

Date of Hearing: July 2, 2019

ASSEMBLY COMMITTEE ON HUMAN SERVICES
Eloise Gómez Reyes, Chair
SB 436 (Hurtado) – As Amended June 25, 2019

SENATE VOTE: 38-0

SUBJECT: Office of Child Abuse Prevention

SUMMARY: Codifies the definition of a “family resource center” (FRC) and includes a representative of an FRC among the entities who may be included in multidisciplinary personnel teams (MDTs) aimed at providing services related to child abuse and neglect, and includes supporting the coordination and sharing of best practices implemented by FRCs with other agencies among the purposes for which federal funds administered by the Office of Child Abuse Prevention (OCAP) may be used. Specifically, **this bill:**

- 1) Defines a “family resource center” as an entity providing family-centered and family-strengthening services that are embedded in communities, culturally sensitive, and include cross-system collaboration to assist in transforming families and communities through reciprocity and asset development based on impact-driven and evidence-informed approaches with the goal of preventing child abuse and neglect and strengthening children and families, and, further, specifies that an FRC may be located in or administered by a variety of entities, including, but not limited to, a local education agency, community resource center, or a neighborhood resource center.
- 2) Makes Legislative findings and declarations related to the importance of FRCs in preventing child abuse and neglect, strengthening children and families, the importance of developing sustainable funding streams to support family resource centers to further families to supportive services, and the importance of ensuring sustainable funding streams be developed to support FRCs and to build on the investments made by public and private entities to ensure the quality of programs and services are maintained.
- 3) Includes a representative of a local child abuse prevention council or family strengthening organization, including, but not limited to, an FRC, among the entities who may be included on multidisciplinary personnel teams (MDTs) aimed at providing services related to child abuse or neglect, as specified.
- 4) Includes supporting coordination and sharing of best practices implemented by FRCs with other agencies, as specified, among the purposes for which federal funds administered by the OCAP may be used.
- 5) Makes technical changes.

EXISTING LAW:

- 1) States the intent of the Legislature to provide for the establishment of an OCAP to plan, improve, develop, and carry out programs and activities relating to the prevention, identification and treatment of child abuse and neglect. (Welfare and Institutions Code [WIC] Section 18950)

- 2) Defines “child” as it relates to the scope and duties of the OCAP as an individual under 18 years of age. (WIC 18951(a))
- 3) Defines “multidisciplinary personnel” as it relates to the scope and duties of the OCAP as a team of three or more persons who are trained in the prevention, identification, management, or treatment of child abuse or neglect cases, and who are qualified to provide a broad range of services related to child abuse or neglect, and may include: psychiatrists, psychologists, police officers or other law enforcement agents; medical personnel; social workers; educators; or CalWORKs case managers, among others, as specified. (WIC 18951(d))
- 4) Defines “child abuse”, as it relates to the scope and duties of the OCAP, as a situation in which a child suffers from any one or more of the following: serious physical injury inflicted upon the child by other than accidental means; harm by reason of intentional neglect or malnutrition or sexual abuse; going without necessary and basic physical care; willful mental injury, negligent treatment, or maltreatment of a child under the age of 18 years by a person who is responsible for the child’s welfare under circumstances that indicate that the child’s health or welfare is harmed or threatened thereby, as determined in accordance with regulations prescribed by the director of CDSS; or, any condition that results in the violation of the rights or physical, mental, or moral welfare of a child or jeopardizes the child’s present or future health, opportunity for normal development, or capacity for independence. (WIC 18951(e))
- 5) Requires the OCAP to apply for federal funding for the administration of its functions, and, further, requires those funds be used to: provide technical assistance to public or private agencies and organizations to assist them in planning, improving, developing, and carrying out programs and activities relating to the prevention, identification, and treatment of child abuse and neglect; compile training materials for personnel who are engaged or intend to engage in the prevention, identification, and treatment of child abuse and neglect; assist and provide funds for the coordination of child abuse prevention programs; develop and establish other innovation programs in child abuse prevention where the office finds a need for the programs; or, conduct research and collect data relevant to the determination of the effectiveness of child abuse prevention programs. (WIC 18958)
- 6) Allows a county to establish a child abuse MDT within the county to allow provider agencies to share confidential information in order for provider agencies to investigate reports of suspected child abuse or neglect, pursuant to current law, or for the purpose of child welfare agencies making a detention determination. (WIC 18961.7(a))
- 7) Defines “child abuse multidisciplinary personnel team” as a team of two or more persons who are trained in the prevention, identification, or treatment of child abuse and neglect cases and who are qualified to provide a broad range of services related to child abuse. Further, allows a child abuse MDT to include, but not be limited to, the following: psychiatrists, psychologists, marriage and family therapists, clinical social workers, professional clinical counselors, or other trained counseling personnel; police officers or other law enforcement agents; medical personnel with sufficient training to provide health services; social services workers with experience or training in child abuse prevention; and, a public or private school teacher, administrative officer, supervisor of child welfare attendance, or certified pupil personnel employee. (WIC 18961.7(b)(1))

- 8) Defines “provider agency” as a governmental or other agency that has as one of its purposes the prevention, identification, management, or treatment of child abuse or neglect, and may include, but not be limited to, the following: social services; children’s services; health services; mental health services; law enforcement; and, schools. (WIC 18967.7(b)(2))
- 9) Allows, during a 30-day period, or longer if documented good cause exists, following a report of suspected child abuse or neglect, members of a child abuse MDT engaged in the prevention, identification, and treatment of child abuse to disclose to, and exchange with, one another information and writings that related to any incident of child abuse that may also be designated as confidential under state law if the member of the team having that information or writing reasonably believes it is generally relevant to the prevention, identification, or treatment of child abuse. (WIC 18961.7(c))
- 10) Provides that all information and records communicated or provided to the child abuse MDT members by all provider agencies, as well as information and records created in the course of a child abuse or neglect investigation, shall be deemed private and confidential and shall be protected from discovery and disclosure by all applicable statutory and common law protections. Further, provides that existing civil and criminal penalties shall apply to the inappropriate disclosure of information held by MDT members. (WIC 18961.7(h))

FISCAL EFFECT: According to the Senate Appropriations Committee, pursuant to Senate Rule 28.8, this bill will result in negligible state costs.

COMMENTS:

The Office of Child Abuse Prevention (OCAP): The OCAP is administered by CDSS and is responsible for administering federal grants, state programs, and contracts aimed at child abuse prevention, intervention, and treatment. According to the CDSS OCAP website, the OCAP embraces several core values, including:

- **Collaboration:** to build protective factors and reduce risk factors to strengthen families and prevent child maltreatment;
- **Parent leadership:** to promote parents as partners in decision-making within systems and communities;
- **Collective impact:** to support and encourage leaders and community members from diverse backgrounds to work together to provide systemic change and eliminate child abuse and neglect;
- **Continuous quality improvement:** to use data-informed decision-making and maintain an organizational culture that proactively supports continuous learning to improve outcomes;
- **Innovation:** to embrace new ideas, new methods, and new measures that lead to better outcomes for children and families; and,
- **Accountability:** to model transparency and stewardship.

The OCAP is comprised of two units: the Family and Community Support Services Team, which is responsible for researching, developing, and implementing programs that disseminate

practices that are shown to be promising or evidence-based, and oversees all grants, contracts, and statewide public awareness and educational campaigns, among other things; and, the Prevention Network Development Team, which consults with CDSS' Children's Services Outcomes and Accountability Bureau and other stakeholders to facilitate California's Child and Family Services Review process, and provides technical assistance to counties and county partners to plan and develop prevention-focused programs. The OCAP 2015-20 Strategic Plan states:

“The OCAP plays a valuable role to ensure that successful prevention strategies support and are integrated as a part of the CDSS initiatives and activities. The prevention of child abuse and neglect is most effective when families can ensure their child's safety and well-being, [and] thus do not engage or require child welfare involvement. The OCAP contends that when families are resilient, parents are more likely to withstand times of stress in ways that do not compromise a child's safety or well-being. Therefore, the OCAP will also seek to build resilient families and communities throughout California as an essential prevention strategy...The OCAP is responsible for both statewide prevention endeavors and monitoring local prevention activities as part of federal requirements. In summary, the OCAP's priority objectives are to: promote an agenda to prevent child abuse and neglect both statewide and as a part of the CDSS work; and, maintain responsibility to effectively utilize multiple state and federal prevention-focused funding streams, ensuring compliance with all governing legislation.”

Family Resource Centers (FRCs): FRCs are community-based programs that provide early-intervention and preventative services to families, such as home visiting, school readiness programs, support groups, stress management and coping, parent leadership, and domestic violence services, among others. The goal of FRCs, according to the California Family Resource Association, an agency of the Child Abuse Prevention Center representing over 300 FRCs throughout the state, is to build healthier neighborhoods by aiding families in overcoming social, economic, and educational challenges by providing services that ensure families provide safe, nurturing environments for children. FRCs, along with community partners such as school districts, county agencies, law enforcement agencies, and food banks, among others, work to provide a broad range of services and supports that are intended to aid families resolve issues that may arise. According to CDSS, there are approximately 500 FRCs throughout the state.

In its 2018 Annual Report, the California Resource Family Association demonstrates that, in 2018, its member organizations spanned all 58 counties and approximately \$350,000 in grants and resources were administered to FRCs within its membership. Use of grant funding included a partnership with the California Endowment to promote health equity in the field of family strengthening with an estimated 200 participants, and immigration services funding which provided education and outreach services to 5,100 individuals, among other uses.

The provisions of this bill would codify the definition of an FRC in state statute and would include a representative of an FRC among the entities who may participate in an MDT or a child abuse MDT.

Child abuse MDTs: The multidisciplinary approach to investigating instances of abuse and neglect has been in use for some time. AB 1049 (Bader), Chapter 353, Statutes of 1987, permitted the use of MDTs to allow for a coordinated interagency response to elder and child abuse cases. More recently, AB 210 (Santiago), Chapter 544, Statutes of 2017, authorized

counties to develop homeless adult and family MDTs in order to facilitate identification and assessment of homeless individuals in order to link those individuals to supportive services. Prior to the adoption of AB 1049, MDTs were a relatively new concept and had primarily existed as pilot projects administered at the county level.

Child abuse MDTs consist of individuals who are trained in the prevention, identification, or treatment of child abuse and neglect cases, and who are qualified to provide a broad range of services related to child abuse. While MDTs investigate possible instances of child abuse and neglect, the MDT structure also facilitates coordination among the participating agencies and entities so that decisions can be made through team decision-making. Currently the entities who may participate in a child abuse MDT include:

- Psychiatrists, psychologists, marriage and family therapists, clinical social workers, professional clinical counselors or other trained counseling personnel;
- Police officers or other law enforcement agents;
- Medical personnel with sufficient training to provide health services;
- Social workers with experience or training in child abuse prevention; and,
- A public or private school teacher, administrative officer, supervisor of child welfare attendance, or certified pupil personnel employee.

The provisions of this bill would include a representative of a local child abuse prevention council or family-strengthening organization, such as an FRC, among the entities who may participate in a child abuse MDT.

Need for this bill: The provisions of this bill would codify the definition of an FRC, would include FRCs among the entities that may be included on MDTs related to child abuse, includes support and coordination of best practices used by FRCs with other agencies among the purposes for which the OCAP-administered federal funds may be used, and would allow a representative of a local child abuse prevention council or family-strengthening organization, including an FRC, to be included in a county-established child abuse MDT.

According to the author, “[This bill] would formalize FRCs as a key delivery network of services and as conduits to strengthening families via family-centered, community-based, and culturally-sensitive services that include cross-system collaboration as a means to protect against child abuse and neglect. While child welfare has made important shifts in its models of care, even greater opportunities exist to address the root causes by placing greater focus upstream on early-intervention and prevention, combatting abuse before it happens.”

PRIOR AND RELATED LEGISLATION:

AB 210 (Santiago), Chapter 544, Statutes of 2017, allowed counties to develop homeless adult and family MDTs in order to facilitate identification and assessment of homeless individuals, and link homeless individuals to housing and supportive services, and to allow service providers to share confidential information to ensure continuity of care.

AB 406 (Torres), Chapter 7, Statutes of 2013, repealed the 2014 sunset provision for child abuse MDTs.

AB 2229 (Brownley), Chapter 464, Statutes of 2010, authorized counties to create two-person child abuse MDTs, rather than three-person MDTs, engaged in the investigation of suspected child abuse or neglect, permitted the disclosure of information gathered by a child abuse MDT among team members, and included a 2014 sunset provision for child abuse MDTs.

AB 2322 (Feuer & Bass), Chapter 551, Statutes of 2010, broadened the scope of information that may be included in a county MDT computerized database to include information regarding nonrelatives living in the home of a child.

AB 1049 (Bader), Chapter 353, Statutes of 1987, authorized the use of MDTs for both child and elder abuse.

REGISTERED SUPPORT / OPPOSITION:

Support

None on file

Opposition

None on file

Analysis Prepared by: Kelsy Castillo / HUM. S. / (916) 319-2089