of children entering AFDC in 10 California counties between 1990-1995, 27 percent had child abuse referrals, 22 percent had child abuse investigations, 8 percent had child welfare cases opened, and 3 percent were placed in foster care within the five years.⁹

Families involved in both systems are often overwhelmed by multiple and sometimes competing requirements from the two systems. For example, work requirements under CalWORKs can make it difficult for parents with children in foster care to attend parent education classes or visit their children, as required in their reunification case plans. Because of the growing awareness of the special issues for these dual-system families, many counties throughout California are now working to increase coordinated services between CalWORKs and Child Welfare Services.

HEALTH CARE

Nearly 50 percent of foster children and youth suffer from chronic health conditions, and about 40 to 72 percent require ongoing medical treatment.¹⁰ Health care records tend to be poorly maintained, preexisting conditions are often overlooked, and health problems become more acute as children move from placement to placement, some as often as three to four times per year, which can result in over-immunization, misdiagnosed symptoms, and under-treated chronic conditions.

MENTAL HEALTH

The literature reveals that from 35 to 85 percent of children entering foster care have significant mental health problems. The incidence of emotional, behavioral, and developmental problems among foster children is three to six times greater than among non-foster children.¹¹ Despite having poor access to services due to limited or no available services and incorrect diagnoses, foster children use mental health services more often and at higher cost than other children.

SUBSTANCE ABUSE

Parental substance abuse is a factor in an estimated two-thirds of cases with children in foster care,¹² yet few treatment programs ask clients if they have children or are under the jurisdiction of the child welfare system. Although the court may order parents to enroll in a drug treatment program as a condition of getting their children back, these parents are not given priority in getting into California's publicly funded programs that are usually filled to capacity. Child welfare agencies consistently report difficulty in obtaining these services for clients, making substance abusing parents with children in foster care particularly vulnerable to the shorter reunification deadlines under ASFA, especially since relapse is a common part of the recovery process. In addition, the TANF provision adopted in California that prohibits welfare aid to individuals convicted of drug felonies will affect some child welfare-involved families.

DOMESTIC VIOLENCE

Child maltreatment and domestic violence often happen under the same roof, yet separate service systems with unique histories, philosophies, and goals have evolved to address each form of violence. Child welfare agencies are charged with protecting children from abuse and neglect, while battered women's advocates focus on protecting abused women and believe that a child's safety and well-being are often dependent on the victim's safety and the perpetrator being held accountable. The lack of systematic screening, identification, assessment, safety planning, communication, coordination, and referral to appropriate interventions by the primary systems (child welfare, courts, probation, domestic violence agencies) that work with these families often can leave victims and children without the help they need.

EDUCATION

High percentages of foster children experience difficulty in school, perform poorly, leave foster care without a high school diploma, fail or repeat grades, have difficulty performing at grade level, and need special education services.¹³ Foster children that are moved from one family to another (one study found the average number of placements to be 5.9¹⁴) experience repeated transfers to different schools and delays due to missing academic and immunization records. Foster children also lose friends and must learn new rules, standards, and curricula at each new school.

CalWORKs/Child Welfare Partnership Project

The goal of the CalWORKs/Child Welfare Partnership Project is to increase knowledge about and implementation of practices to coordinate Child Welfare Services (CWS) and California's welfare program (CalWORKs). The four-year Project is based at the California Center for Research on Women and Families at the Public Health Institute in Berkeley, California, funded by the Stuart Foundation, and launched in partnership with the California Department of Social Services (CDSS).

The Project has two phases. The first phase included a statewide county survey to increase knowledge of what coordination practices are currently underway in California, something that was not previously known. The first phase also developed recommendations about how to coordinate CWS and CalWORKs programs in California.

The recommendations were developed in five programmatic areas: Organizational Structures, Flexible Financing, Organizational Change and Training, Data Systems and Confidentiality, and Coordinated Case Planning. Over 50 county and state leaders worked for 6 months in a facilitated process to develop the recommendations, which are available online at www.ccrwf.org.

The second phase of the Project is focused on implementation. Thirteen counties throughout the state are receiving technical assistance and two-year grants to coordinate CWS and CalWORKs in their communities.

KEY ISSUES: 2002 AND BEYOND

As the child welfare system strives to provide broader and more appropriate services to families with multiple needs and at the same time become more accountable, practitioners and policymakers continue to grapple with many challenges. These challenges relate to the role of government, promising practices, and social and cultural factors affecting children and families in the child welfare system.

ADMINISTRATION AND PRACTICE

Federal, state, and county governments are working to strengthen the child welfare system. Some of the major efforts focus on administrative practices, such as improving information systems or coordinating programs. Other efforts focus on issues related to social work practice, including the social worker shortage and promising practices.

Reporting and Information Systems

In response to federal requirements, California passed legislation in 1989 mandating the development and implementation of a statewide computer system known as the Statewide Automated Child Welfare Information System (SACWIS). California's centralized statewide computer system, the Child Welfare Services/Case Management System (CWS/CMS), with automated case management, services planning, and information reporting functions, was developed and fully implemented in 1997. This system allows for more consistent data collection and reporting by the state than has been available in the past.

Accountability

In 1994, Congress mandated that DHHS develop a new information system to determine if states were meeting federal requirements. Several years later, the 1997 Adoption and Safe Families Act (ASFA) also required public child welfare agencies to determine if their efforts were resulting in positive outcomes. DHHS published a new outcomes-based review process in 2000 to evaluate state outcomes for children and families and assess the capacity of each state to support improved outcomes. States found to be out of compliance have 1 year to correct problems related to child safety and 2 years to correct other problems before being penalized by losing a portion of their federal funding. California was scheduled for federal review in September 2002.

Federal Child Welfare Outcomes to Assess Performance

- Reduce recurrence of child abuse and/or neglect.
- Reduce the incidence of child abuse and/or neglect in foster care.
- Increase permanency for children in foster care.
- Reduce time in foster care to reunification without increasing reentry.
- Reduce time in foster care to adoption.
- Increase placement stability.
- Reduce placements of young children in group homes or institutions.

Source: Compiled by the Congressional Research Service from information published in the Federal Register, 1999.

Center for Social Services Research

Under an Interagency Agreement with the California Department of Social Services, the Center for Social Services Research at the University of California, Berkeley, receives quarterly reports from CWS/CMS data. With CDSS funding and additional support from the Stuart Foundation, the Center creates, analyzes, and presents data about children involved in California's child welfare system. These data have been used and cited extensively in this Primer and can be accessed online at: <http://cssr.berkeley.edu/CWSCMSreports/>.

For technical assistance to access or navigate the above website, please contact: bneedell@uclink4.berkeley.edu.

Flexible Funding

The financing structure for Child Welfare Services is highly complex and requires significant attention, creativity, and technological and staffing resources for county administrators to manage. For example, counties receive CWS funds through at least 14 separate allocations, many with restricted uses. A complicated process is required to match funds to service needs, and often there is little flexibility to combine funds to meet broader goals and outcomes.

Another financing issue relates to prevention. There is significantly more funding available to support foster and adoptive families than birth parents, which makes it difficult to provide prevention services to resolve crises before children are removed from their parents.

Service System Coordination

Families are coming into the child welfare system with more severe and complex problems than ever before, requiring more time and resources from child welfare social workers and challenging many agencies representing different disciplines to improve service coordination and share information. Efforts to better serve abused and neglected children and their families across service systems are underway, but continue to be challenged by inflexible funding streams, differences in organizational culture among bureaucracies, lack of standardized practices for coordinated case planning, and incompatible data systems.¹⁵

Prevention Programs

Overall, child welfare leaders advocate for more emphasis on providing the services and supports needed to keep children safe and their families together before a crisis occurs. Two key issues are that prevention and early intervention efforts are limited and funding is capped. In contrast, funding for foster care is driven by case counts and automatically expands as foster placements increase, providing little incentive to reduce the need for out-of-home placement.

Although there are relatively few resources available for prevention, a number of programs have been developed through state and county initiatives to prevent or reduce child abuse. Some programs target high-risk families with young children with intensive home visiting and family support services through Family Resource Centers. Others provide regional training and technical assistance for child welfare workers, as well as training and technical assistance to community-based agencies.

Child Welfare Services Stakeholders Group

In 2000, CDSS was authorized to create a Child Welfare Services (CWS) Stakeholders Group established by the Legislature and Governor to undertake a three-year effort to fundamentally reform the system. This group includes social workers; professional organizations; local, state, and federal governments; foster parents; kinship parents; emancipated foster youth; advocates; caregiver agencies; foundations; and religious communities.

In its first year, the Stakeholders Group developed a vision, mission, values, and key assumptions to guide the redesign process. The second year of work produced a conceptual redesign and strategies for reform. During its third and final year, the CWS Stakeholders Group will recommend an implementation plan due to the Legislature in 2003.

“Nationally, parental alcohol and drug abuse is a factor . . . in two-thirds of cases with children in foster care.”

Facts About Challenging Populations

Alcohol and other drug abuse. Parental substance abuse is a major challenge facing the child welfare system. An estimated 67,000 infants are born in California each year with some sort of alcohol or other drug exposure¹⁶ of whom up to 80 percent will come to the attention of child protective services before their first birthday.¹⁷ Nationally, parental alcohol and drug abuse is a factor in one-third to two-thirds of child welfare cases with substantiated reports of abuse or neglect and in two-thirds of cases with children in foster care.¹⁸ Children whose parents have substance abuse problems tend to remain in care for longer periods of time than other children.¹⁹

Domestic violence. Some families experience both child maltreatment and domestic violence. From 11 to 45 percent of children who are abused or neglected have a mother who is being abused, and from 37 to 63 percent of battered women have children who are maltreated.²⁰ A national survey of over 6,000 American families found that half of the men who frequently abuse their wives also frequently abuse their children. Also, the more severe and frequent the violence against the mother, the more likely it is that the children are also being abused.²¹

Incarceration. In California, an estimated 856,000 children, or 9 percent of the state's children, have a parent currently involved in California's adult criminal justice system (prison, jail, parole, or probation).²² While the number of children in foster care as a result of parental incarceration is not known for California, national studies show that 90 percent of incarcerated fathers report at least one of their children living with their mother, while only 28 percent of incarcerated mothers report their children living with their father.²³ Nationally, children of incarcerated mothers that do not live with their fathers live with grandparents (53 percent) or other relatives (26 percent), in a foster home or agency (9.6 percent), or with friends (10 percent).²⁴

Adoption

A number of child welfare leaders continue to be concerned about the lack of adequate resources to assist counties in finding adoption placements for foster children. A recent state initiative had considerable success in demonstrating how increased funding to hire additional staff, expedite permanent placement, and provide intensive technical assistance and training to adoption and child welfare agencies can lead to success in increasing the number of children freed for adoption and eventually adopted. After 5 years, the program had met and exceeded its goals, including finalizing adoptions for an additional 10,500 children.²⁵ This program, despite its success, ended on June 30, 2001, and has not been re-funded.

Social Worker Shortage

California has a severe shortage of social workers, with high vacancy rates in many county child welfare departments and no immediate pool of candidates to fill the empty slots. The 1,800 students graduating each year from California's public social work schools (1,100 M.S.W. and 700 B.S.W. graduates) are inadequate to fill the 3,400 social work positions needed now in the state's 10 largest county welfare agencies.²⁶ In some agencies, the shortage of social workers results in heavy caseloads, and sometimes affects morale and staff turnover. Many ideas have been put forward to alleviate this dilemma, including creating paraprofessional programs, increasing community college and undergraduate programs, providing tuition reimbursement and loan forgiveness, organizing internships that include hiring incentives, increasing salaries and performance bonuses, and decreasing social worker caseload sizes.

Federal Stipend Training Program (Title IV-E)

This Title IV-E program was implemented in 1992 to improve the education and training of social workers to meet the needs of publicly supported Child Welfare Services. Offered by all 15 of California's accredited graduate schools of social work/social welfare, the program provides 2 years of financial support (\$18,500 per student, per year) to full-time graduate social work students preparing for careers in public child welfare. Each school may award stipends to up to 20 full-time students for a potential statewide total of 300 stipends per year. In exchange for financial support, students agree to work in public Child Welfare Services for 2 years following graduation.

Child Welfare Waiver Demonstration Project (Title IV-E)

The Child Welfare Waiver Demonstration Project was authorized by Congress in 1994 to enable state and local agencies to use Title IV-E (foster care maintenance) funds to protect children and preserve families. Under the demonstration project, limits on the use of foster care funds are waived to test innovative methods of providing Child Welfare Services. Demonstration projects in 21 states have been approved for up to 5 years. Several counties in California are testing interventions designed to prevent initial out-of-home placement and to provide more permanent and/or stabilize current placements. Unless it is reauthorized, this program will be terminated at the end of Fiscal Year 2002.

Child Welfare Worker Caseload

A recent workload study commissioned by CDSS pursuant to statutory requirements concluded that California's county caseloads* are twice the recommended levels in most categories, making it difficult for social workers to provide basic services or maintain meaningful contact with children and families.²⁷ Further adding to the workload are automated information systems that require extensive staff training before they can be effectively used. The independent workload study found that standards used to determine caseload size do not meet professional guidelines, are based on outdated workload factors, do not reflect added responsibilities coming from recent federal and state requirements, and could benefit from using "best practice" approaches. In response to the study, an augmentation of \$120.8 million was added in the Fiscal Year (FY) 2000-01 and FY 2001-02 budgets, and reduced to \$94.7 million in the FY 2002-03 budget.²⁸ Counties have used the funds in a variety of ways to support child welfare program goals, including hiring social workers and support staff and making physical plant improvements. It is not yet known to what extent the allocation has alleviated the workload problem.

Promising Practices

Child welfare professionals and other government officials seek to improve the practice of social welfare in the child welfare system in part by testing new approaches to serve children and families. Some approaches are designed to improve the service delivery process, some seek to make social workers more effective in working with diverse families, and others involve families as partners in shaping plans.

* County social workers are partially funded based on Proposed County Administrative Budget (PCAB) caseload standards developed by the CDSS Administrative Division in 1984 that specify a worker/case ratio (the number of cases each social worker should carry) for each of the four child welfare components.

Promising Practices

Through research, program evaluation, and consensus building, child welfare leaders continue to identify and test innovative and effective practices that best serve their clients.

Differential Response

This is a new ER method of responding to reports made to county child abuse Hotlines. It is a safety, fact-finding, and family assessment approach that seeks to engage families in a less adversarial process, eliminating current practice that requires a substantiation of an allegation in order to qualify for services that could help to stabilize the family and promote safety, permanence, and well-being for children. As the name implies, there can be a range of options available based on a family's unique situation, ranging from referrals to community services to voluntary Family Maintenance to court-ordered services.

Structured Decision Making

This model provides social workers with a research-based, standardized risk assessment tool to increase reliability and accountability during the intake and investigation process. Structured Decision Making (SDM) uses clearly defined standards and instruments for immediate, reliable, and long-term safety decisions. In California, CDSS is pilot testing SDM in 15 counties.

Cultural Competence

California's county child welfare agencies are required by CDSS to provide cultural awareness training for all employees who have contact with the public.* Given the steadily expanding diversity in our state, such training is intended to promote the growth and support of healthy cultural identity in families, increase intercultural respect and rapport, and serve children and families of diverse backgrounds in a fair and culturally competent manner. Foster families caring for a child from a different racial or cultural group also benefit from having skills to appreciate and respond to diversity in their foster children; deal with racist attitudes, judgments and cultural stereotypes from others; and help their children deal with discrimination.²⁹

Family Group Decision Making

This approach to case planning is intended to strengthen the potential of the family to function effectively and responsibly. Families participate as experts and partners in designing their own individualized, culturally responsive, and relevant services, with links to diverse, comprehensive, and community-based networks of resources and support.³⁰

Family to Family

This Annie E. Casey Foundation initiative is being tested in many communities across the U.S., including a number of counties in California. This approach works to better screen children being considered for removal from home, bring children in congregate or institutional care back to their neighborhoods, involve foster families as team members in efforts to reunify families, and invest in the capacity of communities from which children in foster care come.

Permanency Planning Mediation

This mediation approach can be offered to a birth family when services to reunify the family are terminated and before any court action to terminate parental rights begins. The birth family is involved in creating a permanency plan for their child that emphasizes the best interests of the child and provides a safe degree of openness between adoptive parents and the birth family.

Shared Family Care

This service delivery model temporarily places an entire family in the home of a host family that has been trained to mentor and support the biological parents as they develop skills and supports necessary to care for their children and move toward independent living.

Community Collaboration

This approach emphasizes collaborations among multi-disciplinary service agencies to better respond to families by providing supports to prevent child maltreatment or its reoccurrence, sharing responsibility across a range of informal and formal services working together to respond to families, and developing responses to the strengths and needs of families.

* CDSS Manual Letter No. CWS-93-01 states: "Cultural awareness training shall pertain to specific cultural characteristics of cultural groups served by the child welfare department to provide a better understanding of, and sensitivity to, the various cultural groups....Whenever possible, training shall involve community organizations familiar with a specific culture."

CHILDREN AND FAMILIES

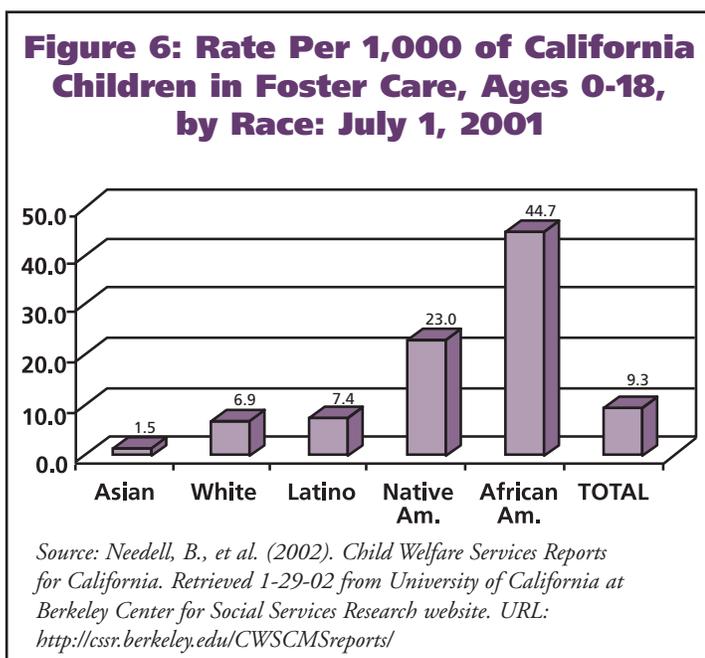
A number of issues relating to children and families in the child welfare system continue to be of considerable concern to child welfare professionals and policymakers.

Overrepresentation

A key issue for California's child welfare leaders and public policymakers is overrepresentation of African American and Native American children in the system. On July 1, 2001, nearly 33,000 African American children and close to 1,000 Native American children were in foster care. The rate of African American and Native American foster children is five times and three times higher, respectively, than the total rate for all foster children (see Figure 6).

The child welfare system has considerable impact on African American families. African American children are more likely to enter the child welfare system at younger ages, be placed in foster care, spend more time in the system, and experience multiple foster care placements. They are less likely to receive in-home services than any other group.³¹

Calls for research on the issue of overrepresentation in part result from findings on the incidence of child abuse among different ethnic and racial populations. At the federal level, DHHS has *not* found a higher rate of child abuse in African American families than in other groups when traditional risk factors associated with child abuse, such as poverty, single parent families, and substance abuse, are taken into account.^{32,33} Overrepresentation of African American families in the child welfare system is an ongoing issue that requires increased scrutiny about how shelter providers, child welfare workers, police, and the courts respond to, report, and substantiate child maltreatment.³⁴



Why Are More African American Children in the Foster Care System?

Child welfare researchers are calling for careful examination of the many factors that might contribute to the overrepresentation of African American foster children^{35,36} Among the suggestions are:

- reviewing assessment instruments for racial bias;
- examining overreporting of African American children and underreporting of non-African American children;
- acknowledging conscious or unconscious stereotypes, biases, and beliefs about African Americans that result in a higher level of scrutiny; and
- reviewing public policies, such as the shortened timeframe before parental rights can be terminated under ASFA, that may unintentionally accelerate the long-standing trend of out-of-home care for African American children.

Transracial Adoption

Transracial adoption means joining culturally and/or racially different parents and children together in adoptive families. Nationally, an estimated 15 percent of the 36,000 adoptions of foster children in 1998 were transracial or transcultural adoptions.³⁷ The pros and cons of transracial adoption have long been debated. Those in favor believe the importance of finding a loving home for a child should precede consideration of the race of the children and parents involved. Those opposed, particularly to white parents adopting children of color, argue that white parents do not have the firsthand experience essential to pass on to children of color living in a racist society. Some studies indicate that about 75 percent of transracially adopted preadolescent and younger children adjust well in their adoptive homes³⁸ and that transracial adoption has not been detrimental for children in terms of adjustment, self-esteem, academic achievement, peer relationships, or parental and adult relationships.³⁹ Since 1995, federal law (the Multi-Ethnic Placement Act, or MEPA) has prohibited federally funded agencies from using race, color, or national origin when considering adoption placements.

Shortage of Foster Families

The number of foster family homes has decreased in California and nationally over the last 10 years, especially foster families of color and foster homes that have the capacity to care for and will accept sibling groups, medically fragile infants, non-English-speaking children, and children with other special needs. The shortage of foster homes is due to many factors, including low foster care payments that do not adequately cover the costs of caring for a foster child and the unavailability of support services, such as child care and respite care. In addition, heavy workloads can compromise the ability of some social workers to maintain adequate communication with foster parents.⁴⁰

Other factors contribute to decreasing the pool of foster care parents. Because of ASFA, counties are emphasizing permanent placement, and some foster parents are leaving the foster care program to become adoptive parents. In addition, a number of foster parents have become child care providers because of the employment opportunities provided through TANF to provide child care for CalWORKs recipients, further diminishing the available pool of foster homes.⁴¹

Transition-Age Youth

Every year, nearly 3,600 foster children in California are discharged from the child welfare system on their 18th birthday. The few studies that track these youth reveal that many leave care without access to any formal system or systems of support. Many are homeless, lack educational and employment preparedness, need public assistance, become pregnant at an early age, have mental health problems, and experience physical victimization, sexual assault, and involvement with the criminal justice system.^{42,43}

In 1988, Congress funded the Independent Living Program (ILP) for states to establish and implement services, including practical life skills training and preparation for college and career, to assist youths ages 16 and older to transition from foster care to independent living. California's county child welfare agencies designed ILPs to meet a wide range of individual needs, and some provide services to younger foster children who are expected to be in foster care until their 18th birthday to give them an earlier start toward self-sufficiency. All counties offer some type of independent living or transitional services to foster youth, but programs serve only a small number of youth and little research on ILP effectiveness has been conducted on a national or local level.⁴⁴

California Statistics on Transition-Age Youth

A recent study of 12,306 youth that aged out of foster care in California between 1992 and 1997 found several disturbing trends.⁴⁵

- Young people leaving the child welfare system upon reaching age 18 who had five or more placements were those who generally experienced the worst outcomes.
- About two-thirds of young women became mothers within 5 years of leaving foster care.
- About 25 percent of young women were receiving welfare (AFDC or TANF) in each of the 6 years following their leaving the foster care system, with an estimated 50 percent receiving welfare at some point during those 6 years.
- Over half (55 percent) of former foster youth attended a community college, but only 60 percent of those earned any college credits, and only 14 percent of those who enrolled earned more than 30 credits. While 30 percent had a stated goal of achieving an Associate of Arts degree and transferring to a four-year college, less than 2 percent were able to achieve that goal. In contrast, 37 percent of students who attend a community college nationally complete a degree, and 19 percent transfer to a four-year college.
- Some 9 percent of African American males, 6 percent of Latino males, and 5 percent of white males were incarcerated in state prison within 7 years after leaving foster care.

CONCLUSION

As in many states, leaders and practitioners in California's child welfare system are grappling with questions about the appropriate role of the system in protecting children and preserving families.

The purpose of *Understanding the Child Welfare System in California: A Primer for Service Providers and Policymakers* has been to increase awareness about the components and complexities of the system, to describe the circumstances and backgrounds of children and families in the system, and to inform dialogue on how professionals and policymakers can better serve the children and families of California.

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Curriculum Competencies

*for Public Child Welfare
in California*



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Introduction

The California Social Work Education Center (CalSWEC) Curriculum Competencies for Public Child Welfare, developed for MSW students, are revised periodically to reflect current practice. The most recent version, completed in August 2002, marked the culmination of a revision process initiated by the CalSWEC Board of Directors' Curriculum Committee and Title IV-E Project Coordinators from participating graduate schools of social work throughout the state. The resulting comprehensive draft included the suggestions of human services stakeholders throughout California who participated in statewide focus groups. A workgroup, drawn from the Project Coordinators and Curriculum Committee members, then met several times to refine the draft.

In crafting the final revision, the workgroup strived to integrate its efforts with the educational guidelines and accreditation standards set forth by the Council on Social Work Education, while preserving the essential elements, general sequence, and usefulness of the prior version. An additional goal was to render the competencies more readily usable by MSW students and faculty in classroom and field.

The current version divides the competencies into Foundation and Advanced categories, which correspond roughly to the first and second years of the MSW program. (The table on page iv illustrates the new structure.) The reorganization and elimination of repetition have reduced the total number significantly.

CalSWEC educational competencies are also woven into training models for ongoing professional development in California's Regional Child Welfare Training Academies. Future revisions of the

CalSWEC Curriculum Competencies will more explicitly delineate a continuum of competencies related to in-service training as well as social work education.

The Child Welfare Services (CWS) Stakeholders' Group

Public child welfare services in California are likely to undergo structural changes in the near future. In August 2000 the CWS Stakeholders Group was formed to address critical concerns facing public child welfare services and to determine which specific strategies will foster greater service quality, effectiveness, and efficiency. As public entities working with a highly vulnerable population, the state-supervised, county-administered child welfare service systems are revising their vision to incorporate advancing scientific knowledge and to address changing service needs through more effective modes of intervention.

The goal of the Stakeholders Group is to produce an implementation plan for the comprehensive redesign of the state's public child welfare system. Reflecting current knowledge of child development during the critical years from 0 to 3, greater emphasis will be placed on prevention and family support, early intervention, use of multidisciplinary teams, strengths-based practices, equitable access to services, and the development of evidence-based practices.

As the work of the CWS Stakeholders Group continues, the CalSWEC Curriculum Competencies for Public Child Welfare will be refined to accommodate and reflect upcoming changes in California's child welfare services system.

California Child Welfare Curriculum Principles

Foundation Competencies (First Year)

I. Ethnic Sensitive and Multicultural Practice
--

II. Core Child Welfare Practice

III. Human Behavior and the Social Environment
--

IV. Workplace Management

Advanced Competencies (Second Year)
--

V. Culturally Competent Child Welfare Practice
--

VI. Advanced Child Welfare Practice

VII. Human Behavior and the Child Welfare Environment

VIII. Child Welfare Policy, Planning, and Administration
--

California Child Welfare Curriculum Principles

1. *Every child has a right to a permanent home for his or her care and upbringing.*
2. *A caring family is the best and least restrictive environment for raising children.*
3. *A wide range of parenting practices, varying as a result of ethnic, cultural, community, and familial differences, can provide adequate care for children.*
4. *The goal of child welfare is to promote the health and safety of children and their development toward a positive, productive adulthood.*
5. *In the circumstances of danger to a child, the state has a right to intervene in family affairs to protect the child. In such circumstances the safety of the child takes precedence over the rights of the parents.*
6. *Every reasonable effort should be made to preserve and strengthen a child's existing family before an alternative placement is considered.*
7. *Services must be available, accessible, timely, and effective.*

Foundation Competencies (First Year)

I. Ethnic Sensitive and Multicultural Practice

A working knowledge of and sensitivity to the dynamics of ethnic and cultural differences are at the core of child welfare services. Culturally competent practice acknowledges that an individual's culture is an integral part of overall development and selfhood and strives to use concepts of culture in a manner that enhances individual and family functioning. Given the increasingly diverse service population, cultural competency and understanding of the cultural norms of California's major ethnic groups should be a criterion for competent performance throughout the curriculum. This section includes foundation knowledge, values, and skills for culturally competent child welfare practice.

- 1.1 Student demonstrates sensitivity to clients' differences in culture, ethnicity, and sexual orientation.
- 1.2 Student demonstrates the ability to conduct an ethnically and culturally sensitive assessment of a child and family and to develop an appropriate intervention plan.
- 1.3 Student understands the importance of a client's primary language and supports its use in providing child welfare assessment and intervention services.

- 1.4 Student understands the influence and value of traditional, culturally based childrearing practices and uses this knowledge in working with families.
- 1.5 Student demonstrates the ability to collaborate with individuals, groups, community-based organizations, and government agencies to advocate for equitable access to culturally sensitive resources and services.

II. Core Child Welfare Practice

This category includes the basic knowledge and skills for practice of social work in any setting, with emphasis on child welfare practice. Content in this foundation category covers interviewing, assessment, and intervention, with special attention to problems and concerns related to child protection and family preservation. Students learn to apply a strengths perspective in an environmental context and to work collaboratively. At this level, students are able to evaluate child and family information and to take appropriate steps toward permanency planning. In addition, students demonstrate the professional use of self within the values and ethics of social work practice.

- 2.1 Student is able to identify the multiple family and social forces contributing to child abuse and neglect.
- 2.2 Student demonstrates the ability to assess the interaction of factors underlying abuse and neglect and the capacity to identify

strengths that act to preserve the family and protect the child.

- 2.3 Student recognizes and accurately identifies physical, emotional, and behavioral indicators of child abuse, child neglect, and child sexual abuse in children and their families.
- 2.4 Student is able to gather, assess, and present pertinent information from interviews, case records, and other collateral sources required to evaluate an abuse or neglect allegation.
- 2.5 Student is aware of forms and mechanisms of oppression and discrimination pertaining to low-income and single-parent families and uses this knowledge in providing appropriate child welfare services.
- 2.6 Student understands the dual responsibility of the child welfare caseworker to protect children and to provide services that support families as caregivers.
- 2.7 While incorporating knowledge of individual, family, and cultural dynamics, the student recognizes signs and symptoms of substance abuse in children and adults and is able to assess its impact.
- 2.8 Student understands the dynamics of family violence, and can develop appropriate, culturally sensitive case plans to address these problems.

- 2.9 Student recognizes the need to monitor the safety of the child by initial and ongoing assessment of risk.
- 2.10 Student understands policy issues and child welfare legal requirements and demonstrates the capacity to fulfill these requirements in practice.
- 2.11 Student understands the process of the legal system and the role of social workers and other professionals in relation to the courts.
- 2.12 Student understands how attachment, separation, and placement affect a child and family and how these experiences may influence a child's physical, cognitive, social, and emotional development.
- 2.13 Student understands the principles of concurrent and permanency planning.
- 2.14 Student understands the importance of working together with biological families, foster families, and kin networks, involving them in assessment and planning and helping them cope with special stresses and difficulties.
- 2.15 Student understands the value base of the profession and its ethical standards and principles, and practices accordingly.
- 2.16 Student understands and can appropriately utilize authority and power in professional relationships.

- 2.17 Student demonstrates the ability to assess his or her own emotional responses to clients, co-workers, and situations in which the worker's values are challenged.
- 2.18 Student demonstrates the ability to engage and work with involuntary clients.
- 2.19 Student is able to engage and assess families from a strengths-based "person in environment" perspective and to develop and implement a case plan based on this assessment.
- 2.20 Student understands and utilizes the case manager's role to create and sustain a helping system for clients, a system that includes collaborative child welfare work with members of other disciplines.
- 2.21 Student demonstrates knowledge of pre-placement preventive services.
- 2.22 Student demonstrates knowledge and understanding of the termination process, with clients and with systems.

III. Human Behavior and the Social Environment

The competencies in this section concern the stages of child and adolescent development, and the multiple socioeconomic factors influencing that development. The knowledge acquired regarding human developmental processes provides a foundation for assessment and intervention.

- 3.1 Student demonstrates understanding of the stages, processes, and milestones of physical, cognitive, social, and emotional development of children.
- 3.2 Student demonstrates understanding of the stages and processes of adult development and family life.
- 3.3 Student demonstrates understanding of the potential effects of poverty, racism, sexism, homophobia, violence, and other forms of oppression on human behavior.
- 3.4 Student demonstrates understanding of the influence of culture on human behavior and family dynamics.
- 3.5 Student demonstrates understanding of how the strengths perspective and empowerment approaches can influence growth, development, and behavior change.

IV. Workplace Management

This section contains a group of competencies concerning important aspects of agency practice. The competencies address internal relations, organizational requirements, and interdisciplinary and community collaboration. In this foundation competency, the student acquires strategies for self-care and safety on the job.

- 4.1 Student understands the need to negotiate and advocate for the development of resources that children and families need to meet their goals.
- 4.2 Student is able to work effectively with agency personnel and clients in an environment characterized by human diversity.
- 4.3 Student understands client and system problems and strengths from the perspectives of all participants in a multidisciplinary team and can effectively maximize the positive contributions of each member.
- 4.4 Student is able to identify an organization's strengths and limitations and is able to assess its effects on services for children and families.
- 4.5 Student is able to identify the strengths and limitations of an organization's cultural competence and commitment to human diversity and how these are demonstrated.

- 4.6 Student is able to seek client, organization, and community feedback for evaluation of practice, process, and outcomes.
- 4.7 Student understands and is able to utilize collaborative skills and techniques in organizational settings to enhance service quality.
- 4.8 Student is aware of organizational risk management issues and is able to appropriately resolve potentially harmful situations.
- 4.9 Student is able to plan, prioritize, and effectively monitor completion of activities and tasks within required time frames.
- 4.10 Student is aware of potential work-related stress factors and is able to develop self-care and other strategies to render these harmless.

Advanced Competencies (Second Year)

V. Culturally Competent Child Welfare Practice

This section builds upon the skills developed towards cultural competence in the foundation. A comprehensive understanding of the cultural norms and values of California's major ethnic, cultural, and immigrant groups is critical in order to make appropriate assessments and to work effectively with members of these groups. Advanced culturally competent practice requires knowledge of the specific challenges faced by different ethnic and cultural populations and the ability to apply that knowledge in legal, social, and psychosocial contexts.

- 5.1 Student demonstrates knowledge of legal, socioeconomic, and psychosocial issues facing immigrants and refugees and is able to devise sensitive and appropriate interventions.
- 5.2 Student is able to critically evaluate the relevance of intervention models to be applied with diverse ethnic and cultural populations.
- 5.3 Student demonstrates knowledge of the requirements of the Indian Child Welfare Act and is able to apply its provisions in working with tribal representatives.

- 5.4 Student demonstrates knowledge of and the ability to apply the Multi-ethnic Placement Act.

VI. Advanced Child Welfare Practice

The practice competency expected in the advanced year addresses the complexity of child protection, special needs, family maintenance, court procedures, and legal requirements. The student builds upon foundation practice and develops knowledge of federal and state child welfare policy.

- 6.1 Student demonstrates knowledge of the philosophy, purpose, requirements, and application of federal and state child welfare policy and legislation.
- 6.2 Student demonstrates the ability to recognize abuse occurring in out-of-home placements and to take appropriate action to protect children from abuse.
- 6.3 Student understands the requirements for effectively serving and making decisions regarding children with special needs and the balancing of parental and child rights.
- 6.4 Student demonstrates skill in interviewing children and adolescents for assessments, interventions, and forensic purposes.
- 6.5 Student demonstrates the ability to prepare written reports for court.

- 6.6 Student works collaboratively with biological families, foster families, and kin networks, involving them in assessment and planning and helping them cope with special stresses and difficulties.

VII. Human Behavior and the Child Welfare Environment

These competencies address advanced understanding of human behavior in the complexity of situations addressed in child welfare practice, including poverty, teen sexuality, violence, trauma, and suicide. At this advanced level, the student demonstrates the capacity to apply theories of human behavior in developing intervention plans.

- 7.1 Student demonstrates the ability to assess the effects of family transitions and the impact of becoming a client of the child welfare system.
- 7.2 Student demonstrates the ability to recognize potential for violence, suicide, and other potentially harmful behaviors.
- 7.3 Student demonstrates understanding of the dynamics of teen sexuality and gender identity.
- 7.4 Student is able to identify agency and legislative policies and procedures that create barriers to the growth and development of children and families.

- 7.5 Student demonstrates understanding of the dynamics of trauma resulting from family conflict, divorce, and family violence.
- 7.6 Student can apply theories of human development and organizational change in developing intervention plans with clients.

VIII. Child Welfare Policy, Planning, and Administration

These competencies build upon basic knowledge of the work environment to include a broader understanding of policies that affect the delivery of child welfare services. Competencies extend to an understanding of management, political processes, research, and technology, as well as other strategies to enhance organizational effectiveness. The section includes knowledge of funding streams for various services, and planning for service improvement.

- 8.1 Student demonstrates a beginning understanding of the roles/responsibilities of a leader/manager to plan and develop systems that address diversity in staff and client populations.
- 8.2 Student understands how political activities and regulatory, legislative, and judicial processes at local, state, and national levels influence agency policies, procedures, and programs.

- 8.3 Student understands how leaders/managers use the collaborative process for the purpose of planning, formulating policy, and implementing services.
- 8.4 Student understands how to use information, research, and technology to evaluate practice and program effectiveness, to measure outcomes, and to determine accountability of services.
- 8.5 Student demonstrates knowledge of how organizational structure and culture affect service delivery, worker productivity, and morale.
- 8.6 Student demonstrates basic knowledge of various federal, state, and local child welfare funding sources and consequent implications for agency policy, objectives, and service delivery.
- 8.7 Student understands basic principles of contracting for services in public child welfare.
- 8.8 Student understands how professional values, ethics, and standards influence decision-making processes in public child welfare practice.
- 8.9 Student demonstrates the ability to negotiate and advocate for the development of resources that children and families need to meet their goals.

The California Social Work Education Center (CalSWEC) is a partnership between the schools of social work, public human service agencies, and other related professional organizations that facilitates the integration of education and practice to assure effective, culturally competent service delivery to the people of California.

—CalSWEC Mission Statement

2001

Created in 1990, CalSWEC is the nation's largest state coalition of social work educators and practitioners.

California Child Welfare Services
Outcome & Accountability County Data Report
(Child Welfare Supervised Caseload)
California
April 2007

Quarterly Outcome and Accountability County Data Reports published by the California Department of Social Services (CDSS) provide summary level Federal and State program measures that will serve as the basis for the county self-assessment reviews and be used to track State and county performance over time. It is important that counties not draw comparisons to performance in other counties or even the State as a whole due to the differences in demographics, resources, and practice. The intent of the new system is for each county, through their self-assessment review based on their data, to determine the reasons for their current level of performance and to develop a plan for measurable improvement.

Assembly Bill (AB) 636 requires a series of measures that provide indicators of key program outcomes, processes, and receipt of critical services. The outcome measures are also, at a minimum, consistent with those outcomes of the federal Child and Family Services Review in that the federal indicators are a subset of the State's indicators under this new system. Under the new Outcomes and Accountability System it is expected that the state will not only improve its performance on the federal indicators but on an even broader set of state enhanced indicators. The data in this report focuses on critical safety, stability, family, and well-being measures that are currently available, and that are provided to counties for on-going assessment of their programs' performance. **New data are added and some old data have been updated in this report. The data in this report reflect the Original outcomes for data available through October 1, 2006. We have also included Updated (refreshed) data for most time periods, run on data from more recent extracts than those that were originally posted. Differences between the Original and Updated values for these measures are probably due to improved data entry and cleanup efforts in some counties and Quarter 3, 2005 and Quarter 4, 2005 modifications in CWS/CMS to county of removal and placement counter variables. Uniform Resource Locators (URLs) included in this document direct the viewer to summary data across counties and breakouts by age, race, gender, and over time, including refreshed data for time periods earlier than those included in this report for all UCB developed measures.** This Outcome and Accountability County Data Report will provide the state with a county-by-county detailed description of each element that comprises the service delivery system.

The data source for these reports is the Child Welfare Services/Case Management System (CWS/CMS), which became fully operational in all 58 counties on December 31, 1997. Counties are responsible for inputting data on CWS/CMS as part of their process to manage their caseloads of children and families who receive child welfare services. The accuracy of the information derived from CWS/CMS is continuously improving. As with any large automation system it provides a broad range of challenges and benefits as it continues to undergo improvements to keep abreast of the changing child welfare system.

Comparison of data across counties should be done with caution. First, counties may have

different data management practices. Though data are recorded on one statewide database system (CWS/CMS), differences in data entry and update may influence outcome measures reported here. Second, the social and economic contexts within which child welfare services are provided vary widely among the 58 counties of California.

In this report data measures have been grouped into the four general categories of information: Child Welfare Services Participation Rates; Safety Outcomes; Permanency Outcomes; and Child and Family Well-Being Outcomes. The data for these categories are presented as follows:

CHILD WELFARE SERVICES PARTICIPATION RATES

This section provides data on the number, and number per 1,000 children in the county/state, for key child welfare indicators. It is intended as background information to assist your county in analyzing your county's performance by the outcome indicators. This section was developed by the University of California, Berkeley (UCB).

Number of children < 18 in population

Population projections from California Department of Finance (based on the 2000 U.S. Census).

URL: <http://cssr.berkeley.edu/CWSCMSreports/Referrals/rates.asp#countyrates>

Year	Number
2005	9,620,511
2004	9,575,520
2003	9,536,260
2002	9,436,475

Number and rate of children with referrals

Unduplicated count of child clients < age 18 in referrals during the indicated year, per 1,000 children < age 18 in population.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Referrals/rates.asp#countyrates>

Year	Number	Rate	
		Original	Updated
2005	482,011	50.1 per 1,000	50.1 per 1,000
2004	490,823	51.4 per 1,000	51.3 per 1,000
2003	492,181	51.7 per 1,000	51.6 per 1,000
2002	488,663	51.9 per 1,000	51.8 per 1,000

Number and rate of children with substantiated referrals

Unduplicated count of child clients < age 18 in referrals during the indicated year that had substantiated allegations, per 1,000 children < age 18 in population.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Referrals/rates.asp#countyrate>

Year	Number	Rate	
		Original	Updated
2005	109,463	11.3 per 1,000	11.4 per 1,000
2004	111,053	11.5 per 1,000	11.6 per 1,000
2003	111,472	11.6 per 1,000	11.7 per 1,000
2002	115,738	12.3 per 1,000	12.3 per 1,000

Number and rate of first entries

Unduplicated count of children < age 18 entering a child welfare supervised placement episode of at least five days duration for the first time during the indicated year, per 1,000 children < age 18 in population.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Cohorts/firstentries/Rates.asp>

Year	Number	Rate	
		Original	Updated
2005	29,070	3.0 per 1,000	3.0 per 1,000
2004	27,060	2.8 per 1,000	2.8 per 1,000
2003	27,066	2.8 per 1,000	2.8 per 1,000
2002	27,640	2.9 per 1,000	2.9 per 1,000

Number and rate of children in care

Number of children < age 19 in child welfare supervised foster care on the indicated date, per 1,000 children < age 19 in population.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Pointintime/fostercare/childwel/prevalence.asp>

Date	Number	Rate	
		Original	Updated
Jul 1, 2006	77,513	7.6 per 1,000	--
Jul 1, 2005	78,960	8.1 per 1,000	7.8 per 1,000
Jul 1, 2004	81,351	8.4 per 1,000	8.0 per 1,000
Jul 1, 2003	85,964	8.9 per 1,000	8.5 per 1,000

SAFETY OUTCOMES

These measures are designed to reflect the effectiveness of efforts to protect children from abuse/neglect by reporting instances of abuse and neglect at various stages of child welfare services and process measures which reflect the frequency of social worker contact with children and the speed of face-to-face investigation of abuse/neglect allegations.

Recurrence of Maltreatment (1A and 1B)

This measure reflects the percent of children who were victims of child abuse/neglect with a subsequent substantiated report of abuse/neglect within specific time periods. It is both a state and federal outcome measure. This measure was developed by UCB.

Federal: Of all children with a substantiated allegation within the first six months of the 12-month study period, what percent had another substantiated allegation within six months? (limited to dispositions within the study year, according to federal guidelines).

URL: http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_recurrence.asp

1A. Percent recurrence of maltreatment (Fed)		
12-month study period	Original	Updated
10/01/05-09/30/06	7.6%	--
07/01/05-06/30/06	7.7%	--
04/01/05-03/31/06	8.0%	8.0%
01/01/05-12/31/05	8.4%	8.4%
10/01/04-09/30/05	8.7%	8.7%
07/01/04-06/30/05	8.7%	8.8%
04/01/04-03/31/05	8.3%	8.3%
01/01/04-12/31/04	8.4%	8.5%
10/01/03-09/30/04	9.0%	9.1%
07/01/03-06/30/04	8.7%	8.8%
04/01/03-03/31/04	8.9%	8.9%
01/01/03-12/31/03	9.4%	9.5%
10/01/02-09/30/03	9.7%	9.7%
07/01/02-06/30/03	9.8%	9.8%

State: Of all children with a substantiated referral during the 12-month study period, what percent had a subsequent substantiated referral within 12 months?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Referrals/recurrence.asp>

1B. Percent recurrence of maltreatment within 12 months		
12-month study period	Original	Updated
10/01/04-09/30/05	12.0%	--
07/01/04-06/30/05	12.3%	--
04/01/04-03/31/05	12.3%	12.3%
01/01/04-12/31/04	12.4%	12.4%
10/01/03-09/30/04	12.6%	12.6%
07/01/03-06/30/04	12.6%	12.7%
04/01/03-03/31/04	12.9%	12.9%
01/01/03-12/31/03	13.1%	13.1%
10/01/02-09/30/03	13.2%	13.2%
07/01/02-06/30/03	13.5%	13.5%
04/01/02-03/31/03	13.5%	13.5%
01/01/02-12/31/02	13.5%	13.5%
10/01/01-09/30/02	13.4%	13.4%
07/01/01-06/30/02	13.2%	13.2%

State: Of all children with a **first** substantiated referral during the 12-month study period, what percent had a subsequent substantiated referral within 12 months?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Referrals/recurrence.asp>

1B. Percent recurrence of maltreatment within 12 months after first substantiated allegation		
12-month study period	Original	Updated
10/01/04-09/30/05	10.3%	--
07/01/04-06/30/05	10.6%	--
04/01/04-03/31/05	10.7%	10.7%
01/01/04-12/31/04	10.7%	10.7%
10/01/03-09/30/04	10.9%	10.9%
07/01/03-06/30/04	10.9%	10.9%
04/01/03-03/31/04	11.1%	11.1%
01/01/03-12/31/03	11.3%	11.4%
10/01/02-09/30/03	11.4%	11.4%
07/01/02-06/30/03	11.7%	11.7%
04/01/02-03/31/03	11.6%	11.7%
01/01/02-12/31/02	11.7%	11.7%
10/01/01-09/30/02	11.7%	11.8%
07/01/01-06/30/02	11.6%	11.6%

Rate of Child Abuse and/or Neglect in Foster Care (1C)

This measure reflects the percent of children in foster care who are abused or neglected while in foster care placement. This data was developed by UCB. It is a federal outcome measure, but for a period of 12 months instead of 9 months.

For all children in child welfare supervised foster care during the twelve month review period, what percent had a substantiated allegation by a foster parent during that time?

URL: http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_abuse.asp

1C. Percent rate of child abuse and/or neglect in foster care (Fed) ¹		
12-month study period	Original	Updated
10/01/05-09/30/06	0.21%	--
07/01/05-06/30/06	0.21%	--
04/01/05-03/31/06	0.21%	0.21%
01/01/05-12/31/05	0.19%	0.19%
10/01/04-09/30/05	0.15%	0.15%
07/01/04-06/30/05	0.13%	0.13%
04/01/04-03/31/05	0.10%	0.10%
01/01/04-12/31/04	0.08%	0.08%
10/01/03-09/30/04	0.06%	0.06%
07/01/03-06/30/04	0.04%	0.04%
04/01/03-03/31/04	0.03%	0.03%
01/01/03-12/31/03	0.02%	0.02%
10/01/02-09/30/03	0.01%	0.01%
07/01/02-06/30/03	0.01%	0.01%

¹ As of Quarter 4, 2005, the CFSR abuse in care reports have employed a new method and should not be compared to the previously published abuse in care measure:

a. This new method includes all children served, not just those in non-relative foster care (foster homes or FFAs) and covers a 12 month period. For details, please see the methodology at:

http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/method_ACLabuseinCare.html

b. Capturing this data involves new data instructions for counties. An All County Letter (ACL), distributed on December 3, 2003, discusses the method of populating the necessary variables.

The ACL can be viewed at: <http://www.dss.cahwnet.gov/getinfo/acl03/pdf/03-61.pdf>

As a result, an increase in rates over time likely reflects the adoption of the new data entry procedures, not necessarily an increase in abuse.

Rate of Recurrence of Abuse and/or Neglect in Homes Where Children Were Not Removed (2A)

This measure reflects the occurrence of abuse and/or neglect of children who remain in their own homes. This data was developed by CDSS. It is a state outcome measure.

Of all the children with allegation (inconclusive or substantiated) during the 12-month study period who were not removed, what percent had a subsequent substantiated allegation within 12 months?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#2A>

2A. Percent rate of recurrence of abuse/neglect in homes where children were not removed		
12-month study period	Original	Updated
10/01/04-09/30/05	8.2%	--
07/01/04-06/30/05	8.3%	8.3%
04/01/04-03/31/05	8.1%	8.2%
01/01/04-12/31/04	8.4%	8.4%
10/01/03-09/30/04	8.4%	8.5%
07/01/03-06/30/04	8.6%	8.6%
04/01/03-03/31/04	8.7%	8.7%
01/01/03-12/31/03	8.7%	8.8%
10/01/02-09/30/03	8.7%	8.7%
07/01/02-06/30/03	8.9%	8.9%
04/01/02-03/31/03	8.8%	8.8%
01/01/02-12/31/02	8.9%	8.9%
10/01/01-09/30/02	8.9%	8.9%
07/01/01-06/30/02	8.9%	--

Child Abuse/Neglect Referrals with a Timely Response (2B)

This is a process measure designed to determine the percent of cases in which face-to-face contact with a child occurs, or is attempted, within the regulatory time frames in those situations in which a determination is made that the abuse or neglect allegations indicate significant danger to the child. This data was developed by CDSS. It is a state process measure.

Percent of child abuse and neglect referrals that require an investigation in the study quarter that have resulted in an in-person investigation stratified by immediate response and ten-day referrals, for both planned and actual visits.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#2B>

2B. Percent of child abuse/neglect referrals with a timely response ¹				
	Immediate Response Compliance		10-Day Response Compliance	
	Original	Updated	Original	Updated
Q3 2006*	95.6%	--	91.2%	--
Q2 2006*	95.8%	96.3%	92.3%	93.4%
Q1 2006	96.6%	--	94.1%	--
Q4 2005	96.0%	--	92.6%	--
Q3 2005	96.1%	--	93.6%	--
Q2 2005	96.3%	96.3%	92.4%	92.4%
Q1 2005	96.2%	96.2%	92.9%	92.8%
Q4 2004	95.3%	95.3%	92.1%	92.0%
Q3 2004	95.1%	95.0%	92.0%	91.5%
Q2 2004	95.0%	95.0%	90.2%	89.9%
Q1 2004	95.5%	95.6%	90.0%	89.5%
Q4 2003	93.9%	93.9%	88.0%	87.5%
Q3 2003	93.6%	93.5%	90.6%	90.2%
Q2 2003	94.5%	--	88.6%	--

¹ Starting in Quarter 2, 2006, the methodology was changed. Comparisons with previous quarters should not be made.

Timely Social Worker Visits With Child (2C)

This is a process measure designed to determine if social workers are seeing the children on a monthly basis when that is required. Children for whom a determination is made that monthly visits are not necessary (e.g. valid visit exception) are not included in this measure. This data was developed by CDSS. It is a state process measure. This report is based on CWS/CMS only. (Other data analysis measurements such as the SafeMeasures application may provide different results.)

Of all children who required a monthly social worker visit, how many received a monthly visit?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#2C>

2C. Percent of timely social worker visits with child ¹						
	Original	Updated ²	Original	Updated ²	Original	Updated ²
Q3 2006	Jul 2006		Aug 2006		Sep 2006	
	90.6%	--	91.0%	--	91.3%	--
Q2 2006	Apr 2006		May 2006		Jun 2006	
	91.1%	--	91.5%	--	91.4%	--
Q1 2006	Jan 2006		Feb 2006		Mar 2006	
	87.4%	--	88.1%	--	88.7%	--
Q4 2005	Oct 2005		Nov 2005		Dec 2005	
	90.1%	--	90.5%	--	90.9%	--
Q3 2005	Jul 2005		Aug 2005		Sep 2005	
	91.3%	--	91.8%	--	92.1%	--
Q2 2005	Apr 2005		May 2005		Jun 2005	
	91.3%	--	91.6%	--	92.0%	--
Q1 2005	Jan 2005		Feb 2005		Mar 2005	
	91.4%	--	91.6%	--	92.1%	--
Q4 2004	Oct 2004		Nov 2004		Dec 2004	
	90.1%	--	90.5%	--	90.9%	--
Q3 2004	Jul 2004		Aug 2004		Sep 2004	
	89.6%	--	89.9%	--	90.2%	--
Q2 2004	Apr 2004		May 2004		June 2004	
	89.9%	89.0%	89.9%	89.4%	89.8%	89.8%
Q1 2004	Jan 2004		Feb 2004		Mar 2004	
	87.4%	87.4%	87.8%	87.9%	88.5%	88.5%
Q4 2003	Oct 2003		Nov 2003		Dec 2003	
	85.7%	85.7%	86.3%	86.3%	86.8%	86.8%
Q3 2003	Jul 2003		Aug 2003		Sep 2003	
	85.4%	--	85.9%	--	86.4%	--
Q2 2003	Apr 2003		May 2003		Jun 2003	
	84.6%	--	85.2%	--	85.8%	--

¹ Updates to the measure 2C code beginning in Quarter 4, 2004 resulted in a small jump in the percentages from Quarter 3, 2004 to Quarter 4, 2004.

² Quarter 3, 2006: New methodology is pending approval. Current programming does not permit refresh of this measure.

PERMANENCY OUTCOMES

These measures are designed to reflect the number of foster care placements for each child, the length of time a child is in foster care, and the rate that children re-enter foster care after they have returned home or other permanent care arrangements have been made.

Length of Time to Exit Foster Care to Reunification (3E and 3A)

This is an outcome measure reflecting the percent of children reunified within 12 months of removal of a child from the home. The data was developed by UCB. It is a federal and state outcome measure.

Federal: Of all children who were reunified from child welfare supervised foster care during the 12-month study period, what percent had been in care for less than 12 months?

URL: http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_standardsForm.asp

3E. Percent reunified within 12 months (Fed)		
12-month study period	Original	Updated
10/01/05-09/30/06	70.9%	--
07/01/05-06/30/06	70.1%	--
04/01/05-03/31/06	69.0%	69.0%
01/01/05-12/31/05	68.1%	68.2%
10/01/04-09/30/05	68.2%	67.9%
07/01/04-06/30/05	68.2%	67.9%
04/01/04-03/31/05	67.7%	67.5%
01/01/04-12/31/04	66.8%	66.8%
10/01/03-09/30/04	66.5%	66.1%
07/01/03-06/30/04	65.3%	65.4%
04/01/03-03/31/04	64.4%	64.6%
01/01/03-12/31/03	64.9%	64.9%
10/01/02-09/30/03	65.1%	65.1%
07/01/02-06/30/03	65.3%	65.4%

State: For all children who entered foster care for the first time (and stayed at least five days) during the 12-month study period, what percent were reunified within 12 months?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Cohorts/exits/>

3A. Percent reunified within 12 months (entry cohort)		
12-month study period	Original	Updated
10/01/04-09/30/05	38.6%	--
07/01/04-06/30/05	38.8%	--
04/01/04-03/31/05	38.0%	38.4%
01/01/04-12/31/04	37.5%	38.1%
10/01/03-09/30/04	36.8%	37.9%
07/01/03-06/30/04	36.3%	37.5%
04/01/03-03/31/04	36.4%	37.4%
01/01/03-12/31/03	36.8%	37.6%
10/01/02-09/30/03	36.0%	37.2%
07/01/02-06/30/03	35.9%	37.1%
04/01/02-03/31/03	35.9%	37.1%
01/01/02-12/31/02	35.2%	36.5%
10/01/01-09/30/02	35.0%	36.5%
07/01/01-06/30/02	34.6%	36.1%

Length of Time to Exit Foster Care to Adoption (3D and 3A)

This is an outcome measure reflecting the percent of children adopted within 24 months of removal of a child from the home. The data was developed by UCB. It is a federal and state outcome measure.

Federal: Of all children who were adopted from child welfare supervised foster care during the 12-month study period, what percent had been in care for less than 24 months?

URL: http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_standardsForm.asp

3D. Percent adopted within 24 months (Fed)		
12-month study period	Original	Updated
10/01/05-09/30/06	30.2%	--
07/01/05-06/30/06	29.6%	--
04/01/05-03/31/06	29.2%	29.2%
01/01/05-12/31/05	29.0%	29.0%
10/01/04-09/30/05	29.0%	29.1%
07/01/04-06/30/05	29.3%	29.1%
04/01/04-03/31/05	28.8%	28.6%
01/01/04-12/31/04	28.4%	28.5%
10/01/03-09/30/04	28.1%	28.0%
07/01/03-06/30/04	27.2%	27.5%
04/01/03-03/31/04	26.8%	27.1%
01/01/03-12/31/03	25.5%	26.0%
10/01/02-09/30/03	24.7%	25.2%
07/01/02-06/30/03	23.6%	24.2%

State: For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period, what percent were adopted within 24 months?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Cohorts/exits/>

3A. Percent adopted within 24 months (entry cohort)		
12-month study period	Original	Updated
10/01/03-09/30/04	7.1%	--
07/01/03-06/30/04	7.1%	--
04/01/03-03/31/04	7.0%	7.0%
01/01/03-12/31/03	6.9%	7.0%
10/01/02-09/30/03	6.7%	6.8%
07/01/02-06/30/03	6.6%	6.7%
04/01/02-03/31/03	6.4%	6.6%
01/01/02-12/31/02	6.2%	6.4%
10/01/01-09/30/02	6.0%	6.2%
07/01/01-06/30/02	5.8%	6.0%
04/01/01-03/31/02	5.4%	5.6%
01/01/01-12/31/01	5.3%	5.5%
10/01/00-09/30/01	5.2%	5.4%
07/01/00-06/30/01	5.0%	5.2%

Multiple Foster Care Placements (3B and 3C)

These measures reflect the number of children with multiple placements within 12 months of placement. This data was developed by UCB. It is a federal and state outcome measure.

Federal: For all children in child welfare supervised foster care for less than 12 months during the 12-month study period, what percent had no more than two placements?

URL: http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_standardsForm.asp

3B. Percent with 1-2 placements within 12 months (Fed)		
12-month study period	Original	Updated
10/01/05-09/30/06	84.6%	--
07/01/05-06/30/06	84.6%	--
04/01/05-03/31/06	84.7%	84.7%
01/01/05-12/31/05	84.8%	84.8%
10/01/04-09/30/05	85.2%	85.1%
07/01/04-06/30/05	85.2%	85.3%
04/01/04-03/31/05	85.0%	85.1%
01/01/04-12/31/04	84.3%	84.3%
10/01/03-09/30/04	84.1%	84.1%
07/01/03-06/30/04	84.0%	84.1%
04/01/03-03/31/04	84.5%	83.9%
01/01/03-12/31/03	83.7%	83.3%
10/01/02-09/30/03	83.7%	83.3%
07/01/02-06/30/03	83.9%	83.3%

State: For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period, and were in care for 12 months, what percent had no more than two placements?

URL: <http://cssr.berkeley.edu/CWSCMSreports/cohorts/stability/>

3C. Percent with 1-2 placements – if still in care at 12 months (entry cohort)		
12-month study period	Original	Updated
10/01/04-09/30/05	67.7%	--
07/01/04-06/30/05	67.3%	--
04/01/04-03/31/05	67.2%	67.1%
01/01/04-12/31/04	67.1%	66.9%
10/01/03-09/30/04	66.5%	66.2%
07/01/03-06/30/04	65.4%	66.1%
04/01/03-03/31/04	64.9%	65.5%
01/01/03-12/31/03	64.3%	65.1%
10/01/02-09/30/03	64.0%	64.7%
07/01/02-06/30/03	63.5%	64.2%
04/01/02-03/31/03	63.3%	64.1%
01/01/02-12/31/02	63.3%	63.9%
10/01/01-09/30/02	63.3%	64.4%
07/01/01-06/30/02	63.2%	64.1%

Rate of Foster Care Re-Entry (3F and 3G)

This measure reflects the number of children who re-enter foster care subsequent to reunification or guardianship. The data was developed by UCB. It is a federal and state outcome measure.

Federal: For all children who entered child welfare supervised foster care during the 12-month study period, what percent were subsequent entries within 12 months of a prior exit?

URL: http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_standardsForm.asp

3F. Percent of admissions who are re-entries (Fed)		
12-month study period	Original	Updated
10/01/05-09/30/06	10.8%	--
07/01/05-06/30/06	10.7%	--
04/01/05-03/31/06	10.3%	10.5%
01/01/05-12/31/05	9.9%	10.2%
10/01/04-09/30/05	10.0%	10.3%
07/01/04-06/30/05	10.1%	10.5%
04/01/04-03/31/05	10.3%	10.7%
01/01/04-12/31/04	10.3%	10.8%
10/01/03-09/30/04	10.2%	10.6%
07/01/03-06/30/04	10.4%	10.9%
04/01/03-03/31/04	10.4%	10.9%
01/01/03-12/31/03	10.7%	11.2%
10/01/02-09/30/03	10.9%	11.4%
07/01/02-06/30/03	10.8%	11.3%

State: For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period and were reunified within 12 months of entry, what percent re-entered foster care within 12 months of reunification?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Cohorts/reentries/>

3G. Percent who re-entered within 12 months of reunification (entry cohort reunified within 12 months)		
12-month study period	Original	Updated
10/01/03-09/30/04	13.1%	--
07/01/03-06/30/04	12.7%	--
04/01/03-03/31/04	12.3%	12.3%
01/01/03-12/31/03	11.8%	11.8%
10/01/02-09/30/03	11.9%	11.9%
07/01/02-06/30/03	12.5%	12.5%
04/01/02-03/31/03	12.6%	12.7%
01/01/02-12/31/02	13.0%	13.0%
10/01/01-09/30/02	13.4%	13.4%
07/01/01-06/30/02	13.0%	13.0%
04/01/01-03/31/02	13.2%	13.2%
01/01/01-12/31/01	13.3%	13.3%
10/01/00-09/30/01	13.0%	13.1%
07/01/00-06/30/01	13.4%	13.4%

CHILD & FAMILY WELL-BEING OUTCOMES

These measures are designed to reflect the degree to which children in foster care retain relationships with the family and extended communities with whom they are associated at the time of their removal from their parents.

Siblings Placed Together in Foster Care (4A)

These measures reflect the number of children placed with all or some of their siblings in foster care. The data was developed by UCB. It is a state outcome measure.

For all children in child welfare supervised foster care on the point-in-time, of those with siblings in care, what percent were placed with some and/or all of their siblings?

URL: <http://cssr.berkeley.edu/CWSCMSreports/pointintime/fostercare/childwel/siblings.asp>

4A. Percent of children in foster care that are placed with ALL siblings		
Point-in-time	Original	Updated
Oct 1, 2006	47.4%	--
Jul 1, 2006	46.8%	--
Apr 1, 2006	45.8%	46.7%
Jan 1, 2006	45.4%	46.4%
Oct 1, 2005	45.3%	46.2%
Jul 1, 2005	44.4%	45.7%
Apr 1, 2005	43.7%	45.1%
Jan 1, 2005	43.4%	45.0%
Oct 1, 2004	42.3%	44.0%
Jul 1, 2004	43.0%	43.9%
Apr 1, 2004	42.7%	43.4%
Jan 1, 2004	42.9%	43.6%
Oct 1, 2003	41.9%	43.3%
Jul 1, 2003	42.0%	42.6%

4A. Percent of children in foster care that are placed with SOME or ALL siblings		
Point-in-time	Original	Updated
Oct 1, 2006	69.0%	--
Jul 1, 2006	68.6%	--
Apr 1, 2006	68.0%	68.7%
Jan 1, 2006	67.7%	68.5%
Oct 1, 2005	67.8%	68.5%
Jul 1, 2005	67.2%	68.0%
Apr 1, 2005	66.8%	67.7%
Jan 1, 2005	66.2%	67.3%
Oct 1, 2004	65.7%	67.0%
Jul 1, 2004	66.4%	66.6%
Apr 1, 2004	66.5%	66.7%
Jan 1, 2004	66.8%	66.9%
Oct 1, 2003	65.9%	66.8%
Jul 1, 2003	66.4%	66.4%

CHILD & FAMILY WELL-BEING OUTCOMES

Foster Care Placement in Least Restrictive Settings (4B)

This measure reflects the percent of children placed in each type of foster care setting. The data was developed by UCB. It is a state outcome measure.

For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period, what percent were in kin, foster, FFA, group, and other placements (first placement type, predominant placement type)? What percent of children in child welfare supervised foster care were in kin, foster, FFA, group, and other placements at the specified point in time?

URL: (entry cohort) <http://cssr.berkeley.edu/CWSCMSreports/cohorts/firstentries/>

URL: (point in time) <http://cssr.berkeley.edu/CWSCMSreports/pointintime/fostercare/childwel/ageandethnic.asp>

	Initial Placement		Primary Placement		Point in Time (PIT) Placement	
	10/01/05-09/30/06		10/01/05-09/30/06		Oct 1, 2006	
	Original	Updated	Original	Updated	Original	Updated
4B. Relative	21.1%	21.1%	39.0%	39.0%	36.5%	36.5%
4B. Foster Home	21.9%	21.9%	15.7%	15.7%	10.0%	10.0%
4B. FFA	39.0%	39.0%	35.2%	35.2%	25.1%	25.1%
4B. Group/Shelter	16.3%	16.3%	7.5%	7.5%	8.4%	8.4%
4B. Other	1.7%	1.7%	2.6%	2.6%	19.9%	19.9%

	Initial Placement		Primary Placement		Point in Time (PIT) Placement	
	07/01/05-06/30/06		07/01/05-06/30/06		Jul 1, 2006	
	Original	Updated	Original	Updated	Original	Updated
4B. Relative	21.1%	21.1%	39.3%	39.3%	36.5%	36.5%
4B. Foster Home	22.5%	22.5%	16.2%	16.2%	10.3%	10.3%
4B. FFA	38.0%	38.0%	34.4%	34.4%	24.9%	24.9%
4B. Group/Shelter	16.5%	16.5%	7.6%	7.6%	8.6%	8.6%
4B. Other	1.8%	1.8%	2.6%	2.6%	19.7%	19.7%

	Initial Placement		Primary Placement		Point in Time (PIT) Placement	
	04/01/05-03/31/06		04/01/05-03/31/06		Apr 1, 2006	
	Original	Updated	Original	Updated	Original	Updated
4B. Relative	20.8%	20.8%	39.1%	41.0%	36.4%	36.3%
4B. Foster Home	22.6%	22.6%	16.4%	15.6%	10.5%	10.5%
4B. FFA	37.8%	37.6%	33.9%	32.7%	24.7%	24.7%
4B. Group/Shelter	17.0%	17.0%	7.8%	7.6%	8.8%	8.8%
4B. Other	1.9%	2.0%	2.8%	3.0%	19.5%	19.6%

	Initial Placement		Primary Placement		Point in Time (PIT) Placement	
	01/01/05-12/31/05		01/01/05-12/31/05		Jan 1, 2006	
	Original	Updated	Original	Updated	Original	Updated
4B. Relative	20.1%	20.3%	38.5%	41.2%	36.5%	36.5%
4B. Foster Home	23.7%	23.7%	16.7%	15.7%	10.7%	10.7%
4B. FFA	37.7%	37.4%	34.2%	32.5%	23.9%	24.0%
4B. Group/Shelter	16.7%	16.6%	7.9%	7.5%	8.9%	9.0%
4B. Other	1.8%	2.0%	2.7%	3.2%	20.0%	19.7%

	Initial Placement		Primary Placement		Point in Time (PIT) Placement	
	10/01/04-09/30/05		10/01/04-09/30/05		Oct 1, 2005	
	Original	Updated	Original	Updated	Original	Updated
4B. Relative	19.3%	19.5%	37.5%	41.6%	35.3%	35.5%
4B. Foster Home	24.9%	24.9%	17.5%	15.6%	10.9%	11.1%
4B. FFA	37.4%	37.1%	34.2%	31.5%	23.6%	24.0%
4B. Group/Shelter	16.5%	16.4%	7.9%	7.6%	8.8%	9.0%
4B. Other	1.8%	2.1%	2.9%	3.7%	21.4%	20.5%

	Initial Placement		Primary Placement		Point in Time (PIT) Placement	
	07/01/04-06/30/05		07/01/04-06/30/05		Jul 1, 2005	
	Original	Updated	Original	Updated	Original	Updated
4B. Relative	18.4%	18.5%	36.9%	40.9%	34.6%	35.1%
4B. Foster Home	26.3%	25.9%	17.9%	16.1%	11.0%	11.3%
4B. FFA	37.3%	36.9%	34.5%	31.8%	23.2%	23.8%
4B. Group/Shelter	16.1%	16.6%	7.9%	7.6%	8.9%	9.1%
4B. Other	1.8%	2.1%	2.7%	3.6%	22.3%	20.8%

	Initial Placement		Primary Placement		PIT Placement	
	04/01/04-03/31/05		04/01/04-03/31/05		Apr 1, 2005	
	Original	Updated	Original	Updated	Original	Updated
4B. Relative	17.6%	17.8%	36.0%	40.3%	34.5%	34.5%
4B. Foster Home	27.9%	27.5%	19.1%	16.5%	11.4%	11.6%
4B. FFA	36.3%	35.7%	34.2%	31.6%	23.3%	23.7%
4B. Group/Shelter	16.2%	16.7%	8.0%	7.6%	9.1%	9.2%
4B. Other	2.0%	2.3%	2.9%	3.9%	21.6%	21.0%

	Initial Placement		Primary Placement		PIT Placement	
	01/01/04-12/31/04		01/01/04-12/31/04		Jan 1, 2005	
	Original	Updated	Original	Updated	Original	Updated
4B. Relative	17.4%	17.5%	35.7%	40.0%	34.9%	34.8%
4B. Foster Home	28.9%	28.5%	19.6%	16.9%	11.6%	11.7%
4B. FFA	35.1%	34.6%	33.5%	30.9%	22.9%	23.2%
4B. Group/Shelter	16.6%	17.0%	8.3%	8.0%	9.1%	9.2%
4B. Other	2.0%	2.3%	3.0%	4.2%	21.6%	21.1%

	Initial Placement		Primary Placement		PIT Placement	
	10/01/03-09/30/04		10/01/03-09/30/04		Oct 1, 2004	
	Original	Updated	Original	Updated	Original	Updated
4B. Relative	17.5%	17.5%	35.2%	39.7%	33.9%	33.9%
4B. Foster Home	29.8%	29.4%	20.1%	17.4%	11.9%	12.1%
4B. FFA	33.6%	33.1%	33.1%	30.0%	22.9%	23.4%
4B. Group/Shelter	17.0%	17.5%	8.4%	8.1%	9.0%	9.2%
4B. Other	2.1%	2.5%	3.1%	4.8%	22.3%	21.4%

	Initial Placement		Primary Placement		PIT Placement	
	07/01/03-06/30/04		07/01/03-06/30/04		Jul 1, 2004	
	Original	Updated	Original	Updated	Original	Updated
4B. Relative	17.6%	17.6%	35.4%	39.6%	34.1%	34.0%
4B. Foster Home	30.7%	30.4%	20.9%	18.1%	12.3%	12.5%
4B. FFA	32.1%	31.5%	32.1%	29.4%	22.5%	23.1%
4B. Group/Shelter	17.5%	18.0%	8.6%	8.2%	9.1%	9.3%
4B. Other	2.1%	2.5%	3.1%	4.7%	22.0%	21.2%

	Initial Placement		Primary Placement		PIT Placement	
	04/01/03-03/31/04		04/01/03-03/31/04		Apr 1, 2004	
	Original	Updated	Original	Updated	Original	Updated
4B. Relative	17.7%	17.7%	35.4%	39.5%	34.1%	33.8%
4B. Foster Home	31.3%	30.9%	21.4%	18.4%	12.6%	12.7%
4B. FFA	30.8%	30.3%	31.6%	28.8%	22.7%	23.1%
4B. Group/Shelter	18.2%	18.7%	8.6%	8.4%	9.1%	9.3%
4B. Other	2.0%	2.4%	2.9%	4.9%	21.5%	21.0%

	Initial Placement		Primary Placement		PIT Placement	
	01/01/03-12/31/03		01/01/03-12/31/03		Jan 1, 2004	
	Original	Updated	Original	Updated	Original	Updated
4B. Relative	16.7%	17.3%	34.9%	39.4%	33.6%	34.5%
4B. Foster Home	32.6%	31.8%	22.6%	18.9%	13.6%	12.7%
4B. FFA	29.0%	28.7%	30.5%	27.9%	22.4%	22.6%
4B. Group/Shelter	19.5%	19.7%	8.9%	8.7%	9.0%	9.2%
4B. Other	2.1%	2.5%	3.2%	5.0%	21.4%	21.1%

	Initial Placement		Primary Placement		PIT Placement	
	10/01/02-09/30/03		10/01/02-09/30/03		Oct 1, 2003	
	Original	Updated	Original	Updated	Original	Updated
4B. Relative	16.2%	16.6%	34.1%	39.0%	33.3%	34.0%
4B. Foster Home	33.0%	32.4%	23.2%	19.2%	13.7%	13.0%
4B. FFA	28.5%	28.2%	30.0%	27.3%	22.2%	22.5%
4B. Group/Shelter	20.1%	20.1%	8.8%	9.0%	8.9%	9.1%
4B. Other	2.1%	2.7%	3.9%	5.5%	21.8%	21.4%

	Initial Placement		Primary Placement		PIT Placement	
	07/01/02-06/30/03		07/01/02-06/30/03		Jul 1, 2003	
	Original	Updated	Original	Updated	Original	Updated
4B. Relative	16.1%	16.5%	33.9%	38.4%	33.7%	34.1%
4B. Foster Home	33.1%	32.6%	22.9%	19.3%	13.6%	13.0%
4B. FFA	28.0%	27.8%	30.1%	27.4%	22.2%	22.4%
4B. Group/Shelter	20.6%	20.3%	9.1%	9.3%	8.9%	9.0%
4B. Other	2.2%	2.9%	4.0%	5.6%	21.7%	21.5%

Rate of ICWA Placement Preferences (4E)

4E (1) This measure reflects the percent of Indian Child Welfare Act eligible children placed in foster care settings as identified with ICWA eligibility ("y"). This data was developed by CDSS. It is a state outcome measure.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#4E>

Q3 2006	Original	Updated
4E. Relative Home	25.9%	--
4E. Non-Relative Indian Family	7.4%	--
4E. Non-Relative Non-Indian Family	55.5%	--

Q2 2006	Original	Updated
4E. Relative Home	27.5%	27.7%
4E. Non-Relative Indian Family	7.3%	7.1%
4E. Non-Relative Non-Indian Family	54.4%	55.3%

Q1 2006	Original	Updated
4E. Relative Home	27.3%	26.6%
4E. Non-Relative Indian Family	7.2%	7.4%
4E. Non-Relative Non-Indian Family	54.6%	57.0%

Q4 2005	Original	Updated
4E. Relative Home	28.2%	28.5%
4E. Non-Relative Indian Family	6.7%	6.9%
4E. Non-Relative Non-Indian Family	52.7%	55.1%

Q3 2005	Original	Updated
4E. Relative Home	27.9%	28.2%
4E. Non-Relative Indian Family	7.7%	7.4%
4E. Non-Relative Non-Indian Family	52.2%	56.4%

Q2 2005	Original	Updated
4E. Relative Home	28.4%	--
4E. Non-Relative Indian Family	7.2%	--
4E. Non-Relative Non-Indian Family	51.9%	--

Q1 2005	Original	Updated
4E. Relative Home	37.8%	--
4E. Non-Relative Indian Family	5.2%	--
4E. Non-Relative Non-Indian Family	46.5%	--

Q4 2004	Original	Updated
4E. Relative Home	37.9%	--
4E. Non-Relative Indian Family	5.7%	--
4E. Non-Relative Non-Indian Family	44.8%	--

Q3 2004	Original	Updated
4E. Relative Home	37.9%	--
4E. Non-Relative Indian Family	5.7%	--
4E. Non-Relative Non-Indian Family	44.7%	--

Q2 2004	Original	Updated
4E. Relative Home	37.6%	--
4E. Non-Relative Indian Family	5.9%	--
4E. Non-Relative Non-Indian Family	44.0%	--

Q1 2004	Original	Updated
4E. Relative Home	52.2%	--
4E. Non-Relative Indian Family	11.2%	--
4E. Non-Relative Non-Indian Family	18.6%	--

Q4 2003	Original	Updated
4E. Relative Home	38.9%	--
4E. Non-Relative Indian Family	9.9%	--
4E. Non-Relative Non-Indian Family	22.8%	--

Q3 2003	Original	Updated
4E. Relative Home	39.3%	--
4E. Non-Relative Indian Family	9.4%	--
4E. Non-Relative Non-Indian Family	23.0%	--

Q2 2003	Original	Updated
4E. Relative Home	41.3%	--
4E. Non-Relative Indian Family	9.5%	--
4E. Non-Relative Non-Indian Family	21.0%	--

4E (2) This measure reflects the percent of Indian Child Welfare Act eligible children as identified with primary or mixed (multi) ethnicity of American Indian placed in foster care settings. This data was developed by CDSS. It is a state outcome measure.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#4E>

Q3 2006	Original	Updated
4E. Relative Home	23.4%	--
4E. Non-Relative Indian Family	5.1%	--
4E. Non-Relative Non-Indian Family	61.6%	--

Q2 2006	Original	Updated
4E. Relative Home	24.4%	25.1%
4E. Non-Relative Indian Family	5.0%	5.1%
4E. Non-Relative Non-Indian Family	61.1%	61.0%

Q1 2006	Original	Updated
4E. Relative Home	24.3%	24.4%
4E. Non-Relative Indian Family	4.9%	5.4%
4E. Non-Relative Non-Indian Family	60.9%	62.1%

Q4 2005	Original	Updated
4E. Relative Home	24.0%	24.8%
4E. Non-Relative Indian Family	4.9%	5.1%
4E. Non-Relative Non-Indian Family	59.8%	61.0%

Q3 2005	Original	Updated
4E. Relative Home	33.7%	24.2%
4E. Non-Relative Indian Family	4.3%	5.8%
4E. Non-Relative Non-Indian Family	49.4%	61.7%

Q2 2005	Original	Updated
4E. Relative Home	23.6%	--
4E. Non-Relative Indian Family	5.8%	--
4E. Non-Relative Non-Indian Family	58.4%	--

Q1 2005	Original	Updated
4E. Relative Home	33.5%	--
4E. Non-Relative Indian Family	4.0%	--
4E. Non-Relative Non-Indian Family	51.4%	--

Q4 2004	Original	Updated
4E. Relative Home	34.6%	--
4E. Non-Relative Indian Family	4.4%	--
4E. Non-Relative Non-Indian Family	50.0%	--

Q3 2004	Original	Updated
4E. Relative Home	33.7%	--
4E. Non-Relative Indian Family	4.3%	--
4E. Non-Relative Non-Indian Family	49.4%	--

Q2 2004	Original	Updated
4E. Relative Home	33.9%	--
4E. Non-Relative Indian Family	4.3%	--
4E. Non-Relative Non-Indian Family	48.9%	--

Q1 2004	Original	Updated
4E. Relative Home	42.0%	--
4E. Non-Relative Indian Family	10.2%	--
4E. Non-Relative Non-Indian Family	24.8%	--

Children Transitioning to Self-Sufficient Adulthood (8A)

These measures are designed to reflect the degree to which children and families receiving child welfare services are receiving the services necessary to provide for their care and developmental needs.

This measure reflects the number of foster children eligible for Independent Living Services who receive appropriate educational and training, and/or achieve employment or economic self-sufficiency. The data was collected by CDSS. This measure includes data regarding youths, ages 16 through 20, who receive services from the Independent Living Foster Care Program. It identifies the number of youths receiving Independent Living Program services, the program outcomes for those youths, and certain client characteristics. This report is limited to a subset population obtained from State of California form 405A. It is a state outcome measure.

This data is based on hard copy reports submitted by counties to the CDSS for the time period covered by the report. These numbers are updated once per year.

URL: http://www.dss.cahwnet.gov/research/SOC405A-In_415.htm

Number of Children Transitioning to Self-Sufficient Adulthood with:

10/01/05-9/30/06	Original
8A. High School Diploma	5,152
8A. Enrolled in College/Higher Education	3,961
8A. Received ILP Services	30,992
8A. Completed Vocational Training	1,281
8A. Employed or other means of support	7,041
10/01/04-9/30/05	Original
8A. High School Diploma	5,364
8A. Enrolled in College/Higher Education	3,893
8A. Received ILP Services	29,173
8A. Completed Vocational Training	1,243
8A. Employed or other means of support	6,868
10/01/03-9/30/04	Original
8A. High School Diploma	4,807
8A. Enrolled in College/Higher Education	3,433
8A. Received ILP Services	28,048
8A. Completed Vocational Training	1,313
8A. Employed or other means of support	6,182
10/01/02-9/30/03	Original
8A. High School Diploma	5,315
8A. Enrolled in College/Higher Education	3,450
8A. Received ILP Services	24,988
8A. Completed Vocational Training	1,461
8A. Employed or other means of support	5,643
10/01/01-09/30/02	Original
8A. High School Diploma	4,940
8A. Enrolled in College/Higher Education	3,291
8A. Received ILP Services	23,361
8A. Completed Vocational Training	1,430
8A. Employed or other means of support	5,691

Dover Seacoast News

Friday, January 3, 2003

Child abuse: A quiet shame

By Kathy A. Gambrell
UPI White House Reporter

(This is the second part of a three-part series examining the abuse of children in the United States.)

Many child protection caseworkers are in violation of the law even before they walk into their offices in the morning, says Anita Bock, former head of the Los Angeles County Department of Children and Family Services.

"Social workers violate policy and procedures everyday," she says. "It's the quiet shame. It's the dirty little secret."

Rarely are they able to complete the paperwork or make the visits mandated under state law, she says, but it's a funding and staffing issue, not negligence.

Bock should know. She has headed two major children's services agencies, in Miami and in Los Angeles. The work is tough. The scrutiny, she says, is tougher.

Child-protection workers have come under fire over the past six months as high-profile cases in Miami revealed some had falsified court reports, and in one case the agency lost track of a child's whereabouts.

Laws, many of which vary from state to state, mandate that at-risk children be seen by a worker within a specified period, sometimes as soon as within 24 hours of a complaint. Follow-up visits are also often mandated either by state law or by the policies of individual agencies.

No matter who is making the rules, the cases pile up.

"This job is risk-driven and liability driven. If you don't send a child home, then the parents call the media who ask why," Bock says. "If you send a child home and they die, then you're asked why."

"When something goes wrong, they always fire a social worker or a supervisor."

This time it was Bock who lost her job. It was in July when the Los Angeles County Board of Supervisors ordered her dismissal, saying she had not implemented reforms to the system quickly enough. She had been in the job about two years.

Bock spent three years in Miami leading the child-protection agency there before coming to California.

Bock, who left the Florida Department of Children and Family Services after Governor Jeb Bush was elected, maintains that the backlog of 8,000 cases in Miami when she left has grown to some 50,000 cases under the new administration.

Florida released its report on its backlogged cases last summer. As of July 2002, it had 54,330 open cases, with 33,779 of them open longer than 60 days.

Owen Roach, spokesman for the Florida Department of Children and Family Services, says some of the districts formed special backlog units to address the issue.

“The representatives of the department, at the direction of the Secretary Jerry Regier, is taking a good, hard look at the backlog issue and (is) studying several proposals and initiatives that will fully address the scope of the backlog issue with the ultimate goal of eliminating as much of the backlog cases as possible, in as short a time as possible,” Roach says.

The agency captured America’s attention as it came under fire last spring for having lost track of 5-year-old Rilya Wilson — a child supposedly under its care — more than a year ago.

Child-protection workers — or caseworkers as they are often called — are the frontline defense for children being abused in their homes. An increasing number are leaving the job for positions that are less stressful and where there isn’t so much at stake.

In 2000, 9.3 percent of positions for state child-protective service workers nationwide were vacant. The rate among private agencies was about 11 percent. The turnover rate among caseworkers around the nation ranges from 20 percent among state agencies to 40 percent in private agencies.

Shay Bilchik, executive director of the Child Welfare League of America, says though the nature of the job contributes to the high vacancy rates, it is possible to keep caseworkers on the job.

“There is so much value in what they do. I mean, why (do) people leave their jobs? They leave their jobs because working conditions are miserable, they don’t feel they get the right kind of supervision and support,” Bilchik says. “Salary usually goes down four or five notches (when they change jobs).”

For example in Los Angeles County where they have 2,200 caseworkers, the turnover rate is anywhere from 12 percent to 15 percent, but can skyrocket to as high as 30 percent in some areas, Bock said.

Bock says the problem is not just poor management. She attributes the high national turnover rate to a shortage of caseworkers, a chaotic and volatile work environment and the fact they are typically judged by their failures rather than their successes. A trend has emerged that finds 50 percent of caseworkers abandoning their jobs in less than five years when once they stayed with an agency an average of 10 to 15 years.

“It’s a trend that has to be watched,” Bock says.

She says the nature of the cases had changed, too.

“Increasingly, cases are more complicated. Families are heavily impacted by substance abuse, mental health issues and teen pregnancy,” she said. “Poverty is a big factor in cities like Los Angeles.”

Bock says caseworkers are increasingly being asked to deal with increased court demands, spend more time learning automated systems that are in need of redesign and to master an increasing number of regulations that are almost impossible to follow completely.

A bill introduced in the California state legislature, called the 20-30 bill, would have incrementally reduced caseloads over the next five years, Bock says. But when the U.S. economy tanked, the measure fell by the wayside.

"It never materialized," she says.

The burden of answering the question of why the system does not work should fall not on the caseworkers, but on administrators and politicians responsible for policy and funding, she says.

Consider Janet.

Janet is on her cell phone receiving information about a house she will have to visit later in the day. But right now she is parking her car in front of a home in Los Angeles County. She isn't sure what she will find inside, but she is almost certain that whatever it is, it won't be good.

It is one of more than 80 cases that she has sitting on her desk and she has no idea how she will plow through them all. It's an improvement. A little over a month ago, her in-box was crammed with the files of more than 100 at-risk families begging for her attention.

Janet is one of more than 2,000 child-protection workers in her county's Department of Children and Family Services. Janet is not her real name. Like many caseworkers across the country, she is afraid that if her identity is revealed, she may lose her job.

United Press International asked her to describe her job — and that of many others doing what she does everyday — and what toll it takes on her emotionally and physically.

"It's almost impossible," she says.

Workers like Janet generally hold either a psychology or social science degree and receive on-the-job training in assessment and investigation of abuse and neglect cases. Training and experience can vary depending on the geographical location and size of the state or county.

In the case of Janet's agency, she is required to have a bachelor's or master's degree in social work and to have received 12 weeks of training in the department's policies and procedures.

Janet's day begins often about 9 a.m. and runs nonstop until well after 8 p.m. — sometimes she doesn't get home until midnight. Her task is to assess complaints of abuse and neglect levied against parents and caretakers. When she enters a home under investigation, she is looking for what the county calls the "minimum standard of living." As long as the home does not have unsanitary conditions and the parents are meeting the child's basic needs, she leaves them where they are.

She says the downside of the job is that her agency is woefully understaffed. The No. 1 reason child protection workers leave the job, Janet said, is stress. There is never enough time to do the paperwork that comes with each new case.

"They blame everything on the social workers," she says.

Then with a sigh, Janet says, "Sometimes I don't know what to do first."

Janet is an example of a government employee who feels caught between politicians unwilling to commit sufficient resources to the service and a general public quick to blame them should a child fall through the cracks and end up injured or worse — dead.

Admittedly, Janet says she often does not have the time to place follow-up calls to doctors or schools. She says her priority is to make sure the children in her charge are alive and well.

What child protection workers do and how they make their decisions regarding the fate of a child is often not clear to the general public. State agencies are reluctant to speak publicly about how decisions are made on whether or not to remove a child from a home.

Janet said that choice to detain a child rests solely with her, but she then notifies her supervisor about what should be done next.

That scenario plays out differently in different states. Some agencies require caseworkers to contact an on-staff attorney to help decide whether a child can be removed from his or her parent's care and placed outside the home.

Little help exists for caseworkers like Janet. The federal government has adopted a "hands-off" approach to overseeing child protection within the United States.

Officials from the Administration for Children and Families, the federal agency that oversees child protection in the United States, say: they don't want to micro-manage the system with additional mandates and regulation; and they don't believe a system such as an integrated computer database, aimed at better tracking a child's progress through the child welfare system and the courts, would be useful.

Not surprisingly, child advocates strongly disagree.

Bilchik, of the Child Welfare League of America, says not enough has been invested in the system to ensure it has good, trained investigators, well-supervised caseworkers and low caseloads.

Child advocates and groups representing caseworkers such as the Service Employees International Union say state agencies that govern child-protective services are buckling under the weight of an overwhelming number of abuse and neglect cases and children. Those agencies are caught in a web of overburdened, under-supervised caseworkers, under-funded local agencies and poor management that remain, for the most part, below the radar of the U.S. Department of Health and Human Services, the nation's top health agency charged with protecting America's most vulnerable population.

In Los Angeles County, 146,495 emergency calls were placed to the city's hotline reporting child abuse and neglect last year. Some 52,650 children received services from DCFS, the agency says.

"The situation here is dire by any method of comparison and rapidly becoming biblical in both scale and scope," SEIU spokesman Tom O'Connor says. "... We are just an earthquake away (from a total system collapse)."

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FOSTER CARE IN CRISIS - STUDY FINDS L.A. SYSTEM AMONG MOST VIOLENT IN U.S.

Daily News of Los Angeles (CA)

December 28, 2003

Troy Anderson, Staff Writer

Los Angeles County's child protective system is one of the most violent and dangerous in the nation, and its foster children are up to 10 times more likely to die from abuse or neglect than elsewhere in the country, a two-year investigation by the Daily News has found.

In 2001 in the United States, 1.5 percent of the 1,225 children who died from abuse and neglect were in foster care, but in the county 14.3 percent of the 35 children who died of mistreatment that year were in foster care, government statistics show. The percentage in the county from 1991 to 2001 averaged 4.23 percent. The taxpayer-funded county and state systems are so overwhelmed with false allegations - four out of every five mistreatment reports are ruled unfounded or inconclusive - and filled with so many children who shouldn't even be in the system, experts say, that social workers are failing in their basic mission to protect youngsters. Nationally, two out of three reports of mistreatment are false.

Since 1991, the county Coroner's Office has referred more than 2,300 child deaths to the county's child death review team - and more than 660 of those dead children were involved in the child protective system, including nearly 160 who were homicide victims.

In many of these deaths, county Children's Services Inspector General Michael Watrobski made recommendations to the Department of Children and Family Services to conduct in-house investigations to determine if disciplinary action was warranted against those workers involved in the cases.

Of 191 child deaths Watrobski investigated since 2001, he made a total of 63 recommendations to address systemic problems to improve the way the system works in an effort to reduce the number of child deaths.

Despite spending more than \$36 million on foster care lawsuit settlements, judgments and legal expenses since 1990, DCFS disciplined less than a third of the social workers responsible for the lawsuits, most of which involved families who alleged social workers' negligence contributed to the deaths and mistreatment of their children in foster care.

``That's pathetic," county Supervisor Michael D. Antonovich said. ``When you have a department that is responsible for the health and safety of children there is no excuse to have a dismal record of accountability like this."

Meanwhile, in the various facilities that make up the county's foster care system, between 6 percent and 28 percent of the children are abused or neglected - figures comparable to

the rate in New Jersey, which many experts have long called the state with the most dangerous child welfare system in the nation.

In the general population, only 1 percent of children suffer such mistreatment.

“When I stepped into this job, I said that too many kids are hurt in foster care,” said DCFS Director David Sanders, who started in March after the forced resignations of the previous four directors. “That is absolutely glaring and the fact this department has never been willing to say that is a huge problem.

“It is clear when you compare us to other systems, we have more kids being hurt in our care than in other systems. That is absolutely inexcusable. I can't say that more strongly. It is a reflection of a system that isn't working.”

Despite the staggering number of child deaths and mistreatment of thousands of children, Sanders said the department's efforts have saved the lives of hundreds of children over the years. He also noted that the vast majority of foster parents don't mistreat children.

And child advocates say for the first time in the county's history the DCFS director is taking unprecedented steps to reduce the number of deaths and percentage of foster children who are mistreated.

“In the past, the system has failed to protect children in its care,” said Andrew Bridge, managing director of child welfare reform programs at the private Broad Foundation. “The new leadership at the department has been left with that legacy and is taking aggressive steps to fix it and protect children.”

DCFS statistics show the percentage of foster children abused and neglected averages about 6 percent, but in the foster homes supervised by private foster family agencies, an average of 10 percent of children are mistreated. However, the rates range up to 28 percent in some homes, Sanders said.

Statewide, the rate averages close to 1 percent.

In New Jersey, the foster care mistreatment rate ranges from 7 percent to 28 percent in different parts of the state, said Marcia Lowry, executive director of the New York City-based Children's Rights advocacy organization.

Of 20 states surveyed in 1999, the percentage of children mistreated by foster parents averaged a half percent. The rate of abuse ranged from one-tenth of a percent in Arizona, Delaware and Wyoming to 1.6 percent in Illinois to 2.3 percent in Rhode Island, according to federal statistics.

Susan Lambiase, associate director of Children's Rights, was surprised to learn of the percentage in Los Angeles County, calling it “absolutely horrendous.”

“(Los Angeles County is) a child welfare system in crisis because the children are getting pulled from their homes to keep them safe and the system cannot assure that they are being kept safe,” said Lambiase, whose organization has filed about 10 class-action lawsuits to place state child welfare systems under federal consent decrees and is considering what action it might take in Los Angeles County.

“It’s unacceptable,” she said. “This is a malfunctioning foster care system given that its role in society is to protect children from abuse and neglect.”

Critics say social workers are so busy filling out paperwork and investigating false reports that they are overlooking the warning signs of many children in the community in real danger and are not able to properly ensure the safety of children in foster care.

“When you overload your system with children who don’t need to be in foster care, workers have less time to find the children in real danger,” said Richard Wexler, executive director of the National Coalition for Child Protection Reform in Alexandria, Va.

The Daily News investigation found that up to half of the 75,000 children in the system and adoptive homes were needlessly placed in a system that is often more dangerous than their own homes because of financial incentives in state and federal laws. These laws, according to state documents, encourage counties and their private contractors to earn money by placing and keeping children in foster care. The county receives \$30,000 to \$150,000 in state and federal revenues annually for each child placed.

Some examples of settled cases involving the deaths of foster children include:

--Long Beach resident Jacquelyn Bishop, whose twins were taken away because she hadn’t gotten her son an immunization. Kameron Demery, 2, was later beaten to death by his foster mother.

The foster mother was convicted of second-degree murder and sentenced to prison. In 2000, the county settled a wrongful death case with Bishop for \$200,000.

--Gardena resident Debra Reid was awarded a \$1 million settlement last year for the death of her 9-year-old son Jonathan Reid, who had been in foster homes in El Monte and Pomona. He died of an asthma attack in 1997 after social workers didn’t notify the foster mother of his severe asthma and diabetes conditions - a tragic irony, because the boy was placed in foster care after county social workers alleged Reid was neglecting her son by not providing appropriate medical care for his diabetes and asthma.

Reid’s other son, 10-year-old Debin Mitchell, who received \$100,000 as part of the settlement after he was wrongfully detained, said his foster parents were “brutal” to him during his one-and-a-half years in multiple foster homes.

“I thought that it was cruel and unusual for being beaten like that for no reason,” said Mitchell. “When I came home, I had bruises everywhere. I feel good to be back with my family where I don’t get beaten for silly things for no reason and most of all I’m glad to be back with my mom.”

Anthony Cavuoti, who has worked as a DCFS social worker for 14 years, said the department does a poor job of protecting children.

“The nominal goal is to protect children, but the real goal is to make money,” he said. “A caseworker used to have 80 to 100 cases. Now we have 30, but we have to file five times as much paperwork. If the workers put kids before paperwork and administration, they are going to be forced out or harassed. With such a mentality, children are always in danger.”

In a historic step to address the problem at the root of the system's failures, Juvenile Court Presiding Judge Michael Nash recently called for a historic reevaluation of half of the 30,000 cases of children in foster homes to determine who could be safely returned to their families or relatives.

If properly done by providing the services families need, experts say this step combined with the DCFS request for a federal waiver to use \$250 million of its \$1.4 billion budget on services to help keep families together could ultimately reduce the number of children in foster care and social workers' large caseloads, giving them more time to help protect children in truly dangerous situations.

“The court system itself should only be for those cases that reflect serious cases of abuse and neglect,” Nash said. “We have to have more of a talk first, shoot later mentality rather than a shoot first, talk later mentality. We can do a much better job.”

Sanders said more than 25 percent of those children will probably be able to return home. Concerned that two-thirds of his 6,500-employees are working behind desks, Sanders said he plans to move 1,000 staff promoted to office jobs by previous directors back to the streets as social workers, which will reduce caseloads and give workers more time to spend with families, a critical element to assure the safety of children.

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Seeking justice

Agency is blamed in toddler's death

11:36 PM PST on Wednesday, February 23, 2005

By LISA O'NEILL HILL / The Press-Enterprise

Anjulette Levy's siblings know mommy and daddy are in prison. They know the 18-month-old is buried in the cemetery where they gather on holidays and birthdays.

But it will be a while before the children understand their relatives' five-year quest for justice for their sister, who died five months after an aunt first called a child-abuse hotline for help.

Anjulette's aunts and grandmother contend that Riverside County Child Protective Services abandoned the child who spent much of her life starving and confined to a dark, dirty crib in her Riverside home.



Terry Pierson / The Press-Enterprise

Joyce Davis, 60, of Riverside, center, and her daughters Caron James, 38, of Riverside, left, and Yvonne Nieburger, 31, of Moreno Valley, stand near a portrait of their granddaughter and niece, Anjulette Levy, who died in 2000.

The relatives filed a wrongful death lawsuit against CPS and the county, alleging social workers who twice went out to the home conducted an inadequate investigation and failed to prevent her death.

A judge dismissed the lawsuit, saying the grounds were legally insufficient. The family appealed. A state appeals court affirmed the decision last month.

Now, in one final, long-shot bid, the family is asking the state Supreme Court to review the case and hold the county financially responsible. More importantly, they say, they want to save another child's life by forcing the agency to change its policies.

"When you just across the board make mistake after mistake after mistake and it results in a horrific death, then somebody needs to be held accountable," said Anjulette's aunt, Caron James, who adopted her 8-year-old nephew, Anjulette's brother. "This system broke down every step of the way." James' sister, Yvonne Nieburger, adopted Anjulette's sisters, ages 4 and 6.

James Wright, a spokesman for CPS, said the agency could not comment on the petition before the state Supreme Court.

Scott Wylie, associate dean at Whittier Law School and a faculty member of the school's Center for Children's Rights, said a U.S. Supreme Court ruling from 1988 found that government could not be held responsible for the criminal acts of parents or other private citizens.

"No one can argue that this situation is not incredibly tragic. And you can argue that perhaps a mistake was made in judgment, but in terms of the government's responsibility under the law, the fact that it's tragic" does not mean the government will be held accountable, he said.

'They Failed Her'

James, her sister and mother had long been concerned about Anjulette's welfare. The girl's physical development lagged behind that of her twin sister's, and she was kept isolated. Each called Child Protective Services at least once, saying the child was being starved, neglected and abused.

Twice, social workers went to the home. Officials with CPS have said social workers found no evidence of abuse. Anjulette and her siblings seemed to be happy, healthy children who lived in a home where the refrigerator was stocked with milk, juice and food.

Anjulette died in June 2000. Duct tape had covered her eyes and mouth. Her hands and feet had been bound. A county pathologist determined she died from fatal child-abuse syndrome and said the child had been starved and dehydrated.

Her parents, Steven Levy and Rosalyn Washington, were sentenced to 25 years to life in prison for first-degree murder.

During the trial, Washington's aunt testified that she twice called CPS. Prosecutor Eileen Hunt called the agency an embarrassment to the county.

"They failed her miserably," Hunt said during closing arguments in May 2002. "They did nothing. Shame on them."

Stephen P. Ajalat, the family's attorney, filed the petition with the state Supreme Court on Friday. The document alleges the appeals court decision strips society's most helpless victims of their fundamental protections and elevates the county's financial interests over their rights.

The Court of Appeal found that the county did not breach a mandatory duty under state law that would make it liable for civil damages. The justices concluded that the county responded to the abuse reports but had no mandatory duty to remove the child from the household.

"In extending immunity to child protective agencies conducting incompetent or deficient investigations, the ruling in Levy basically empowers any governmental agency undertaking an investigation to escape liability by hiding behind its own negligence," says the petition, which also alleges CPS did not report the suspected abuse to any law enforcement agency.

County spokesman Raymond Smith declined to comment on the petition, saying he had not yet seen it.

High Cost to Family

Ajalat says the facts of the case are compelling enough that the higher court might agree to look at it. But he knows the odds are not in the family's favor. The state Supreme Court reviews about five of every 100 cases submitted.

The death sent Anjulette's aunts and grandmother into an emotional and financial tailspin. They are only beginning to cope.

"The things we have done in the last five years have somehow been defined by grief, even in the happiest moments," said Yvonne Nieburger, who lost her home in Moreno Valley after taking in her brother's children. Nieburger and her husband, David, also have a 7-year-old son. They recently bought a new home.

"We got to adopt our girls, but it took a death to get us to that," she said.

Joyce Davis, Anjulette's grandmother, took out a loan to expand her Riverside home. James and Anjulette's brother live with her. The small home is crammed with photographs. A large portrait of a smiling Anjulette, wearing a flowing white dress, takes up half a wall in the living room.

In the portrait, a composite, Anjulette is sitting next to daffodils, something she never did when she was alive.

Davis refinanced her house so she could pay attorney fees. She estimates her family has spent at least \$15,000. A librarian, Davis works two part-time jobs but her hours have been drastically cut, she says. If the state Supreme Court agrees to review the case, she does not know how she will pay the attorney fees.

Yet, the family refuses to give up. If the court declines to hear the case, the women will continue to lobby California politicians. Davis has already mailed copies of the responses to the lawsuit to three.

"We want to make sure that down the road other children have a chance," Davis said. "She could have been prevented from dying. This whole family could have been saved."

The three women have worked hard to make life as normal as possible for Anjulette's brother and sisters. The 8-year-old remembers the abuse and sometimes wakes up screaming, his aunt said. The children have varying memories and have undergone extensive counseling.

The family visits Anjulette's grave on Thanksgiving and Christmas Eve. On her birthday, they have a small party. Gently, Anjulette's aunts and grandmother have integrated her death into the youngsters' lives.

"We look at it in the sense that, yes, it was a horrendous tragedy she died," James said, "but in the long term, she has saved her brother and sisters."

Lisa O'Neill Hill can be reached at (951) 368-9462 or loneillhill@pe.com

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A judge dismissed the lawsuit, saying the grounds were legally insufficient. The family appealed. A state appeals court affirmed the decision last month.

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Worker: Agency failed slain child

Oakland Tribune, The (CA)

February 15, 2006

Michele R. Marcucci, STAFF WRITER

JAMILAH BROWN, 2, was beaten to death by her uncle in 2003. Alameda County social worker Judy Trapp said she was shocked at what she saw when she showed up at the Oakland home where 2-year-old Jamilah Brown was killed on Dec. 19, 2003.

The three-bedroom apartment was dirty, Trapp said, and plastic garbage bags were stacked to the ceiling and bulging from a closet. A brown paper bag stacked with what appeared to be stolen cell phones was in the ceiling, and marijuana and glass pipes lay on the bedside table in the apartment's master bedroom, she said.

Six children lived in the house, including one who, Trapp found, had a cigarette burn on his face.

"Standing where you're looking now, would you ever put a child in this situation?" a detective asked her when he arrived, 10 minutes after Trapp.

"No, absolutely not," Trapp said she replied. "How could anybody?"

Trapp is now stepping forward to say she believes the agency was negligent in placing Jamilah in the home with her aunt and uncle, Demetrius Walker, who was later convicted of killing her.

"I think it's criminal negligence resulting in a child's death, and I think that somebody needs to be charged with it," said Trapp from her home. "She was placed in harm's way."

County social services officials said they don't deny some of Trapp's claims, and are unable to comment on others because their case information is confidential. But they said there were no signs that Jamilah was in danger, that a number of agencies were working with Jamilah's family and that they didn't report any problems before she died.

"There were multiple eyes, none of whom thought that there was anything so wrong that it would jeopardize the health and safety of this child," said Chet Hewitt, executive director of the Alameda County Social Services Agency.

Walker beat Jamilah to death because she wouldn't take her nap, reportedly hours after a social worker from a nonprofit agency the county contracts with dropped off Christmas presents at the apartment, records showed. Walker was convicted of second-degree murder in January 2005.

Jamilah was born drug-exposed and taken from her mother, according to a draft coroner's report. She had been with her aunt and uncle most of her life, Walker told police.

The same worker visited again about 15 minutes after Jamilah was killed and found nothing amiss, court records showed. A social worker from the county had made her regularly scheduled monthly visit the day before, those records showed.

Jamilah's death closely followed the beating death of another toddler whose troubles were reported to the county's child protective services. Chazarus Hill Sr. stands accused of beating his 3-year-old son, Chazarus Jr., to death in Oakland in September 2003.

In that case, a worker recommended an immediate investigation of reported abuse of Chazarus Jr. but was overruled by a supervisor, who determined that a slower response was appropriate, a county investigation showed. The county changed its procedures in handling such cases after Chazarus Jr. was killed.

Police said the bedrooms in Walker's apartment were dirty and that 100 empty liquor bottles were stacked over the stove, their report showed.

Hewitt said he wouldn't deny conditions at the apartment were as Trapp said, though he said she saw it after police had been through it. Trapp said the police hadn't moved anything.

"They did not make a mess of that house when I was there," Trapp said.

Trapp said she was told by a supervisor that the worker handling Brown's case never completed the criminal background check on her aunt and uncle, that the worker told the family to get it done and that they assured her that it came back clean.

Social services officials said they could not comment on whether the check was done properly.

Court records also showed that in 1999, Walker's mother had a restraining order against him.

One child abuse expert defended the agency, saying it is doing everything it can to protect children on resources that have dwindled in the face of many years of budget cuts.

"CPS isn't the bad guy. They are working at 90 miles per hour to address an overwhelming problem," said James Crawford, a Children's Hospital Oakland doctor who sees many abuse cases and a member of the county's child death review team.

But others said social workers in Alameda County and other California counties have a track record of failing to do their jobs properly.

"It's sad to hear this happened, but it vindicates our position," said Carole Shauffer, executive director of the Youth Law Center said of Jamilah's death. "Just because you're a relative, it doesn't mean you're safe."

Attorneys with the Youth Law Center and Bay Area Legal Aid sued Alameda County in 2001, saying they failed to perform adequate checks on foster children. The suit, which was later settled, followed a state demand that they county start fixing that and other problems.

Hewitt admitted the agency has problems but said it has been striving to fix them. The agency had failed annual audits for years but passed after Hewitt came to the agency, at that time as the head of Children and Family Services.

The center also sued the state in 2002, for its failure to enforce a 1997 federal law that requires family members caring for foster children to undergo the same scrutiny as nonrelatives. That scrutiny includes a home study and criminal background checks of the new caregivers or other adults who live in or visit the home.

In January 2004, state officials sent out a formal letter directing counties to scrutinize family members as strongly as non-family.

Hewitt said the county does try to work with families because the placements are better than nonrelative placements. But he said that's not done at the expense of a child's health and safety.

If there are risks, we try to treat those risks. But we don't put a child's safety at risk, Hewitt said.

But Trapp said that's exactly what county workers did in Jamilah's case. And she said child welfare agencies should be more accountable to the public.

I could swear that the reason we take children away from their parents is to get them out of harm's way, Trapp said. And they put her in a place that was unfit, that was harmful.

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The Case of Marie and Her Sons

By DANIEL BERGNER

To make the letter look right, Marie needed a computer, so one day in March she walked to a public library. There she composed at the keyboard, but the writing didn't go well. She had the first of her five children at 13, spent part of her teenage years in a group home and part in the home of her crack-addicted mother and never reached high school. "You know," she told me later, "the way I sound sometimes doesn't sound like it's supposed to." But she wasn't leaving that library without the letter she needed. College students were studying nearby, and Marie, who is 29, interrupted one of the girls. To this stranger, she confided her situation. And soon, with the girl's help, she began again.

"To whom it may concern," she typed, "I am writing to you to appeal for the return of my children." Marie (I am using her middle name, as well as the middle names of her children, to protect their privacy) lost her kids, all of them boys, to the State of [Connecticut](#) more than a year ago. The Stamford office of Connecticut's Department of Children and Families has placed the boys in an array of shelters and foster homes; it has recently found potential adoptive parents for four of them; and earlier this month it filed a petition to end Marie's role and rights as a mother. If the department, known as D.C.F., succeeds in court, she will lose her children forever.

For the time being, Marie is still entitled to spend about one hour each week with her sons. I first met her in early April, in a visiting room at the Stamford D.C.F. office. A cloth wall-hanging of panda bears in a classroom adorned one scuffed wall, and crayon scribbles covered another. Christopher, who is 3 and Marie's second-youngest, was sick that day and had stayed at his foster home, and Joseph, at 16 Marie's oldest, had fled during an outing with the family's D.C.F. social worker, Annette Johnson, the previous October and was nowhere to be found. So just three of the boys gathered around Marie, who is Puerto Rican-American and wore her long fingernails painted pink, her dark hair pulled into a ponytail with a powder blue tie, a gold nose stud, several tattoos, blue jeans and tan work boots. Between the ponytail and her short, square build, she looked half cheerleader and half fullback. She managed her cranky blond year-and-a-half-old baby, Diomedes, in her lap, and played a game called Jumpin' Monkeys with Antonio and Anthony, who are 8 and 6 and shot plastic monkeys from a spring-loaded launcher, trying to hook them in the branches of a little tree. In her low, raspy voice she gave them advice when they missed ("Papi, you got to hit it soft") and congratulated them when they scored ("You got a banana!").

"Give me a kiss," she said, and Anthony, who has black bangs, dark almond-shaped eyes and delicately curved lips that sometimes spread into a beaming smile, did. "Let me try for Mommy," he demanded, and climbed into Marie's lap alongside Diomedes. He launched a monkey for his mother.

"Can I use the bathroom?" Antonio asked.

"Don't touch the toilet seat," Marie warned.

“Could you read us a book before we go?” Anthony begged, time running out. “Please, now?”

Marie took a book from a table and began steadily: “Simba and Nala at play.”

Her steadiness lasted through goodbye. But when Johnson loaded the boys into a blue D.C.F. van to be delivered back to their foster parents, and when the van turned out of the parking lot and disappeared, Marie started to tremble. “They’re going T.P.R.,” she said, referring to the department’s plan to file for termination of parental rights. “I did everything they asked me. I’m trying to believe this is what God wants, but I can’t believe this.” She said that at birth, Christopher had tested positive for marijuana, that Diomedes had been born positive for marijuana and cocaine. “I fell in the game. I messed up, I know I messed up, but all I did was the drug use. I addressed everything. I’ve been clean for a year. I went inpatient. I have the paperwork. My kids are going to be taken from me for good.”

I asked if I could accompany her home. It was a chance to see her house the way the D.C.F. social workers often see the homes of their clients, showing up with no appointment, no warning, allowing no time for the clients to prepare, to clean, to hide the depths of their lives’ disarray. I was ready for dilapidation outside, decay within. We took a taxi through Stamford, a city of about 120,000 with glass-sheathed corporate headquarters, beachfront mansions and crouched, decrepit houses fronted by rusty fences. A bright white picket fence surrounded Marie’s small home, on a modest, resilient block. The pale yellow clapboard facade looked freshly painted, and inside the wood floors gleamed. So did every surface in the kitchen, except the refrigerator, which was covered with fruit-shaped magnets — pears, strawberries — and pictures of the children. I asked how long she had lived here, wondering if she had just moved in, if there hadn’t been time for the place to become run-down.

“Three years,” she said. Disability payments for epilepsy and money from the family of Diomedes’s father helped pay the rent. She showed me the spotless highchair that awaited Diomedes’s return, and in the tiny bedrooms downstairs, the children’s beds and toy box and shelves of precisely aligned kids’ DVD’s, all looking like a display in a furniture store. At the kitchen table, she laid out letters and drug-test results from the state-supported treatment programs she had attended, all proving that for the past year, since a few months after Diomedes’s birth in December 2004, she had stayed drug free. One program noted Marie’s “motivation and commitment to her recovery.” Another wrote that she “has been a pleasure to work with” and “appears to be doing everything that she can to get her kids back home with her.”

Marie knew that the department doubted not only that she had enough strength to stay clear of drugs but also that she was fully committed to the boys and that she had enough skills to successfully mother them — especially Antonio, who has attention deficit and hyperactive disorder. She showed me more of her library work: a three-page printout from the Web called “The Gift of A.D.H.D.” Alongside her drug-test results she set a gold-trimmed graduation certificate from a state-financed “nurturing/parenting” class, where, a letter from the program described, she had been taught “positive parenting technique” over a minimum of seven two-hour sessions.

The next week, at a special outdoor visit with her kids in the park across from the D.C.F. office, Marie arrived with a pink plastic serving bowl full of homemade chicken, yellow

rice and peas. She doled out the picnic lunch in red and blue bowls and plucked a small bone from a piece of chicken so Christopher wouldn't choke. After they ate, Antonio and Anthony played with a Wiffle Ball and bat she had bought for the occasion, and after the visit, the social worker who had quietly supervised it, Beverly Maybury, who was not the family's regular worker but had spent 17 years with the child-welfare systems of New York and Connecticut, said, "People are complicated." Maybury is an African-American woman with a nose stud much like Marie's, gold streaks in her hair and a taste for beaded-and-embroidered jeans. "Maybe some of these people at D.C.F., they think it's cut-and-dried, but people who've seen some of the spice of life, been through some things, they know it's not that way. Those kids are bonded. Maybe someone's going to say she's not parenting, but look at that food, that looked pretty parenting to me. We can't just throw people away. She's clean. She's showing up for her visits. She's playing with them. You've seen that house, it's spick-and-span."

During the visit, Anthony noticed something different about Marie in her midriff-baring T-shirt. "Mommy," he asked as she gathered up the bowls, "you got another baby in your belly?"

She did, and soon learning this, the department decided it would petition the court while the baby was still in the womb. Based on "predictive neglect," it planned to claim her sixth child, permanently, the instant it was born.

Pictures of Marie's children decorate Annette Johnson's cubicle. Perched atop one of the cubicle's partitions, above the piles of case reports on her desk, is a Peter Pan Happy Meal pirate ship, a gift from Antonio on a day Johnson treated him to a McDonald's lunch. A miniature Ninja Turtle, a present from Anthony, sits nearby, beside a figurine of a girl playing the fiddle, an offering from another child Johnson watched over for a time.

Around her, the 30 or so staff cubicles and eight supervisors' offices form a Stamford D.C.F. headquarters that looks nothing like it did when Ken Mysogland, D.C.F.'s Stamford-area director, started out as a social worker 17 years ago. Back then, he recalls, the electricity was sketchy, the lighting bleak, the phones unreliable. Workers shared broken desks as each strained to deal with caseloads of 50 or 60 at a time. Spurred by a 1989 lawsuit and 1991 federal court consent decree, the department has gradually transformed itself. Its budget has tripled in the last decade, and it appears close to working itself free of court-imposed goals and monitoring. At the Stamford office, all is bright, all is functional; the staff members are each responsible for 15 to 20 cases, and though the work can be frantic, the social workers seem to have at least a bit of time to weigh decisions about the families they investigate and oversee.

Most of these families live in hard-pressed sections of the city and its surrounding towns, in a part of the state that lies beside Long Island Sound and is celebrated as "the gold coast."

When Johnson, who is black and in her mid-40's, first came to the department two and a half years ago, she desperately hoped that she would never take a child from its family forever. For the child, she explained, her thickly braided hair falling in a spirited way over the collar of a pinstriped suit, the complete and final failure of a parent can be more traumatic than a parent's death.

Before following her mother into social work in the early 1990's, Johnson was a marketer for Procter & Gamble, making sure that the company's cleaning products were well placed on store shelves. Yet she had, in fact, seen plenty of what Maybury called "the spice of life," and not only while doing social work with the homeless, substance abusers and mentally ill before joining D.C.F. Her younger brother had been a drug trafficker's mule: he swallowed a cocaine-filled condom, the rubber tore open inside him and he died of the overdose. Six of her cousins died because of addictions to heroin: from overdoses, from [AIDS](#).

Johnson's age and master's degree in social work make her an exception among her Stamford colleagues; even her brief time in child welfare makes her "senior staff," she said, joking. Across the room, a 24-year-old with a year's experience was getting ready to seize a newborn, whose enraged mother had tested positive for PCP when she checked into the hospital to deliver. "You want me to get a car seat?" a colleague called out, helping the 24-year-old get ready. Child seats lie on file cabinets, beside desks, beneath stairs, waiting.

Turnover in the office is constant and quick. "I've seen someone leave a Post-it on her computer, 'I quit,' and never come back," Iliia Morrows, a 29-year-old who has spent four years with the department, said. It wasn't only the acute awareness that a child could be killed if you made the wrong decision — and that it could be you being named on the local TV news. It wasn't only everyone's knowledge of the summer before last: three deaths — a 14-year-old's suicide; an infant's suffocation, possibly accidental but definitely suspicious; a toddler's baking to death in the back of a car — two in families under the watch of the Stamford office, the third in a family that had just moved to Stamford after being investigated and cleared by another D.C.F. office. It wasn't only the knowledge of 7-year-old Nixzmary Brown, who had recently been allowed to remain with her family by New York City's child-welfare system and was reportedly beaten to death by her stepfather. It was also the extreme authority, the burden of holding it, of wielding it, the prerogative to enter a family's home and split it apart. "It's almost hard to comprehend that we have that ability," Morrows said. "It's so huge."

The staff is made up of investigators and treatment workers, with investigators handling the initial unannounced knock on the door after a report of abuse or neglect comes into the state's hot line. Investigators have up to 45 days to decide whether to take a kid into D.C.F. custody, or to leave him at home but compel the family to accept the department's long-term help, or to deem a report unsubstantiated and let the case go. During this time they can enter the house again and again and interview school nurses and neighbors, anyone who might know how well or terribly a child is being cared for. To take control of a child for longer than four days, the department needs a judge's approval, but if a social worker senses that a child is at immediate risk, a supervisor's signature on a form known as a "96-hour hold" will let her walk away with that boy, that girl or all the children in the house.

Johnson is in the treatment unit, which inherits cases from investigations and focuses not only on the protracted evaluation of families but also on guiding and, ideally, strengthening them so that children don't have to be removed or so that those who have been seized can be returned. ("Reunification," as it is called, is the outcome for about half of the 3,000 children D.C.F. takes into its care each year statewide.) A treatment worker might send an abusive father to group counseling for men who batter, a mother like Marie to a hospital program for substance abusers, a child to individual therapy, all

with private providers under contract with D.C.F. But to be part of the treatment unit does not mean that you don't take kids. Morrows, who is now in investigations, told me that during her first year with D.C.F., in another office, she had a treatment case with a family whose three children — an 11-year-old girl and boys who were 9 and 8 — suddenly confided that their father, an alcoholic, was coming home drunk, waking them and forcing them to kneel on rice or punching them in the stomach. If they doubled over from his blow, he commanded them to stand bent that way for long periods until he allowed them to straighten.

"You can't do this, you can't take my babies!" Morrows remembered the mother pleading, collapsed in agony on the floor, when Morrows tried to invoke a 96-hour hold after the father refused to move out of the home and the mother would not leave with the kids. "Do something!" the mother screamed at her husband. Outside the apartment, neighbors gathered in the hallway of the run-down complex — ominously, Morrows said, because D.C.F. is a known and not very welcome agency in the city's poor neighborhoods. Slightly built and self-restrained, she waited. On her cellphone with her office, she was told that the police were on their way. But now, amid the mother's sobbing, the kids told Morrows they would not go, that everything they'd said was a lie. The police, when at last they arrived, had to grab the children, lifting them in their arms. Two of the kids clung to the frame of the front door with both hands as they were carried out. The cops had to pry at their fingers, wrestle their bodies through.

"I almost started giggling hysterically," Morrows said, describing how she nearly broke down. "I really wanted to sit on the floor with Mom and cry." Then she recalled her feelings hours later, in the aftermath of what had been her first removal: "I was shocked at what my job is, at the career choice that I had made. I went home thinking, How do I have this power? In this state, in this country, the government can come in and take your kids. Tell you you're unfit to take care of your kids. It was earth-shattering to me. It rocks you to your core."

Johnson, in her work with Marie and her boys, longed to turn away from this power. Talking about Marie, she didn't begin with the present, with the clean drug tests; she began, emphatically, with the past, focusing on the crack addiction of Marie's mother. From that, as Johnson told it, anarchy had taken hold of Marie's life: the first child at 13; the group home; charges for robbery; time spent incarcerated; marriage to a drug dealer; the dealer's fathering Antonio and Anthony before being deported to the Dominican Republic; the birth of Christopher, whose father was a drug addict (three men had fathered Marie's first four boys); the marijuana in Christopher's system when he was born; the addict's trying to rob Marie in front of the children, wielding a gun, beating her.

Johnson wasn't yet with the department at the time of this assault, but she knows the case record deeply and, at her desk in the spring, recounted the history to me in quiet tones of pain and near-helplessness. Above her head, Antonio's pirate ship sailed off toward the horizon, while Anthony's Ninja Turtle gazed down on her like a minute talisman the child had given to his protector to ensure that she do well on his behalf. In October 2003, a few weeks after the assault by Christopher's father, Marie's oldest son, Joseph, then 13, ran away from home and was gone for three days. "He alleges," the case record states, "that mother hits and punches him in the face. . . that mother has kept him home from school to watch younger children and clean house while she goes somewhere." Then, in December 2004, Marie had Diomedes, by yet another man, and the newborn, six weeks premature and weighing three and a half pounds, had cocaine

running through his body and brain. Soon the case was Johnson's, and it wasn't long before she was praying over a prospect, T.P.R., she could hardly bear to contemplate. "I asked God to enlighten me," she said. "I asked God for help."

Parens patriae is the legal principle, about four centuries old, that lies behind cases like Marie's. It lies behind the child-welfare investigations into the families of three and a half million children in the United States in 2004 (the last year for which statistics are available). Each year around 300,000 children are temporarily removed and 65,000 to 70,000 of those children are ultimately taken from their parents forever, according to the [Department of Health and Human Services](#). Parens patriae is the doctrine that empowers government institutions to venture into the intimate realm of child-rearing and effectively deputizes social workers like Annette Johnson and Ilia Morrows to knock on the doors of family homes and gain entry. Translated from Latin, parens patriae means "parent of the country"; it entrusted the king of England to be the "general guardian," in the words of the 18th-century legal scholar William Blackstone, "of all infants, idiots and lunatics," of all who were helpless.

In colonial America, when parents viewed their children, far more than they may now, as economic assets, as laborers essential to the family's survival, parens patriae played out differently than it does today. Offspring were a family's property, and public authorities kept their distance, according to Brenda G. McGowan, professor of social work at [Columbia University](#). The primary exceptions were orphans and the children of paupers, who were often put in almshouses until they turned 8 or 9. Then they were old enough to be indentured.

Not until the mid-19th century did American society begin to see itself as responsible, in any modern sense and on any vast scale, for rescuing desperate children. Compelled by the destitution of New York City's thousands of street kids, Charles Loring Brace, a Methodist minister, founded the Children's Aid Society in 1853, proclaiming, "The great duty is to get these children of unhappy fortune utterly out of their surroundings and to send them away to kind Christian homes in the country." He and his staff knocked on the doors of shacks and tenement rooms, persuading impoverished parents to sign their children over to the society and loading them, along with children from orphanages, onto the nation's new trains, headed West. A few days later, in distant towns, where farmland was plentiful and labor was scarce, the children climbed down from the locomotive cars to be lined up on the stages of meeting halls. Farmers squeezed muscles and prodded teeth before agreeing to take them on as members of their families.

By the program's end in 1929, more than 100,000 children had ridden toward new homes. Members of the Catholic clergy saw Brace's system as a way to snatch the Catholic children of the urban poor and convert them to the Protestantism of the hinterlands. Other critics made comparisons to the slave trade. But Brace, with his vision of saving the young by settling them in redemptive homes, is credited as a kind of founder of foster care.

It is the story of a lone 9-year-old girl, though, that stands as the symbolic beginning of work like Johnson and Morrows's. Mary Ellen Wilson "stood washing dishes, struggling with a frying pan about as heavy as herself," wrote the missionary who discovered her in a Manhattan tenement in 1873. "Across the table lay a brutal whip of twisted leather strands, and the child's meager arms and legs bore many marks of its use." The girl's neighbors had told the missionary about the way she was kept locked in an inner room

and was never seen outside — the neighbors didn't know how to help, and neither did the missionary once she talked her way past the girl's caretaker (whom the girl called Mamma but who was not her natural mother) at the apartment's door and had a glimpse of the waif. The missionary was "tempted to apply to the Society for the Prevention of Cruelty to Animals," she wrote, but she "lacked courage to do what seemed absurd." The absurd was her only resort, though, and at last she went to the society's president in New York and persuaded him to take the case. He sent an agent, posing as a census taker, to gain access to the apartment and gather evidence on the girl's condition. Mary Ellen's caretaker was sent to prison after a highly publicized trial in 1874; the New York Society for the Prevention of Cruelty to Children was started that same year; and similar organizations — privately run but heeded by the police and the courts — quickly sprang up around the country.

Beginning in the late 19th century, driven partly by a growing middle class that could afford to see children as innocents in need of protection rather than as miniature members of the work force and spurred, too, by a multiplying — and, to many, frightening — immigrant population that seemed in dire need of socialization, the American public intervened more and more in the way the nation's children were raised. Government agencies replaced the private organizations in the early 20th century. And since the 1960's, according to Martin Guggenheim, a professor at [New York University](#) School of Law, the exercise of authority by those agencies to enter the sphere of child-rearing — and to sever children from their parents — has surged, propelled by public-health campaigns against child abuse, by media attention to the relatively rare horrific deaths of children from maltreatment in the home and by a quest for swift conclusions, for "permanency," as child-welfare workers call it. Prevailing developmental theory urges that children of parents like Marie should not be allowed to languish long in temporary care while their mothers (the fathers are often secondary figures, at best) try to redeem themselves and reclaim their kids. So while the goal known as "family preservation" generates a steady supply of newly designed programs, and while the field of child social work is in constant search for a panacea to keep families together, present policy thinking also reflects a conflicting idea: kids should be channeled efficiently toward adoption.

At the level of policy, the emphasis on speed has been influenced not only by developmental theory but also, as Guggenheim sees it, by a confluence of left- and right-wing agendas — by children's rights advocates, who tend to view the interests of the child in opposition to those of the parents, and by fiscal conservatives reluctant to spend money on lengthy efforts to help underclass women sort out their lives. In 1997, Congress passed the Adoption and Safe Families Act, which links federal money to states' efforts to move children toward adoption after they have been in temporary care for 15 of any 22 months. Across the country, between 1997 and 2003 (the most recent year for which statistics are available), adoptions through child-welfare agencies increased by more than 60 percent. The legislation honors the current wisdom that establishing new stability is more beneficial for the child than struggling for years, with uncertain results, to preserve the bond with the parent he has known. But one inherent effect is that in the domain of American child welfare, the doctrine of *parens patriae* is more powerful than it has ever been.

For two years before Diomedes's birth in December 2004, D.C.F. investigated and chronicled the chaos of Marie's life with her sons, but it monitored more than intervened, and eight months before Diomedes was born it closed the case, partly because Marie

had compliantly gone to be evaluated by a substance-abuse program, which determined that she didn't need treatment, and partly because her household could sometimes seem, to visiting D.C.F. staff members, to be tranquil, with one report noting Antonio doing his homework and, at his mother's direction, obediently pouring orange juice for his younger brother Anthony.

Premature and positive for cocaine, Diomedes spent his first month in the hospital, and the department was ready to take all of Marie's kids until she got herself clean. But Marie's mother, who shed her crack addiction years earlier, volunteered to move into Marie's house and care for the five boys while her daughter underwent treatment. At the time, D.C.F. knew nothing about the mother's history; records of her having deserted her own children were buried within old files kept by the child-welfare system of New York City, where Marie grew up. And D.C.F. always tried to find relatives to parent the kids it would otherwise have to put in foster homes, so the children's lives could remain as steady and familiar as possible.

"It was Monday, April 11, at 2:15," Johnson said, remembering the precise moment in 2005 when, about four months after stepping in as caretaker, Marie's mother walked into the D.C.F. office with Antonio and Anthony, Christopher and Diomedes. She had apparently given up on Marie's oldest, Joseph, a week or so earlier, placing him at a local shelter called Kids in Crisis. Now — with Marie having just relapsed in an outpatient program, falling back into using cocaine and having disappeared — she announced to Johnson that the remaining four were too much to handle, that she was finished. "I begged her," Johnson recounted, "please don't do this, don't do this to these children, you don't know what this will do to them." Marie's mother kissed the boys, turned and walked out of their lives.

"Even now," Johnson said, "I feel a little tremor over the grandmother bringing them here, a strange office building, and leaving them. I was in shock." Then she described Antonio's reaction. Seven years old at the time, he seemed to understand exactly the magnitude of what had just happened. "He just stared out the window. 'Do you want to eat?' 'No.' 'Do you want to play with something?' 'No.' I took him to stay at Kids in Crisis, hoping that seeing his brother there would help. He put a Venetian-blind cord around his neck and jumped off a chair. He spent months on the child psych ward in Yale New Haven Hospital he was so depressed."

Diomedes was taken to one foster home, Anthony and Christopher, then 5 and 2, to another. Licensed foster homes are in such short supply, and space within them is so scarce, that the siblings couldn't be kept together. On the afternoon that Marie's mother abandoned the boys to D.C.F., the Stamford office's "matcher" worked her phone. Right away, whenever the office takes custody of a child, the matcher calls her list of local foster homes, and then her list of less local ones, an hour or more away, to see if any might be willing to take another kid, even if there isn't quite enough room, let alone enough energy. On that afternoon, she could find only a Spanish-speaking foster mother for Anthony and Christopher, who don't speak Spanish. In the woman's home, over the next weeks, Anthony repeatedly beat his head against the walls until his nose bled. He drove a hole in a wall with his shoulder. The foster mother threw water in his face to purge him of demons. Johnson begged the matcher to somehow conjure a new placement.

Meanwhile, Marie seemed to purge something in herself. She fought to get control of her addiction. “It was the best thing that ever happened to me,” she told me — the realization that she could lose her children permanently, though at that point no move toward T.P.R. had been taken. “I woke up.” She worked her way through a five-week inpatient program. Anthony and Christopher were moved to a better foster home. Johnson took all the boys on special outings — to a children’s museum, to the fantasy-land restaurant Chuck E. Cheese’s — to make sure they had a constant in their lives. She grew to adore them. She drove up to New Haven twice a week to visit Antonio in the hospital where he was being treated for depression and to take him for haircuts or clothes shopping. She had faith that the family could eventually be put back together. Marie graduated to outpatient sessions. “Mother,” Johnson wrote in a report after overseeing a weekly visit in July 2005, “was appropriate with children and appeared bonded and showed affection.”

Then, in October, Johnson; two of her supervisors; Stamford’s director, Ken Mysogland; a D.C.F. lawyer; a clinical social worker; and a behavioral-health specialist met for a formal review of the case, to reckon with its history for the first time in a completely comprehensive way. Johnson heard that the others didn’t share her hope. (Like her, they had come to cherish the kids, Mysogland greeting Christopher with great fanfare as “Handsome!” whenever the boy was in the office.) They saw four kids who were acutely fragile, with fissures running through their psyches, and a mother who was too broken to ever help them heal. “Too high risk, with the emotional instability of the boys,” Mysogland told me when I asked why, given that Marie had by October been testing clean for several months, they hadn’t envisioned returning the boys to her eventually and providing a period of extensive support to assist her as a mother. “We can load up on services if Mom is capable of meeting her kids’ needs.” He didn’t see her as potentially capable, despite the nascent signs of change. He weighed the history of substance abuse and violent men, not only Christopher’s father but also Diomedes’s father, who had once cut Marie’s phone cord with a kitchen knife when she demanded that he leave her house. Mysogland also dwelled on his sense that Marie could not cope with the special needs of her children, like Antonio’s A.D.H.D., and on his “surmise” that she suffered from mental illness (though, as she would later ask me, “If I had mental illness, don’t you think you would have seen me break down by now, after all they’re putting me through?”). The pressure of the boys in her home, he reasoned, would only add to the odds that she would falter, wounding them again. At the meeting, Johnson heard that the department would hire an outside evaluator to confirm their assessment; her superiors believed termination was likely. She began praying — “to help me understand why we’re doing this.”

The anguish and incredulity returned quickly to Johnson’s voice as she remembered: “I was like, but she’s doing what we asked her to do. The urine’s come back clean, the hair test has come back clean.” Yet her prayers were, more or less, answered. Slowly she learned to think less about Marie’s keeping away from drugs than about signs that her life would remain dangerously anarchic. Johnson focused on a car accident in August 2005 that left Marie’s leg in a cast — Marie told her that a New York bus had hit her stationary car, but in October, Johnson learned from city records that witnesses had seen Marie driving fast and erratically before running into the bus with her vehicle. And Johnson focused on domestic violence. In December, her face bruised, Marie told Johnson that she had been mugged and pistol-whipped in the Bronx, but Johnson later found out from the Bronx district attorney’s office that Marie’s boyfriend, Diomedes’s father — who had recently served several months in prison for kicking a police officer

during an arrest on other charges, which were eventually dropped — had been picked up for beating Marie on the street. This same man was also the father of the unborn child Marie was now carrying.

Johnson concentrated on Marie's recklessness, her men, her lies. What if the boys were in the next car that crashed? What if the violence of Marie's lovers turned against her children? Johnson made her peace with the opinion of her superiors, an opinion affirmed by the outside evaluator. Acceptance was made far easier by the fact that Antonio, who was by then out of the hospital, Anthony and Diomedes would probably each be adopted into his current foster home and that Christopher would go to a paternal uncle, a retired policeman. "I'm 100 percent now," she told me, and compared the oldest and youngest of the boys. Joseph had been uncontrollable while living at Kids in Crisis. He had gotten so drunk that he passed out on the lawn in front of his school. He had smashed up the shelter's kitchen, been placed in a detention center and then, in October, after being driven by Johnson to an interview at a residential facility, had asked her to buy him a strawberry milkshake at McDonald's. He fled from the restaurant and has been missing ever since. Johnson imagined his life now as utterly lost, and said, "His mother made him the boy that he is." She envisioned Diomedes's life as full of promise — starting with the promise of adoption.

The four boys would be separated. All of the potential adoptive parents seemed agreeable to keeping them in contact with one another and, perhaps, with Marie, though there would be no legal guarantee that she could ever see them or even talk with them by phone. "I feel this is in the best interests of the children — T.P.R.," Johnson told me, busy drafting the petition to the court. She had come a long way from her ardent hope of never having to tear a child permanently from its family. And she added, "I think of my role now as saving children's lives, not just helping families." The distinction was not subtle. She had, in this way, reconciled herself to the extreme authority of her work.

"I believe in the golden rule," said Martin Guggenheim — the N.Y.U. law professor, who represented hundreds of kids in juvenile-delinquency, child-protection and T.P.R. cases as a legal-services attorney — when I described Marie's situation. "Test this case against what we would want for our own families." He spoke about race and class and suggested that we substitute someone influential for Marie and painkillers for cocaine. "If we imagine it was substances that important people use, we can't imagine that we would be taking those children."

Nationally, two-thirds of child removals are cases of neglect. (Marie's case falls into this category.) Neglect — not battering, not sexual molestation. The preponderance of neglect cases dates back to the child-welfare work of the late 19th century, Guggenheim said, with its compulsion to rescue children from the alien and impoverished ways of their immigrant families. Objective delineations of neglect are difficult to draw, and poor and minority parents are left particularly vulnerable to agency excesses and misjudgments. A court-appointed lawyer may be assigned when an agency moves to take custody or terminate rights, but this can hardly make up for a parent's lack of wherewithal. "When should the state exercise its awesome power in severing parental ties?" Guggenheim asked. "Only when we are absolutely certain. Because history tells us that the exercise of that awesome power will be carried out against the least privileged of our society."

The Stamford D.C.F. office — with its profusion of stuffed ducks and donkeys and bears sitting above desks — doesn't look much like a center of awesome and menacing state power. And it didn't sound like one on a recent morning as Johnson talked about a 16-year-old girl who had been abandoned by her mother at 5 and whom Johnson had helped to rescue from alcoholism. "I'm happy to say," Johnson told me, "that my girl is getting ready to graduate, and I'm getting ready to get some money to buy her a prom dress." The department invests in the education of the kids it oversees; it will pay for college or graduate school until a client turns 23, and it will pay for rites of passage like senior proms. Amanda Nowak, who sits in the cubicle next to Johnson's, spoke about a teenager, a talented painter, she had coaxed from homelessness; Nowak would soon be taking her into Manhattan to visit art schools.

And most everyone seemed self-aware when it came to their authority and eager to avoid abusing it. Nowak had just given up a string of Saturdays, working successfully to return three children to a cocaine-abusing mother who appeared to have turned her life around. Mysogland, the agency's director, told stories about growing up as one of three biological children of parents who adopted eight others. There was the boy who had been abused and who would booby-trap his bedroom in the Mysoglands' house to keep himself safe. There were the pair of brothers who had lived in 26 foster homes. The younger one had been born addicted to heroin and brain-damaged. Mysogland, whose pale shaved head accentuates his energy and earnestness, remembered that the older one had jumped over and over from a therapist's couch into Mysogland's mother's arms: an exercise to develop the beginnings of trust. "But I've learned not to apply my family too much in informing my decisions," he said. "This is the most intrusive work. Imagine telling a mother, 'You're never ever seeing your kids again.' Every morning when I turn on the light in this office, I have to put my personal stuff aside. I have to say, Adoption may have been great for my siblings, but it may not be the right decision always."

Self-awareness seemed to permeate department thinking about race and class as well. One morning, Connecticut's D.C.F. commissioner, Darlene Dunbar, spoke to the Stamford staff about "disproportionality and disparate outcomes." Of the 6,300 kids currently in the department's custody, approximately 24 percent are black, almost twice the percentage of black minors in the state's population, and 35 percent are Hispanic, more than three times the percentage in the populace. (Nationally, black children are similarly overrepresented. Hispanics are less so, though they are taken into state care at higher rates than whites.) These numbers, perhaps, represent social and economic forces beyond any child-welfare department's control. But another set of Connecticut figures, comparing the rates at which white, black and Hispanic families are investigated with the rates at which their kids are taken, at least temporarily, by D.C.F., are more alarming. Investigated white families are broken apart least often, then black families, then Hispanic — at twice the rate for whites.

No one tried to hide the problem, though no one was sure how to solve it. "When a family presents as more articulate and can gather resources easier," Mysogland wrote me in an e-mail message after we talked about these numbers, "whether those resources are family or finances or provision of services, that changes the overall level of risk or the perceived level of risk. Families that obtain aggressive legal counsel can influence the way the department wants to proceed with a case and the overall outcome of our interventions. We may examine the information a little closer if the family is high profile or wealthy, given that we know they will most likely vigorously oppose the department's decision. We see this in our work, and it would be unethical and dishonest

for us to say these issues are not true. We try to give everybody the right types of services. But the statistics tell us we have more work to do.”

Still, behind the thoughtfulness and candor that pervaded the office, and despite everyone’s best intentions, something disconcerting hovered around the work: a hint of hubris that had the potential, perhaps, to be as destructive as any abusive boyfriend, as any drug. This force felt all but inevitable; Mysogland only happened to be the one to give it voice, as he declared that he had no doubts about the department’s decision in Marie’s case. He readily acknowledged that the Adoption and Safe Families Act drove the department toward faster resolutions, created a momentum toward T.P.R. and adoptions and increased the impact of D.C.F. on families. On balance, all this was a good thing, as he saw it; the law took into account “a child’s sense of time,” the mantra of developmental psychology that is cited frequently in the child-welfare field, stressing a child’s urgent need for clarity, for security, for finality, even at the brutal cost of sacrificing his hope of returning to his original family. When Mysogland discussed Marie’s family, though, any talk of the influence of legislation was beside the point. The statistics about Hispanics in the system were equally irrelevant. On the subject of Marie’s boys, his speech was often plain and tough. “Those kids are damaged,” he told me. “Not broken bones, but broken brain parts.” Marie was simply not — and would not be — fit to mother them. When I asked about the unborn baby, Mysogland’s tone was even more definite. He emphasized a newborn’s extreme vulnerability, then stated, “Some people just should not be parents.”

After I’d spent many weeks with the department, I learned that the foster mother who plans to adopt Diomedes is a D.C.F. attorney in another part of the state. Mysogland didn’t see this as a conflict of interest; in his eyes, her work with the department made her only more attractive as an adoptive parent, because of her familiarity with the damage that kids taken into D.C.F. care have suffered. But while this made a kind of sense, it was hard not to think of Martin Guggenheim’s vision and of a hyperbolic-sounding phrase he had used, “social engineering.” It was hard not to consider that a highly privileged woman was being substituted for a terribly flawed but fiercely determined mother.

And it was hard not to think back to Marie’s picnic visit, when Anthony had spoken words that seemed scripted, though there was almost no way they could have been. He may simply have been cued by all that was in the air. “She shares,” he proclaimed, as Marie served chicken, rice and peas to me as well as to her boys. “If that was your mommy, you would be lucky.”

“Come here, white boy,” Marie said to Christopher, in one of the visiting rooms late in May, seven weeks after I first met her. “Come here, gringo.” She wrapped her fair-skinned, blond 3-year-old in a hug.

“I want to be gringo,” 6-year-old Anthony complained, his dark brown eyes and light brown face looming dejectedly over the puzzle he and Marie had been working on.

“You can’t be gringo,” she said.

“I’m gringo,” he insisted.

She pulled him into a hug too. “Why you want to be gringo? You want to be you.”

Then, at the end of the visit, Antonio, Anthony's older brother, broke down. A half-hour earlier he asked for a cellphone, and Marie said she would try to buy him one, but Johnson took her aside and told her that Antonio, at 8, was too young, that it wasn't appropriate. Now the boy was sobbing, saying that a friend of his had one, and Marie told him: "You remember what Grandma said? If somebody's got something on their head, you going to stick something on your head? Don't worry about what somebody got. Think about what you got. Mommy's here. You gonna see me every visit." But the concept of "Mommy" was about to become more complicated than it already was. Though the court hearings on termination were many months away, the department felt that it needed to tell at least the two older boys about the prospect of their being adopted, to avoid the chance of their hearing about it inadvertently from their foster parents or, in an outburst, from Marie. The telling began that afternoon with Anthony, when Johnson delivered him back to the home of the foster mother who planned to adopt him. A teenage girl, the foster mother's niece, let them into the little blue clapboard house, its front yard surrounded by a chain-link fence, and Johnson followed Anthony upstairs to his room. She sat on the bed, he on the stained, once white carpet with a toy or two. She asked if he loved his foster mother.

"Pretty much," he said, and added, "I like her very much."

Listening, I recalled Marie's raspy voice during another of our conversations in her kitchen, with the kids' photographs on the refrigerator door: "What's best for my kids? To come home with their mom. No other place is going to be home." Diomedes, she went on, "is a baby. He does not know me. Real is what real is. But my other kids, they're used to Mom doing things with them. O.K., where they're at, they're safe, I have no doubts. But what is the best thing? I'm here, I'm Mom. I need to see them, but they need me more than I could ever need them," she said, as if she knew that in the all but omnipotent judgment of the department her own need carried no weight. "My mom walked out on us behind drugs. I'm going to fight this until the end."

One way to fight was to flee: by late June, Marie would tell Johnson that she had moved to New York and planned to deliver her baby there, so D.C.F. couldn't take it. All the department would be able to do was alert New York's child-welfare agency and hope it would open a case on Marie and the unborn child. Marie told Johnson that she would continue visiting her boys, but she missed her chances during the first two weeks of July and seemed, to the department, to be on the verge of vanishing. But now in the bedroom of Anthony's foster home, Johnson said to him, "This is going to be your new home." Her voice was thin, a notch higher than usual, yet firm. Her face looked drained; her long, animated braids of hair could not bring it to life.

"Until my mom gets better?"

"Getting better" was the euphemism the department used with the children, to avoid spelling out the drug use, the domestic violence.

"Well, maybe your mom's not getting better like she's supposed to." Johnson tried to keep the talk focused on his foster mother: "She'll be the one that's going to take care of you, just like she's doing now."

He opened the splintered door of his closet, revealing the mound of toys crammed haphazardly within. "Do you want to see my Batman clothes?" he asked her.

"Do you understand what I'm telling you?"

"That means she's going to be the ruler of me. But how come I can't stay with my mom if she gets better?"

"Because I've got to make a plan for you."

He took a bucket of Legos out of the closet.

"Do you understand what I'm telling you?"

"I don't understand."

Johnson paused, pulling her thoughts together as Anthony spilled the yellow and red pieces on the floor. "Remember one time we talked about going back? Right now we're not talking about that anymore. This is the place that you'll stay."

"But when my mom gets better?"

"I'm not sure she's going to get better. She's been trying and trying and trying."

Anthony didn't reply. He turned over the bucket and the last of the pieces plummeted out. "Could you make a cowboy?" he asked. A Lego horseman was pictured on the side of the container.

Though she was dressed somewhat formally, Johnson lowered herself to the discolored carpet. She began to search for the pieces that would create his cowboy. "This could take some time," she said.

He seemed to consider those words. Perhaps the same language had been used with him once about his mother's recovery and his return to her. And now he was being told new words — that his mother had, in the end, failed, that it was not going to happen, ever. He seemed to wish for the old words, the old reality and, as he spoke, to dart backward in time to a point when the promise of effort had been enough. "But you'll try?" he asked, his voice almost silent, as if he were addressing a mother only he could see.

"I will."

Daniel Bergner, a contributing writer, is the author of "In the Land of Magic Soldiers: A Story of White and Black in West Africa." His last article for the magazine was about a missionary family in Africa.

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To: Consumer Protection Committee

Date: July 12, 2007

From: Paul Riches
Executive Officer

Telephone: (916) 574-7840

Subject: Examination Update

Psychological Services, LLC (PSI) began scheduling and administering the Board of Behavioral Sciences licensing examinations on June 1, 2007. The transition has been relatively smooth considering the short time frame that PSI has had to implement the new program. There have been some problems including the following:

- Early on, candidates were having difficulty scheduling exams because PSI was unable to determine the candidates' eligibility to take an exam. The cause of the problem traced back to a data transfer issue. ***The problem has been corrected.***
- Candidate handbooks were being sent out without a candidate file number. ***The problem has been corrected.***
- Candidate handbooks were being sent out with the wrong expiration date. It appears that PSI has corrected this error. ***The board is currently working to verify that the problem has been corrected.***
- The PSI Santa Rosa and Bakersfield sites are not open. PSI is working on opening these sites. The Santa Rosa site should be open no later than July 16th and the San Bernardino Site should be open no later than August 6th.
- Candidates can only schedule an examination thirty (30) days in advance. ***We are awaiting system changes to allow longer a scheduling window.***
- The Marriage and Family Therapist Clinical Vignette examination was not being presented correctly to the candidates. This was brought to the Board's attention on June 18th. PSI researched and corrected the problem on June 19th. Approximately 15 candidates were affected. These candidates were granted a free re-exam, early eligibility and a free initial licensing. ***The problem has been corrected.***
- Candidates who have passed the standard written examination version are receiving initial licensure applications with their score report instead of receiving an application for the clinical vignette. ***The Board is working with PSI to correct this error.***

The Board has worked with affected candidates to ensure they are not adversely affected by the transition. To date, the board has received three formal complaints regarding PSI. Other problems during the transition have been resolved without candidates filing formal complaints. Based on our experience thus far, PSI has demonstrated a desire to work with the board and our candidates to resolve issues. This desire is borne out by the small number of individuals who felt a need to file formal complaints.

Below is a list of the amount of candidates who have taken an examination with PSI as of June 29:

TEST TYPE	# OF CANDIDATES
Licensed Clinical Social Worker Written Exam	37
Licensed Clinical Social Worker Clinical Vignette	49
Marriage and Family Therapist Written Exam	72
Marriage and Family Therapist Clinical Vignette	79
Licensed Educational Psychologist	4
Total	241

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To: Consumer Protection Committee

Date: July 11, 2007

From: Rosanna Webb-Flores, Lead Analyst
Enforcement Unit

Telephone: (916) 574-7864

Subject: Enforcement Statistics

The Enforcement Program's statistical reports are attached for the Committee's review and discussion.

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BOARD OF BEHAVIORAL SCIENCES
BREAKDOWN OF ENFORCEMENT COMPLAINT ACTIVITY BY LICENSEE POPULATION
2006 - 2007
FISCAL YEAR ⁽¹⁾

	OPENED	COMPLAINTS CLOSED	PENDING	Licenses In Effect ⁽²⁾	% of Licenses to Pending Complaints
UNLICENSED	112	97	37	n/a	n/a
APPLICANTS	359	378	21	n/a	n/a
CE PROVIDERS	7	3	6	2329	0.26
DUAL LICENSEES ⁽³⁾	24	16	13	n/a	n/a
DUAL W/BOP ⁽³⁾	16	17	7	n/a	n/a
ASW	58	49	38	7247	0.52
LCSW	217	191	90	16684	0.54
IMF	98	91	68	10470	0.65
MFT	467	383	224	28897	0.78
LEP	5	4	3	1745	0.17
TOTAL	1363	1229	507	67372	0.75

- Note:
- (1)** Activity is from July 1, 2006 through June 30, 2007. Pending as of June 30, 2007.
 - (2)** Licenses in effect as of June 1, 2007. Does not include cancelled, revoked, or voluntary surrender of licenses.
 - (3)** Dual licensees are those that hold dual licenses with BBS. Dual w/BOP are licensed with BBS and the Board of Psychology.

Note: These statistics are for informational purposes only and should not be used as the the sole source to analyze the Board's enforcement program.

BOARD OF BEHAVIORAL SCIENCES
BREAKDOWN OF ENFORCEMENT COMPLAINT CLOSURES BY TYPE
2006 - 2007
FISCAL YEAR ⁽¹⁾

	Unactionable (2)	Mediated (3)	Citation (4)	Violation (5)	Inv. (6)	District Attorney (7)	Rfrd Disp. (8)	Other (9)	TOTAL
UNLICENSED	83	0	2	7	1	0	0	4	97
APPLICANTS	3	0	0	360	0	0	4	11	378
CE PROVIDER	2	0	0	1	0	0	0	0	3
DUAL LICENSEES (10)	7	0	8	1	0	0	0	0	16
DUAL W/BOP (10)	7	0	6	3	0	0	1	0	17
ASW	25	0	0	12	1	0	5	6	49
LCSW	101	0	52	25	5	0	4	4	191
IMF	41	0	2	31	7	0	6	4	91
MFT	198	0	115	34	12	0	9	15	383
LEP	1	0	1	0	0	0	2	0	4
TOTAL	468	0	186	474	26	0	31	44	1229

38%

62% Actionable

Note:

- (1) Closure activity is from July 1, 2006 through June 30, 2007.
- (2) Unactionable: Complaints which after review are closed no violation, insufficient evidence, no jurisdiction etc.
- (3) Mediated: Complaints which have no violation, but where a resolution was reached between parties.
- (4) Citation: Complaints in which after review, violations have been found and the complaint was closed upon the issuance of a citation.
- (5) Violation: Complaints which after review, violations have been found and may have been closed upon the issuance of a cease and desist or warning letter.
- (6) Inv.: Complaints which were closed after an investigation was conducted.
- (7) District Attorney: Complaints which, after review, a determination is made that the matter should be referred to the DA's office.
- (8) Rfrd Disp: Complaints which are referred directly to the Attorney General's office for disciplinary action (no investigation was required).
- (9) Other: Complaints closed in any manner which does not fit within one of the other categories.
- (10) Dual licensees are those that hold dual licenses with BBS. Dual w/BOP are licensed with BBS and the Board of Psychology.

Note: These statistics are for informational purposes only and should not be used as the the sole source to analyze the Board's enforcement program.

**BOARD OF BEHAVIORAL SCIENCES
CATEGORY OF PENDING COMPLAINTS
As of June 30, 2007**

AGENCY CATEGORY	CE	UL	AP	DL	DP	AS	LC	IM	MF	LEP	TOTAL
Fraud	0	0	0	0	0	0	1	1	0	0	2
Fraudulent License	0	0	1	0	0	0	0	0	0	0	1
Insurance, Medi-Cal	0	0	0	0	0	0	0	0	0	0	0
Non-Jurisdictional	0	0	0	0	0	0	0	1	4	0	5
Custody	0	0	0	1	2	1	14	1	22	1	42
Fee Disputes	0	0	0	0	0	0	3	0	5	0	8
Exempt from licensure	0	3	0	1	0	1	2	1	2	0	10
Negligence	0	0	0	1	0	0	2	0	3	0	6
Beyond Scope	0	0	0	0	0	0	0	0	4	0	4
Dual Relationship	0	0	0	0	0	0	0	0	1	0	1
Abandonment	0	0	0	1	0	0	0	0	3	0	4
Improper Supervision	0	0	0	0	0	1	6	1	3	0	11
Misdiagnosis	0	0	0	0	0	0	2	0	1	0	3
Failure/Report Abuse	0	0	0	0	0	0	0	0	2	0	2
Aiding & Abetting	0	0	0	0	0	0	0	0	1	0	1
Other	0	0	0	0	0	0	0	0	3	0	3
Mental Illness	0	0	0	0	0	0	0	0	1	0	1
Self Use Drugs/Alcohol	0	0	0	0	0	1	0	0	5	1	7
Conviction of Crime	0	0	1	0	1	22	5	30	26	1	86
Unprofessional Conduct	5	1	0	5	3	3	18	12	78	0	125
Sexual Misconduct	0	0	0	1	0	0	0	3	12	0	16
Breach of Confidentiality	0	0	0	0	0	0	4	0	11	0	15
Emotional/Phys. Harm	0	0	0	0	0	0	2	0	3	0	5
Advertising / Misrepresentation	0	2	0	0	0	2	1	6	4	0	15
Unlicensed Practice	1	31	0	0	0	2	0	6	1	0	41
Repressed Memory	0	0	0	0	0	0	0	0	0	0	0
Third Party Complaint	0	0	0	0	0	4	9	6	9	0	28
Unsafe/Sanitary Conditions	0	0	0	0	0	0	0	0	0	0	0
Discipline by Another State	0	0	0	0	0	0	0	0	0	0	0
Criminal Convictions - Renewal Reported	0	0	0	0	1	1	3	0	4	0	9
Non Compliance with CE Audit	0	0	0	3	0	0	16	0	10	0	29
Applicant Referral for Criminal Convictior	0	0	19	0	0	0	0	0	0	0	19
Subvert Licensing Exam	0	0	0	0	0	0	0	0	0	0	0
Unregistered Referral Service	0	0	0	0	0	0	0	0	0	0	0
Failure to Provide Records	0	0	0	0	0	0	2	0	6	0	0
TOTAL	6	37	21	13	7	38	90	68	224	3 0	507

Note: These statistics are for informational purposes only and should not be used as the the sole source to analyze the Board's enforcement program.

BOARD OF BEHAVIORAL SCIENCES
BREAKDOWN OF ENFORCEMENT ACTIVITY - CASES AT THE AG'S OFFICE
BY LICENSEE POPULATION
2006 - 2007 FISCAL YEAR ⁽¹⁾

	PENDING	Licenses In Effect (2)	% of Licenses to Pending Cases
UNLICENSED	0	n/a	n/a
APPLICANTS	6	n/a	n/a
SUSEQUENT DISP. (3)	2	n/a	n/a
DUAL LICENSEES (4)	0	n/a	n/a
DUAL W/BOP (4)	1	n/a	n/a
CE PROVIDERS	0	2329	0.00
ASW	5	7247	0.07
LCSW	7	16684	0.04
IMF	9	10470	0.09
MFT	25	28897	0.09
LEP	0	1745	0.00
TOTAL	55	67372	0.08

- Note:
- (1) Pending as of June 30, 2007.
 - (2) Licenses in effect as of June 1, 2007. Does not include cancelled, revoked, or voluntary surrender of licenses.
 - (3) Subsequent Discipline for violation of probation.
 - (4) Dual licensees are those that hold dual licenses with BBS. Dual w/BOP are licensed with BBS and the Board of Psychology.

Note: These statistics are for informational purposes only and should not be used as the the sole source to analyze the Board's enforcement program.

BOARD OF BEHAVIORAL SCIENCES
CATEGORY TYPES OF DISCIPLINARY ACTION TAKEN
2006 - 2007
FISCAL YEAR *

		MFT IMF	LCSW ASW	LEP	APPLICANT
REVOC. STAYED: PROB ONLY					
Unprofessional Conduct		2	2		
Aiding and Abetting					
Sexual Misconduct					
Discipline by Another State Agency		1			
Conviction of a Crime		4			
Subtotal	9	7	2	0	0
REVOC. STAYED: PROB, SUSPENSION					
Unprofessional Conduct		2		1	
Conviction of a Crime		1	1		
Fraud		1			
Subtotal	6	4	1	1	0
REVOKED					
Improper Supervision					
Discipline by Another State Agency					
Conviction of a Crime		2	3		
Sexual Misconduct		1			
Violation of Probaton		1			
Subtotal	7	4	3	0	0
SURRENDER OF LICENSE					
Unprofessional Conduct			1		
Discipline by Another State Agency			1		
Violation of Probation		1			
Sexual Misconduct		1			
Conviction of a Crime		1	1		
Subtotal	6	3	3	0	0
OTHER DISCIPLINE					
Discipline by Another State Agency				1	
Subtotal	1			1	
				3	
TOTAL	29	18	9	1	0

* Time frame: July 1, 2006 through June 30, 2007

Note: These statistics are for informational purposes only and should not be used as the the sole source to analyze the Board's enforcement program.

**BOARD OF BEHAVIORAL SCIENCES
CITATIONS ISSUED BY CATEGORY**

	02/03	03/04	04/05	05/06	06/07*
Agency Category Types					
Fraud					1
Sexual Misconduct					1
Improper Supervision	1	1	2		5
Aiding & Abetting				1	
Failure/Report Abuse	1	1			
Breach of Confidence	2	6	5	5	4
Advertising/Misrepresentation	1	1	1		1
Unlicensed Practice	4	3	7	2	3
Failure Report Conviction on Renewal	2				1
Non Compliance with CE Audit	12	6	44	148	169
Failure Report Conviction on Application	1		1	1	
Subvert Licensing Exam		1			
Practicing Beyond Scope			1		
Client Abandonment				1	
Unprofessional Conduct			2	2	6
TOTAL	24	19	63	160	191

	02/03	03/04	04/05	05/06	06/07*
Number Citations Ordered	24	19	63	160	191
Fines Assessed				\$61,650.00	\$90,250.00
Fines Collected (1)				\$37,150.00	\$53,149.19

(1) May reflect collection of fines ordered in previous fiscal years.

* 06/07 Fiscal Year through: June 30, 2007

Note: These statistics are for informational purposes only and should not be used as the the sole source to analyze the Board's enforcement program.

BOARD OF BEHAVIORAL SCIENCES RECOVERY COSTS

	02/03	03/04	04/05	05/06	06/07*
Number Cases Ordered	12	9	12	11	22
Total Amount Ordered	\$36,258.50	\$25,497.50	\$73,791.25	\$47,751.25	\$101,778.25
Stipulation - Revocation(1)				\$1,320.00	\$1,350.50
Stipulation - Voluntary Surrender(2)				\$36,008.25	\$24,187.25
Stipulation - Probation				\$1,500.00	\$59,425.75
Stipulation - Accusation withdrawn					\$4,000.00
Decision - Revocation				\$6,410.50	\$10,419.25
Decision - Probation				\$2,512.50	\$2,395.50
Total Amount Collected(3)	\$57,867.25	\$20,600.08	\$23,791.89	\$15,168.57	\$15,244.98
Intercepted by FTB Program				\$314.73	
Cost Collected in Payments				\$8,058.34	\$9,456.98
Cost Collected in Lump Sum				\$6,795.50	\$5,788.00

(1) Cost recovery only required if the respondent pursues reinstatement (may never be recovered).

(2) Cost recovery only required if the respondent reapplies for licensure (may never be recovered).

(3) May reflect collection of cost recovery ordered in previous fiscal years.

* 06/07 Fiscal Year through: June 30, 2007

Note: These statistics are for informational purposes only and should not be used as the the sole source to analyze the Board's enforcement program.

**BOARD OF BEHAVIORAL SCIENCES
REIMBURSEMENT OF PROBATION PROGRAM**

	02/03	03/04	04/05	05/06	06/07 *
# Cases Ordered		1	3	4	15
Amount Ordered Per Year (\$1,200)		\$6,000.00	\$16,800.00	\$19,200.00	\$80,400.00
Amount Collected		0	\$1,900.00	\$3,800.00	\$8,750.00
<hr/>					

* 06/07 Fiscal Year through: June 30, 2007

Note: These statistics are for informational purposes only and should not be used as the the sole source to analyze the Board's enforcement program.

**BOARD OF BEHAVIORAL SCIENCES
ENFORCEMENT AGING DATA
2006 - 2007 FISCAL YEAR ⁽¹⁾**

	0-3 mo	4-6 mo	7-9 mo	10-12 mo	1-2 years	2-3 years	Over 3 Years	Total
Pending Complaints ⁽²⁾	217	152	51	27	21	0	0	468
Pending Investigations ⁽³⁾	4	4	7	15	10	0	0	40
Total Pending Complaints (Includes Inv) ⁽⁴⁾	221	156	58	42	31	0	0	508
Pending Cases at the AG - Pre Accusation ⁽⁵⁾	10	1	2	1	0	0	0	14
Pending Cases at the AG - Post Accusation ⁽⁶⁾	13	8	5	3	7	1	1	38
Total Pending Cases at the AG's Office	23	9	7	4	7	1	1	52

(1) Pending as of June 30, 2007.

(2) Pending Complaints are those complaints which are not currently being investigated by the Division of Investigation.

(3) Pending Investigations are those complaints which are being investigated by the Division of Investigation.

(4) Total Pending Complaints includes pending complaints and pending investigations.

(5) Pre Accusation are those pending cases at the AG's office where an accusation or statement of issues has not been filed yet.

(6) Post Accusation are those pending cases at the AG's office where a accusation or statement of issues has been filed.

Note: These statistics are for informational purposes only and should not be used as the the sole source to analyze the Board's enforcement program.

BOARD OF BEHAVIORAL SCIENCES

Overview of Enforcement Activity

Fiscal Years	02/03	03/04	04/05	05/06	06/07*
Complaints / Cases Opened					
Complaints Received	514	560	626	801	910
Criminal Convictions Received	384	383	384	455	452
Total Complaints Received	898	943	1010	1256	1362
Investigations Opened	25	11	25	44	32
Cases Sent to AG	41	17	25	55	42
Filings					
Citations Issued	24	19	63	160	191
Accusations Filed	17	22	17	29	37
Statement of Issues (SOI's) filed	4	4	2	1	5
Temporary Restraining Order	0	0	0	0	0
Interim Suspension Orders	0	1	0	1	0
Withdrawals/Dismissals					
Accusations Withdrawn or Dismissed	1	0	1	1	4
SOI's Withdrawn or Dismissed	1	0	0	0	0
Declined by the AG	7	3	1	3	4
Disciplinary Decision Outcomes					
Revoked	4	10	4	7	7
Revoked, Stayed, Susp & Probation	2	1	2	0	6
Revoked, Stayed, Probation	6	5	2	4	9
Surrender of License	7	7	7	9	6
Suspension	0	0	0	0	0
Susp., Stayed, Susp & Prob	0	0	0	0	0
Susp., Stayed Probation	1	0	0	0	0
Susp & Prob Only	0	0	0	0	0
License Probation Only	0	0	0	0	0
Reprimand / Repeval	1	0	0	0	0
Other Decisions	0	0	0	0	1
Total Decisions	21	23	15	20	29
Decisions (By Violation Type)					
Fraud	1	0	1	0	1
Health & Safety	0	0	1	2	0
Sexual Misconduct	5	5	5	5	2
Competence / Negligence	2	9	2	2	0
Personal Conduct	7	3	4	7	18
Unprofessional Conduct	4	4	2	4	8
Unlicensed Activity	0	0	0	0	0
Other	0	0	0	0	0
Violation of Probation	2	2	0	0	0

* Fiscal Year Period: 7/1/06 through 06/30/07.

Note: These statistics are for informational purposes only and should not be used as the the sole source to analyze the Board's enforcement program.

1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830, (916) 574-8625 Fax
www.bbs.ca.gov

To: Consumer Protection Committee

Date: July 11, 2007

From: Sean O'Connor
Outreach Coordinator

Telephone: (916) 574-7863

Subject: Consumer Information Brochure

Background

Board staff has prepared a draft brochure titled *Empowering Consumers: Questions to Ask Your Mental Health Professional*. This brochure is intended to help consumers understand what to expect and what questions to ask when seeking mental health services.

Requested Action

Staff is seeking comments and suggestions regarding the proposed text.

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Questions You Should Ask Your Mental Health Professional

If you are a consumer of mental health services, the relationship between you and your mental health professional is critical to the success of the services you receive. You should feel comfortable asking some basic questions before choosing a mental health professional.

Consider asking:...

- the name of the university or school where the masters/doctorate degree was earned;
- the dates the degree and clinical license were granted;
- if the mental health professional has experience and expertise in dealing with issues similar to yours;
- the approximate length of time the treatment is expected to take;
- whether the therapist practices from a particular “model” of treatment; if so, a brief description of that orientation;
- if he or she has forensic experience (this question applies only to consumers seeking services as a result of a legal action, such as a child custody dispute)

- whether it is possible that you may require medication from a psychiatrist or other physician in conjunction with your psychotherapy and if so, whether the mental health professional can make a referral;
- if the mental health professional can accommodate your schedule for therapy appointments;
- what the office policies are regarding cancellations, vacation coverage, and phone calls between sessions.

Assessment Process

The assessment process usually consists of 1-3 sessions in which your presenting problems are explored, as well as your individual and family history. These meetings should provide you with valuable information about your therapist’s “style” and whether or not it is a good match for your personality and clinical needs.

Treatment Plan

At the end of the assessment process, your mental health professional should provide you with a working diagnosis and a treatment plan. This plan should include a recommendation regarding frequency of sessions and any referrals or collateral services that may be needed in order to effectively resolve the issues (e.g., referral for medication, testing of a child with learning problems). A treatment plan should be the result of collaboration

between you and your therapist. And a helpful reminder -- psychotherapy is a process requiring time and effort from both you and the mental health professional.

Mental Health Professionals in California

As a consumer, you should be aware of the different types of licensed mental health professionals in the state.

Marriage and Family Therapists, Marriage and Family Therapist Interns – These individuals are licensed/registered by the Board of Behavioral Sciences (916 574 7830; <http://www.bbs.ca.gov>)

Licensed Clinical Social Workers, Associate Clinical Social Workers – These individuals are licensed/registered by the Board of Behavioral Sciences (916 574 7830; <http://www.bbs.ca.gov>)

Licensed Psychologists, Psychological Assistants, Registered Psychologists – These individuals are licensed/registered by the Board of Psychology (916-263-2699; <http://www.psychboard.ca.gov>).

Psychiatrists – These individuals are physicians licensed by the Medical Board of California (916-263-2499; <http://www.medbd.ca.gov>) and must be board-certified in psychiatry by the American Board of Psychiatry and Neurology.

Psychiatric Technicians – These individuals are licensed by the Board of

Vocational Nursing and Psychiatric Technicians (916-263-7800; <http://www.bvnpt.ca.gov>)

Licensed Educational Psychologists – These individuals are licensed by the Board of Behavioral Sciences (916 574 7830; <http://www.bbs.ca.gov>).

Protecting the Consumer

The Board protects consumers in several ways, including:

- ensuring high standards through education, professional experience, and examination requirements,
- investigating consumer complaints,
- and providing consumer access to valuable information and resources.

Information about Filing a Complaint

The Board investigates all complaints regarding its licensees and registrants. If you have questions about how to file a complaint, please visit the Board's website (<http://www.bbs.ca.gov>) or call the Board's Enforcement Unit at 916-574-7868.

The Consumer Complaint Forms and instructions are available in the Forms and Publications section of the Board's website. These forms can also be sent to you upon request.

How Can I Locate Mental Health Services?

For a general listing of helpful websites and referral services, including resources for specialized needs, please visit the "How to Find Services" page in the "Consumers" sections of the Board's website.

Consumers with health insurance

coverage should consult their insurance provider to determine what mental health services (inpatient, outpatient, substance abuse) are covered under their plan. Most health insurance plans utilize some form of managed care (such as an HMO or PPO), and in order to receive benefits, the consumer may need to choose a provider from a specific "network" or group of clinicians. A telephone call to your insurance company should clarify your coverage questions. Most providers have toll-free numbers and websites.

Consumers without health insurance

coverage, or consumers whose medical insurance does not cover mental health, can still obtain services even if their income is limited. Community-based mental health programs offer low cost or sliding scale fees (fees determined by the consumer's income). Locating these services may require some research; however, many community mental health programs offer excellent service. Major Internet search engines can be useful in identifying these services in your area. Try entering "(your city/county) low cost mental health services."

Empowering Consumers:

Questions to Ask Your Mental Health Professional



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7/07