

Responses to the Findings and Recommendations of the 2022-2023 San Bernardino County Grand Jury Regarding Children and Family Services

Executive Summary

Children and Family Services believes in the services that it provides to the community. Children and Family Services has reviewed the 2022 Grand Jury report and the findings therein. It is the recommendation of the Grand Jury that Children and Family Services be dismantled and a completely new system be created. The report asserts that a privately owned and operated child welfare system would be more beneficial to the public. The report does not reference additional information to confirm review was completed by the Grand Jury in this area beyond the recommendations nor does the report cite a systemic plan to address the jury's findings and recommendations. We find this recommendation not legally feasible and contrary to statutory authority.

Between 2019 and 2022, Children and Family Services received approximately 60,350 suspected child abuse reports. Under the jurisdiction of the Juvenile Dependency Court, there were approximately, on average 6,000 children in either parental custody, foster care or non-foster care placement. The grand jury requested copies of the substantiated physical and sexual abuse investigations on open dependency cases for each calendar year from 2019 to May 2022. It is an important distinction to note that the 228 physical and sexual abuse investigations included those in parental care due to a court order and those that were abused by perpetrators in the community while the children were on runaway status versus in foster or relative care. The Grand Jury report does not make this distinction which we believe is important to note.

Further, Children and Family Services believes it is important to clarify the timeline of events with regards to the inquiries and production of records to the Grand Jury and hereby disputes a delay occurred as reported. In April 2022, CFS received the request for confidential documentation from the Grand Jury. The Grand Jury was notified that a Welfare and Institutions code (WIC) Section 827 Petition needed to be filed with the Juvenile Dependency Court in order to request court authorization for release of confidential case information. The motion was filed on May 18, 2022, with the Superior Court and the court ordered the release of the records on July 05, 2022. The first batch of documentation was submitted to the Grand Jury on July 29, 2022, and on a rolling basis thereafter until completion. We acknowledge that the Department required some time to produce all documents requested however, information requested by the Grand Jury normally available via a Public Records Act request was provided within a reasonable timeframe which also included interviews of requested staff and site tours.

FINDINGS AND RESPONSES

Finding 23-01: San Bernardino County Children and Family Services has no proactive outreach unit with strategies or services to assist those families in need, so that they do not become a part of Children and Family Services in the future.

Response: San Bernardino County Children and Family Services partially agrees with this finding however it is important to note that CFS is bound by the California State Child Abuse Reporting Law which provides the legal basis for action to protect children and to allow intervention by public agencies if a child is being abused/or neglected. San Bernardino County Children and Family Services contact with families begins when a child abuse and/or neglect referral that is made to the Hotline and an investigation is initiated. Absent a referral CFS has no legal right or basis to initiate contact with a family.

The Children and Family Services Alternative Response Team evaluates certain reports of abuse and neglect prior to assignment for investigation to determine whether it is safe and appropriate to connect families to community-based prevention and support services as an alternative to formal CFS investigation and intervention.

Additionally, when it is determined through a Children and Family Services investigation that the report of abuse and/or neglect does not rise to the level of formal system intervention, but that services and supports would be helpful to prevent a re-referral of a family, Children and Family Services investigators refer families to these same community-based programs.

When a report of possible child abuse or neglect is received, an investigation is initiated. The purpose of the investigation is to learn if a child has been harmed or is at risk of harm, reduce the risk and increase the safety of the child, and determine the need for services to support the family. San Bernardino County Children and Family Services is required by State and Federal Law to make all reasonable efforts to prevent or eliminate the need for removal of a child from their home. Most removals are sought by way of a warrant [court order] after reasonable efforts have failed. Reasonable efforts are again reviewed by the juvenile dependency court at the initial hearing 72 hours following the removal of the child.

On February 9, 2018, the Bipartisan Budget Act of 2018 - Public Law (P.L.) 115-123 which includes the Family First Prevention Services Act (FFPSA) was signed into law. The FFPSA amends the Title IV-E foster care program and revises Title IV-B, subparts 1 and 2 programs.

The objective of FFPSA is to enhance support services to families to help children and youth remain at home and reduce the use of congregate care placements by

increasing options for prevention services, increased oversight, requirements for placements, and enhancing the requirements for congregate care placement settings. The following provisions are included in FFPSA:

- Title IV-E reimbursement for evidence-based, trauma-informed prevention services.
- Support for kinship (relative) caregivers.
- Limits on congregate care placements.
- Improvements to services for older and transitional-aged youth.

Children and Family Services has in current development a Comprehensive Prevention Plan in collaboration with community partners, other county departments and persons with lived experiences to submit to the California Department of Social Services (CDSS) a plan of prevention that will be submitted by July of 2023. CFS' Comprehensive Prevention plan will enhance supportive services to children and families in the community with the intended outcome of providing evidence-based trauma support services to children and families to prevent the need for foster care.

In 2022, Children and Family Services began their community engagement program. Engagement within the community will enable CFS to develop, operate and coordinate programs with community-based family support services, family preservation services, time-limited family reunification services, and adoption promotion and support services. Part of collaborating includes mechanisms and avenues to receive input from partners, stakeholders and the community.

During the last System Improvement Plan cycle, feedback from stakeholders during the County Self-Assessment was to increase engagement and communication within the community. In 2022, CFS began formalizing a Community Engagement process to embed CFS in our communities that we serve throughout San Bernardino County by partnering, collaborating, and building trust to enhance positive relationships and prevent child abuse and endangerment. The benefits will result in improved family outcomes and a deeper commitment amongst the communities we serve. Based upon the departments outreach goals, we will strive to gain the confidence of our communities so that they feel welcomed and accepting of our assistance. The value of effective engagement leads to organizational change, decrease in safety and risk factors in the home, as well as an increased ability to share information and track families across agencies and providers. Engagement within the community will enable CFS to develop, operate and coordinate programs with community-based family support services, family preservation services, time-limited family reunification services, and adoption promotion and support services. The following are some of the community outreach activities that have taken place during this effort:

- FAITHS Resource Fair (Grand opening/Highland))
- Redlands Community Resource Fair

- Morongo Basin Resource Fair
- Apple Valley Airshow
- Church of Nazarene Belt Quilters Holiday Event
- CASE Human Trafficking Symposium (VV)
- CASE Human Trafficking Symposium (Rancho)
- Annual CASE Human Trafficking Awareness Walk/Event (Rancho)
- Rialto Unified School District Divergent Games

Finding 23-02: There is no independent watchdog group which oversees the San Bernardino County Children and Family Services.

Response: San Bernardino County Children and Family Services partially agrees with this finding but believes it is important to provide further context. State law does not provide for local independent review boards to monitor child welfare agencies. The California Department of Social Services (CDSS) is tasked with monitoring child welfare agencies and is statutorily authorized to compel compliance with state law and regulations. In addition, the State Foster Care Ombudsman’s office is tasked with oversight and investigations on complaints involving children in foster care placement. In 1998, youth advocates from California Youth Connection (CYC) recognized the need for an agency that would advocate for the voices of youth in the foster care system. As a result of that advocacy, the California Office of the Foster Care Ombudsperson (OFCO) was created. In 2021, San Bernardino County Children and Family Services (CFS) developed the CFS Office of the Ombudsperson as an internal complaint resolution process for complaints received directly by CFS. The goal of both the OFCO and CFS Office of the Ombudsperson is to resolve complaints promptly in an impartial, objective, and professional manner. Further, the Children and Family Services’ (CFS) Office of the Ombudsperson is tasked with expeditiously reviewing and resolving complaints received from clients, caregivers, community partners, the public, elected/public officials and other individuals.

Finding 23-03: There are no proactive/preventive measures for effectively vetting and background checking San Bernardino County Children and Family Services Resource Family Homes and foster settings.

Response: San Bernardino Children and Family Services disputes this finding. Children and Family Services follows all State and Federal laws, regulations and written directives in vetting and approving Resource Family Homes. In addition to the legal requirements, Children and Family Services has a policy of reviewing prior child welfare histories of potential caretakers as an added measure of protection.

Other foster settings, such as foster homes approved through Foster Family Agencies (FFAs) and Short-Term Residential Treatment Programs (STRTPs) are licensed and monitored through the State.

San Bernardino County Children and Family Services clearance process follows the Resource Family Approval Background Assessment Guidelines as required by CDSS which was provided to the Grand Jury in response to the request for information. This Resource Family Approval (RFA) Background Assessment Guide (BAG) is intended to be the sole guide for RFA background check procedures. The RFA background check process consists of uniform components to ensure all foster care providers are evaluated by the same standard. The RFA background check components are limited by law to the following: 1. Live scan fingerprint check results (including state and federal criminal history information and Child Abuse Central Index (CACI); 2. Megan's Law check; 3. Licensing Information System (LIS)/Administrative Action Records Systems (AARS) check; 4. Department of Motor Vehicle (DMV) check (only for adults who may frequently transport a child or nonminor dependent); and 5. Resource Family Criminal Record Statement.

CDSS has indicated a general search of Child Welfare Services/Case Management System (CWS/CMS) history is not a part of the criminal background check process and by law cannot be used to deny a clearance or exemption. The use of CWS/CMS information in the context of the background check is limited to substantiated reports of child abuse and severe neglect which are contained in the CACI and received from the Department of Justice (DOJ) as part of live scan fingerprint submissions.

In addition to the CDSS RFA approval process, the juvenile court can make court-ordered placements for a child in a home regardless of whether the individual is an approved Resource Family; however, Title IV-E funding is not available for any child placed in a home in which a caregiver has been convicted of a non-exemptible crime.

In addition to the Resource Family Approval Background Assessment Guide, San Bernardino County Children and Family Services requires additional placement measures which include tracking and researching foster parents, potential and post-approval homes to determine patterns of allegations in the referral history, narratives, unfounded, inconclusive and substantiated referrals, and temporary suspension of new placements in homes when there are safety concerns (county holds). For homes with more than five referrals of inconclusive and substantiated reports, management or higher level of approval is required prior to placement of new or additional minors there.

Post-home approval, CDSS has implemented a Record of Arrest and Prosecution (RAP) process through the Department of Justice (DOJ) for those who have live scanned who live in the home or are associated with the home. As such the Department of Justice will continue to send the reviewing agency subsequent arrest notifications regarding a pending applicant, an approved resource family or

for those who have been transferred to another reviewing agency. The subsequent notification received by the reviewing agency can include either arrest information or disposition information. Reviewing agencies will not receive notification of subsequent criminal justice contact if the reporting agency did not report the information to DOJ or criminal justice contact that occurred outside the jurisdiction of California.

If an individual was allowed in a resource family home because the individual in the home had a criminal record clearance or exemption and the reviewing agency subsequently receives a RAP sheet containing an arrest but no convictions, CDSS requires the individual shall be allowed to remain in the home while the underlying conduct is investigated. If the Department believes there is an immediate risk or threat to the health and safety of a child or nonminor dependent that may warrant an immediate exclusion action, CFS can intervene, conduct a legal consult with CDSS and rescind the clearance or exemption.

In addition, post-approval home licensing requires continuous monitoring. Resource Family Homes (RFHs) approved effective July 1, 2020, must be reassessed at least biennially. Resource Family Approval (RFA) annual updates begin no sooner than 60 calendar days prior to the approval anniversary date, are completed no later than 30 calendar days after the approval anniversary date. There must also be approval by the Children and Family Services (CFS) RFA Home Environment (HE) Social Worker (SW). A reassessment due to a significant change begins within 30 calendar days of notice of the change. If complicated circumstances exist (death in family, divorce, criminal or CFS interventions) that have an impact on the Resource Family functioning, these or any significant changes to the family evaluation are updated. Other changes include requests to increase capacity changes, changes to the family composition, physical changes to the structure of the home environment and the resource family moving to a new address. Further post-approval requirements include but are not limited to reviewing subsequent arrest notifications, review of any corrective action plan, separately interviewing all individuals who reside in the home.

Finding 23-04: There is no data interfacing between Children and Family Services and law enforcement which would capture, track, and maintain data on all foster child abuse allegations and investigations.

Response: CFS agrees with this finding. San Bernardino Children and Family Services has no authority over the degree to which law enforcement becomes involved or is involved in child abuse investigation or tracking of data. CFS and Law enforcement's collaboration is required according to the Child Abuse and Neglect Reporting Act (CANRA). Per PC 11166(j), Children and Family Services (CFS) shall immediately or as soon as practically possible, report by telephone,

fax or electronic transmission to the law enforcement agency having jurisdiction over the case and to the district attorney all referrals, except general neglect and infants who test positive for controlled substances. CFS must send, fax, or electronically transmit a written report within 36 hours of receiving information concerning the incident to any agency to which it makes a telephone report. Law enforcement must also cross-report pursuant to PC 11166(k).

Children and Family Services also established a protocol for law enforcement to request records on mutual child abuse investigations which is provided within a short time frame in order to support the law enforcement agencies when documentation is needed for their efforts.

San Bernardino Children and Family Services has a history of participating in a Collaborative committee made up of invited law enforcement agencies within the County, Children's Assessment Center [CAC], District Attorney's Office, County Counsel, and other participants that meet quarterly to discuss child abuse investigations and to assist in the facilitation and exchange of information and investigations. This group also has conducted trainings for both law enforcement agencies and CFS on child abuse investigations and practices. Since that initiative, CFS has taken a different approach with each region meeting collaboratively within their jurisdictions to address any needs that may arise. CFS has also began an initiative to collocate CFS social workers at law enforcement agencies. This collaborative is expected to continue in its development with the expectation that more law enforcement agencies and CFS will participate.

Finding 23-05: Children and Family Services does not share information with a Foster Family Agency in a timely manner. This causes delays in foster children being evaluated by medical/behavioral health providers, and the 30-day requirement to see a primary care physician is delayed.

Response: San Bernardino Children and Family Services does not agree with this finding. San Bernardino Children and Family Services currently works with 85 Foster Family Agencies with whom Children and Family Services has contracts. CFS has a foster family agency liaison who works specifically with the foster family agencies to sort through any concerns that may arise. CFS further meets with the foster family agencies on an ongoing basis. Through the county self-assessment kickoff event held in April 2022, CFS invited community agencies, foster family agencies, resource families and other county agencies to participate in addressing the array of services, permanency and child maltreatment and how CFS can improve. The feedback collected from the participants in addition to the feedback from CFS' peer review will be added to the System Improvement Plan with efforts dedicated to the achievement of improving the care of children in out-of-home care. Under the current MOUs, Foster Family Agencies are responsible for arranging appointments for the primary care physician within 30 days of placement. Consent

for non-surgical routine comprehensive treatment is provided to the care provider by the social worker upon placement in the foster homes.

San Bernardino Children and Family Services also collaborates with local Inland Empire Health Plan (IEHP) providers and the new Resiliency Institute for Childhood Adversity (RICA) through the Loma Linda University Health agency to provide expedient medical care for foster youth.

When a Medi-Cal card is needed urgently, Children and Family Services collaborates with the Transitional Assistant Department through an efficiency method to obtain an urgent-need Medi-Cal card. The urgent-need Medi-Cal card is either mailed directly to the new care provider or the card can be picked up by the care provider at any local CFS office based on the care provider's request. California Statewide Automated Welfare System (CalSAWS) is able to provide the temporary Medi-Cal card information almost immediately for those with established Medi-Cal coverage.

In addition, Children and Family Services collaborates with IEHP for managed health care services for Medi-Cal eligible foster youth. The program is called IEHP Open Access. IEHP Open Access has a specialized case management unit called a "POD," which handles an array of enhanced services including, but not limited to: An enhanced provider network, Expanded case management (including referrals to the Department of Behavioral Health for counseling, and referrals to California Children and Family Services (CCS) for children with medically eligible conditions), Communications among IEHP, Public Health Nurses, Social Workers (SWs), and Eligibility Workers (EWs) Access to medical histories of children enrolled in the plan, After Hours Nurse Advice Line (for foster parents) Spanish-speaking staff, Doctor-to-doctor referrals to specialists, Health education classes (e.g., classes regarding chronic health issues), Non-emergency transportation assistance to medical appointments, Car seats for infants up to 12 months of age, Bicycle helmets for children ages 5-14 ,Vitamins (at no cost) and Vision care.

Finding 23-06: Social workers do not visit all children monthly or make frequent unannounced visits and there are insufficient and inadequate home inspections during visits.

Response: San Bernardino Children and Family Services does not agree with this finding. The County cannot verify what information the Grand Jury received to support this finding and the source of the information is not disclosed in the report. San Bernardino Children and Family Services follows State and Federal laws and regulations in making in-person monthly contact with children in foster care. The frequency of unannounced contacts is set forth in regulation. During the Covid-19 pandemic, CFS followed the guidelines in all All-County Letters (ACLs) issued by CDSS regarding in-person contacts. (ACLs # 20-25, ACL 20-31, ACL 20-70, ACL 20-73, ACL 20-130, ACL 21-08, and ACL 21-80).

Contact type and frequency varies on the service component of the case and placement type. The California Department of Social Services (CDSS) modified its definition of who can visit a child to include those social workers employed by foster family agencies, out-of-state social workers, and probation officers. For foster family agencies, a child is required to be seen a total of four times monthly which includes three visits from the agency foster family agency and a minimum of once for the CFS. In addition, although the social worker is required to make a minimum of once-a-month contact, often other Children and Family Services staff contact children in open cases. For example, when ordered by the Juvenile Dependency Court, visitation with parents is required a minimum of once a week. For those visits, often additional contacts occur with children by other contact types which include contact with administrative social workers, social service aides or mandated reporter visitation monitors. Further, mandated reporters from school, service providers such as therapeutic service providers, school officials and medical professionals make contact with children in open cases and are required to report suspicious child abuse.

Regarding Family Maintenance cases, based on State regulations, social workers conduct no less than one face-to-face contact as required each calendar month with the child and parent/guardian. Unannounced visits occur where the child physically resides in order to observe the physical environment of the home and assess safety/risk factors, assess the family's current functioning and the child's safety and well-being in the context of the home environment, identify the parent/guardian's strengths and concerns (e.g., what is working well, what are the worries, and what needs to happen next), Identify and respond to the family's current needs in order to maintain the child in the home (e.g. additional referrals to resources), and determine if additional intervention is necessary due to conditions that place the child's safety at risk if he/she remains in the home. The SW must advise the child that he/she has the right to request private discussion, currently stipulated by state law, occur outside the home. For Family Reunification and Permanency cases, State regulations mandate that for each calendar year, more than 50 percent of the face-to-face contacts with the child take place in the child's foster home/placement, rather than another location, such as the child's school. No more than two consecutive monthly face-to-face contacts are to be held outside of the residence of the foster child. The SW must advise the foster child that he/she has the right to request that private discussion, currently stipulated by state law, occurs outside the foster home or other placement. State regulations also mandate that whenever possible and practical, the SW shall visit the child alone in a quiet and private setting. This could help the child feel comfortable sharing any concerns with the SW he/she may have about his/her placement.

Finding 23-07: There is insufficient, inconsistent, and a lack of continuous education and training for social workers, resource families, and foster children within the San Bernardino County Children and Family Services.

Response: San Bernardino Children and Family Services disagrees with this finding. In addition to all social workers attending the State-mandated, Child Welfare Common Core 3.5 Curricula training, the County also requires social workers employed by San Bernardino Children and Family Services to attend an eight-week Orientation and Induction course which provides training on all CFS policies related to their employment. This training is conducted by the County's Performance Education Resource Center (PERC) in collaboration with subject matter experts from Children and Family Services and County Counsel. In addition to this training for new employees, Children and Family Services provides continuing education to its existing workforce through subject matter trainings for line staff, as well as a nine-week Training Education (TEDS) for supervisors with advanced simulation and additional individual and group supervisor coaching. Supervisors are also required to attend State-mandated Supervisor Core trainings in addition to other in-service trainings provided annually.

San Bernardino County has begun implementation of the Workforce Success 2022 initiative - a plan to address employee retention and to better meet the needs of our organization. We conducted a Rapid Improvement Event (RIE) that focused on hiring, onboarding, training, and transitioning new hires from the training units to the operational regions.

Oversight of the Foster Family Agencies and Short-term Residential Therapeutic Programs (STRTPs) monitoring and compliance is regulated by the State.

San Bernardino Children and Family Services provides education and training courses available to foster youth through their Independent Living Program (ILP) staff and in partnership with contracted providers. This program includes such course work as life skills courses which are a series of classes designed to teach youth important skills that they will need when they are living on their own after exiting foster care. Through these classes, youth learn how to budget and manage their money and other resources, cooking skills, job skills, locating and maintaining housing, how to meet education needs such as researching colleges and the application process. They also receive social skills/etiquette training, health and parenting education. The classes teach these skills using interactive and hands-on activities. Additionally, these skills are provided and reinforced through various ILP events such as an employment conference, health fair, and Independent City. Support, encouragement, and recognition are provided through the Prom Extravaganza, Senior Celebration and when appropriate, assistance with summer housing for eligible youth who are attending college.

Finding 23-08: There are insufficient mental health services and resources for the foster children.

Response: San Bernardino Children and Family Services disagrees with this finding. Children and Family Services has a highly collaborative and effective relationship with the San Bernardino County Department of Behavioral Health, which includes data-sharing, the braiding and leveraging of funding, and shared contracts through which the mental health needs of foster children are met. Both departments work together to oversee a Referral, Screening, Assessment and Treatment (RSAT) process to ensure that all foster children receive a mental health screening and further mental health assessments and treatment as the unique mental health needs of a foster child demand. Department of Behavioral Health clinicians are co-located in Children and Family Services offices. Service Coordinators from Children and Family Services partner with these clinicians and social workers to schedule assessments. Furthermore, through its own clinicians and contracted providers, the Department of Behavioral Health provides Intensive Care Coordination and Intensive Home-Based Services, including Wraparound Services, to foster youth with the most complex needs.

This collaborative relationship with the Department of Behavioral Health also includes a number of available interventions for foster youth in crisis, including short-term Crisis Stabilization Units, Psychiatric Mobile Response Teams, and a Family Urgent Response System that can be accessed directly by caregivers and the foster youth themselves.

Additionally, throughout the juvenile dependency case, the Court orders appropriate therapeutic services to individual foster children through their case plans. These services are reviewed by the Court for reasonableness and adequacy every six months.

Finding 23-09: Children placed in any Resource Family Home or foster setting are not routinely evaluated mentally and physically before going into another foster setting. A baseline is not established for the new foster setting.

Response: San Bernardino Children and Family Services disagrees with this finding. When a child is moved from one foster setting to another, the foster youth's mental health, physical health and education status is provided to the new caregiver. The physical health of foster youth is continuously monitored through regular well-child visits pursuant to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. The process for ensuring that the mental health needs of foster youth are continuously assessed and met is described in the response to Finding 23-08. Additionally, Department of Behavioral Health Clinicians and contracted mental health providers regularly conduct Child and

Adolescent Needs and Strengths (CANS) assessments through which baselines are established and progress is measured.

Finding 23-10: The younger foster children, aged birth-four, have very limited access for reporting abuse.

Response: San Bernardino Children and Family Services disagrees with this finding. The term “limited access” is vague. However, in addition to the monthly contacts for the carrier social worker on the individual child’s case, in Foster Family Agency homes there is an additional social worker provided who is required to see each child within the placement home three of four weeks per month. The child is also seeing the primary medical physician for well-baby check-ups and immunizations. Additional services and agencies may be involved if the child has medical needs or developmental concerns such as Inland Regional Early Start program, and examinations by contracted Public Health nurses. Each minor is also appointed an attorney through the juvenile dependency case who also has social workers employed by minor’s counsel. They are also responsible for communicating with their clients and raising concerns with the Juvenile Court on any deficiencies with services provided or deficiencies within the foster setting. While the verbal acuity of the children aged birth to four years will vary based on child development, the child is routinely seen by mandated reporters on an ongoing basis who are responsible for ascertaining the wellness and care of the child.

The Department of Behavioral Health provides Screening Assessment Referral and Treatment for children ages 0-5 which includes for those children who qualify, occupational therapy, physical therapy and other medical service provisions.

Children and Family Services is currently working with the Department of Public Health on Public Health Nurses seeing infants, ages 0-1 in out-of-home care monthly during the infant’s first year or until reunification occurs.

Finding 23-11: The requirement for how many times babies and toddlers, ages birth to four, are seen by their SWs is unclear and babies and toddlers are seriously at risk for abuse and neglect in Resource Family Homes or other foster settings.

Response: San Bernardino Children and Family Services disagrees with this finding. As indicated in the County’s response to Finding 23-10, the County takes seriously the responsibility for the welfare and health of the children within its supervision.

Finding 23-12: Children removed from a biological or foster setting do not have a Temporary Sheltering Center in which to stay while placement is determined. The children must sleep on a cot in the Social Worker's office or any area in the Children and Family Services building for days or weeks at a time.

Response: San Bernardino Children and Family Services agrees in part with this finding. A certain number of children and youth, particularly those with complex needs and significant behavioral/emotional problems, spend nights in Children and Family Services offices as staff diligently search for appropriate placement settings willing and able to care for them. This phenomenon is not unique to San Bernardino County and is felt by most, if not all, counties in California. The systemic causes of current conditions include:

- Continuum of Care Reform, which has significantly reduced congregate care capacity in the State while failing to increase the number of small family home settings to meet the needs of high-needs youth
- The State's de-certification of out-of-state congregate care placements, which prohibits Children and Family Services from placing youth in those homes which have traditionally served the highest needs population.
- Changes in the delinquency system have led to more children/youth in the child welfare system who would have been in the delinquency system.
- A statewide shortage of placement and treatment providers who are able and willing to care for youth with the most acute and complex needs

Temporary, or Transitional Care, for children awaiting placement is a statewide issue in California. All County Letter (ACL) #17-32 defines Transitional Care as "(T)he care and supervision required to be provided by the child welfare agency during the period between removal of the child and/or non-minor dependent from their home or from an approved or licensed care provider and the placement of that child and/or non-minor dependent with an approved or licensed care provider."

The children and youth needing Transitional Care are typically teenagers with mental health issues (who are hard to place in approved placements due to their behaviors, which at times can be violent, and children with special health care needs) as well as emotionally disturbed, volatile children and youth who should be in specialized therapeutic treatment settings, Short-Term Residential Therapeutic Programs (STRTPs), drug treatment programs, Commercial Sexual Exploitation of Children (CSEC) services, etc.

In December 2021, Children and Family Services completed an application for a San Bernardino County Transitional Shelter Care facility. In February 2022, the Board of Supervisors gave CFS approval to submit an application to the

Community Care Licensing Division of the California Department of Social Services. At the State's request, Children and Family Services submitted revisions to this application in July and November 2022. Children and Family Services is awaiting a response from the California Department of Social Services.

In addition, Children and Family Services has worked diligently to develop other placement and treatment capacity for children and youth with complex needs. These efforts include:

- Creating and staffing an Isolation and Quarantine Shelter for COVID-positive and COVID-exposed youth. This shelter has a capacity of six children.
- Significantly expanding temporary shelter bed capacity through existing contracts.
- Using funding recently made available by the State to partner with placement agencies to fund and create specialized placements for foster youth with complex needs.

Additional efforts underway include:

- A contract pending Board of Supervisors approval for 10 Intensive Services Foster Care homes for Commercially Sexually Exploited Children.
- A Request for Proposals for 10 Enhanced-Intensive Services Foster Care homes.
- An application for funding and support has been submitted to the State for a Children's Crisis Continuum Pilot to be implemented in partnership with Riverside County. If the application is accepted and funded, a continuum of care from hospitalizations to relative care will be available to a specific number of youth, with specialized teams following the youth throughout the continuum. We are awaiting notification of award.
- Children and Family Services is working to expand shelter bed capacity by an additional 12 beds.
- In January 2023, Children and Family Services entered into a Memorandum of Understanding with the Department of Behavioral Health (DBH) that will provide for the screening of substance use and abuse among youth, referrals to services and some case management services for youth.

RECOMMENDATIONS AND RESPONSES

Recommendation 23-01: Disband the current San Bernardino County Children and Family Services organizational system and create, build, and implement community-based one-stop centers where all services are centralized, integrated, and interconnected for all foster care services. To be implemented by July 2023.

Response: The County does not intend to implement this recommendation and finds it not legally feasible and contrary to statutory authority; nor does it have the legal authority to do so. The State legislature empowered the State to establish Child Welfare departments, which in turn delegated this power to the Counties under Welfare & Institutions Code. All counties shall establish and maintain specialized organizational entities within the county welfare department which shall have sole responsibility for the operation of the child welfare services program. The delivery of such services is a county function, which is subject to the regulations of the State Department of Social Services.

Conclusion:

Recommendation is not legally feasible and contrary to statutory authority and will not be implemented because it is not warranted and unreasonable, does not comport with the statutory authority. [PC 933.05(b)(4)]

Recommendation 23-02: Children and Family Services to create a community outreach proactive services unit to provide services and resources to those in-need families without any governmental intervention or regulation. Services provided to include, food, babysitting services, clothes, respite care, parenting classes, child development classes, medical referrals, etc...without documentation. To be implemented by July 2023.

Response: County does not have legal authority to implement this recommendation. Although the recommendation is well-intended, child welfare agencies must adhere to State and Federal laws requiring the use of public funds, accountability of those funds, and the documentation associated with the expenditures. It is important to note that San Bernardino Children and Family Services, in conjunction with other County agencies and private non-profit organizations already provides services to include food, caregiving services, clothes, respite care, parenting and child development classes, and referral to appropriate medical treatment and/or mental health care.

Children and Family Services does offer food, respite care, child day care, respite care, clothes, and parenting classes through contracted service providers.

CFS service coordinators and fiscal specialist/assistants are in each geographical region to process Child Abuse Prevention Treatment Services, which include goods and services to families for families to support family stability in an effort to avoid opening a dependency case and those within a CFS open case. The coordination of these efforts include preventive services: of clothing, tutoring, rental assistance, utility assistance, furniture, basic household goods, diapers, formulas, motel vouchers, tutoring, counseling, parent education, supervised visitation and other services. The services are available in each CFS region and are administered throughout the county.

Respite Care provides parents and relative caregivers the ability access to temporary Child Day Care (CDC) as a relief to prevent or reduce the consequences of abuse and/or neglect. The California Department of Education (CDE) defines respite care as: Less than 24 hours of care per day that is provided by a/n: Licensed day care center, Individually licensed home, or License-exempt provider. Short-term care to assist in crisis situations, and NOT appropriate if the respite care is needed immediately (same day referral). At times, the parent/relative caregiver may require respite care for a brief period of time. Acceptable requests for respite care include (but are not limited to) requests: For “time out” from a difficult-to-manage child, due to emergency situations (attending a funeral or similar situation), and due to short-term medical situations (overnight hospital stay for parent/relative caregiver). CFS also offers Emergency Bridge Child Care Program (EBCCP) to assist eligible Resource Parents with child care services for foster children ages 0-12 and 13-15 for a child with exceptional needs or who is severely disabled.

San Bernardino County Children and Family Services collaborates with many community organizations to provide necessary services to families and children in need. The Children and Family Services Alternative Response Team evaluates certain reports of abuse and neglect prior to assignment for investigation to determine whether it is safe and appropriate to connect families to community-based prevention and support services as an alternative to formal CFS investigation and intervention. These supports and services are made possible through contracts with community-based organizations and are funded through Federal Child Abuse Prevention and Treatment Services and Promoting Safe and Stable Families programs. Additionally, when it is determined through a Children and Family Services investigation that the report of abuse and/or neglect does not rise to the level of formal system intervention, but that services and supports would be helpful to prevent a re-referral of a family, Children and Family Services investigators refer families to these same community-based programs.

On February 9, 2018, the Bipartisan Budget Act of 2018 - Public Law (P.L.) 115-123 which includes the Family First Prevention Services Act (FFPSA) was signed into law. The FFPSA amends the Title IV-E foster care program and revises Title IV-B, subparts 1 and 2 programs.

The objective of FFPSA is to enhance support services to families to help children and youth remain at home and reduce the use of congregate care placements by increasing options for prevention services, increased oversight, and requirements for placements, and enhancing the requirements for congregate care placement settings.

Children and Family Services is currently developing a Comprehensive Prevention Plan in collaboration with community partners, other county departments and persons with lived experiences. The plan of prevention will be completed and submitted to the California Department of Social Services (CDSS) in 2023. CFS' Comprehensive Prevention plan will enhance supportive services to children and families in the community with the intended outcome of providing evidence-based trauma support services to children and families within the community with the intended outcome of preventing children from coming into foster care.

In 2022, Children and Family Services began its community engagement program. Engagement within the community will enable CFS to develop, operate and coordinate programs with community-based family support services, family preservation services, time-limited family reunification services, and adoption promotion and support services. Part of collaborating includes mechanisms and avenues to receive input from partners, stakeholders, and the community.

During the last System Improvement Plan cycle, feedback from stakeholders during the County Self-Assessment was to increase engagement and communication within the community. In 2022, CFS began formalizing a Community Engagement process to embed us in our communities that we serve throughout San Bernardino County by partnering, collaborating, and building trust to enhance positive relationships. The benefits will result in improved family outcomes and a deeper commitment amongst the communities we serve. Based on the departments outreach goals, we will strive to gain the confidence of our communities so that they feel welcomed and receptive of our assistance. The value of effective engagement leads to organizational change, decrease in safety and risk factors in the home, as well as an increased ability to share information and track families across agencies and providers. Engagement within the community will enable CFS to develop, operate and coordinate programs with community-based family support services, family preservation services, time-limited family reunification services, and adoption promotion and support services

Conclusion: Recommendation will not be implemented because it is not warranted and unreasonable and does not comport with the statutory authority. [PC 933.05(b)(4)].

Recommendation 23-03: *San Bernardino County Board of Supervisors to form an independent watchdog group/children commission to oversee Children and Family Services social workers in San Bernardino County. Members of this group would be authorized by the court and have full access to all confidential documentation. The commission would report to the County Board of Supervisors quarterly. To be implemented by July 2023.*

Response: The County will not implement this recommendation. This same recommendation was requested and responded to in the 2018-2019 Grand Jury Report. The California Department of Social Services is tasked with monitoring child welfare agencies and is statutorily authorized to compel compliance with State law and regulations. State law does not provide for the formation of local independent oversight review boards, which in order to function would have to be granted access to confidential records that State law currently would prohibit the members of such a body from viewing.

Conclusion:

Recommendation will not be implemented because it is not warranted and unreasonable and does not comport with the statutory authority. [PC 933.05(b)(4)]

Recommendation 23-04: *Before the initial placement of any child into the foster care system, or subsequent placement, there will be a mental and medical examination. To be implemented by June 2023.*

Response: The County will not implement this recommendation. The County does not have legal authority to have every child undergo a medical and/or mental examination prior to removal. During referral investigations, CFS does obtain Child Assessment Center (CAC) examinations and interviews through parental consent and/or court-ordered warrant when appropriate. Upon removal, CFS does have authority to seek emergency medical attention for minors in need based upon exigence. Otherwise, CFS does obtain routine medical and mental health examination authority at the initial detention hearing in the juvenile dependency case. Those examinations are conducted through the Healthy Homes and SART programs.

Conclusion: Recommendation will not be implemented because it is not warranted and unreasonable, does not comport with the statutory authority. [PC 933.05(b)(4)]

Recommendation 23-05: Law enforcement to classify reports indicating that they are part of the foster care system so they can be referenced. Children and Family Services and law enforcement to capture, track and maintain data on all foster child abuse allegations and investigations. To be implemented by July 2023.

Response: San Bernardino Children and Family Services has implemented, in part, this recommendation by following Federal and State law under the Child Abuse and Neglect Reporting Act (CANRA) and the associated statutes under Penal Code, Part 2, Title 1, Article 2.5, sections 11164-1174.3. Penal Code section 11166 specifically mandates “(1) A county probation or welfare department shall immediately, or as soon as practicably possible, report by telephone, fax, or electronic transmission to the law enforcement agency having jurisdiction over the case, to the agency given the responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code, and to the district attorney’s office every known or suspected instance of child abuse or neglect, as defined in Section 11165.6, except acts or omissions coming within subdivision (b) of Section 11165.2, or reports made pursuant to Section 11165.13 based on risk to a child that relates solely to the inability of the parent to provide the child with regular care due to the parent’s substance abuse, which shall be reported only to the county welfare or probation department. A county probation or welfare department also shall send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it makes a telephone report under this subdivision.” (section 11166, subd. (j)(1).)

San Bernardino Children and Family Services has no authority to require law enforcement to classify reports indicating that they are part of the foster care system so they can be referenced. Therefore, this recommendation cannot be implemented.

Conclusion: Recommendation has in part already been implemented and is directed at an agency that is not an entity within CFS’ control. Response complies with PC 933.05(b)(2)

Recommendation 23-06: Children and Family Services Social Worker to visit the Resource Family Home or foster setting four times a month, two announced and two unannounced, perform a complete home inspection, and interview foster children along every visit. No field visit to be accomplished by any form of virtual technology. To be implemented by July 2023.

Response: While well-intended, this recommendation will not be implemented. San Bernardino Children and Family Services follows State law and regulations regarding social worker contact with minors placed in Resource Family Homes and foster settings. During the Covid-19 pandemic, the State set forth instructions to the counties to follow regarding the use of virtual technology in order to conduct

contacts with youth in care. The County followed those instructions. This has since ended July 2021.

State regulations require the majority of the social worker visits each calendar year to take place in the child's foster home/placement. Social Workers shall visit each child who remains in home at least once each calendar month. The visits may occur every two months if child has no severe physical or emotional problems caused or aggravated by remaining in his/her own home, child visited three times per month by family preservation social worker (FFA social worker). Whenever possible and practicable, the social worker shall visit the child alone and in a quiet and private setting.

The Grand Jury's recommendation of contact four times a month, two announced and two unannounced is not feasible due to the extreme size of a County work force that would be required. The County is in constant recruitment for open social worker positions as it stands now under the current regulatory requirement for contact. For children in FFA homes, conceivably the child is being seen four times a month: once by the County social worker, and three of four weeks by the FFA social worker. The recommendation also does not account for the other individuals who have responsibility for the care of those minors, such as the foster parent themselves, the FFA social workers, school personnel for school aged children, therapeutic service providers such as WRAP services, minor's counsel and their social workers, and medical personnel. CFS policy is to interview the children alone if appropriate, however CFS does not force children to be interviewed alone if they ask for a parent/foster parent to be present.

Regarding the recommendation to complete a home inspection at each visit, CFS is only allowed to view the parts of the home under the control of the foster parents and with foster parents' consent. Even if a court order was in place, CFS still cannot force their way into a locked area or any room the foster parent refuses without a warrant and police assistance. Home inspections are conducted on the resource family homes at initial approval, and biennially by CFS' placement resource division.

Contact type and frequency varies based on the service component of the case and placement type. CDSS modified its definition of who can make a visit with a child to include those social workers employed by foster family agencies, out-of-state social workers, and probation officers. For foster family agencies, a child is required to be seen a total of four times monthly which includes three visits from the foster family agency and minimum of once for CFS. In addition, although the social worker is required to make minimum once a month contact, often other Children and Family Services staff make additional contacts with children in open cases. For example, when ordered by the Juvenile Dependency Court, visitation with parents is required a minimum of once a week. For those visits, often

additional contacts occur with children by other contact types which include contact with administrative social workers, social service aides or mandated reporter visitation monitors. Further, mandated reporters from school, service providers such as therapeutic providers, school officials and medical professionals make contact with children in open cases and are required to report suspicion of child abuse.

For Family Maintenance cases based on State regulations, social workers conduct no less than one face-to-face contact each calendar month with the child and parent/guardian. Unannounced visits occur where the child physically resides in order to observe the physical environment of the home and assess safety/risk factors, assess the family's current functioning and the child's safety/well-being in the context of the home environment, identify the parent/guardian's strengths and concerns (e.g., what is working well, what are the worries, and what needs to happen next), Identify and respond to the family's current needs in order to maintain the child in the home (e.g. additional referrals to resources), and Determine if additional intervention is necessary due to conditions that place the child's safety at risk if he/she remains in the home. The SW must advise the child that he/she has the right to request that private discussion, currently stipulated by state law, occur outside the home. State regulations also mandate that whenever possible and practical; the SW shall visit the child alone in a quiet and private setting. This could help the child feel comfortable sharing any concerns with the social worker he/she may have about his/her placement. For Family Reunification and Permanency cases, State regulations mandate that for each calendar year, more than 50 percent of the face-to-face contacts with the child take place in the child's foster home/placement, rather than another location, such as the child's school. No more than two consecutive monthly face-to-face contacts are to be held outside the residence of the foster child. The SW must advise the foster child that he/she has the right to request that private discussion, currently stipulated by state law, occur outside the foster home or other placement. State regulations also mandate that whenever possible and practical; the SW shall visit the child alone in a quiet and private setting. This could help the child feel comfortable sharing any concerns with the SW he/she may have about his/her placement

For Resource family homes, post-approval home licensing requires continuous monitoring. Resource Family homes (RFHs) approved effective July 1, 2020, must be updated at least biennially. Resource Family Approval (RFA) annual updates begin no sooner than 60 calendar days prior to the approval anniversary date, are completed no later than 30 calendar days after the approval anniversary date and be approved or denied by the Children and Family Services (CFS) RFA Home Environment (HE) social worker (SW). The updates occur at least once every 24 months or when a qualifying change in circumstance occurs. An update due to a significant change begins within 30 calendar days of notice of the change. If

complicated circumstances exist (death in family, divorce, criminal or CFS interventions) that have an impact on the Resource Family functioning, these or any significant changes to the family evaluation are updated. Such changes include requests to increase capacity changes, changes to the family composition, physical changes to the structure of the home environment and also include the resource family moving to a new address. Further post-approval requirements include but reviewing subsequent arrest notifications, review of any corrective action plan, interviewing all individuals separately who reside in the home.

Per CDSS regulations, virtual contacts were permitted during the Covid-19 pandemic during the state of emergency. Effective July 2021, in-person contact visits were reinstated. However virtual technology was utilized by the department in positive ways to connect parents through virtual visits when distance creates a barrier to reunification. Virtual technology is utilized for court dependency processes and has been further upgraded since its recommended use as cited in the 2018 Grand Jury report in conjunction with Deloitte's recommendations.

Conclusion: Recommendation has in part already been implemented as required by State regulations, and Response complies with PC 933.05(b)(2). The recommendation as suggested over and above the legal authorities will not be implemented as explained.

Recommendation 23-07: All Resource Parents to have monthly mandatory training online. Children and Family Services to require resource parents to complete continuing education in the fields of child abuse, foster childcare and resource services at least two hours per month. To be implemented by July 2023.

Response: Resource Family Parents are already required to take eight hours of training post-approval per year. According to the Resource Family Approval (RFA) Written Directives (WD), every licensed caregiver will complete a minimum of 12 hours of pre-approval training to meet RFA requirements. Pre-approval training will include, but is not limited to the following topics: A Resource Family orientation, An overview of the child protective and probation systems, The effects of trauma, including grief and loss, child abuse and neglect, and domestic violence on child development and behavior, and methods to behaviorally support children impacted by that trauma or child abuse and neglect, Accessing services and supports available to foster children to address education needs, physical, mental, and behavioral health, and substance use disorders, including culturally relevant services, and Personal rights of children/young adults in foster care including the Resource Family's responsibility to safeguard those rights.

National and California State Foster Parent as Resource Parents must submit copies of Cardiopulmonary Resuscitation (CPR) and first aid training completion no later than 90 days following RFA approval. Post-home approval: Resource

parents will complete a minimum of eight hours of post approval annual training as specified in the Written Directives. The annual training will include but is not limited to the following topics: Permanence, well-being, and education needs of children, child and adolescent development, including sexual orientation, gender identity, and expression, Knowledge and skills related to the application of the reasonable and prudent parent standard for the participation of a child in age or developmentally appropriate activities, Trauma informed care and attachment, and Crisis Intervention. San Bernardino County requires eight hours annually of post-approval training. The training can be obtained through a variety of sources including, but not limited to: Community Colleges, Children and Family Services (CFS) training, Hospitals, Foster Parent Associations. Additionally, a county may require a Resource Parent to receive relevant specialized training to meet the needs of a particular child/young adult. Specialized training may include, but is not limited to: Understanding how to use best practices for providing care and supervision to commercially sexually exploited children (CSEC), Understanding how to use best practices for providing care and supervision to lesbian, gay, bisexual, and transgender children, Understanding how to use best practices for providing care and supervision to children with special health care needs, and Understanding the requirements and best practices regarding psychotropic medications.

Recommendation 23-08: Children and Family Services to write, implement and maintain a checklist of mandatory attendees at all Children's Assessment Center child abuse interviews. Checklist to be maintained in the foster child's case file. To be implemented by July 2023.

Response: In January 1994, Children's Fund in partnership with the County of San Bernardino and Loma Linda University Children's Hospital opened the Children's Assessment Center. It is a separate legal entity governed by a Board of Directors and CAC Steering committee which develops policy. Today, child victims of alleged abuse ages 0-18 are referred to the Children's Assessment Center for services from either a law enforcement agency, Family law Court or San Bernardino County Children and Family Services.

This recommendation is already in practice. The Children's Assessment Center has already developed a policy to record in the child's file, the list of attendees at CAC interviews. The attendees are also listed on the reports generated by CAC. These reports are contained within the San Bernardino Children and Family Services file for that child as part of the investigation.

Recommendation 23-09: Children and Family Services to hire two additional mental health specialists per region, called “Child Life Specialists”, for the foster children. To be implemented by July 2023.

Response: A child life specialist is a health care professional typically working in the hospital setting, who helps children and families navigate the process of illness, injury, disability, trauma and hospitalization. The child life specialist focus on the psychosocial needs of patients including mental, emotional and social needs.

Children and Family Services has a highly collaborative and effective relationship with the San Bernardino County Department of Behavioral Health, which includes data-sharing, the braiding and leveraging of funding and shared contracts through which the mental health needs of foster children are met. Both departments work together to oversee a Referral, Screening, Assessment and Treatment (RSAT) process to ensure that all foster children receive a mental health screening and further mental health assessments and treatment as the unique mental health needs of a foster child demand. Department of Behavioral Health clinicians are co-located in Children and Family Services offices. Service Coordinators from Children and Family Services partner with these clinicians and social workers to schedule assessments. Furthermore, through its own clinicians and contracted providers, the Department of Behavioral Health provides Intensive Care Coordination and Intensive Home-Based Services, including Wraparound, to foster youth with the most complex needs.

This collaborative relationship with the Department of Behavioral Health also includes a number of available interventions for foster youth in crisis, including short-term Crisis Stabilization Units, Psychiatric Mobile Response Teams, and a Family Urgent Response System that can be accessed directly by caregivers and the foster youth themselves.

Recommendation 23-10: Every initial foster child to see a Child Life Specialist during the first 30 days of placement in a Resource Family Home or foster setting, two unannounced and two announced. To be implemented by July 2023.

Response: This recommendation will not be implemented. As indicated in Response to Recommendation 23-09, San Bernardino County Children and Family Services in collaboration with DBH has developed a system of qualified professionals that provide more often than the services that a child life specialist would.

Contact type and frequency varies on the service component of the case and placement type. CDSS modified its definition of who can make a visit with a child to include those social workers employed by foster family agencies, out-of-state social workers, and probation officers. For Foster family agencies, a child is

required to be seen a total of four times monthly which includes three visits from the agency foster family agency and minimum of once for the CFS. In addition, although the social worker is required to make minimum once a month contact, often other Children and Family Services staff make additional contacts with children in open cases. For example, when ordered by the Juvenile Dependency Court, visitation with parents is required a minimum of once a week. For those visits, often additional contacts occur with children by other contact types which include contact with administrative social workers, social service aides or mandated reporter visitation monitors. Further, mandated reporters from school, service providers such as therapeutic providers, school officials and medical professionals make contact with children in open cases and are required to report suspicious child abuse.

For Family Maintenance cases based on State regulations, social workers conduct no less than one face-to-face contact each calendar month with the child and parent/guardian. Unannounced visits occur where the child physically resides in order to observe the physical environment of the home and assess safety/risk factors, assess the family's current functioning and the child's safety/well-being in the context of the home environment, identify the parent/guardian's strengths and concerns (e.g., what is working well, what are the worries, and what needs to happen next), Identify and respond to the family's current needs in order to maintain the child in the home (e.g. additional referrals to resources), and Determine if additional intervention is necessary due to conditions that place the child's safety at risk if he/she remains in the home. The SW must advise the child that he/she has the right to request that the private discussion, currently required by state law, occur outside the home. State regulations also mandate that whenever possible and practical; the SW shall visit the child alone in a quiet and private setting. This could help the child feel comfortable sharing any concerns with the SW he/she may have about his/her placement. For Family Reunification and Permanency cases, State regulations mandate that for each calendar year, more than 50 percent of the face-to-face contacts with the child take place in the child's foster home/placement, rather than another location, such as the child's school. No more than two consecutive monthly face-to-face contacts are to be held outside of the residence of the foster child. The SW must advise the foster child that he/she has the right to request that the private discussion, currently required by state law, occur outside the foster home or other placement. State regulations also mandate that whenever possible and practical; the SW shall visit the child alone in a quiet and private setting. This could help the child feel comfortable sharing any concerns with the SW he/she may have about his/her placement

Recommendation 23-11: Children and Family Services and law enforcement to meet quarterly and review their child abuse allegations and investigations in order to easily identify and track all foster children abuse allegation cases, as a form of checks and balances. To be implemented by June 2023.

Response: San Bernardino Children and Family Services has no control or authority over the degree to which law enforcement becomes involved or is involved in child abuse investigation or tracking of data. There are 24 cities and towns with approximately 19 separate law enforcement agencies within the County of San Bernardino.

This recommendation is partially implemented. San Bernardino Children and Family Services did organize and participate in a collaborative committee made up of invited law enforcement agencies within the County, Children’s Assessment Center [CAC], District Attorney’s Office, County Counsel, and other participants that meet quarterly to discuss child abuse investigations and to assist in the facilitation and exchange of information and investigations. This group conducted trainings for both law enforcement agencies and CFS on child abuse investigations and techniques. Since that initiative, CFS has taken a different approach with each region meeting collaboratively within their jurisdictions to address any needs that may arise. CFS has also begun an initiative to co-locate CFS social workers at law enforcement stations. This collaborative is expected to continue in its development with the expectation that more law enforcement agencies and CFS will participate.

Recommendation 23-12: Reduce the Children and Family Services Social Worker’s caseload to no more than forty per month. For example, utilize one-stop shop to eliminate excess travel, hire support staff for Social Workers to reduce their collateral duties and hire more Social workers. To be implemented by June 2023.

Response: The County has already implemented a portion of this recommendation. While the recommendation is vague as to what a “one-stop shop” would entail, if meant to permit a social worker to conduct necessary case work from one location, this concept is not feasible. A one-stop shop does not eliminate social worker travel. Pursuant to CDSS regulation 31-320.4, the majority of the visits in each calendar year shall take place in the child’s foster home/placement. Social workers are permitted a telecommute schedule which reduces travel and allows for flexibility.

Caseload numbers are driven by several factors. Caseloads vary dependent upon the number of children found to be at risk requiring the intervention of the Department as a child welfare agency, demographics, population, increase in

hotline calls, unanticipated caseload growth and the availability of workforce at the time. CFS requires supervisors to review cases regularly with social workers to determine what cases can be transferred or closed. Based on departmental needs, CFS is using social workers and other staff who previously worked for the Department to assist during staff shortages to help reduce the staff workload.

In 2022, the Administrative Social Worker (ASW) position was established to assist with a multitude of administrative duties related to social work which provides administrative casework relief to the social workers. The Administrator Social Worker performs numerous duties which include client eligibility for specific programs such as therapy, service issuance, classes, transportation, coordination of Child and Family Team Meetings (CFTMs), report preparation, document processing for investigations, placements, adoption finalization, guardianship processes, independent living program and supervised visitation.

CFS service coordinators and fiscal specialist/assistants are in each geographical region to process Child Abuse Prevention Treatment Services, which include goods and services for families to support family stability in an effort to avoid opening a dependency case and those within a CFS open case. The coordination of these efforts includes preventive services: of clothing, tutoring, rental assistance, utility assistance, furniture, basic household goods, diapers, formulas, motel vouchers, tutoring, counseling, parent education, supervised visitation and other services. The services are available in each CFS region and are administered throughout the county.

As a part of the CFS Workforce 2022 initiative, rezoning was identified as an area of opportunity from the Workforce 2022 Rapid Improvement Event. This effort is an area of opportunity to reassess districting based on the 2020 census to optimize workload based on current County population demographics and conduct realignment efforts. CFS is engaging the rezoning and redistricting in a comprehensive collaborative approach that will continuously examine staff to caseload ratios, school data information restructuring of units, balancing and realignment of workload by using data. Geographic assignments by social workers help ensure team membership with neighborhood providers of services, neighborhood foster parents and families.

Social Service Aides provide support to the regional staff that include supervising visits, transportation, and supervision of children. Social Service Aides also provide information about CFS, departmental procedures, and community resources and assists clients in completing applications for assistance or provides referral services. Social Service Aides may also provide additional administrative support to social workers.

In 2021, CFS also added the Supervising Social Worker position to assist with the

oversight and supervision of the administrative support positions which include social service aides and administrative social workers who support regional operation efforts. The Supervising Social Worker (SSW) manage, supervise, and direct the work of Social Service Aides (SSAs) and Administrative Social Workers by providing a broad range of social services support to children and families served by Children and Family Services (CFS) from prevention to case-carrying. Supervising Social Workers also supervise the special operational programs such as the oversight and management of Kidz Korner.

In addition, CFS partners with the Transitional Assistance Department in utilizing the Welfare to Work program for staffing support. As a part of the Workforce 2022 Initiative, the hiring team works collaboratively with Human Resources to fill every vacancy department wide. Currently there are fewer than 100 vacancies in the entire department due to continuous hiring efforts. CFS is also working on improving hiring processes through early and continual engagement of onboarding staff, transparency regarding filling of vacancies and is strategizing for specialized recruitment solutions in remote areas.

Recommendation 23-13: Create a protocol and guidelines to ensure every child receives the same written review from their Social Worker during their monthly interviews, which should be included in the child's case file. Questions should focus on any potential child abuse indicators. For example, has anyone new visited or moved into the home, how have you been disciplined and how was your visit with your family. To be implemented by June 2023.

Response: Social workers are trained by education and through their orientation and induction classes to assess children to determine if there are any safety concerns or risk factors that would indicate that a child may be at risk of abuse or neglect. Inquiring about who resides in the home or discipline is a normal and current practice discussed. In 2022, further explorative questions regarding contacts have been provided to staff to help guide further inquiry with foster children in out-of-home care.

Children and Family Services (CFS) has a documentation policy (contact note guides) that CFS has developed to facilitate consistent and thorough documentation of social worker (SW)/client contacts. The documentation required is entered in the State-required Child Welfare Services/Case Management System automation system which is an electronic record system. Social Workers are expected to utilize these guides and their narrative formats that are designed to facilitate case reviews conducted for compliance. The contact narrative formats capture relevant and necessary information and document this information in the

narrative. Such information include a description of the current circumstances of the child and family members, an assessment of relevant factors related to the

referral or case, and an assessment of risk factors and description of the safety plan. Contacts made with child/caregiver should include: Description of each child's current circumstance, (Medical/Dental, Academic, Developmental, Therapy/Clinical, Visits), Assessment of safety/risk factors, child well-being, reunification prognosis, concurrent planning, case plan/Transitional Independent Living Plan (TILP) progress, and Plan review that describes case plan and action plan for the following month and documents that child/caregiver were provided with a copy of the case plan, the case plan was reviewed in detail with child/caregiver, emphasizing met and unmet goals up to this point and specific examples of met vs. unmet goals, such as counseling or taking responsibility for actions. TILP progress is also reviewed if applicable, documentation of any Transitional Conference that was held, and if an After Care referral was made.

In addition to the narrative requirements listed in the above narrative formats, Social Workers are expected to include the name of each child that was seen, direct quotes are to be included when pertinent, such as: Child's statement about placement when needed for the court. The social worker's assessment of the child's functioning during each state-mandated contact is required. Examples include asking the child how they are doing, regarding school, home life, and counseling.

Recommendation 23-14: Babies and toddlers to be seen four times a week for the first 30 days, after that twice a week while in foster care until the child is four years old. A nurse is required to attend every visit. To be implemented by July 2023.

Response: As previously explained in Response to Recommendation 23-06, while well-intended, this recommendation will not be implemented. San Bernardino Children and Family Services follows State law and regulations regarding social worker contact with minors placed in Resource Family Homes and foster settings.

State regulations require the majority of the social worker visits each calendar year to take place in the child's foster home/placement. SW shall visit each child who remains in home at least once each calendar month. This may occur every two months if child has no severe physical or emotional problems caused or aggravated by remaining in his/her own home, child visited three times per month by family preservation social worker (FFA social worker). Whenever possible and practicable, the social worker shall visit the child alone and in a quiet and private setting.

The Grand Jury's recommendation of contact four times a week for the first 30 days, after that twice a week until this child turns 4 years of age is not feasible due to the extreme size of a county work force that would be required. The County is in constant recruitment for social worker positions as it stands now under the current regulatory requirement for contact. For children in FFA homes,

conceivably the child is being seen 4 times a month - once by the County social worker, and three of four weeks by the FFA social worker. The recommendation also does not account for the other individuals who have responsibility for the care of those minors, such as the foster parent themselves, the FFA social workers, school personnel for school aged children, therapeutic service providers such as WRAP services, minor's counsel and their social workers, and medical personnel.

CFS and the Department of Public Health (DPH) have developed the "Rx4KIDS" MOU, in efforts to provide an adjunct health service delivery system to CFS Medi-Cal eligible and Foster Care children. This program is designed to provide eligible children with access to a range of medical, dental, developmental, and family support services in an integrated manner, in order to meet the needs of children requiring medical evaluation and referral. The long-term goal of this program to ensure that children receive timely health assessment and referral for treatment services, and that all services rendered are documented. This MOU allows for Public Health Nurses (PHN's) to be stationed at CFS regional offices and for PHN's to maintain Health and Education Passports for children with open CFS cases.

Public Health Nurses are stationed in the regional offices have the following general responsibilities:

- Monitoring Medically-at-Risk children, MAR-like or on psychotropic medications,
- Consulting with the child's physician/health care provider as needed
- Providing home-based nursing interventions, including, but not limited to monitoring, valuating and assessment of proper nutrition, growth parameters of children who fail to thrive or are at high risk of failure to thrive, physical care of the child, maternal-infant bonding and parenting.
- Obtaining the child's health history from the parents/Substitute Care Providers (SCP) at the Detention hearing or as part of a home visit, to ascertain health history and identify immediate health needs (e.g., food or medication allergies, etc.).
- Reviewing and entering medical information in **CWS/CMS** to maintain the HEP and provide a mechanism for continuity of healthcare for children in placement.
- Providing child health and development consultation and education to biological parents, caregivers and SWs to meet the health care needs of the child.
- Securing access to appropriate health care services to meet the child's health care needs. Children and Family Services is currently working with the Department of Public Health on Public Health Nurses seeing infants, ages 0-1 in out-of-home care monthly during the infant's first year or until reunification occurs.

San Bernardino Children and Family Services will continue its work to comply with the current CDSS regulation to have a social worker visit the child three times within the first 30 days of placement to enhance the oversight and safety of its children in out-of-home care.

Recommendation 23-15: Create, build, and implement new innovative community-based temporary sheltering centers where all removed foster children can go and be housed during the transition time until suitable placement is located, vetted, and determined by foster care services. To be implemented by July 2023.

Response: The Continuum of Care Reform enacted in 2015 required the reduction of county-operated children’s shelters. Those counties that had one were required to create a plan to transition the children out of the homes and repurpose the temporary shelter facilities. The mandatory stay was limited to 24 hours, but with a maximum of 10 days. Minors were there longer, due to issues with placements. The State is aware of the issues with the STRTP placement acceptances and space. There is a task force initiated by the State and extra funding provided by the Governor to look into this issue. CFS is engaging in a temporary shelter agreement with Our House, My Place and Open-door program. Beds are limited but it is in the process of being up and running and handling our hard-to-place youth, so they are not in the office. This issue is statewide and not limited to SB County.

In December 2021, Children and Family Services completed an application for a San Bernardino County Transitional Shelter Care facility. In February 2022, this application was approved by the Board of Supervisors and submitted to the Community Care Licensing Division of the California Department of Social Services. At the State’s request, Children and Family Services submitted revisions to this application in July and November 2022. Children and Family Services is awaiting a response from the California Department of Social Services.

In addition, Children and Family Services has worked diligently to develop other placement and treatment capacity for children and youth with complex needs. These efforts include:

- Creating and staffing an Isolation and Quarantine Shelter for COVID positive and COVID exposed youth capable of caring for 6 youth.
- Significantly expanding temporary shelter bed capacity through existing contracts.
- Using funding recently made available by the State to partner with placement agencies to fund and create specialized placements for foster youth with complex needs.

Additional efforts underway include:

- A contract pending approval for 10 Intensive Services Foster Care homes for Commercially Sexually Exploited Children
- A Request for Proposals for 10 Enhanced-Intensive Services Foster Care homes
- An application for funding and support has been submitted to the State for a Children's Crisis Continuum Pilot to be implemented in partnership with Riverside County. If the application is accepted and funded, a continuum of care from hospitalizations to relative care will be available to youth, with specialized teams following the youth throughout the continuum. We are awaiting notification of award.
- Children and Family Services is working to expand shelter bed capacity by another 12 beds.

In January 2023, Children and Family Services entered into a Memorandum of Understanding with DBH that will provide for the screening of substance use and abuse among youth, referrals to services and some case management services for youth. CFS is already in the process of setting this up in collaboration with the State.

Recommendation 23-16: Children and Family Services to train foster children in identifying grooming behaviors, predatory practices, child abuse, and how to report to officials. Training to include in-person role-play scenarios. Also, provide a list with all contact information to the child/children for their use when they need to call for help or support. To be implemented by June 2023.

Response: CFS will not implement this recommendation. Children and Family Services disagrees with this recommendation. Children and Family Services will not advocate for educating victims on predatory behaviors of adults but rather through investigative measures hold adults accountable within its legislative rights as it pertains to reporting severe child abuse to the Department of Justice. Children and Family Services staff will continue to educate children in care and caregivers on appropriate boundaries and educating youth on seeking help if circumstances arise that place them at risk of abuse or neglect. In addition to the state-mandated reporters, children in foster care have consistent contact with their assigned social worker on a monthly basis, their assigned children's attorney or social worker a minimum of every six months, have access to the office of the foster care ombudsman's office, and various social services administrative support such as administrative social worker and social service aid. Contact information is provided to the children in care to ensure the wellness of children in care. In addition, children in out-of-home care are educated on their personal right through the life of their dependency case.

Welfare and Institutions Code (WIC) 16001.9 lists the personal rights of children who are in out-of-home care. WIC Section 16001.9(a), effective January 1, 2014, clarifies that all minors and non-minors in foster care shall have the same rights. The regional Children and Family Services (CFS) Social Worker is required to inform children/Non-Minor Dependents (NMDs) who are in out-of-home placements of their personal rights: At least every six months at the time of the regularly scheduled contact and, in an age-appropriate manner consistent with the child's developmental level. For children who are unable to understand their rights due to being too young or are developmentally delayed, the CFS worker is to document that the child's caregivers understand and support the child's personal rights.

The assigned Resource Family Approval (RFA) social worker (SW) provides an orientation that explains the child/nonminor dependent's (NMD) personal rights for homes that care for less than six children, and Relative/Non-Related Extended Family Members (NREFM) homes. Homes that care for six or more children are to have the rights posted.

The foster youth bill of rights states that: All children placed in foster care, either voluntarily or after being adjudged a ward or dependent of the juvenile court pursuant to Section 300, 601, or 602, shall have the rights specified in this section. These rights also apply to nonminor dependents in foster care, except when they conflict with nonminor dependents' retention of all their legal decision-making authority as an adult. The rights are as follows:

- (1) To live in a safe, healthy, and comfortable home where they are treated with respect. If the child is an Indian child, to live in a home that upholds the prevailing social and cultural standards of the child's Indian community, including, but not limited to, family, social, and political ties.
- (2) To be free from physical, sexual, emotional, or other abuse, corporal punishment, and exploitation.
- (3) To receive adequate and healthy food, adequate clothing, grooming and hygiene products, and an age-appropriate allowance. Clothing and grooming and hygiene products shall respect the child's culture, ethnicity, and gender identity and expression.
- (4) To be placed in the least restrictive setting possible, regardless of age, physical health, mental health, sexual orientation, and gender identity and expression, juvenile court record, or status as a pregnant or parenting youth, unless a court orders otherwise.
- (5) To be placed with a relative or nonrelative extended family member if an appropriate and willing individual is available.
- (6) To not be locked in any portion of their foster care placement, unless placed in a community treatment facility.
- (7) To have a placement that utilizes trauma-informed and evidence-based de-escalation and intervention techniques, to have law enforcement intervention

requested only when there is an imminent threat to the life or safety of a child or another person or as a last resort after other diversion and de-escalation techniques have been utilized, and to not have law enforcement intervention used as a threat or in retaliation against the child.

(8) To not be detained in a juvenile detention facility based on their status as a dependent of the juvenile court or the child welfare services department's inability to provide a foster care placement. If they are detained, to have all the rights afforded under the United States Constitution, the California Constitution, and all applicable state and federal laws.

(9) To have storage space for private use.

(10) To be free from unreasonable searches of personal belongings.

(11) To be provided the names and contact information for social workers, probation officers, attorneys, service providers, foster youth advocates and supporters, Court Appointed Special Advocates (CASAs), and education rights holder if other than the parent or parents, and when applicable, representatives designated by the child's Indian tribe to participate in the juvenile court proceeding, and to communicate with these individuals privately.

(12) To visit and contact siblings, family members, and relatives privately, unless prohibited by court order, and to ask the court for visitation with the child's siblings.

(13) To make, send, and receive confidential telephone calls and other electronic communications, and to send and receive unopened mail, unless prohibited by court order.

(14) To have social contacts with people outside of the foster care system, including, but not limited to, teachers, coaches, religious or spiritual community members, mentors, and friends. If the child is an Indian child, to have the right to have contact with tribal members and members of their Indian community consistent with the prevailing social and cultural conditions and way of life of the Indian child's tribe.

(15) To attend religious services, activities, and ceremonies of the child's choice, including, but not limited to, engaging in traditional Native American religious practices.

(16) To participate in extracurricular, cultural, racial, ethnic, personal enrichment, and social activities, including, but not limited to, access to computer technology and the internet, consistent with the child's age, maturity, developmental level, sexual orientation, and gender identity and expression.

(17) To have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity and expression, mental or physical disability, or HIV status.

(18) To have caregivers, child welfare and probation personnel, and legal counsel who have received instruction on cultural competency and sensitivity relating to sexual orientation, gender identity and expression, and best practices for providing adequate care to lesbian, gay, bisexual, and transgender children in out-of-home care.

(19) To be placed in out-of-home care according to their gender identity, regardless of the gender or sex listed in their court, child welfare, medical, or vital records, to be referred to by the child's preferred name and gender pronoun, and to maintain privacy regarding sexual orientation and gender identity and expression, unless the child permits the information to be disclosed, or disclosure is required to protect their health and safety, or disclosure is compelled by law or a court order.

(20) To have child welfare and probation personnel and legal counsel who have received instruction on the federal Indian Child Welfare Act of 1978 (25 U.S.C. Sec. 1901 et seq.) and on cultural competency and sensitivity relating to, and best practices for, providing adequate care to Indian children in out-of-home care.

(21) To have recognition of the child's political affiliation with an Indian tribe or Alaskan village, including a determination of the child's membership or citizenship in an Indian tribe or Alaskan village; to receive assistance in becoming a member of an Indian tribe or Alaskan village in which the child is eligible for membership or citizenship; to receive all benefits and privileges that flow from membership or citizenship in an Indian tribe or Alaskan village; and to be free from discrimination based on the child's political affiliation with an Indian tribe or Alaskan village.

(22) (A) To access and receive medical, dental, vision, mental health, and substance use disorder services, and reproductive and sexual health care, with reasonable promptness that meets the needs of the child, to have diagnoses and services explained in an understandable manner, and to participate in decisions regarding health care treatment and services. This right includes covered gender affirming health care and gender affirming mental health care and is subject to existing laws governing consent to health care for minors and nonminors and does not limit, add, or otherwise affect applicable laws governing consent to health care.

(B) To view and receive a copy of their medical records to the extent they have the right to consent to the treatment provided in the medical record and at no cost to the child until they are 26 years of age.

(23) Except in an emergency, to be free of the administration of medication or chemical substances, and to be free of all psychotropic medications unless prescribed by a physician, and in the case of children, authorized by a judge, without consequences or retaliation. The child has the right to consult with and be represented by counsel in opposing a request for the administration of psychotropic medication and to provide input to the court about the request to authorize medication. The child also has the right to report to the court the positive and adverse effects of the medication and to request that the court reconsider, revoke, or modify the authorization at any time.

(24) (A) To have access to age-appropriate, medically accurate information about reproductive health care, the prevention of unplanned pregnancy, and the prevention and treatment of sexually transmitted infections.

(B) At any age, to consent to or decline services regarding contraception, pregnancy care, and perinatal care, including, but not limited to, abortion services and health care services for sexual assault without the knowledge or consent of any adult.

(C) At 12 years of age or older, to consent to or decline health care services to prevent, test for, or treat sexually transmitted diseases, including HIV, and mental health services, without the consent or knowledge of any adult.

(25) At 12 years of age or older, to choose, whenever feasible and in accordance with applicable law, their own health care provider for medical, dental, vision, mental health, substance use disorder services, and sexual and reproductive health care, if payment for the service is authorized under applicable federal Medicaid law or other approved insurance, and to communicate with that health care provider regarding any treatment concerns or needs and to request a second opinion before being required to undergo invasive medical, dental, or psychiatric treatment.

(26) To confidentiality of medical and mental health records, including, but not limited to, HIV status, substance use disorder history and treatment, and sexual and reproductive health care, consistent with existing law.

(27) To attend school, to remain in the child's school of origin, to immediate enrollment upon a change of school, to partial credits for any coursework completed, and to priority enrollment in preschool, afterschool programs, a California State University, and each community college district, and to receive all other necessary educational supports and benefits, as described in the Education Code.

(28) To have access to existing information regarding the educational options available, including, but not limited to, the coursework necessary for career, technical, and postsecondary educational programs, and information regarding financial aid for postsecondary education, and specialized programs for current and former foster children available at the University of California, the California State University, and the California Community Colleges.

(29) To attend Independent Living Program classes and activities, if the child meets the age requirements, and to not be prevented by caregivers from attending as a consequence or punishment.

(30) To maintain a bank account and manage personal income, consistent with the child's age and developmental level, unless prohibited by the case plan.

(31) To work and develop job skills at an age-appropriate level, consistent with state law.

(32) For children 14 to 17 years of age, inclusive, to receive a consumer credit report provided to the child by the social worker or probation officer on an annual basis from each of the three major credit reporting agencies, and to receive assistance with interpreting and resolving any inaccuracies.

(33) To be represented by an attorney in juvenile court; to have an attorney appointed to advise the court of the child's wishes, to advocate for the child's protection, safety, and well-being, and to investigate and report to the court on legal interests beyond the scope of the juvenile proceeding; to speak to the attorney confidentially; and to request a hearing if the child feels their appointed counsel is not acting in their best interest or adequately representing their legal interests.

(34) To receive a notice of court hearings, to attend court hearings, to speak to the judge, to view and receive a copy of the court file, subject to existing federal and state confidentiality laws, and to object to or request the presence of interested persons during court hearings. If the child is an Indian child, to have a representative designated by the child's Indian tribe be in attendance during hearings.

(35) To the confidentiality of all juvenile court records consistent with existing law.

(36) To view and receive a copy of their child welfare records, juvenile court records, and educational records at no cost to the child until the child is 26 years of age, subject to existing federal and state confidentiality laws.

(37) To be involved in the development of their own case plan, including placement decisions, and plan for permanency. This involvement includes, but is not limited to, the development of case plan elements related to placement and gender affirming health care, with consideration of the child's gender identity. If the child is an Indian child, the case plan shall include protecting the essential tribal relations and best interests of the Indian child by assisting the child in establishing, developing, and maintaining political, cultural, and social relationships with the child's Indian tribe and Indian community.

(38) To review the child's own case plan and plan for permanent placement if the child is 10 years of age or older, and to receive information about their out-of-home placement and case plan, including being told of changes to the plan.

(39) To request and participate in a child and family team meeting, as follows:

(A) Within 60 days of entering foster care, and every 6 months thereafter.

(B) If placed in a short-term residential therapeutic program, or receiving intensive home-based services or intensive case coordination, or receiving therapeutic foster care services, to have a child and family team meeting at least every 90 days.

(C) To request additional child and family team meetings to address concerns, including, but not limited to, placement disruption, change in service needs, addressing barriers to sibling or family visits, and addressing difficulties in coordinating services.

(D) To have both informal and formal support people participate, consistent with state law.

(40) To be informed of these rights in an age and developmentally appropriate manner by the social worker or probation officer and to be provided a copy of the rights in this section at the time of placement, any placement change, and at least once every six months or at the time of a regularly scheduled contact with the social worker or probation officer.

(41) To be provided with contact information for the Community Care Licensing Division of the State Department of Social Services, the tribal authority approving a tribally approved home, and the State Foster Care Ombudsperson, at the time of each placement, and to contact any or all of these offices immediately upon request regarding violations of rights, to speak to representatives of these offices confidentially, and to be free from threats or punishment for making complaints.

(b) The rights described in this section are broad expressions of the rights of children in foster care and are not exhaustive of all rights set forth in the United States Constitution and the California Constitution, federal and California statutes, and case law.

(c) This section does not require, and shall not be interpreted to require, a foster care provider to take any action that would impair the health and safety of children in out-of-home placement.

(d) The State Department of Social Services and each county welfare department are encouraged to work with the Student Aid Commission, the University of California, the California State University, and the California Community Colleges to receive information pursuant to paragraph (28) of subdivision (a).

(Repealed and added by Stats. 2019, Ch. 416, Sec. 3. (AB 175) effective January 1, 2020.)

Recommendation 23-17: Implement a 20-day requirement to pass along Medi-Cal cards and behavioral issues to the Foster Family Agencies, regarding foster children assigned to their care. To be implemented by July 2023.

Response: Under the current MOUs, Foster Family Agencies are responsible for arranging appointments for the primary care physician within 30 days of placement. San Bernardino Children and Family Services also collaborates with local Inland Empire Health Plan (IEHP) providers and the new Resiliency Institute for Childhood Adversity (RICA) through Loma Linda University Health to provide expedient medical care for foster youth. Upon submitting a request for an urgent Medi-Cal Card, Children and Family Services collaborates with the Transitional Assistant Department through an efficiency method of issuing a Medi-Cal card. The emergency Medi-Cal card is either mailed directly to the new care provider or the card can be picked up by the care provider at any local CFS office based on the care provider's request.

California Statewide Automated Welfare System (CalSAWS) is able to provide the temporary Medi-Cal card information almost immediately for those who Medi-Cal eligibility has been established.

In addition, Children and Family Services collaborates with IEHP for managed health care services for Medi-Cal eligible foster youth. The program is called IEHP Open Access. IEHP Open Access has a specialized case management unit called a "POD," which handles an array of enhanced services including, but not limited to: An enhanced provider network, Expanded case management [including referrals to the Department of Behavioral Health for counseling, and referrals to California Children and Family Services (CCS) for children with medically eligible conditions], Communications between IEHP, Public Health Nurses, SW, and Eligibility Workers (EW) Access to medical histories of children enrolled in the plan, After Hours Nurse Advice Line (for foster parents) Spanish speaking staff, Doctor-

to-doctor referrals to specialists, Health education classes (e.g., classes regarding chronic health issues), Non-emergency transportation assistance to medical appointments, Car seats for infants up to 12 months of age, Bicycle helmets for children ages 5-14, Vitamins (at no cost) and Vision care.

Recommendation 23-18: Children and Family Services to complete initial vetting process of any and all foster and visitation settings. Include in-person interviews of all extended adult family and friends, all potential adults who would come into contact with the foster child, and all adults who live or will reside in the Resource Family Home or foster setting. To be implemented by July 2023.

Response: CFS does not agree with the entirety of the recommendation as all adult persons known to the Department and residing or frequently visiting the home are assessed pursuant to code. CFS does not have the authority to require others (including everyone the child comes into contact with) to livescan and background check. Pursuant to the RFA guidelines, all persons in the home are interviewed and a full home study written. In addition, pursuant to new state law, a conviction or criminal record does not automatically deprive a relative/person of placement. CFS can recommend to the State to deny a RFA placement, but the State frequently denies our request and therefore the person is cleared. The 361.3 analysis is the initial vetting process.

When a child is removed from parental custody, the Social Worker must find an appropriate placement for the child. WIC Section 309 (d) requires that a relative placement be considered before placing the child in a licensed foster home, subject to an in-home *visit* to assess the safety of the home and the relative's ability to care for the child. A criminal records check and prior allegations of child abuse must be made on the relatives and any other adults in the home. Social workers are to evaluate the suitability of the placement based the best interests of the child including special physical, psychological, educational, medical, or emotional need, the wishes of the parent, the relative and child, if appropriate, placement of siblings and half-siblings in the same home, if the placement is found to be in the best interest of each of the children, good moral character of relative/other adults living in the home, including a background check through the Department of Justice (DOJ) and Central Index Information (CII), the nature and duration of the relationship between the child and the relative, and the relative's desire to care for the child, safety of the relative's home as determined by a home visit.

CFS cannot interview all extended adult family and friends, all potential adults who come into contact with the foster child. CFS is required to follow the "Reasonable and Prudent Parent Standard." The goal of the Reasonable and Prudent Parent Standard is to provide the youth with a "normal" life experience in out-of-home care, empower the out-of-home caregiver to encourage youth to engage in

extracurricular activities that promote child well being, allow for reasonable parenting decisions to be made by the out-of-home caregiver without waiting to obtain the social worker or Juvenile Court approval, remove barriers to recruitment and retention of high quality foster caregivers, reduce the need for social workers to either give permission or to obtain Juvenile Court approval for reasonable care giving activities, should be care-giving, respect the rights of youth in out-of-home care. Every caregiver may arrange for occasional short-term ("Short-term" means no more than 24 consecutive hours.) babysitting of their foster child and allow individuals to supervise the foster child on occasions, including, but not limited to when the foster parent has a medical or other health care appointment, grocery or other shopping, personal grooming appointments, special occasions for the foster parents, foster parent training classes, school-related meetings (such as parent-teacher conferences), business meetings, adult social gatherings, or an occasional evening out by the foster parent. In accordance with state standards, babysitters selected by the caregiver to provide occasional short-term care to a foster child under the provisions of this section shall be exempt from any department regulation requiring health screening or cardiopulmonary resuscitation certification or training.

For the year 2023, the Office of the Foster Care Ombudsman is offering Foster Youth Bill of Rights and Reasonable and Prudent Parent Standard Training to resource parents, Short-Term Residential Treatment Program (STRTP) Staff, Social Workers, Probation Officers, RFA/FFA Staff, CASAs, Educational Staff, and anyone working with youth in care. Designated CFS staff will participate in that training.

WIC 309(d):

- (1) If an able and willing relative, as defined in Section 319, or an able and willing nonrelative extended family member, as defined in Section 36W2.7, is available and requests temporary placement of the child pending the detention hearing, the county welfare department shall initiate an assessment of the relative's or nonrelative extended family member's suitability, which shall include an in-home inspection to assess the safety of the home and the ability of the relative or nonrelative extended family member to care for the child's needs, and a consideration of the results of a criminal records check and a check of allegations of prior child abuse or neglect concerning the relative or nonrelative extended family member and other adults in the home. Upon completion of this assessment, the child may be placed in the approved home.
- (2) The standards used to evaluate and grant or deny approval of the home of the relative and of the home of a nonrelative extended family member, as described in Section 362.7, shall be the same standards set forth in

regulations for the licensing of foster family homes which prescribe standards of safety and sanitation for the physical plant and standards for basic personal care, supervision, and services provided by the caregiver. Therefore, the standards are no different for a relative, FFA home or foster home.

The in-home evaluation is governed by regulations, under Title 22, Division 6, Chapter 9.6, Article 3 and has no safety defects that could pose a hazard to the home. All adults living in the home or have routine contact shall have a criminal record clearance and exemption.

31-410.616 states that a CACI listing does not prevent placement with a relative. It all goes into the factors to be addressed. In addition, there is the 361.3 assessment. All adults who are in the home and later added (if CFS is aware) are live scanned. Day care providers must be approved. The minor is allowed to participate in school and extracurricular activities and see friends in accordance with the prudent parent standard.