Serving Madera County At-Risk Children
Behavioral Health Services
Department of Social Services

2017-2018
Madera County Grand Jury
Final Report 1718-08

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Summary:

The primary focus of this Madera County Grand Jury (MCGJ) investigation was to evaluate how Behavioral Health Services (BHS) and Department of Social Services (DSS) work together to service the needs of at-risk children within their programs. The division within DSS that works with children is commonly referred to as Child Protective Services (CPS). **This report refers to DSS, rather than CPS.**

MCGJ discovered a number of issues that have a direct impact upon the welfare of children within the purview of BHS and DSS. BHS and DSS have different goals which can impede or delay the placement and treatment of children. Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy regulations and confidentiality laws can delay DSS having access to its clients' treatment plans. Services to children who are transferred from one county to another can be negatively impacted. Social workers can be hired with a Master's Degree in a discipline other than Social Work and without any previous experience in social work. The findings in this report have led to several recommendations.

Background:

MCGJ focused its initial investigation on BHS because it had not been reviewed in over 10 years. After the first couple of interviews, the fate of at-risk children in Madera County became an overriding concern. A child can be considered at-risk because of physical abuse, neglect, substance abuse, sexual abuse, or other trauma. MCGJ discovered that BHS and DSS are intricately linked, so it became necessary to investigate both agencies in order to determine how children are affected by the two departments.

MCGJ focused on how BHS and DSS work together to help at-risk children in Madera County. Once DSS has identified an at-risk child, BHS assesses that child's mental health and makes a determination regarding treatment. BHS provides mental health services based on the assessment. DSS becomes the guardian and makes a determination along with law enforcement regarding placement of the child. BHS and DSS then work together for the greatest benefit to the child.

MCGJ conducted 16 staff interviews of both agencies that included directors, managers, clinicians, social workers, and supervisors. In addition, MCGJ reviewed and studied the Madera County Behavioral Health Services Quality Improvement Work Plan, its Cultural Competence

Plan, its Compliance Program Handbook, BHS and DSS organizational charts and budgets, the BHS employee list, and the Madera County Protective Services phone list.

Discussion:

ORGANIZATION:

BHS: BHS staff is comprised of a Director, an Assistant Director, two Division Managers, Clinicians, and Caseworkers. Approximately 80 Clinicians and Caseworkers work directly with clients.

There is also a BHS Advisory Board made up of 15 community members appointed by the Madera County Board of Supervisors (BoS). Each supervisor appoints three community members for three-year terms. The Advisory Board reports to the BoS yearly.

***DSS*:** DSS is headed by a Director of Social Services and three Deputy Directors. MCGJ investigated the division within DSS that works with at-risk children. It has two Program Managers directing nine supervisors who oversee approximately 46 social workers. The ratio of management to staff within this division is 1:4.

QUALIFICATIONS AND TRAINING:

BHS: Clinicians all have a Master's Degree in Social Work. Some are licensed clinicians. Pre-licensed clinicians can work for BHS under licensed supervisors and may obtain licensure in this capacity. BHS staff is trained with an internal program called "Relias Learning." Staff members must complete a required number of credits annually.

***DSS*:** Social workers are hired through a combined effort of DSS management and an outside human resource company. Social workers are classified first according to educational degree and second according to years of experience. An individual with <u>any</u> bachelor’s degree can be hired as a social worker level 1, 2 or 3. A Social Worker 4 (SW4 - the highest level) must have <u>any</u> master's degree but is not required to have <u>any</u> experience as a social worker. A SW4 is also eligible to become a Program Manager. There is no provision for social workers to become licensed concurrently with their work at DSS.

Within DSS, training is required for managers, supervisors, and social workers. The training is basic for those working in child welfare. As of January 2018, there is a training supervisor in place who manages all new social workers.

ROLES, RESPONSIBILITIES, AND DUTIES:

***BHS*:** The state of California contracts with BHS to provide services for adults and youths who are severely mentally ill. The Director of BHS oversees the entire staff and all operations. Managers and directors meet once a month to review data and clinical occurrences. BHS reviews client charts monthly and then adopts appropriate tools to best treat clients.

BHS follows external reporting requirements mandated by the state and federal governments to ensure funding. A state-mandated Performance Outcome Indicator survey is given to clients or their parents twice per year. The results are compiled and submitted back to the government.

Internal tracking is done almost exclusively by an electronic program called the "Electronic Health Record" (EHR). Tracking is done on staff/client ratios, missed appointments, recidivism rates, how quickly new clients are seen, no-shows, prescribed medications, access to care, timely service, and number of assessments.

The most common behavioral problems treated in children are trauma, depression, and anxiety. The causes of these problems are innumerable and usually originate in the home. BHS has no constraints regarding duration of treatment of clients. Clinicians can meet clients in any appropriate setting. BHS wants all clients to feel welcome, so the staff are "culturally sensitive" to clients of different backgrounds.

BHS reimbursement rates are set by the state, and payments are made between 60 and 120 days from the date of service. Between 80% and 92% of BHS's clients are covered by MediCal.

DSS**:** DSS receives approximately 280 child abuse and/or neglect referrals each month and has approximately 300 children in alternative placement.

DSS has the authority, in coordination with law enforcement, to remove at-risk children from their homes and make an initial decision regarding where they will be placed. DSS is the "holder of privilege" of children who have been removed from the home, which means that DSS is their guardian. Guardianship occurs under the authority of the court.

DSS is bound by significant time constraints. For example, children who are removed from their home must be alternatively placed as soon as possible.

There are two stages to care for the at-risk child. "Front end" care is for children removed from their home due to an emergency situation (Emergency Response) or after a 10-day investigation, followed by alternative temporary placement. "Back-end" care is long-term placement (Permanency) and/or reunification with family.

Family reunification is the top priority for DSS. When that isn't possible, there is a priority system in place. First is with family. Second would be in a county resource home (formerly called a foster home). Third would be a foster agency home certified by Madera County. Fourth is placement in a group home, a last resort reserved for the most at-risk children. Each step comes with a higher cost. Madera County has a shortage of placement homes, so many children are placed in other counties.

ISSUES AND RELATIONSHIPS:

BHS**:** All children in the DSS system receive a BHS mental assessment. Team Decision Meetings (TDM) are held for children in treatment. TDM's are supposed to include the BHS clinician, the DSS social worker, and others connected to the child. These meetings are initiated

by the child’s social worker, who is not required to attend. If the child’s social worker does not attend, then either the supervisor attends or a report is sent in lieu of DSS attendance.

Healthy Beginnings is a collaborative program between BHS, DSS and other agencies. This portion of the “First Five” program benefits children up to five years old. Funding for Healthy Beginnings will end in June 2018, and clinicians involved expressed their disappointment at the loss of this program.

BHS is restricted by HIPAA and confidentiality laws regarding information they can share with DSS. When a social worker needs information from BHS about a client, s/he must complete a release form that specifies the exact information needed. The client or guardian must sign the form before BHS can share this information. Without a properly prepared release, BHS cannot share any information regarding a client with DSS.

In January 2018, Assembly Bill 1299 came into effect which has ramifications for both DSS and BHS. If a child is moved to another county, the social worker is required to file a Presumptive Transfer with the court. The presumption is that the child’s behavioral health treatment will be provided by the new county of residence, unless it is shown that the child’s best interests are served by the sending county. A decision is then made as to which county provides treatment. Funding changes caused by this bill will be effective in July 2018.

***DSS*:** During 2014-2016, DSS experienced an exodus of social workers. Currently, 80% of social workers have been in place with DSS fewer than two years and 90% fewer than four years. The local school systems received additional funding to employ social workers, and some DSS social workers left to take these positions. Also, interviewees stated that some social workers left due to dissatisfaction with management of DSS. The large turnover of social workers created a necessity of larger caseloads. At the time of this writing, DSS is fully staffed.

During the period when DSS was lacking social workers, a large number of client cases were left open, and services were not provided for these children. These old cases were called "stale referrals" by DSS. There were over 1,000 of these referrals, some up to two years old. To address this, social workers were assigned the task of closing these referrals. When they were not completed in a timely manner and too much overtime pay was occurring, the remaining backlogged referrals were given to supervisors to close. The training unit also uses the remaining stale referrals as part of their training. At the time of this writing, there are over 100 of these stale referrals still open.

Findings:

F1. Because of a lack of understanding of procedures for procuring the properly prepared releases, it is sometimes difficult for DSS to obtain needed client information from BHS.

F2. When the Healthy Beginnings Program is no longer funded, children under five will be adversely affected.

F3. There is a lack of understanding among BHS clinicians regarding the upcoming changes in the Healthy Beginnings Program.

F4. Because the Presumptive Transfer Program is new and BHS and DSS don't always agree on placement/treatment, children are adversely affected.

F5. Because there is no provision for DSS social workers to obtain licensure within the agency, professional advancement is inhibited.

F6. Because social workers don't always attend TDM's, services to children are compromised.

F7. Services to children continue to be negatively impacted by the high turnover rate of social workers between 2014 and 2016.

F8.The 100+ "stale referrals" still open at DSS represent children who have "fallen through the cracks" and not received necessary services.

F9. Because Madera County does not require Social Workers and Program Managers to have a master's degree in Social Work or previous social work experience, effectiveness in their positions can be compromised.

F10. Because BHS and DSS have different operational objectives and methods, there can be negative results for children.

F11. DSS has too many administrators/supervisors for the number of social workers.

Recommendations:

The Madera County Grand Jury recommends that:

R1. BHS management develop a plan to continue the services of the Healthy Beginnings Program by fall of 2018.

R2. BHS management meet weekly with clinicians to update and inform them of changes, particularly regarding the Healthy Beginnings Program, effective immediately.

R3. BHS and DSS staff work together to resolve the issues resulting from AB 1299 and the Presumptive Transfer Program on an ongoing basis, effective immediately.

R4. DSS administration develop a plan to facilitate social worker licensure while working for DSS, by fall of 2018.

R5. DSS social workers attend all of their TDM's unless there is an emergency, effective immediately.

R6. DSS administration develop a plan to better retain social workers, by fall of 2018.

R7. DSS properly close all "stale referrals" and develop strategies to prevent this problem from occurring again, by fall of 2018.

R8. DSS administration make a greater commitment to hiring Social Workers and Program Managers with social work education and experience, effective immediately.

R9. DSS administration annually review the social worker to supervisor ratio in order to reduce management top-heaviness.

Required Responses:

Pursuant to Penal Code Section 933, the Madera County Grand Jury specifically requests responses as follows:

Madera County Board of Supervisors (all Findings and Recommendations)
200 West 4th Street
Madera, CA 93637

Madera County Director of Social Services (F1, F4, F5, F6, F7, F8, F9, F10, F11, R3, R4, R5, R6, R7, R8, R9)
720 East Yosemite Avenue
Madera, CA 93638

Madera County Director of Behavioral Health Services (F1, F2, F3, F4, F10, R1, R2, R3)
209 East 7th Street
Madera, CA 93638