

# **AGENDA**

## **ASSEMBLY BUDGET SUBCOMMITTEE NO. 1 ON HEALTH AND HUMAN SERVICES**

**ASSEMBLYMEMBER HECTOR DE LA TORRE, CHAIR**

**WEDNESDAY, NOVEMBER 30, 2005, 10 AM  
STATE CAPITOL, ROOM 4202**

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## HEARING OUTLINE

### Community Care Licensing Inspections and Complaint Response

- I. Update on the Community Care Licensing Program  
Jo Frederick, Department of Social Services
  - Update on impact of Department of Social Services unallocated reduction upon CCL staffing.
  - Services that have been lost—what don't we do that we used to do?
  - How did our inspections change in 2003?
  - Update on meeting goals for the 2005-2006 fiscal year
  - Inspection, citation, and complaint data.
  
- II. Comparison of California's Licensing to other States  
Lauren Nackman, Legislative Analyst's Office

**BREAK 12:00 PM – 1:00 PM**

#### Panel Discussion Format

1. Panelist Opening Introduction (1.5 minutes each panelist)
  
2. Questions for Panelists
  - What do you think is the Community Care Licensing Division's (CCL) biggest challenge?
  - What changes do you think the State needs to make to CCL in the next few years?
  - What one change should the State focus on making to improve CCL during the 2006-2007 fiscal year?
  
3. Closing Statements (1 minute each panelist)

#### *III. Residential Care facilities*

Jackie McGrath, Alzheimer's Association, California Council  
Terry Donnelly, California Advocates for Nursing Home Reform  
Heather Harrison, California Assisted Living Association  
Maggie Roberts, Protection & Advocacy, Inc  
Barbara Leifer LCSW, Los Angeles County Department of Mental Health

*IV. Foster Care facilities*

Jennifer Rodriguez, California Youth Connection  
Foster Youth, California Youth Connection  
Regina Deihl, Legal Advocates for Permanency Placement  
Foster Parent  
Nicette Short, California Alliance of Child and Family Services

*V. Child Care facilities*

Rosanna Vigil  
Marie Young, Low Income Investment Fund  
Nancy Strohl, Child Care Law Center  
Patty Siegel, Child Care Resource and Referral Network  
Linnea Hathaway, Hand in Hand Child Development Center  
Valerie Powell

*VI. Public Comment*

**CDSS - Community Care Licensing Division Position and Budget History**

Fiscal Year	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006
<b>Authorized</b>	1,176.5	1,181.1	1,156.6	1,063.1	1,015.4	1,033.9
<b>Filled</b>	1,061.6	1,024.5	984.8	907.6	875.6	951.6
<b>CCL Division Budget</b>	\$ 75,753,420	\$ 76,708,713	\$ 76,440,172	\$ 73,921,738	84,035,007	\$86,326,461
<b>CCL Local Assistance</b>	\$ 19,216,000	\$ 16,317,000	\$ 21,024,000	\$14,585,000	15,082,000	16,121,000

**Notes:** (1) In 2003-04 random visits implemented (-58.4 positions)

(2) Position reduced due to 4.10 reduction and government code position sweeps (-150.9 positions).

**Program Eliminated Due to Budget Reductions:**TECHNICAL SUPPORT PROGRAM

The Technical Support Program (TSP) was established in April of 1992 as a consultative arm of the Community Care Licensing Division (CCLD). TSP was created in response to recommendations developed during several legislative roundtable discussions held in late 1991. Those discussions provided an opportunity for CCLD, care providers, client advocates and the placement community to identify ways to improve the licensing program. TSP was designed to assist residential and adult day program licensees in achieving and maintaining regulatory compliance through the provision of individualized facility consultations and group training sessions for care providers with common training needs.

In 1992, AB 396 became effective and expanded the types of community care facilities subject to licensing fees. Additional legislation in 1995 created the Technical Assistance Fund (TAF) for collection of licensing fee revenue. Health and Safety Code sections 1523.2 (a), (b) and 1569.185 (b) required the Department to utilize money from the TAF to create and maintain new licensing staff positions to provide technical assistance to licensees. Sufficient funds were available to expand the TSP so that there was one analyst in each of the thirteen residential licensing regional offices. This allowed staff to provide more immediate response to the training and consultation needs of licensees on the local level.

TSP emphasized "prevention through education" by assisting care providers to develop procedures that would help prevent compliance problems. A major focus of each consultation was to provide licensees and facility staff with information necessary to assist them to operate their facilities with a more complete understanding of licensing requirements. TSP provided group training in areas such as client assessment and services, facility administration, food service and nutrition, incidental medical care, medications, client personal rights, staffing, records, dementia and hospice care. The TSP also developed Self-Assessment Guides for each facility category to assist care

providers to assess client needs, clarify regulatory requirements, and enabled licensees and staff to perform self-evaluations of the facility's operation.

TSP staff also attended compliance conferences, consulted with licensing office staff participated in office staff meetings and advisory groups. TSP additionally provided mediation services to resolve problems involving the licensing program and the provider community. TSP piloted a team approach to evaluate Group Home programs and develop recommendations to assist these facilities to achieve regulatory compliance and improve services to children in care. Teams consisted of licensing staff, county placement staff, children's services specialists, provider association representatives and a member of the facility's corporate board. A TSP staff member functioned as the team leader.

Prior to the TSP being eliminated in 2003 due to budget reductions, TSP analysts were conducting pre-licensing visits, presenting workshops and informational booths at conferences, publishing quarterly newsletters from the Deputy Director to the licensing community and conducting new care provider workshops for newly licensed facilities.

The CCL currently provides technical assistance by: (1) making the Self-Assessment Guides available on its website; (2) keeping the provider community informed about licensing programs and services through a quarterly newsletter; (3) maintaining an "officer of the day" telephone line at each district office which answers questions and provides information; and (4) providing technical assistance to the licensees during facility visits answering questions and providing guidance as needed.

### **Program Reduced Due to Budget Reductions:**

#### CHILD CARE ADVOCATE PROGRAM

In 1984, the Legislature created the Child Care Advocate Program (CCAP) to provide a link between child care licensing and the community. The CCAP was envisioned as an important tool in promoting the delivery of quality child care in California.

The Child Care Advocate participates in many community activities and special projects in order to:

- Disseminate information on the State's licensing role.
- Provide information to the public and parents on child care licensing.
- Act as a liaison to child care resource and referral agencies.
- Serve as a liaison to local government, business, labor, law enforcement, education and child care providers.

- Assist county government and community agencies in capacity building and quality improvement efforts to ensure the availability of quality child care.
- Assist in the coordination of complaints and concerns on behalf of children in child care.

Self-Assessment Guides were developed by the CCAP. These guides are designed as a "user friendly" tool to assist Child Care Center and Family Child Care Home providers in performing periodic reviews of their facility operations to achieve compliance with licensing regulations. Child care providers may copy these guides if they wish as there is no copyright. The guides are available in several different languages. Advocate staff continue using these guides as a training tool when speaking with provider organizations and others in the child care field.

The CCAP has also developed Information Bulletins on the following topics:

- Homeowner's Associations and Family Child Care Homes
- Zoning Issues for Large Family Child Care Homes
- Landlord and Tenant Issues for Family Child Care Homes
- Basic Licensing Requirements for a Child Care Center or Preschool.

Currently there are two Advocates statewide, one located in Sacramento for the Northern and Central Inland areas of the State; the other Advocate is located in San Diego and serves the Southern and Los Angeles Regions. Prior to budget reductions in 2003, there was one child care advocate located in each of the twelve regional child care offices statewide.

Community Care Licensing Visit Protocols

November 2005

Prior to 2003, all facilities were visited annually, except for family child care homes, which were visited once every three years. Facilities who demonstrated a history of substantial compliance were eligible to receive a focused visit. A focused visit was a review of a facility based upon the selection of two items out of a total of 12. Focused visits were discontinued when the random sample and required annual protocols were developed in 2003. All facilities now receive a comprehensive review.

FOCUSED VISIT	COMPREHENSIVE VISIT
<p>Focused visits reviewed two to three key sections in each of the following regulations. If these items were in compliance, no further review was required. A comprehensive visit was required when deficiencies were found in two or more areas of review. Focused visits could be completed within 20-60 minutes depending on the size of the facility.</p> <ul style="list-style-type: none"> <li>• Criminal record clearance (Were fingerprints submitted)</li> <li>• Child abuse index check (Was it required and submitted)</li> <li>• Fire safety (Facility operating within licensed capacity)</li> <li>• Ambulatory status (Number of non-ambulatory residents reflected on license and matches fire clearance)</li> <li>• Personal rights (Clients not subjected to corporal or unusual punishment; not locked in any room, building or facility; no restraints used)</li> <li>• Telephones (Working telephone on the premises)</li> <li>• Health related services (Medications are stored, locked, labeled and assistance given; residents were provided medical treatment for injuries and illnesses)</li> <li>• Water supply (If water is from a private source is there an appropriate bacterial analysis on file)</li> <li>• Care and supervision (Sufficient staff to meet the needs of the clients)</li> <li>• Buildings and grounds (Is there a pool on the premises and is it accessible to clients)</li> <li>• Food service (Sufficient food on hand; pesticides/toxics not stored with food; food protected from contamination)</li> <li>• Fixtures, furniture, equipment and supplies (Hot water is not more than 120 degrees Fahrenheit; solid waste is stored, located and disposed of properly; toilets/handwashing facilities available and in operating condition) .</li> </ul>	<p>A comprehensive visit requires that <b>all</b> sections of the regulations are thoroughly reviewed and takes at least 2.5-4 hours to complete. The following sections are reviewed:</p> <ul style="list-style-type: none"> <li>• Complete facility file review in the office before conducting on-site visit, including any history of any prior deficiencies, waivers and/or exceptions</li> <li>• Criminal record clearance</li> <li>• Child abuse index check</li> <li>• Fire safety</li> <li>• Ambulatory status of clients</li> <li>• Personal rights</li> <li>• Telephones</li> <li>• Health-related services ( Home-health or Hospice)</li> <li>• Water supply</li> <li>• Care and supervision (including Dementia care)</li> <li>• Buildings and grounds</li> <li>• Food service, supplies and handling procedures</li> <li>• Fixtures, furniture, equipment and supplies</li> <li>• Medications</li> <li>• Are restraints used or present in the facility</li> <li>• Are all activities of daily living being met</li> <li>• Is facility operating within capacity and limitations of the license</li> <li>• Facility temperature appropriate for time of year</li> <li>• Staffing needs</li> <li>• Plan of Operation reflects current program</li> <li>• Resident and Staff Interviews</li> <li>• Personnel record reviews</li> <li>• Resident file reviews and register of residents</li> <li>• Reviewing activity and disaster plans</li> <li>• Posting of licensing reports and facility license</li> </ul>

## Community Care Licensing 2005 Goals Status – November 2005

### I. Health and Safety of Kids and Adults who are in Community Care

- Comply with mandated visits (see chart for statistics)
- Fill vacancies so that required monitoring of licensed facilities can occur
- Reinstitute annual monitoring of out-of-state group homes for foster children
- Reinstitute tri-annual monitoring of continuing care facilities for seniors
- Implement Investigator/Complaint Specialist pilot in order to improve the quality and timeliness of complaint investigations

### II. Build the Bench

- Conduct LPA exam for first time in over a decade in order to create an expanded hiring pool of entry level analysts
- Reinstitute LPA Training Academy for LPAs
- Design a more comprehensive LPA Training Academy for new LPAs
- Design CCL Supervisor Training
- Design Technology Module to be incorporated in LPA and Supervisor Training Academies
- Provide Training for Trainers so each program has a trainer to provide client-specific training and technical assistance to staff
- Execute contracts with CSU and UC for annual program-specific training which is required by law
- Begin "Succession Planning" discussions for supervisors, mid-managers, and administrative levels



**III. Program Efficiencies/Improvements**

- ✓ Develop program management data/reporting system
- ✓ Purchase “middleware” for the field in order to reduce need for duplicate entry of same data
- ✓ Develop “flagging system” so that licensing staff can access information about people involved in administrative actions
- ✓ Develop county-state sharing of criminal clearance information so that licensee in one county does not have to be fingerprinted and cleared in order to run the same type of business in another geographical area
- ✓ Design and pilot fee payment by credit card
- ✓ Conduct a pilot whereby Foster Family Agencies (FFAs) can certify/decertify homes online
- ✓ Conduct pilot whereby FFAs can access criminal background clearances of employees online
- ✓ Develop and maintain common library of policy guidelines to field to facilitate more uniform operations

**IV. Customer Service**

- ✓ Implement credit card payment of fees: design, procure and pilot
- ✓ Implement FFA business applications – certification and clearances
- Participate in conferences with providers and advocates. Include mid-level manager feedback in policy and operations deliberations
- Conduct/attend quarterly exchanges with legislative committee staff regarding CCL goals, operational issues, etc.
- ✓ Eliminate duplicate applications and clearances when moving between counties and state licensing offices
- Increase sharing of information among departments about problem facilities, licensees, etc.

## **Complaint Specialist/Licensing Program Analyst and Senior Special Investigator Team Pilot Project**

In the Spring of 2005 Community Care Licensing Division (CCLD) undertook an in depth review of the use of Investigators with peace officer status. Several issues were identified that required immediate attention. They were: the concerns and complaints expressed by CCLD management and Department of Social Services' Legal Division about the quality, quantity and timeliness of work done by Investigators; budgetary concerns about the high cost to CCLD of utilizing Investigators and the need to maximize return on investment; a disconnection between Investigators and other CCLD staff and the expressed desire to reconnect as a team; and negative findings/recommendations from the initial California Performance Review Report regarding CCLD's use of such Investigators.

In order to address these issues, effective July 1, 2005 CCLD began piloting a different method of investigating serious allegations. For the next two years, the pilot project will test the concept of a Complaint Specialist/Licensing Program Analyst (CS) and a Senior Special Investigator (SSI) working as a team to assess and investigate the most serious allegations and incidents that occur in community care facilities. The goals of the project are to enhance immediate response capacity, to shorten the time it takes to complete an investigation, and to increase efficiency and maximize resources by dividing duties between the CS and SSI so that each is doing what he/she is most qualified to do. Vacant investigator positions have been reclassified to complaint specialists to more effectively utilize the investigators. Complaint allegations are triaged and the tasks associated with the complaints are divided between the complaint specialists and the investigators. This allows the investigators to only focus on those duties that require a peace officer. The tasks more suited to complaint specialists are conducted by the complaint specialist. Prior to the pilot the investigators conducted the complete investigation including those tasks that could have done by a complaint specialist. For each investigation the CS will focus on activities that Licensing Program Analysts are trained to perform well and efficiently. The SSI will perform duties that only an investigator with peace officer status is able to do and those that a peace officer gives added value because of their special training.

The measurements of effectiveness for the pilot project are:

- Increased productivity. All of the most serious complaints and incident reports will be investigated by a CS/SSI or by an Investigator.
- Improved timeliness. The average time taken to complete an investigation will be reduced.
- Better quality. Regional Managers and Legal staff will have stronger investigative findings on which to base decisions and legal actions.

<b>Child Care Licensing—Inspection Frequency and Caseload As Reported by the Ten Largest States for 2003</b>				
<b>State</b>	<b>Number of Years for Which a License Is Issued</b>	<b>Does the State Conduct Renewal Visits?</b>	<b>Frequency of Routine Compliance Visits</b>	<b>Caseload Facilities/ Inspector</b>
<b>California</b>				<b>241</b>
Family day care	Nonexpiring	N/A	Not regularly inspected	
Group homes	Nonexpiring	N/A	Not regularly inspected	
Centers	Nonexpiring	N/A	Not regularly inspected	
<b>New York</b>				<b>40</b>
Family day care	2	No response	Once a year	
Group homes	2	Yes	Once a year	
Centers	2	Yes	Once a year	
<b>Illinois</b>				<b>Not available</b>
Family day care	3	N/A	Once a year	
Centers	3	N/A	Once a year	
<b>Ohio</b>				<b>360</b>
Family day care	N/A	N/A	N/A	
Centers	2	Yes	At least twice a year	
<b>New Jersey</b>				<b>294</b>
Family day care	3	Yes	Every 2 years	
Centers	3	Yes	Once a year	
<b>Pennsylvania</b>				<b>128</b>
Family day care	2	No	Not regularly inspected	
Group homes	1	Yes	Once a year	
Centers	1	Yes	Once a year	
<b>Michigan</b>				<b>307</b>
Family day care	3	No	Every 3 years or more	
Group homes	2	Yes	Once a year	
Centers	2	Yes	Once a year	
<b>Florida</b>				<b>116</b>
Family day care	1	Yes	At least twice a year	
Centers	1	Yes	At least twice a year	
<b>Georgia</b>				<b>159</b>
Family day care	Nonexpiring	No	N/A	
Group homes	Nonexpiring	Yes	Every 2 years	
Centers	Nonexpiring	Yes	Every 2 years	
<b>Texas</b>				<b>72</b>
Family day care	Nonexpiring	N/A	Every 3 years or more	
Group homes	Nonexpiring	N/A	Once a year	
Centers	Nonexpiring	N/A	Once a year	

Group homes = large family day care homes.

Source: Government Accountability Office, (GAO) September, 2004.

Provided by the Legislative Analyst's Office