

**Monterey County Board of Supervisors
Referral Submittal Form**

Referral No. 2022.18
Assignment Date: 08/23/22
(Completed by CAO's Office)

SUBMITTAL - Completed by referring Board office and returned to CAO no later than noon on Thursday prior to Board meeting:

Date: 08/16/2022	Submitted By: Supervisor Luis Alejo and Supervisor Wendy Root Askew	District #: 1 & 4
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Referral Title: Monitoring of FCS Programs and Services

Referral Purpose: This referral requests HHHSC Committee roles and responsibilities be amended to explicitly include responsibility for monitoring the programs and services of Family and Children's Services

Brief Referral Description (attach additional sheet as required):

The Family & Children's Services (FCS) Branch of the Department of Social Services offers child protective services, foster care services, and adoption services to children and youth in Monterey County. FCS strives to keep all children and youth safe and to prevent the occurrence of child abuse and neglect. The California Department of Social Services provides formal oversight of FCS, with local programs administered by the County. The County is committed to protecting confidentiality of FCS cases while also ensuring full transparency and accountability of this exceptionally challenging work.

Other California counties have assigned specific committees with the responsibility to monitor and study the operations of Family and Children's Services to ensure that the systems involved in protecting children and supporting families are effective. In Monterey County the Board of Supervisors Health, Housing, and Human Services Committee (HHHSC) is tasked with reviewing requests and recommendations for policies regarding health and human services issues impacting the County of Monterey. This referral requests that the HHHSC Committee roles and responsibilities be amended to explicitly include responsibility for monitoring the programs and services of Family and Children's Services.

Specifically this referral requests that:

1. The HHHSC Roles and Responsibilities be amended to include "Review and make recommendations for the effective operations of Family and Children's services."
2. The Dept of Social Services provide a regular consent agenda report to the HHHSC on the programs and services provided by Family and Children's Services, generated from data provided to the State, with a scheduled presentation on FCS occurring at least twice per year
3. The Dept of Social Services provide a regular consent report to the HHHCS on the staffing of Family and Children's Services, including recruitment data.
4. The Dept of Social Services provide a yearly report to the Board of Supervisors with a summary of annual programs and services for Family and Child Services and the System Improvement Plan submitted to the State.

Classification - Implication	Mode of Response
<input type="checkbox"/> Ministerial / Minor <input type="checkbox"/> Land Use Policy <input checked="" type="checkbox"/> Social Policy <input type="checkbox"/> Budget Policy <input type="checkbox"/> Other: _____	<input type="checkbox"/> Memo <input checked="" type="checkbox"/> Board Report <input type="checkbox"/> Presentation <b align="center">Requested Response Timeline <input type="checkbox"/> 2 weeks <input checked="" type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> Status reports until completed <input type="checkbox"/> Other: <input type="checkbox"/> Specific Date:

ASSIGNMENT – Provided by CAO at Board Meeting. Copied to Board Offices and Department Head(s) Completed by CAO’s Office:

Department(s): Social Services	Referral Lead: Lori Medina	Board Date: 08/23/22
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REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO’s Office:

Department(s):	Referral Lead:	Date:
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ANALYSIS - Completed by Department and copied to Board Offices and CAO:

Department analysis of resources required/impact on existing department priorities to complete referral:	
Analysis Completed By: _____	Department’s Recommended Response Timeline <input type="checkbox"/> By requested date <input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Other/Specific Date: _____
Date: _____	

REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:

Referral Response Date:	Board Item No.:	Referrals List Deletion:
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Note: Please cc Claudia Escalante, Karina Bokanovich, Rocio Quezada and Maegan Ruiz-Ignacio on all CAO correspondence relating to referrals.