Child and Family Services Plan 2015-2019

Annual Progress and Services Report June 30, 2017

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INTRODUCTION

Child and Family Services Plan

The submission of the 2018 Annual Progress and Services Report (APSR) highlights progress made since the June 30, 2016 APSR and is the third year of the five-year Child and Family Services Plan (CFSP)[1] for Federal Fiscal Years (FFYs) 2015 through 2019[2]. Since the implementation of the CFSP, programs, initiatives, legislation and social work practice models are in various phases of implementation. These new activities are designed to link key initiatives together to transform the landscape of child welfare in California. Some of these include:

Continuum of Care Reform (CCR)[3] – Authorized by Senate Bill (SB) 1013 (Chapter 35, Statutes of 2012), which led to additional legislative reform to support CCR with Assembly Bills (AB) 403 (Chapter 773) and 1997 (Chapter 612). This reform effort advances California's long-standing goal to move away from the use of long-term group home care by increasing youth placement in family settings and by transforming existing group home care into places where youth who are not ready to live with families can receive short-term intensive treatment. Other key elements of this work include utilization of a comprehensive strengths and needs assessment, child and family teaming, and development of outcome measures for foster care providers.

The CCR will also integrate elements from the following initiatives:

- *Integrated Child Welfare Core Practice Model* – a guiding framework for California's child welfare, behavioral health and probation community which will integrate elements of existing proven practices into measurable and observable practice behaviors.
- *Mental Health Coordination* – intended to transform the way children and youth in foster care or who are at risk of foster care placement, receive access to mental health services.
- *California Wraparound* – a family centered, strengths-based, needs-driven planning process for creating individualized services and supports for children, youth, and families.
- *Quality Parenting Initiative (QPI)* – to develop a statewide approach to recruiting and retaining high quality caregivers for children and youth in foster care.
- *Resource Family Approval (RFA)* – aims to provide a streamlined, family-friendly, and child-centered process for approving relatives, Non-Relative Extended Family Members (NREFM), foster parents, and adoptive parents to care for foster children.
- *Expansion of Child and Family Teams* – a Child and Family Team (CFT) is an evidence-based teaming approach which includes the child or youth, family members,

[1] Current and historical copies of the reports can be found at : http://www.childsworld.ca.gov/PG1995.htm
[2] Federal Fiscal Year represents October 1 through September 30 for the indicated year.
[3] For more information on the Continuum of Care Reform efforts, see: http://www.childsworld.ca.gov/PG2976.htm

professionals, natural community supports, and other individuals identified by the family who are invested in the child, youth, and family's success.

The state continues to evolve key strategies in the areas of Prevention and Tribes. These include:

- *Grow Strong Families Initiative* –preventing children from ever coming into the Child Welfare System (CWS) by focusing on federal outcomes and systemic factors that apply to child welfare children.
- *California Partners for Permanency Project (CAPP)*[4] – a federal demonstration project designed to improve permanency outcomes among children in foster care who have the most serious barriers to permanency.
- *Tribal Consultation Policy (TCP)* – this policy is in development in collaboration with California tribes to guide the California Department of Social Services (CDSS) interactions with tribes related to child welfare matters.

Role of the CDSS under Realignment

The CDSS serves as the single state agency responsible for the administration and supervision of the CWS system, a system that is authorized through the federal Social Security Act, Subparts Title IV-E and Title IV-B, and throughout various chapters of the Welfare and Institutions Code (W&IC). Fundamental to this responsibility is the formation of programmatic and fiscal policy, provision of training and technical assistance, and oversight and monitoring of the CWS system.

The CDSS continues to be responsible for policy formation specific to the prevention, emergency response, family maintenance, family reunification, and permanency programs. This includes the development of policy letters and notices, promulgation of regulations, and implementation of new federal and state policies or laws. The CDSS continues to explore and analyze the utilization of various funding streams counties can have available for service delivery.

Given the complex array of CWS programs and services that are all aimed at providing a safety net to protect neglected and abused children, the CDSS continues to provide training and technical assistance to county child welfare and probation agencies. Through the provision of technical assistance, CDSS encourages and supports statewide replication of best practices and continuous improvements to achieve optimal outcomes for children and families. Furthermore, the training and technical assistance provided by the department supports adherence to state requirements and interpretations of those requirements by federal oversight entities, thereby, ensuring continued receipt of federal financial participation.

[4] For more information on California Partners for Permanency project, see: http://www.reducefostercarenow.org

The CDSS continues to oversee and monitor the state's CWS system. The programmatic oversight is data informed to ensure compliance with state plan requirements necessary to guarantee maximization of federal financial participation. Additionally, CDSS continues to utilize its oversight system to identify and support replication of county promising practices that lead to the improvement of family functioning, child safety, and well-being. Towards this end, CDSS continues to conduct programmatic and fiscal reviews and audits of counties.

Child Welfare Services in California

California's CWS system is the mechanism to assure health, safety, and well-being of children at risk of abuse and/or neglect. To the extent possible, CWS agencies, which includes both child welfare and probation agencies, provide services to children in out-of-home placements as well as those at risk of being removed from their homes in order to safely and permanently remain in the home with family members. California's state-supervised CWS system is administered at the local level by 58 counties and provides services across the whole child welfare continuum, ranging from investigations to post-permanency activities.

Child Welfare Overview

As the most populous state in the country with more than 9 million children, one of the most linguistically diverse regions in the world with the largest minority population in the country, including 109 federally recognized Native American tribes and an estimated 79 tribes seeking federal recognition, California undoubtedly has a complicated CWS system. The strength of this system can be found within its 58 counties, each governed by a Board of Supervisors (BOS) and each responsible for administering a vast array of child welfare services and programs to meet the needs of local communities. Counties organize and operate child protection programs based on local needs while complying with state and federal regulations. Counties are the primary governmental entities that interact with children and families when addressing child abuse and neglect.

Principal Data Source and Tools

The information below provides the reader with background on California's principal data source, tools, and resources that are used throughout this report and are used by the state, counties, and partners in case planning and management, policy development, or required federal and state reporting.

The CDSS has several data sources utilized by the state and its 58 counties. The main source is the *Child Welfare Services/Case Management System* (CWS/CMS). The CWS/CMS is the federally supported Statewide Automated Child Welfare Information System (SACWIS). The CWS/CMS is a computer-based, Windows application that associates all 58 counties and the state to a common database. The CWS/CMS is an automated, online, client management database that tracks each case from initial contact through closure of services.

The CWS/CMS assists caseworkers in recording client demographics, contacts, services delivered, and placement information. It also assists caseworkers to record and update assessments, create and maintain case plans, and manage the placement of children in foster homes. The system will generate and manage many forms associated with a client or case. The application also collects data for the purposes of state, county, and federal reporting. It should be noted that probation agencies did not have access to input information into CWS/CMS until State Fiscal Year (SFY) 2010-11.

Although the current CWS/CMS met the business needs and practices of the time it was implemented in the early 1990s, it does not fully support today's child welfare practice and is no longer an economical, efficient, or effective automated tool for child welfare management and staff support. In 2003 California initiated the Child Welfare Services/Web (CWS/Web) Project to plan and implement a replacement system for the current CWS/CMS. The goal of the replacement system was to employ modern technologies and new functionality to effectively meet CWS business needs and federal SACWIS requirements. However, the CWS/Web Project was indefinitely suspended in the 2011 State Budget Act. Presently, the Department received approval of the CWS – New System Project in the 2013 /2014 State budget and the planning is currently underway with a target date for a new system in 2019.

The following are data analytic tools and resources derived from CWS/CMS and utilized by the state to inform and guide policies, practices, and programs.

Child Welfare Data Analysis Bureau (CWDAB) within CDSS' Administration Division, in addition to the National Child Abuse and Neglect Data System (NCANDS), Adoption Foster Care Analysis and Reporting System (AFCARS), National Youth in Transition Database (NYTD), and Federal Monthly Caseworker Visits (FMCV) federal reports provide ad hoc reports using data from CWS/CMS, data support for program sampling and reviews, legal issues, and for other government and research entities, e.g., Department of Mental Health (DMH), Department of Education, Department of Public Health (DPH), Department of Developmental Services (DDS), and the Legislature.

State Data Profiles are produced from AFCARS data files and provided to the state by the Children's Bureau (CB) after the semi-annual AFCARS submissions. These reports are considered the official data for determining whether the state is in substantial conformity with the Child and Family Services Review (CFSR) national standards on safety and permanency, as well as determining the state's performance on achieving the CFSR Program Improvement Plan (PIP) target goals. The AFCARS data are reported twice a year, every six months, on a FFY basis. The data profiles do not include youth in the extended foster care program.

Center for Social Services Research (CSSR) at the University of California at Berkeley (UCB) - The California Child Welfare Performance Indicators Project (CCWPIP) is a collaborative venture between UCB and CDSS. The project aggregates California's administrative child welfare and foster care data into customizable tables that are refreshed quarterly and made available on a

public website. This comprehensive data source allows those working at the county and state level to examine performance measures over time. In addition to stratifications by year and county, data can also be filtered by age, ethnicity, gender, placement type, and other subcategories to craft individualized reports. This project provides policymakers, child welfare workers, and the public with direct access to information on California's entire child welfare system. The UCB-CSSR site is available via the following link: http://cssr.berkeley.edu/ucb_childwelfare/

The Latino Practice Advisory Committee (LPAC) Data is a fairly new addition to the CSSR menu. The LPAC Data became available to the public in late 2013 and it provides assistance in the review of prevalence rates in county population analyses. The LPAC Data differs from prevalence rates in that it takes into account the ethnic breakdown of the absolute number of children in foster care. In California, the prevalence rate per 1,000 children for Latinos is not high in comparison to the Native American and Black Ethnic groups, however, when you examine the combined In-Care population for all ethnic groups (61,211)[5], the Latino ethnic group made up more than half (31,224) of all the children in foster care. Counties who have a high number of any ethnic group(s) of children in their foster care population should address and describe that ethnic groups' focused service provisions for their population majority. Data templates to assist with this type of analyses are available at: http://cssr.berkeley.edu/cwscmsreports/lpac-templates/.

Additional research on Latino centered services and practices are available at: http://cssr.berkeley.edu/ucb_childwelfare/LatinoChildWelfarePracticeAdvisoryCommittee.aspx

SafeMeasures® [6]is a web-based database maintained by the Children's Research Center (CRC) that extracts data from CWS/CMS to report statewide and individual county data related to state and federal outcomes. Unlike data from the CSSR, data extracted from SafeMeasures® are real-time. SafeMeasures serves as a quality assurance tool by presenting the information needed to assess whether federal, state, and local requirements are being met, track agency, unit, and worker performance over time, monitor workloads, and identify out-of-compliance cases. The SafeMeasures database also contains aggregate data for counties using Structured Decision Making® (SDM) risk and safety assessment. Further, it is helpful in assessing trends and patterns through qualitative reads of cases/referrals by the ability to extract lists of cases/referrals pertinent to federal outcomes. During the past year, the agility to track and monitor the use of psychotropic medication by children in care was added to tool.

[5] LPAC Templates: California Child Welfare Indicators Project (CCWIP), University of California at Berkeley, Number in Care, Agency Type: Child Welfare and probation, Oct 1, 2016.

[6] http://www.nccdglobal.org/analytics/safemeasures

The *Multistate Foster Care Data Archive* (MFCD)[7] housed at Chapin Hall at the University of Chicago standardizes California's administrative data to conform to data from other states by applying statistical models to better understand foster care placement outcomes, including time to reunification, time to adoption, placement stability, and re-entry. These data can be tabulated by age and can be compared to other data from other subscribing states.

Business Objects® Desktop Intelligence is a reporting tool utilized by the state and counties to create individualized queries about certain data aspects contained in the CWS/CMS. It combines a SQL (Structured Query Language) report-writer with formatting and publishing features familiar to Microsoft Office programs users. Business Objects simplifies the complex data language found in the CWS/CMS database allowing users to work with objects that are in business terms (more familiar and more closely resemble language found in the CWS/CMS application).

The Child Welfare Outcomes Report Builder is produced by the CB and was made publically available in early 2014. Through the site, states can gauge their data before it is fully incorporated into the next Child Welfare Outcomes Report to Congress. The Child Welfare Outcomes Report Builder provides information on the performance of seven outcome categories for data from 2010 to 2014. The report builder can be accessed via the following link: https://cwoutcomes.acf.hhs.gov/cwodatasite/.

Additionally, California's ongoing case reviews are expected to provide a wealth of information about the state's welfare system and serve as an invaluable data source in the future. However, since this report details activities from the prior year, case review data was not yet available to include.

Service Components

Although there is flexibility in how counties deliver services, the process is generally the same and is guided by four major components of the CWS system with the addition of the ~~new~~ Supportive Transitional service component for youth receiving services through the Fostering Connections After 18 (After 18) Program.

a) *Emergency Response* (ER) services are designed to provide in-person 24-hours-a-day response to reports of abuse or neglect. Reports of child abuse and neglect are generally received through the county's child abuse reporting system, such as a phone call to a hotline. Using assessment tools, hotline workers gather information to determine the appropriate response.

   A referral is opened if the alleged maltreatment meets the definitions of abuse or neglect and further investigation is required. The severity of the alleged maltreatment and risk of

[7] http://fcda.chapinhall.org

harm determines the response time; more serious allegations with imminent risk of harm, such as physical abuse, require face-to-face contact with the alleged victims and perpetrators within 24 hours while less serious allegations are assigned initial face-to-face contact within ten calendar days.

During face-to-face contact with the identified parties, the investigating worker determines the disposition for each allegation in the referral; a substantiated allegation confirms the presence of abuse or neglect, an inconclusive allegation is assigned when evidence is questionable or insufficient, and an unfounded allegation does not meet the definition of maltreatment.

b) *Case Opening* - Depending on the level of risk and safety, the social worker may decide to close the referral with referrals to community services as appropriate or open a case to provide services.

Cases may be opened for children that remain in-home with voluntary Family Maintenance (FM) services provided. FM services are time-limited protective services provided to families in crisis to prevent or remedy abuse or neglect with the intent of preserving families and keeping children safely in their own homes when possible. Social workers develop a case plan with input from the family that includes services appropriate to each family's unique needs.

c) Alternatively, children may be placed in foster care if there are serious safety threats and are provided *Family Reunification* (FR) services. FR services consist of time-limited services to children in out-of-home care to prevent or remedy neglect, abuse or exploitation when the child cannot remain safely at home and needs temporary foster care while services are provided to reunite the family. For children removed from their homes, County Child Welfare or Probation Agencies (agency) are responsible for:

    1. Ensuring that reasonable efforts are made to prepare the family for reunification,
    2. Providing timely visitation between the children and parents,
    3. Making initial referrals to services,
    4. Visiting children at least once a month, and
    5. Developing a case plan for services that address safety issues and risk of future maltreatment. If service objectives are met, the court may order reunification of the family.
    6. Ensuring that a child and family team shares responsibility to assess, plan, intervene, monitor, and refine services over time and informs the case plan.

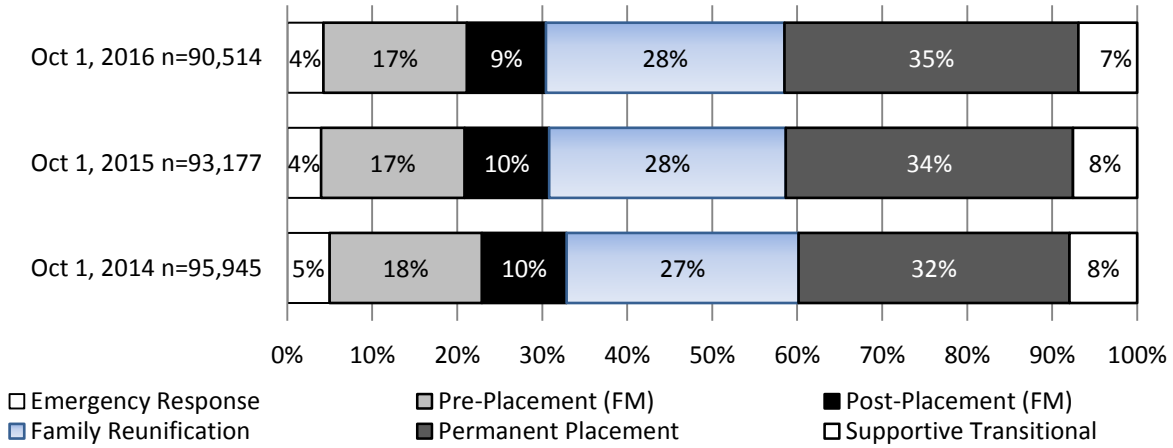
d) If reunification failed or the court determines reunification is not possible, the county placing agency is responsible for developing a permanency plan for dependent children by promoting timely adoption or guardianship. Permanent Placement (PP) services also include pre-adoption, post-adoption, tribal customary adoptions, non-related legal

guardianship (non-court dependents), relative guardianship, and independent living. The state also provides financial assistance to adoptive parents and guardians to aid in support of the children. There is additional funding available for special needs children.

e) The *Supportive Transition* service component extends these PP services to non-minor dependents (youth age 18 and older who voluntarily remain in foster care up to age 21) and is provided through the After 18 program described further in the Permanency Chapter of this report.

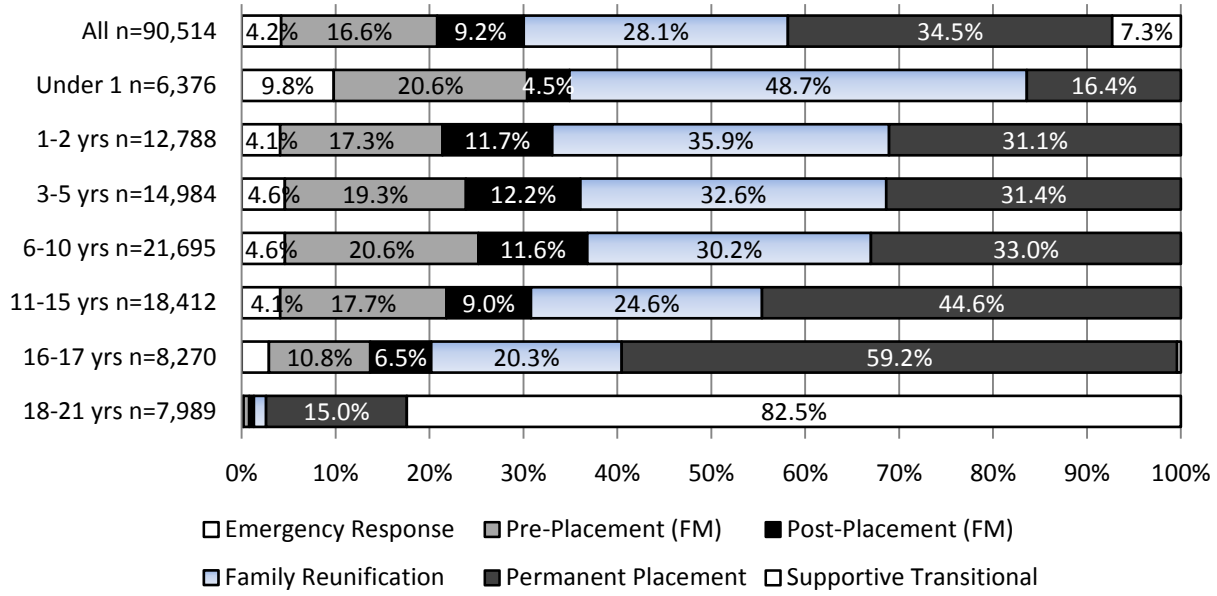
As illustrated below, cases receiving PP and Pre/Post-Placement services have declined while an increasing proportion of cases have received FR services (Post-Placement (FM) are FM case services provided after FR and/or PP case services). This trend highlights the state's continued commitment to increasing timely permanency and safely maintaining children in their homes. Also, there is an increasing trend in the proportion of cases with the Supportive Transitional service component which highlights the continued need for the After 18 program.

Figure 1: Point-in-Time Caseloads by Service Component, Oct 1, 2014 to Oct 1, 2016
Caseloads by Service Component, Agency Type: CW, Ages 0-21, CSSR CWS/CMS, Q4 2016



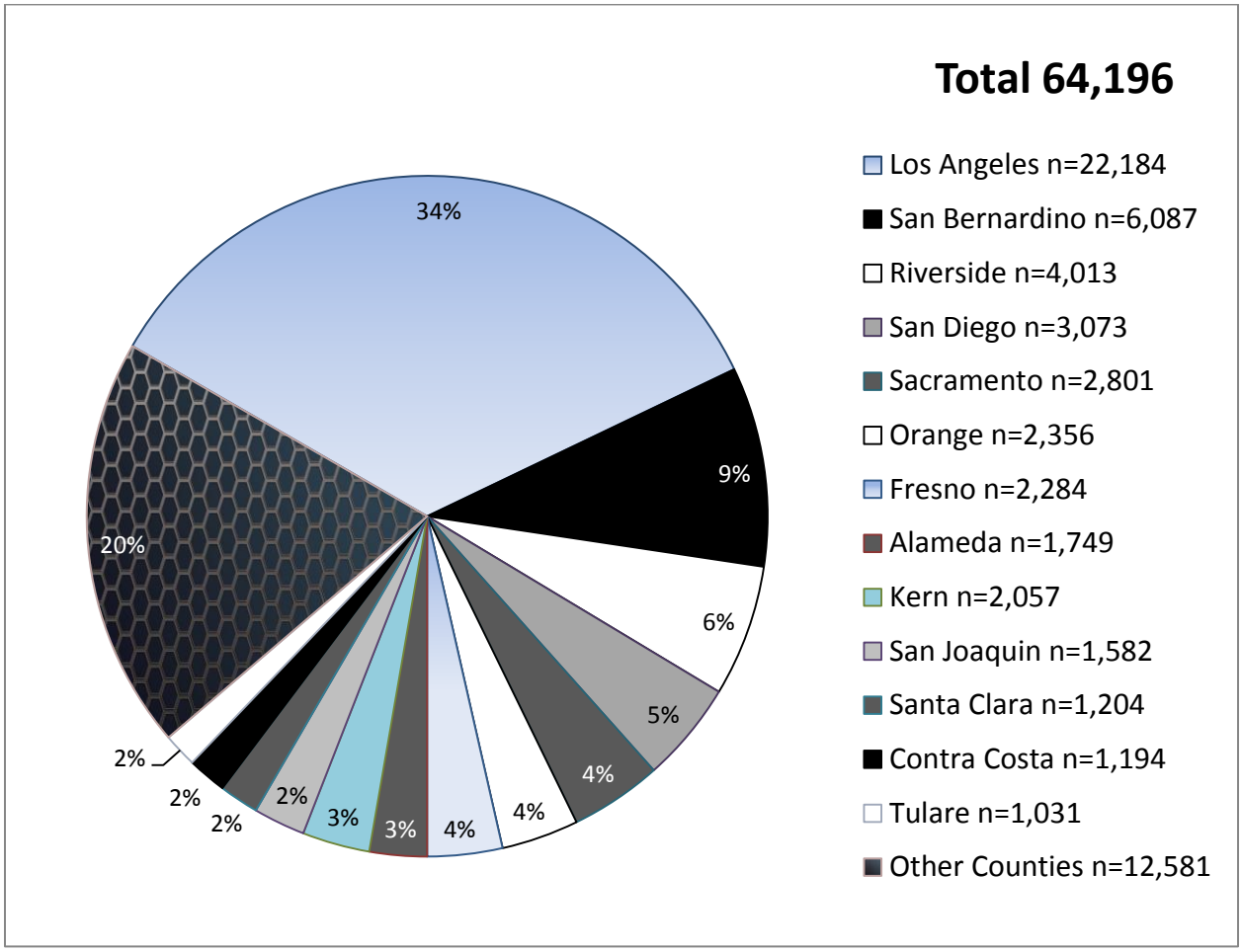
Separating data by age illustrates varying experiences of children through the child welfare system. The figure below shows the proportion of older children receiving FR services decreases with age, while PP services increases with age.

Figure 2: Point-in-Time Caseloads by Service Component and Age, Oct 1, 2016, Agency Type: CW, Ages 0-21, CSSR CWS/CMS, Q4 2016



The 58 counties are a reflection of the complexity of California's CWS system. The thirteen counties listed below (Figure 3) account for more than 80 percent of the total out-of-home placements on January 1, 2016, while twenty small counties account for less than two percent.

Figure 3: Point in Time Children in Foster Care, Agency Type: All (CW, Probation), Ages: 0-21, Jan 1, 2017, Extract CWS/CMS Q4 2016



Subsidized Guardianship: Although not a services program, California helps children in foster care achieve permanency by subsidizing relatives to become guardians of their related foster child. Guardianship is a permanency option to exit foster children and young adults from foster care to someone who has cared for them and wants to continue that care. Guardians receive a monthly payment equal to the foster care payment, retain Medi-Cal eligibility, and access to other benefits.

Agency Structure

Under the umbrella of the state Health and Human Services Agency (HHSA), CDSS via its Children and Family Services Division (CFSD) is the agency authorized by statute to promulgate regulations, policies, and procedures necessary to implement the state's child welfare system and to safeguard safety, permanence, and well-being for children and families.

The CDSS is responsible for the supervision and coordination of programs in California funded under Federal Title IV-B subparts 1 and 2 of the Social Security Act, Title IV-E, Child Abuse Prevention and Treatment Act (CAPTA), the Chafee Foster Care Independence Program (CFCIP), and Education Training Vouchers (ETV) programs for older and/or former foster care youth. The CDSS is responsible for developing the state's CFSP, California's blueprint for child welfare services. Due to its complexity, California's child welfare system is ever-changing as it seeks to improve its ability to meet the needs of the state's children and families. The CFSD plays a vital role in the development of policies and programs that implement the goals of CDSS' mission. These efforts are all achieved within a framework of collaboration with child welfare stakeholders. In developing policies and programs, CFSD collaborates with other state and local agencies, tribal representatives, caregivers, birth parents, current and former youth in foster care, foster care service providers, community-based organizations, the Judicial Council of California (JCC), researchers, child advocates, the Legislature, higher education institutions, and private foundations to maximize families' opportunities for success.

Five branches and one Ombudsperson's office within CFSD have responsibility for overseeing components of California's CWS system:

The *Child Protection and Family Support Branch* (CPFS) oversees the Office of Child Abuse Prevention (OCAP), and intervention and treatment services funded under CAPTA, Community Based Child Abuse Prevention (CBCAP), Child Abuse Prevention, Intervention and Treatment (CAPIT) and the Promoting Safe and Stable Families (PSSF) Act. CFSP also has oversight on policy and program implementation for emergency response, pre-placement and in-home services components, safety and risk assessments and the Indian Child Welfare Act (ICWA) compliance. Policy and program development for Commercially Sexually exploited children (CSEC) population; the Title IV-E Child Well-Being Demonstration project; mental health integrated practice; and community-based services. The statewide training and staff development activities of public child welfare service workers and probation placement officers are also housed within the CPFSB.

The *Children Services Operations and Evaluation Branch* (CSOE) oversees the development and implementation of the federal CFSR, CFSP, and APSR; oversees county administration/delivery of CWS; Adoption Assistance Program (AAP) policy and monitoring; coordinates child welfare and probation disaster plans; ensures interstate placements are in compliance with the Interstate Compact on the Placement of Children (ICPC) and the Interstate Compact on Adoption and Medical Assistance (ICAMA); conducts reviews of child fatalities/near fatalities which are reported via statements of findings and information submitted by counties; provides adoption services on behalf of 16 counties; maintains, manages and ensures confidentiality of all California adoption records and makes available post-adoption services.

The *Child and Youth Permanency Branch* (CYP) supervises delivery of services to children removed from their homes and placed into foster care with the goal of returning home or to an

alternative permanent family through adoption or guardianship; develops regulations and policy directives related to placement, out-of-home care, and permanency for children under court jurisdiction and the subject of domestic and inter-county agency adoptions; the Independent Living Program (ILP); Transitional Housing Program (THP); and foster and adoptive parent training and recruitment.

The *Case Management System (CMS) Support Branch* provides ongoing support, management and oversight of California's federally supported SACWIS known as CWS/CMS. The CMS Support Branch facilitates the development and implementation of statewide child welfare program regulatory and/or business process changes within the CWS/CMS. Additionally, the CMS Support Branch facilitates technological upgrades and business process improvements related to the CWS/CMS. These efforts are in collaboration with various, federal, state, and county entities and are pursuant to state and federal funding requirements, policy rules, and regulations.

The *CWS-New System Project, recently renamed Child Welfare Digital Services,* within the Department and in partnership with the Office of Systems Integration (OSI) is responsible for the planning, development, design, and implementation of the system that will replace the current CWS/CMS. The Project Office ensures the New System will be SACWIS compliant and incorporates all programmatic and user needs to support child welfare case management.

The Foster Care Audits and Rates Branch (FCARB) establishes policies for foster care rates, funding and eligibility to ensure that children placed in group homes or by foster family agencies receive the services associated with federal, state, and local funding; sets group home and foster family agency rates; develops, interprets, and implements policies and regulations governing payment systems required to support out-of-home care placements and services; conducts on-site group home and non-profit corporation rate audits and reviews Financial Audit Reports.

The *Office of the California Foster Care Ombudsperson* is a semi-autonomous entity within CDSS that provides objective investigations of complaints and issues regarding the placement, care, and services of children in foster care; maintains a toll-free number for any individual to voice their concerns or complaints; responds to complaints from anyone with concerns about the foster care system; makes appropriate referrals and recommendations to resolve complaints and issues; provides children and youth in foster care with information on their personal rights; maintains an informational website; conducts trainings and presentations to child welfare professionals and community partners to increase awareness of concerns and complaints about California's child welfare services as well as sharing best practices.

CALIFORNIA'S EFFORTS TOWARD IMPROVEMENT

Goals and Objectives

The CDSS remains steadfast in its commitment to continuous quality improvement of child welfare services in spite of California's fiscal challenges. As such, this section integrates information from multiple sources that report on California's progress toward the goals and objectives designed to improve and address the outcomes and systemic factors identified in the CFSP. It includes analyses of the relevant Outcome and Composite Measures identified in the federal CFSR and narrative discussion of how current programs address efforts to improve California's overall system. The analyses of the Outcomes provide a more accurate, data supported depiction of specific CWS program and services over the past year.

California's Program Improvement Plan

- **AFCARS Improvement Plan (AIP)** - AFCARS collects case level information from SACWIS, identified as CWS/CMS in California, on all children in foster care for whom state child welfare agencies have responsibility for placement, care, and supervision and on children exiting foster care to adoption. The AFCARS also includes information on foster care providers and adoptive parents. States are required to submit AFCARS data semi-annually to ACF.

  A federal AFCARS Assessment Review (AAR) was conducted in March 2015. The AAR is a comprehensive evaluation of the Title IV-E agency's methodology for collecting and reporting AFCARS data. As a requirement of the AAR, CDSS entered a set of test cases and extracted the test data for transmission to ACF for review and analysis. The week long on-site phase of the AAR, which took place March 2 through March 6, 2015, included a review of 117 foster care and adoption case files, as well as a review of AFCARS population and data elements requirements. CDSS is currently implementing elements of the AIP to address the findings of the AAR.

<u>Extraction Code Improvements</u>

Within the 45 days, CDSS corrected many of the findings through extraction code changes which include, but are not limited to:

- Revising the foster care population inclusion to be based on discharge transaction dates as opposed to actual discharge dates;
- Excluding court hearing types and disabilities that do not meet the federal definitions;
- Setting a limit on how long a response of 'not yet determined' can be reported for a disability diagnosis;
- Modifying the reporting of race values;
- Modifying the reporting of the caretaker family structure;
- Modifying the reporting of a child's relationship to adoptive parents;

- Correcting the reporting of current placement setting when a child runs away or is on a trial home visit;
- Modifying the reporting of most recent case plan goal;
- Correcting the reason for discharge to report as 'not applicable' instead of blank if the child has not discharged from foster care;
- Removing the limit on the amount of monthly foster care payment.

Technical Assistance Needs

In FFY 2017, the state has sought technical assistance regarding case reviews and continuous quality improvement. In the CFSP, enhancements to the state quality assurance system were identified as specific goals over the next few years. We have received technical assistance from the Capacity Building Center through the Children's Bureau, which took the form of a Continuous Quality Improvement Academy. Management and select staff from across the CDSS's Children and Family Services Division participated in the nine month long academy, which concluded June 2017. CDSS management and executives are currently planning ways in which the department can sustain and further disseminate CQI approaches to child welfare.

Additionally, technical assistance from the Children's Bureau will continue to be sought to support our Title IV-E Waiver Demonstration and implementation of recent Federal legislation. Moreover, the state is likely to request additional assistance to ensure compliance with AFCARS requirements.

CFSR 2017

The CFSR enables our federal partners to ensure conformity with certain federal child welfare requirements, determine what is actually happening to children and families engaged with child welfare services, and help California improve its system. ACF rates 7 safety, permanency, and well-being outcomes, based primarily on case reviews for this round of the CFSR. These case reviews involved the examination of 160 child welfare cases (128 foster care 32 in home) across 15 counties conducted between April 1, 2016 and September 30, 2016. Of the 2 safety outcomes, 2 permanency outcomes, and 3 well-being outcomes, none were found to be in substantial conformity. For an outcome to be found in substantial conformity, 95% of the applicable cases reviewed must be found in substantial conformity regarding that outcome. ACF also rates 7 systemic factors, based primarily on the Statewide Assessment and stakeholder interviews. The statewide assessment was prepared by CDSS and submitted to ACF on March 25, 2016. Stakeholder interviews began shortly after. California was found to be in substantial conformity on 2 of the 7 systemic factors: the statewide information system and agency responsiveness to the community. CDSS is currently working with ACF and all 58 counties to develop our PIP.

The PIP is comprised of a host of strategies and action steps that are being designed for targeted improvement to the areas that have been identified as needing improvement. Once

the PIP is implemented, CDSS will monitor the impact of its PIP strategies and action steps through additional case reviews. Currently, the state is establishing its baseline performance on relevant outcome measures against which future progress can be compared.

The baseline is being measured using case reviews conducted between July 1, 2017 and June 30, 2018. The improvement goal will be set in July 2018. Performance on goal achievement will be evaluated using 12-months of case reviews, advancing the 12-month period each quarter of the PIP implementation and non-overlapping periods after the baseline is established. 160 cases will be reviewed every 12-month measurement period; 128 foster care cases and 32 in-home services cases. These cases will be randomly sampled from 14 of the counties that participated California's CFSR case review process, plus an additional 9 counties that have been deemed by the state to be operating case reviews at a sufficient capacity. 20% of these cases will be sampled from Los Angeles's qualifying cases, while the remaining 80% will be randomly sampled from a pool of the remaining counties' qualifying cases. Performance on goal achievement will be evaluated using 12-months of practice findings, advancing the 12-month period each quarter of the PIP implementation and non-overlapping periods. The OSRI will be used and results entered into OMS. CDSS will be incorporating the activities outlined in the PIP, as well as their impact on child welfare outcomes, in future iterations of the APSR.

SYSTEMIC FACTORS

Information System

California maintains the Child Welfare Services/Case Management System (CWS/CMS) as its federal Statewide Automated Child Welfare Information System (SACWIS). The CWS/CMS was developed to automate many of the tasks county child welfare staff performed routinely and often manually. The CWS/CMS provides the state and its counties with requisite demographics, status, location, and services for the children and families served by the Child Welfare Services system. The California SACWIS is a longitudinal database that became operational in all 58 counties in 1998.

The CWS/CMS is the largest statewide automated child welfare case management system in the United States. Today the system is operational in over 400 sites, with 19,708 workstations, 216 servers and over 26,000 active users. Currently, there are approximately 1,730,875 case records and 8,186,810 referral records that have been recorded in the system. Of those records, approximately 104,328 are active cases and 57,146 are active referrals. The system is designed to retain all referral and case data, with archiving ability for non-active records. The record retention aspect is vital for the longitudinal data analysis and research efforts that are important to the outcomes and accountability metrics and program evaluation and planning efforts.

The CWS/CMS application and technical platforms are designed to protect the integrity and confidentiality of the data. Over 7,000 business rules are contained in the application to maintain data integrity and bring it into conformance with state and federal laws and regulations governing the child welfare services programs. System integrity is further maintained through an ongoing process of change control management.
Although the CWS/CMS is a tool that is intended to meet a multitude of needs, it is an aging system that has struggled to stay current with emerging practice needs and is an expensive system to maintain, partly due to the DB2 mainframe architecture. System change requests are prioritized within a long-standing and effective governance structure consisting of technical and program experts from the state and county staff. Continued improvement is focused on:

- Software and hardware upgrades needed for system reliability.
- Mobile access.
- Improved functionality for accurate, timely and complete data entry.
- Data clean-up as an ongoing effort.

The assessment of CWS/CMS strengths, gaps, needs and usefulness is based on a review of system implementation to date and discussion with the CWS/CMS Oversight Committee. Continuous feedback is also obtained through monthly regional meetings among State, county and contractor staff. Input is received from State and county case workers, administrators, supervisors, program managers, support staff and researchers. The strengths of California's statewide automated information system include:

- Ease of access to statewide historical and current referral and case information.
- Extensive capacity for data storage and quick retrieval.
- Standard documentation formats.
- On-line navigation and training tools.
- Strong search, referral and case tracking and monitoring capability.
- Automated standardized assessment processes.
- Ability to view real time caseload statistics, client demographics, and compliance and outcomes performance data via system generated reports and customized ad hoc report functionality.
- Reliable rating of 99.9% system availability on a 24/7/365 basis.

In 2003 California initiated the Child Welfare Services/Web (CWS/Web) Project to plan and implement a replacement system for the CWS/CMS. The goal of the replacement system was to employ modern technologies and new functionality to effectively meet state's CWS business needs and compliance with federal SACWIS requirements. The CWS/Web Project was indefinitely suspended in the 2011 State Budget Act. The Department received approval of the Child Welfare Digital System (CWDS) Project in the 2013/2014 State Budget and the planning began with a new target date for a new system in 2019.

The objective of the CWDS was to implement a web-based technical architecture for a CWS case management system supporting county and State program practice requirements,

including data management, outcome measures and reporting solutions, consistent with federal SACWIS requirements. This would have been a monolithic procurement approach using a customized off-the-shelf product or transfer system.

In November 2015, the project modified its procurement, design, development, and implementation approach after discussions with state and federal control agencies; the California Department of Health and Human Services (CHHS) Agency; the California Government Operations (GovOps) Agency; the California Department of Technology (CDT); the Administration on Children, Youth, and Families (ACYF); the Federal General Services Administration's (GSA) 18F team (18F); and Code for America. Rather than releasing a monolithic multi-year Request for Proposal (RFP) estimated to cost several hundred million dollars and take five to seven years to implement, the project decided to instead use a modular procurement approach coupled with Agile design and development techniques to deliver the CWDS incrementally over time. This approach consists of iteratively implementing business functionality in the form of "digital services" as they are developed. The scope of the CWDS remains, but business functionality will be delivered more quickly and with less risk. This is a new opportunity for the project to procure and implement the CWDS in a manner which delivers business value early and often which is a top priority for the CHHS Agency, CDSS and the county users.

Case Review

Written case plan. In California, county social workers are required to complete a case plan, in coordination with the child, youth and family, for child welfare services. The Child and Family Team (CFT) must inform the case plan and shares responsibility to assess, plan, intervene, monitor, and refine services over time. The worker has the responsibility to include:

- Measurable, time-limited objectives based on the problems and family strengths identified in the assessment.
- Specific descriptions of the responsibilities of the parents or guardian in meeting the case plan objectives.
- Discussion of advisement to the parents that at any time during the child's dependency, they may request adoption counseling and services.
- The specific services to be provided and the case management activities to be performed in order to meet the case plan objectives and goal.
- Specific descriptions of the responsibilities of the social worker, other county staff, other individuals and community agencies in the provision of services and the performance of case management activities.
- The projected date for completion of case plan objectives and the date child welfare services are to be terminated.
- The schedule of planned social worker contacts and visits with the child and the family.

Data for this factor remains a challenge. Over the past year, California has been addressing this lack of data through the qualitative case reviews. Specifically, Item 13 of the Onsite Review Instrument (OSRI) assesses the extent to which parents are involved in case planning[8].

Periodic Reviews. In addition, the status of every dependent child in foster care is reviewed periodically as determined by the court but no less frequently than once every six months from the date of the original dispositional hearing. During this status hearing, the court determines the continuing necessity for and appropriateness of the placement, the extent of compliance with the case plan.

California currently does not have accurate data for this systemic factor, particularly with respect to involvement of case participants in the planning of the case. Over the past year, California has been preparing for and implementing a qualitative case record review. The area related to periodic reviews will be assessed using queries from CWS/CMS to determine when the mandated court hearings are held. Moreover, the CDSS will coordinate data sharing for this factor with the JCC's Improvement section.

Quality Assurance

The C-CFSR is the primary tool for State program oversight and places an emphasis on continuous quality improvement. The California system contains similar features to the federal CFSR oversight system, a self-assessment, five year plan and annual progress updates. The C-CFSR was designed to be compatible with federal reporting and future federal reviews.

California's current accountability system is built on an open and continuously recurring five-year cycle of self-assessment, planning, implementation and review. The use of both quantitative and qualitative data is fundamental to this cycle. The quantitative data comes from Child Welfare Services/Case Management System (CWS/CMS), the statewide child welfare database. The qualitative data is drawn from reviews of individual cases within each county. Key components are: quarterly county data reports, peer reviews, county self-assessments, and county system improvement plans and annual plan updates.

In an effort to move toward the integration of case reviews into a CQI model, California has implemented CWS Case Reviews, in which all counties have staff trained to conduct ongoing case reviews, perform first level quality assurance (QA) and use the findings to both inform overall state performance and identify areas needing improvement, as well as county level performance on the federal tool and look at local systemic issues. This holistic, system wide use of case reviews was implemented in 2015 and state funding was committed to developing this process. In addition, the CDSS is building capacity to support this process by forming a second

[8] OSRI Item 13 Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis.

Case Review Unit within the Outcomes and Accountability Bureau within CDSS. This additional dedicated staff will ensure fidelity to the case review process, provide second level QA to counties, technical assistance and support and ensure the use and integration of the case review findings into the C-CFSR process as well as support and guide practice and policy changes.

In addition to the CFSR and C-CFSR oversight system, the State has other quality assurance processes in place as described below.

County Administrative Reviews & Grievance Procedures: California WIC Section 16503, requires each county to develop and implement processes, procedures and standards for administrative reviews for foster placements. In addition, the Manual of Policies and Procedures, Division 31 regulations direct counties to develop grievance procedures to review complaints from foster parents, legal parents, guardians and children concerning the placement or removal of a child from a foster home.

Targeted Case Reviews: The CDSS, as part of its larger CQI system, conducts focused case reviews and offer specific technical assistance to counties when a specific need is identified and determined to necessitate agency review. These reviews are conducted under WIC 10605 and are a part of the larger oversight role of CDSS. When a specific need is identified, CDSS determines which program areas of the Children & Family Services Division is best suited to act as lead and team of staff and subject matter experts are formed. This team conducts reviews of both CWS/CMS and one-site case records, including interviews with staff, clients, and other important collaterals. Staff look for compliance with regulation, policy clarifications and practice, as well as looking for systemic strengths and challenges. In the last five years, CDSS has conducted targeted onsite reviews and provided technical assistance to counties in the areas of: Indian Child Welfare Act and tribal services; front end emergency response practice; critical incidents and child deaths; and general child welfare practices. Reviews have been held in the following counties: Los Angeles, Shasta, Modoc, Lassen, Del Norte, and Monterey. The reviews typically result in modifications to county System Improvement Plans and occasionally, Corrective Action Plans.

Foster Care Ombudsman: At the State level, the Foster Care Ombudsman (FCO) was established by Senate Bill 933 (Chapter 311, Statutes of 1998) as "…an autonomous entity within the department…" This autonomy was necessary for current and former foster youth and those who care about them to have an objective forum for resolution of complaints and concerns regarding their care, placement and services. While there is no requirement that counties establish a FCO, some counties have established an "Ombudsman-like" office to address complaints and concerns. The counties are Contra Costa, Kern, Los Angeles, Placer, Sacramento, San Bernardino, San Francisco, San Mateo and Santa Clara. The FCO refers complaints regarding investigations to the County Ombudsman, Community Care Licensing and the County Child Abuse Hot Lines, when appropriate. The FCO staff follows up with the

complainant and the referral organization to verify resolution. The FCO staff conducts the investigation in all counties where there is not a County Ombudsman. The FCO also hosts quarterly meetings of all the County Ombudsman to discuss their issues and coordination of complaint processing. The FCO protocols also require Ombudsman staff to "notify" the Child's Attorney regarding a complaint involving the child.

State Hearings: The State Fair Hearings Process as required by WIC Section 1950 allows an Administrative Law Judge (ALJ) to conduct informal administrative hearings, evaluate evidence, issue subpoenas if necessary, make evidentiary findings, research applicable law and prepare decisions. ALJs may issue final decisions on behalf of the Director or submit proposed decisions for the Director's consideration. The Director may adopt the proposed decision, issue a Director's alternate decision or order a further hearing. Released decisions are binding unless overturned by judicial review. Hearing parties may request a re-hearing if dissatisfied with a released decision. State Fair Hearing decisions are intended to benefit the child. The State Fair Hearing process has been in place since the early 1970's. It has served as a means of assuring program integrity because it enforces a strict interpretation of all guiding rules and regulations.

Social Worker Empowerment Hotline: In 2014, in response to concerns that social workers did not have a process by which to report internal concerns about practices and policy, AB 1978 passed. This added section 10605.5 to the W&IC, which mandates that CDSS develop, in consultation with county and labor organizations, and implement a process by which county child welfare and state adoptions social workers may make voluntary disclosures to the CDSS related to negative impacts on child health and well-being. Specifically, under W&IC section 10605.5(a), workers are able to report or disclose information confidentially if they have a reasonable cause to believe that a policy, procedure or practice in child welfare meets any of the following conditions: 1) endangers the health or well-being of a child; 2) is contrary to existing statute or regulation; or 3) is contrary to public policy. After consulting with county and labor organizations through 2015, the CDSS created the Social Worker Empowerment Hotline (AB 1978). The hotline was developed and is located within the Outcomes & Accountability Bureau and is strategically placed as to be able to investigate concerns and report findings directly to the internal CQI process. CDSS began taking calls on January 1, 2016 and will be releasing data publically from the hotline on January 1, 2018.

Staff and Provider Training

Please refer to the Child and Family Services Training plan on page 276.

Service Array and Resource Development

Structured Decision Making – Family Strengths and Needs Assessment

The family strengths and needs assessment (FSNA) likely has the most significant changes of all the SDM 3.0 changes introduced in November 2015. While the FSNA's overall intent remains the same—a guide to gathering information with families that informs case planning related to identified safety threats and risk factors —it has a much greater focus on strengths, barriers to creating safety, permanency, and well-being, and contributions to imminent threats of harm to

children. The changes in the domain structure will affect the gathering of information with families and children, as well as evaluation of the information, and will present a clearer, more concise path to case planning with families. This change is in line with practice changes that have been implemented in California over the past several years.

Most importantly, the FSNA now evaluates several new pieces of information that are crucial to effective case planning, including Tribal Affiliation, Sexual Orientation, Gender Identity/Expression, Religious/Spiritual Affiliation, and Other Cultural Identity important to either the caregiver or the child/youth/young adult. Additionally, the tool now evaluates Prior Adverse Experiences/Trauma and Cognitive/Developmental Abilities for the caregivers in the home. This will result in an ultimately positive impact on the evaluation of changed behaviors in the risk reassessment and the reunification reassessment.

ICWA

California has the largest Native American population in the United States, with the majority affiliated with tribes located in other states. There is great diversity in tribal demographics, sophistication of tribal governments and governmental operations which require Child Welfare Programs to consider appropriate services for these children. The CDSS continues to engage in the following efforts to strengthen state, county, and tribal partnerships and thus work towards continuous improvement of service array and resource development:

- Statewide ICWA Workgroup:
- Tribal Consultation Policy committee (TCPC**):**
- Tribal Title IV-B and IV-E Collaboration
- State-County-Tribe Collaboration
- Annual California Statewide ICWA Conference
- Revision of Division 31 Regulations

The CDSS is confident that its continued efforts to improve collaborative relations between the county, state, and tribes, will positively impact delivery of services to Native American children and families.

Due to jurisdictional and cultural complexities, availability and delivery of services varies widely across California and may be performed by the county, tribe or collaboration of both. Through County Self Assessments (CSA) provided to the CDSS Outcomes and Accountability Bureau (OAB) and Office of Child Abuse Prevention (OCAP), counties routinely report their collaboration with stakeholders, to address serving Native American children and families. Alameda and San Francisco counties, for example are part of the Bay Area Collaborative of American Indian Resources (BACAIR), collaboration with various Native American community partners and service providers in the Bay Area and Casey Family Programs. The group discusses issues of ICWA compliance and disproportionality and provides training to county staff regarding service delivery to Native American children and families. In the past, these trainings have consisted of presentations by service providers.

The ICWA Initiative
The ICWA Initiative was created in 2005 and is a partnership between the CDSS and the Judicial Council of California (JCC). Funding was renewed in 2013 for three years. The ICWA Initiative provides a Clearinghouse of Resources, Tribal Court-State Court Forum activities, and comprehensive ICWA services.

Indian Health Program
The Indian Health Program (IHP) exists to improve the health status of Native American families who live in urban, rural, and reservation or Rancheria communities throughout California. IHP provides technical assistance and training to American Indian health clinics and conducts studies on the health and health services available to American Native Americans and their families throughout the state. Additionally, IHP administers the American Indian Infant Health Initiative (AIIHI), which provides home visitation to high risk Native American families.

California Partners for Permanency (CAPP)
The California Partners for Permanency works to reduce long-term foster care and improve well-being of African American and Native American children. CAPP promotes family, Tribal, and community relations and seeks to create an integrated system of services that is culturally-sensitive and trauma-informed. Four counties: Los Angeles, Fresno, Humboldt, and Santa Clara participated in the grant's pilot model ending 2016. Invitation to implement the model is expected to be extended to other counties in the near future. For example, Humboldt County is participating in the CAPP grant with the goal of improving their county-wide capacity to serve Native American communities and will increase access to culturally appropriate service providers and culturally responsive interventions. Lake County, where 7 California's 109 federally recognized tribes are located, provides a picture of the diversity within counties and their approach to utilizing a collaborative model in provision of services. The Lake County Tribal Health Consortium (LCTHC) provides medical, dental, human services, public health and outreach services. Other programs available to families are the Parent-Child Assistance Program (PCAP), a case management-based home visiting model with a focus on preventing substance-abuse exposed pregnancies and births; the Nurturing Parenting education program which teaches parenting skills and provides parenting resources; the Tribal Home Visiting Program; and the 4P's Program which screens pregnant women for drug and alcohol use and, as needed refers them to appropriate services. The California Tribal TANF Partnership (CTTP) provides career development, life skills workshops, youth services, teen pregnancy, prevention program, parenting workshops, marriage promotion and counseling, and cash assistance. Finally, local tribes provide direct services including educational, recreational, and parenting resources.

Agency Responsiveness to the Community

To achieve its mission, CDSS collaborates with the state's 58 county child welfare agencies and juvenile probation departments, the Child Welfare Directors Association of California (CWDA), the Chief Probation Officers of California (CPOC), California Behavioral Health Directors

Association (CBHDA), federal, state and local government, the Legislature, the Judicial Branch, Tribes, including Title IV-E Agreement Tribes, tribal government and representatives, philanthropic organizations, and other stakeholders. The end goal is to provide supervision, fiscal and regulatory guidance and training and development of policies, procedures and programs in accordance with prescribed federal and state statutes governing child welfare.

Significant to the development of policies and programs to ensure the safety, permanency, and well-being of every child involved in CWS is system-wide collaboration and stakeholder involvement with state and local agencies, community-based and philanthropic organizations, the courts and community service providers, Tribal representatives, interagency teams, workgroups, commissions and other advocacy groups are significant in developing policies and programs and ensuring the safety, permanency and well-being of every child involved in child welfare services. For example, stakeholders and partners were involved in the implementation of the California Partners for Permanency Project (CAPP) to reduce long-term foster care, CCR efforts including RFA, and CFSP and APSR development. Several of these collaborations are detailed below

Child Welfare Council Committees

An overall description of the CWC is provided in California's 2015-2019 CFSP. Detailed information regarding the CWC's activities can be found on their webpage at http://www.chhs.ca.gov/Pages/GeneralInformation.aspx. This page contains meeting agendas and various reports produced by and for the council and subcommittees. During the state fiscal year, the Council built on work begun in prior years and initiated several new projects. Essential components of this work include multi-system collaboration, process improvement, and effective partnerships as envisioned in the statute that created the Council. These components are the foundation of the Council's philosophy and are essential in achieving continued improvement within the child welfare system.

Prevention and Early Intervention

The *Prevention and Early Intervention (PEI) Subcommittee* is supported by ongoing technical assistance from OCAP. The PEI Subcommittee has served as the Statewide Citizen's Review Panel (CRP) since 2014 and makes substantive recommendations to the CDSS/OCAP that pertain to critical statewide issues. Among the PEI-CRP's recommendations is for the state to widely disseminate the core elements identified in the Child Welfare Prevention Toolkit created by the CRP, and use them to inform ongoing improvements in California's child welfare system. In consultation with the CDSS, the ***Statewide CRP*** facilitator created and implemented the PEI-CRP Orientation Manual to assist with:

- Role orientation for members of the California Prevention and Early Intervention Subcommittee
- PEI-CRP of the CWC
- Specification of the relationship between the California CWC and PEI-CRP
- Clarifying guidelines for PEI-CRP activities and decisional processes
- Developing and organizing PEI-CRP policy review activities

Permanency

The Permanency Committee continues to focus on the need for permanency, or meaningful connections, for every child. The following goals and action steps were identified:

- Increase the number of children who are safely reunified with their parents.
- Increase the number of children who have positive permanency outcomes by developing a statewide plan that promotes early identification of all family members and tribal connections for children through the implementation of Family Finding and Engagement (FFE).
- Increase the number of mental health service providers with expertise and training in working with children that have suffered from abuse and neglect, as well as their families and caregivers, in order to facilitate permanency.
- Increase the use of participatory concurrent planning so that every child, family, and tribe has a meaningful voice in every decision regarding services, placement, visitation, and permanency.
- Ensure that caregivers are trained regarding permanency and provide support to children and nonminor dependents (NMDs), regardless of whether their permanency plan involves birth and/ or extended family.

The current areas of focus for the *Child Development and Successful Youth Transitions Committee* are: 1) improving response to, and prevention of, commercially sexually exploited children; and 2) ensuring that children receive school credit when transferring between schools. In addition to these areas of focus, the committee continues its studies of: 1) services to young children in care which will ensure that the needs this sub-population are met at a time in their lives where brain development is at its most rapid pace, and where meeting attachment and nurturing needs is crucial to long-term health and well-being; and 2) the benefits and drawbacks of requiring group homes be accredited.

Commercially Sexually Exploited Children (CSEC) Action Team

In June 2013, the Council approved the formation of the CSEC Action Team for the purpose of implementing the recommendations set forth in its report entitled *Ending the Commercial Sexual Exploitation of Children: A Call for Multi-System Collaboration in California*. The recommendations are designed to improve the processes affecting CSEC and youth at-risk of commercial sexual exploitation in California. The CSEC Action Team is made up of 44 individuals who have authority within their respective state, county, and community-based agencies to implement the agreed upon strategies to improve responses and services to CSEC and at-risk youth. Meetings are held quarterly on a rotating basis throughout the state and membership is diverse in discipline and geographic representation. The goal of the CSEC Action Team is "to ensure that CSEC and at-risk children who are involved with the child welfare, juvenile justice, and other child-serving systems (e.g., mental and physical health, education, the courts, and nonprofit providers) are identified and receive the services they need to overcome trauma and thrive."

The groundwork since 2013 laid a strong foundation for the SB 855 (Chapter 29, Statutes of 2014) county-optional State CSEC Program. The Legislature passed and the Governor funded the program with $5 million for program development costs in Fiscal Year (FY) 2014-15 and $14 million ongoing in future years for counties who agree to participate in serving CSEC victims. Also of significance, the legislation clarified that CSEC victims may be served within county child welfare as victims of abuse or neglect whose parents are unable to protect or provide them with care and supervision. The CSEC Action Team plans to continue working closely with the CDSS in offering survivor informed expertise to develop policy and guidance that accompanies CDSS' county letters.

The California Wraparound Advisory Committee (CWAC)

The California Wraparound Advisory Committee (CWAC) is a multi-disciplinary stakeholder group focused on promoting and improving high-quality Wraparound services. The CWAC follows a collaborative process for gathering and sharing feedback from Wraparound service providers, parent and youth partners, and county administrators from child welfare, juvenile probation and behavioral health departments to identify strategies and strengths, promote best practice and fidelity to the Wraparound model and make recommendations for statewide policy and practice changes. The group continues to meet on a twice yearly basis, with the next meeting scheduled for October, 2017.

The CWAC met on April 18, 2017 and was facilitated by a CWAC member from the Southern California region. The CWAC received updates from the Continuum of Care Reform (CCR) Branch and also received updates regarding Pathways to Well-Being Specialty Mental Health Services implementation efforts. The group discussed the importance of Wraparound fidelity and whether the state should propose a certification or accreditation process for all Wraparound programs in California. Members will continue this discussion at the upcoming CWAC meeting in the fall.

Also during the April, 2017 meeting, the CWAC recognized its three currently active workgroups: the *Adoption Assistance Program* (AAP) Workgroup; the *Early Childhood Wraparound Workgroup*; and the *Wraparound Training Standards Workgroup*. These three workgroups have addressed emerging needs within the Wraparound statewide network specific to families receiving AAP funds and Wraparound, children ages 0-5 in need of and receiving Wraparound, and the issues regarding the development of the Wraparound Training Curriculum.

A Wraparound Treatment Agreement Addendum developed with input from the *AAP Workgroup* is intended to inform families about Wraparound when their adoption finalizes. The development and use of this form is a result of the AAP Workgroup's proposal to identify strategies for engaging adoptive families before a crisis occurs. The Addendum is a two-page document that provides very short descriptions of key aspects of the Adoption Assistance Program and Wraparound. There are also lists of on-line resources provided. Next to each

item description, there is a space for an adoptive parent's initials, and space for both parents' signatures at the bottom of the form. Feedback from families is still pending.

AAP Wraparound resources such as sample authorization and family agreement forms have been made available on the CDSS Wraparound web page to facilitate families' access to Wraparound.

The *Early Childhood Wraparound Workgroup* presented information regarding measurement tools, mental health assessment tools and data specific to the 0-5 age group received from the survey the workgroup developed and disseminated to counties in 2016. Responses were received from county staff and community providers from 13 counties participating in the workgroup and indicated that anywhere from twenty-five to thirty-three percent of the respondents were either tracking the provision of Wraparound services to children ages 0-5, had customized a Wraparound program to fit the particular needs of this population, or were in the process of developing such a customized program and seeking consultative technical assistance to meet that goal. As a result of the survey, the workgroup is focusing on researching various assessment tools and age-specific assessment models for future recommendation to counties.

The workgroup meets on a regular monthly basis and discusses challenges counties face with assessment and billing within Medi-Cal billing documentation standards and regulations, since Medi-Cal documentation is limited for the 0-6 population. The workgroup also discusses the importance of standardized training for front-line workers with the 0-6 age group and information-specific materials. The next steps for the group are development and recommendations for a training model for 0-6 and Workgroup progress and further recommendations.

The *Training Curriculum Workgroup* is currently informed by a Training Standards Subcommittee. The Training Standards Subcommittee was convened in September 2016 to produce a framework for statewide Wraparound training standards that is aligned with the 2015 Wraparound Program Standards and CCR. The workgroup defined the necessary elements that must be included in a training program to be considered "basic Wraparound training" and guidelines for regions, counties, and practitioners to develop "advanced" practice trainings and other skill-building opportunities.

To date from the last reporting period, the *Training Curriculum Workgroup* conducted surveys seeking information about training content, training needs, curricula and processes occurring in the state as it relates to the Wraparound Child and Family Team planning approach. Surveys were sent to CWAC members as well as the attendees of the Partnerships for Well-Being Institute (over 700 participants) held in June 2016 (please see below). The goal of the survey was to collect data regarding how much, and what kind, of training Wraparound practitioners and others receive through their agencies and trainings provided by the state. The survey also targeted questions regarding trends and types of Wraparound training. The intent was to get

representation from all levels of staff working in Wraparound through County and provider agencies. Overall, the charge of the subcommittee was to determine what learning objectives need to be covered in all Wraparound induction training and the survey will help inform the goals of the *Training Curriculum Workgroup*.

The *Training Curriculum Workgroup* will reconvene prior to the next CWAC meeting, which is scheduled to meet on October 18, 2017. The workgroup will gather curricula currently used throughout the state and devise a project work plan to inform next steps.

The Partnerships for Well-Being Institute

The *Partnerships for Well-Being* Institute is a biannual conference providing workshops and other opportunities for shared learning in the field of Wraparound and other integrated services, was held in June 2016. Participants deepened knowledge about specific practices that support service models such as Wraparound, Intensive Care Coordination and In Home Based Services, Functional Family Therapy, Safety Organized Practice and other cross-system collaboration and effective teaming practices. New initiatives such as Therapeutic Foster Care and the Continuum of Care were also included in the program. Co-sponsored by the CDSS, the DHCS, and the Resource Center for Family-Focused Practice at the University of California at Davis, the conference included a number of workshops developed by and for youth and parent participants, as well as plenary sessions, panels, and keynote speakers to share lived experience and expertise to help guide and improve child, youth, and family-focused child welfare and mental health programs from the perspective of those who are served by these systems. Sessions reflected the importance of collaborative partnerships between formal systems that support children and families as well as communities. The next conference will convene in June 2018, with professionals from the fields of child welfare, juvenile probation, and behavioral health incorporating a specific focus in integrated practice, collaboration and coordination, and working within the context of a child and family team process.

Data Linkage and Information Sharing

During the past year, *the Data Linkage and Information Sharing Committee* has continued to focus on: 1) working towards linking data across major child serving agencies, including child welfare, education, health, mental health, and alcohol and drugs, in order to give caregivers, social workers, multidisciplinary teams, and the courts the ability to ensure continuity of care and services for children, youth, and families and; 2) helping develop essential tools to measure outcomes across systems and the courts both at the state and local levels, as this is critical to improving the quality of and access to services and supports for children, youth, and families at risk of or involved with the child welfare system.

The committee or its members have engaged in collaborative activities with the State Interagency Team (SIT), the Stewards of Change, and various state departments including the Judicial Council, the Department of Health Care Services (DHCS), DDS, and the California Department of Education (CDE). Committee members also participated in national Data Leaders Group conversations and meetings convened by Casey Family Programs to discuss vital

issues related to linkages and application of administrative data (e.g., predictive analytics, federal registers and final rules on CFSR outcomes and statewide automated data systems).

Also, the Committee has continued to provide updates on national, state and local data sharing initiatives as well as significant news related to the agile procurement approach being employed in the development of the state's new child welfare administrative data collection system. Information shared during committee meetings included: Federal Child and Family Services Review Risk Adjustment, Targets and Goals; Predictive Risk Modeling; Psychotropic Medication and Child Welfare Services Data Linkages; recent results from the ongoing CalYOUTH Study, Perspectives of 19-Year Old Youth and Child Welfare Workers; and Understanding Federal HEDIS Measures, Quality of Care in Medi-Cal for Children in Foster Care.

Finally, the committee is currently working on revisiting and updating the "Statement of Information Sharing, Data Standardization and Interoperability" document that has been previously endorsed by the Child Welfare Council. The Committee determined that it is important to revise this critical document to reflect more timely technical language, concepts and recent developments such as the new federal final rule on Comprehensive Child Welfare Information Systems. The Committee plans to submit a draft of this updated document to the larger Council for approval in the coming months.

Collaboration with Courts

Collaboration with the courts *is vital to achieving desired child welfare outcomes.* The CDSS maintains many collaborative efforts with the JCC, which has policy-making authority over the state court system. Coordination with the Center for Families, Children and the Courts, a division of JCC and the Family and Juvenile Law Advisory Committee of the Judicial Council include several project and program areas:

Judicial Review and Technical Assistance project (JRTA) – The JRTA project assists judicial officers and juvenile court professionals directly with the judicial determinations required for Title IV-E eligibility. JRTA attorneys visit courts on a rotating basis to conduct a review of court files, providing judges with an analysis of the findings and orders necessary to maintain compliance with federal and state statute. After consultation with the bench, the JRTA attorney provides the appropriate county agencies with recommendations and training to improve the information provided to the court. In the course of the year, courts frequently request additional targeted visits and special training sessions for juvenile court professionals in the county.

During 2016, JRTA visited 23 counties (27 locations) to conduct trainings. In addition to case reviews, JRTA staff helped court staff develop court forms, training materials, and helped courts ensure new computer systems contained necessary IV-E findings. Specific reports from each location are available upon request.

Local Training – CDSS both supports and participates in the development of JCC training for local court and child welfare professionals. Through a state permanency grant and use of federal court improvement program funds, the JCC provided training at the state and local level to child welfare professionals on implementing Fostering Connections and other topics. JCC attorneys and faculty provided training both on targeted topics to attorneys, social workers, judges and others in individual courts based on an assessment of the county's needs, and statewide and regional trainings on basic dependency topics. Targeted topics included: After 18 Program, information sharing, Title IV-E and legal issues, commercially sexually exploited children, family finding and engagement, and communication with clients. Regional or statewide trainings included training for judicial officers on Fostering Connections, a statewide introduction to dependency law for attorneys, and two regional trainings on trial skills.

The Court Improvement Program - Collaboration supported by the federal Court Improvement Program continued in FY 2015-2016. California HHSA staff joined judicial officers and court staff at the national Court Improvement Meeting for state level needs assessment and strategic planning activities. The JCC Court Improvement Program staff plays a major role in staffing the CWC, serving as co-staff with HHSA and staffing two committees: Permanency and Data Linkage. The Court Improvement Program also partially funded the activities of the Council's Prioritization Workgroup.

The JCC continued to provide *custom reports* from UCB CSSR on safety and permanency outcomes for children specifically for judicial officers to further their involvement in the state's Outcomes and Accountability system. The reports are available to all local BRCs and are available on the California Dependency Online Guide (CalDOG) website. CalDOG provides assistance to attorneys, judicial officers, and other professionals working in California's child welfare system.

Tribal Court–State Court Forum (forum) is a coalition of the various tribal court and state court leaders who come together as equal partners to address areas of mutual concern. In October 2013, the JCC adopted rule 10.60 of the California Rules of Court establishing the forum as a formal advisory committee. In adopting this rule, the council added a comment acknowledging that tribes are sovereign and citing statutory and case law recognizing tribes as distinct, independent, political nations that retain inherent authority to establish their own form of government, including tribal justice systems. *Please see ICWA section for detailed updates from the current year.*

State Interagency Team (SIT)

Chaired by CDSS, the SIT for Children, Youth and Families brings together representatives from various departments within California's HHSA with representatives from Education, Public Health, Health Care Services which includes Mental Health and Alcohol and Other Drug (AOD)

Programs, Corrections and Rehabilitation, Developmental Services, and Employment Development, as well as the Emergency Management Agency, Community Services and Development, Housing and Community Development, the Workforce Investment Board and the JCC. The SIT's purpose is to provide leadership and guidance to facilitate full county implementation of improved systems for the benefit of communities and the common population of children, youth, and families. The SIT promotes shared responsibility and accountability for the welfare of children, youth and families by ensuring that planning, funding, and policy are aligned across state departments to accomplish its goals of:

- Building community capacity to promote positive outcomes for vulnerable families and children.
- Maximizing funds for our shared populations, programs and services.
- Removing systemic and regulatory barriers.
- Ensuring policies, accountability systems and planning are outcome-based.
- Promoting evidence-based practice that engages and builds on the strengths of families, youth and children.
- Sharing information and data.

The SIT workgroups are described below:

Led by the CDSS, a Workgroup to Eliminate Disparities and Disproportionalities (WGEDD) continues to develop SIT policy and practice, with cross- system recommendations to reduce the disproportionate and disparate representation of people of color in all state systems, including the child welfare system. The Workgroup reviews the roles and responsibilities of state and local agencies. Specific accomplishments and objectives include:

- Evaluation of current state and local trends that negatively impact people of color;
- Development of Racial Impact Assessment Tools and Debiasing Curriculum that educate state and local stakeholders to the risks associated with biases;
- Partner with Departmental agencies to develop and implement training curriculums for conferences and webinars to provide innovative solutions to reduce disparities and disproportionalities;
- Identify and share best practice methods used throughout state;
- Develop collaboration efforts between Community Leader and State/Local Leaders;
- Present at state agencies and conferences, such as Beyond the Bench, the Fairness & Equity Symposium and NCCD.)

Led by the CDSS, the Critical Incident Workgroup (CIW) was convened in March 2016 as a multidisciplinary and interagency effort to reduce and prevent child fatalities and near fatalities caused by abuse and neglect. Workgroup participants include representatives from child welfare service agencies represented by Los Angeles, Stanislaus, San Francisco and Fresno counties; CWDA; community and non-profit organizations; and state agencies including CDSS, California Department

of Public Health, Department of Health Care Services, Department of Justice, California Judicial Council, First 5 California, and the Department of Community Services and Development.

Objectives include:

- Develop and share standardized and statewide best practices and recommendations for Child Death Review Teams (CDRT) and Child Welfare Services (CWS) reviews.
- Identify and supplement standardized and statewide data sets for collection and comparison.
- Publish trends, risk factors and promising prevention strategies for statewide use by counties and local agencies.

Led by the JCC, the CDE and the National Center for Youth Law, the Improving Educational Outcomes for Children in Care (IEOCC) workgroup is focusing its goals for the next year on ensuring child welfare and education agencies form effective collaborations to serve the educational needs of children and youth in foster care. Goals involve providing guidance to state and county agencies related to education under the current environment of Congregate Care Reform, collaborating around implementation of the federal ESSA foster youth education provisions, and collaboration in an LCFF environment (California's new education funding system which provides specific funding which can be spent on foster youth pupils). Additional goals of the IEOCC involve working with CDSS' community care licensing division to incentivize caregivers to support education for foster youth and increasing collaboration with juvenile justice agencies to improve education services for crossover youth.

The IEOCC has also raised concerns about the difficulties regions are having with educational information sharing between county child welfare agencies and local education agencies. In response to the IEOCC's concerns, a short-term workgroup was formed, which was led by the Department of Justice's Children's Bureau. The workgroup produced a joint letter from the three state agencies, which shared guidance about educational information sharing to county counsel, local education agencies and child welfare agencies. This guidance provided the legal authority that allowed agencies to share information with each other about foster youth, thereby allowing youth to receive necessary educational services and supports.

Led by the California Department of Public Health (CDPH), the primary function of the SIT California Home Visiting Program (CHVP) Work Group is to provide insight into strategies to support the planning and implementation of the Affordable Care Act (ACA) Home Visiting Initiative. The workgroup's focus areas include: program implementation, training and technical assistance, Continuous Quality Improvement (CQI), interagency efforts to improve referrals, interagency coordination and data sharing and collaboration with other child-serving agencies at state and local levels. Currently, the workgroup is developing a strategic plan to implement home visiting in the context of early childhood systems integration and partnerships.

Child Welfare Co-Investment Partnership

The Child Welfare Co-Investment Partnership is a collaboration of private and public organizations working to improve outcomes in the child welfare system through smart, strategic cross-sector collaboration. Recent investments by members of the Partnership include funding the evaluation of the Essentials for Children (EFC) Program, supporting CAPP, and communicating the findings of a report on educational outcomes for foster youth (At Greater Risk). The Partnership members include the CDSS, JCC, CWDA, and Casey Family Programs, Conrad N. Hilton Foundation, Stuart Foundation, Walter S. Johnson Foundation, and Zellerbach Family Foundation.

An archive of recent reports produced in cooperation with CDSS can be found at http://co-invest.org/home/?page_id=432.

Collaboration with Tribes

The CDSS' ICWA Workgroup has served as the forum to bring the state, counties, tribes, American Indian/Alaska Native (AI/AN) community resources and subject matter experts together to provide input and recommendations to the CDSS as the Department strives to meet its obligations to AI/AN children, youth and families as set forth in federal, state and tribal law. In December 2016, both tribal advocates, tribal representatives as well as state workgroup members expressed the need to find a way to revitalize the ICWA Workgroup to allow for a more collaborative and productive approach to the important issues discussed at the ICWA Workgroup meeting. Since that time, the workgroup has been on hiatus while the CDSS continues to work towards meeting some of the recommendations that tribal leaders, representatives and advocates have voiced.

Upon reconvening, the workgroup in an advisory capacity will:

- Include the CDSS Tribal Coordinator or a designated CDSS staff, one AI/AN representative and one county representative; each serving as a Co-Chair.
- Inform the CDSS on issues relevant to AI/AN children in support of the Department's formal consultation with federally recognized tribes in California.
- Work towards maintaining open communication and supports continuous quality improvement efforts by providing an opportunity for applied attention to identified issues through the joint efforts of state, county and tribal participants.
- Promote accountability through regular and ongoing progress reporting.
- Forward issues requiring formal Tribal Consultation to the Tribal Liaison to initiate the formal Tribal Consultation Policy (TCP).

Topics addressed through the ICWA Workgroup meetings within the last year have included:

- Finalization of a TCP
- Creation of the Office of Tribal Affairs
- Updates to Manual of Policies and Procedures Division 31

- Discussion and incorporation of the Bureau of Indian Affairs guidelines/regulations into Division 31 Regulations
- Continuum of Care Reform
- Resource Family Approval
- ICWA Core 3.0 Curriculum
- SB 1460 – Criminal Background Checks
- ICWA elements within AFCARS Regulations

Although the CDSS has utilized the ICWA Workgroup as the primary means of consulting and collaborating with tribes on issues related to child welfare, California is committed to improving its process for engagement with all Native American nations who serve at-risk and vulnerable children and their families within its jurisdiction. Through discussions with the ICWA Workgroup and its Tribal Caucus, the state acknowledges that utilizing this workgroup as the primary process for engaging and soliciting tribal feedback is not appropriate in all occasions.

Further collaboration with tribes will be engaged through the TCP. The purpose of this policy is to guide consultations between the CDSS and federally recognized Tribes in California on policies and procedures that affect tribes and Indians in California, in recognition of statutory mandates and Federal and State Executive Directives to establish a formal government-to-government consultation policy. In addition, the CDSS has actively engaged tribal leaders throughout 2015-2017 to assist with improving the dissemination process for broader outreach to all 109 federally recognized California tribes. Tribal leaders and representatives, including Title IV-B and Title IV-E tribes, have been engaged in meetings.

The CDSS seeks to include tribal organizations in the dissemination of programmatic letters and notices, engaging in more frequent dialogs with tribal representatives and continuing to support local tribal engagement. Additionally, the CDSS has worked with the Child Welfare Directors Association (CWDA) to create county liaisons to increase and broaden tribal connections to county child welfare agencies.

In an effort to increase transparency, the CDSS ICWA website has links to ICWA job aides and trainings that were developed by the Judicial Court of California. Successfully implemented by county social workers, the essential topics covered in trainings included: tribes' rights and roles enacted by the ICWA, understanding the child welfare system and courts and the availability of resources to respond to ICWA issues. The CDSS continues to collaborate with tribes and California Social Work Education Center to ensure the most accurate, culturally appropriate and effective trainings are being provided to new and seasoned social workers. The ICWA Workgroup is scheduled to resume meeting on a quarterly basis beginning July 2017.

Foster and Adoptive Parent Licensing Recruitment and Retention
Please refer to Goal 17 on page 122

SAFETY

Promoting Safe and Stable Families (PSSF)

With a concerted emphasis on stabilizing and strengthening at-risk families, California has succeeded in reducing the rate of entry into the system, as well as increasing the use of concurrent planning, where, upon entry of the foster care system, youth simultaneously routed into a permanency and a reunification plan.

The PSSF Program contributes to the overall vision of safety, permanency, and well-being for California's children throughout the continuum of child welfare services. Service provisions under the four components of PSSF – (1) Family Preservation, (2) Community-Based Family Support Services, (3) Time-limited family reunification, and (4) Adoption Promotion and Support – greatly influences the outcomes for children and families. In addition, California counties leverage and braid multiple funding sources to provide services that will improve outcomes for children and families across the state. Data is provided throughout this report to show the effect each component of PSSF has on the broader safety, permanency and well-being goals.

Table 1 shows the percentage of expenditures reported by the counties under each of the four PSSF fund categories. California achieved the minimum of 20 percent spent under each category on a statewide basis.

Table 1: Distribution of PSSF Categories

Family Preservation	23%
Family Support	28%
Adoption Promotion and Support	25%
Time-Limited Family Reunification	24%

In state fiscal year 2015-16 a total of $28,593,584.09 in PSSF funding was expended by the 58 California counties for service provision. Counties were allocated $28, 942,994.00 in state fiscal year 2015-16. Through the C-CFSR process, counties develop a program and expenditure plan for state and federal funds, including PSSF, which focuses on services to families spanning the continuum of care from prevention to permanency.

Each California county that receives funding for the PSSF programs must complete an annual report to the OCAP. This report includes: client participation and outcome achievement rates; parent, child, and family engagement; the braiding of funding sources; collaboration and coordination efforts; and the quality assurance process.

Table 2 shows how the counties reported their use of PSSF. This table also shows how funding was blended and braided with other funding streams by the counties to provide services. The second column lists the amount of other funding (e.g., CAPIT, CBCAP, private foundation, community based, or other-governmental) that was blended with PSSF funding. The two far right columns give the number of individuals and families served.

Table 2: Number of Individuals and Families Served by Service and Funding Streams, SFY 2015-16

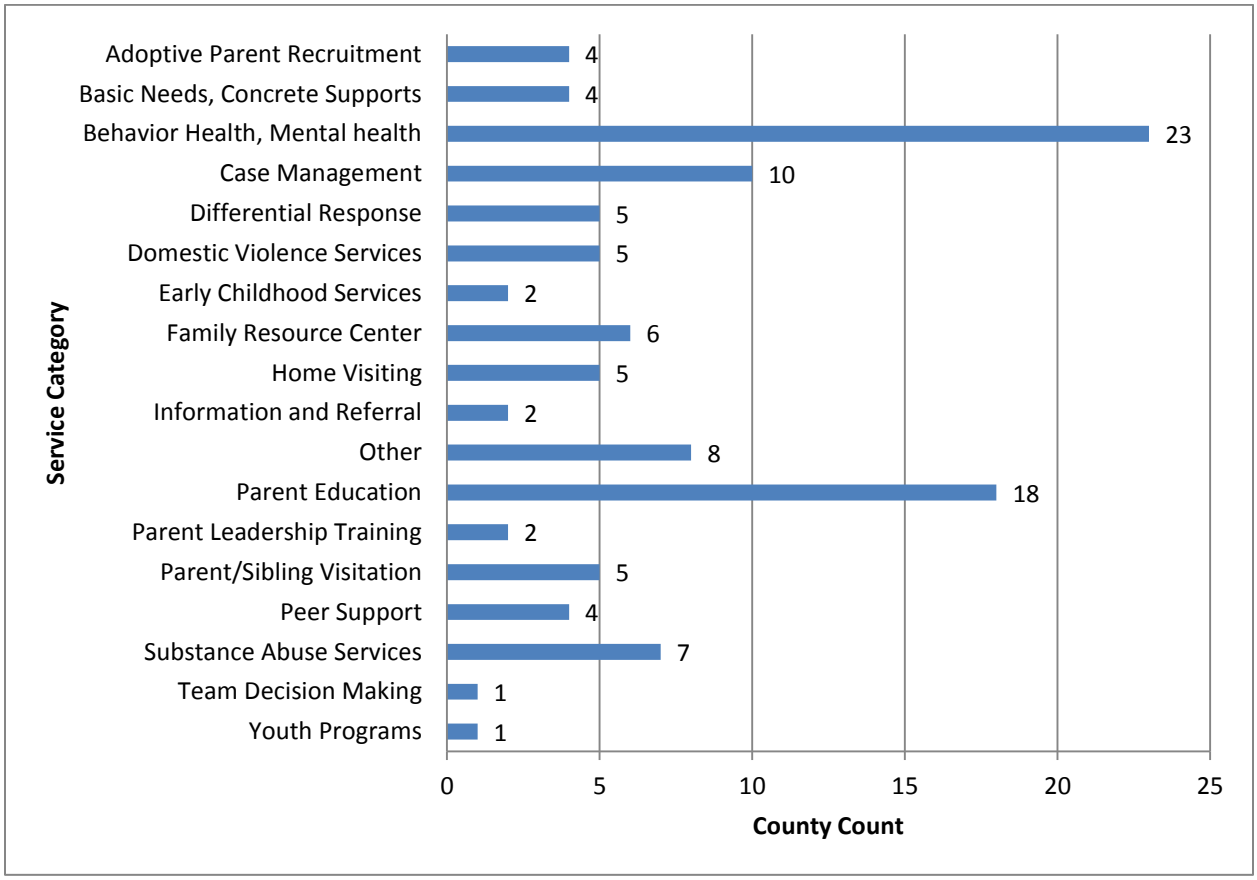
Service	CAPIT/CBCAP/Other	PSSF - FP	PSSF - FS	PSSF - TLFR	PSSF - APS	Individuals Served	Families Served
Adoptive Parent Recruitment	$1,612,081	$30,564	$25,334		$1,511,040	1,071	1,608
Advocacy	$198,108					18	1,619
Basic Needs, Concrete Supports	$999,076	$234,911	$149,917	$41,041	$18,054	2,757	1,869
Behavior Health, Mental Health	$10,006,064	$584,517	$1,212,709	$969,122	$814,320	13,259	1,528
Case Management	$34,315,188	$2,261,294	$1,695,653	$50,889	$2,351,171	31,435	9,380
Child Care	$2,161,762	$21,547	$600	$65,679	$4,270	104	243
Differential Response	$5,188,218	$1,317,677	$1,090,647			4,890	8,008
Domestic Violence Services	$393,612	$183,741	$68,700	$65,046	$9,584	2,963	1,715
Early Childhood Services	$783,538	$26,188	$17,257	$11,141	$4,377	614	47
Family Resource Center or other drop-in multi-service support center	$11,052,612	$376,047	$1,133,623	$395,436	$425,001	57,016	3,498
Health Services	$486,409				$4,412	2	55
Home Visiting	$5,429,875	$432,338	$160,533	$6,500		3,390	1,342
Housing Services	$2,375,498	$179,462	$19,800		$8,231	447	1,055
Information & Referral	$515,060	$25,844	$102,482	$119,250	$354,152	3,381	547
Network Development	$751,414					19,642	
Parent Education	$18,320,133	$282,914.40	$1,267,070	$172,365	$167,116	29,386	3,130
Parent Leadership Training	$365,520		$112,666			1,828	21
Parent / Sibling Visitation	$2,170,008	$24,865.00	$93,791	$1,503,318		15,287	497
Peer Support	$822,715	$26,732	$257,739	$280,309	$895,425	6,175	298
Public Education	$1,072,368	$6,500				1,660,626	33,770
Respite Care	$211,309	$326	$1,177		$4,783	502	9
Substance	$593,175	$132,171	$224,139	$2,901,936		2,195	118

Abuse Services							
Team Decision Making	$726,823	$112,368	$88,918		$72	1,670	280
Transportation	$1,450,328	$32,319	$6,414	$99,483	$15,466	1,037	1,227
Youth Programs	$913,537	$98,692	$90,143	$14,990	$28,296	4,177	1,450
Disability Services	$13,738					51	
Other	$1,439,198	$138,064	$333,602	$64,336	$534,982	4,504	25,267
TOTALS	**$104,367,367**	**$6,529,081**	**$8,152,914**	**$6,760,841**	**$7,150,752**	**1,868,427**	**98,581**

The PSSF funds are important funding streams to counties in addressing family safety and stability.

To help facilitate that families are provided the most effective services, the OCAP encourages counties to utilize evidence-based and evidence-informed programs and practices. In Figure 4 below, counties reported using research based practices for several service activities with PSSF funds. Most counties (23) reported behavioral/mental health services provided with evidence-based or evidence-informed practices and programs. Last fiscal year, the largest number of counties reported evidence-based practices and programs for parent education. This indicates a shift by counties to support better practices and programs for behavioral/mental health prevention services. Figure 4: PSSF EBP/EIP Services Across California SFY 2015-16 (OCAP Annual Report)

Figure 4: PSSF EBP/EIP Services across California, SFY 2015-16, OCAP Annual Report



CFSP 2015-2019 Prevention Progress

STRATEGY: *The OCAP will collect common data to measure prevention. For the next five years, the OCAP will focus on developing a statewide data system that will allow for the collection of data that can describe the extent of prevention and measure its impact, including that which occurs outside of child welfare services.*

Progress to date on this goal includes the following:

1) The State Fiscal Year 2015-16 Annual Report marked the second year of the OCAP and counties utilizing the online web-based reporting system, Efforts to Outcomes (ETO). The ETO is used by counties to collect data on how prevention programs are implemented and successes are tracked. The OCAP in turn can share ways of measuring prevention with other counties and will learn much more about types of programs and services that counties purchase with OCAP funding, including outcome data. The ETO implementation, integration and utilization is a multi-year effort that will help in producing statewide prevention data in greater detail and with much more ease than previous methods.

a. Through ETO, the OCAP has the ability to construct multi-year program-level prevention program datasets for each county in California. These datasets will allow the OCAP to increase evaluation capacity, provide more detailed technical assistance, determine how systems at the county level are evolving and optimize practices of spending prevention monies. Likewise, the outcome data collected by the ETO can be used to learn the optimal way to measure prevention across the State.

b. This year, using comparison data reported through ETO, county consultants were able to provide valuable technical assistance to the counties about the changes from last fiscal year to this fiscal year. County consultants used comparison data to guide counties toward better spending habits and evaluation efforts to optimize the prevention dollar. For example, county consultants assisted counties in analyzing data from ETO reports to determine reasoning behind increases or decreases in the amount of funding spent and the total number of participants served. Additionally, consultants discussed program effectiveness with counties based on the number of participants that achieved the desired program outcome.

2) To assist counties in improving their capacities to measure prevention efforts and to improve evaluation methods, the OCAP will release an All County Information Notice informing counties of the Protective Factors survey, a research-based evaluation tool to evaluate prevention programs. This free survey provides counties with an evaluation tool that assesses the effectiveness of prevention programs to build the protective factors to strengthen families. Additionally, the OCAP has created a digital version of the PFS, and has offered its use to counties without charge.

3) A mapping project has been started to observe where money is being spent throughout the state and how funds are benefiting prevention efforts. The first step of the project is to show how grantees and counties are spending money throughout the state. The next step is to determine and map the geographic location of Child Abuse Prevention Councils and to show where the most child abuse and neglect referrals happen throughout the state. This map will be used as a supporting tool to inform counties of effective ways to spend prevention dollars by focusing prevention, intervention and treatment efforts to the most at-risk areas and populations.

4) The OCAP continues to utilize a grantee and contract tracking system to capture the reach of prevention programs and services. Information gathered from grantees and contractors has been standardized through quarterly and annual reports. Currently, the OCAP is in process of hiring a researcher to formally evaluate prevention efforts in California.

PSSF – Family Preservation

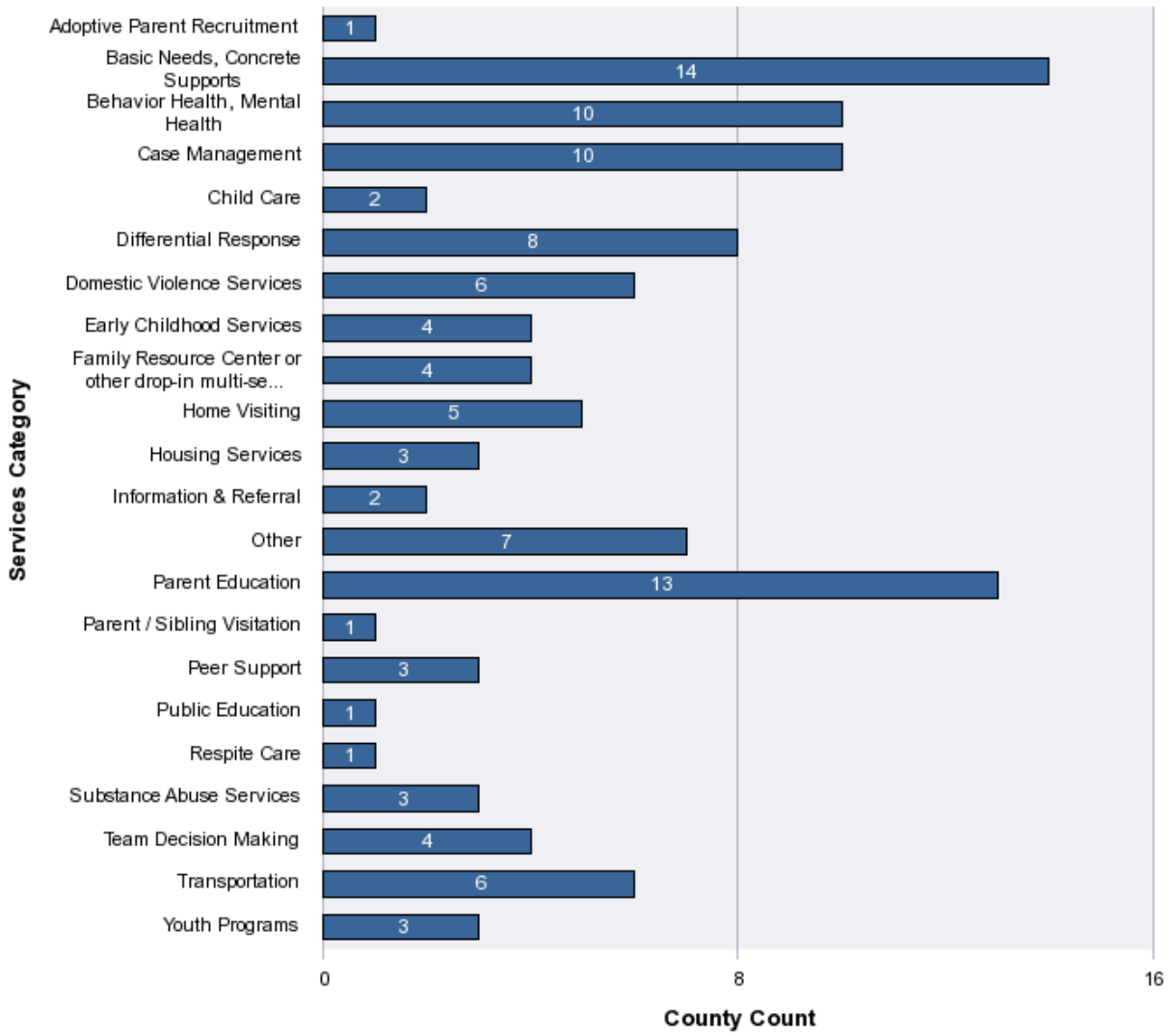
Children need a safe and stable family, and most families, when properly assisted, can care for their children successfully. Separating children from their biological families is a traumatic event with potentially lasting negative effects. Family Preservation services build upon the strengths of families and parents in crisis to empower them to create a safe and stable home for their children during times of high stress.

Family Preservation services assist families in crisis by providing short-term family focused services. Six values inform Family Preservation services:

(1) Parents and families are respected,
(2) Services build on families' strengths,
(3) Families can take an active role in identifying needs and developing a service plan,
(4) Services are flexible,
(5) Identified family goals determine services, and
(6) Families are a part of a community.

Figure below shows how many California counties supported each prevention service with Family Preservation monies.

Figure 5: PSSF Family Preservation Services across California, SFY 2015-16, OCAP Annual Report



Families receiving Family Preservation services can be identified as at-risk of abuse or neglect, or families which may have already demonstrated the need for intervention and have an open child welfare case. The following outputs were achieved in SFY 2015-16 through the Family Preservation component of PSSF:

- ✓ 13 counties provided parent education services.
- ✓ Ten counties reported using Family Preservation monies to provide mental health services and case management services.

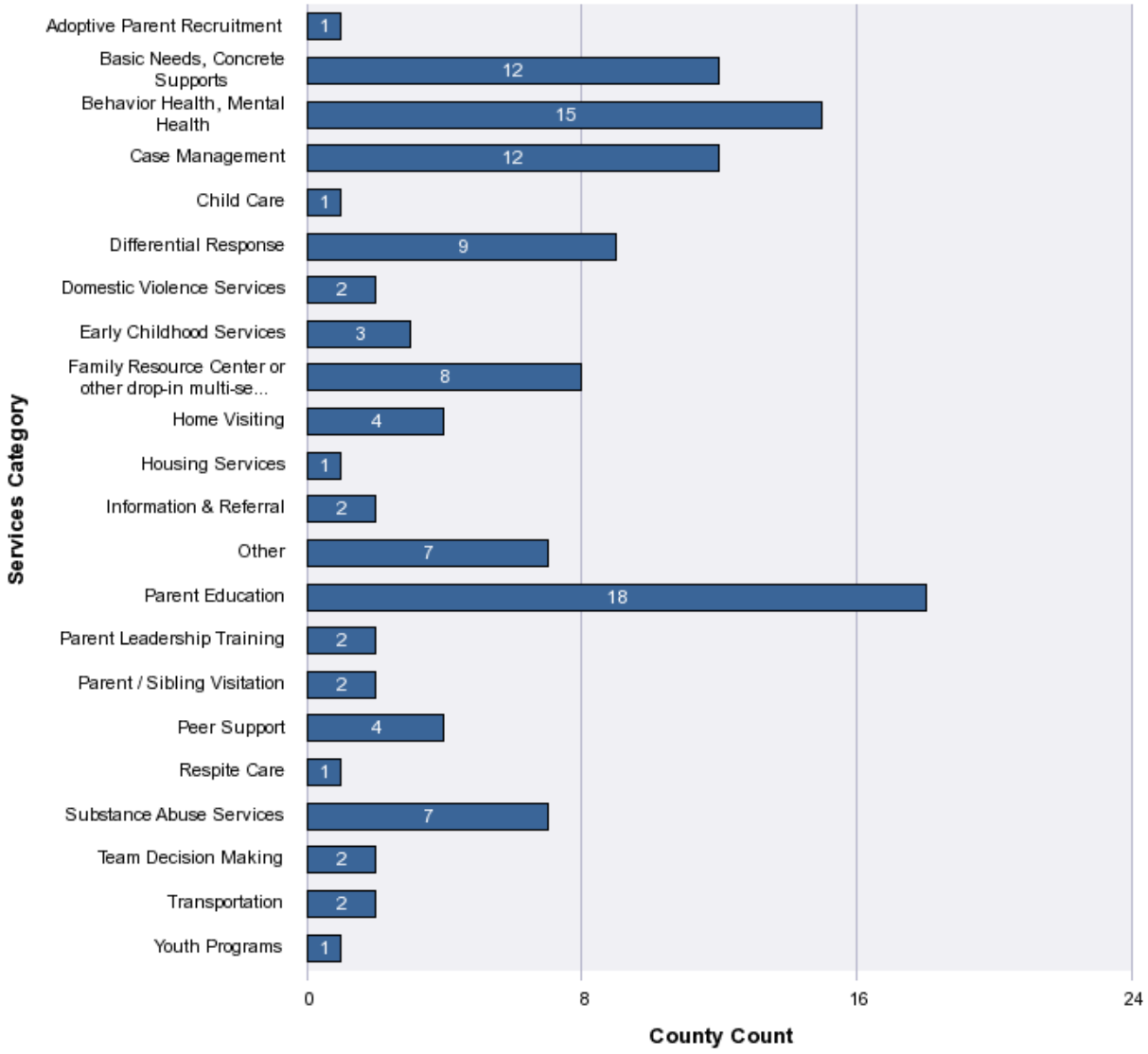
✓

PSSF – Family Support

Family Support funds are used to broaden the network of community-based services available to families and to prevent child maltreatment among families at risk through the provision of supportive family services.

The most common services funded in SFY 2015-16 with Family Support monies were parent education services and behavioral/mental health services. Counties continued to report using the same top services with family support monies including: parent education, behavioral/mental health services, case management and basic needs and concrete support services. Figure six below shows how many California counties supported each prevention service with Family Support monies.

Figure 6: Family Support Services Across California SFY 2015-16, OCAP Annual Report



The following outputs were achieved in SFY 2015-16 through the Family Support component of PSSF:

- ✓ 18 counties provided parenting education services.
- ✓ Seven counties reported providing "other" services. These other services were culturally appropriate intervention services, concrete supports, economic development services, contract management, anger management and community network development services.

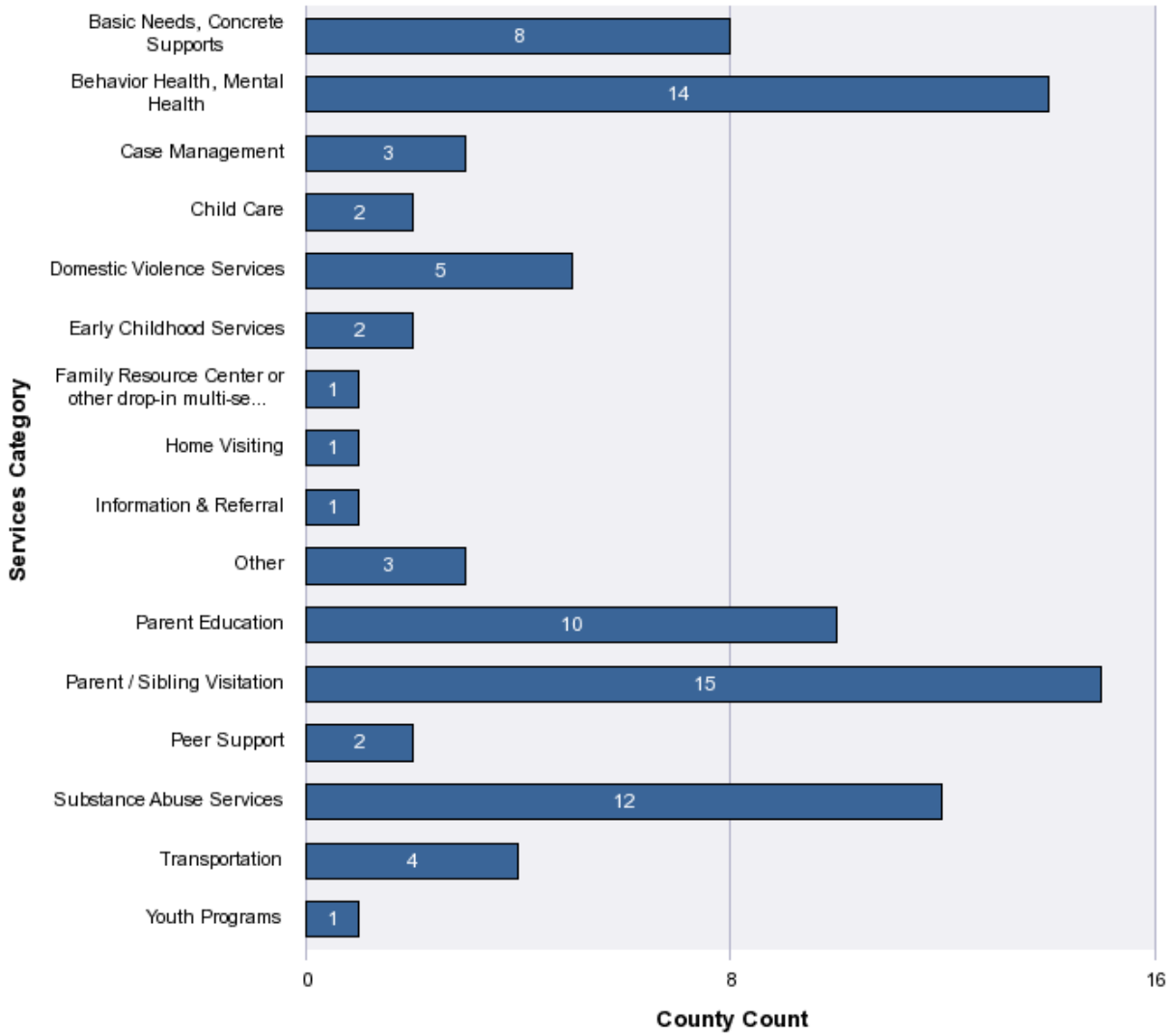
PSSF – Time Limited Family Reunification

Through the Time-Limited Family Reunification (TLFR) component of PSSF, California counties provided supportive services to families with the goal of reunifying children safely and permanently.

TLFR services are designed to address family issues that led to the child's removal and provide an opportunity for the child's safe return home. Although this funding component is designed to impact the permanency outcome of reunification, it may also indirectly affect safety and well-being outcomes.

The figure below reflects that counties prioritized funding for behavioral health/mental health, parent sibling visitation, substance abuse services and parent education services. Nearly 26 percent of counties utilized TLFR funds for parent/sibling visitation services. Parent/sibling visitation services provided to families is known to increase the likelihood of successful and timely reunification.

Figure 7: Time-Limited Family Reunification Services across California, SFY 2015-16, OCAP Annual Report



The following outputs were achieved in SFY 2015-16 through the TLFR component of PSSF:

- ✓ 15 counties reported using parent sibling visitation services.
- ✓ 12 counties reported providing services to address substance abuse issues in the family. According to the OCAP's SFY 2015-16 Annual Report from counties, substance abuse remains the top driver of children into the child welfare system.

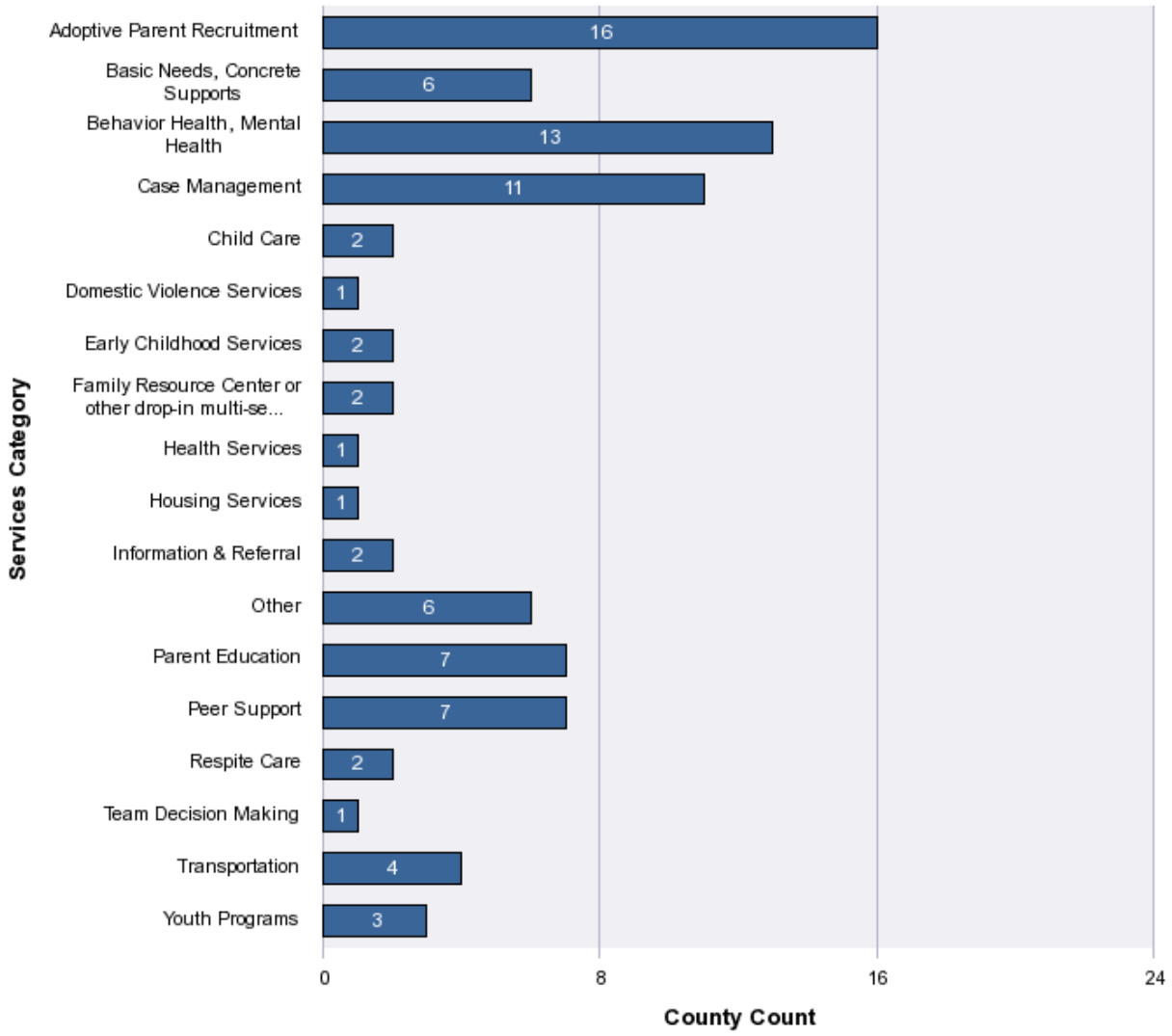
During this reporting period, California counties utilized TLFR funding to provide mental health services; often parents have a dual diagnosis of substance abuse and mental health which make a quick reunification difficult. The TLFR funding supports critical services such as psychological evaluations, mental health assessments, and clinical treatment to meet the individual needs of children and families.

PSSF – Adoption Promotion Services (APS)

When children enter into the child welfare system, the primary goal is permanency whether through reunification, adoption, or guardianship. Providing supports to adoptive families is imperative to the stabilization of families. The OCAP county consultants work closely with counties to encourage utilization of the Adoption Promotion and Support (APS) funding of PSSF. These funds are meant to help adoptive homes stay intact and provide services in order for children to find a permanent adoptive home.

In SFY 2015-16, the PSSF-APS funds continue to support the activities used to enhance adoptive support in California. With a push towards permanency in California and many children placed in concurrent planning homes, 16 counties placed a priority on spending PSSF-APS funds to support adoptive parent recruitment. Counties also reported that behavioral health services and case management were the primary service components used to stabilize children and their adoptive families. Further, counties reported that adoptive families benefited from educational services to learn of the specific challenges and supports available to achieve healthy and safe homes for their adoptive children. Through PSSF-APS funds, counties report being able to ensure a wide range of support services are available to adoptive families, including basic needs and concrete supports, behavioral health and mental health services, and peer support networks. Although families report that these types of services are helpful, there is very little rigorous research on the effectiveness of post-adoption services in preventing disruption and dissolution of adoptions. The figure below shows how many California counties supported adoption and permanency efforts with PSSF-APS monies.

Figure 8: Time-Limited Family Reunification Services across California, SFY 2015-16, OCAP Annual Report



The following outputs were achieved in SFY 2015-16 through the APS component of PSSF:

- ✓ 13 counties reported using APSS monies for behavioral/mental health services
- ✓ The most widely supported services provided were adoptive parent recruitment, behavioral/mental health services, case management services, parent education services and peer support services.
- ✓ 11 counties reported providing case management services to adoptive families

Some counties report reunification has been more successful so adoption services are less needed and smaller counties are partnering and engaging adoptive parents in creative ways. In addition, small and medium-sized counties may utilize PSSF-APS funds to provide support to

caregiver relatives and/or concurrent adoptive parents who may reside out of county or out of state.

The OCAP continued to provide technical assistance to counties to ensure proper expenditure of PSSF-APS funds. Technical assistance provided by the OCAP included the identification of unmet needs identified in the counties CSA to fund pre and post adoptive services. Assisting California counties with the matching of their PSSF-APS funds to the needs of individuals and families continues to be a priority the OCAP county consultants.

Goal 1: Prevention & Early Intervention

Ensure that the state is appropriately preventing and intervening early in the abuse and neglect of children

As the CDSS lead in prevention and early intervention efforts across California, the OCAP engages in multiple efforts to prevent child abuse and neglect including the *Strengthening Families Framework* Initiative, the *California Evidence-based Clearinghouse* and prevention grants; *Community In Unity, Parent Leadership and Innovative Partnerships*. Through these efforts the OCAP shapes policy, builds capacity among service providers, engages parents and other key stakeholders, and promotes innovation and use of evidence-based programs and practice.

As discussed previously, OCAP also provides oversight of the state funded CAPIT funds as well as the federal Community Based Child Abuse Prevention (CBCAP) and PSSF programs by requiring counties to prepare plans that address how prevention and early intervention activities are coordinated and how services will be provided as part of their five-year System Improvement Plans (SIPs). The CAPTA chapter of this report provides additional information into California's child abuse prevention programs.

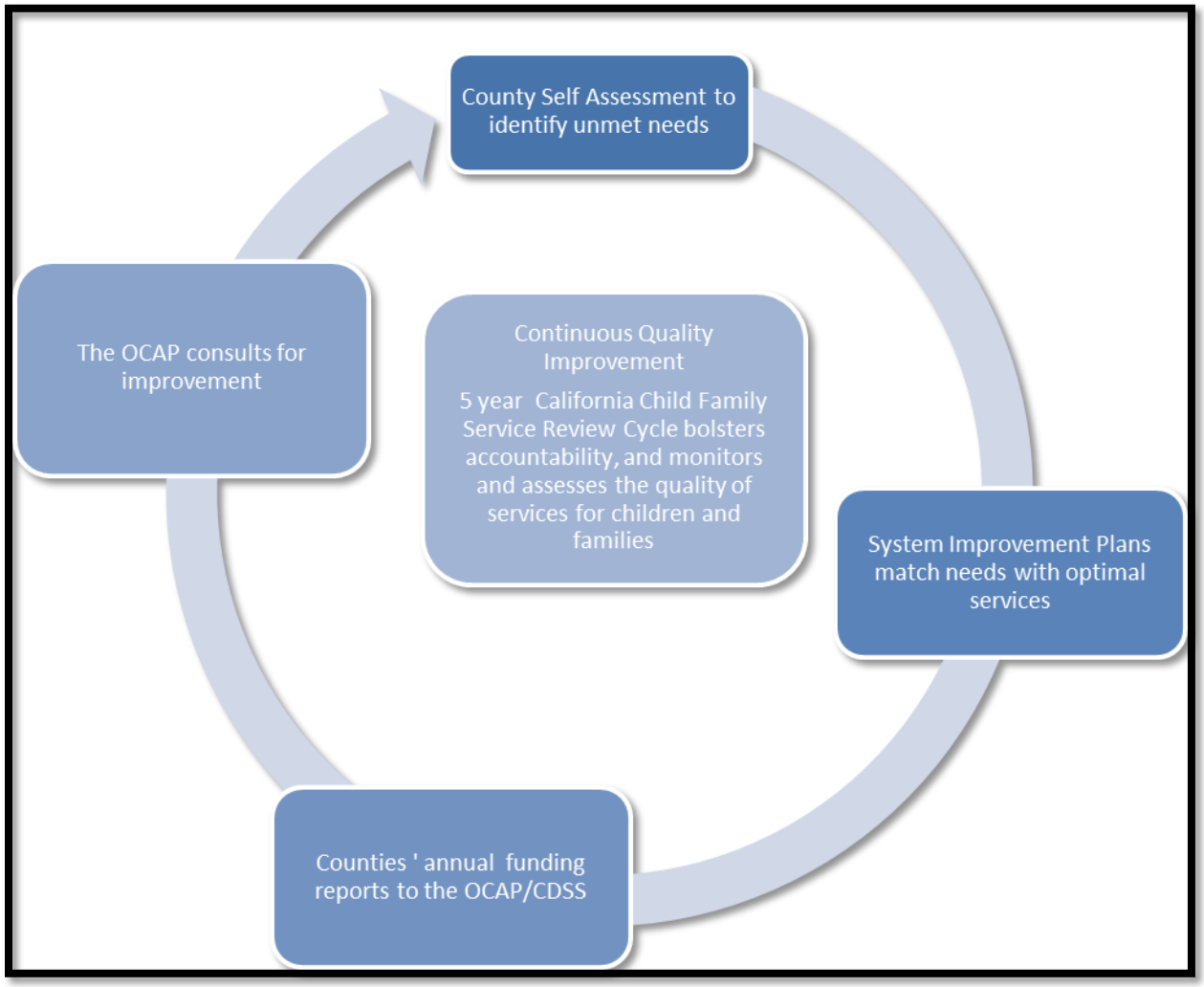
<u>Factors Affecting Progress</u>
The OCAP partnered with Children's Services Outcomes and Accountability Bureau (CSOAB) and counties to facilitate the California Child and Family Service Review (C-CFSR) process. The OCAP county consultants sought to ensure that counties engaged in continuous quality improvement activities, strengthened interagency partnerships, and encouraged community involvement and public reporting of program outcomes.

Overall, there has been a Children and Families Services Division initiative to strengthen the accountability within the statewide system of children and family services, utilizing qualitative and quantitative data to better assess the quality of services across the continuum of care (i.e. prevention, intervention, treatment, and after care). This oversight process aligns with the federal CFSR monitoring system and recognizes promising practices in prevention and family support, CWS and Probation.

The core elements of the C-CFSR process are the County Self-Assessment (CSA), Peer Review, and SIP. The OCAP county consultants provided orientations as well as training and technical assistance to counties and their stakeholders regarding child abuse prevention. Further, the OCAP county consultants aided in data collection, stakeholder engagement, the analysis and development of prevention-focused, coordinated service plans, and the associated budget and evaluation plan. The goal was to address unmet community needs and measure program effectiveness. In SFY 2015-16, nine counties and approximately 1,000 community stakeholders participated in the C-CFSR process. Counties reported a number of programs that contributed to systems change and improvements as a result of the process.

The implementation of ETO has provided an avenue for the OCAP county consultants to more effectively coach counties towards measureable outcomes to demonstrate impact of prevention programs.

Figure 9: Core Elements of the C-CFSR Process



In SFY 2015-16, county child welfare agencies continued to work collaboratively in a multitude of ways with various partners to best identify and strengthen families at-risk of abuse or neglect. Counties reported, via the SFY 2015-16 Annual Report, collaborating with community partners by participating in joint meetings, utilizing joint space for programs and implementing new programs among other ways. For example, counties reported collaborating with their respective court systems through participating in monthly meetings. In SFY 2015-16, counties reported frequent collaborations with behavioral/mental health agencies (51), CAPCs (51), alcohol and other drug agencies (48), courts (44), domestic violence agencies (48) and public health agencies (47). The counties also indicated the collaborations with community partners which were active in SFY 2014-15, increased in SFY 2015-16. The number of collaborations reported by the counties could include, but is not limited to, PSSF funding.

The OCAP county consultants work with the counties to ensure engagement of various stakeholders and to navigate counties in the direction of matching needs with appropriate community services that strengthen families, prevent child maltreatment, and improve overall community well-being. Accordingly, a number of strategies have emerged that focus on ways to better coordinate and integrate services that support families. The goal of these strategies is to make better use of community resources, increase community responsibility for children, and create safe and nurturing environments and communities for all children in which parents are supported through both formal services and normative values that foster mutual reciprocity.

The following chart shows the increase of collaborative partners from SFY 2014-15 to SFY 2015-16. The entities listed below are considered “natural partners” of child welfare as identified by counties in their Annual Report.

Figure 10: Collaboration and Coordination of Services in California, SFY 2014-15 and SFY 2015-16, OCAP Annual Report

Effective collaboration and coordination are critical components in providing prevention and early intervention supports within the child welfare continuum of services that align with the broader goal of safety.

As part of the C-CFSR process, the OCAP county consultants ensured county plans focused on services that span the continuum of care with emphasis on prevention and early intervention. The OCAP consultants assisted counties in accessing resources and information within the CDSS, including connecting counties to other bureaus, branches and divisions. The OCAP consultants provided technical assistance to counties in data analysis, access to current literature, and research on Evidence Based Practice and Evidence Informed Practice identified through the California Evidence Based Clearinghouse (CEBC) and supported the county in the development of stakeholder engagement activities. Counties engage their stakeholders to

provide input and insights into the development of their prevention plans and associated investments. Both quantitative and qualitative data was used to evaluate their greatest need areas and identify appropriate services to address their needs.

Goal 2: Maltreatment Recurrence

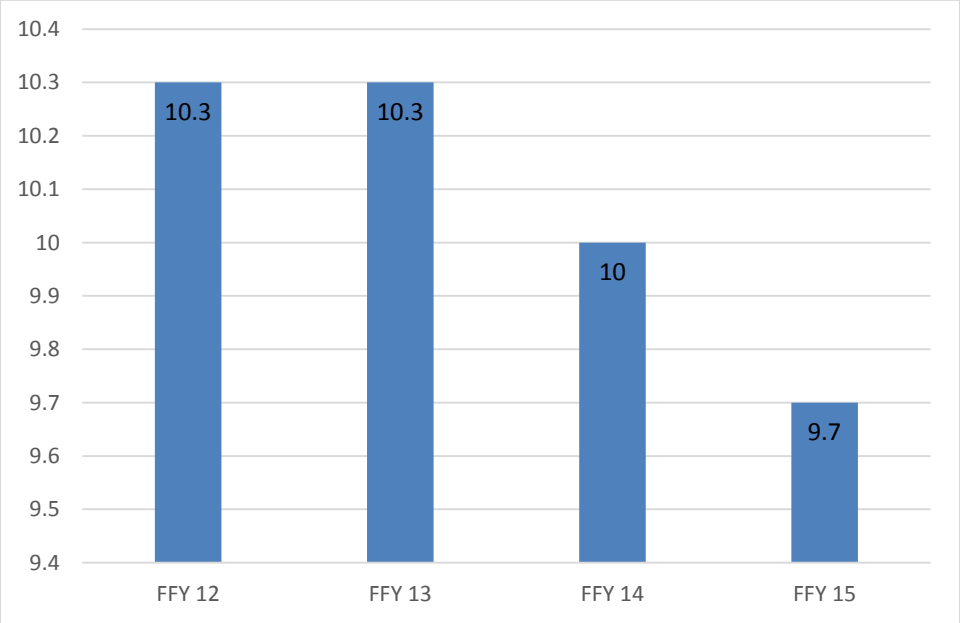
Ensure the state is reducing recurrence of child abuse and/or neglect

A primary objective of the state child welfare system is to ensure that children who have been found to be victims of abuse or neglect are protected from further harm, whether they remain in their own homes or are placed by the child welfare agency in a foster care setting. The following safety-related national outcomes and measures were established to assess state performance regarding protecting child victims from further abuse or neglect.

Indicators of Progress

The following figure represents the percentage of children who were victims of substantiated child abuse and/or neglect during a 12-month reporting period and who had a subsequent report of abuse and/or neglect substantiated within 12 months. The state has experienced a slight downward trend in the number of children with at least one subsequent substantiated report over the last three years.

Figure 11: Recurrence of Maltreatment, Ages: 0-17, FFY 2012-2015, CWS/CMS CSSR Data Q4 2016



The most recent available data shows that of all children who were victims of a substantiated maltreatment report between October 2014 and September 2015, 9.7 percent were victims of another substantiated maltreatment report within the following 12 months.

Factors Affecting Progress

While there is no single identifiable factor responsible for avoiding repeat maltreatment, the following efforts contribute to maintaining strong progress:

The Standardized Safety Assessment System

The use of standardized assessment tools in California ensures that families are systematically assessed for safety, risks, and needs throughout the life of the case. In addition, use of the tools promotes a uniform and consistent practice of assessment for each social worker, as well as provides for consistency in service delivery and child protection throughout the state. The tools are designed to support and enhance county staff's existing child welfare knowledge and critical thinking and are not meant to replace the experience, training and education of social workers, supervisors and agency management. Additionally, the tools provide specific written documentation of the review, evaluation, and decisions made in the case should subsequent issues arise.

As of July 1, 2016, all counties in California are using the Structured Decision Making (SDM) suite of assessment tools. California continues to help improve the design and content of the SDM assessment tools, in addition to the SDM-related training for county users, to address assessment-related issues in California's child welfare system.

Safety Organized Practice

Safety Organized Practice (SOP) is a collaborative child welfare practice approach that incorporates family engagement, teaming, cultural awareness, individualized case planning and decision making all through a trauma-informed lens. SOP aligns closely with the SDM tools, and has been reported by many social workers as an effective method for authentic engagement with children and families. Greater focus on family engagement and "buy-in," not just compliance with meeting case plan requirements, and the strong community engagement component lead to better long-term outcomes for families, which may contribute to reduced recurrence of maltreatment. SOP is discussed in greater detail under the CAPTA and Child and Family Services Training Plan Sections and is one of the main interventions of the Title IV-E waiver California Well-Being Project.

Quality Parenting Initiative

The Quality Parenting Initiative (QPI) aims to strengthen foster care by ensuring that caregivers provide the loving, committed and skilled care that children need, while working effectively with the child welfare system to achieve the child's goals. The QPI also seeks to clearly define and articulate the responsibilities of caregivers, and to align child welfare policies and practices with quality foster care. The QPI has resulted in systemic changes and improved relationships between youth in foster care and caregivers. Measurable improvements have been reported in outcomes, including fewer unplanned placement changes, reduced use of group care, fewer cases of sibling separation, more successful instances of reunification and may contribute to

reduced recurrence of maltreatment. Currently, eighteen counties are participating in the initiative. QPI is discussed in greater detail under Goal 17.

Mandated Reporter Training

The Office of Child Abuse Prevention (OCAP) maintains a statewide training for mandated reporters, as defined by the Child Abuse and Neglect Reporting Act (Penal Code 11165.7). This training provides mandated reporters with guidance on identifying potential signs of child abuse and neglect and direction on how to report to local Child Welfare Agencies. The OCAP oversees the content of this training and ensures it is updated to reflect the most recent legislation regarding mandated reporting. The training consists of a general training module and six additional job-specific modules (such as social worker, law enforcement, clergy, and educator). The mandated reporter training is available in English and Spanish.

The training of mandated reports is an effort to reduce the reoccurrence of maltreatment by identifying those children who are suspected to be victims of abuse or neglect and reporting them to local Child Welfare agencies; this is part of a larger statewide effort to engage families in an appropriate array or services to prevent future maltreatment. This fiscal year, 206,931 professionals took the online training and exam. Of those who took the exam, 85 percent (176,302) passed the exam. This was an increase of 183,579 professionals due to educators being mandated to the take the training. Professionals from varying disciplines including social workers, clergy, educators, mental health professionals, medical professionals, child care providers and law enforcement took the exam. In addition, in FY 2015-16, 44 Child Abuse Prevention Councils provided in-person mandated reporter trainings. Mandated reporter training is essential in identifying the signs of abuse and neglect issues as well as child fatalities. Not all families reported to Child Welfare Services have a case opened, but families referred are offered prevention services that address the reason in which they were referred and often "opens the door" to families accessing additional prevention services.

Differential Response (DR) is a method of triage used by child welfare agencies in order to assess reports of child abuse or neglect at the initial referral stage and then determine the most appropriate path for serving families and children on a case-by-case basis. Comprised of three pathways, DR helps decrease the number of children that enter the child welfare system by providing at-risk families with community-based, or partially community-based, services and programs to help prevent the recurrence of maltreatment.

In California DR varies from county to county but typically follows the 3-path model. DR can encompass one, two, or all paths, as each path is different in how a county's Child Welfare System responds to the family's needs.

Path 1 is a community response to family problems as indicated by the referral to the child welfare system, and the referral is evaluated out as the claim(s) does not meet statutory definitions of abuse and neglect. But based on the information given at the hotline, the family may be referred to voluntarily participate in community based child welfare services.

Path 2 is a response from child welfare services with community resources. Path 2 family problems meet statutory definitions of abuse and neglect but the child is safe and the family has strengths that can be developed in order to overcome the identified challenges. The referral of suspected abuse and neglect is accepted for investigation by the child welfare agency and a community partner goes with the investigator to help engage the family in services. A case may or may not be opened by child welfare, depending on the results of the investigation.

Path 3 child welfare services response. In the third path of DR, it is determined that the child is not safe and at moderate to high risk for continuing abuse and neglect. This referral appears to have some rather serious allegations at the hotline, it is investigated and a child welfare services case is opened. Once an assessment is completed, these families may still be referred to an outside agency for some services, depending on their needs.

In the FY 2015-16, 17 counties reported engaging families with DR services supported with prevention funds. According to those counties utilizing CBCAP, CAPIT, and PSSF funds for DR families, these at-risk families obtained increased knowledge of parenting and child development, as well as concrete supports in times of need. Further, several counties noted in their OCAP Annual Report that these low to moderate risk families were able to keep the children safely in their homes.

The availability of funds has been a major factor in sustaining DR programs. The most common source of support for DR has been funding raised at the local level (e.g., First 5, Children's Trust Funds, private or corporate foundations, hospital systems, individual donors, etc.). There is currently a heavy reliance on funding from local First 5 Children and Families Commissions to support DR services to families with children, ages 0-5, but this is a dramatically declining source of funds. Cigarette taxes provide a large portion of funding to First 5 Commissions. Due to a decline in smoking, the revenue generated by Proposition 10 has declined. E-cigarettes were approved as taxable revenue for First 5 which may increase First 5 revenue. At the same time, California raised the legal smoking age to 21 which is likely to lower overall revenue.

The OCAP is conducting research of DR in California to determine the best practice and create a model to prevent children from entering the child welfare system and to keep families intact. To start the research, a literature review was conducted of DR including how other states model differential response services. The OCAP is researching an appropriate way to define necessary components of DR for it to be effective as a county prevention service. To define necessary components of DR, the OCAP will work with a consultant to develop and implement an evaluation plan which includes surveying the counties to determine current practices of DR and create a best practices tool. After a research position has been hired, a further assessment of state-wide use of DR and its effectiveness is planned for FY 2017-18.

Summary

California has experienced a slight decrease in the number of children with at least one subsequent substantiated maltreatment report during the past year. While there is no identifiable single factor responsible for avoiding repeat maltreatment, several efforts contribute to maintaining strong progress.

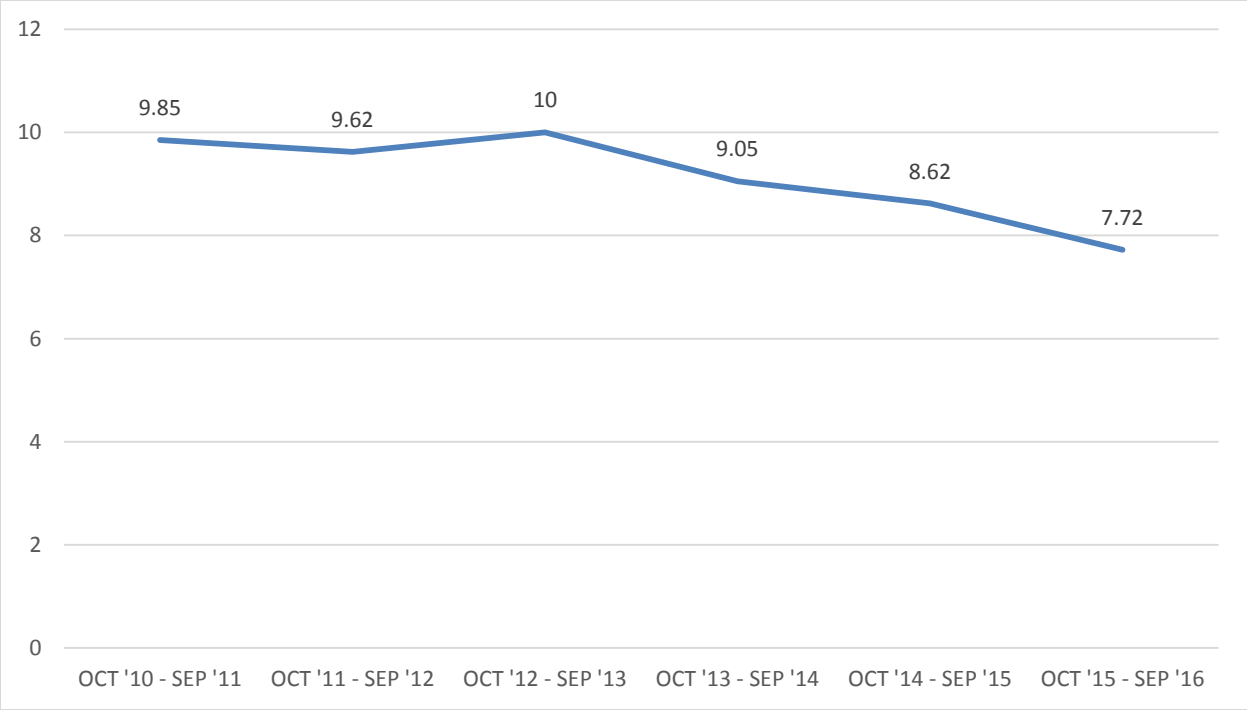
Goal 3: Maltreatment in Foster Care

Indicators of Progress

This measure drives at capturing the rate of victimization per day of all children in foster care during a 12-month period. For all children in foster care from October 2015 to September 2016, there were 7.72 percent substantiated maltreatment reports per 100,000 days of foster care. Youth under the care of probation agencies reported fewer instances of maltreatment (4.14 in FFY 2016) than youth supervised by child welfare (7.91 percent in FFY 2016). In all agencies, females were more likely to experience maltreatment in foster care (9.4 percent in FFY 2016) than males (6.2 percent in FFY 2016).

California has improved in the maltreatment of children in foster care safety measure, decreasing by 14.69 percent from FFY 2014 to FFY 2016. The data shows that California had a rate of 7.72 percent for FFY 2016, this rate is 0.28 percent below the national standard (8.5 percent).

Figure 12: Maltreatment in Foster Care, FFY 2011-2016, CW and Probation, CWS/CMS CSSR Data Q4 2016



Factors Affecting Progress

Data analysis by demographic factors such as age, gender, and race/ethnicity reveals minimal differences between these groups and there are few variations across the 58 California counties. The State's consistent improvement in this measure, as well as the lack of variation among demographic groups and counties, may be attributed to the controlled and protected nature of foster care environments. Each must adhere to multiple protection requirements including consistent contact with case workers and compliance with caregiver licensing and approval processes. However, the State continues to pursue improvement in the prevention of maltreatment to children placed in out-of-home foster care.

California's improvement in this measure may be attributed to different variables, including case worker visits to children in foster care, placement policies targeted at placing children with relatives, the Office of the California Foster Care Ombudsman (which serves as an additional resource to assure the safety of children and youth in foster care) and the use of the Safety Assessment/substitute care provider (SCP) tools.

Case Worker Visits:

Case worker visits is one identifiable variable that could potentially contribute to the decline of maltreatment in foster care. Case workers are required to visit each child with an approved case plan who remains in the home to assess the safety and risk level as well as the family's progress with services. These visits help to maintain children in the home and improve safety outcomes. Timely caseworker visits for children in out of home care remain the same at 94.4% from FFY 2015 to FFY 2016. The case worker visits made in the residence for children placed in out of home care was 79.6% (July 2014-June 2015). These visits are vital factors for ensuring the safety of children while placed out of the home. A more in-depth contextualization of case worker visits will be provided in the Well Being section under Goal 20: Caseworker Visits.

Placement and Caseload:

There has been a significant decline in the foster care caseload, reduced by 45% from 2000 (108,159) to 2014 (57,679). Between 2009 and 2014, there was an increase from 16% to 25% for the number of children whose first placement was with a relative/kin. The proportion of children placed in group homes decreased from 18% to 13%. Relative homes continue to be the predominant placement for children in care.

Safety Assessment Tools, Substitute Care Provider Tool (SCP tool)

The goal of the Structured Decision Making System for Substitute Care Providers is to eliminate systemic issues that may cause children to be re-traumatized while in out of home care and support safety, stability and well-being. Priority is placed on information gathering and decision making in order to identify and support the best placement option for a child.

The components of the Substitute Care Provider assessments include:

- A provision of care assessment that helps to inform the decision about what degree of care the substitute care provider is willing and able to provide for the child within each domain of child functioning;
- A support assessment that helps to classify what level of the support the substitute care provider needs from the agency to increase the safety, permanency and well-being of the child; and,
- A placement assessment that assesses household safety for the child in the home at the actual time of placement.

The Substitute Care Provider assessment system continues to be used by San Francisco, Madera, San Diego and San Luis Obispo. These assessments are not currently a part of the new WebSDM data collection system and will be updated in the 2016-17 fiscal year.

Resource Family Approval (RFA)

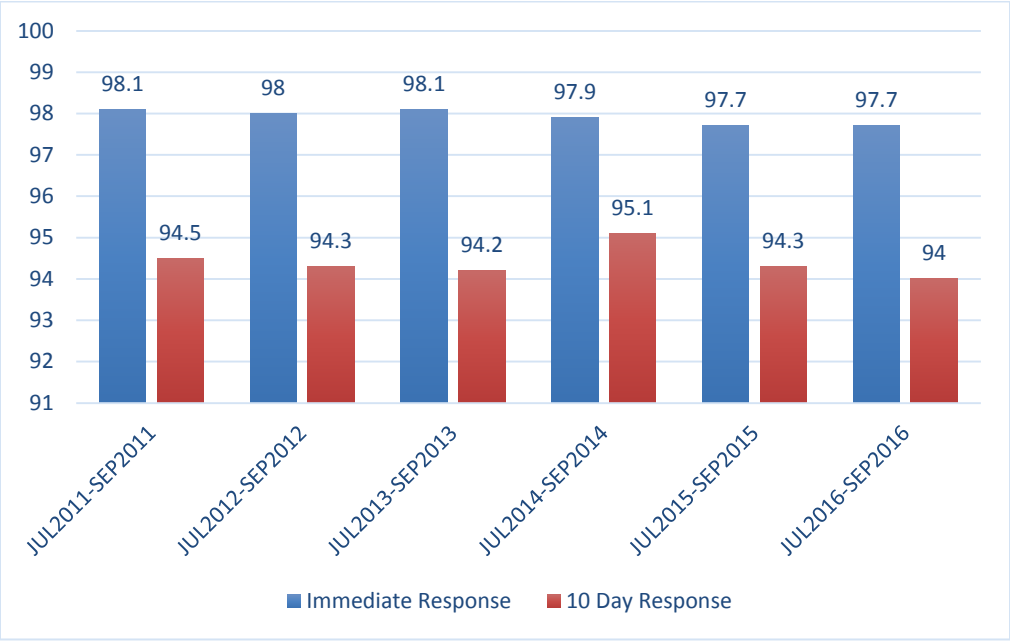
The goal of the Resource Family Approval (RFA) is to create a more family friendly, child-centered process for care giver approval. It unifies standards for all caregivers regardless of a child's case plan and includes comprehensive psychosocial assessments, home environment checks, and training for all families, including relatives. The program better prepares families to meet the needs of vulnerable children in the foster care system. CDSS expects that the process, especially its upfront training and ongoing support services designed to prepare caregivers to better meet the needs of children and reduce instances of maltreatment in foster care.

Goal 4: Timely Response

Indicators of Progress

Timeliness to Investigation reports count both the number of child abuse and neglect referrals that require and receive an in-person investigation within the time frame specified by the referral response type. The response time frame could be either immediate (within 24 hours), which applies to more severe allegations, or ten days, which applies to less severe allegations. Over the last six years, California has performed well above the state goal of 90 percent for all counties, with immediate responses fluctuating at roughly 98 percent and 10 day responses fluctuating at roughly 94 percent. Over the past year, the data shows steadiness in the percentage of referrals with a timely investigation response for ten-day response referrals. Closer research indicates that while the overall number of referrals is trending downwards, the number of referrals that are not contacted in a timely fashion has remained constant, resulting in a higher overall percentage of untimely contact rates. This indicates that there may be a small subset of the population that is especially difficult to contact and that this sub-population's involvement with child welfare has remained steady while referrals overall have declined.

Figure 13: Percentage of Immediate and 10 Day Response Referrals Receiving Timely Responses, 2011-2016, CWS/CMS CSSR Data Q4 2016



Factors Affecting Progress

Introduced in spring of 2015, the state measure "Time to First Completed Referral Contact" has contributed to California's consistent performance on timely investigations. While the measure includes attempted as well as successfully completed contacts, counties can utilize measures which focus only on completed contacts to accurately monitor how many cases are successfully contacted within the appropriate time frame. The ability to monitor this data can aid supervisors in identifying employees or regional offices in need of additional assistance and can guide and inform training to improve outcomes on immediate and ten day responses. Over the past four years California has consistently performed well above the statewide goal of 90 percent for immediate and ten-day responses. The CDSS provided oversight and compliance review procedures to ensure children were visited within policy timeframes.
Further, counties have access to SafeMeasures®, a reporting tool that allows social workers to keep track of overdue and upcoming visits. This tool allows a social worker to review all relevant information such as referral information, contact history, and placement history with dates and locations in a quick manner that saves time and resources.

In addition to the statewide measure, the CDSS utilizes the efforts of the Pre-Placement Policy Workgroup to assist in development and communication of effective statewide timeliness and investigation practices. The CDSS established the workgroup in 2014 in collaboration with county CWS agencies and the Child Welfare Directors Association (CWDA) to improve efforts towards timely investigations. The workgroup includes representatives from CDSS, CWDA and

15 of California's 58 counties. Workgroup items that were discussed in 2016 included current county practices for creating and monitoring child safety plans, the use of the SDM® Safety Assessment Tool, and barriers around physical abuse allegations regarding child fatality/near fatality. In addition to these topics, the workgroup discussions supported the development of ACL 17-28, which provided additional guidance on timely investigations of child abuse and neglect.

Goal 5: Services to Prevent Removal

Indicators of Progress

Entries into care have declined as shown in the figure below. A further exploration of the entries into care by age and race/ethnicity reveals that infants, African Americans, and Native Americans are at greatest risk for entering out-of-home placement (Figures 14b and c). This data highlights the need for continued focus on infants as a vulnerable population for maltreatment, as well as the state's efforts to address disproportionality in child welfare through continued training and coaching; both focus areas are discussed in more detail in the Permanency Chapter of this report.

Figure 14a: Entries into Care per 1,000 Children, FFY 2012-2016, CWS/CMS CSSR Data Q4 2016

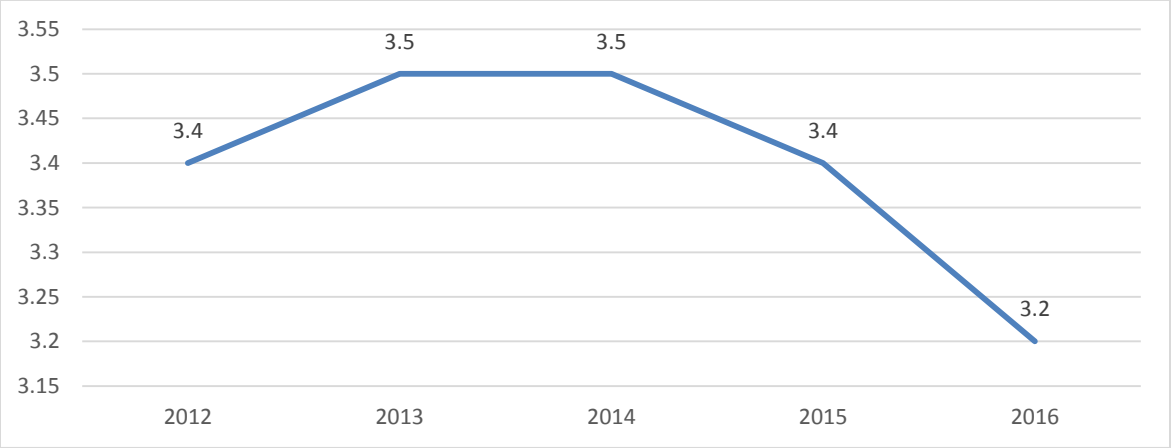


Figure 14b: Children with Entries into Care by Age, FFY 2012-2016, CWS/CMS CSSR Data Q4 2016

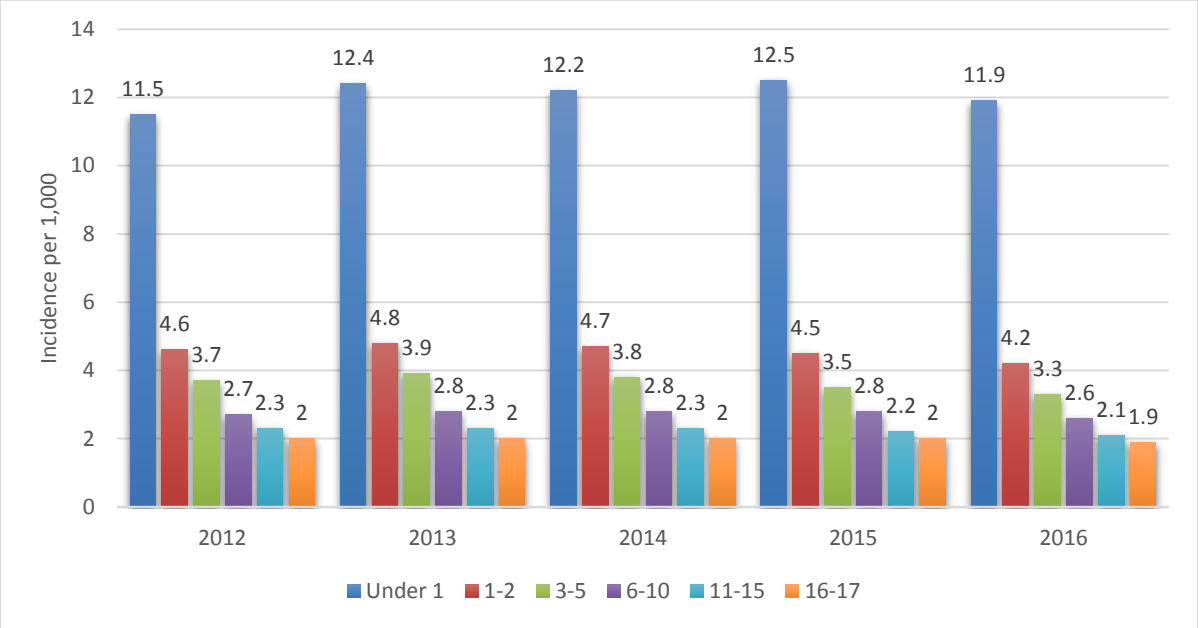
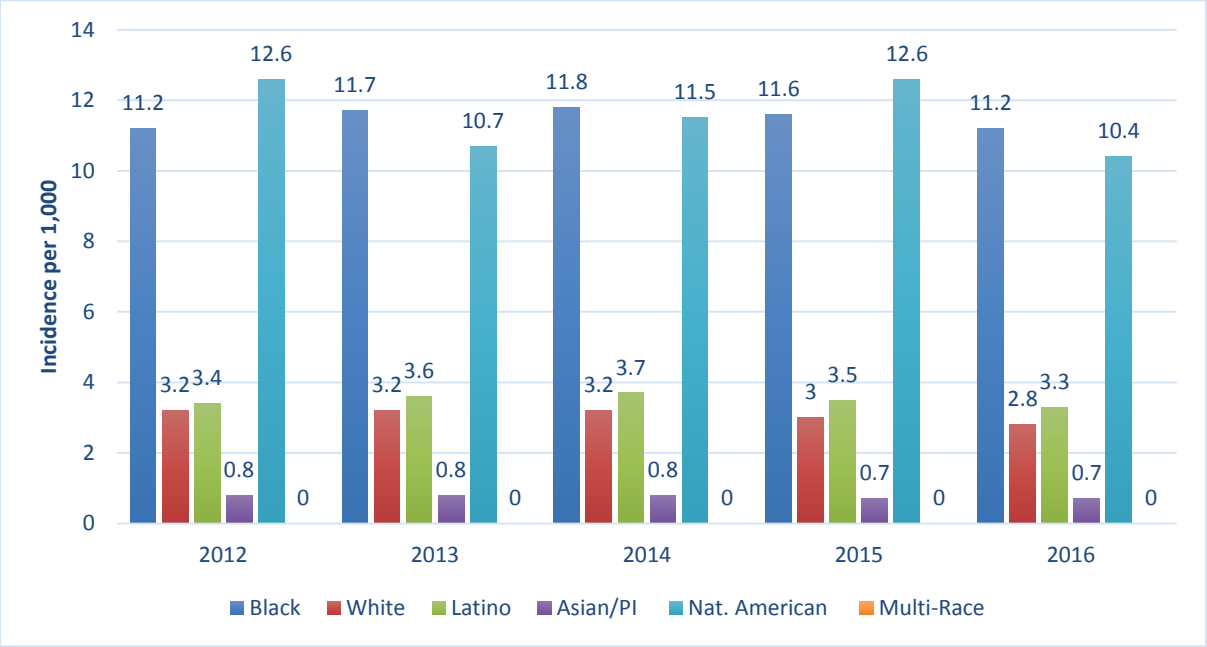


Figure 14c: Children with Entries into Care by Ethnicity, FFY 2012-2016, CWS/CMS CSSR Data Q4 2016



Factors Affecting Progress

Family Maintenance Programs

The California Department of Social Services places emphasis on maintaining children in their own home, and only removing children as a last resort. The use of the SDM® Safety Assessment assists caseworkers in evaluating when a child can be maintained at home with services or

other interventions. In California, almost half of all cases that are sustained in court are family maintenance rather than family reunification services. Family Maintenance programs may include the use of Safety Organized Practice and Differential Response, tools that help provide effective services that result in long-term improvements in the family's functioning, while allowing the child to be maintained in the parent's care.

In addition, Family Maintenance programs are provided to families on a voluntary basis by the vast majority of counties throughout California. These situations are still concerning with regards to future risk but do not rise to the level of abuse or neglect. In these instances, in-home services are offered to help prevent future maltreatment and maintain the child in their own home with parents/caregivers.

Child and Family Teams

Child and Family Teams (CFTs) are a family-centered, strength-based approach that comes together to support the development of case plans and determine placement decisions that are individualized and needs driven. CFTs have been in practice for many years, and with the implementation of CCR, they have been expanded for all children within the foster care system. This type of engagement with families is an essential factor at time of entry into care. The CFT process builds a team of professional and natural supports around a family during their time of crisis. This process allows for better placement decisions and more targeted services to support the individualized needs of the family. Currently the Integrated Services Unit of CDSS is working to develop a training curriculum that integrates best practices from a Team Decision Making model into the CFT approach. This work is being done through a contract with the Resource Center for Family Focused Practice, UC Davis.

The California Evidence Based Clearinghouse

The mission of the California Evidence-Based Clearinghouse for Child Welfare (CEBC) is to advance the effective implementation of evidence-based practices for children and families involved with the child welfare system. A searchable database of programs is available on the current CEBC website with information on implementing and sustaining the use of each program in a community setting. The website provides concrete information that child welfare agencies can use to evaluate their system needs, examine programs that they are currently using and plan for implementing new programs. Each program is evaluated based on the strength of research evidence and given a score ranging from one to five. This scoring system allows users to quickly see the differences in the evidence level of programs however CEBC recommends looking beyond the score as some studies are more thorough than others. The CEBC helps counties and nonprofits to effectively select proven programs, allowing them to reach the greatest number of families with the limited resources available.

Linkages

Linkages is a service coordination partnership between CWS and California Work Opportunity and Responsibility to Kids (CalWORKS) addressing the common barriers limiting parents' ability to work and keep their children safely at home. Since 2002, Linkages has been a critical part of

the OCAP's efforts to heighten and improve collaboration among two of the most critical child safety and family support systems. The OCAP discontinued its Linkages project funding, however, the project is sustained by some counties. Families must be strengthened and receive much needed services and support during their times of need and vulnerability. Over the course of the reporting period, the CFPIC continued to disseminate strategies across Linkages counties to connect vulnerable families to the training, employment, asset building, housing, and other benefit programs to help address poverty-related safety risks for children and keep families together.

Wraparound

Keeping children safe is one of California's primary goals, and services are designed to help protect children while providing supports to strengthen families to prevent abuse and neglect. Before a decision is made to remove a child, efforts are made to safely maintain children in their homes whenever possible and appropriate. California Wraparound is a systemic practice element of child welfare, juvenile probation and behavioral health services across the state and widely recognized as a promising practice that promotes the engagement of children and families in a team-driven process. A Child and Family Team (CFT) develops and follows a service plan that is comprehensive, family-centered, strengths-based, and needs driven. This engagement with families is an essential factor in achieving positive outcomes. When families are actively engaged in services, they are more likely to follow through with case plan requirements, including safety plans, because they reflect their own input. This engagement may also improve the nature of the relationship between child welfare, probation, behavioral health, and other formal support systems and families so that these systems are viewed by families as a resource and not an adversary. Many of the Wraparound practice elements can also be seen in other programs statewide including Pathways to Well-Being (PWB), Safety Organized Practice and Continuum of Care Reform (CCR) efforts (discussed further in the Well Being section).

Table 3: Children Receiving Wraparound by Child Welfare Service Component, FFY 2016 Q1-Q4, CWS/CMS CSSR Data Q4 2016

Period	Statewide Totals	Emergency Response	Family Maintenance	Family Reunification	Permanent Placement	Supported Transition
Child Welfare	3,226	11	651	690	1,601	273
Probation*	243	0	11	224	2	6
Q1 2016 Totals	**3,469**	**11**	**662**	**914**	**1,603**	**279**
Child Welfare	3,077	9	588	623	1,576	281
Probation*	244	0	12	223	2	7
Q2 2016 Totals	**3,321**	**9**	**600**	**846**	**1,578**	**288**
Child Welfare	2,928	4	485	552	1,588	299
Probation*	240	0	14	213	3	10
Q3 2016 Totals	**3,168**	**4**	**499**	**765**	**1,591**	**309**
Child Welfare	2,793	3	441	541	1,519	289
Probation*	238	0	15	211	4	8
Q4 2016 Totals	**3,031**	**3**	**456**	**752**	**1,523**	**297**

*May include probation youth being served through the Title IV-E Waiver Demonstration Project Data Source: CWS/CMS UCB Quarterly Extract, Quarter 1, 2016—Quarter 4, 2016

A quarterly extract from Q1 2016—Q4 2016 shows approximately 3,000 children and youth open to CWS/CMS received Wraparound services (see table above), but because this program supports a multitude of agencies statewide in addition to child welfare services, it is not possible for the State to quantify the total number of children and youth served. However, Wraparound is currently in a stage of sustained implementation in forty-six counties. The number of children enrolled in the Wraparound program is driven by the service capacity that exists in each county. As team-based practices have grown in California, so has the recognition of their success in improving outcomes for children, youth, and their families. Effective January 1, 2017, California Wraparound's specific target population is expanded and defined in State statute as: (1.) A child or nonminor dependent who has been adjudicated as either a dependent, transition dependent, or ward of the juvenile court pursuant to Section 300, 450, 601, or 602, who is the subject of a petition filed pursuant to Section 602 and who is participating in a program described in Section 654.2, 725, or 790, or who is or may be within the jurisdiction of the juvenile court and is participating in a program of supervision pursuant to Section 654, and is at risk of placement in out-of-home care; (2.) A child or nonminor dependent who is currently, or who would be, placed in out-of-home care; and (3.) A child who is eligible for adoption assistance program benefits when the responsible public agency has approved the provision of wraparound services in lieu of out-of-home care.

Goal 6: Managing Risk and Safety

Factors Affecting Progress

Structured Decision Making

The 2016 California Combined Counties report, produced annually by the Children's Research Center (CRC), shows that the SDM® hotline tool is completed in approximately 98 percent of all referrals, which promotes consistent and objective screening decisions statewide. Both CRC and the CDSS provide technical assistance and guidance to counties who have demonstrated a need for training and support in appropriate hotline screening protocol. Specifically, the CDSS released All County Information Notice (ACIN) 1-62-16 on September 8, 2016 which included amendments to the hotline tool definitions of "neglect" and "sexual abuse". Under the "general neglect, failure to protect," language was added to specifically identify situations where "a child has been exploited by a third party and the person responsible for the child's care has failed or been unable to protect the child from being commercially sexually exploited (CSE)". Further, a "sexual exploitation" item was added to the sexual abuse category in order to specifically address a child being exploited or trafficked, either by the caregiver or with the caregiver's knowledge and consent. In addition, a tracking mechanism was added to indicate whether a child who has been CSE was in placement at the time of the report or was not in placement.

The SDM® Safety Assessment is completed in approximately 87 percent of referrals, a 2 percent increase from the previous year. The purpose of the Safety Assessment is to assess the child's immediate safety in the home and should be completed within 48 hours of the initial in-person investigation. The CDSS is formulating guidance on best practices regarding the use of the Safety Assessment and Safety Plans (required whenever a safety threat is documented). The department expects to release guidance later in 2017.

The SDM® Safety Assessment is completed in approximately 87 percent of referrals, a 2 percent increase from the previous year. The purpose of the Safety Assessment is to assess the child's immediate safety while in their parent's care and should be completed within 48 hours of the initial in-person investigation. The CDSS is formulating guidance on best practices regarding the use of the Safety Assessment and Safety Plans (required whenever a safety threat is documented). The department expects to release guidance later in 2017.

While the SDM® Safety Assessment assesses the child's safety in the present moment, the SDM® Risk Assessment assesses the risk to the child's safety in the future. The tool is meant to be completed after the initial investigation is complete (within 30 days of the initial in-person investigation) and should inform the decision to close a referral or open a case for services. In 2016, the Risk Assessment was completed in more than 94 percent of referrals, a 2 percent increase from the previous year.

Evidence has demonstrated that children experience better outcomes when a case opening is based on the Risk Assessment, which assesses future likelihood of maltreatment, rather than a

substantiation of an event that occurred in the past. SDM® recommends opening a case on all High and Very High Risk families, along with any families who are struggling with unresolved safety threats. In 2016, 28,844 investigations statewide that were classified as High or Very High Risk were not promoted to a case, contrary to SDM's recommendation. The CDSS will collaborate with the CRC and stakeholders to conduct further research into the reasons that cases with High or Very High Risk are not promoted and will consider issuing guidance or revising training to improve performance on this critical metric.

The CDSS has initiated a workgroup to begin a series of revisions to regulations surrounding social worker investigations. Providing statewide guidance on the appropriate use of Risk and Safety Assessments is a top priority for the workgroup. The research and guidance described above will help inform the requirements outlined in regulations, expected to be implemented in 2018 or 2019.

PERMANENCY

The Child and Family Team (CFT)

The Continuum of Care Reform (CCR) makes changes to California's child welfare system, with the intent to have children and youth, who must live apart from their biological parents, live in a permanent home with a committed adult(s) who can meet their needs and help develop a plan to achieve change and success in their lives. One of the most fundamental principles of CCR is that child welfare services are most effective when delivered in the context of a child or youth and family-centered child and family team (CFT) that shares responsibility to assess, plan, intervene, monitor, and refine services over time. Plans must be individualized, culturally responsive and trauma informed. Beginning January 1, 2017, county placing agencies are required to convene a CFT for all children and youth entering the foster care system and for children and youth already residing in out-of-home placements. This includes probation youth in foster care and non-minor dependents.

On October 7, 2016, CDSS and DHCS issued a policy letter, All County Letter (ACL) 16-84, to provide counties the aforementioned requirements, best practices, and guidelines for creating and providing CFT's to children, youth, and families in California. Evidence-based and promising practices in child welfare and probation increasingly rely on youth and family engagement and teaming processes as effective methods to support children, youth, and families and include system partners in the planning, delivery and management of necessary services. As team-based practices have grown in California, so has the recognition of their success in improving outcomes of children, youth, and their families.

In partnership with the Resource Center for Family-Focused Practice at UC Davis, the California Department of Social Services (CDSS) conducted no-cost regional CFT Trainings for Trainers in fall 2016. The Training for Trainers was a two-day session that provided a walk-through of three courses developed by the Resource Center for Family-Focused Practice: Orientation to

Child and Family Teaming; Skill Building; and Facilitation. Counties were encouraged to consider sending trainers who have practical experience in Wraparound when available.

In February 2017, CDSS in partnership with the Resource Center for Family-Focused Practice convened the CFT Project Advisory Workgroup. The Workgroup is segmented in 3 subgroups comprised of CDSS staff, Resource Center for Family-Focused Practice staff, stakeholders, and subject matter experts. The purpose of the Workgroup is to develop and review CFT curricula to ensure consistency and fidelity with state guidelines. The Workgroup's goal is to have the curriculum ready for dissemination to counties by year's end 2017.

The CDSS, Resource Center for Family-Focused Practice, family and youth partners, provided statewide CFT orientations throughout California in spring 2017. The purpose of the orientations was to provide a broad overview of the requirements and guidelines of the CFT process as outlined in ACL 16-84. Participants gained knowledge of CCR mandates of convening a CFT meeting, including the purpose and populations, timelines, CFT roles, specific components, and other elements identified in statute.

To meet ongoing needs for support, CDSS provides technical assistance to all 58 counties in California to answer questions about programs and services for children in foster care who need mental health services. Forthcoming resources include policy letters and CFT brochures, with a release goal of 2017. Using stakeholder input, CDSS developed three different brochures to inform youth, parents, and professionals about the CFT process. All three brochures align with CFT requirements and guidelines and will provide guidance specific to the needs of each group.

CDSS is currently working on producing an ACL for guidance and instruction regarding documentation of CFTs in the Child Welfare Services/Case Management System (CWS/CMS). CDSS is also currently working on working on version 2 of FAQs for ACL 16-84, based on questions asked by counties.

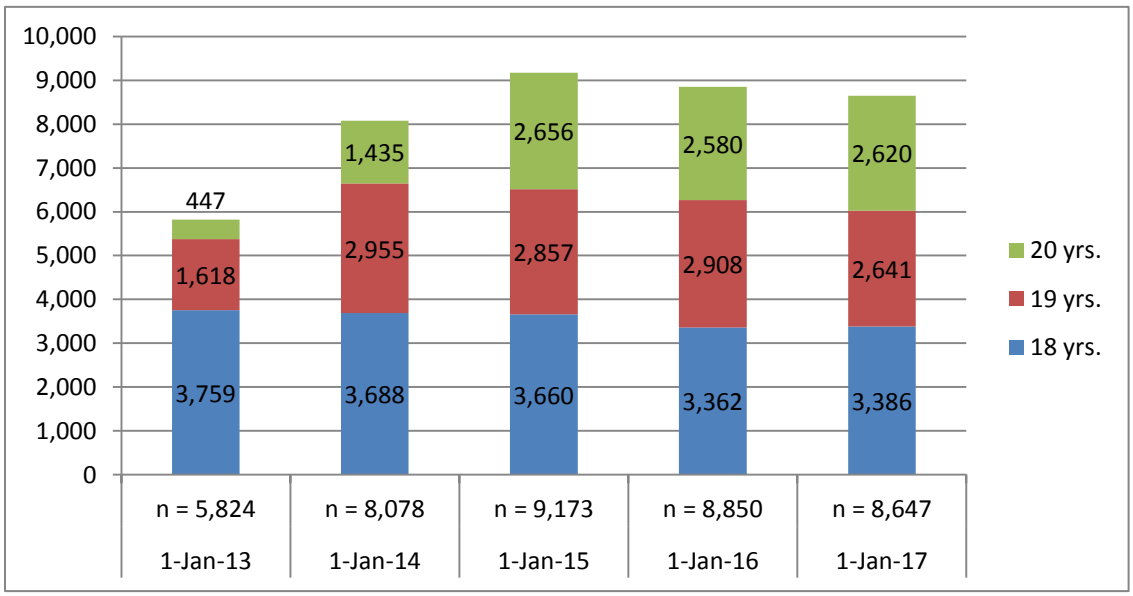
Fostering Connections After 18

Extension of Foster Care to Age 21

The After 18 program is California's implementation of The Fostering Connections and Increasing Adoptions Act of 2008 which gave states the option to extend foster care up to age 21 with FFP. Through the California Fostering Connections to Success Act (AB 12), passed in 2010, California extended foster care to age 21. Referred to as the After 18 program or Extended Foster Care, (EFC) the program began on January 1, 2010 and allows youth with an order for foster care placement on their 18th birthday to remain in foster care until age 21. To be eligible to remain in care, youth must meet one of five eligibility criteria. The program represents a paradigm shift in delivering services in a manner that respects that the youth is no longer a child but a developing adult who is voluntarily remaining in foster care.

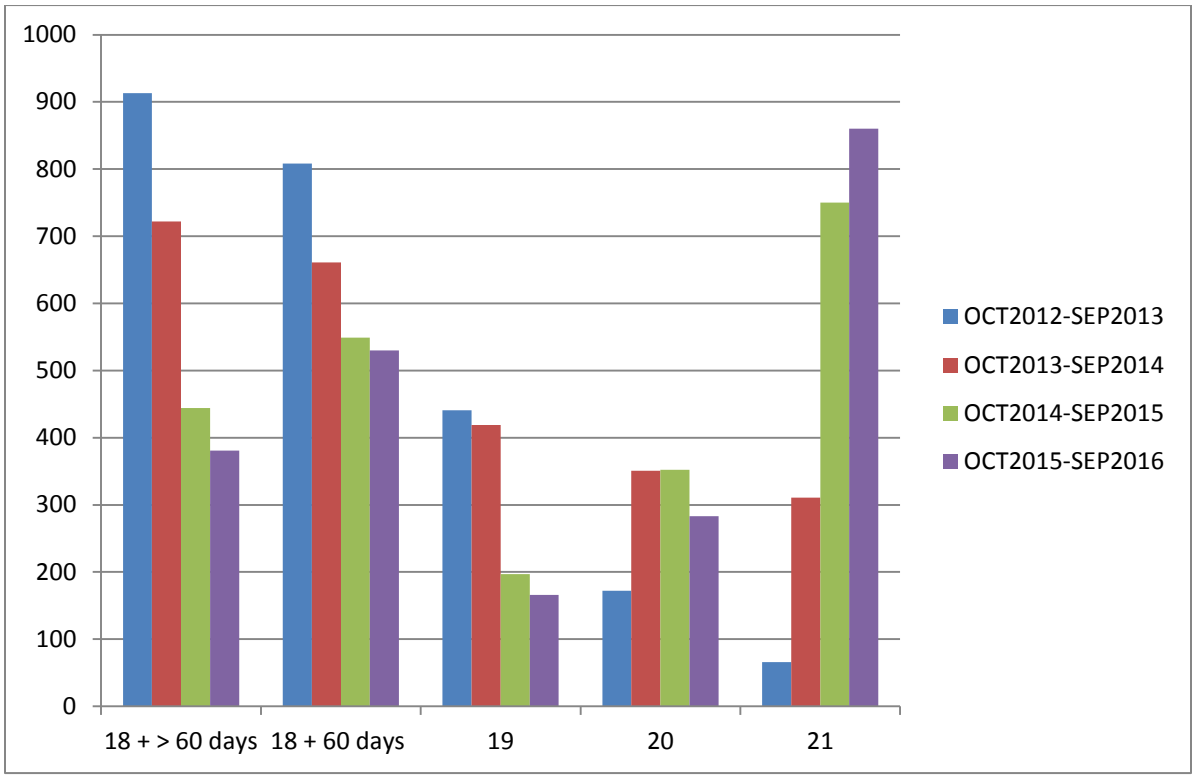
The After 18 Program has achieved full implementation. Roughly 85% of eligible youth are choosing to remain in or re-enter foster care after turning 18. Figure 15 (below) includes point in time data, which shows a 67 percent increase in the number of foster youth from January 1, 2013 through January 1, 2017. The total number of youth has decreased from 2015 to 2017 but this likely reflects the reduction of youth in foster care over the last several years. The population of 20 year olds continues to grow. This shows that youth are participating in the program and that a majority of them are remaining in foster care until age 21.

Figure 15: Number of Foster Care Youth ages 18-20; Agency Type: All, Ages: 18-20, Point in Time Jan 1, 2013 to Jan 1, 2017, CWS/CMS 2016 Quarter 4 Extract



Exit data helps to support the conclusion that NMDs are taking advantage of the opportunity to stay in care after age 18. Figure 16 (below) shows a steady decline in exits for foster youth at age 18. Some of the decline is due to the overall lower numbers of children in foster care. However, the impact of the After 18 program can be seen by looking at the "18 +<60 days" category which contains youth who exited within 60 days of their 18th birthday. As the hearing to terminate the court jurisdiction would likely not fall exactly on a youth's 18th birthday, the 60 days accounts for the time the youth would be waiting for a court hearing. There has been a steady decline since 2012 in the number of youth exiting at age 18 + <60 days. There has been a decrease in the number of exits for every age group except 21 year olds suggesting that the majority of youth are taking maximum advantage of the benefits of foster care.

Figure 16: Exits to Emancipation Over Time by Age, Agency Type: All, FFY 2013-2016, CWS/CMS 2016 Quarter 4 Extract



Re-Entry

California's After 18 program allows youth to leave foster care at any time between the ages of 18-21 and later re-enter if they choose to return to the foster care system. Re-entry was authorized with the implementation of the After 18 program in 2012. Table 4 shows the number of youth re-entering foster care for calendar years 2013-2016. The graph shows a steady increase in re-entries from 2013 to 2015 as more youth discovered the benefits of extended foster care. There was a decrease from 2015 to 2016, most likely indicating that more youth are hearing of or experiencing the benefits of extended foster care and therefore not choosing to exit, which corresponds with the exit data above. Decreased numbers of exits means less youth would have a need to re-enter.

Table 4: Re-Entries by Non Minor Dependents, CY 2013-16, CWS/CMS 2016 Quarter 4 Extract

NMDs Ages 18-20	CY 2013	CY 2014	CY 2015	CY 2016
Re-Entries	527	701	762	680

Placements

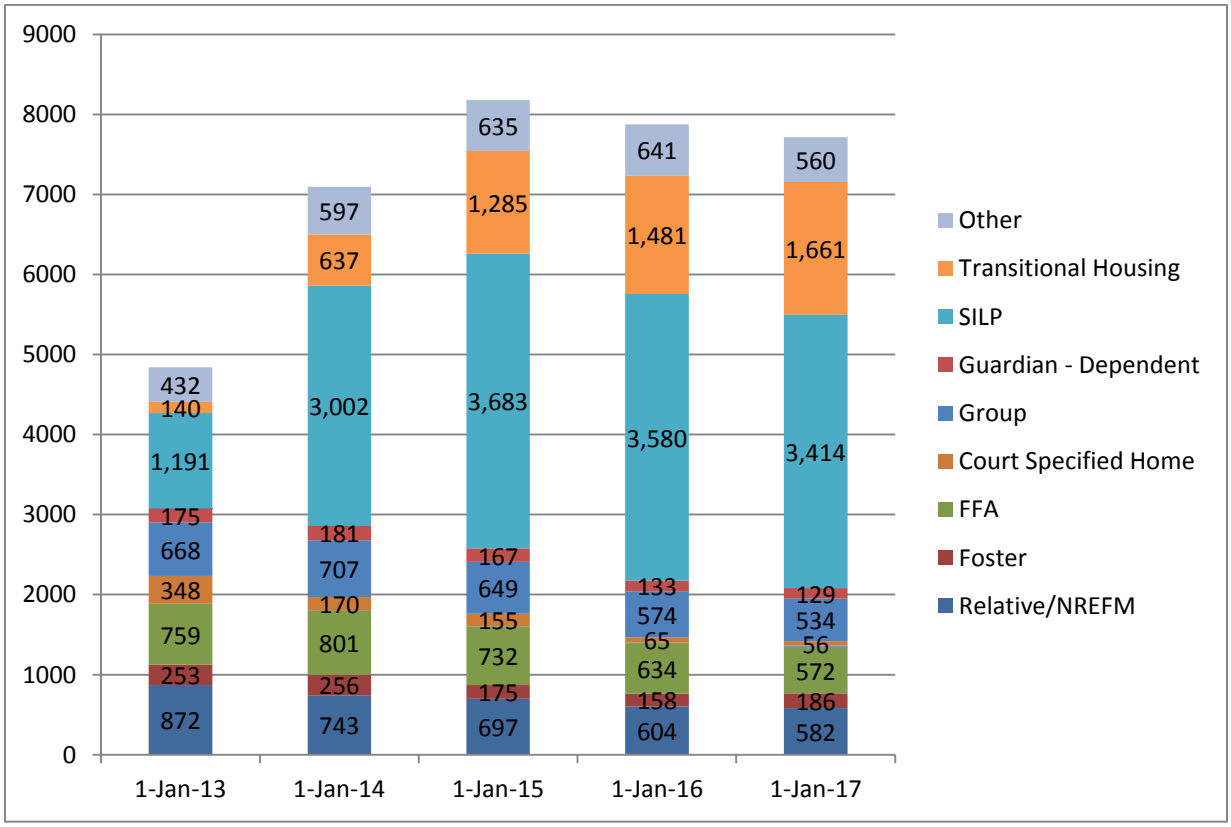
The Administration for Children and Families (ACF) Program Instruction Administration for Children, Youth, and Families (ACYF)-CB-PL-10-11 encouraged states to develop a new title IV-E eligible placement specifically for non-minor dependents referred to as a Supervised Independent Living Setting (SILS). The federal guidance also provided states with the discretion to develop a range of SILSs. Recognizing that some young adults may need more support than others to be successful in living independently, California opted to create two levels of SILSs: Transitional Housing Program Plus Foster Care (THP + FC) and a SILP. The THP + FC program is similar to the existing THP for minors with a rate structure that was developed through a workgroup process. This option provides more frequent case management visitation than the SILP and multiple services offered to the youth. The SILP is a more independent placement for youth ready for a higher level of independence than THP+FC or traditional foster care settings. Youth living in a SILP may live on their own or with roommates; live in a dorm; rent a room from a relative or former foster parent; participate in Job Corps; reside in an Adult Residential Treatment Facility; among other options.

Currently, 38.8% of youth are placed in SILPs, 18.9 percent are in THP+FC, 7.2 percent are in guardianships, 7.6% are in a FFA or county foster home, 6.6 percent are in a kinship placement, 6.1% are in a group home and 14.8 percent are in other placement types. Figure 18 below shows NMD placements over time. The use of a SILP significantly increased between 2012 and 2015 but has been decreasing slightly over the last two years. Counties report that youth often favor SILPs due to the high degree of independence afforded to them but case workers report that many young adults are not ready for SILPs. There has been a steady increase in THP+FC placements since the After 18 program started. The benefit of the extra supports and services offered in these transitional housing programs is reflected in their increasing popularity, especially with parenting NMDs. Most other placements increased initially with the implementation of extended foster care but since 2014 have been decreasing. Guardianships, for which certain eligible youth can continue to receive a foster care payment until age 21, which was created by AB12 but not considered to be an After 18 program placement as the youth are no longer in foster care, have remained between 7 percent and 8 percent of the population.

At the county level, social workers and probation officers monitor youths' placements to ensure that they are meeting the needs of the youth and helping them to progress toward independence. Case workers assist youth in changing placements when a youth is ready for a placement with a higher level of independence or conversely if a youth is struggling in an independent placement and needs a more structured placement with additional services. Counties are developing new types of SILPs to increase the number of available placements and meet each NMD's unique needs by partnering with community agencies who provide housing and services.

On a macro level, the CDSS gathers feedback from counties on how youth are faring in the various placement types through different channels. The EFC Steering Committee meetings have been an avenue for these discussions. A meeting in February, 2015 focused on finding solutions to the challenges presented in THP+FC. In FY 2016, these meetings were devoted to this same topic as it applies to SILPs. The CWDA Transitional Housing and ILP Subcommittee meetings allowed for discussion of how EFC placement types are working for youth, including whether youth are exiting the system with the skills they need to live successful independent lives. These two subcommittees have recently been replaced with the CWDA Transition Age Youth Subcommittee which deals with the range of issues that face transition age youth. Additionally, the Cal Youth Study being conducted by Mark Courtney of Chapin Hall, University of Chicago, is looking at California's EFC program. They are conducting focus groups and surveys over time of in-care and out-of-care youth as well as case workers which will provide key evidence of whether the program is improving outcomes for this population.

Figure 17: NMD Placement, Agency Type: All, Ages: 18-21, Point in Time, CWS/CMS 2016 Q4 2016 Extract



These new placement options continue to evolve as issues arise and innovative solutions are developed. THP+FC programs are offering more services as the needs of youth inform service options. Currently, the CDSS is working with counties and providers to improve the response to

the mental health needs of NMDs by identifying ways to increase access to Early Periodic Screening, Diagnosis, and Treatment (EPSDT) funding and create partnerships between programs and mental health providers. The option of allowing youth to reside in SILPs in the same location as their parent(s) is under development and will offer youth the opportunity to maintain permanent familial connections while still receiving the support of EFC.

Participation Criteria

Youth are eligible to participate in the After 18 program if they meet one of five participation criteria. Table 5 below shows how many youth are participating in the After 18 program in each category. Working toward an educational goal is the most common way youth are maintaining eligibility, accounting for over 68 percent of youth. This indicates that obtaining an education is a priority for a majority of youth. 31 percent are either employed or working toward eliminating barriers to employment. Only 1 percent of youth qualify because of a medical condition. The participation criteria were not entered for about 16 percent of youth but we can assume that those youth would be participating in the criteria in roughly the same percentages as the others or are youth who are classified as runaways.

Table 5: Extended Foster Care Population by Participation Type, Point in Time Jan 1, 2017, Agency: All, CWS/CMS 2016 Q4 2016 Extract

Participation Type	Number	Percent
College/Vocational Education	1,788	28%
Completing High School or Equivalent	2,510	40%
Employed Minimum 80 Hours/Month	1,499	26%
Removing Barriers to Employment	480	5%
Medical Condition	102	1%
Missing	1,447	15.9%
Total	**6,379**	**100.0%**

Permanency for NMDs

AB 1712 (Chapter 846, Statutes of 2012) allowed non-minor dependents to be adopted through the juvenile court effective January 1, 2013, referred to as non-minor dependent adoption. A workgroup consisting of CDSS, stakeholders and county child welfare staff developed the practice framework for this new type of adoption process. Information was disseminated to the counties via ACL 13-100 released on December 13, 2013. This bill also clarified that a family reunification or family maintenance plan that is in progress at the time the NMD turned 18 may continue while the youth is in extended foster care.

The intent of the Fostering Connections legislation recognizes the importance of family and permanency for youth by also extending payment benefits and transitional support services for AAP and Kin-GAP up to age 21 for youth entering those arrangements at age 16 and older, as

well as for youth placed in non-related legal guardianships (NRLGs) at any age. Thus, youth are not forced to make a choice between having a permanent family and extended support. AB 787 (Chapter 487, Statutes of 2013) allows youth whose guardian or adoptive parent dies, when the youth is between the ages of 18-21, to re-enter foster care. Additionally, AB 2454 (Chapter 769, Statutes of 2014) grants youth receiving Kin-GAP or AAP during the ages of 18-21 the ability to return to foster care if their guardian or adoptive parent no longer supports them. Table 6 shows the number of Kin-GAP, NRLG and AAP youth who are receiving benefits between the ages of 18-21. The Kin-GAP and AAP figures are based on the FFY average of paid claims and the NRLG figures are based on the number of youth in that placement type at the indicated point in time.

Table 6: Extended Benefits for Kin-GAP/Fed-GAP, AAP, and Nonrelated Legal Guardians, 2013-2016

NMDs 18 to 21 Years of Age	FY 2013	FY 2014	FY 2015	FY 2016
Kin-GAP/Fed-GAP*	88	218	316	316
AAP*	2	62	287	316
Nonrelated Guardianships**	364	594	739	686
Total*	**371**	**744**	**1,244**	**1,318**

*Source: For Kin-GAP and AAP, FFY monthly average, based on actual paid claims.
**For Nonrelated Guardianships, CWS/CMS, point-in-time July 1, 2016.

Outcomes for the NMD Population

The SOC 405X for child welfare and SOC 405XP for probation Exit Outcomes data reports measure outcomes for emancipating youth. The reports capture outcomes for youth exiting at age 18, 19, 20 and youth who re-enter foster care. This allows CDSS to evaluate the outcomes for youth who participated in the After 18 program to gain a better perspective on how the program has benefited youth.

The Exit data indicates improved outcomes for young adults in the child welfare system who stay in foster care. Youth who exited at age 20-21 in FFY 2016, as compared to youth who exited at earlier ages, were: much more likely to earn a high school diploma or equivalent and to be enrolled in college; considerably more likely to be employed full-time or part-time; much more likely to have a savings and checking account; less likely to be receiving government aid; significantly more likely to have their own housing upon exit or be moving to transitional after-care housing; much more likely to have Medi-Cal; and noticeably more likely to have at least one connection to a caring and supportive adult. Young adults exiting at age 18 were more likely than those exiting at older ages to have arranged for housing free of rent with another individual and to be receiving financial support or assistance from a source other than employment or governmental assistance. The results for young adults exiting the probation system mirrored those found for young adults exiting the child welfare system but the differences between those that left at age 18 and those that stayed in care until age 20-21 were less pronounced. Outcomes for the probation population in general indicated this population is

faring worse than the child welfare population and should receive increased attention in the next fiscal year.

The CDSS continues to work with counties to identify concerns with the After 18 program that need to be addressed through additional state policy/program clarifications and development. There has been continual guidance provided to the counties and stakeholders to clarify program and placement eligibility. ACLs and ACINs continue to be issued providing guidance on new legislative mandates and clarifying existing law and practice. A comprehensive EFC update ACIN covering many topics that counties have raised as questions or challenges, as well as offering best practices, will be issued in FFY 2017.

The EFC Steering Committee was originally formed to guide implementation of EFC is now operating as a collaborative body to address the challenges of and generate best practices. The committee meets every six months with the following participants, CDSS, CWDA, CPOC and JC advocates, youth representatives and county staff. The CDSS is planning an EFC Conference to be held in the early part of 2018. Speakers and workshops will be presented to assist youth, county staff, care providers and other interested parties in operationalizing best practices with their NMD populations. The CWDA TAY Subcommittee, held every other month, is another forum for providing technical assistance and working through EFC issues as are the CDSS Advocates meetings which are held quarterly. More information on the services being provided to youth in After 18 can be found in the CFCIP chapter.

California Partners for Permanency (CAPP)

The CAPP was one of six projects nationwide funded through the Presidential Permanency Innovations Initiative (PII). It was a five-year multi-site federal project designed to improve permanency outcomes among children in foster care who face the most serious barriers to permanency. At the end of the five year grant period, a sixth year no-cost extension was requested and granted. The CAPP intervention, the Child and Family Practice Model (Practice Model) was a multi-faceted, multidimensional approach to child welfare practice based on a theoretical framework, values and principles, organizational and system standards and 23 practice behaviors. CAPP aimed to simultaneously improve permanency outcomes for all children and reduce disparities in permanency outcomes among those who are in care the longest, especially African American and Native American children through improved culturally sensitive casework and other changes in practice. Four counties participated in this effort: Fresno, Humboldt, Los Angeles and Santa Clara. CAPP jurisdictions continue to embed and sustain the Practice Model and related system level changes to address barriers to improved outcomes for children and their families.

Although the project ended in FFY 2016, CAPP's activities and accomplishments over the last year have included:

- Submission of the final Formative Evaluation Report.

    - The second formative evaluation suggests positive associations between the Practice Model and shorter stays in foster care in those counties with strong implementation supports. These results, based on comparing CAPP-served children to historically matched children in the same county, are encouraging and reflect potential for greater reductions in long-term foster care and increased permanency outcomes for California children.
    - Findings from the formative evaluation indicate that the CAPP Practice Model is associated with positive impacts on one or more measures in two counties.
- Creation of Cross-Site Learning Circle to provide sustainable networking and support for former CAPP sites to stay connected, work through implementation challenges and successes, share ideas, and maintain a bridge with California Child Welfare Core Practice Model, CCR, and RFA.
- At the state level, CAPP Statewide and County site leads continue to be involved in developing the California Child Welfare Core Practice Model.
    - The Core Practice Model Implementation Symposium: **Science, Systems, and Leadership: Building Readiness for Core Practice Model Implementation** held on June 23–24, 2016.
    - Child Welfare Core Practice Model Directors Institute was launched to develop a cohort of strong effective leaders by building their capacities for leading implementation.
        - Learning Sessions were held on March 22–23, 2017. Subsequent meetings are scheduled for May 31 and June 1, 2017 and September 2017.
    - Development Circles will be held to develop implementation and evaluation resources and tools.
        - Kickoff was held on April 24, 2017. Forthcoming, Development Circles will be held for the following topics: Organizational Readiness Building; Engagement, Relationships, and Partnership; Workforce Development; and Quality, Outcome, and System Improvement

State partners continue to participate in statewide forums such as the CDSS ICWA Workgroup and Workgroup to Eliminate Disparities & Disproportionality, of the State Interagency Team, meetings. Trainings around culture, implicit bias, and privilege continue to develop readiness as state alignment with CAPP values continues beyond the life of the grant.

Resource Family Approval (RFA)

The RFA Program, initially authorized through AB 340 (Chapter 464, Statutes of 2007) as a Resource Family Pilot Project, was reauthorized through SB 1013 (Chapter 35, Statutes of 2012) as a Resource Family Approval Program, and required CDSS, in consultation with county child welfare agencies, foster parent associations, and other stakeholders to implement a unified, family friendly, and child-centered resource family approval process. The Program was to begin

with an early implementation phase, for counties to participate in the initial development of the Resource Family Approval process.

As of January 1, 2017, the early implementation phase concluded, and Resource Family Approval has expanded state wide, replacing the existing processes for licensing foster family homes, approving relatives and NREFMs as foster care providers or legal guardians, and approving adoptive families into a single approval standard. Through this process, a Resource Family is approved to care for a child temporarily or permanently, eliminating the requirement for any other approval, license or certification.

The early implementation phase began with a cohort of five counties, selected by CDSS who began implementation between November 1, 2013, and July 1, 2014. A second cohort of eight counties began between January 1, 2016 and July 1, 2016. Additionally, with the passage of AB 403, five foster family agencies (FFA) were selected to become early implementers and began implementation of RFA on September 1, 2016. AB 403 also mandated statewide implementation of RFA with counties and FFAs by January 1, 2017 to align with the implementation of the Continuum of Care Reform initiative.

The Continuum of Care Reform (CCR) branch, created in October of 2015 within the Child Family Services Division, continues to be responsible for development and operationalization of the goals set forth in AB 403 and AB 1997. Included in this branch are units designed to specifically address certain aspects of CCR including RFA Implementation, Policy Development, Home Base Family Care Implementation, Short Term Residential Treatment Program Implementation, Performance and Oversight, and Stakeholder Management and Communication.

Application Status

Early implementing counties were provided instructions in June 2015 to enter data into CWS/CMS regarding the application status of potential Resource Families. These instructions were updated December 21, 2016 to meet statewide application needs. Data continues to be collected and analyzed to determine if RFA has had an impact, positively or negatively, on the recruitment and retention of families and on the placement stability of children placed with Resource Families. The data may also serve to assess and resolve any potential barriers for relatives to become approved.

The following charts show the status of all applications to become a Resource Family as well as the length of time (in days) to approval. Approval is calculated from the date the application is entered into CWS/CMS until the day it is documented in CWS/CMS that the applicant has been fully approved. The time to approval does not separate out differences between relatives and recruited applicants. The status of “RFA Probationary” is used to designate emergency/compelling reason placements. These applicants are not fully approved, but have current placement of a child(ren), who is typically a relative or NREFM.

The time period for charts 7a-7c below begins from November 1, 2013 when the first early implementing county started and goes through March 1, 2017 to include some statewide data. The charts are broken out by cohort 1, cohort 2 and remaining counties (who implemented January 1, 2017).

Table 7a: Application Status and Average Days until Approval for Resource Family Applicants, Cohort 1 (November 2013 - August 2014): San Luis Obispo, Kings, Santa Barbara, Santa Clara, San Francisco

Cohort 1 Approval Status	Number of Apps	Average Days to Approval
RFA Approved	765	160.05
RFA Denied	16	
RFA Discontinued	676	
RFA Pending	467	
RFA Probationary (Emergency Placements)	378	
RFA Suspended	1	
RFA Withdrawal	178	
Total	**2,481**	

Table 7b: Application Status and Average Days until Approval for Resource Family Applicants, Cohort 2 (Jan 2016- July 2016): Yolo, Orange, Butte, Madera, Monterey, Ventura, Stanislaus, San Joaquin

Cohort 2 Approval Status	Number of Apps	Average Days to Approval
RFA Approved	390	153.37
RFA Denied	11	
RFA Discontinued	30	
RFA Pending	295	
RFA Probationary (Emergency Placements)	541	
RFA Suspended	1	
RFA Withdrawal	288	
Total	**1,556**	

Table 7c: Application Status and Average Days until Approval for Resource Family Applicants, (January 1, 2017): All Remaining Counties

All Remaining Counties (not in Cohort 1 or Cohort 2) Approval Status	Number of Apps	Average Time to Approval (Days)
RFA Approved	63	88.13
RFA Denied	1	
RFA Discontinued	5	
RFA Pending	1,981	
RFA Probationary (Emergency Placements	577	
RFA Suspended	0	
RFA Withdrawal	109	
Total	**2,736**	

For cohorts 1 and 2, it has not been determined how many pending applications are families that had withdrawn their applications but were not officially closed in CWS/CMS. Previously, counties were not consistent in closing out the application. During county implementation meetings the importance of closing out the application for accurate data was reiterated.

Common reasons for withdrawal were noted as the family being no longer interested, usually due to personal circumstances, or the child returning home to the parent. This data is limited as not all counties input the reason for the withdrawal. The RFA satisfaction survey also reflects similar reasons for withdrawals.

The days to approval for counties who began RFA on January 1, 2017 is significantly shorter than both early implementing cohorts. This is most likely due to the fact that the onboarding counties have significantly lower RFA caseloads to manage than the early implementing counties, some who have been doing RFA for three years or longer and are now doing annual updates in addition to new approvals, often without an increase in staffing. It is anticipated that the days to approval will increase for the remaining counties.

Interestingly, the number of emergency placements for cohort 2, which is only 8 counties, is currently similar to the remaining 45 counties. This reflects how the influx of new children entering care creates increased workload for approval. On average 2,300 children entered care each month in 2016. RFA attempts to first match a child with a relative or NREFM, which many counties process as an emergency placement. It is expected the number of emergency placements will greatly increase for the remaining counties which will contribute to the expected increase in time to approval. Additionally, due to confusion with the data entry instructions, data entry errors were most likely made around application received and approval dates, which affects the time to approval. Primarily, some data shows zero days to approval which likely reflects the county entering an emergency placement as a fully approved home. These errors will be investigated and corrected when identified.

On an annual basis, CDSS is required to conduct case file reviews which have provided some insight into why the time to approval currently is extensive. Counties are required to complete the RFA process for families who received a placement prior to approval within 90 days of emergency placement or document the reasons for the delay. Although the 90 day time frame applies only to emergency placements, since over two-thirds of the placements in RFA homes are relatives, it is likely that the emergency placements are influential to the average. Thus far, Cohort 1 counties have completed two rounds of annual reviews. As of June 30, 2017 CDSS will have conducted an annual review for five of the eight Cohort 2 counties, with dates scheduled for the three remaining reviews. The onsite reviews have shown that the majority of case files reviewed, which are randomly selected, are relatives approved as resource families. In nearly all the case files reviewed, the relative received placement of a child prior to full approval. While review times of cases reviewed were on average beyond 90 days, every county had some cases that were approved in less than 90 days. This demonstrates an ability to complete the RFA process in less than 90 days.

The case file reviews demonstrated several factors resulting in the delays to approval, and staff shortages were a consistent issue. For example, between their first and second annual review, Kings County increased their social work staff by 75 percent (from 4-7 workers). In that same time period, according to data provided by the county to CDSS, they were able to decrease their backlog of pending RFA applications by 46 percent, and increased their inventory of approved resource families by 50 percent. Other issues noted during the reviews were delays attributed to missing documentation necessary for approval, or the family's slow response in completing/providing the necessary documentation, such as health screenings, employment verification, expenses, etc.

Counties are addressing these issues through various methods including usage of data systems that help track what has and has not been submitted, and working with social worker aides/interns or support staff to assist the RFA worker and the family in obtaining the documents which allows the RFA worker to focus on the other components of the assessment. Finally, another significant delay noted during the annual reviews was the implementation of RFA as a linear process rather than a blended process. For example, several counties waited to refer out or begin the psychosocial assessment until the other components had been completed, such as receiving all documentation. As a result, sometimes the psychosocial assessment did not begin until several months after an application was submitted. CDSS is working with counties and providing technical assistance to counties that encourages them to concurrently work on the psychosocial assessment while also completing other components. A communication brief was recently developed by CWDA in collaboration with CDSS that provided best practice tips regarding the psychosocial assessment. CDSS is also discussing methods for timely approvals at various convenings, meetings with CWDA, and Technical Assistance for Resource Family Approval (TARFA) meetings. The TARFA meetings are focused on working with direct line staff and managers and occur quarterly in each regional.

Relative Placements

In November, 2016 a new facility type of Resource Family Home (RFH) was added into CWS/CMS to allow for more accurate identification of RFHs. This also makes it easier to identify relative placements in RFHs. Unfortunately, Non-Related Extended Family Member (NREFM) placements are not able to be identified. Previously, NREFMs were categorized as a relative facility type with an unrelated relationship to the child. Statewide, approximately 4,300 children are in NREFM placements, which are rolled up into relative placement counts so it is important to be able to identify these placements for RFHs. Changes are currently being made to CWS/CMS to allow for the identification of NREFMs by adding that value to the relationship type field. This change will be available in July, 2017.

There has been concern reported from advocates that the increased requirements of the RFA process compared to the old relative approval process could result in a loss of relative placements. There has been anecdotal evidence from county case reviews that this is not occurring. With the recent changes made to CWS/CMS to include the Resource Family Home facility type we are better able to identify relative placements within Resources Families.

The chart below shows that approximately two-thirds of the children placed in Resource Family Homes on the corresponding dates are placed with relatives. This is a higher ratio of relative placements than has previously existed in home based family care settings. Data from the California Child Welfare Indicators Project shows that of the over 42,000 children in family based settings, approximately 42 percent were placed with relatives (excluding NREFMS as relatives and guardian placements) on Jan 1, 2016. The early implementing counties appear to be doing an excellent job of identifying and placing with relatives.

Although the January 1, 2017 data is the statewide implementation date, there were only a small number of emergency placements for that point in time for the remaining counties. This data does not reflect placements in Foster Family Agency homes. On the statewide implementation date, only the five early implementing FFAs were allowed to approve RFHs so this data was not presented as this chart is intended to represent change over time for early implementing counties.

Table 8: Point in Time Placements in Resource Family Homes by Agency, Point in Time January 1, 2016, 2017, 2018

SCP Relationship	January 1, 2015		January 1, 2016		January 1, 2017	
	Child Welfare	Probation	Child Welfare	Probation	Child Welfare	Probation
RFH Relative	112	1	438	2	1,173	3
RFH Non-Relative	57	0	211	0	571	0

RFA Satisfaction Survey Results

Applicant satisfaction with the RFA process is currently being measured through satisfaction surveys (available in both English and Spanish), which began in May of 2015. Once an applicant completes the RFA process, whether the application is approved, denied, or withdrawn, they are to receive a survey. Originally, applicants could complete the survey through an online link sent to them by the county, or could choose to complete a paper version.

Survey completion results for the first year were exceedingly low, so the department implemented two changes to the survey to improve the rates of completion. Families were emailed unique personal links to the survey by CDSS, which allowed the respondent to start the survey and return to it later if they were unable to complete it in one sitting. It also allows the department to send reminder emails if the survey has not been completed. Additionally, a $25 gift card incentive is being offered to applicants who complete the survey.

The new survey was launched in late August 2016, and since then, 142 surveys have been completed, which is an improvement from approximately 70 surveys completed during a one-year time period. The completion rate is still low compared to the number of applicants, but this is primarily due to the counties not providing CDSS with the email addresses of applicants to take the survey. Less than half of the 13 early implementing counties are consistently sending email addresses. An ACL regarding the survey process will be issued to counties for statewide implementation of the survey. Additionally, it will be requested that counties send email addresses on a monthly basis rather than a quarterly basis to help promote consistency. This will also help to manage workload for statewide implementation of the survey as the number of families will significantly increase.

Of the 142 respondents, the majority (83 percent) had been approved. Only 2 percent had been denied and 15 percent had withdrawn from the process. Almost three-quarters of the respondents started the process to care for a child they already knew, and one-half of the respondents had taken a child in as an emergency placement.

Table 9: RFA Satisfaction Survey Completion Percentages by County (Total number of responses: 142)

Butte	10%
Kings	26%
Madera	0
Monterey	0
Orange	30%
San Francisco	0
San Joaquin	0
San Luis Obispo	24%
Santa Barbara	0
Santa Clara	0
Stanislaus	8%
Ventura	1.5%
Yolo	0

Respondents were given the option of selecting Strongly Agree, Somewhat Agree, Somewhat Disagree, Strongly Disagree, or N/A as options for answers, and the questions have changed since the last reporting period.

- **72%** of survey respondents indicated they strongly agreed or somewhat agreed that the RFA staff listened to their concerns.
- **83%** of survey respondents indicated they strongly agreed or somewhat agreed they were treated with respect during the RFA process.
- **74%** of survey respondents indicated they strongly agreed or somewhat agreed that RFA staff clearly stated what needed to be done to continue moving through the RFA process.
- **70%** of survey respondents indicated they strongly agreed or somewhat agreed that the orientation training helped me know what to expect during the RFA process.
- **32%** of survey respondents indicated they strongly agreed or somewhat agreed (lower number desired) that based on information the received from staff, the RFA process took longer than expected.
- **70%** of survey respondents indicated they strongly agreed or somewhat agreed they found the approval process to be more difficult than they expected.
- **38%** of survey respondents indicated they strongly agreed or somewhat agreed RFA program staff clearly communicated their expectations of them and their family throughout the approval process.
- **57%** of survey respondents indicated they strongly agreed or somewhat agreed the pre-approval training they received helped them to feel prepared to provide care for children placed in their home.
- **62%** of survey respondents indicated they strongly agreed or somewhat agreed they would recommend the RFA process to people who want to be caregivers.

While the return rate is still lower than desired, the results of the survey seem to support the goals of RFA in that a majority of the families did not find the process overly difficult and felt they were well informed during the process.

The area respondents were most dissatisfied with the length of the RFA process. Thirty-two percent of respondents agreed or strongly agreed that the RFA process took longer than expected, however, 18 percent state the RFA process was easy, with only 8.5 percent stating it was difficult. This indicates that even though the process may take a long time, it is not necessarily a cumbersome process for the applicant. Additionally, 62 percent agreed or strongly agreed they would recommend the RFA process to other people who wanted to be caregivers. Even though respondents were most dissatisfied with the length of the process, the willingness to recommend the process to others indicates that they have an understanding or respect for the value of what the process requires. It is possible that more communication at the start of the process could help to mitigate dissatisfaction in that area.

Seventy percent of respondents agreed or strongly agreed that the orientation prepared them for the RFA process. In regards to pre-approval training, only 57 percent of respondents agreed or strongly agreed that the training helped prepare them to care for children. An additional 15 percent felt that the training somewhat prepared them.

The Performance and Oversight Unit within the CCR Branch continues to assist with improving data collection capabilities for analysis of the data.

Stakeholder Collaboration

Stakeholder Collaboration is a vital part of this initiative. In addition to the collaboration mentioned above, more specific collaboration as it relates to RFA includes the following:

Counties have created their own planning teams that include county child welfare and probation staff, and various stakeholders as determined appropriate by each county. The CDSS has also encouraged the participation of each county's lead QPI representatives in order to ensure the integration and alignment of this effort with the QPI. To facilitate communication and support implementation, key groups continue to convene regularly to develop project guidance, share progress, and problem solving challenges.

Since December 2015, the CDSS RFA team continues to participate in regional CWDA meetings across the state on a quarterly basis. The meetings focus on providing technical assistance to counties regarding the implementation of RFA, discuss policy issues, and address questions or concerns regarding the program.

The CDSS RFA team is holding statewide technical assistance calls every two weeks. The average attendance is approximately 50 participants, and the purpose is to address frequently asked questions and give counties an opportunity to ask additional clarifying questions.

Technical Assistance for TARFA meetings are facilitated by the CDSS on a bi-monthly basis for county field staff and managers. These meetings provide direct training for counties on oversight of the RFA Program approving and monitoring the Resource Families.

Collaboration continues with CalSWEC and the Regional Training Academies to update RFA training curriculum, established new training needs, and create yearly training plans.

There continues to be on-going collaboration and outreach to the ICWA workgroup, tribes and tribal representatives. A panel discussion on RFA and CCR was held at the annual conference June 6, 2017. This gave participants the opportunity to ask questions related to the implementation of RFA and CCR.

Outcomes and Systemic Factors Impacted

The RFA Program will primarily affect the Foster and Adoptive Parent Licensing, Recruitment and Retention systemic factor and Permanency Outcome 1 ensuring that children have permanency and stability in their living situations. The RFA Program is governed by the Written Directives, which were initially created with collaboration between the early implementation counties and other stakeholders, and continues to be revised as new policies and procedures are developed. The Written Directives incorporate requirements from current licensing regulations of foster care homes, approval requirements for relative and NREFM homes, regulations for approving adoptive families, and the mandates provided in WIC 16519.5. The Written Directives have the full force and effect as state regulations and are inclusive of federal requirements for criminal background clearances, and the requirements set forth in the Multi Ethnic Placement Act.

The RFA Program will also impact Permanency Outcome 2 ensuring the continuity of familial relationships by ensuring that placements with relatives and NERFMs remain a priority. Some of the RFA activities that support these outcomes include requiring training for resource families that will better prepare them for parenting children in foster care by increasing their parenting knowledge and skills to create a better chance for improved placement stability. In addition, once a resource family is approved, they are approved to provide foster care, guardianship, and adoption so that if the family and child wish to consider one of these legal permanency options, they can do so quickly, reducing the time it would take to be approved under separate processes and reducing the chance that the caregiver will be denied for guardianship or adoption approval through the separate processes. In addition, the completion of a psychosocial/permanency assessment could improve child-family matches, increasing the likelihood that the resource family will have the capacity to meet the needs of the individual child. Because the RFA Program is inclusive of relatives and NREFMs, all of these activities support the continuation of familial relationships.

Furthermore, the RFA Program impacts Well-Being Outcome 1, ensuring resource families have enhanced capacity to provide for their child's needs by requiring training for all resource families and by completing a psychosocial assessment that identifies the Resource Family's strengths and needs, which would enable the county social worker to provide additional resources to the family when appropriate.

There will be a multi-tiered system of checks and balances, based on the state-supervised, county administered model. The counties will be authorized to recruit, train, approve (deny or rescind) and support resource families. The CDSS will review county systems and files, make site visits and review serious incidents/complaints, and investigate when appropriate. Additionally, CDSS requires the counties to collect data to monitor county compliance and outcomes on a quarterly basis.

Challenges to the implementation of the RFA Program include:

- Funding constraints for relatives who received a child in their home on an emergency basis due to limited use of Emergency Assistance funds (30 days) and the lengthier process to approve a family.
- Integrating three separate processes that have conflicting requirements and regulations.
- Educating and promoting the goals and objectives of the program and cultivating the acceptance of various stakeholders on the intended benefits and positive outcomes of the program.

RFA Progress July 1, 2016 – June 30, 2017

- Statewide implementation began on January 1, 2017 and the 13 county early implementation phase ended.
- Completion of the second round of annual on-site reviews of early implementing counties for evaluation of implementation of the RFA program, including case file reviews and technical assistance for county staff.
- Two updates to the RFA Academy training curriculum for county RFA staff, with four trainings given per region within 12 months.
- Reviewed and provided feedback on implementation plans submitted by remaining counties and FFAs prior to statewide implementation
- The five selected FFAs began participation in the early implementation phase of RFA on September 1, 2016.
- All County Letter 17-16 published on February 14, 2017, and PIN 17-03 published on February 16, 2017, providing instructions on the conversion process of licensed and certified foster homes, to Resource Families.
- PIN 17-02-CRP published to provide information and guidance on how to contact the Department to receive Licensing Information System (LIS) checks.

- All County Letter 16-110 published on December 9, 2016 to provide counties with instructions and information regarding state hearing procedures, including: details relating to requests and processing of appeals, prehearing, hearing and post hearing procedures, and evidentiary procedures.
- Development of All County Letter 16-58 outlining information on submission of implementation plans to CDSS, data entry instructions and other detailed information.
- Completed three additional versions of the Written Directives which amended, revised and created new policies to provide clarifying language and address barriers and challenges learned during early implementation.
    - Version 3, effective September 30, 2016
    - Version 4, effective February 6, 2017
    - Version 4.1, effective June 9, 2017

- Developed Interim FFA standards to align with the requirements set forth in AB 403 and the Written Directives as applicable.
- Created the Resource Family Approval Background Assessment Guide (BAG), which is intended to be the sole guide for Resource Family Approval background check procedures, and replaces the state's Caregiver Background Check Bureau Evaluator Manual.
- Created a protocol for counties to follow for having a relative/NREFM approved out of county.
- CDSS provided statewide training to counties on due process for RFA families.
- Completion of annual on-site reviews of early implementation counties for evaluation of implementation of the RFA program including case file reviews and focus groups with county staff.
- Created and implemented a system to provide an incentive to applicants who complete Resource Family satisfaction surveys.

RFA Progress pre- July 1, 2016

- All County Letter 16-10 published on 2/17/16 detailing information on RFA standards and statewide implementation.
- Version 2.0 of the Written Directives which clarified, revised and created new policies to address barriers and challenges learned during the first year of early implementation was published and became effective October 15, 2015.
- Version 2.1 of the Written Directives which amended some critical requirements was completed and is anticipated to be published in May 2016 and become effective June 2016.
- Revised and updated data instructions to gather and analyze data about resource families applicants to assess permanency outcome measures and well-being outcomes for children placed with resource families.
- Revised and updated family satisfaction surveys of resource family applicants.

- Collaboration with the ICWA Workgroup and early implementation counties on building and understanding the key components of the RFA Program.

CDSS Goals and Objectives for the Next Year:

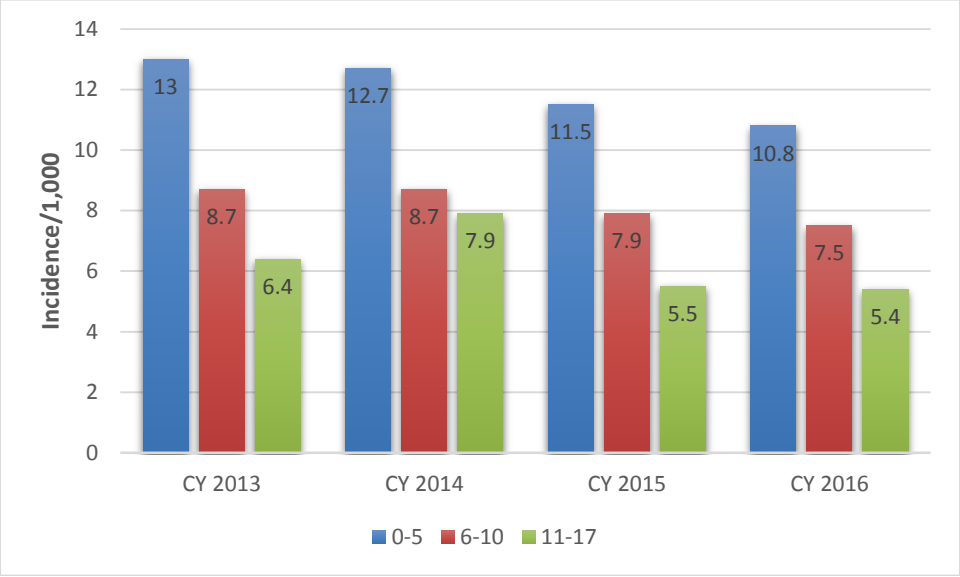
- Publish an ACIN on out of county approval protocol procedures.
- Publish and ACL to inform counties about the survey process for all families who complete the RFA process regardless of the outcome of their application.
- Collect and analyze information regarding resource family satisfaction through online surveys sent to resource family applicants.
- Gather and analyze data to look at trends in permanency outcome measures and wellbeing outcomes for children placed with Resource Families.
- Create a new plan and review tool for the annual reviews of all counties.
- Continue outreach and education to counties and stakeholders.
- Release Version 5.0 of the Written Directives.
- Develop and amend forms for counties and FFAs that meet RFA standards.

Goal 7: Services for Young Children 0 - 5 Years Old

The following figure reports annual substantiation rates based on population projections from the California Department of Finance. Substantiation rates show how many children with an allegation of maltreatment have had that allegation confirmed through an investigation. The substantiation rate for a given year is computed by dividing the unduplicated count of children with a substantiated allegation by the child population and multiplying by 1,000. Overall, the rate of substantiated referrals in California has decreased by 15 percent from Calendar Year (CY) 2013 at 9.2 per 1,000 to 7.8 per 1,000 in CY 2016.

As illustrated in Figure 17, children ages 0-5 have disproportionately higher rates of substantiated referrals and enter care (see Permanency section) at significantly higher rates than any other age group. Young children's dependency on caregivers places them at a greater risk for maltreatment. The following section will highlight services and programs specifically targeted towards this population.

Figure 17: Rate of Substantiated Referrals per 1,000, CY 2013 to 2016, Ages: 0-17, CWS/CMS CSSR Q4 2016



In California, young children under six years old represent the majority of entries into care (CY 2015 shows 13, 371 or 59.5 percent), they represent (35.3 percent PIT in care January 1, 2016) of those remaining in care. Overall, these data suggest that since 2011, finding permanency for these young children continues to require more analysis. Although the number of young children is actually lower than 2014, they actually represent more of our children into care. A workgroup is being developed to further identify why young children continue to represent the majority of our kids in care. Through the UC Davis Resource Center for Family Focused Practice (RCFFP), the workgroup will be convened with subject matter experts on 0-5 from counties, First 5, and other nationally known trainers in the early fall of 2016. This group will look at this data and explore visitation methods, prevention strategies and other factors to address key issues for this population.

Some of the counties that have already begun this work include San Diego who received a grant to begin piloting a visitation program for infants 0-1. The information gleaned from this pilot will be extremely beneficial for determining appropriate services for this vulnerable population. San Francisco County has also developed policies to increase frequency of visitation for their 0-3 population to improve attachment and brain development. As Safety Organized Practice continues to spread throughout the state, more attention to the 0-3 population is also emerging in visitation and engagement practices.

The State Interagency Coordinating Council (ICC) on Early Intervention promotes and enhances coordinated family service systems for children, birth to three years, who are developmentally delayed or have a disability. The CDSS continues to participate in the ICCs strategic planning and participates in quarterly meetings providing insight regarding state-wide initiatives for

children and families. The ICC is currently enhancing a screening tool with practice behaviors for early Head Start programs.

The State is convening a workgroup, the Child Welfare and Early Childhood Champions Work Group, for 0-5 CFTs. The Continuum of Care requires that each child have services specific to their needs, and the workgroup brings together subject matter experts to provide child and family team members with a guiding framework to implement their team meetings and attend to the developmental needs and rapid growth of this age range. The group will identify key areas for assessment and developmental challenges in context within child welfare and resources for children and their parents. Some of the deliverable goals discussed so far are visitation planning and activities, age-defining developmental guides, frequently used referral agencies and the general care of babies. The deliverables will assist the child and family teams inform and educate families about the rapidly changing physical, social, emotional, and psychological needs of this age group.

Addressing Developmental Needs for Young Children and Well-Being

Counties use PSSF funding for evidence-based parenting classes, which continued to be offered by local CAPCs throughout the state, and in many communities are taught at neighborhood resource centers (see Safety section for PSSF services charts). Providing easily accessible training within neighborhoods increases parents' connections within the community, as well as increases parents' knowledge of neighborhood service centers and the array of supports available to them. Developing networks of support will promote and sustain permanency for families.

- In the OCAP State Fiscal Year 2015-16 Annual Report, counties reported that the outcome most frequently achieved with OCAP funding is that of increasing parental knowledge of child development, one of the five protective factors.
- The OCAP has awarded grants for Parent Leadership, Community In Unity and Innovative Partnerships. The OCAP is committed to preventing child abuse and neglect and its lasting effects by promoting parent leadership and strengthening families and the communities that surround them.

Beyond providing funding for systemic change initiatives, the OCAP will also work across systems to advance systemic change. In State Fiscal Year 2017-18, the OCAP will collaborate with community partners to lead the state in child maltreatment prevention. These collaborative efforts will create change and strengthen the state's approach to protecting children and strengthening families, including:

- State Interagency Reducing Poverty Workgroup
- Home Visiting Workgroup
- Critical Incident Workgroup
- California Sudden Infant Death Syndrome Advisory Council
- Health In All Policies Workgroup

- Essentials for Childhood Initiative
- Counties continue to screen for developmental and mental health issues when children first enter care and perform assessments for child strengths and needs continually thereafter. Many counties continue to utilize the support of Public Health Nurses, employing the use of the most popular developmental screening tool called the *Ages and Stages Questionnaire.* It is being used to engage parents in understanding what their children need through a conversation via the tool.
- Counties continue to utilize a variety of team meetings to help ensure that all critical information regarding the young child is assessed and conveyed to the caregiver.

Evidence-based parenting classes continue to be offered by local CAPCs and are available throughout the state and in many communities are taught at neighborhood resource centers. Providing training close to the local sites in the neighborhood encourages all parents to become familiar with their neighborhood service center and the array of services that are available to them. Developing networks of support will promote and sustain permanency for families.

Training for Early Childhood Development

California has curricula and other training resources that have been updated to reflect new competencies developed from the field and respond to the developmental needs of young children, including:

- ✓ Common Core revisions in process
- ✓ Early Start (Early Childhood Competences)
- ✓ County-developed training

- All social workers with a BSW or MSW receive courses on child development as a part of the completion of their degree. Once employed by a county welfare agency, a newly hired social worker must receive standardized training on child development in a child welfare context through the Common Core Curricula within 12 months of hire. The focus of this training is to ensure that social workers obtain specific learning objectives that include[9].
  - Knowledge of developmental theories and their application to child welfare
  - The ability to explain and provide examples of the processes and milestones of normal development of infants, toddlers, preschoolers, school-age children, and adolescents across the physical, cognitive, social, emotional, and sexual domains, as well as the ability to identify delays in milestones and processes.
  - The ability to explain and provide examples of the effects of cultural variations on the manifestation and timing of developmental skills and stages, and the parent child interactions on early brain development.

9 http://calswec.berkeley.edu/CALSWEC/CCCCA_CD_v1_0.html

- Trainees are also expected to explain how physical and emotional trauma and neglect affect brain function and development, and to recognize the symptoms of PTSD in children and adolescents, and be able to articulate when a mental health referral is useful or necessary.

Other objectives include the ability for the trainee to identify delays and consequences of substance use, symptoms associated with failure to thrive, characteristics of Attention Deficit Hyperactivity Disorder and autism, and the ability to articulate when and why medical assessments, interventions, and treatments are necessary. It is imperative that social workers are able to identify any of the above symptoms in order to provide the most effective services to assist in either the amelioration of the symptoms or increasing the developmental supports for children to increase overall well-being.

The RCFFP continues to provide training and technical assistance to increase the knowledge, skills, and collaboration of Early Start Service Coordinators, child welfare service social workers, early intervention providers, Family Resource Centers, and other professionals who may assist children and their families to achieve well-being. The RCFFP continues to further identify successful coordinated models of service delivery in identifying and providing early intervention for young children; training in specific validated developmental screening tools such as Ages and Stages Questionnaire, Parents' Evaluation of Developmental Status (PEDS), and expanding promoting the use of trauma informed screening tools.

The State Interagency Coordinating Council (ICC) on Early Intervention promotes and enhances coordinated family service systems for children, birth to three years, who are developmentally delayed or have a disability. The CDSS continues to participate in the ICCs strategic planning and participates in quarterly meetings providing insight regarding state-wide initiatives for children and families. The ICC is currently enhancing a screening tool with practice behaviors for early Head Start programs.

Exiting Foster Care to permanency

The table below contains data for the past four fiscal years on exits from foster care to permanency. Children in care between 12 and 24 months exits at the highest rates, followed by those in are less than one year, which still exit at a higher rate than children in care longer than 24 months. California has shown the most improvement for children in care longer than 24 months, while those in care less than a year and longer than two years have remained relatively stable. More in depth information on exits, broken out into permanency type, can be found in the sections that follow.

Rate of Exits from Foster Care to Permanency, FFY 2013-2016, Agency Type All, Ages 0-17 CWS/CMS CSSR Q4 2016 Data

Exits to permanency within 12 months	FFY 13	FFY 14	FFY 15	FFY 16
For children in care less than 12 months	35.60%	35.20%	34.50%	N/A*
For children in care 12 to 24 months	44.70%	45.30%	45.30%	45.90%
For children in care more than 24 months	25.40%	25.50%	28.40%	29.30%

Note: *Data not yet available for this time period

Goal 8: Reunification

The Core Practice Model (CPM) provides a framework of coordinated, comprehensive, individualized, and home-based services, and aims to improve permanency and stability in children's living situations (Permanency Outcome 1) and preserve continuity of family relationships (Permanency Outcome 2), including providing necessary supports and services that may include mental health services when needed (discussed further in the Well Being section). Additionally, the Integrated Core Practice Manual (ICPM), developed as a part of the Katie A. settlement agreement, will be released in 2017 and is a compilation of the Core Practice Model, California's Child Welfare Core Practice Model, with additional content and provides specific expectations for practice behaviors for staff in child welfare, juvenile probation and behavioral health, and their community partners, as they work collaboratively to serve the child, youth and family members and/or caregivers in achieving their goals. Evidence-based research from all three disciplines indicates that highly integrated and coordinated cross-system service planning and delivery better meet the needs of children, youth and families, and resulting in improved outcomes and lower rates of re-entry or recidivism.

The Child and Family Team (CFT) is one process that supports these outcomes. Teaming within the CPM involves bringing together extended family; informal support persons such as friends, coaches, faith-based connections; and other formal supports such as educational professionals and representatives from other agencies providing services to the child and family, thus preserving the continuity of family relationships. At its best, teaming embraces family empowerment and inclusion, respects family culture and values, and honors diversity of perspectives and culture among all team members. The aforementioned efforts and practices represent a portion of the work surrounding the State's commitment to placement stability for children in out of home care.

California law requires that reasonable efforts to return the children to their families occur at six months for children three years of age and under, otherwise 12 months is the model, except in specified exceptional circumstances. Further, FR services may be extended to 18 months if, at the 12 month permanency hearing, the court finds that there is substantial probability of reunification if services are extended an additional six months. In addition, recent state legislation allows an additional six months of FR services to be extended up to a total of 24 months by court order in the event that a parent who has been incarcerated, enrolled in an in-

patient substance abuse program, or other institution, can prove in court that their circumstance prevents them from accessing or being provided adequate FR services. Such parent must show that they will be able to provide the child with a safe and stable living environment if returned to their care and custody by the end of the additional six month provision of services. Note these timeframes do not preclude the social worker from recommending return home at any time during the reunification process. There have been efforts, through the work of the Priority Access to Social Services (PASS) from the Child Welfare Council, which is actively seeking to eliminate reunification barriers for incarcerated parents or those recently released from state prison/county jail.

In practice, successful and timely reunification requires appropriately and accurately identifying parental needs and effective delivery of services and interventions to improve outcomes for children. For 58 counties using SDM, social workers use the Family Strength and Needs Assessment tool (discussed further in the Well Being section) to guide them in identifying areas that present the greatest barriers to reunification and highlight areas where additional or more intensive service interventions may be required to improve case outcomes. Social workers exercise clinical judgment in collaboration with the family and age appropriate youth in identifying the issues that must be addressed in order for reunification to occur. These issues are generally focused around addressing the safety and risk concerns that prompted the initial removal. Many counties incorporate various strategies (TDMs, FGDMs, Permanency Teaming, Icebreakers, Cultural Brokers, parent mentors, etc.) to more effectively engage families and to identify extended family and community supports. Discussed further in the succeeding section, concurrent planning is established early in the process. Social workers have frequent contact with families, foster parents, and service providers to evaluate progress towards meeting reunification goals, and the court also reviews progress every six months and may order reunification with parents when safety concerns have been adequately addressed.

The significance of assessment tools with the SDM application provide a framework for social workers to assess variables in the decision making process that assess for the potential of future abuse and/or neglect of the respective child(ren). Counties have begun to take a more in-depth analysis of how they were utilizing SDM assessments pertaining reunification cases and seeking to strengthen practices based on said analysis. Counties that have examined re-entry issues during C-CFSR process have identified strategies of participatory case planning, engagement efforts under Safety Organized Practice (SOP), increased father engagement and developing parent support groups. Family engagement efforts continue to be a point of reference for this measure, as more efforts to engage families at their level, to understand the reason for initial involvement, and the behavioral changes that are necessary to avoid further instances of abuse/neglect. Future efforts by counties and state will include looking for common trends that may be contributing to the increase of reentry and subsequently addressing those trends with changes in practice and policy.

The OCAP works closely with counties on the development of their prevention services plan including efforts to ensure children have permanency and stability in their living situations.

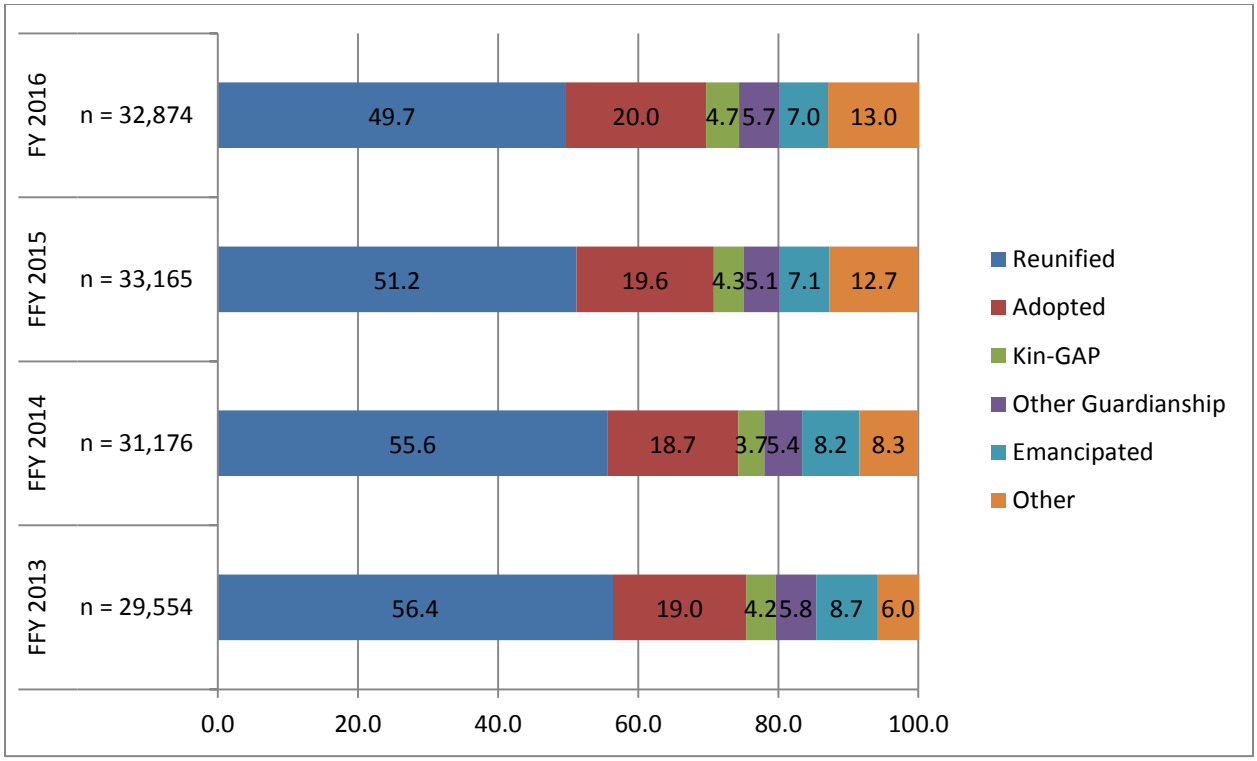
County reported data captured through our online web-based reporting system, Efforts to Outcomes (ETO), illustrates the work county Child Welfare Agencies are engaging in to promote permanency through the provision of Time Limited Family Reunification funds of PSSF. Examples of services funded using TLFR funds include transportation and childcare services. Counties reported providing transportation services that assisted families in accessing services identified in their case plans including counseling, parent education services and supervised visitation services. Also, counties reported providing child care services to clients including completing paperwork to enroll children in childcare services to allow the parents flexibility to work or attend required case planning services. Additionally, providers assisted families with setting up long term childcare services to increase the chances of successful reunification for the family.

Goal 9: Ensure reducing time in FC to adoption

Indicators of Progress

As shown below in Figure 18, the percentage of children exiting foster care to adoption has stayed consistent over the last three fiscal years, with the average being 21 percent.

Figure 18: All Exits from Foster Care FFY 2013-2016, Agency Type All, Ages 0-17 CWS/CMS CSSR Q4 2016 Data



Tables 18 displays percentages specific to exits from foster care to adoption. Data in each table is organized by the length of time in care before exiting foster care. As noted below, percentages have been generally consistent over the last three years. A reasonable gain is noted in the percentage of children exiting to adoption after 24 months of entering care, with an increase from 17.5% to 20.5%. Table 9a presents data from CFSR Measure P1, Permanency in 12 months (entry cohort), which is defined as, "Of all children who entered care in the 12-month period, what percent discharged to permanency within 12 months?" The entry cohort timeframe is from October 2014 to September 2015 however, not all children in this group have been in care for a full twelve months. The full 12-month period will be reached depending on when the youth entered care, anytime between October 2015 and September 2016. The State does not yet have final data for this period.

Table 9a: Children Exiting Care to Adoption Less than 12 months from Entry, FFY 2013-2016, Agency Type All, Ages 0-17, CWS/CMS CSSR Q4 2016 Data

	OCT 2012 - SEP 2013	OCT 2013 - SEP 2014	OCT 2014 - SEP 2015	OCT 2015 - SEP 2016
Exited to adoption	4.1%	4%	4.1%	4.2%

Table 9b: Represents Children who Exited to Adoption between 12-23 Months after Entering Care. FFY 2013-2016, Agency Type All, Ages 0-17, CWS/CMS CSSR Q4 2016 Data

	OCT 2012 – SEP 2013	OCT 2013 – SEP 2014	OCT 2014 – SEP 2015	OCT 2015 – SEP 2016
Exited to adoption	17.3%	18.2%	18.2%	18.1%

Table 9c: Children who Exited to Adoption after 24 Months of Entering Care. FFY 2013-2016, Agency Type All, Ages 0-17, CWS/CMS CSSR Q4 2016 Data

	OCT 2012 – SEP 2013	OCT 2013 – SEP 2014	OCT 2014 – SEP 2015	OCT 2015 – SEP 2016
Exited to adoption	16.5%	17%	19.9%	19.6%

Factors Supporting Permanency Through Adoption

The initial permanency hearing is held within 12 months after a child enters foster care, or immediately if reunification services are not ordered. This is a requirement of California statute. Additional permanency hearings follow and are also held at 12 month intervals, with an option to have an administrative hearing occurring at the six-month mark instead of a permanency hearing. Termination of Parental Rights (TPR) is initiated unless evidence indicates that it would be contrary to the child's best interest, including maintaining or identifying a permanent placement with a relative or tribe. TPR is also initiated when a child has been in care for 15 of the most recent 22 months unless it is determined that it is not in the best interest of the child. This is consistent with requirements of federal law.

For FFY 2015-16, 12,660 children in care had a concurrent plan of adoption, adoption with sibling(s) or tribal custody adoption (TCA). During the same time period, 437 of these children exited foster care with finalized adoptions. The overall total above represents about 22 percent of children in care. Other children in care have indicated goals other than adoption. Successes and opportunities in concurrent planning are challenging to measure and report through standardized quantitative data. This may be attributed to case specific circumstances such as changes in designation of the primary goal or TPR, TPR not being the in the best interest of the child, or differences in procedure and process amongst the 58 counties in California. This data also does not take into account achievement of the primary goal, which is still permanency, but not through adoption.

Concurrent planning is required on all foster care cases and is a vital mechanism in ensuing achievement of favorable outcome measures to timeliness of adoptions. Considerable progress can be made toward attaining permanency when adoption staff is assigned as secondary case workers at the start of a child's case and reunification is not a viable option. Adoption must be considered as a permanency goal at each review hearing when reunification services have been terminated. Court hearings are routinely convened to assess efforts toward identification of an adoptive family and legally finalizing the adoption.

Other factors that support permanency outcomes include:

- ✓ AAP
- ✓ Private Adoptions Agency Reinvestment Program (PAARP)
- ✓ Adoption and Legal Guardianship Incentive Payments Program
- ✓ Tribal Customary Adoptions (TCA)
- ✓ Inter-Country Adoptions
- ✓ National Training Initiative (NTI)

These factors have remained essential in contributing to improved permanency outcomes for our state. They are addressed in further detail below. Counties have used these funding sources and practices to: enlist participation from more diverse families; mitigate financial concerns of adoptive families; create opportunities for more children to achieve permanency and to move families through the process of adoption in a timely manner. The resources are available statewide, yet more specific use may vary from county to county.

Adoption Assistance Program

Adoption Assistance Program aims to remove the financial disincentives for families to adopt and encourage the adoption of special needs children including reducing potential delays in a family's decision to adopt. A research study supported by the Federal Department of Health

and Human Services[10] examined the effectiveness of subsidies on the Timeliness of Adoptions. Recognizing that adoptive parents often experience financial difficulty meeting the special needs of children who formerly were placed in California's foster care system, the Legislature implemented the program with the intention that it would benefit children in foster care by providing the security and stability of a permanent home through adoption. Children may receive a federally funded subsidy under Title IV-E or a state-funded subsidy per state guidelines. AAP benefits include a monthly negotiated rate, medical insurance through Title IX (Medicaid/Medi-Cal), payment for an approved out of home placement, payment for Wraparound services, and benefits beyond age 18 to age 21, if eligibility criteria is met. A child/youth may be eligible to receive AAP benefits beyond age 18 to age 21, if they have a mental or physical disability, were adopted on or after the age of 16 and met one of the five participation criteria, or a NMD adopted through the juvenile court.

The efforts made to assure more children qualify for adoptions as a result of Fostering Connections include amended WIC section 16120 (d)(3) and (n) to reflect the specific AAP provisions P.L. 110-351. ACL 10-08 provides information and instructions on the enactment of P.L. 110-351 as it relates to AAP eligibility. ACL 11-86 provides instructions regarding the extension of Kin-GAP program benefits and AAP to age 21 and includes instruction related to the notification to adoptive parents. The AAP regulations Sections 35326(d) and (e) and 35333(g) (A) 1.a, and the Adoption Assistance Program Agreement (AD 4320) item #15 have been amended to reflect the specific AAP related changes of P.L. 110-351. ACL 13-100 provides instruction regarding the AAP policy and procedures specific to NMD adoptees. In addition, the Eligibility Certification AAP form (AAP 4) was revised to reflect the eligibility criteria specific to NMD adoptees. The Adoptions Services Bureau (ASB) staff attends and/or participates quarterly in the following meetings: Public Agency Adoptions Supervisors, Southern County Adoption Managers, CWDA-Adoption Subcommittee and CDSS District Offices Managers.

Other stakeholder collaborative groups with a focus on AAP are the California Wraparound Advisory Committee (CWAC). This committee has looked at the following issues:

- A Wraparound Treatment Agreement Addendum developed with input from the AAP Workgroup is intended to inform families about Wraparound when their adoption finalizes. The development and use of this form is a result of the AAP Workgroup's proposal to identify strategies for engaging adoptive families before a crisis occurs. The Addendum is a two-page document that provides very short descriptions of key aspects of the Adoption Assistance Program and Wraparound. There are also lists of on-line resources provided. Next to each item description, there is a space for an adoptive parent's initials, and space for both parents' signatures at the bottom of the form.

[10] http://aspe.hhs.gov/hsp/05/adoption-subsidies/

In FY 2014-15, there were a total of 6,097 adoption finalizations and a total of 4,871 or 80% of all finalized adoptions received AAP.

Plans for Documenting AAP savings and expenses - As a result of PL 112-34, CDSS in conjunction with the CWDA has developed an estimate methodology to identify the savings for each county and a reporting system for the counties to document how the savings was spent on child welfare related services specific to the Titles IV-B and IV-E state plans. County Fiscal Letter (CFL) NO.14-15-17 dated November 6, 2014 provided counties with the estimated methodology, the savings amount for each county for FY 2012-13 and instructions on how the counties are to report the savings via the completion of the AAP De-Link Savings and Reinvestment Reporting Form. The savings for FY 2012-13 was $218,330 and based on completed reporting forms submitted by the counties the savings was spent on foster care, adoption, and post adoption services. The CFL for FY 2013-2014 was released June, 2017 and the expected due date for the completed reporting forms to be submitted by the counties is October 6, 2017.

PSSF-APS Funding

The OCAP works closely with counties on the development of their prevention services plan including efforts to ensure pre-adoptive and adoptive families receive adequate services to achieve permanency through adoption. County reported data captured through our online web-based reporting system, Efforts to Outcomes (ETO), illustrates the work county Child Welfare Agencies are engaging in to promote child adoption through the provision of PSSF-APS funding. Services that may be supported with PSSF-APS funding include services that encourage more adoptions out of the foster care system, when adoptions promote the best interests of children. Counties reported utilizing the following services to achieve and support adoption for children: adoptive parent recruitment, basic needs and concrete supports, behavioral health/mental health services, case management, childcare, health, housing, parent education, peer support, respite care, transportation and youth programs.

Private Adoptions Agency Reimbursement Program (PAARP) provides funds to compensate private adoption agencies for costs of placing for adoption and for completing the adoptions of children who are eligible for AAP Program benefits because of age, membership in a sibling group, medical or psychological problems, adverse parental background, or other circumstances that make placement especially difficult. Through PAARP, private adoption agencies can supplement public agency efforts to recruit, study, and train adoptive parents for foster children who would otherwise remain in the foster care system. This can decrease the length of time to prepare, approve and finalize adoptions. Additionally, PAARP allows agencies to provide very low cost adoptive services for parents seeking to adopt. This cost savings may increase the number of potential adoptive families which in turn increases the timeliness to adoption. Effective February 1, 2008, the maximum amount of reimbursement increased to $10,000 and is only applicable to those placement cases that were opened on or after July 1, 2007. Children from all *58* counties are able to benefit from the program.

Non-Minor Dependent Adoptions are eligible for the maximum allowable PAARP reimbursement under existing regulations as stated in the Title 22 CCR sections 35071-35077 and ACL Nos. 08-40 and 09-40. The current process for filing PAARP claims remains intact with the exception that all NMD adoption PAARP claims must be filed after finalization by the licensed private adoption agency. Since no adoptive placement is required for NMD adoption, half payments typically allowed at adoptive placement will not be authorized.

Table 10: Number of Eligible Private Adoption Agencies and Claims Processed, SFY 2012-16

	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Eligible Private Adoption Agencies Signed up to Claim	76	76	79	77	76
Number of Claims Processed	4,028	3,160	3,716	4,020	4,970

Following the transition period wherein counties were adjusting to the 2011 Public Safety Realignment provisions, the number of PAARP claims has returned to near pre-realignment levels. It is expected that the number of adoptions will continue to modestly increase each year as was the trend prior to SFY 2014-2015.

Adoption and Legal Guardianship Incentive Payments Program

The Adoption and Legal Guardianship Incentive Payments Program was reauthorized in 2014 and noticed through P.L. 113-183 (effective September 29, 2014). The Act established new incentive categories regarding how permanency for children in care was identified and included legal guardianship along with finalized adoptions. This was a significant change from the prior requirement of exceeding the baseline number of finalized adoptions established in FFY 2007 (7, 679), which California had not been able to attain and therefore had not received any incentive funds since 2009. The amended base rate is the average rate for the immediately preceding three fiscal years or the rate for the prior fiscal year. Per All County Letter (ACL) 16-35, the Department has determined that using the preceding three-year average will benefit the counties. Based on the table below, the states' adoption, Kin-Gap, and other guardianship numbers exceed prior baseline numbers in all previous years' categories.

Table 11: Exits from Foster Care, FFY 2013-2016, Agency Type All, Ages 0-21, CWS/CMS 2016 Q4 2016 Extract

	OCT2012-SEP2013		OCT2013-SEP2014		OCT2014-SEP2015		OCT2015-SEP2016	
	n	%	n	%	n	%	n	%
Adopted	5,613	19	5,841	18.7	6,493	19.6	6,559	20
Kin-GAP	1,233	4.2	1,155	3.7	1,415	4.3	1,536	4.7
Other Guardianship	1,701	5.8	1,682	5.4	1,692	5.1	1,858	5.7

The Act of 2014 set the award levels at: $5,000.00 for improving the rate of foster care adoptions; $10,000.00 for improving the rate of older child adoptions and foster guardianships (age 14 and older); $7,500.00 for improving pre-adolescent adoptions and foster guardianships (ages 9-13); and $4,000.00 for improving the rate of foster child guardianships. Additionally, the Act extended the time to expend incentives from 24 to 36 months, with a final expenditure date of September 30, 2018. This information was distributed to the counties through ACL16-35. Payments from this program can be used to supplement direct service delivery, direct costs, contracted services and operating support and has been detailed in County Fiscal Letters (CFL) 09/10-66 and 09/10-66E. Claiming procedures and distribution of funds were addressed in two CFL's, 16/17-23 which included claiming instructions and codes and also established a time study for the December 2016 quarter and CFL 16/17-31, which informed counties that the total allocation for Fiscal Year (FY) 2016-17 is $50,000.00 based on the Budget Act of 2016. The county specific allocation was distributed on a percent to total of each county's caseload growth for each individual permanency outcome between FY 2013-14 and FR 2014-15, as reported in the California Child Welfare Indicators Project.

Incentive funds can also be used by the counties and the CDSS' Regional Offices to contract with private adoption agencies for evidence-based services that support and enhance obtaining and sustaining permanency options for children and youth in care. Presently, the CDSS Regional Offices contract with five private adoption agencies to provided post-placement services to families residing in the 23 counties they serve. These services may include telephone and email support through a "warm line", education, individual or group therapy, support groups, community activities and respite care.

National Adoption Competency Mental Health Training Initiative (NTI)

AB 1790, enacted in 2014, requires county mental health plans to provide specialty mental health services capable of meeting the specific needs of adopted children to eligible children in their county. The bill delineated that a stakeholder group would need to be convened to identify barriers to the provision of these mental health services by mental health professionals with specialized clinical training in adoption or permanency issues. The bill also charged the same stakeholder group with making recommendations for voluntary measures available to both state and local government agencies and private agencies to address the barriers. This group was to include, but not be limited: adoptive parents, former foster youth, county mental health departments, private organizations providing specialty mental health services, child welfare agency representatives, association representatives, representatives from mental health and social work graduate degree granting postsecondary education institutions and representatives from relevant state and local agencies. CDSS convened the stakeholder group that met from January to November 2015 in order to integrate their collective understanding of the barriers and compile recommendations to address the barriers. The group developed a list of six key consolidated issues, identified barriers to addressing each issue and outlined recommendations in great detail. Counties received this information in All County Information Notice (ACIN) I-26-16.

One of the main issues identified by the stakeholder group was the lack of adoption/permanency professional and clinical development. The group's overwhelming consensus was that clinical services best suited for adoption require a specialized skill set. Education on the university level, post-graduate level and training for child welfare social workers does not always include specialized training in adoption/permanency clinical issues. Providers also have difficulty attending trainings as it may require them to be away from billable treatment services.

The stakeholder group recommended that staff be able to participate in training with the National Training Initiative (NTI) through the Center for Adoption Support and Education (C.A.S.E). NTI is the National Adoption Competency Mental Health Training Initiative, which is a web-based training initiative designed to improve the well-being of children and youth with goals of adoption/guardianship and those already living with adoptive/guardianship families by building the capacity of public and private child welfare and mental health professionals to provide appropriate, adoption-competent support and interventions with these populations.

This training will provide professionals with standardized information and tools that can be used to educate, strengthen and support adoptive/ guardianship placements during pre/ post phases of finalization. The premise is that when children and families are prepared and supported with specialized services for adoption and guardianship before finalization; during transitions, as well as after finalization, outcomes in well-being and permanency are much greater. California has been designated as a pilot site for NTI, along with 7 other states, including Arizona, Illinois, Maine, Minnesota, South Carolina, Tennessee, and Washington. Through NTI, child welfare and mental health professionals will receive 20 to 25 hours of web-based training specific to adoption and permanency.

Tribal Customary Adoptions

Tribal Customary Adoption (TCA) has created a permanency option for 109 of California's Native American children and youth since taking effect on July 1, 2010. TCA is different from traditional adoption in that permanency is created with a new family without terminating the parental rights (TPR) of the birth parents. TCA offers ICWA eligible dependent minors and non-minor dependents (NMD) an alternative permanency option and is closer to the customs and cultures of the majority of Native American communities, which do not believe in TPR. TCA retains the customs, laws, and traditions of a child's or NMDs tribe. For FFY 2014-2015 and 15-16, the number of TCA's were nearly doubled from the prior years. This trend is likely to continue as more tribes, courts, and counties become increasingly familiar and comfortable with this permanency option. Table 12 below presents the TCA finalizations by FFY and age range of the dependent minors and NMDs.

Table 12: Ages of Children Obtaining Permanency since the Inception of TCA, FFY 2010-16

Ages		0 – 3	4 – 6	7 -10	11 -14	15 - 21	Total
2009 – 2010		0	0	0	0	0	0
2010 – 2011		0	1	4	1	0	6
2011 – 2012		0	2	6	1	0	9
2012 – 2013		1	7	1	0	1	10
2013 – 2014		4	10	3	2	0	19
2014 – 2015		11	9	9	4	0	33
2015 – 2016		4	10	11	6	1	32
Total		20	39	34	14	2	109

Since the inception of TCA in 2010, four ACLs have been developed creating guidelines and provisions for implementation of TCA while regulations are being developed. The four ACLs are 10-17; 10-47; 13-91; and 14-10. The creation of TCA Division 2 regulations, for the Adoption User's Manual, which had initially been started in 2010 prior to the release of ACLs 10-17 and 10-47, were resumed in 2015 with the reestablishment of a new subcommittee focused on this endeavor. This subcommittee is made up of Tribal Representatives, Permanency Policy Bureau staff, and CDSS attorneys with expertise in ICWA and adoptions. This subcommittee reviewed and modified the regulations formatted in 2010. The TCA Division 2 regulations were then distributed to the Native American Policy and Practice (NAPPS) Workgroup, formerly known as the ICWA Workgroup, for review and feedback, and are currently in the process of regulation development.

Inter-Country Adoptions

The CDSS does not facilitate intercountry adoptions, but does provide technical assistance and regulatory oversight to the private adoption agencies that provide this type of adoption service The CDSS gathers and reports data on disrupted or dissolved intercountry adoptions to the federal government through this yearly report (APSR). Our program, policy, and licensing divisions continue to work together to ensure agency compliance with state and federal regulations, including compliance with The Hague Adoption Convention standards.
The Universal Accreditation Act (UAA) of 2012 strengthened the Intercountry Adoption Act of 2000 (IAA) thereby requiring all licensed private intercountry adoption agencies to uphold Hague Adoption Convention standards for all convention and non-convention country cases throughout the state and the nation. Additionally, the UAA requires that all private adoption agencies either be Hague Accredited by the Council on Accreditation (COA) or at least supervised by a COA Hague accredited agency working as a primary provider. Agencies that do not comply with the UAA standards are subject to civil and criminal penalties. Agencies report their intercountry adoption activities on the Intercountry Adoption Program Quarterly Statistical Report (AD 202B). The AD 202B quarterly reports provide intercountry adoption data on applications, home study assessments, placements, finalizations, disruptions, dissolution, post-adoption services and on children being adopted abroad (emigration).

As mentioned above, the CDSS obtains data on disrupted and dissolved intercountry adoptions through the AD 202B as well as through CWS/CMS when children from any disrupted or dissolved intercountry adoptions enter the foster care system. The purpose and requirements of these data reports were conveyed to all county, state, and private adoption offices through a series of ACL's distributed in January 2013. There were no disrupted or dissolved adoptions reported by any of the private agencies this past SFY nor in the FFY data. For FFY 2015-2016, CWS/CMS reported one dissolved adoption and no disrupted adoptions of a child of intercountry adoption that subsequently entered the foster care system.

Table 13: Intercountry Adoptions: Disrupted or Dissolved Cases, FFY 2015-2016, CWS/CMS 2016 Q4 2016 Extract

Client ID Number	Case ID Number	Age when disrupted or dissolved	Gender	Country of Origin
0235-5116-2507-4053903	0513-5318-8081-8026713	2 Years	M	Unknown

Efforts to provide additional safeguards to intercountry adopted children continue to be explored and are needed as Unregulated Child Custody Transfers, formerly referred to as "rehoming," are a big concern for this population. The unregulated child custody transfer of children involves adoptive parents giving their adopted child to another family or individual, often with just a Power of Attorney letter, and often to strangers they meet on the internet. This process by-passes any background checks or evaluations of standard adoption procedures, is not supervised by the court, and often crosses state lines without the safeguards of the Interstate Compact on the Placement of Children (ICPC). These placements place children at great risk for abuse and or exploitation. According to an in-depth report by Reuters in 2013, nearly 70% of the "rehomed" children are from intercountry adoptions. The Department participates in a nationwide Unregulated Child Custody Transfer committee. This committee is working with the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) and American Public Human Services Association (APHSA) to create a universal Unregulated Custody Transfer Form and mechanism for reporting incidents of or concerns of "rehoming" on a federal level. This same group supports the States to pass clearer and stricter state laws prohibiting these unregulated child custody transfers and to attach penalties that will dissuade individuals from engaging in this behavior in the future.

Summary

Several factors may have contributed to the success of California's adoptions program, including outreach efforts to support counties who have assumed responsibility for their adoption programs and targeted recruitment of foster and adoptive parents. Additionally, by utilizing new data collection methods to evaluate areas of deficiencies, CDSS can align technical assistance and program support with guidance for specific improvements. This will assist counties and agencies to achieve permanency goals for children who may be more difficult to place, such as older youth, those with special needs, NMD, and large sibling groups.

Additionally, this may include exploring additional permanency options for some children besides adoption such as legal guardianship and establishing connections in a youth's life with an adult who may not be able or willing to adopt but are willing to be a lifelong connection in their life.

Through the enactment and provisions of PL 113-183 and subsequently the amendment of W&IC 16131 and 16131.5, California anticipates opportunity to receive additional federal funds which will be directly allocated to supporting permanency efforts including; reducing time to adoption, furthering targeted recruitment efforts, and assisting post permanency families if needs arise.

Goal 10: Guardianship

Strengthen and provide for additional permanency options through federal participation in Kin-GAP

Subsidized relative guardianship is an important permanency option that provides children with a permanent home, while providing caregivers the resources and legal authority to keep children in a stable and safe home. Subsidized relative guardianship is a permanency option that does not require the termination of parental rights. This is especially significant in family situations as some relative caregivers may be reluctant to adopt due to the termination of parental rights. Guardianship serves as a viable alternative to prevent children from growing up in foster care. Prior to guardianship, children in care had three permanency options: reunification, adoption, and long-term care as a third and least desirable option.

California implemented a state-only funded Kin-GAP Program January 2000. California chose to opt into the federal Title IV-E subsidized guardianship program through the enactment of the After 18 Program, effective January 1, 2011. Based on information reported by counties, approximately 55.97 percent of the cases in the Kin-GAP Program will receive federal participation.

In SFY 2015-16, the Kin-GAP caseload was approximately 15,063 cases with 7,265[11] cases eligible for the federal Kin-GAP program and 7,798 cases remaining in the state-only Kin-GAP program.

[11] Based on the May 2017 Revision to the Governor's Budget

Table 14: Children in Foster Care: Exit Status at 12 Months; Time in Care: Less Than 12 Months, CW and Probation, CWS/CMS Q4 2016 Extract

	FFY 2013	FFY 2014	FFY 2015
Exited to reunification	33.0%	32.5%	31.8%
Exited to adoption	0.9%	1.0%	1.0%
Exited to guardianship	1.6%	1.7%	1.7%
Exited to non-permanency	3.9%	4%	3.6%
Still in care	60.5%	60.8%	62.0%
Total	100%	100%	100%

Table 14 illustrates exits from out-of-home placement into kinship guardianship or other guardianship has remained largely static, increasing by just .1 percent between FFYs 2013 and 2015. It is worth noting that a guardianship in less than 12 months could be difficult to achieve in that the dependent child needs to be in placement with the approved relative for six consecutive months prior with the prospective relative guardianship for both state and federal Kin-GAP (W&IC sections 11363 (a)(2) and 11386 (a)(2)) .

Table 15: Children in Foster Care: Exit Status at 12 Months; Time in Care: 12 to 23 Months, CW and Probation, CWS/CMS 2016 Q4 Extract

	FFY 2013	FFY 2014	FFY 2015	FFY 2016
Exited to reunification	17.9%	18.2%	18.0%	17.8%
Exited to adoption	17.3%	18.2%	18.2%	18.1%
Exited to guardianship	9.5%	8.8%	9.1%	9.6%
Exited to non-permanency	3.4%	2.8%	2.9%	2.9%
Still in care	51.9%	51.9%	51.8%	51.5%
Total	100%	100%	100%	100%

Table 15 illustrates exits from out-of-home placement into kinship guardianship or other guardianship has slightly increased from 9.5 percent to 9.6 percent between FFYs 2013 and 2016. As noted above, a dependent child needs to be in placement with the approved relative for six consecutive months prior to the prospective relative guardianship for both state and federal Kin-GAP (W&IC sections 11363 (a)(2) and 11386 (a)(2)). Therefore, this time period (12 to 23 months) shows the highest exit to state Kin-GAP of the three tables. This is reflective of the success and permanency of relative care.

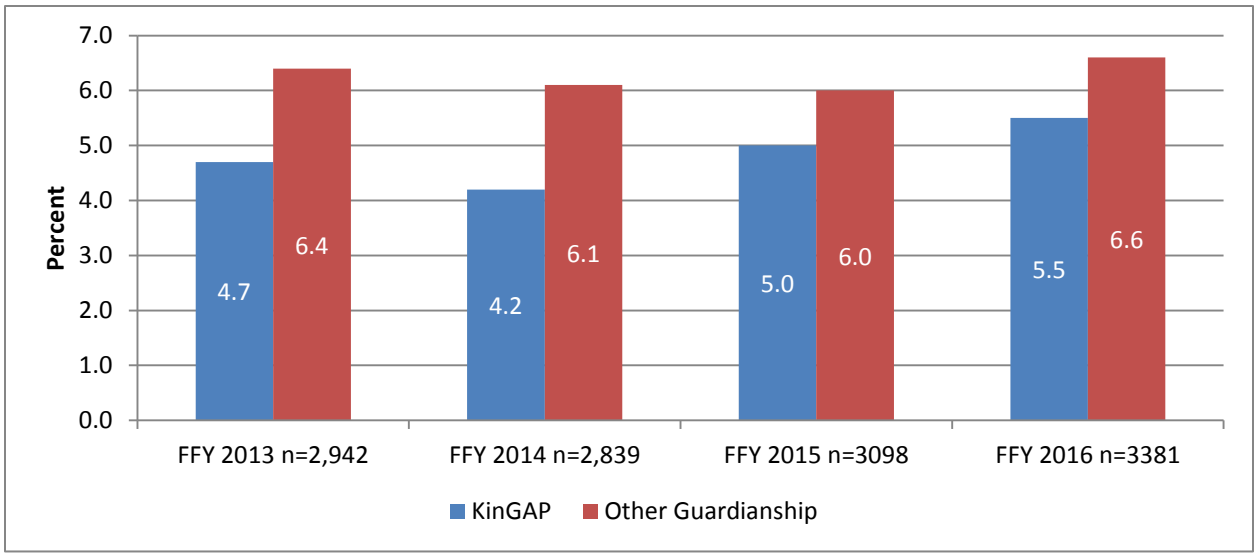
Table 16: Children in Foster Care: Exit Status at 12 Months; Time in Care: 24 Months or Longer, 12 to 23 Months, CW and Probation, CWS/CMS 2016 Q4 Extract

	FFY 2013	FFY 2014	FFY 2015	FFY 2016
Exited to reunification	3.8%	3.8%	3.6%	3.8%
Exited to adoption	16.5%	17.0%	19.9%	19.6%
Exited to guardianship	5.1%	4.6%	4.9%	5.7%
Exited to non-permanency	4.9%	4.6%	4.0%	3.9%
Still in care	69.7%	69.9%	67.5%	66.9%
Total	100%	100%	100%	100%

Table 16 illustrates exits from out-of-home placement into kinship guardianship or other guardianship has increased from 5.1 percent to 5.7 percent between FFYs 2013 and 2016. This decrease is likely attributable to children being eligible for federal Kin-GAP.

Figure 19 illustrates exits from out-of-home placement into kinship guardianship or other guardianship has increased from 11.1 percent to 12.1 percent between FFYs 2013 and 2016. Data also indicates a slight increase in exits to Kin-GAP (rather than all guardianships) from FFY 2013 to FFY 2016.

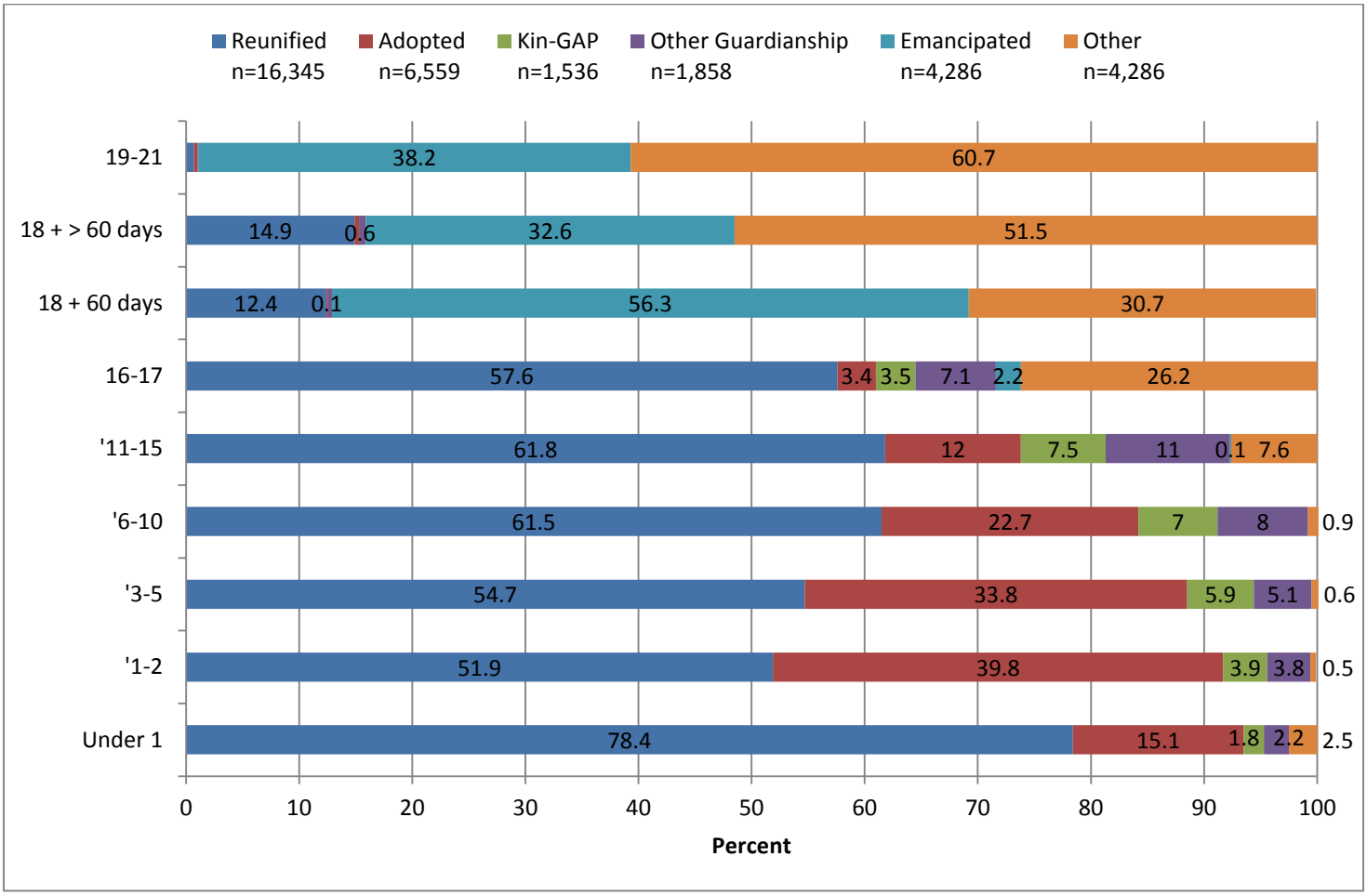
Figure 19: Exits from Placement into Guardianship, FFY 2013-16 CWS/CMS Q4 2016 Agency: All, Ages: 0-20



Note: Other Guardianship is defined as Non-related Legal Guardian (NRLG)

Further examination of the data reveals that although guardianship accounts for a relatively small proportion of total exits out of care (12.1 percent in FFY 2016); it provides additional permanency options for older youth who are unable to reunify or be adopted. As illustrated in the figures below, although the proportion of youth who are adopted decreases with age, youth exiting into guardianship increases through age 10 and decreases at age 16-17.

Figure 20: Exits by Age Group and Exit-To Type, FFY 2016, Agency: All, Ages: All, CWS/CMS CSSR Data Q4 2016



The effect of guardianship as a permanency option is further demonstrated when the data are examined by race. As described in the previous two sections, Black and Native American youth are consistently challenged with positive permanency outcomes. However, the data below show that these same two groups are likely to exit (20.4 percent of Black and Native American) into guardianship, thereby supporting the assumption of a net permanency gain. Prior to the implementation of subsidized guardianship, these youth may likely have exited care through emancipation and never have achieved permanency.

Figure 21: Exits of all Types by Race/Ethnicity, FFY 2016, Agency: All, Ages: 0-20, CWS/CMS CSSR Data Q4 2016

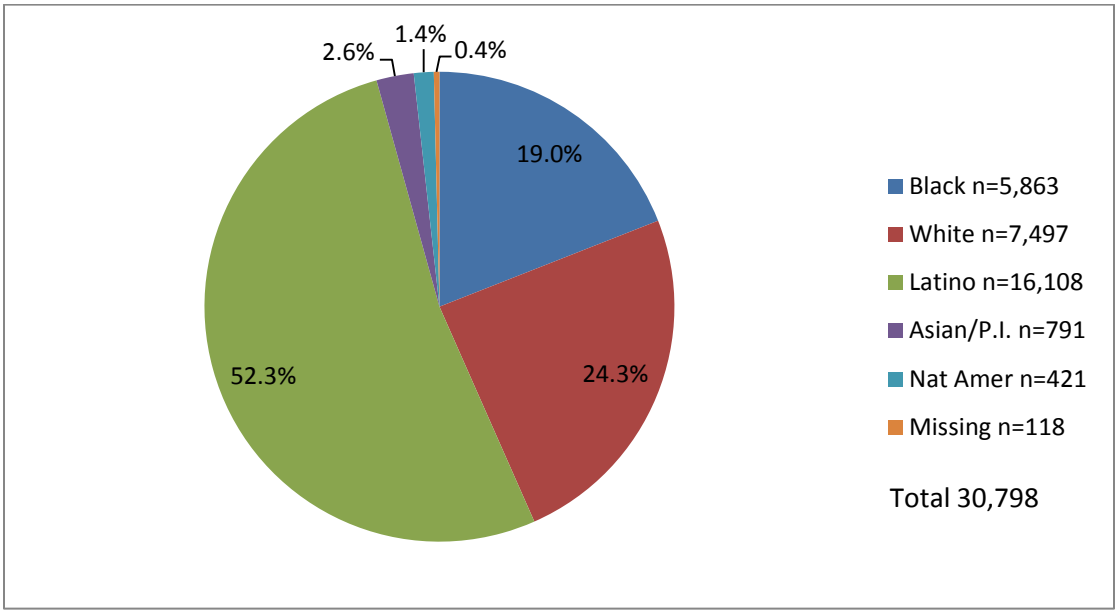
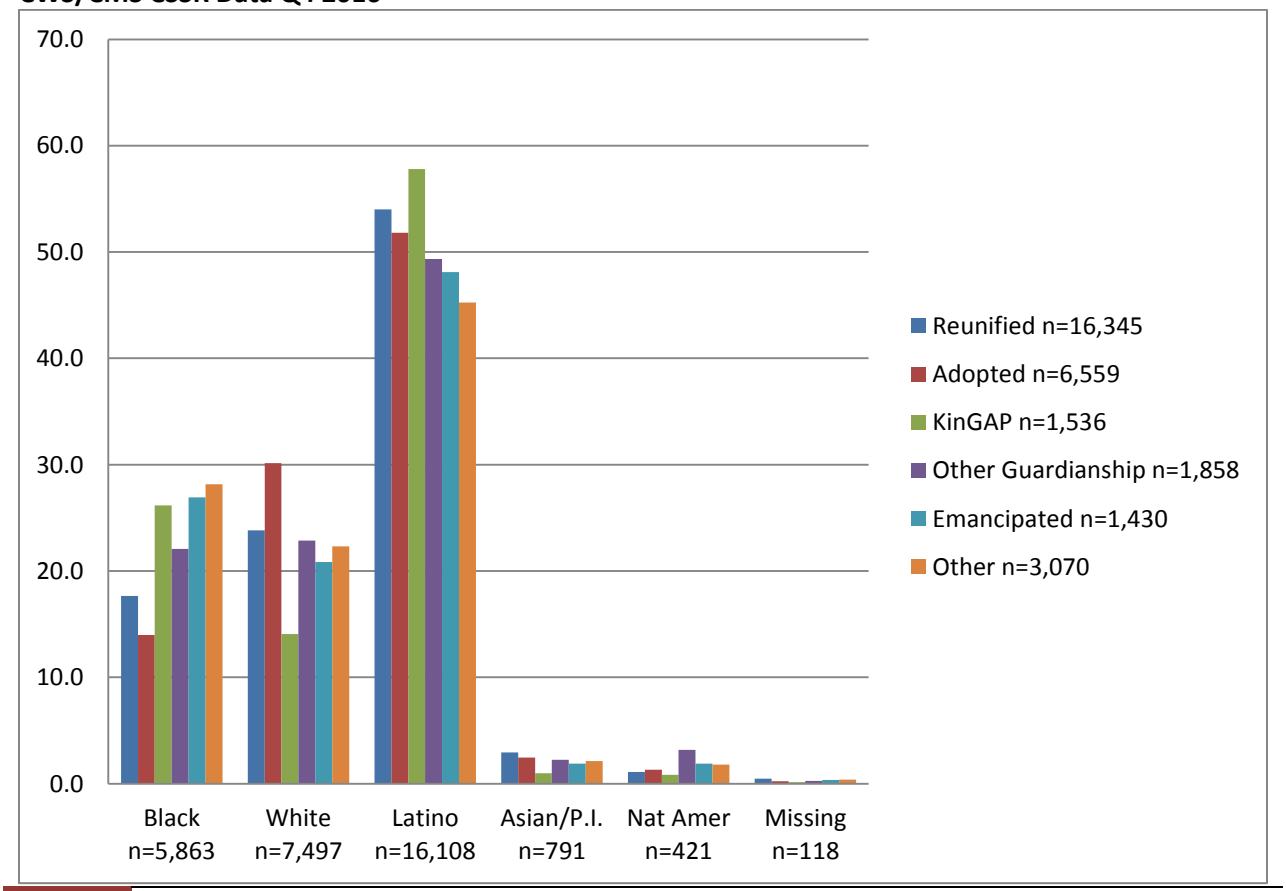


Figure 22: Exits of all Types by Race/Ethnicity and Exit-To Type, FFY 2016, Agency: All, Ages: 0-20, CWS/CMS CSSR Data Q4 2016



Kin-GAP

CDSS continues to provide technical assistance to counties concerning both Kin-GAP and Extended Kin-GAP. Regulations were promulgated and are effective July 2016. Generally the regulations adopt new language regarding Kin-GAP in Division 31, Child Welfare Services Program, and in Division 45, Administrative Standards for Eligibility and Assistance Programs of CDSS' MPP, and establish Chapter 45-600, Kin-GAP Program Eligibility. These regulations also repeal language in Chapter 90 of Division 45 of the MPP.

The MPP Division 45 regulations provide the eligibility requirements for continued receipt of aid under both the state and federal Kin-GAP Programs and language in Chapter 90 of Division 45 relating to the prior state Kin-GAP Program is repealed. The MPP Division 31 regulations make ancillary changes to child welfare services requirements in areas such as Kin-GAP documentation and records retention requirements; assessment and case plan requirements for a child for whom the permanency plan is a kinship guardianship; and information to be provided to a potential relative caregiver regarding Kin-GAP. The Kin-GAP Program has two components – a federally funded component when the child is eligible for Title IV-E foster care and a state funded component when the child is not eligible for Title IV-E foster care. Kin-GAP benefits can also be extended to age 21 for eligible youth under specific circumstances. In order to be eligible, the youth must either have a documented physical and mental disability or the youth must have attained 16 years of age before the Kin-GAP negotiated agreement payments began and must meet certain participation criteria, such as completing secondary education, enrollment at a postsecondary or vocational institution, or employment of at least 80 hours per month.

Federal law now provides for the continuation of Title IV-E Kin-GAP eligibility if the relative guardian dies or is incapacitated and the successor legal guardian is named in the agreement (or any amendments to the agreement) pursuant to the federal Preventing Sex Trafficking and Strengthening Families Act of 2014 (P.L. 113-183). Among other benefits, the program allows for the continuation of the program payment in the event a new guardian (referred to in statute as "co-guardian" or "alternate guardian") is appointed. Although this provision has existed in state law, federal law did not provide a similar provision for the federally-funded Kin-GAP Program and did not permit federal eligibility to continue when another guardian was appointed by the court. Federal law now preserves the eligibility of a child for kinship guardianship assistance payments when a relative guardian is replaced by a successor guardian. All County Letter (ACL) 15-66, issued on September 28, 2015, provides information on the new provisions of the federally-funded Kin-GAP.

<u>Summary</u>

Through federal participation, California has realized savings in grant amounts, incorporated aspects of the federal program that streamlined and simplified eligibility determinations and provided fiscal incentives to transition a court-dependent child from foster care to permanency with a relative caregiver via the federally funded program. California's program allows

guardians to renegotiate a rate if the child's needs or relative's circumstances change. Additionally, dependent children placed out-of-state with relatives may receive Kin-GAP benefits as well as allow existing guardians to move out-of-state without losing benefits.

The parallel state-funded Kin-GAP Program was modified by the Legislature to mirror important parts of the federally-funded program (negotiated agreements, interstate portability) to ensure that former dependent children and wards of the juvenile court who are not otherwise eligible for Title IV-E payments, but are in long-term, stable placements with relative guardians, are equally eligible for the benefits through the state funded Kin-GAP Program. The state can maximize improvements in the federal permanency outcomes by exiting non-federally eligible foster children to the state funded Kin-GAP Program.

Goal 11: Another Planned Permanent Living (APPLA)

One of the goals of the Strengthening Families Act was to strengthen the concurrent planning process to achieve better permanency outcomes and to avoid children languishing in foster care for extended periods. APPLA is a permanent plan option for a youth 16 years of age and older, in an out-of-home foster care placement, in which a youth may remain until adulthood, when the options to return home, place with a relative, placement for adoption, tribal customary adoption, or legal guardianship are not available at the time of the permanency hearing. When the recommendation for a youth is a permanent plan of APPLA, the case plan should identify necessary services that will further the youth's transition to independent living and successful adulthood. The case plan should also outline the efforts the county placing agency is making to reduce the barriers to achieving any of the more permanent plans.

APPLA is the last option a county placing agency may recommend to the court, after the agency has documented all their efforts to establish a more permanent plan at the time of the permanency hearing. When a youth is in APPLA, the county placing agency must document in the case plan the ongoing and intensive efforts to return home, adoption, tribal customary adoption, legal guardianship or placement with a fit and willing relative, as appropriate. During each permanency hearing for a youth whose permanent plan is APPLA, the court is required to ask the youth about his or her desired permanency outcome, make a judicial determination that APPLA is the best permanency plan for the youth and identify the compelling reasons why it is not in the best interest of the child to return home, be placed for adoption or tribal customary adoption, be placed with a legal guardian or with a fit and willing relative. ACL 16-28 was issued on April 22, 2016 regarding the process and application of APPLA to the counties. Since the new APPLA provisions that went into effect on January 1, 2016, the CDSS does not yet have complete data to analyze the impact on permanency.

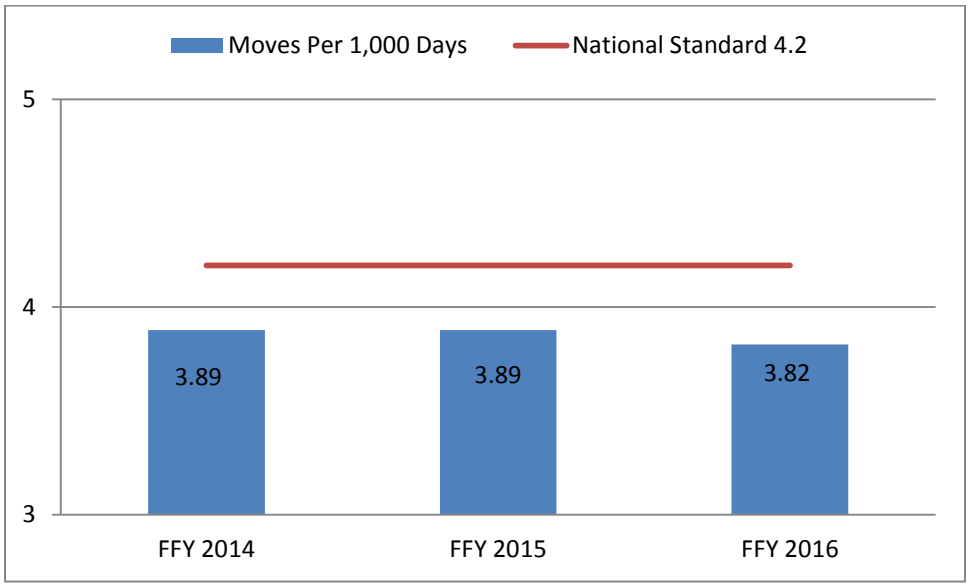
In order to support of the state's plan to restrict the use of APPLA to older youth and increase the incidence of youth achieving a higher level of permanency, monthly caseworker visits will

continue to be a vital component of the permanency plan. Regular caseworker visits will ensure youth and families are engaged in frequent discussions about permanency options and family finding. Concurrent planning must continue to be at the forefront of the case to ensure youth are provided the best options for permanency in the event they cannot return home. In addition, the Child and Family Team Meetings will allow all those who have a vested interest in the youth and the family to develop, and play a stronger role in establishing an optimal permanent plan.

Goal 12: Placement Stability

California has been making continuous and steady improvements in placement stability during the past six years; the number of placement moves per 1,000 days of foster care has decreased each year. During the most recent period of measure, October 2015 to September 2016, the number of placement moves per 1,000 days of foster care decreased from 3.88 to 3.82, which continues to meet the national standard of 4.12 or fewer.

Figure 23: Placement Stability, FFY 2014-16, Agency: All, Ages: 0-17, CWS/CMS CSSR Data Q4 2016



Goal 13: Re-Entry

Ensure that the state is preventing multiple entries of children in foster care.

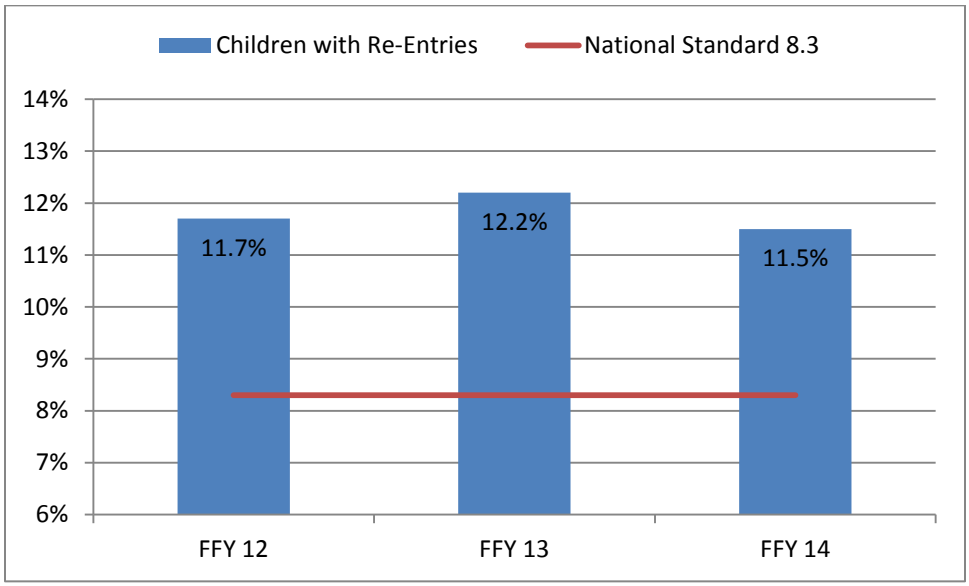
Reentry into foster care is one part of the measure for family reunification. Successful reunification is balanced between timeliness and permanency of reunification. In order for reunification to be deemed successful, children must be returned home as quickly and safely as possible. Failure to permanently reunify a child with his/her family may mean that the agency

failed to afford the caregiver with enough time or support to provide the child with a safe and stable environment, or there may have been unforeseen circumstances in the home that alerted the child welfare agency and resulted in the removal of the child. The latter cause is beyond the control of the agency; as such, this section will discuss the state's performance and efforts to minimize foster care reentry as a result of the foreseeable circumstances.

Indicator of Progress

The measure in Figure 26 provides the percent of children who enter care in the 12-month period, discharged within 12 months to reunification or guardianship, and re-entered foster care within 12 months. California does not meet the national standard for this measure. California experienced a small set back in this measure between FFY 2012 and 2013, when the percentage of children who re-entered care increased by one half percentage point, but has turned things around in FFY 2014, during which the measure improved, dropping to from 12.2 percent to 11.5 percent.

Figure 24: Re-entry Into Foster Care In 12 Months, FFY 2012-14, Agency: All, Ages: 0-17, CWS/CMS CSSR Data Q4 2016



Factors Affecting Progress

C-CFSR process have identified strategies of participatory case planning, engagement efforts within initiatives implementing Safety Organized Practice (SOP), increased father engagement and building of support groups for parents. Family engagement efforts continue to be a point of reference for this measure, as more efforts to engage families at their level, to understand the reason for initial involvement, and the behavioral changes that are necessary to avoid further instances of abuse/neglect. Future efforts by counties and state will include looking for common trends that may be contributing to the increase of reentry and subsequently addressing those trends with changes in practice and policy.

A safety and risk assessment is performed before a child may be returned to their parent's care. Using SDM, social workers use the Reassessment Tool for In-Home Cases, or the Reunification Reassessment Tool prior to case closure. These tools evaluate whether the case should remain open or closed. For those cases that remain open, the reassessment includes updating the treatment plan based on current needs and strengths.

For in-home cases, the tool accounts for factors that research has shown pose risk for future maltreatment. For voluntary cases, the tool should be completed no more than 30 days prior to completing a case plan, and prior to recommending case closure. For involuntary cases, the tools should be completed within 65 days for both circumstances. If, however, new circumstances or new information arise that would affect risk, social workers are instructed to complete the tool sooner than 30 days.

The Reunification Reassessment tool is used to assess risk level based on the presence of safety threats, such as caregivers' protective capacities, documentation of the resolution of previous threats if threats are no longer present, and possible safety interventions if threats are present. The decision guidelines within the tool only recommend reunification when all three components of the tool meet standards: risk levels at reunification were low or moderate, visitation compliance was acceptable, and, foremost, the child was safe. When used appropriately, the tool should help social workers improve reunification decisions with the goal of reducing reentry into the child welfare system.

Visitation Evaluation Tool

Social workers use the Visitation Evaluation Tool in SDM® to assess parents' compliance with visitation requirements. Tool guidelines direct that both visitation frequency and quality should be used to determine if a family has met visitation requirements at an acceptable level, thereby reducing the risk to re-entry. The tool's definition of "acceptable frequency" is met when a parent has completed all scheduled visits or reschedules missed visits. Visitation quality must be "strong" or "adequate" to be considered acceptable.

Further, families that are at a low or moderate risk level with an acceptable visitation level will be assessed using the Reunification Safety Tool. The completion of this assessment will assist in the decision as to whether a child may be reunified with their parent.

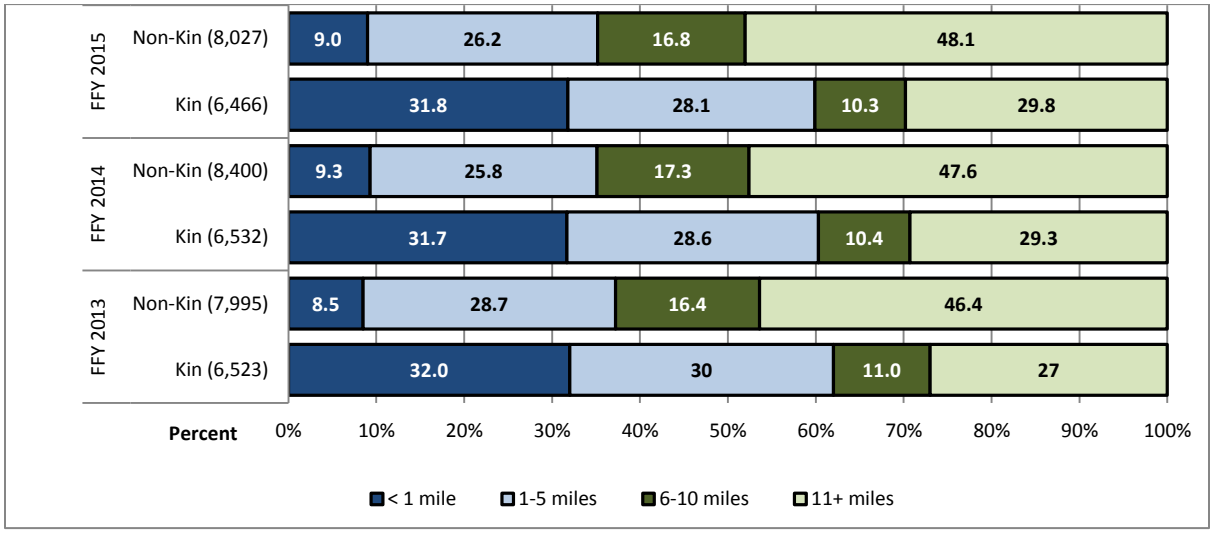
Goal 14: Proximity of Placement

The figure below is a distribution of the distance, in miles, between a child's removal address and placement address at 12 months between kin and non-kin placements for FFY 2013-2015. The analysis is limited to children who are in a first foster care placement episode and who are still in care one year after entry. This measure, in concert with the other measures of sibling placement, relative placement, and parental involvement is a positive demonstration of the

state's commitment to ensuring that children in care preserve their connections with their communities.

Based on this data, the most notable difference for placement between kin and non-kin continues to be the ends of the distribution, closest (less than one mile) and furthest (greater than 11 miles) distances. Kin placements within one mile of the child's home have remained relatively steady over the past three years, while placements beyond one mile increased by almost 3 percentage points. Comparing the two fiscal years, the majority of kin placements (60.3 percent in FFY 2014 and 59.9 percent in FFY 2015) occurred within five miles of the removal address. The figure below indicates that California continues to show strength in ensuring efforts are made to place children in foster care placements that are close to their parents or relatives. Over the period FFY 2013-2015, placements with kin within five miles of the home of removal hovered around 60 percent.

Figure 25: First Entries: Distance from Home Address to First Spell Placement Address for Children Still in Care 12 Months After Entry, Stratified by Placement at 12 Months with Kin or Non-Kin, FFY 2013-15 CWS/CMS Data Q3 2016.

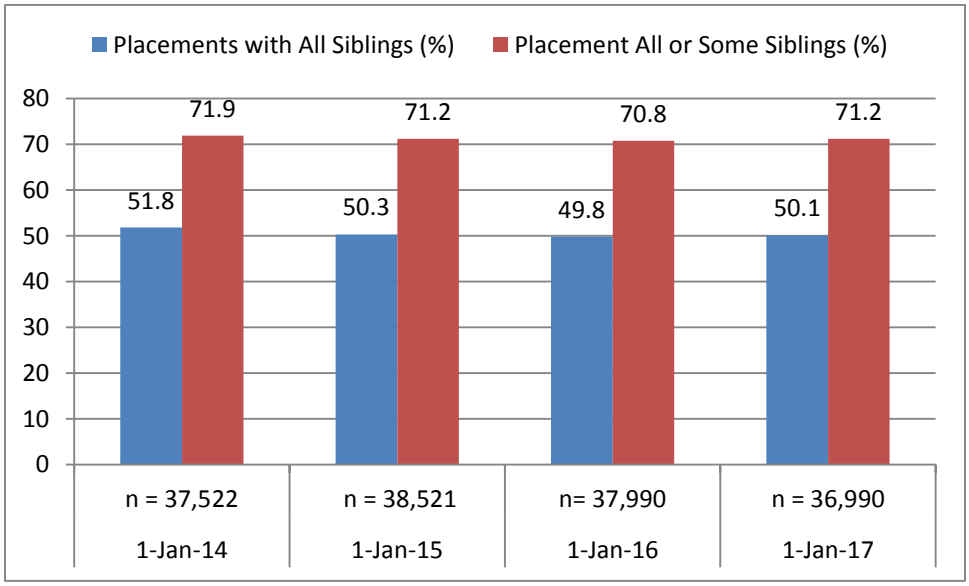


Through its focus on implementing law, policy and practice, California has consistently been able to keep the majority of children in placements that are in close proximity to their parents and communities. As data indicates, more children are placed within ten miles of home or school. The CDSS will continue to evaluate the initiatives and reforms currently being undertaken to identify factors that contribute to children being placed in their home and communities. It is anticipated the QPI and a statewide review of foster parent (including relative caregivers) recruitment and retention policies and practices at the local level will inform additional strategies and practices that will lead to improved outcomes in this area.

Goal 15: Sibling Placement

California has remained fairly constant over the last five years with ensuring sibling groups remain together when placed in foster care. The data in the figure below shows a point-in-time count of sibling groups placed in Child Welfare supervised foster care. The data illustrates California is maintaining within a percentage point or two the number of sibling groups being placed together. According to data from the CDSS/UCB site the percentage of all children with siblings who were placed with all of their siblings increased from 49.9 percent in January of 2016 to 50.1 percent in January of 2017, and those placed with all or some of their siblings increased from 70.8 percent in 2016 to 71.2 percent in 2017. This slight increase in performance may be explained by the recent legislative efforts to maintain sibling relationships; however, the data for sibling placements from 2013 to 2017 has been consistent.

Figure 26: Point in Time Counts, All Children w/ Siblings Placed Together in Foster Care, CWS/CMS CSSR Data Q4 2016



California has longstanding policies regarding sibling placement. Maintaining sibling relationships is a high priority and social workers must make every possible effort to place children together in the same foster care placement unless it is determined that it is contrary to the safety or well-being of any of the siblings. California statutes mirror and in some areas have a higher standard than federal law in the provision of keeping siblings placed together in foster care.

The Preventing Sex Trafficking and Strengthening Families Act, PL 113-183, came into effect on *September* 29, 2014. The PL 113-183 encourages the placement of children in foster care with siblings. It also ensures that when a child is removed from their home, agencies also notify all parents of siblings to the child (where the parent has legal custody of the sibling) within 30 days after the removal of a child from the custody of the parent(s). In addition, California law requires social workers to notify attorneys (if different) of siblings being placed in separate

foster care placements. The efforts made to keep siblings together must be reported to the court.

The social worker is required to provide documentation to the court if placement of the siblings together is not possible and must either outline the efforts being made to remedy the situation or explain why the efforts are inappropriate. In situations when siblings are separated, social workers must arrange for visitation between them. The Child Welfare Services Manual of Policies and Procedures Division 31 Section 31-405 is being amended to provide guidance when the separation of siblings occurs. California's core curriculum for all newly hired social workers includes training on the importance of siblings being placed together.

Goal 16: Relative Placement

Placements with kin continue to be a priority among the permanency options for California. These placements provide stability on the path to achieving and maintaining permanency for children in out-of-home care who cannot be safely returned home to their parents. As discussed previously, the state has continually and steadily improved in its ability to identify and support relatives who can care for youth.

The data in Figure 27a below are the proportion of children who entered care for the first time and who were placed with relatives. This data shows that the percentage of placements overall that have been with relatives has been increasing slowly but steadily over the past four years. This is believed to represent the continuing commitment by county child welfare agencies to locate relatives of children who require out-of-home care and place those children with relatives whenever possible. Figure 27b shows the placement stability by placement type to show a comparison with relative placement.

Figure 27a: First Entries into Foster Care – Relative Placement (Kin), FFY 2012-15, Agency Type: All, Ages: 0-20, CWS/CMS Data Q4 2016

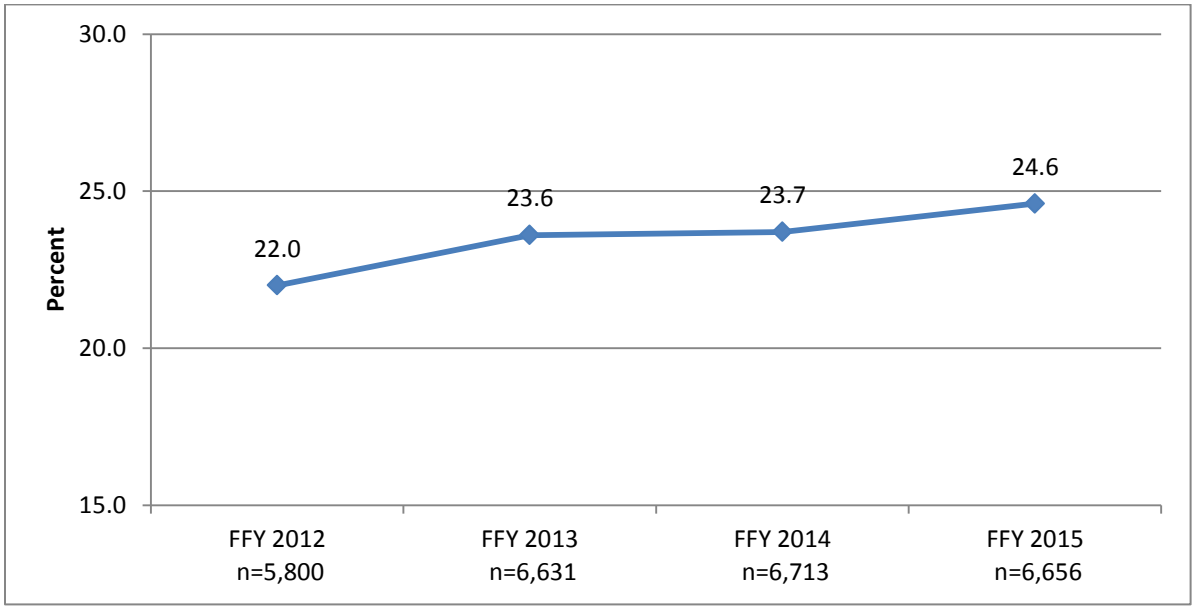
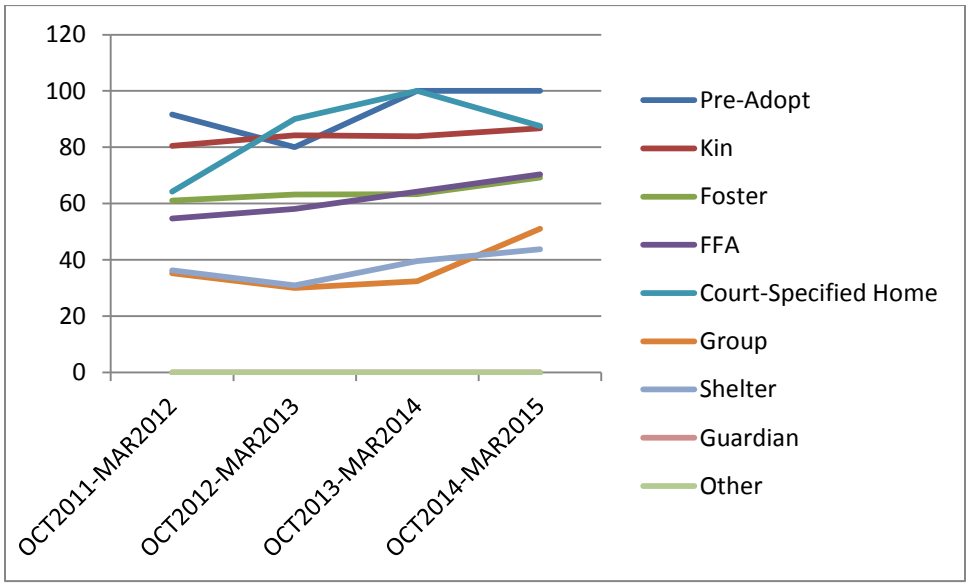


Figure 27b: Placement Stability: Percent of children still in care at 12 months in placement number 1, 2



As indicated by the data, placement of children with relatives has remained the "placement of choice." County child welfare agencies continue refining their practices to find and place children with relatives, as evidenced by the continuation of realigned programs that serve and support relatives. New tools have been provided to assist in the location of noncustodial parents and relatives to increase opportunities for children to remain connected to their families. Best practice guidance has been provided to county child welfare agencies through

the release of information and instructions to locate and contact relatives early in the child's out of home episode, seeking their input and utilizing them as placement options whenever possible.

The Kin-GAP Program continues to function as an incentive for relative placement by continuing financial support that a relative received while a child was in care once the child leaves dependency. California is in substantial conformity with this item. The State of California has an approval process for relative and nonrelative extended family member (NREFM*) foster care placements. The approval process is codified in California state statute in Welfare and Institutions Code sections 309(d)(1)-(4), 319(f)(1), 361.2(j)(1)(A)-(C) and (j)(2), 361.3, 361.4, 361.45 and 362.7, Title 22, California Code of Regulations, Division 6, Chapter 9.5, Article 3 (sections 89317 through 89388) and in California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Section 31.445.

Under this process, relative and NREFM placements are not issued a license, but instead receive approval as meeting California foster care licensing standards. Approval is equivalent to a foster family home license that is issued by the CDSS, Community Care Licensing Division. The relative and NREFM approval process ensures that the home meets the core licensing standards required of licensed foster family homes in California. These core licensing standards are: Criminal Records Check; Caregiver Qualifications; Safety of the Home and Grounds (Physical Environment); and Personal Rights.

All foster family homes in California are required to meet the same health and safety standards in order to become approved or licensed. California's relative and NREFM approval process is recognized by the federal government as meeting licensing standards. This recognition is set forth in California's Title IV-E State Plan which was submitted to and approved by the federal Administration for Children and Families (ACF). In compliance with the Social Security Act section 471(a)(3) [42 U.S.C. 671], the Title IV-E State Plan foster care payments shall be in effect in all political subdivisions of the state, which includes all county welfare and probation departments, and is mandatory upon the political subdivisions administering it. As such, approved homes are eligible for Title IV-E federal financial participation (FFP).

Beginning January 1, 2017, new relatives and NREFMs considered for placement will not go through the approval process described above. Instead, they will be subject to the same Resource Family Approval (RFA) process that non-related foster caregivers will undergo. RFA will replace all foster caregiver licensing and certifications, and all relative and NREFM approvals, with a single, uniform approval structure.

Goal 17: Foster and Adoptive Parent Recruitment

The state's overall goal is to attract quality resource families who reflect the diversity within California and of the children in foster care, and to provide services that support resource families as they work to improve the lives of children in their care. California continues to

consolidate and better coordinate existing efforts, improve customer service and initiating, with philanthropy and counties, a pilot program aimed at enhancing the state's recruitment and retention of quality foster parents. California's efforts are exemplified in the following activities:

- Quality Parenting Initiative;
- Foster Care and Adoptive Resource Families Recruitment and Training web page;
- California Kids Connection Program/Website;
- Foster Parent and Relative Caregiver Education Program;
- Foster Parent Retention, Recruitment and Support funding (see below for further details); and
- Diligent Recruitment.

California's 58 counties utilize several types of general and targeted activities to recruit foster and adoptive homes to create a pool of supportive foster homes to meet the needs of children in placement. County strategies include, but are not limited to, the following activities:

- Brochures, advertisements, billboards;
- Radio and television segments;
- Social worker contacts;
- Community event booths and celebrations;
- Promotional supplies;
- Presentations to local philanthropic, business, and faith-based entities;
- Internet postings; and
- Word of mouth through other resource families.

Targeted recruitment activities are used to recruit foster families that reflect the foster youth population being served and the ethnic diversity of children in care; many of these activities are consistent with the MEPA requirements.

As outlined under the Foster Parent Retention, Recruitment and Support (FPRRS) funding section below, CDSS expects the FPRRS' reports will provide information pertaining to the recruitment of quality foster caregivers. Pursuant to Welfare and Institutions Code section 16003.5(c), counties that received FPRRS funds must "report to the department the outcomes achieved through the use of that funding and the activities that contributed to those outcomes." These FPRRS reports are due by September 30, 2016, thus the efficacy of activities and data are unknown at this time.

1) <u>The Quality Parenting Initiative (QPI)</u>

The QPI is a collaborative effort between the CDSS, the Youth Law Center (YLC) and the CWDA. This initiative was originally launched with philanthropic support from the Stuart Foundation, Taproot Foundation, Walter S. Johnson Foundation, Annie E. Casey Foundation, David P. Gold Foundation, May and Stanley Smith Charitable Trust and The California Endowment. In 2016, 21 counties are participating in California, and join over 50 jurisdictions nationwide.

The QPI is an approach to strengthening foster care, by refocusing on excellent parenting for all children in the child welfare system. It is an effort to rebrand foster care by changing the expectations of, and support for, foster parents and other caregivers. The purpose of the initiative is to develop a statewide approach to recruiting and retaining high-quality caregivers to provide excellent care to children in California's child welfare system. This program defines and articulates the expectations of caregivers, aligning the system so that those goals can become a reality. This becomes the basis for developing communication materials and designing integrated recruitment, training and retention systems.

QPI has influenced the culture across the state by giving caregivers a voice, not only in issues that affect the children they are caring for, but also in the way the system treats children and families. Caregivers, agency staff and birth parents work as a team to support children and youth. Caregivers receive the support and training they need to work with children and families and know what is expected as well as what to expect. QPI communities have formed a network that shares information and ideas about how to improve parenting, recruit and retain excellent families. They develop policies and practices that are based on current child research to support skilled loving parenting.

A critical component to recruitment is retention of foster care and adoptive families. QPI contributes to retention as it gives agencies and caregivers the ability to come together to share ideas, experiences, expectations, as well as the highs and lows in a way that is neutral and supportive. It also gives caregivers a more powerful voice that they often do not have when they attempt to advocate for themselves or their children with the courts, child welfare agencies, and school systems. The QPI teams developed specific expectations for high quality caregiving and the responsibilities of the caregiver and county child welfare agency to achieve that quality. Strategies for improved retention of caregivers are being worked on by the QPI sites. County efforts include revised orientation, more robust trainings (both pre-service and ongoing), mentoring programs that include paid stipends and mileage reimbursement, joint trainings to existing caregivers and social workers, and contracts with mediation agencies to evaluate communication concerns. The counties believe that current caregivers are also the best recruiters. Focus is relationship-building between caregivers and community partners, providing caregivers with a forum to voice their concerns through steering committees and regional trainings, and foster parent ambassadors in each region.

A more detailed description can be found in the 2015-2019 CFSP.

The California QPI website was launched on February 1, 2015. The site, www.QPICalifornia.org, has valuable information regarding the QPI program, the Partnership Agreement, and Just-In-Time trainings. The QPI California website is connected to the other QPI state websites, will be maintained and coordinated by CalSWEC, and planning is in process to integrate the QPI information into the social worker training.

QPI Conferences and Meetings:

- The QPI National Conference was held on January 20-22, 2015 in San Diego, CA for all QPI sites to develop a national network, share best practices, receive peer technical

assistance, and develop plans for next steps. There were 380 attendees, 165 from California. The highlight of the conference was our keynote panel of former foster youth, speaking to the qualities that make an exceptional parent. This conference allowed space and time for collaboration and sharing material and strategy, as well as relationship building among QPI sites throughout the U.S.

- The QPI California Conference was held on September 25-26, 2015 in Ventura, CA for all California QPI counties to share best practices, receive peer technical assistance, and share tools, resources and models with other counties. Both the statewide and national QPI conferences were particularly successful in creating the excitement, desire, and understanding necessary to build the culture change that allows for QPI policy and practice changes. One hundred percent of QPI sites attending the conference reported that learning from other sites, both inter and intrastate, was critical to improving their practice through sharing of lessons learned, model practices and policies, and specific resources such as training curricula, recruitment materials, and policy write ups. We are now at a stage in QPI where the collective knowledge of other sites is the most valuable technical assistance we can offer to child welfare agencies looking to improve the supports offered to caregivers and the quality of care. We developed the agenda around this premise, with all workshops and discussion groups facilitated by sites and offering the opportunity for peers to share knowledge and resources. Topics at the QPI California Conference included:
    - Co-parenting: Supporting a Healthy Foster/Birth Parent Relationship
    - Agencies Sharing Information with Foster Parents
    - Allegations and Investigations: Protecting Children While Respecting and Communicating with Families
    - Developmentally Appropriate Transitions
    - Interacting with the Court
    - Recruitment: CCR, RFA, Emergency Shelter, Teens and Other Challenges
    - Implementing and Utilizing the Partnership Plan
    - Trauma Informed Parenting
    - Involving Teens and Youth in Recruitment
    - Kinship Care
    - Prudent Parent and Babysitting
    - Recapturing the QPI Excitement
    - Engaging Case Management Staff and QPI (Caseworkers, Supervisors, Managers and Support Staff)
- The QPI "New Sites" Conference was held March 29-30 in Fort Worth, TX. This conference was designed to support newer QPI jurisdictions in learning about the core values, actions and innovation that create a shift in child welfare policy and practice to support excellent parenting. While only a few California sites attended in person, California's CalSWEC flew out and video-taped the entire conference so California counties could watch remotely. The conference videos are now archived as TA tools on the QPI California website. Highlights included:
    - Effective developmental practice with teens

- QPI team panel with foster families and case managers and youth panel
- Role of child welfare leadership
- Placement matching pilots
- ABC-V pilot of purposeful visitation to support relationships.

A number of QPI California Counties have held local conferences and trainings to engage community members, child welfare professionals, and resource families in their counties.

QPI Addressing Barriers and Issues:
The QPI counties have identified a number of barriers and issues that are being addressed by the QPI Leadership Team. YLC has worked closely with the CWDA and CDSS staff to address the issues posing barriers to excellent care to children. Examples of policy and practice changes underway at the statewide level are:

- *Revised policies for improving process of Community Care Licensing (CCL) investigating allegations against foster parents: family caregivers*: QPI supported CDSS in developing guidance for CCLD workers in order to improve communication and teamwork during complaint allegation investigations. CDSS has developed brochures for resources families explaining the investigation process, timelines, and information sharing. CDSS also issued an information release to all county and state licensing staff with guidelines for improving the process for investigations. See: http://www.ccld.ca.gov/res/pdf/201601.pdf
    - In addition, QPI staff have trained nearly all CCLD workers on QPI principles, working effectively with resource families to support retention, promoting normalcy for children in foster care and the revised processes.
- *Improved Information Sharing with Caregivers*: QPI has been supporting CDSS legal in working with local county counsel to ensure consistent interpretation and implementation of CDSS ACIN No. I-05-14 clarifying the statutory and regulatory requirements, which provide that foster parents must be provided with all available information about the child in their care that is needed to provide excellent parenting. CDSS has formed a committee of County Counsel who will be providing leadership to engage their peers and identify potential concerns or issues. The ACIN can be found at: http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acin/2014/I-05_14.pdf
- Ensuring integration of QPI principles in Continuum of Care Reform and Resource Family Approval Implementation: QPI has been working with CDSS to ensure that QPI works supports and informs implementation of both CCR and RFA. QPI has connected CDSS and counties with experts in family recruitment for teens (to assist with transition from congregate care long term placements) who can provide technical assistance and training. Additionally, QPI is ensuring CDSS is aware and able to disseminate best practices around recruitment from QPI sites across the country. QPI and CDSS held a joint webinar on April 19th to discuss the impact of RFA on families and how to effectively integrate QPI principles into approval, training and support.

Examples of policy and practice changes underway at the local level include:

- Sonoma: Developed and implemented a transitions mission statement and guidelines to assist foster parents and social workers with creating thoughtful transitions between placements to meet the unique needs of each child or youth.
- Orange: Developed and implemented transition policy for all children entering or exiting a placement.
- Madera: Implementation of mandatory TDM on all placement moves with care providers always invited.
- San Diego: Conducted CWS Policy Reviews of Confidentiality and Data Sharing to improve communication specific to child placements and transitions
- Glenn: Developed policy on updating Medical Records
- Orange: Updated Voice mail messages to ensure caregivers can reach worker immediately and know when they will receive call back.
- San Luis Obispo: Implemented annual resource family "customer feedback" survey
- Ventura: Developed and implemented QPI 21st century foster family training curriculum
- San Luis Obispo: Implemented Foster Friendly businesses Program where 27 participating community businesses offer a small discount to foster families. In return they receive a window cling that identifies them as a "Foster Friendly business". Our recruitment number is also on the window cling. Foster families are given an identification card for recruitment.
- Kings: Developed new recruitment campaign changing focus from rescuing children from unsafe environments to nurturing children & mentoring families.
- Shasta and Humboldt: Implemented "Fosterware" recruitment parties. Very successful in utilizing existing families to raise awareness and recruiting new families

2) <u>California Kids Connection</u>

The CDSS has continued to increase the use of cross-jurisdictional resources for adoptive placements, which include recruitment strategies such as the California Kids Connection (CKC) program/website. California's adoption exchange program, California Kids Connection, provides several important services - all of which have the final goal of finding permanent adoptive families for children who are available and waiting in the foster care system. Statewide, five regional exchanges are held monthly, bi-monthly or quarterly to meet and share information regarding waiting children currently in foster care with foster families that are currently in search.

There are approximately 60 public and private foster/adopt agencies that regularly participate in exchange meetings and activities.

There are a total of four program staff members working to support and facilitate matches between waiting children and available families. The CDSS contract includes the interface with the following services in order to increase the quality of responses to inquiries and the level of customer service in linking interested families to agencies with available children:

- Adoption Navigator Services
- AdoptUSKids Adoption Navigator
- 1-800-KIDS-4-US

CDSS expects to receive information from the Foster Parent Recruitment, Retention and Support (FPRRS) reports pertaining to the recruitment of foster caregivers based on this program. Pursuant to Welfare and Institutions Code section 16003.5(c), counties that received FPRRS funds must "report to the department the outcomes achieved through the use of that funding and the activities that contributed to those outcomes." These FPRRS reports are due by September 30, 2016, therefore efficacy of activities and data are unknown at this time.

California Kids Connection Website and Activities

The California Kids Connection website has both a secure section and a public section. The public section of the website is accessible to any Internet user. Prospective adoptive parents indicate their interest in specific children by sending an e-mail via the California Kids Connection website to the placing agency social worker and/or recruiter that is identified for each child.

CKC has been successful in finding permanent families for the foster children/ youth that are placed on the CKC website. An average of 228 family inquiries are made about waiting children each month.

During this time period:

- 38 percent of the children were on the public section of the website.
- 62 percent were on the secure section of the website.

County Agencies - At the present time, 45 counties/ state adoption agencies have website access to recruit for their children in foster care. There are 25 public agencies that regularly participate in exchange meetings and/or activities.

Private Agencies - There are 47 private agencies that currently utilize the CKC website to search for available youth or who have posted families with approved home studies on the website. There are 21 private agencies that regularly participate in regional adoption exchange meetings and/or activities.

CKC adoption exchange services include exchange meetings, matching events, and training and education for public and private agency caseworkers. CKC continues to facilitate/participate in five regional adoption exchange meetings throughout the state. Regular adoption exchange meetings are held in the San Francisco Bay Area (monthly), Sacramento (monthly), the Central Valley (quarterly), Southern California (bi-monthly), and Northern California (quarterly).

Table 17: Adoption Events Organized by CKC, April 1, 2015 to March 31, 2016

Region	Family Fair	Matching Event
BASA	2	1
Co-Op	2	1
Valley	2	2
NorCal	1	
Total	7	4

CKC in continuing to put forth the efforts to expand participating counties to actively utilize the website, 2.0 Navigation services, and/or participate in region activities.

Child Matches and Placements

For this reported timeframe of 4/1/2016 – 4/30/2017:

- 22 youth matched through the public website
- 14 youth matched through the secure website
- 5 youth placed from the public website

Of all CKC activities, including family fairs, picnics, and matching events, the following matches and placements were reported during the timeframe of 4/1/2016 – 4/30/2017:

- 40 youth who were posted on the website were matched through CKC events and activities
- 5 youth who were posted on the website were placed through CKC events and Activities

Table 18: County of Origin of Children Matched and Placed through CKC Activities, April 1, 2016 to April 30, 2017

County	Number of Children Matched	Number Children Placed
Riverside	9	1
San Bernardino	12	1
Shasta	1	
Los Angeles	3	2
Fresno	1	
Yuba	2	
CDSS Chico	4	
CDSS Sacramento	1	
San Mateo	2	
Sierra Forever Family	1	
Sacramento Dept. HS	2	
Santa Clara	2	1
TOTAL	40	5

Adoption Navigator Services

CKC has navigation agreements with six participating counties to provide "Adoption Navigator" services for the children listed on the California Kids Connection website. There are three CKC support staff that provide internet based recruitment assistance to the following counties:

- Los Angeles County
- Orange County
- Riverside County
- San Francisco County
- Shasta County
- San Bernardino

Though the CKC 2.0 Navigators are providing services to six counties, this is representative of 46% of all youth currently in foster care in California.

The Adoption Navigators list child profiles on the public section of the California Kids Connection website and then respond to inquiries about the children from inquiring families. The Adoption Navigators provide critical support and guidance to interested families as they navigate through the adoption process.

From April 1, 2016 through April 30, 2017 the Adoption Navigators have served 367 NEW children and 4 children have been matched from the website with assistance from the 2.0 Adoption Navigators.

AdoptUSKids Recruitment Response Team

California Kids Connection partners with AdoptUSKids by serving as the AdoptUsKids California Recruitment Response Team (RRT). The AdoptUSKids website is a program of the Children's Bureau, and is funded by the Adoption Exchange Association, the federal Health and Human Services/Administration for Children and Families, and the Children's Bureau.

The CKC Recruitment Response Team is funded by the CDSS and responds to inquiries about adoption generated by AdoptUSKids' national recruitment initiative campaign for finding adoptive families. From 4/1/2016 – 4/30/2017, the Recruitment Response Team has answered inquiries of 970 families; average 75 per month.

1-800-KIDS-4-US

The California Kids Connection program staff is responsible for answering the 1-800-KIDS-4-US statewide toll-free CDSS foster care and fost/adopt referral and information line. The line is answered by a CKC staff person from 9:00a.m. – 5:00p.m, Monday through Friday, and families can always be helped either in English or in Spanish. Families who inquire are given information about the foster care and adoption process; and non-directive referrals to licensed public and private adoption agencies. Additionally, an information packet with written information is sent to the family by email or postal mail, in either English or Spanish.

From April 2016 to April 2017, CKC staff answers an average of 37 calls each month. Approximately 75 percent of all calls are about foster care and the adoption process in California. Though most calls are in English, there is an average of eight calls per month that are with Spanish Speakers.

Average English Emails	Average English Packets Sent	Average Spanish Packets sent
19/month	3/month	5/month

As a response to the information and referral calls, the CKC staff mails an average of three information packets in English and five information packets in Spanish per month. Information packets are also provided through electronic email and an average of 19 informational emails are sent in English each month.

3) <u>Foster and Kinship Care Education Program</u>

The CDSS collaborates with the California Community Colleges Chancellor's Office to provide education and training of foster parents and relative care providers through the Foster and Kinship Care Education Program (FKCE) and sixty participating colleges. Through an interagency agreement, statewide meetings, and advisory groups, CDSS and the Chancellor's Office determine state mandated topics to be delivered by the FKCE program. At the local level, each college conducts advisory meetings that include local social service departments and care providers to further identify needs for training. As a provision of the interagency agreement,

CDSS encourages execution of a local letter of agreement between the participating child welfare department and the community college to illustrate the coordinated efforts made for the provision of training.

Input on training priorities from foster parents and kinship caregivers is considered essential. Providing foster parents and kinship caregivers the opportunity to provide input about training priorities is essential to California's recruitment and retention efforts. It is widely known that foster parents 'word-of-mouth' is essential to this process. When input from foster parents and relative caregivers result in trainings that meet foster parent needs then counties are better able to retain foster parents and foster parents in turn share their positive experiences with prospective foster parents. Based on this input, the community colleges then develop curriculum to train resource families, especially foster parents, relative caregivers and nonrelative extended family member caregivers that meets both the statutory requirements and the needs of the foster caregivers.

FKCE training topics are based on what is required by law and by the local county and caregiver needs in their communities. Within their limited funding, the college programs offer as many of the required topics as possible from Health and Safety Code 1529.2 and Welfare & Institutions Code (WIC) 16003. The colleges offer over 35,000 hours of training in total throughout the state annually. Colleges offer a multitude of community-based training opportunities, both pre-service/pre-approval and in-service training, including specialized topics to assist care providers in meeting needs of the vulnerable children in their homes.

The following is a sample of the topics offered by local training programs:

- Pre-service/Pre-Approval training
- Trauma-Informed Child and Adolescent Development
- Children with Special Needs
- Diversity
- Kinship Care
- Permanency
- Whole Family Foster Home
- Education & Health Rights of Children
- Extended Foster Care
- Supporting Educational Success
- Child Abuse and Neglect
- Grief and Loss
- Positive Discipline and Self-Esteem
- Working with Birth Families
- Complaints and Allegations
- Health Issues including Mental Health
- Successful Transition for Foster Youth
- Commercial Sexual Exploitation of Children (CSEC): Awareness & Identification

New in FY 2016-17: the FKCE statewide program will offer new topics specific to new legislation, which implements the Resource Family Approval (RFA) system in California.

- Psychotropic Medication
- Prudent Parenting
- Other RFA-related topics

4) Diligent Recruitment of Foster and Adoptive Families

California has integrated the diligent recruitment requirements of the Multiethnic Placement Act of 1994 (MEPA) into its policy framework and ensured the field is equipped to comply. CDSS has provided policy letters and offers training resources to child welfare workers in order to comply with MEPA. The following are examples of CDSS' efforts to meet MEPA requirements:
 California's four RTAs continue to provide training to new social workers on MEPA as part of their core -training program.
 CDSS has received federal technical assistance on MEPA in the past to support counties' compliance with MEPA and continues to attend National Resource Center Diligent Recruitment webinars.

Lastly, CDSS expects to receive information from the Foster Parent Recruitment, Retention and Support (FPRRS) reports pertaining to the diligent recruitment of quality foster caregivers. Pursuant to Welfare and Institutions Code section 16003.5(c), counties that received FPRRS funds must "report to the department the outcomes achieved through the use of that funding and the activities that contributed to those outcomes." These FPRRS reports are due by September 30, 2016, therefore efficacy of activities and data are unknown at this time. However, after receipt of the reports CDSS will have more accurate information as to what strategies counties are implementing to support diligent recruitment requirements of MEPA.

Caregiver Advisory Network (CAN)

The California Office of the Foster Care Ombudsman (OFCO) hosted the Care Giver Advisory Network (CAN) meeting on May 28, 2015 in Sacramento at the California Department of Social Services (CDSS). Caregivers that participated in the CAN included relative caregivers, county foster parents and foster family agency foster parents. As in the previous year the OFCO discussed the current status and updates with the Continuum of Care Reform (CCR) in California and the progress of the Resource Family Approval (RFA) process. CCR information is available at http://www.childsworld.ca.gov/PG2976.htm and RFA information is available at http://www.childsworld.ca.gov/PG3416.htm .

The OFCO also shared the recently released All County Information Notice Sharing Information with Caregivers. This new information is available at www.cdss.ca.gov/lettersnotices/entres/getinfo/acin/2014/I-05_14.pdf

THE OFCO also participated in the development of a revised Reasonable and Prudent Parent Standard. Briefly, 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.

The most recent update to this standard is available at http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acl/2016/16-31.pdf .

The OFCO has been on the advisory committee for the California Qualitative Parenting Initiative and has closely monitored the program's progress and expansion. More information regarding the Quality Parenting Initiative can be found at http://www.qpicalifornia.org/pages/qpicaresource.shtml.

The FCO designed the CAN website: www.fosterfamilyhelp@dss.ca.gov. The website not only links CDSS webpages that may be of interest to foster parents and caregivers, but provides links to other websites that provide information and support. There is a link to the FCO where caregivers can ask specific questions, register complaints, and make suggestions

In addition to the presentation made to the CAN, the OFCO provided 19 other trainings and provided publications to 36 agencies, including foster care providers and the Community College Foster and Kinship Care Education programs.

Foster Parent Retention, Recruitment and Support (FPRRS)

To enhance caregiver recruitment in anticipation of the implementation of the Continuum of Care Reform (CCR) initiative, which emphasizes the placement of dependent children in family-based homes rather than group homes, funding was provided to county welfare and probation departments for the recruitment of new foster caregivers. This was necessary to accommodate the number of children that will shift from group care to foster family homes (as of January 2017, resource families). Allowable uses for the funding include:

- Staffing to provide and improve direct services and supports to caregivers, remove any barriers defined as priorities in the county implementation plan and developing reports on outcomes.
- Child care.

- Costs for exceptional child needs not covered by the caregiver-specific rate that would normalize the child's experience, stabilize the placement, or enhance the child's well-being.
- Intensive relative finding, engagement, and navigation efforts.
- Emerging technological, evidence-informed, or other nontraditional outreach approaches to potential caregivers.

The Budget Act of 2015 (SB 97, Chapter 11, Statutes of 2015) included funding for foster and relative caregiver recruitment, retention and support in state fiscal year (SFY) 2015-16, and AB 403 (Chapter 773, Statutes of 2015) implemented the CCR initiative and enacted provisions governing the application and awarding of funds, and reporting outcomes associated with the expenditure of FPRRS funds. Generally, funding was requested for the following core activities: Wraparound; mental health services coordination; mobile LiveScan machines; initial placement support; concrete support; normalizing activities; respite care; placement support staff; caregiver support; caregiver training; family finding and other databases; family finding support and staff; Models for Engagement; step-down shelters; Quality Parenting Initiative; recruitment and outreach.

To be eligible for funding in SFY 2015-16, counties were required to submit plans that outlined specific activities and strategies that would be used to recruit, retain or support foster and relative caregivers. County welfare and probation departments were invited to submit plans either separately or jointly. CDSS reviewed and approved the plans and amount of funding to be awarded to each county child welfare or probation department (or both) based upon an evaluation of factors such as the scale of the individual county's recruiting efforts and the probable efficacy of each of the strategies proposed.

A total of 54 County welfare departments submitted plans, of which 10 submitted jointly with their probation department. Probation departments from 12 counties submitted separate plans. Counties submitted plans between October 30 and December 31, 2015. Each plan was evaluated upon receipt and awards were issued on a flow basis. CDSS set a goal of completing each evaluation within seven days of receipt; a majority of the awards were issued within this timeframe. Each plan was reviewed by a team of CDSS staff who discussed, in detail, each proposed activity. Criteria used to evaluate each activity included:

- Whether the activity closely related to the recruitment, retention or support of foster caregivers.
- The extent to which the activity was focused on caregivers for children and youth transitioning out of congregate care as a result of the CCR initiative.
- The extent to which the activity addressed an obstacle to foster caregiver recruitment, retention or support identified by the county.
- The likelihood that the activity would successful increase the number of available foster caregivers in the county.

Additionally, the general narrative of each plan was reviewed to gauge the county's ability to identify specific barriers to caregiver recruitment, retention and support, and to develop strategies to overcome those barriers.

Funding requested in county plans far exceeded the amount available (requests received by CDSS totaled over $130 million). Therefore, in making funding recommendations CDSS adopted an approach which both prioritized those activities deemed most likely to have the greatest impact on increasing the number of available caregivers for those children and youth transitioning from congregate care, and for activities which were approved for funding, then prorating the amounts awarded.

As noted above, for SFY 2015-16, 54 counties submitted plans requesting funding. The four counties that did not request funding (Alpine, Calaveras, Lassen and Sierra) were smaller counties. As evidenced by the point in time data below, Alpine and Sierra had little-to-no-children in care at the time of applying for the first round of FPRRS funds. While Lassen and Calaveras had children in care, their group home numbers – which was a focus of recruiting foster caregivers for children/youth stepping down from group home care - were fairly low. As noted below, SFY 2016-17 funding was awarded under a different methodology and all 58 counties applied for these funds.

Figure 28: Children in Care by County, Point in Time Jan. 1, 2016, CWS/CMS Data Q4 2016

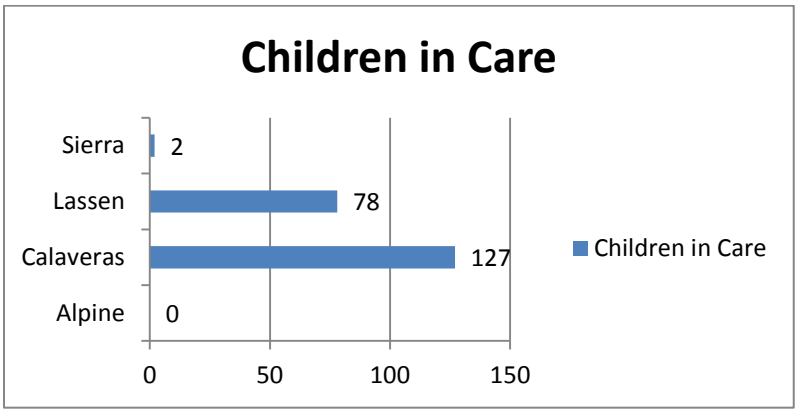
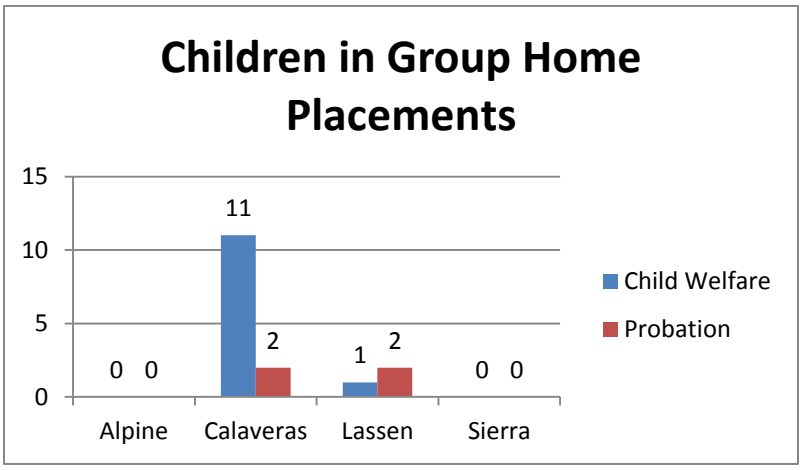


Figure 29: Group Home Placements, Probation and Child Welfare, Point in Time Jan. 1, 2016, CWS/CMS Data Q4 2016



Pursuant to Welfare and Institutions Code section 16003.5(b), all child welfare departments and county probation departments requesting FPRRS funding for SFY 2016-17 were required, by September 1, 2016, to submit an application containing the following:

- A definition of the specific goal or goals related to increasing the capacity and use of home-based family care and the provision of services and supports to such caregivers that the county intends to achieve.
- A description of the strategy or strategies the county proposes to pursue to address those goals.
- An explanation or rationale for the proposed strategy or strategies relative to those goals.
- A list or description of the outcomes that shall be reported, including baseline data for those outcomes.

Pursuant to Welfare and Institutions Code section 16003.5(c), counties that received funds must "report to the department the outcomes achieved through the use of that funding and the activities that contributed to those outcomes." For SFY 2015-16, these reports were due by September 30, 2016. County departments which received funding in SFY 2015-16, and were also requesting funding in SFY 2016-17, submitted a single document which combined a report on SFY 2015-16 activities with an application for SFY 2016-17 funding; while departments which did not receive funding in SFY 2015-16 (primarily probation departments) submitted only an application for SFY 2016-17 funding.

Outcomes for SFY 2015-16 were encouraging but inconclusive; counties reported spending approximately $6.8 million for FPRRS activities. Because of the limited timeframe during which funding was available, activities which required substantial development, or which were dependent upon protracted processes such as hiring or contracting, were generally in the midst

of implementation at the end of the reporting period. Conversely, activities which could be implemented rapidly, such as the provision of material supports to children and caregivers, were widely put into practice by counties; these activities were reported to have had immediate positive effects on the well-being of affected children.

The Budget Act of 2016 (SB 826, Chapter 23, Statutes of 2016) included approximately $42.8 million for FPRRS activities, which were allocated to all county child welfare departments and county probation departments that submitted applications for funding. Counties which received FPRRS funding for SFY 2015-16 largely planned to continue previous recruitment, retention and support activities, and in some cases planned to expand these activities or implement additional efforts. Unlike in SFY 2015-16, CDSS allocated SFY 2016-17 funding under a different methodology; however, all counties received at least the level of funding which was awarded in SFY 2015-16. All 58 county child welfare departments and 56 county probation departments received FPRRS funds in SFY 2016-17. Two county probation departments—Sierra and Colusa—declined funding.

Future Plans

Enhanced FPRRS funding is expected to continue through SFY 2017-18. The funding amounts and methodology utilized in SFY 2016-17 are expected to be continued in SFY 2017-18.

Goal 18: Juvenile Justice Transfers

The table below shows the number of cases closed and the reason for closure for each age group during FFY 2016. The row highlighted yellow contains cases closed due to involvement with the criminal justice system. The total of 407 cases closed for this reason has decreased from 574 cases closed in FFY 2015.

Table 19: Case Closure Reasons by Age, Agency Type: CW and Probation, FFY 2016, CMS/CWS Data 2016 Q4

Case Closure Reason	Age Group									Total
	Under 1	1-2	3-5	6-10	11-15	16-17	18 + 60 days	18 + > 60 days	19-21	
	n	n	n	n	n	n	n	n	n	n
Family Stabilized	749	2,069	2,472	4,015	2,921	972	52	43	2	13,295
Court Ordered Termination	389	2,092	2,897	4,350	3,174	1,143	351	440	537	15,373
Reunification	157	772	933	1,341	1,064	972	93	169	43	5,544
Adoption	166	2,069	1,902	1,606	604	98	6	7	13	6,471
Guardianship	85	385	588	951	852	340	6	15	9	3,231
Age/Emancipation	0	0	1	0	0	11	360	272	2,261	2,905
Refused Services	152	184	232	382	276	115	17	34	59	1,451
Exceeded Time Limits	52	146	198	327	263	84	5	4	11	1,090
NMD/NRLG Eligible for Reentry	0	0	0	0	0	3	130	329	503	965
Criminal Justice Involvement	0	0	0	2	110	211	25	37	22	407
Other	88	78	92	151	225	230	31	51	34	980
Missing	0	0	0	1	0	0	0	0	0	1
Total	1,838	7,795	9,315	13,126	9,489	4,179	1,076	1,401	3,494	51,713

WELL BEING

Goal 19: PSSF Well Being Focused Services

In addition to the provision of direct services to families, increased consideration is being given to how to best use existing service delivery systems that regularly interact with families to address child maltreatment. The goal of these efforts is to move from assessing the prevention impact on program participants to achieve community change by creating stronger resilient communities. Through the PSSF programs, California counties support services and programs across the continuum of care that not only address safety and permanency for children, but also their well-being. As noted in the Safety Services in the PSSF section, the four components of PSSF afford California an opportunity to influence multiple outcome measures under the broader goals of safety, permanency and well-being. A focus on well-being requires attention to building the Five Protective Factors within families: concrete support in times of need, knowledge of parenting and child development, social and emotional competence of children, social connections and parental resilience. The services below describe comprehensive

approaches to serving victims of child abuse and their families to promote overall well-being that were offered during FY 2015-16:

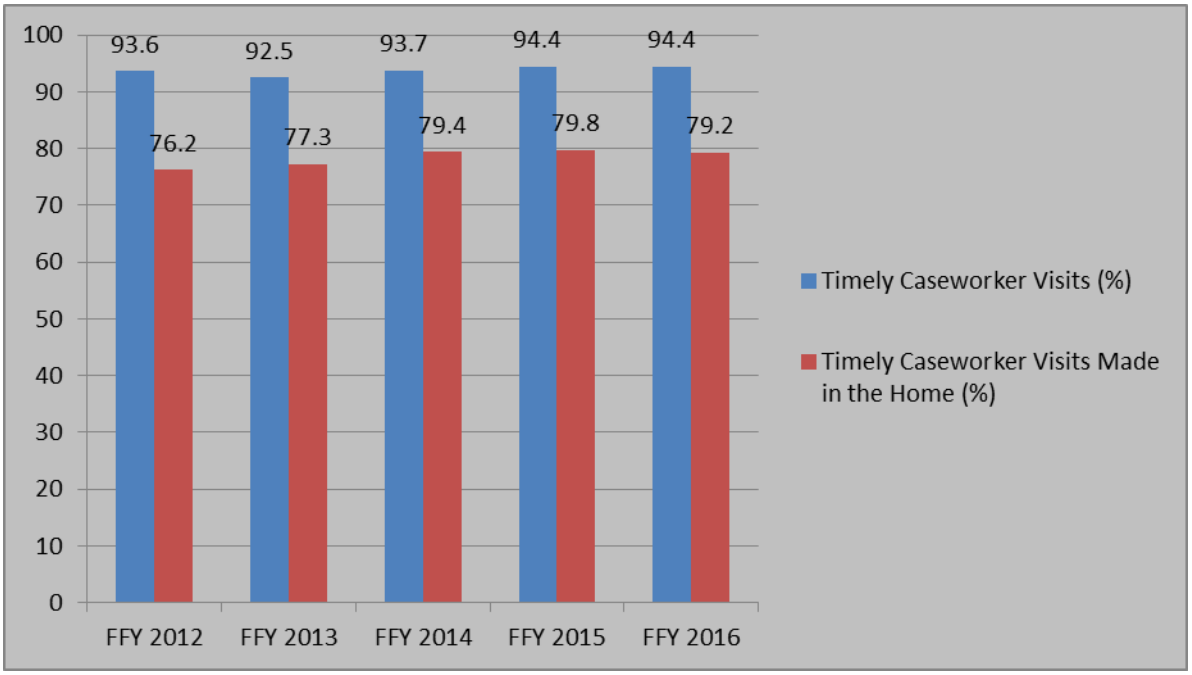
- Home visiting provides a comprehensive approach that meets the family in their own environment. This comprehensive approach includes parenting sessions that include play groups, facilitation of parent-child interaction and teaching age appropriate play. Parents are taught how to create a safe environment for their children and provide healthy and nutritious snacks and interaction that leads to child development. The goal of home visiting is to provide a safe place for families to learn how to interact and provides parents the tools to learn how to interact with their children in a way that supports healthy child development.
- Family Resource Centers (FRCs) provide a multitude of services to meet the needs of families and communities. An FRC is a vehicle for families to undergo an intake process for the case manager to learn the family's needs and how to build the five protective factors. In addition, FRCs can provide assistance with basic needs and concrete supports. Due to connections with other community partners, FRCs are aware of community resources and provide referrals to more intensive services if needed.
- Parenting Education classes provide a vehicle for parents to learn child developmental stages, appropriate discipline, self-care for parents, etc. The classes act as an opportunity for parents to create social connection with other parents. In addition, some parenting classes have opportunities for parents to act in a leadership role.

Goal 20: Caseworker Visits

Caseworker visits are a vital factor in the child welfare system. Caseworkers meet with children and families to monitor children's safety and well-being, assess the ongoing service needs of children, families and care providers, engage biological and foster care providers in developing case plans, assess permanency options for the child, monitor family progress toward established case plan goals and ensure that children and parents are receiving necessary services. At each stage of the intervention, caseworkers, with the support of their supervisors, determine the type of supports that children and their families need to ensure that the children are safe, are in or moving toward permanent homes and have stable living arrangements that promote their well-being.

Timely caseworker visits for children in out of home care continue to trend steadily upward, reaching 94.4 percent for FFY 2016, thus demonstrating California's positive progress towards meeting the federal benchmark of 95 percent. Timely caseworker visits in the residence for children placed in out-of-home care continues to increase and reached 79.2 percent in FFY 2016, which is far above the national benchmark of 50 percent.

Figure 30: Timely Caseworker Visits for Children in Out of Home Care, CWS/CMS CSSR Q4, 2016



Monthly Caseworker Visit Grant

For the FFY 2015-2016, counties continued to use the Monthly Casework Visit Grant for improving the quality of monthly caseworker visits with an emphasis on caseworker decision-making and caseworker recruitment, retention and training. Additional funds were provided and realigned to counties to aid them in achieving the federal requirements. This funding is associated with:

- Children who are in stable placement with a relative or foster parent who has had the child at least 12 months;
- Children placed voluntarily and the child's parents/guardians visit at least monthly;
- The child is under two years of age and less frequent Social Worker (SW) visits can facilitate more frequent parent/SW visit thus facilitating reunification;
- Children residing out of state in a facility other than a group home;
- A dependent child's case has approval by the court for less frequent visits; and
- A voluntary child's case has approval by a county deputy director for less frequent visits.

Goal 21: Educational Services

Educational services are provided to children under 18 years of age in foster care through the California Department of Education's (CDE) Foster Youth Services Coordinating Program (FYSCP). The FYSCP provides educational case management services to foster students via local

education agencies. Since the passage of Assembly Bill (AB) 854 in 2015, the FYSCP has been expanded to serve all children, and youth under age 18 in foster care, including foster youth in non-licensed homes. Prior to the passage of AB 854, only those foster youth in licensed homes were covered, but the passage of AB 854 has expanded the program to include youth in non-licensed homes as well, such as group homes and relative homes, which increased the number of foster youth students served by the FYSCP by over 30 percent.

The passage of AB 854 also made it a requirement for county offices of education to enter into MOUs with their partnering child welfare agencies, for the purpose of drawing down federal Title IV-E dollars to support their FYSCPs. CDSS has released guidance to the county child welfare agencies and many counties are currently in the process of drafting MOUs. The CDSS will continue to provide ongoing technical assistance to county child welfare agencies as they pursue MOUs.

The local control funding formula (LCFF) was enacted in SFY 2013–14, and replaced the previous kindergarten through grade 12 (K–12) finance system in California, which had been in existence for roughly 40 years. The creation of the new finance system has provided local education agencies with additional funding based on the number of disadvantaged pupils, which includes English learners, students receiving free or reduced price meals and foster youth. The LCFF legislation requires the CDSS to share foster youth data with the CDE, so that the CDE can identify the foster students at each school district for funding purposes, and to ensure that these students are provided with the services to which they are entitled. This additional funding through LCFF allows schools to direct services towards foster youth, such as assisting foster youth students with quicker enrollment and school or school district transfers, assisting students with receiving partial credits when they change schools, and seeing that students are referred for tutoring or other educational services. CDSS and CDE executed a Memorandum of Understanding (MOU) to allow the CDSS to share foster youth data with the CDE. In October 2014, CDSS began sharing weekly reports of foster data with the CDE.

The CDSS has developed a second MOU with the CDE to allow additional sharing of foster youth data. This MOU allows the CDE to share educational information with the CDSS regarding students in foster care. This second MOU provides CDSS with further information about foster youths' educational status, such as grades, graduation rates, whether youth are receiving special education services and have individualized education plans and rates of expulsion or other forms of school discipline. It is anticipated that having additional education information about foster youth will enable CDSS and the child welfare agencies to provide better services to these children and families.

Since implementing the LCFF and the passage of AB 854 and the need for county agencies to develop MOUs, there is an increased need for partnership between educational agencies and child welfare, in order to serve the needs of foster youth students. Concerns were raised by the IEOCC state interagency team, about communication difficulties at the local level between education and child welfare agencies. These concerns resulted in the formation of a small

workgroup led by the Department of Justice's Children's Bureau. This workgroup, comprised of members from CDSS, CDE and the Department of Justice Children's Bureau, convened a small work group and developed legal and programmatic guidance on the sharing of educational information between education, child welfare and caregivers to reduce communication barriers between Child Welfare and Education agencies. This guidance was published and released in November 2016.

The Every Student Succeeds Act (ESSA) was signed in December 2015 and went into effect on December 10, 2016. The ESSA reauthorized the Elementary and Secondary Education Act ESEA and replaced the No Child Left Behind Act (NCLB). ESSA includes key protections for foster youth to create joint responsibility for both Child Welfare and Education agencies to ensure educational stability for children who are in foster care. Many of the provisions for foster youth in ESSA are already in place in California due to previously enacted state legislation. Since the passage of ESSA, CDSS has worked with CDE, Child Welfare agencies, and other stakeholders to develop guidance about transportation agreements which will be a new requirement for California. The CDSS is currently issuing guidance to county child welfare agencies, informing them of the need for them to collaborate with their local education agencies to develop agreements for transporting foster youth to their school of origin.

Goal 22: Physical and Mental Health

Schedule for Initial and Follow-up Health Screenings

On July 1, 2016, a newly required schedule periodic health and dental exams was implemented for California children and youth in foster care. California foster youth must have an exam by the end of their age period. A child is considered out-of-compliance when the child leaves an age period without an exam. The new schedule for physical exams is outlined in Table 20. The Periodicity Schedule outlined in Table 20 meets the federal requirement for reasonable standards of medical practice.

Table 20: Medical Exam Periodicity for All Children in Foster Care

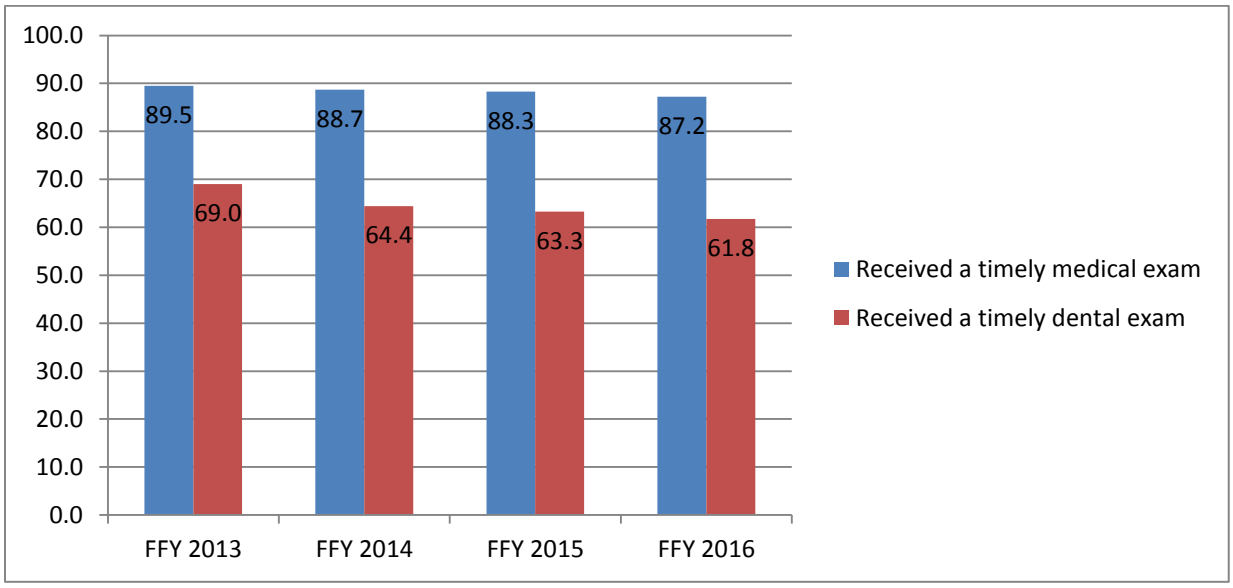
Age of Child	Interval Until Next Exam
3 to 5 days	<1 month
1 month	1 month
2 – 4 months	2 months
6 – 15 months	3 months
18 – 30 months	6 months
3 – 18 years	12 months

Through the state's quality assurance system (described previously), California monitors and oversees county performance on the schedule of physical health screenings. If a county is declining or performing poorly, CDSS consultants include a discussion of the measure as part of a county's monitoring. Consultants discuss the factors that may be contributing to the decline or poor performance and the county's plans to address them. A county may also choose to include the outcome as part of their SIP, the county's operational agreements between the county and the state outlining how the county will improve their system of care.

As illustrated in Figure 31, the state's average percentage of children who receive timely medical exams is 87.2 percent. Figure 31 also indicates the percentage of children receiving timely dental exams is 61.8 percent. Recent data indicates a slight decrease in percentages of children receiving timely medical and dental exams in 2016. The Department has been working closely with counties showing decreases in timeliness of medical and dental exams to address these problems and develop plans to make improvements. However, California counties are continuing to struggle to hire and retain Public Health Nurses (PHNs) to assist in the coordination and oversight of healthcare services. The Department has identified an increased vacancy rate that has resulted in larger caseloads for PHNs in many counties. Counties have reported that the pending transition of the HCPCFC program to the local level is a contributing factor regarding the increased vacancy rate and the reluctance of applicants to apply for open positions.

The State budget has recently been augmented to allocate an additional $1.65 million to ensure that there are enough public health nurses to oversee and monitor psychotropic medication usage for children and youth in foster care. Counties can hire additional PHNs to address some of the psychotropic medication oversight administrative activities, thus freeing up time from other PHNs which could lead to improved outcomes for timeliness to medical and dental exams. An additional factor related to delays in children receiving dental care is the lack of dental practitioners providing care to Medi-Cal beneficiaries. Under the Medi-Cal 2020 Waiver, $750 million was granted to expand access to dental health care for children in California. The purpose of this Dental Treatment program is to improve the dental health of children, focusing on high quality care and improving access to dental care for Medi-Cal children. Some Local Dental Pilot Programs (LDPP) began in January 2017. CDSS continues to work closely with DHCS and PHNs from the HCPCFC to identify additional factors contributing to the declining percentages and to develop strategies to improve outcomes in this area.

Figure 31: Timely Medical and Dental Exams, Agency: CW, FFY 2013-16, CWS/CMS CSSR Q4, 2016



Consultation

The PL 110-351 required that CDSS consult with pediatricians, public health nurses, and other health care experts in plan development and required participation of experts in and recipients of child welfare services, including parents. Through the interagency agreement between CDSS and DHCS, and as part of the plan for the oversight of the health plan for children in foster care, CDSS continuously and actively involves and consults with physicians and other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for children. For example, the CDSS participates in quarterly statewide and regional meetings of county CHDP executives and PHNs, and collaborates with PHNs in the development of policies, to ensure all children in foster care are referred to health and mental health services appropriate to age and health status on a timely basis.

Oversight of Prescription Medicines, including Psychotropic Medications

- The oversight of prescription medicines, including psychotropic medications continues to be critical towards safeguarding appropriate practice of management and administration of medication to children placed in out-of-home care. During 2016, CDSS continued to refine state protocols to enhance psychotropic medication safety by:
- Ensuring appropriate drug and dosage;
- Continuing the Medi-Cal Treatment Authorization Request (TAR) process for antipsychotics to ages 0-17;
- Continuing to assist the Judicial Council with the implementation of new practices and procedures in the court authorization process;
- Supporting efforts to use psychosocial interventions in lieu of medications;.
- Reducing inappropriate concurrent use of multiple psychotropic medicines;
- Engaging medication prescribers in practice change via education and consultation;

- Using data to analyze, monitor and oversee improvement in the safe use of psychotropic medication; and
- Actively engaging foster youth in their care, through education and supportive materials.

Many new strategies were developed to make improvements in all of these areas. They are outlined in the remainder of this section.

Effective January 1, 2017, the Continuum of Care Reform implements changes that include, but are not limited to, providing services and supports to children, youth, and their families in the context of a family-centered, child and family team (CFT) that share responsibility to assess, plan, intervene, monitor and refine services over time. This requirement applies to all children and youth residing in a group home with an existing case plan or children and youth who come into the child welfare foster care placement after January 1, 2017, including probation youth in foster care and non-minor dependents. As team-based practices have grown in California, so has the recognition of their success in improving outcomes for children, youth, and their families. The CCR builds on this success to provide children and youth who come into contact with California's child welfare and probation systems with this strategy that improves safety, permanency, and well-being.

In consultation and collaboration with the primary physician, prescribing psychiatrist, and county social worker/probation officer, the public health nurses employed by the HCPCFC program ensure that every child in foster care has a current record of prescribed medications. As part of their health care planning and coordination responsibilities, public health nurses document medication information in the Health and Education Passport in the CWS/CMS. PHNs and social workers are able to enter the name of the medication, the condition(s) the medication addresses, whether the medication is psychotropic, and whether the medication is administered for psychiatric reasons. Recent legislation in California allows health care providers to disclose medical information to the foster care public health nurse for the purpose of coordinating health care services and medical treatment of foster children and youth, and added "monitoring and oversight of psychotropic medications" to the list of activities included in the planning and coordination of health care performed by the foster care public health nurse. In 2016, the State budget allocated $1.65 million to ensure that there are enough public health nurses to oversee and monitor psychotropic medication usage for children and youth in foster care. Counties have begun hiring additional PHNs to address some of the psychotropic medication oversight administrative activities. These changes are likely to aid PHNs in executing their healthcare planning and coordinating activities as they relate to psychotropic medications.

The juvenile courts are responsible for the direct, case specific, oversight of psychotropic medications for children in foster care. Judicial approval is mandated by California law prior to the administration of psychotropic medications to children and youth in foster care. Existing California law established processes and protections in regards to the administration of psychotropic medications for dependents of the court. The Psychotropic Medication Protocol,

also referred to as the JV220 process, initiates the court authorization of psychotropic medications for dependents of the court. Only a juvenile court judicial officer may make orders regarding administration, unless the court finds the parent is capable of making the decision. The court-ordered authorization is based on a request from the child's doctor indicating the reasons for the request, a description of the child's diagnosis and behavior, and the expected results and side effects of the medication. The county social worker coordinates with the juvenile court staff to obtain official documentation of the court's approval or denial of the use of psychotropic medications for any child or youth in foster care. This authorization becomes part of the case file and updated information must be provided to the court every six months if the child or youth is to continue taking psychotropic medication, and the court must renew the order for authorization.

Recent legislation required the Judicial Council of California to amend and adopt rules of court and develop additional forms. On July 1, 2016, the Judicial Council of California released updated forms for the JV 220 process, including improvements to the process such as including more feedback from children and youth about their opinion of their prescribed medications. These updates also allow caregiver(s), and Court Appointed Special Advocate (CASA) if any, the opportunity to provide input to the court about the medications being prescribed. The child's overall mental health assessment, treatment plan and information about the rationale for the proposed medication, provided in the context of past and current treatment efforts, must be provided to the court. The court will also receive guidance regarding how to evaluate the request for authorization, including how to proceed if information is not included in a request for authorization submitted to the court.

In 2015-2016, DHCS and CDSS continued the *Psychotropic Medication Quality Improvement* effort, the QI Project. This interdepartmental effort has informed new state protocols to improve the oversight plan for psychotropic medications and determined the strategies that can be implemented statewide. The QI Project's efforts have led to the implementation of a number of these strategies during the past year. The project workgroups, comprised of CDSS and DHCS staff and a wide variety of stakeholders including current and former foster youth, county child welfare and probations agencies, prescribers, mental health clinicians, CASAs, PHNs, foster youth advocates, Tribes, caregivers, and providers developed:

- Updated "Guidelines for Use of Psychotropic Medication with Children and Youth in Foster Care" (revised in 2016), which includes prescribing standards, monitoring parameters, medication supports, and a prescriber algorithm tool for use by prescribers making decision to prescribe psychotropic medication to youth in foster care;
- A Training Module to help train prescribers and others to more effectively understand and utilize the "Guidelines for Use of Psychotropic Medication with Children and Youth in Foster Care"; and

- A Wellness Website which provides guidance to youth around decisions for use of psychotropic medications in addition to many other elements to support their overall well-being.

During 2016 California has greatly improved the use of data to analyze, monitor and oversee the safe use of psychotropic medication. In 2014, a global data sharing agreement between CDSS and DHCS was finalized. In 2015, the use of this global data sharing agreement was expanded to enable county child welfare and probation agencies to participate. The global data sharing agreement allows for the sharing of a wide range of health and mental health data to counties. In 2016, a new data sharing agreement, the psychotropic medications data sharing agreement, was offered by CDSS to county agencies that chose not to opt-in to the full global data sharing agreement. This data sharing agreement is narrower in scope and allows counties to receive case specific data pertaining only to psychotropic medication for the purpose of providing healthcare oversight to children in foster care.. The data sharing agreement between CDSS and DHCS allows CDSS to generate county specific reports describing each child for whom one or more psychotropic medications have been paid for under Medi-Cal, including paid claims and managed care encounters. County child welfare agencies have the opportunity to "opt-in" to the global data sharing agreement or psychotropic medications data sharing agreement and can receive these county specific reports. To date, 42 counties have entered into one of these agreements. The CDSS is currently providing county specific reports via a Secure File Transfer. Beginning in June 2017, counties which have signed on to a data sharing agreement, will also be able to access this data through the SafeMeasures data platform. The reports contain at a minimum, the following information:

- medication specific details such as medication brand and generic name, strength, units, days' supply, national drug code, and medication drug class,
- paid claim dates,
- prescriber name, address, and specialty, and
- pharmacy name, address, and pharmacy identification number.

These data will also provide client-level and county-aggregate reports that identify children on three or more concurrent psychotropic medications, children on two or more concurrent antipsychotic medications, children on one antipsychotic medication, and children five years old or younger on a psychotropic medication. Additional indicators are in the process of being developed.

Additionally, reports will become available as the following measures are developed:

1) Ongoing Metabolic Monitoring for Youth in Foster Care on Antipsychotic Medications (Measure 5d),
2) Use of First-Line Psychosocial Care (Measure 5e),
3) Follow-up visits with the Prescribing Physician (Measure 5g), and
4) Metabolic screenings for Youth in Foster Care Newly on Antipsychotic Medication (Measure 5h).

In addition to the minimum information included in the county specific reports, counties may also request additional data elements be provided to them, if they are available on the CWS/CMS application. County child welfare and probation agencies who have not selected to opt-in to receive county specific reports from CDSS can view aggregate data about their children in foster care and psychotropic medication usage on the California Child Welfare Indicators website. In the past two years, CDSS has issued guidance to counties regarding how to use the data to improve casework management practice and to establish better protocols for monitoring the use of psychotropic medications by the children in out-of-home care. It is anticipated that this higher level of oversight will lead to improved mental health service delivery and better outcomes for these youth.

In 2015, Measure 5a.1, "Use of Psychotropic Medication Among Youth in Foster Care," and Measure 5a.2, "Use of Antipsychotic Medication Among Youth in Foster Care" were completed. In 2016, Measure 5c, "Use of Concurrent Psychotropic Medications" was completed Data regarding these measures is now posted on the California Child Welfare Indicators website. As previously stated, four additional outcome measures are under development and are likely to be completed by early 2018.

Tables 21, 22, 23, and 24 show the data for Measure 5a.1 stratified by placement type, ethnic group, gender and age. Measure 5a.1, "Use of Psychotropic Medication among Youth in Foster Care," displays the number of children with a Medi-Cal paid claim for psychotropic medication, the number of children in foster care in the period, and the derived percentage of children in foster care at some time during a 12-month period with a paid claim for medication and a concurrent placement in foster care. This measure allows California to more accurately track the use of psychotropic medications by youth in foster care.

Table 21: Use of Psychotropic Medications among Children in Foster Care by Placement Type, July 1, 2015 through June 30, 2016

	Children in Foster Care on Psychotropic Medication during the 12-month period		Children in Foster Care during the 12-month period		Percent of Children in Foster Care on Psychotropic Medication
Agency by Placement Type	n	%	n	%	%
County Welfare Department	**8,311**	**83.5%**	**73,355**	**93.8%**	**11.3%**
Group Home	2,848	34.3%	5,083	6.9%	56.0%
Foster Family Agency	1,858	22.4%	19,575	26.7%	9.5%
Relative/NREFM Home	1,720	20.7%	29,332	40.0%	5.9%
Foster Family Home	956	11.5%	7,318	10.0%	13.1%
Guardian Home (Dependent)	404	4.9%	1,459	2.0%	27.7%
Pre-Adopt	243	2.9%	8,090	11.0%	3.0%
Small Family Home	88	1.1%	197	0.3%	44.7%
Other Placement[1]	105	1.3%	1,324	1.8%	7.9%
Data Not Entered/Unknown	89	1.1%	977	1.3%	9.1%
County Probation Department	**1,646**	**16.5%**	**4,839**	**6.2%**	**34.0%**
Group Home	1,531	93.0%	4,044	83.6%	37.9%
Other Placement[2]	56	3.4%	547	11.3%	10.2%
Data Not Entered/Unknown	59	3.6%	248	5.1%	23.8%
Total	**9,957**	**100%**	**78,194**	**100%**	**12.7%**

Source: CWS/CMS 2016 Q3 and MIS/DSS as of November 2016
Please note: Measure 5a.1 represents preliminary data due to lag times in reporting from Medi-Cal pharmacy providers.

Table 22: Use of Psychotropic Medications among Children in Foster Care by Race/Ethnicity, July 1, 2015 through June 30, 2016

	Children in Foster Care on Psychotropic Medication during the 12-month period	Children in Foster Care during the 12-month period	Percent of Children in Foster Care on Psychotropic Medication

Primary Ethnic Group	n	%	n	%	%
Latino	4,360	43.8%	41,206	52.7%	10.6%
White	2,704	27.2%	18,154	23.2%	14.9%
Black	2,560	25.7%	15,972	20.4%	16.0%
Asian/PI	187	1.9%	1,635	2.1%	11.4%
Native American	124	1.2%	1,030	1.3%	12.0%
Data Not Entered /Unknown	22	0.2%	197	0.3%	11.2%
Total	**9,957**	**100%**	**78,194**	**100%**	**12.7%**

Source: CWS/CMS 2016 Q3 and MIS/DSS as of November 2016
Please note: Measure 5a.1 represents preliminary data due to lag times in reporting from Medi-Cal pharmacy providers.

Table 23: Use of Psychotropic Medications among Children in Foster Care by Gender, July 1, 2015 through June 30, 2016

	Children in Foster Care on Psychotropic Medication during the 12-month period		Children in Foster Care during the 12-month period		Percent of Children in Foster Care on Psychotropic Medication
Gender	n	%	n	%	%
Female	3,907	39.2%	37,458	47.9%	10.4%
Male	6,050	60.8%	40,735	52.1%	14.9%
Data Not Entered	-	0.0%	1	0.0%	0.0%
Total	**9,957**	**100%**	**78,194**	**100%**	**12.7%**

Source: CWS/CMS 2016 Q3 and MIS/DSS as of November 2016
Please note: Measure 5a.1 represents preliminary data due to lag times in reporting from Medi-Cal pharmacy providers.

Table 24: Use of Psychotropic Medications among Children in Foster Care by Age Group, July 1, 2015 through June 30, 2016

	Children in Foster Care on Psychotropic Medication during the 12-month period		Children in Foster Care during the 12-month period		Percent of Children in Foster Care on Psychotropic Medication
Age Group	**n**	**%**	**n**	**%**	**%**
0-5 years	372	3.7%	34,607	44.3%	1.1%
6-10 years	2,451	24.6%	17,134	21.9%	14.3%
11-15 years	3,938	39.6%	16,562	21.2%	23.8%
16-17 years	3,196	32.1%	9,891	12.6%	32.3%
Data Not Entered	-	0.0%	-	0.0%	0.0%
Total	**9,957**	**100%**	**78,194**	**100%**	**12.7%**

Source: CWS/CMS 2016 Q3 and MIS/DSS as of November 2016
Please note: Measure 5a.1 represents preliminary data due to lag times in reporting from Medi-Cal pharmacy providers.

Table 25 shows the data for Measure 5a2 stratified by age. Measure 5a2, "Use of Antipsychotic Medication among Youth in Foster Care," displays the number of children with a Medi-Cal paid claim for antipsychotic medication, the number of children in foster care in the period, and the derived percentage of children in foster care at some time during a 12-month period with a paid claim for medication and a concurrent placement in foster care. This measure allows California to more accurately track the use of antipsychotic medications by youth in foster care.

Table 25: Use of Antipsychotic Medications among Children in Foster Care by Age, July 1, 2015 through June 30, 2016

	Children in Foster Care on Antipsychotic Medication during the 12-month period		Children in Foster Care during the 12-month period		Percent of Children in Foster Care on Antipsychotic Medication
Age Group	**n**	**%**	**n**	**%**	**%**
0-5 years	38	1.1%	34,607	44.3%	0.1%
6-10 years	575	16.6%	17,134	21.9%	3.4%
11-15 years	1,593	46.0%	16,562	21.2%	9.6%
16-17 years	1,259	36.3%	9,891	12.6%	12.7%
Data Not Entered	-	0.0%	-	0.0%	0.0%
Total	**3,465**	**100%**	**78,194**	**100%**	**4.4%**

Source: CWS/CMS 2016Q3 and MIS/DSS as of November 2016
Please note: Measure 5a.2 represents preliminary data due to lag times in reporting from Medi-Cal pharmacy providers.

Table 26 shows the data for Measure 5c, Use of Multiple Concurrent Psychotropic Medications, stratified by age. Measure 5c displays the number of children with two or more concurrent claims for psychotropic medications for at least 60 consecutive days during a 12-month period, the number of children in foster on 60 days or more of continuous psychotropic medication treatment, and the derived percentage. This measure allows California to more accurately track the use of concurrent psychotropic medications by youth in foster care.

Table 26: Use of Concurrent Psychotropic Medications among Children in Foster Care by Age Group, July 1, 2015 through June 30, 2016

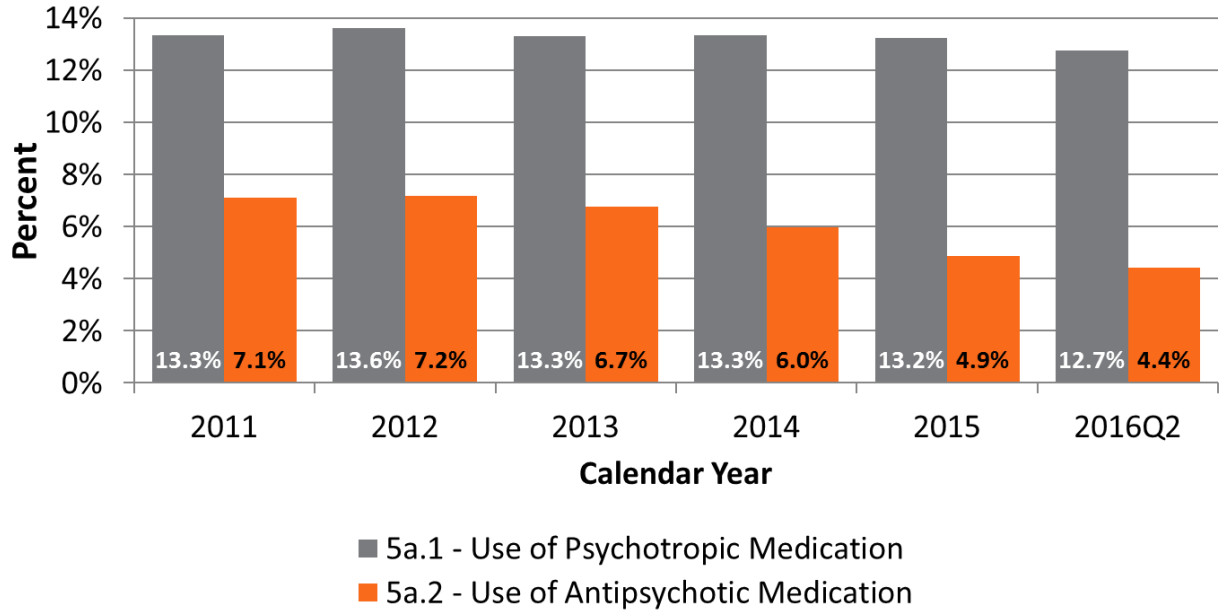
	Children in Foster Care on 2+ Concurrent Psychotropic Medications, 60-75 days overlap (numerator)		Children in Foster Care on at least one Psychotropic Medication for 60-75 days (denominator)		Percent of Children on 2+ Concurrent Psychotropic Medications
Age Group	n	%	n	%	%
0-5 years	54	1.3%	248	3.1%	21.8%
6-10 years	945	22.9%	2,067	25.6%	45.7%
11-15 years	1,909	46.3%	3,385	41.9%	56.4%
16-17 years	1,216	29.5%	2,380	29.5%	51.1%
Data Not Entered	-	0.0%	-	0.0%	0.0%
Total	**4,124**	**100%**	**8,080**	**100%**	**51.0%**

Source: CWS/CMS 2016Q3 and MIS/DSS as of November 2016

Please note: Measure 5c represents preliminary data due to lag times in reporting from Medi-Cal pharmacy providers.

The graph below shows the rates of psychotropic medication and antipsychotic medication of foster youth over the past six one-year time periods. Data shows that rates of psychotropic medication and antipsychotic medication usage rates have gone down from 2011 to the present.

Figure 32: Psychtropic Medication and Antipsychotic Medication Rates among Foster Youth, CY 2011-2016



Note: Q3 and Q4 data for CY 2016 not yet available

Figure 33 and Table 27 below and its corresponding chart, displays the rates of concurrent psychotropic medication paid claims and concurrent antipsychotic medication paid claims among youth in foster care over the past five years. Psychotropic medication paid claims have fluctuated slightly over the past five years, however the paid claims data for youth taking concurrent antipsychotic medications has gone down significantly, from 6.4% in 2012, Quarter 2, to 3.4% in 2016, Quarter 2, with the biggest reduction occurring in the past year; 5.8% in 2015 to 3.4% in 2016.

Figure 33: Concurrent Psychotropic and Antipsychotic Medication Paid Claims 2012 Q2 – 2016 Q2

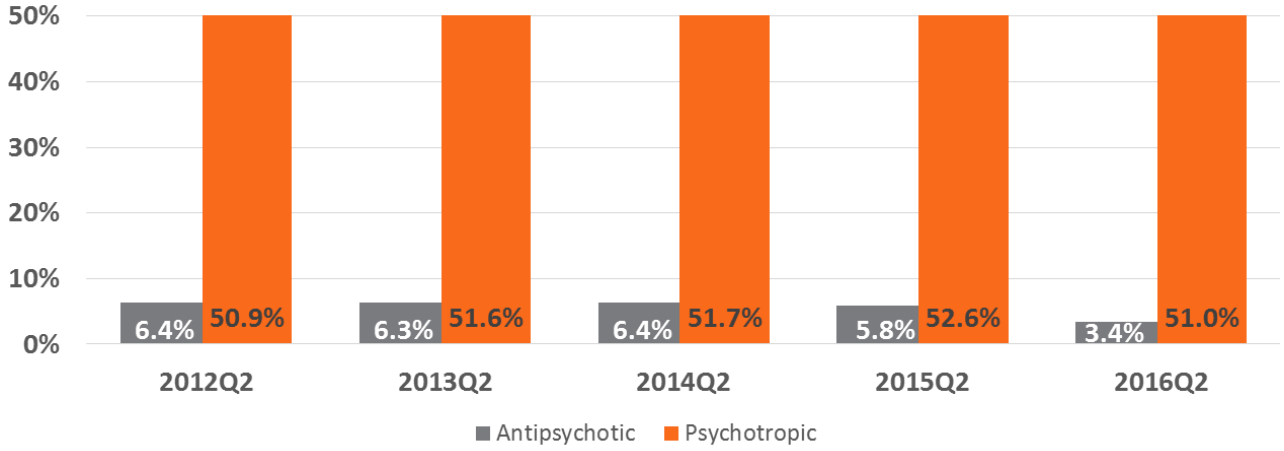


Table 27: Rates of Concurrent Psychotropic and Antipsychotic Medication Paid Claims among Children in Foster Care

	Antipsychotic			Psychotropic		
	Numerator	Denominator	%	Numerator	Denominator	%
SFY 2011/12	291	4,540	6.4%	4,358	8,556	50.9%
SFY 2012/13	277	4,378	6.3%	4,354	8,446	51.6%
SFY 2013/14	264	4,115	6.4%	4,316	8,353	51.7%
SFY 2014/15	199	3,419	5.8%	4,495	8,543	52.6%
SFY 2015/16	95	2,795	3.4%	4,124	8,080	51.0%

The data from measures 5a1, 5a2 and 5c clearly indicate that the highest levels of psychotropic medication usage occur in California's group homes. CDSS began efforts to examine this problem in June of 2015. A series of group home site visits were conducted during the summer of 2015. Youth and staff were interviewed and case records and documentation were reviewed. Results indicated that for the majority of the youth:

- There was a current treatment plan and diagnosis;
- They were receiving conjunctive non-medication treatment services;
- They felt they could speak with their psychiatrist about their psychotropic medications;
- The case file contained a current court authorization and supporting documentation; an
- The treating psychiatrist had provided ongoing treatment notes.

The following issues/trends were identified:

- A majority of youth reported that they themselves and/or other youth in these group homes would receive a negative consequence if they were non-compliant with medical advice to take medications as prescribed;
- Over half of the youth were taking more than one psychotropic medication concurrently;
- Many staff had little knowledge regarding the potential side effects of the medications the youth were taking in their facilities; and
- While the majority of the youth indicated they felt they could speak with their psychiatrist about problems/questions about their medications, several of the group homes had frequent staff, therapist and psychiatrist changes which impacted the youth's ability to connect with someone to hear their medication–related issues.

The information gathered during the 2015 site visits was key in the implementation of recent legislation which added additional record keeping and documentation requirements related to psychotropic medications for group home facilities to maintain in the child's file. As a result of this legislation, CDSS compiles specified information regarding the administration of psychotropic medications to children in foster care placed in group homes, based on data from DHCS and at least annually posts this information on its website. Additionally CDSS, in consultation with the DHCS and stakeholders, established a methodology to identify group homes that have levels of psychotropic drug utilization warranting additional review. This methodology is now used to identify facilities warranting additional review and will be reviewed annually and updated as needed. In order to establish an effective methodology, the QI Project formed a workgroup which also served to inform regulation development related to the group home site inspections that began in November 2016.

The site visits are comprised of staff interviews, child interviews, and file reviews for 206 group homes identified to be within the 75th percentile relative to the home's Rate Classification Level for their utilization of psychotropic medication usage. CDSS utilized a cohort of licensing program analysts to conduct the inspections, some of whom participated in the pilot inspections the year prior. Once the analysts were identified, they received 8 hours of

comprehensive, in-person training related to psychotropic medication as specified in statute, training on what their inspections were expected to entail, as well as training on what factors the legislation specifically required CDSS to inspect.

As previously stated, statewide inspections of these facilities began in November of 2016. The data from the inspections that have occurred thus far was analyzed and is currently being summarized in a report that includes de-identified and aggregate information in order to be published. Some of the trends and findings from the inspections include:

- The most common staffing ratios found among the facilities were 1:3 during the day shifts and 1:6 during the night shifts.
- The majority of youth in the facilities are receiving psychosocial services in conjunction with their medications.
- Current court authorizations for psychotropic medications and parental authorizations were found in the majority of client files.
- One area of concern discovered, was that LPAs were not able to locate the child's trauma history in a number of client files.

CDSS will continue to seek information that can better inform the oversight and monitoring of psychotropic medication usage for foster youth placed in group homes. These inspections have been an integral component of ensuring safe, appropriate and judicious use of psychotropic medication among youth in foster care. CDSS will continue to revise the methodology and process for inspecting group homes on an as needed basis to ensure the safety and well-being of foster youth prescribed psychotropic medications.

Ensuring children and youth receive services to meet their physical and mental health needs continues to be a priority for California. Functionality added to the CWS/CMS system in 2015 provided counties with the ability to record information about screens, referrals, and plan interventions for a child's mental health and developmental health. All children who enter the child welfare system are expected to receive a screen for possible mental health needs, and referred for a full clinical assessment if a possible mental health need is identified. Counties are expected to complete these activities for all children, and record the information into CWS/CMS. The functionality also includes a place to record information on specific plan interventions, or services, provided to a child. This information is also expected to be recorded into CWS/CMS, which can be a challenge when services are provided by an outside agency.

Pathways to Well-Being (PWB)

In the last several years, California's child welfare and behavioral health systems have experienced systemic change in incremental and meaningful ways. Several State initiatives as well as the implementation of the Katie A. v. Bontá Settlement Agreement and the Continuum of Care Reform (CCR) have been catalysts for both systems to become more integrated and collaborative in order to meet the individualized needs of California's children, youth, and

families. *Katie A. v. Bontá, et. al* refers to a class action lawsuit filed in federal district court in 2002 concerning the availability of intensive mental health services to children in California who are either in foster care or at imminent risk of coming into care. A settlement agreement approved by the court in December 2011 required State child welfare (California Department of Social Services/CDSS) and mental health leaders (Department of Health Care Services/DHCS) to work together to establish a sustainable framework for the provision of an array of services that occur in community settings and in a coordinated manner.

As a result of the *Katie A. v. Bontá, et. al* lawsuit settlement agreement, the additional intensive mental health services are referred to as Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) services. And while the court's jurisdiction in the case ended in December 2014, the CDSS and the DHCS remain committed to strengthening California's child welfare and mental health systems with objectives that include facilitating the provision of array of services delivered in a coordinated, comprehensive, community-based fashion that combines service access, planning, delivery, and transition into a coherent and all-inclusive approach, which is referred to as the Core Practice Model (CPM) and now the Integrated Core Practice Model (ICPM). The ICPM is a compilation of the CPM and California's Child Welfare Core Practice Model, with additional content such as CCR legislative enhancements and best practices in the field and specific expectations for practice expectations for staff in child welfare, juvenile probation and behavioral health, and their community partners, as they work collaboratively to serve the child, youth and family members and/or caregivers in achieving their goals.

PWB and CCR efforts involve the continuous work of numerous staff from the CDSS and the DHCS working closely with counties, youth, parents, the provider community, and others. The work that has been completed to date has demonstrated improvements in the delivery of medically necessary mental health services to children in or at risk of placement into foster care, with the primary focus on Medicaid eligible children and youth in need of intensive specialty mental health services. Currently all fifty-eight counties have implemented many components as outlined in the court implementation plan.

Behavioral and Mental Health Services

The OCAP works closely with counties on the development of their prevention services plan including efforts to ensure children receive adequate services to meet their physical and mental health needs. County reported data captured through our online web-based reporting system, Efforts to Outcomes (ETO), illustrates the work county Child Welfare Agencies are engaging in to promote child well-being through the provision of Behavioral Health and Mental Health Services. Examples of these types of services may include anger management services, individual, couples, family and/or group therapy or counseling, Parent-Child Interaction Therapy (PCIT), play therapy, psychological or psychiatric assessment / screening, and/or other behavior and mental health services. During the SFY 2015-16 thirty-three counties reported serving more than 13,000 individuals and over 1,000 families through Behavior Health and Mental Health Services in California.

PWB Shared Management Structure (SMS)

To continue efforts to improve mental health service delivery to children in the Child Welfare System (CWS), the CDSS is working with DHCS to produce reports on Specialty Mental Health Services (SMHS) utilization on a quarterly basis. DHCS currently uses matched data from the CDSS Child Welfare Services/Case Management System (CWS/CMS) and the DHCS Short-Doyle Medi-Cal (SDMC) claiming system. The SDMC and CWS/CMS are used to produce annual Performance Outcomes System (POS) reports summarizing SMHS Medi-Cal claims data for children in the CWS. CDSS' quarterly reports not only increase reporting frequency using the matched data, but also expand upon DHCS' POS reports to include additional relevant information (e.g., CDSS' race/ethnicity data, more granular age groupings, SMHS utilization by length of time in the CWS system, psychotropic medication in conjunction with SMHS). The mental health services data in this report include only SMHS paid claims. Thus utilization rates do not reflect mental health services received through other programs such as school based counseling, Mental Health Services Act programs, and other grant funded services.

This quarterly report provides SMHS utilization for:

1) Children with an open child welfare case; and
2) The subset of children with an open child welfare case in foster care (those who resided in out-of-home care during the time period).

Data in this report were extracted from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) data warehouse on March 17, 2017, and reflect SMHS utilization for these two groups that occurred from January 1, 2015, through December 31, 2015.

These are the most current reporting dates and CDSS hopes to have data for Fiscal Year 2016 by fall 2017.

Table 28 shows that during this period, 131,964 children had an open child welfare case. Of these children, 42.5 percent (56,053) had one or more days of SMHS claims and 31.4 % (41,437) had five or more days of SMHS claims. Of the 131,964 children with an open child welfare case, 85,601 were in foster care at some point during the reporting period. Of these children in foster care, 48.3% (41,347) had one or more SMHS claims and 36.3% (31,054) had five or more days of SMHS claims during their time in foster care.

Table 28: Children with Open Cases and Children in Foster Care, FFY 2016

	Unique Count of Children	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
Children with Open Cases	131,964	56,053	42.5%	41,437	31.4%
Children in Foster Care	85,601	41,347	48.3%	31,054	36.3%

[1] Data Source: CWS/CMS and MIS/DSS extracted on March 17, 2017.

[2] Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

According to claims data, 97.2 percent of the 56,053 children who received SMHS received a Mental Health Services service type. A large percentage of children received Case Management services (40.7 percent) and Medication Support services (23.5 percent; see Table 29).

Table 29: Specialty Mental Health Service by Type for Children in an Open Child Welfare Case, CY 2015 1, 2

SMHS Types3	# of Children with One or More SMHS4 (56,053)	% of Children with One or More SMHS
Mental Health (MH) Services	54,458	97.2%
Case Management	22,809	40.7%
Medication Support	13,194	23.5%
Intensive Case Coordination (ICC)	9,909	17.7%
Intensive Home Based Services (IHBS)	7,560	13.5%
Crisis Intervention	3,511	6.3%
Therapeutic Behavioral Services (TBS)	3,019	5.4%
Inpatient	2,082	3.7%
Crisis Stabilization	1,909	3.4%
Day Rehabilitation	689	1.2%
Day Treatment	343	0.6%
Psychiatric Health Facility (PHF)	164	0.3%
Crisis Residential	49	0.1%
Adult Residential	*	*

[1] Data Source: CWS/CMS and MIS/DSS extracted on March 17, 2017.

[2] Non-SMHS provided through non-Medi-Cal-funded school services, grant funded, or Mental Health Services Act funded services are excluded.

[3] For description of SMHS Types see the Medi-Cal SMHS Supplement Document.

[4] Child count is unduplicated within each service type but may be duplicated across service types. A child may be counted in several different service types. Values of 10 or under are suppressed.

These figures present an analysis of SMHS utilization by children with open child welfare cases, including focused analyses on children in foster care. The results suggest that a substantial percentage of children (42.5 percent) received at least one or more days of SMHS, and the majority of these children (73.9 percent) received five or more days of SMHS. Differences in service utilization by demographic characteristics were minimal, however, a greater proportion of children ages 6-17 received SMHS. Fewer very young children and older adolescents received services. Further, a greater proportion of children in group homes received services than children in other placements. This report represents an effort to characterize services for children in the CWS.

Therapeutic Foster Care (TFC) Services

The Therapeutic Foster Care (TFC) service model is identified as one of the three major services provided through PWB (alongside ICC and IHBS) and is included in the ICPM.

TFC providers will be change agents that provide individualized behavioral health care in a home based environment as an alternative to high-level care in institutional settings. In this reporting period, CDSS and DHCS have released two additional joint information letters (August 2016 and February 2017) to provide further clarification to counties, Mental Health Plans, Child Welfare Departments, and providers with information on the TFC Service Model and the TFC Parent Qualifications Model. In addition, clarifications were made to the letters and TFC service model to underscore the importance of the model and the connection to the Continuum of Care efforts. The notices provide the model overview and address the following components: Target Population; TFC Program Operational Requirements; Role of the Agency Operating the TFC Program; Role of the TFC Resource Parent; and TFC Rates.

Shared Management Structure

A Shared Management Structure (SMS) was implemented at the state level in 2015, comprised of an Executive Team with members drawn from the leadership of both CDSS and DHCS; a Transformation Manager to integrate stakeholder and state department efforts; a Community Team with representatives from key stakeholder groups—including youth, parents, tribes, county child welfare, probation, and mental health departments, and statewide county administrator and service provider associations—in the PWB service integration; a State Team staffed by consultants and supervisors from the CDSS and the DHCS tasked with supporting implementation across California. Corresponding structures are being developed or strengthened in many counties to support child welfare, juvenile probation, and mental health departments with their collaborative efforts to serve children and youth with mental health needs.

To date, since the last report:

- The Community Team commissioned an Integrated Training Plan (ITP) to fully comply with the *Katie A. v. Bontá, et. al* settlement. In accordance with California's shared approach to integrated practice among the child welfare, behavioral health, and juvenile probation systems, this integrated training plan will establish unified content and encourage

integrated training delivery for parent, child, and youth serving agencies and their community based partners. Many stakeholders, including youth and parents, have informed this plan and there will be future opportunities to provide input. The goal is to have a release in 2017 to assist and support Continuum of Care Reform, Resource Family Approval and Therapeutic Foster Care.

- As of 2017, the Community Team has successfully transitioned to Co-Chairs facilitating meetings without the assistance of the Integrated Services Advisor, formerly known as the Transformation Manager.

- During the last meeting in April, 2017, members continued to discuss how to best move forward to meet the goals of the Community Team. Through a group consensus, recommendations were made to restructure the meetings with the goal of being more productive, data driven and outcomes focused. It was decided the group will meet on a quarterly basis.

- The Community Team recommended the creation of a Planning Committee comprised of Executive Team members of both CDSS and DHCS, and representatives from key stakeholder groups - including youth, parents, tribes, county child welfare, probation, and mental health departments, and statewide county administrator and service provider associations. The Planning Committee will discuss what information and data should be used and who will be providing it to the team, how to best present information and data to the Community Team meeting. Co-Chairs and Parent Partner will play a more active role in bringing the Youth and Parent Voice to the team. They have agreed to meet with other youth and parents to gain a broader perspective.

- The Community Team convened a Data Ad Hoc Committee, which began meeting in January of 2016 to further advise the CDSS and the DHCS data staff on critical elements of an effective, data-driven continuous quality improvement system for integrated child welfare and mental health services To inform efforts to improve mental health delivery to children in the Child Welfare System, the CDSS is working with the DHCS to produce reports on Specialty Mental Health Services utilization on a quarterly basis. Beginning in 2017, Mental Health Services Utilization reports for children and youth are presented to the Community Team.

- Provision of technical assistance via monthly conference calls with county child welfare and mental health agencies has transitioned into an *Integrated Practice Technical Assistance Call*. The calls are facilitated by staff from both the CDSS and the DHCS and include opportunities for counties and their community partners to share successes and strategies from their own service and system integration efforts.

- CDSS and DHCS provide on-site Learning Conversation site visits with counties to provide consultative technical assistance, program oversight, and a review of county policies,

practices, and protocols to ensure the mental health needs of children and youth are met and are being delivered within the context of the ICPM.

The Integrated Core Practice Model (ICPM)

The Integrated Core Practice Model (ICPM) is set to be released in 2017 and is a compilation of the *Pathways to Mental Health Services*-Core Practice Model Guide, with additional content, and reflects the inclusion of not only CCR legislative enhancements, but also updates to EPSDT Medi-Cal eligibility that require access to Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) for any child or youth who meets medical necessity requirements, and the continuing evolution of best practices in the field. It provides specific expectations for practice behaviors for staff in child welfare, juvenile probation and behavioral health, and their community partners, as they work collaboratively to serve the child, youth and family members and/or caregivers in achieving their goals.

The manual outlines implementation of a strategic and practical framework to integrate initial and on-going engagement, assessment, service planning, delivery, coordination and care management, including monitoring and adapting services, and transitioning when care is completed. This framework is built on the adoption of System of Care and Wraparound values and principles that guided the *Katie A. v. Bontá, et. al* agreement as well as other key values and theories that inform human services work.

Services within the ICPM must be needs driven, strength-based, and family focused from the first conversation with or about the family. Needs driven services, as opposed to services driven by symptoms, provide the best guide to effective intervention and lasting changes. When children and parents/families see that their strengths are recognized, respected and affirmed, they are more likely to rely on them as a foundation for taking the risks of change. When service providers focus on strengths they provide hope for healing and recovery. As a result, families have an enhanced ability to provide for their child and youth's needs (Well-being Outcome 1), while children and youth receive adequate services to meet their physical and mental health needs (Well-being Outcome 3).

The Intensive Treatment Foster Care/Multi-Dimensional Treatment Foster Care (MTFC/ITFC)

MTFC/ITFC is an intensive treatment program for children/youth with severe emotional and behavioral disorders. The goals of both MTFC and ITFC are to: 1) Create opportunities for youth to successfully live in families rather than group or institutional settings, and 2) Simultaneously prepare their parents (or other caregivers, prospective adoptive parents or guardians) to provide youth with effective parenting. Participation in the program is most appropriate when in-home family preservation programs have been tried, children have had multiple placement disruptions, or when youth are returning from highly restrictive institutional group care placements. Children who would be considered eligible for ITFC/MTFC placement are those children who have been assessed by the county placing agency as at imminent risk of psychiatric hospitalization or placement in a group home with a rate classification of nine or higher.

MTFC/ITFC foster parents receive intensive training and on-going support, and are provided with all information known so they are fully informed about the child's history and can make an informed decision about accepting the child into their home. The program supervisor and foster parent develop the child's individualized daily program.

Addressing Commercially Sexually Exploited Children

Supporting and Implementing Public Law 133-183

California counties are at varying stages of their protocol development and implementation of policies and procedures for commercially sexually exploited children (CSEC). The CDSS provided guidance regarding data reporting and documentation requirements via CDSS's dissemination of the ACL 16-85 on September 30, 2016, which provided intake and investigation policy and procedure development instructions. This instruction was created in compliance with the preventing child sex trafficking provisions enacted by the Preventing Sex Trafficking and Strengthening Families Act, Public Law (P.L.) 113-183, and incorporated into state law with the passage of SB 794, as well as recent changes made by P.L. 114-22 to the federal Child Abuse Prevention and Treatment Act (CAPTA). While all 58 counties have been implementing P.L. 113-183 and subsequent Senate Bill (SB) 794 (Statutes of 2015), 38 counties chose to proactively address the prevalence of CSEC by participating in the county opt-in state CSEC Program as delineated in SB 855 (Statutes of 2014).

CSEC Program

Counties participating in the CSEC Program have access to additional supports and funding to address the prevalence of CSEC. The development of the SB 855 CSEC Program model was informed by the promising practices identified by several counties' significant attention and resources to this issue prior to the change in statute. These counties' work with CSEC helped lay the ground work for identifying and implementing promising practices for serving CSEC, which informed the creation of the state CSEC Program. During state Fiscal Year (FY) 2016-17 the CSEC Program demonstrated extensive growth statewide as counties finalized their Interagency Protocol and moved forward to implementation stages. Counties that opted in for FY 2015-16 were automatically opted-in for FY 2016-17. Most counties that received Tier I level funding during FY 2016-17 elected to receive Tier II level funding to support their prevention and intervention efforts upon completion of their CSEC Interagency Protocol or Memorandum of Understanding (MOU). Three additional counties also chose to opt-in and were allocated Tier II level funding based on their submission of County Plans and Interagency Protocol or MOU. The 38 participating counties received a total allocation of $16.3 million for FY 2016-17. These counties are using their funds to update their interagency protocols, establish prevention campaigns and provide specialized CSEC services such as trauma informed mental health, specialized CSEC advocates and specialized courts. Additionally, the services and innovative strategies that are emerging from the development and implementation of the CSEC Program informs to the spectrum of needs of children in the child welfare and probation systems.

Specialized CSEC Services

CSEC Program opt-in counties have developed an array of services according to the identified needs of the county. Many counties offer trauma informed mental health services, utilizing CSEC advocates and specialized courts to better serve CSEC.

Trauma-informed mental health services are a key component of the intervention strategy. Understanding that placement changes are frequent and common for CSEC, some providers have committed to traveling hours to provide support in an effort to build rapport and establish strong therapeutic relationships. It is imperative that youth have access to these uninterrupted services, despite placement changes or absence without leave (AWOL), as they cycle through their stages of change.

CSEC advocates assist public county agencies in supporting CSEC and youth at risk of CSE. Having a supportive and consistent presence of trained advocates, who are often survivors themselves, is critical in youth engagement. This service helps CSEC build positive and stable relationships with adults. CSEC often use these individuals as a lifeline while AWOL and connect with the advocate before re-engaging with public systems. These advocates support youth throughout the stages of change, and at times, provide a structured support system for CSEC survivors upon leaving the life.

In addition to direct services, some counties established or engaged existing dependency and/or delinquency courts with dedicated calendars to hear cases related to CSE. These courts hear the youth's case on a more frequent basis than is statutorily required to build rapport and to ensure close monitoring. These courts make most decisions using a multidisciplinary body where parties (including the case carrying social worker, county counsel, child's attorney, CSEC advocate, education advocate, department of mental health and department of public health) weigh in on placement and services while prioritizing the youth's voice.

Training Efforts

The CSEC trainings are instrumental tools for implementing the CSEC Program and engaging CSEC and youth. The CDSS partnered with the California Community Colleges Chancellor's Office (CCCCO), the California Social Work Education Center (CalSWEC), the Public Child Welfare Training Academy (PCWTA), the Resource Center for Family Focused Practice (RCFFP) and Survivor Speaks to develop and deliver CSEC related trainings. Per Welfare and Institution Code 16524.7 (4)(B), the CDSS in collaboration with the CCCCO provides statewide training on the commercial sexual exploitation (CSE) of children through the community college Foster and Kinship Care Education (FKCE) Program for resource families and Short-Term Residential Therapeutic Program staff.

To meet the WIC 15601.25 (a)(4) training requirement for social workers, the CDSS consulted with CalSWEC and PCWTA to develop a CSEC Awareness (CSEC 101) e-learning training, which is hosted on the CalSWEC's website. The CDSS also partnered with the RCFFP to develop a CSEC

101 e-learning training for probation officers. Advanced CSEC training on engagement is provided through Survivors Speak's CSEC 102 - Engagement Skills for Working with CSEC and Youth and Multidisciplinary Team (MDT) trainings to social workers, probation officers and MDT partners. This training curriculum aims to provide skills to engage CSE victims and to increase understanding of the MDT's purpose, members' roles and how to assist CSEC through the process of accessing needed services.

Data Collection

Through training, referrals, investigations and screening, counties are observing a consistent increase in the number of identified CSE victims and are working to provide immediate services to these children. Data from County Plans report that a total of 1,911 victims of CSE have been served by child welfare agencies. Child Welfare Services/Case Management System (CWS/CMS) data from June 1, 2015 through December 31, 2016 show a total of 786 CSEC victims and 1,056 children or youth have been documented as at risk for CSE.

Documentation and data sources for the CSEC Program include County Plans, county site visits, and the statewide CWS/CMS. In FY 2015-16, the CDSS required participating counties to submit County Plans with information relating to the prevalence of CSEC and implementation of the CSEC Program. To assist counties in developing their county plans, the CDSS in consultation with the CSEC Action Team developed a County Plan template, which was distributed to counties through ACL 15-48 in FY 2015-16. The CDSS later revised the County Plan template and provided the updated version in FY 2016-17 through ACL 16-69. Participating counties completed and submitted updated County Plans to the CDSS by October 15, 2016.

To support county implementation plans, the CDSS provided consultative technical assistance and conducted county site visits to gather qualitative data. The CDSS utilizes the CWS/CMS to collect quantitative data using special project code (SPC)s and the CSEC data grid. The CSEC Data grid and the Special Project Codes were new additions to the CWS/CMS in FY 2015-16. ACL 15-49, provided four SPCs that were developed as an interim mechanism for counties to document CSEC in CWS/CMS until the permanent system change was in place. In May 2016, ACL 16-49 provided counties with instruction on using the CSEC Data Grid, including definitions of terminology to replace the SPCs. The CSEC Data Grid involves classification of youth victims by "CSEC type"- 1) At Risk 2) Victim Before Foster Care 3) Victim During Foster Care 4) Victim in Open Case Not in Foster Care 5) Victim While Absent from Placement 6) Victim with Closed Case, Receiving ILP Services. The data grid was developed to address the required data collection and tracking outlined in the federal Title IV-E requirements. In addition, on September 21, 2016 the CDSS distributed ACL 16-74 with instruction as to how and when county social workers are to use the SPC titled, "S-CSEC Referral" to capture the number of referrals alleging CSE of a child, regardless of disposition.

The CDSS noted data and reporting limitations after comparing the measurable variables in data from the CSW/CMS and in the County Plans. When the special project codes were first implemented, there were only four CSEC Types available. But with the addition of the CSEC

Data Grid to the CWS/CMS, an additional two CSEC Types were added. This resulted in a loss of continuity of the CSEC data measure. The total number of identified CSEC victims and youth at risk of CSE is reported higher in the County Plans is greater than that of the number of victims reported in the CWS/CMS. Data from the county plans show inconsistencies in documentation, which may be due to data entry practices that differ from the CSEC data grid instructions provided in ACL 16-49. In effort to assist counties meet the data reporting and documentation requirements, the CDSS hosted several webinars to provide clarifying instructions and to address challenges and frequently asked questions relating to data entry in CWS/CMS. The CDSS plans to continue mitigating this issue by identifying opportunities to assist counties in improving documentation and providing consultative technical assistance.

Assessment/Identification

As part of the policies and procedures mandated in SB 794, county social workers and probation officers are required to identify youth receiving child welfare services who are commercially sexually exploited or at risk of becoming victims of sex trafficking. These policies and procedures do not specify that counties must use one particular screening tool, but do provide a number of screening tools that have been proven useful for completing such a screening. These tools include the WestCoast Children's Clinic's Commercially Sexually Exploited-Identification Tool (CSE-IT), the Vera Institute of Justice Trafficking Victim Identification Tool, the Covenant House Human Trafficking interview and Assessment Measure and the San Luis Obispo CSEC Screening Tool.

To identify CSEC, 23 California counties are currently using the CSE-IT to screen youth for CSE. The CSE-IT is intended to be utilized in screening youth age 10 and up within 30 days of their initial intake and every six months thereafter. The CSE-IT pilot program ended in May 2016 and was validated and implemented as an evidence based tool in August 2016. Agencies using the CSE-IT include child welfare, probation, mental health and public health. Since then, the WestCoast Children's Clinic developed a version of the CSE-IT for use by child abuse hotline staff and commenced training individual counties on its implementation.

Preventing and Addressing Child Trafficking (PACT) Project

The PACT project is funded through an Administration for Children and Families anti-trafficking grant with a five-year term beginning October 1, 2014 through September 30, 2019. The PACT project includes ten county child welfare agencies. The PACT project's mission is to implement a state and county level coordinated cross-system, inter-agency collaborative model that effectively serves child labor and sex trafficking victims. Participating counties agreed to undergo a third party evaluation of their implantation of policies and procedures addressing CSEC. The Resource Development Associates was subcontracted as the third party evaluator in January 2015.

The PACT project is currently in its third year of implementation and has made great progress in broadening and developing the collaborative infrastructure in the ten pilot counties and developing and modifying the PACT Program Model to address child sexual exploitation. The

PACT Project is utilizing the state CSEC Program model, which utilizes a two tier approach to serving victims. Each participating county has established a steering committee to oversee development and implementation of policies and procedures, and a multi-disciplinary team (MDT) that meets to discuss the needs of individual victims and children at risk of CSE. The pilot counties have continued to progress implementation of policies and procedures with the assistance of the PACT Coordinator. To date, the RDA found that the appropriate partners are at the table for both the steering committee (mandated partners include mental health, probation, juvenile court, and public health), and the MDT (mandated partners include mental health, probation, public health and substance abuse disorder). In many counties, both the steering committee and the MDT include non-mandated partners such as community based organizations serving victims, the District Attorney's office and the county office of education. However, increased collaboration is recommended to ensure all participants share the same vision and philosophy for serving this population. In addition, the evaluation found that consistent implementation requires an extensive investment of time considering current workload and other competing priorities. Although the counties have made significant progress in developing policies and procedures, additional time is required for ensuring consistent implementation. As the project advances, counties will continue to update policies and procedures for serving CSEC while also targeting upcoming project milestones include labor trafficking victims.

Recent Systemic Change

In an effort to enact laws that both protect and assist children that have been CSE, California legislated SB 1322, which went into effect January 1, 2017, stating (1) a minor engaged in commercial sexual activity cannot be arrested for a prostitution charge; (2) requires a law enforcement officer who comes in contact with a minor engaged, or suspected to be engaging, in CSE to report the youth to local county child welfare agencies as abuse or neglect; and (3) provides that CSEC may be adjudged dependent children of the juvenile court and taken into temporary custody. Therefore, in accordance with Penal Code Sections 647 and 653.22, a law enforcement officer who encounters CSEC must report the youth to the appropriate county child welfare agency. The officer can take the CSEC into temporary custody if "the minor has an immediate need for medical care, or… is in immediate danger of physical or sexual abuse" or if leaving the child unattended "poses an immediate threat to the child's health or safety".

As a result, California will continue building cross systemic collaboration between law enforcement and child welfare agencies at the county level with ongoing technical assistance from the CDSS. Increased communication and information sharing are essential in continuing to establish strong multidisciplinary efforts that will best support the vulnerable population of CSEC.

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)

State of California
Department of Social Services

Organizational Unit:
Office of Child Abuse Prevention
744 P Street, M.S. 8-11-82
Sacramento, California 95814

Designated Child Abuse and Neglect State Liaison Officer with the National Clearinghouse on Child Abuse and Neglect:
Angela Ponivas, Chief
Office of Child Abuse Prevention
(916) 651-6960

Information Contact:
Angela Ponivas, Chief
Office of Child Abuse Prevention
(916)651-6960

Employer Identification Number:
94-6001347

CAPTA

Introduction

In December, 2015, the Administration for Children and Families (ACF) submitted a request for a Program Improvement Plan (PIP) to the CDSS, requiring the department to come into conformity with federal guidelines regarding the definition and public disclosure of child near fatalities resulting from abuse and neglect. The CDSS submitted a PIP to ACF outlining a plan by which legislation implementing near fatality disclosure would be signed by October 2016 and implemented in January 2017. The PIP was accepted by ACF. AB 1625 was approved by the governor and filed with the Secretary of State on September 13, 2016. This legislation brings California into full conformity with federal guidelines regarding the definition and public disclosure of child near fatalities resulting from abuse and neglet. Furhter, this information was provided to counties in All County Letter 16-109 and All County Information Notice I-08-17.

It is California's intent to ensure a clear link between the CAPTA and the Title IV-B CFSP goals by utilizing CAPTA funds to enhance community capacity to ensure the safety of children and promote the well-being of children and families. The CDSS, through its OCAP, uses the CAPTA grant in combination with other funds such as PSSF and state funds from the State Children's Trust Fund. These various funds are used to support county agencies, FRCs, and other community-based organizations through allocations, grants, and interagency agreements to promote child abuse prevention and to provide early intervention and treatment services that serve children and families within their own communities whenever possible. While these funds are largely allocated to counties, CAPTA funds are primarily used for statewide projects, with funds allocated locally for the Citizen Review Panels (CRPs).

The CDSS is the agency authorized by statute to promulgate regulations, policies, and procedures necessary to implement the state's child welfare system to ensure safety, permanence, and well-being for children and families. Within the statutory and regulatory framework, counties are charged with providing the full array of services necessary to meet the needs of at-risk children and families. The OCAP reviews the activities and assesses the results associated with these specific programs that provide services and training in order to determine whether there is the sufficient capacity to keep children safe and to enhance the well-being of children and families.

The CAPTA Plan is a primary prevention component of the State's Child and Family Services Title IV-B Plan, also known as the CFSP.

Progress toward CFSP 2015-2019 Prevention Strategies

Prevention Strategy 1

For children, who are not part of child welfare, develop a comprehensive system that achieves child safety and well-being for the state of California by connecting state organizations, county child welfare agencies and community based organizations.

Objective: By Year Five, the OCAP will have established a network of prevention beyond child welfare agencies that connect with prevention resources in the community, including:

- Shared indicators with First 5 Association and First 5 California; and
- Three common outcomes shared with at least three prevention networks.

As a result:

- Services will be more integrated for the same families; and
- The quality of data regarding prevention services and interventions will improve.

During the third year of the current CFSP cycle, the OCAP did the following to implement Strategy 1:

Identifying Non-Child Welfare Prevention Systems

The OCAP awarded 11 prevention grants to further the identification of non-child welfare prevention systems through the collaboration and connection between community partners. Family Resource Centers (FRCs), Child Abuse Prevention Councils (CAPCs) and community non-profits are non-child welfare systems that can be utilized to increase prevention efforts in communities. The *Innovative Partnerships (6)* and *Community in Unity (5)* grants aim to increase partnership opportunities in order to promote and integrate local and statewide prevention efforts.

Through the *Innovative Partnerships* grant opportunity, which was awarded to six organizations, the OCAP seeks to develop and facilitate regional linkages between CAPCs and key stakeholders in order to advance child abuse and neglect prevention efforts. The purpose of this grant opportunity is to develop regional collaborative networks of CAPCs and key stakeholders. These regional collaborative efforts will be tasked with working strategically to mitigate the major contributing factors of child abuse and neglect and building protective factors within their communities.

Additionally, the OCAP awarded five grants to develop community-wide collective impact projects in targeted areas of need throughout the state of California. Through these *Community in Unity* grants, grantees are responsible for developing collective impact programs which focus on mitigating poverty and/or substance abuse in their local communities.

Stakeholder Collaboration

In September 2013, the California Department of Public Health (CDPH) received a competitive five-year grant, Essentials for Childhood: Steps to Create Safe, Stable, Nurturing Relationships

and Environments, from the Centers for Disease Control and Prevention (CDC). The program is in collaboration with the California Department of Social Services (CDSS), Office of Child Abuse Prevention. The initiative's mission is to develop a common agenda across multiple agencies and stakeholders to align activities, programs, policies and funding so that all California children, youth and their families have safe, stable, nurturing relationships and environments.

Using a collective impact model, the program builds upon existing efforts to promote safe, stable, nurturing relationships and environments for children and families, prevent child maltreatment, and assure that children reach their full potential. Some of the initiatives successes include:

- Developing a trauma-informed competencies framework for multiple sectors to approve and implement.
- Collaborating with KidsData.org to include ACEs data by county.
- Presented Adverse Childhood Experiences (ACEs) data to two legislative special hearings, AB420 (Dickinson) which restricted the use of "Willful Defiance" in school expulsions and ACR 155 (Bocanegra) which created a Joint Resolution on ACEs/Trauma Informed Practices.
- Five Essentials for Childhood newsletters sent to initiate partners and stakeholders since November 2015.
- Hosted two webinars to promote the new Childhood Adversity and Resilience data topic on kidsdata.org.
- The new Childhood Adversity and Resilience data topic was selected as a semi-finalist project in the Let's Get Healthy California Innovation Challenge and was presented at their conference.
- Collaborated to promote Child Abuse Prevention (CAP) Month by featuring CAP month in the newsletter to promote the OCAP *Community In Unity* campaign and hosted Dr. Ken Epstein who spoke about trauma-informed work.

In addition to these successes, the Essentials for Childhood Initiative provides a forum for traditional and non-traditional partners to work collaboratively to increase and coordinate work to reduce child maltreatment.

Partners include the following:

- The California Endowment
- Prevent Child Abuse California
- CWC – Prevention and Early Intervention Committee/State Citizen Review Panel
- First Five California and First Five County Association
- California Department of Education
- CDPH Office of Health Equity (and Health in All Policies Task Force)
- ACEs Connection
- Defending Childhood Initiative – Department of Justice (DOJ)/Futures without Violence
- DOJ Bureau of Children's Justice (new)

- Early Childhood Comprehensive Systems – CDPH Maternal, Child and Adolescent Health-West ED
- CDPH Home Visiting Program
- Health and Safety Workgroup – CCR&R
- Center for Youth Wellness – California ACEs Initiative

Developing Shared Indicators

In April 2016, the Essentials for Childhood Shared Data and Outcomes Workgroup began discussing highlighting data indicators on Kidsdata.org related to child and family wellbeing. The workgroup is currently in the early stages of working with Kidsdata.org, to identify existing indicators to create an Essentials-focused Dashboard in order to measure the impact of the Essentials work across sectors. Data measures being considered must provide a reasonable and causal link between the indicator and the outcome. The Essentials for Childhood Data workgroup members gave careful consideration to which indicators would be prioritized. At this stage in the project, Childhood Adversity and Resilience has been added to Kidsdata.org dashboard.

The potential Kidsdata.org dashboard indicators are divided into five sections:

- entire life course
- pregnancy and birth
- early childhood
- middle childhood
- adolescents

Workgroup members are in the process of confirming indicators for each of the above mentioned timeframes. Entire life course indicators include children in poverty, child abuse and neglect report and CalFresh participation. Pregnancy and birth indicators include teen birth, preterm births and infant mortality rate. Early childhood indicators include annual cost of childcare, children ages three to five not enrolled in preschool or kindergarten and children whose parents read books with them. Middle childhood indicators include students reporting depression-related feelings, and bullying and or harassment in the past year. Adolescent indicators include students completing high school and students reporting known community assets. The goal of this project is to be able to measure impact of the Essentials for Childhood Initiative's Collective Impact approach to improving child wellbeing through a cross-sector approach.

Prevention Strategy 2

The OCAP will redesign its performance measurement system, internally and through the resulting system for prevention described above, so that there are targeted and shared outcomes. Partners to be included in that effort include:

- First 5 Association
- California First 5 Commission
- California Family Resource Association
- Child Abuse Prevention Center
- CSFR process: annual report
- CDPH's Home Visitation Program

Objective: To publish shared prevention targeted outcomes with First 5 California and the CDPH.

As a result of focusing on a few prevention outcomes, the OCAP will contribute to building a common agenda for action, public awareness will be raised, and we will have a greater impact than if not coordinating the work.

Update

In pursuit of this strategy, the OCAP has implemented Efforts to Outcomes (ETO) using CAPTA dollars. The new software was utilized to collect prevention program data from the counties.

Along with this effort, the OCAP is working to become a data driven organization. The OCAP continues to conduct monthly check in calls with grantees and county OCAP liaisons to monitor progress toward their goals and objectives. Additionally, quarterly and annual reports were standardized to collect consistent and accurate data from grantees. A tracking tool and a mapping project have been created to observe where money is being spent throughout the state and how funds are benefiting prevention efforts in each region of the state. The mapping project next steps are to determine geographic locations of Child Abuse Prevention councils and identify of the number of child abuse and neglect referrals across the state. This information will be used as a tool to provide improved technical assistance to counties. The OCAP county consultants are in process of revising the C-CFSR manual to improve the ability of counties to navigate the manual and comprehend the requirements to create quality county self-assessment and system improvement plans. The goal is to emphasize the value of prevention programs and coach the counties to meet needs and gaps in services provided to the counties.

The OCAP remains committed to utilizing the most current methodologies in the assessment of child abuse prevention efforts. To this end, the OCAP is conducting a Predictive Analytics project. The Predictive Analytics project includes researching, developing and evaluating the potential benefit of utilizing predictive risk modeling (and accompanying statistical code) as a strategy for preventing child maltreatment. The objective of the Predictive Analytics project is to identify methods for connecting existing data to support improved decision-making and informed intervention and prevention strategies for children and families who become known

to the child welfare system. This research will identify whether and how administrative data available at the point of a referral to the hotline can improve initial screening decisions.

Prevention Strategy 3

The OCAP will collect common data to measure prevention. For the next five years, the OCAP will focus on developing a statewide data system that will allow for the collection of data that can describe the extent of prevention and measure its impact, including that which occurs outside of child welfare services. Activities that will be considered include:

1. Tying in to the overall CDSS CQI system;
2. Purchasing a stopgap system pending the completion of the New System;
3. Designing the data program, working with Dr. Emily Putnam-Hornstein;
4. Coordinating data collection with First 5 California, First 5 Association, Children's Data network and possibly Maternal Child and Adolescent Health's Home Visiting Programs so that common indicators are measured; and
5. Obtaining data from entities that are not governmental entities and may not have ties to a child welfare agency.

Objective: The OCAP will have in place some kind of data system that measures the impact of prevention efforts in the state.

As a result of these efforts,

- The CDSS will have data to cross match with child welfare records; and
- The quality of prevention data will improve and be more useful to measure the impact of abuse and neglect intervention and services.

Update

During this reporting period, the OCAP utilized ETO for the second fiscal year to collect prevention data. ETO provides an institutional prevention program data bank that can be assessed for data trends overtime.

Prevention Strategy 4

The OCAP will use the data to tell the story of abused and neglected children, and continuously monitor progress and effectiveness of services. Effectiveness includes in its definition intensive enough treatment and of sufficient duration. Activities are to include:

1. Partnering with Dr. Emily Putnam-Hornstein and the CDN to identify at- risk children through predictive analytics research;
2. The OCAP will study incidents of chronic neglect and use the information gathered to inform outreach efforts;
3. The OCAP will build in a training program to ensure expertise in effectiveness of services and interventions, best practices and implementation with fidelity;
4. The OCAP will work with counties on their prevention services arrays to identify and monitor best evidence programs and practices and monitor their effectiveness; and
5. The OCAP will redesign its public awareness program to address issues identified through data collection.
6. The OCAP will explore hiring an internal Research Project Specialist to monitor progress and effectiveness of services.

Objective: The OCAP will have a redesigned public awareness campaign program that is based on data, targets objectives and raises awareness of causes of child abuse and neglect. The OCAP will have an articulate program with training to support counties and community prevention providers to promote and implement effective services.

As a result of these activities;

- The OCAP staff will be knowledgeable of implementation science, and best practices and prevention programming;
- The OCAP staff will employ knowledge throughout the work of the Office with counties and community partners;
- Services will be more effective for families, and families will improve outcomes; and
- Funding will be more effectively utilized.

Update

The OCAP redesigned its communication strategy to more effectively promote messages related to reducing abusive head trauma, promoting safely surrendered baby and raising general awareness of child abuse and neglect. To achieve this, the OCAP created brochures and posters in multiple languages to disseminate consistent statewide messaging of abusive head trauma and safely surrendered baby awareness to the counties. The OCAP will remain a stakeholder and collaborate with the Department of Public Health, Department of Education and other state and community level partners to create a consistent public prevention message through the Essentials of Childhood initiative. A social media campaign around the *Community in Unity* theme has been created to share the OCAP's vision of a collective impact approach to strengthening families and preventing child abuse and neglect. The campaign includes a newsletter, webpage, grant opportunity and an OCAP presence on Facebook and Twitter.

The OCAP staff has been trained in trauma informed care, adverse childhood experiences, brain development and program evaluation. The OCAP will identify themes and trends in data provided by ETO and the mapping project of the state after collecting multiple years of prevention data by utilizing ETO. This will lead the OCAP to determine the issues to be targeted in public awareness campaigns such as substance abuse or domestic violence.

In addition, the OCAP is conducting chronic neglect research to identify patterns and trends to develop services and supports needed to prevent removal. This research will be used to inform outreach and public awareness strategies to prevent chronic neglect.

Prevention Strategy 5

With other prevention initiatives, build a collective impact effort, with a common agenda, language and outcomes to promote child wellbeing and prevent child maltreatment. The OCAP will contribute its own strategic objectives to this process and work with entities such as CDPH, the Office of Emergency Services (OES), the California Department of Developmental Services and others in an effort to coordinate activities and promote common objectives. Others partnerships include:

1. Safe, Stable, Nurturing Relationships and Environments
2. Early Childhood Coordinating Services
3. State Interagency Team home visiting workgroup
4. OCAP-funded projects
5. CRPs, including Prevention and Early Intervention committee of CWC
6. Family support standards
7. Other state systems: Mental health, AOD, and DV especially

Objective: The OCAP will partner through the following to build a common agenda and to integrate services so that they are more effective for families.

As a result of the OCAP's participation in a common agenda to prevent child abuse and neglect, resources should be more effectively utilized, services will be better coordinated, and there will be increased public awareness.

Update

The OCAP issued an RFP and is in process of awarding a grant to fund new citizen review panels (CRPs). Currently three CRPs exist which include two county CRPS, and one Prevention Early Intervention (PEI) statewide CRP. The new contract will consist of three statewide CRPs with each CRP focusing on a different topic-PEI, Child Welfare Services and Critical Incidents.

It takes many years to build the trust necessary to coordinate activities at a systems level. The OCAP in partnership with Essentials for Childhood, funded by the CDC and managed by CDPH, continues to work toward a common vision, mission and goals to strengthen families in California. This partnership is the focus of OCAP's efforts to build a common agenda. An example of collective work is the focus on Adverse Childhood Experiences (ACES). The ACES study, conducted by the CDC and Kaiser Permanente's Health Appraisal Clinic in San Diego, assesses associations between childhood maltreatment and later life health and well-being. Although the OCAP supports the use of ACES as an outstanding example of how to use data to tell the story and develop a common agenda, the ACES report does not provide solutions for organizations or families. The OCAP will be working with the Center for Youth Wellness to adapt materials to include the Five Protective Factors, so that prevention is closely connected to the statement of the problem. The vision, mission and goals of the Essentials project are as follows:

Vision: All California children, youth, and their families thrive in safe, stable, nurturing relationships and environments

Mission: To develop a common agenda across multiple agencies and stakeholders to align activities, programs, policies, and funding so that all California children, youth, and their families have safe, stable, nurturing relationships and environments

Goals*:*
Identify, align and enhance the California Essentials for Childhood Initiative partners' and their stakeholders' efforts to:

1) Build upon families' assets to strengthen their knowledge and skills to provide safe, stable and nurturing relationships and environments for their children.
2) Achieve the highest level of well-being for families and children, with special attention to those who have experienced socioeconomic disadvantage and historical injustice, including vulnerable communities and culturally, linguistically, and geographically isolated communities.
3) Prevent child maltreatment and other childhood traumas and implement trauma informed policies and practices throughout public and private organizations and systems.
4) Improve the quality of and expand the accessibility to programs and services supporting families and children.
5) Enhance the integration of systems and networks that support families and children to improve communication, services, accountability and outcomes.
6) Engage communities and strengthen their capacity to act and take leadership roles in creating safe and stable environments that support families and children.
7) Build public support and commitment (or …"public commitment and political will…") for policies and programs that promote safe, stable and nurturing relationships and environments for families and children.
8) Embed and incorporate families and children as priorities in public policies.

9) Increase the number and scope of private sector policies and practices that support families and children.
10) Improve and enhance data management systems that use common measurements to increase accountability for shared indicators and outcomes for families and children.

Stakeholder Collaboration Strategy

Planned for 2015-2020:

- Formalize an OCAP prevention advisory council with a common agenda;
- Formalize a funders advisory role to advise on bringing in more dollars to California communities for prevention; and
- Engage earlier with stakeholders to obtain feedback on reports, including the Annual Report and the Community-Based Child Abuse Prevention Report.

Objective: To formalize and articulate the OCAP stakeholder input process regarding prevention efforts.

Update

In pursuit of this objective, the OCAP has initiated twice annual Learning Conversations. These Learning Conversations are designed to encourage community-building by bringing together all OCAP-funded partners to share their accomplishments and to ask questions and gather ideas from other funded partners. Additionally, the OCAP has developed a Healthcare Advisory Group (HAG). The purpose of the HAG is to bring together stakeholders from the healthcare sector twice annually to discuss current health-related education initiatives and policies under development by the OCAP and to receive input.

The OCAP will continue participation in the Critical Incident Workgroup (CIW), a State Interagency Team with participation from community partners as well as county and state government representatives, working to reduce child abuse and neglect fatalities in the state of California. The CIW will focus on specific objectives in the coming year, such as developing and sharing best practices and recommendations for Child Death Review Teams and Child Welfare Services reviews; Identification of common trends and risk factors to build capacity and implement prevention strategies for communities and local agencies; and the creation of a data sharing framework between and among state, local and community partners.

The OCAP also obtained input from the scientific advisory panel with the California Evidence Based Clearinghouse, that resulted in better informing the OCAP's planning around effectiveness of service and implementing with fidelity evidence based and evidence informed practices.

The programs, services, and activities outlined in the CAPTA components are linked to the following goals and objectives included in the CFSP plan:

Safety Outcome

Goal 1: Children are first, and foremost, protected from abuse and neglect; they are safely maintained in their homes whenever appropriately possible and provided services to protect them.

Well-Being Outcome

Goal 2: Children are safely maintained in their homes whenever possible and appropriate; families have enhanced capacity to provide for their children's needs; children, youth, and families are active participants in the case planning process; and children receive adequate and appropriate services to meet their educational, physical, and mental health needs.

Permanency

Although a specific goal was not identified as part of the CAPTA plan, the CAPTA grant is used in combination with other funds such as PSSF and state funds from the State Children's Trust Fund. These various funds are used to support county agencies, family resource centers, and other community-based organizations through allocations, grants, contracts, and interagency agreements to promote child abuse prevention and to provide early intervention and treatment services that serve children and families within their own communities whenever possible. These include families with open cases in the child welfare system.

California's state-administered child welfare system is implemented at the local level by 58 counties, each governed by a county board of supervisors. Funding for child welfare services is a combination of federal, state, and county resources. The range of diversity among the counties is immense and there are many challenges inherent in the complexity of this system. However, the system's major strength is the flexibility afforded to each county in determining how to best meet the needs of its own children and families. The state's counties differ widely by population, economic base, and are a mixture of urban, rural, and suburban settings.

CWS in California spans the continuum of care from prevention and early intervention to treatment and aftercare; however a prevention and early intervention focused CWS system is crucial to achieving safety, permanency and well-being for California's children. As the lead in prevention and early intervention efforts across California, the OCAP engages in multiple efforts to prevent child abuse and neglect including implementing the Strengthening Families framework and the Community In Unity campaign among others. Through these efforts the OCAP provides training and technical assistance, funds some program evaluations, and disseminates educational material on prevention and early intervention programs, activities and research.

During the C-CFSR process, the OCAP provides oversight of the state and federal prevention and

early intervention and treatment funds by requiring counties to submit five-year plans that address how prevention and early intervention activities are coordinated and how services will be provided. Counties are highly encouraged to utilize the funds to build the capacity of communities to strengthen families, keep children safe, and provide a continuum of quality family services, supports, and opportunities to maintain children in their own homes.

An indicator of some of the progress made in prevention and intervening early in the last few years is a decrease in the number of referrals of suspected abuse and/or neglect to county child welfare agencies. This is in spite of robust statutory requirements for mandated reporters and the availability of free online training to improve their understanding of reporting requirements.

Integrated Plan

As part of the integrated approach of the CSA and SIP, county child abuse prevention and early intervention partners, including a representative from the local CAPCs are invited participants in both the CSA and SIP planning meetings. Prevention partners are able to review the CSA and SIP to determine if the plan continues to meet local needs. Since each CAPC is designated by the County BOSs and their primary purpose is to coordinate the community's efforts to prevent and respond to child abuse and neglect, their participation has been critical in ensuring local needs are being discussed and/or met. In addition to CAPC participation, representative from the following community groups and prevention partners have participated: County Children's Trust Fund Commission/Council, County Mental Health, County Health, County Alcohol and Drug, Probation, Native American tribes, parents/consumers, resource families, caregivers, youth, Court-Appointed Special Advocates (CASA), domestic violence treatment providers, Early Childhood Education, faith-based community, Law Enforcement, Juvenile Court Bench Offices and private foundations. The integrated approach provides a forum for input from various partners, which in turn can better inform CWS program decisions and outcomes.

The development of the CSA requires each county to review the full scope of Child Welfare and Probation services, from prevention and early intervention throughout the continuum of care. Additionally, counties conduct a needs assessment providing an analysis on demographics, service provision, systemic factors, and unmet needs. Development of the SIP allows counties opportunities to specify their priority improvement goals and to establish programs for achieving improvement in those areas. The SIP also includes a coordinated plan for service provision for programs funded with prevention and early intervention funding, providing evidence that services are meeting identified, unmet needs. As a part of this process, California counties also hold community meetings and focus groups in order to receive input from key stakeholders.

The OCAP county consultants work with counties as they assess their service needs during the CSA process and develop a plan for service provision through the SIP. This process allows OCAP county consultants an opportunity to provide critical training and technical assistance to county

child welfare agencies as they coordinate with community partners. The OCAP consultants participate in the internal county preparation meetings and county stakeholder meetings to provide program expertise on prevention, early intervention and treatment services; encourage the development and implementation of evidence-based programs and practice; and assist counties in identifying programs and services that will support outcome measures and strategies. The consultants also guide counties as they look at how interagency collaborations and leveraging funding can impact their ability to achieve positive outcomes for children and families, review and interpret state and federal code in order to provide technical assistance to counties, and review and provide feedback on CSA and SIP reports.

Each California county receiving these funds must report annually on their participation rates for prevention, early intervention and treatment program/activities; changes of service providers and/or programs; CAPC and Parent Engagement activities; braiding of funds; collaboration and coordination efforts, and on their quality assurance process. Counties are asked to include in the Annual Report the programs and initiatives in which collaboration and coordination occur for the purpose of strengthening and supporting families to prevent child abuse and neglect, to intervene early in families who are at risk and to those programs and activities that allow children to remain safely at home. California counties collaborate and coordinate home visitation services, childcare services, Early Head Start programs, and CalWORKs programs, among others. This is only one indicator of how county CWS agencies view the importance of collaboration and the impact it has on these efforts. This captures only a small portion of the partnerships that exist at the local level.

Some challenges exist in measuring the effectiveness of prevention and early intervention programs and services. To help determine whether an effort is successful or necessary California counties conduct needs assessments, surveys and site visits, implement evidence-based programs, and analyze overall participation data for CWS.

Child Fatalities/Near Fatalities

The following information regarding child fatalities and near fatalities resulting from abuse and/or neglect is a summary of the information which can be found in California's Child Fatality Annual Report for Calendar Year (CY) 2014, set to be released in June 2017, and the Child Fatality and Near Fatality 5-Year Report, set to be released in July 2017 which encompasses data and trends from 2010-2014.

Limited information regarding child fatalities from CY 2015 has been included as the California Department of Social Services (CDSS) staff is currently reviewing 2015 child fatality and near fatality incidents. While the Child Fatality and Near Fatality 5-Year Report will not include data from 2015, additional data sets, such as mental health history, housing instability, domestic violence and substance abuse history for the families involved in child fatality incidents, will be included offering a comparison of child fatality and near fatality trends and information from CYs 2010 through 2014. The CDSS annual reports highlight trends in child and family

demographics and causes of child fatalities and near fatalities. Also provided are implementation outcomes from prior year's activities to address fatality findings and future plans to address findings from the review of CY 2014 child fatality and near fatality incidents, the most recent time period for which fatality incident analysis is available.

The purpose of the annual report is to meet the reporting mandates of the federal Child Abuse Prevention and Treatment Act (CAPTA), Senate Bill (SB) 39 (Chapter 468, Statutes of 2007), and Assembly Bill (AB) 1625 (Chapter 320, Statutes of 2016). The CAPTA requires a state to have provisions which allow for the public disclosure of the findings or information about a case of child abuse or neglect which has resulted in a child fatality or near fatality. AB 1625, enacted in September 2016, brings California into full compliance with federal requirements regarding near fatalities by adding Section 10850.45 and amending Section 10850.4 of the Welfare and Institutions Code (WIC). SB 39 and AB 1625 require county welfare departments or agencies to notify the CDSS of every child fatality and near fatality that occurred within its jurisdiction that was the result of child abuse and/or neglect. The determination that abuse and/or neglect led to the child's death or near death can be made by the Coroner/Medical Examiner (in cases of fatalities only), Law Enforcement, and/or the child welfare services (CWS)/Probation agency. SB 39 and AB 1625 also require the CDSS to annually issue a report identifying the child fatalities and near fatalities and any systemic issues or patterns revealed by the notices submitted by the counties and any other relevant information in the Department's possession.

Throughout the last few years, the CDSS has continued to refine its analysis of child fatality and near fatality incidents resulting from abuse and/or neglect to provide a more comprehensive look at these incidents including: characteristics of children who are more likely to be victims of fatalities and near fatalities; a more in-depth analysis of incidents which were evaluated out and which had prior child welfare services history (CWS); level of involvement these children and their families had with the CWS system prior to or at the time of these incidents; number of incidents involving children with CWS history beyond five years; demographic information regarding the primary individual(s) responsible (PIR) and secondary individual(s) responsible (SIR) for these incidents including their ages and/or relationships to the children; and the common causes of these child fatalities and near fatalities and a comparison to the victim's age range. In addition, new to the 2014 annual report is a more in-depth analysis of the level of involvement these children and their families had with the CWS system one year prior to and at the time of these incidents as well as analysis of family risk factors including domestic violence, substance use, mental health issues, and housing instability.

The CDSS will continue to refine its data collection and analysis efforts in the future to enable the Department to better understand these incidents, the children and families involved and the statewide systemic issues and trends which can be addressed at a statewide policy level.

Comparison of Child Fatality Data from CY 2008 through CY 2015

In the section below, child fatality data is presented through CY 2015, along with comparison to previous calendar year trends. As a result of the analysis of data through CY 2013, CDSS has recommended several activities to address the major findings identified. Outcomes of these activities are not yet available; however, as part of the continuous quality improvement process utilized within the department, data collection has been further refined allowing better targeting of recommended interventions and prevention strategies. In this sense, the outcome of the previous year's analysis has allowed for improved identification of the level of CWS involvement, individuals responsible, areas of similarity between most recent prior ER referral and the fatality, CWS contact, and services provided.

As of May 1, 2017, via the SOC 826 form, CWS agencies reported 125 child fatalities occurring in CY 2016, which were determined to be the result of abuse and/or neglect, with 118 children residing in the home of their parent or guardian and seven children residing in an out-of-home foster care placement.

The number of fatalities reported has fluctuated between CYs 2008 and 2016, reaching a high in 2012 and decreasing through 2016 (see the table below). The number of fatalities of children in an out-of-home foster care placement declined between CYs 2008 and 2013, increasing in CY 2014 and again in CY 2015.

Table 30: Child Fatalities by Type of Type of Placement, CY 2008-16

	Type of Placement	CY 2008	CY 2009	CY 2010	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
Fatalities	In-Home	114	118	128	119	137	131	122	130	118
	Out-of-Home	6	5	4	2	2	4	5	7	7
Total Fatalities		120	123	132	121	139	135	127	137	125

As of May 1, 2017, via the SOC 826 form, CWS agencies reported 80 child near-fatalities occurring in CY 2016, which were determined to be the result of abuse and/or neglect, with 75 children residing in the home of their parent or guardian and five children residing in an out-of-home foster care placement.

The number of near-fatalities reported has fluctuated between CYs 2008 and 2016, reaching a high in 2011 and decreasing through 2016 (see the table below). The number of near-fatalities of children in an out-of-home foster care placement has remained relatively consistent with slight increases in 2011, 2013, and 2016.

Table 31: Child Near Fatalities by Placement Type, CY 2008-16

	Type of Placement	CY 2008	CY 2009	CY 2010	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
Near Fatalities	In-Home	89	86	117	131	129	114	104	81	75
	Out-of-Home	3	0	3	6	2	5	2	3	5
Total Fatalities		92	86	120	137	131	119	106	84	80

Child fatality case reviews are in-progress for CY 2015, therefore the following section provides status of activities that the state has taken in response to findings from review of CY 2012 and 2013 child fatality incidents. Strategies based on the cumulative review of child fatality and near fatality data form 2010-2014 are under development, and should be finalized in July, 2017.

Future Plans

The information gathered from the analysis of child fatality and near-fatality incidents informs the CDSS, county child welfare agencies, and stakeholders of risk factors impacting safety of children, as well as policies and actions that may mitigate those risks. Specifically, the analysis has identified the most vulnerable children, individuals responsible, allegations, and causes of fatality incidents, which can each be used to influence the CDSS' direction in child abuse prevention as well as risk and safety management.

The sections below provide the activities that CDSS is pursuing as an outcome of the analysis of child fatalities and near-fatalities from 2012 and 2013.

Current activities:

- CDSS is working with Rady Children's Hospital to update the current Mandated Reporter training to include information regarding Sentinel Injuries. This information should be finalized by June 30, 2017. Additional information on identifying the signs of child trafficking and exploitation was added to the general mandated reporter training in summer 2016, a training specifically tailored to all school personnel was developed and launched in August 2016, and a new training for child care providers is currently being drafted with an expected launch date of January 2018.
- CDSS is updating existing SBS and Safe to Sleep materials to contain the most current information, inclusive of resources for parents (i.e. the Child help National Child Abuse Prevention Hotline, as well as other hotlines and websites). Brochures will be downloadable and available in multiple languages. The CDSS will promote available educational information through its website, social media and partnering agencies including the Essentials for Childhood Initiative, the California Family Resource Association, local Child Abuse Prevention Councils, county First 5 Commissions and the Strategies listserv reaching 14,000 child welfare and prevention partners.

- CDSS has finalized an educational brochure and poster for Abusive Head Trauma Prevention and updated the Safely Surrendered Baby outreach and education materials with feedback from a variety of stakeholders including: County Child Welfare liaisons, Family Resource Centers, Child Abuse Prevention Councils, CDSS Healthcare Advisory Group members, CDPH representatives, and a pregnant and parenting teen focus group. All materials have been revised and redesigned to reflect a strength-based approach to prevention and incorporate the feedback of these stakeholder groups, including the addition of QR Codes on brochures to enhance the accessibility of materials through the use of technology. These materials are currently in the process of being printed through the Office of State Publishing, and will be available for dissemination upon request. The materials will also be posted in a downloadable format to the CDSS' website, shared OCAPS's quarterly newsletter, and shared with social services partners via social media.
- CDSS is funding the University of Southern California, Children's Data Network (USC/CDN) through a research grant to explore the potential of Predictive Risk Modeling within the California Child Welfare System. CDSS finalized the Predictive Analytics Grant with USC/CDN in Summer 2016 and the project will be funded through June 2018. A data sharing Memorandum of Understanding (MOU) between USC/CDN and CDSS has been finalized and will allow for sharing of CWS/CMS data, SDM assessment tool data, and child fatality related data. This project will involve ongoing advisory panel meetings with a variety of stakeholders from across the state to monitor progress and identify any potential issues around disproportionality or racial disparities.
- In an effort to collaborate with the healthcare sector on prevention efforts related to child abuse prevention, CDSS identified key stakeholders and convened the Healthcare Advisory Group (HAG) in September 2016. The agenda for this meeting included discussion of Mandated Reporter Trainings, review of educational materials for Safely Surrendered Baby program and Abusive Head Trauma, and discussion of plans to further address child maltreatment fatalities. The first meeting was well attended and resulted in feedback on our prevention materials, including suggestions to enhance the accessibility of materials through the use of technology, and new partnerships with CDPH on the Text4Baby program, a service that sends out educational messages to expecting and new parents to promote positive health outcomes for families. CDSS will convene this group twice annually to continue collaboration and build partnerships with the healthcare sector. Potential agenda items for upcoming meetings include discussion of the recent Comprehensive Addiction and Recovery Act (CARA) legislation related to substance exposed newborns, and further discussion on safe sleep recommendations.
- The updated SDM tools were implemented on November 1, 2015. CDSS scheduled trainings for both staff and trainers throughout 2016 to educate staff and promote the new tools. Additionally, the CDSS will begin to create one-page briefs on SDM usage to create awareness and improve quality use and disseminate these briefs at the monthly Operations meetings held with the Child Welfare Directors at CDSS. Some key features of the new tools include:
    - Information on prior child deaths was clarified in the Hotline Screening tool

- Information on caregiver complicating factors was added to the Safety Assessment. Caregiver complicating factors, such as substance abuse and mental health, must be considered when making a Safety Plan.
- Use of more neutral language in the Risk Assessment and evaluation of the secondary caregiver's history of abuse and neglect as a child, mental health, drug and alcohol issues and criminal arrest history.

- CDSS is continuing to review the referrals preceding child fatality and near fatality cases and will provide analysis in the Combined 2014 Child Fatality and Near Fatality Report. CDSS is also partnering with UCB/CCWIP and USC/CDN to develop more advanced analyses of fatality and near fatality cases.
- As a result of the review of 2012 and 2013 incidents with prior child welfare history, CDSS learned that counties differ in their practice of how nonparent perpetrators are entered into the system. Without proper documentation regarding these perpetrators of fatal abuse and neglect, future hotline screeners may not know this crucial piece of information if another allegation of abuse or neglect is made involving that same individual in the future.
- In response, CDSS is in the process of drafting an All County Letter on the appropriate investigation and documentation practice for documenting child maltreatment fatalities caused by non-parent perpetrators. It is anticipated that this will be released in early 2017.
- CDSS convened the Critical Incident Workgroup (CIW) – a multidisciplinary and interagency group aiming to reduce and prevent child fatalities and near fatalities caused by abuse and neglect. At its fourth quarterly meeting in November 2016, a sub-group specifically addressed the first objective of the CIW: to develop and share standardized and statewide best practices and recommendations for Child Death Review Teams and CWS reviews. The sub-group meeting was attended by participants from Fresno Child Welfare Services, CDPH, The Child Abuse Prevention Center (CAPC) of Sacramento, and the National Center for Child Death Review. The sub-group is consulting with the National Center for Child Death Review for guidance on strengthening use of the Child Death Review Case Reporting System by Child Death Review Teams and developing strategies and best practices for CDRTs and CWS agencies when examining child fatalities to prevent future deaths and ensure child health and safety.

Substance Exposed Newborns

California requires each county to formulate and implement a protocol regarding substance-exposed infants. In practice, California hospitals report drug-exposed newborns to the county child welfare system, which performs an assessment of the family's needs and the level of risk to the infant and determines the appropriate response. This means each child referred to child welfare for investigation of alleged maltreatment is assessed using the SDM Safety Assessment, which includes a specific checkbox for a drug or alcohol exposed infant. Indication that the child has been born exposed to drugs or alcohol triggers the need for a Safety Plan, which serves as the Plan of Safe Care. The SDM Safety Plan considers both the family's needs and

strengths and can include a variety of interventions, from drug treatment and testing, to use of other family members to ensure safety, or to the removal of the child if necessary. If a Safety Plan cannot be developed or is not being adequately followed, then the child will be removed to protective custody and placed with a relative or foster family placement.

The 2015 Structured Decision Making Combined County Report reported that the Safety Assessment is being appropriately implemented in approximately 85 percent of all child welfare cases. The CDSS is currently investigating barriers to the use of the Safety Assessment in the remaining cases, using both case reviews and outreach to county representatives via the Pre-Placement Policy Workgroup. The Office of Child Abuse Prevention (OCAP) is in the process of reaching out to hospital stakeholders, the California Department of Public Health and the American Academy of Pediatrics to gain greater insight into hospital training and guidelines regarding assessment of drug-exposed newborns. This information will inform state guidance outlining best practices around Safety Assessments and Safety Plans, including specific information on Plans of Safe Care for drug-exposed infants, anticipated to be released later in 2016.

- The CDSS currently uses data for submission to the National Child Abuse and Neglect Data System (NCANDS) which is derived from notifications (SOC 826 forms) submitted to the CDSS from CWS agencies when it has been determined that a child has died as the result of abuse and/or neglect, as required by SB 39. The abuse and/or neglect determinations reported by CWS agencies can be and are made by local coroner/medical examiner offices, law enforcement agencies, and/or CWS/probation agencies. Therefore, the data collected and reported via SB 39 and utilized for NCANDS reporting purposes reflects child death information derived from multiple sources. It does not, however, represent information directly received from either the State's vital statistics agency or local CDRTs.
- The CDSS will be continuing to look at how it might utilize other information sources to continue to enrich the data gathered from the SOC 826 reporting process and reported to NCANDS. The Critical Incident Workgroup, organized by the CDSS, is examining how differing agencies define maltreatment and what existing data sources may be available across multiple agencies to provide a better understanding of these incidents, including identification of any gaps in reporting child deaths. In addition, the CDSS continues to collaborate and share data with the CDPH to conduct the reconciliation audit of child death cases in California. Health and Safety Code 123605). Currently, the CDSS is reconciling CY 2015 data sets representing records from the Department of Justice Supplemental Homicide Records, State Vital Statistics, the Child Abuse Central Index with SOC 826 fatality statistics and CWS/CMS records to compare actual numbers reported, etc., informing both our NCANDS and/or APSR submissions.

Any indication of maternal substance abuse shall lead to an assessment of the needs of the mother and child" (Penal Code 11165.13). This mandatory assessment must be completed by a health practitioner or social worker and identifies needed services for the mother, child or family and determines the level of risk to the newborn and the corresponding services and

intervention, if any, necessary to protect the newborn's health and safety (Health and Safety Code 123605). In practice, hospitals generally report all substance-exposed newborns with signs of Fetal Alcohol Syndrome or exposure to Schedule I or II drugs, including prescription drugs, to child welfare for an investigation and assessment. County policies vary regarding newborns whose mothers indicate use of marijuana alone unless other risk factors are present.

All California county child welfare agencies utilize the Structured Decision Making (SDM) suite of assessment tools.

For additional information, including the California Child Fatality/Near Fatality Annual Reports for CY's 2008-2013; please visit the Child Fatality and Near Fatality Information website at http://www.childsworld.ca.gov/PG2370.htm. This means each child referred to child welfare should be assessed using the SDM Safety Assessment, which includes a specific checkbox for a drug or alcohol exposed infant. The marking of any checkbox on the form triggers the need for a safety plan, which considers both the family's needs and strengths and can include a variety of interventions, from drug treatment and testing, to use of other family members to ensure safety, or to the removal of the child if necessary. Once a Safety Plan is implemented, the social worker assigned to the family is responsible for monitoring the plan to ensure it is being followed and to determine if a case should be opened for ongoing services, or if the referral can be closed as the situation has been stabilized.

Additionally, the OCAP currently collaborates with the California Department of Public Health through the Essentials for Childhood Initiative to address the issue of child maltreatment as a public health issue. This collaboration is a natural vehicle for further prevention work targeting substance exposed newborns. The Essentials Project focuses on raising awareness and is committed to promoting safe, stable, nurturing relationships and environments; creating the context for healthy children and families through social norms change, programs and policies; and using data to inform actions.

The OCAP also facilitates a Healthcare Advisory Group to address cases involving substance exposed newborns, which includes discussions of prevention and intervention best practices. Members of this group include doctors, nurses and other staff in the healthcare and public health fields. The OCAP is currently developing guidance to provide to the counties for the recently enacted Comprehensive Addiction and Recovery Act of 2016 through an All County Letter.

Workforce Plan

The purposes of CAPTA funding are to support: (1) improving the child protective services' systems, (2) child abuse prevention activities by funding discretionary grants, and (3) support innovation by funding research and demonstration project grants for preventing child maltreatment. In conjunction with other funding sources, the OCAP used CAPTA monies to fund the following programs:

Title IV-E Child Welfare Waiver Demonstration Project: California's Demonstration Project began on July 1, 2007 with Alameda and Los Angeles counties, and has continued under three short-term bridge extensions through September 30, 2014. On September 29, 2014, the federal government approved a five-year extension and expansion of the Project for seven additional counties through September 30, 2019. The Project operates in the following counties: Alameda, Butte, Lake, Los Angeles, Sacramento, San Diego, San Francisco, Santa Clara, and Sonoma.

The Title IV-E Child Welfare Wavier Demonstration Project's goal is to improve the safety, permanency, and well-being of children, youth, and families through the increase of preventative and family centered strength based practices. The Project facilitates the use of unrestricted federal Title IV-E funds and effects savings while fostering the collaboration between county child welfare and probation departments. The Project includes two primary interventions: Safety Organized Practice/Core Practice Model (SOP/CPM) and Wraparound. Participating counties can also invest their funding in up to four additional interventions (two for child welfare and two for probation). The Project infers families will be more likely to be engaged and benefit from direct services, and children and youth will remain safely in their own homes and experience improved functioning. The Project also fosters collaboration within CDSS and OCAP will continue to coordinate its work to ensure the efficient allocation of resources and exchange of pertinent information.

The Waiver project provides an exciting opportunity for the OCAP to partner with counties in new ways. In keeping with the goal of providing "prevention coaching" the OCAP works with the CDSS Waiver team how to best coordinate work with the C-CSFR and waiver implementation plans.

Safety Organized Practice: All nine counties in the Waiver are implementing SOP. SOP is a holistic approach to collaborative teamwork in child welfare that seeks to build and strengthen partnerships within a family, their informal support network, and the agency. SOP uses strategies and techniques based on the belief that a child and his or her family are the central focus, and the partnership exists in order to find solutions that ensure safety, permanency and well-being for children. In addition to these nine counties, eighteen additional counties have also begun to implement SOP. They include: Colusa, Contra Costa, Humboldt, Inyo, Madera, Marin, Mendocino, Mono, Nevada, Placer, San Benito, San Joaquin, San Luis Obispo, Shasta, Solano, Sutter, Tehama and Yolo. One exciting aspect of SOP is a transition from family engagement to family involvement. SOP is grounded in Evidence Based/Evidence Informed practices:

- Motivational Interviewing
- Solution-Focused Practice
- Cultural Humility
- Appreciative Inquiry
- Trauma Informed Practice

- Risk & Safety Assessment Tools
- Family Meeting and Networks of Support
- Strategies for engaging children

Training in SOP is being provided to partners and providers throughout the continuum of care for children and families. San Joaquin County noted that SOP is being used in their prevention strategies to keep children out of the system and/or preventing re-entry. Others have stated that social workers are very excited by this new practice and are re-invigorated in providing grass roots work.

Parent Services Project (PSP)

In an effort to better equip parents to serve as leaders of their families and as cross-system advocates for their communities, the OCAP renewed the Parent Services Project (PSP) grant for an additional year (through Fiscal Year 2015-16). This grant enabled PSP to lead parent academies in six counties within California. The parent academies, also known as Leaders for Change (L4C) training program, offer low income parents a 20 hour training program grounded in the evidence-based Strengthening Families Framework.

The goals of the L4C training program are to:

- Build knowledge of the Five Protective Factors in parents and families and their roles in strengthening families.
- Develop knowledge and skills in leadership, communication and advocacy in order to create change in the systems which serve families.

The L4C training program is tailored to meet the unique needs of the host community based on input from local advisors. Participants complete 20 hours of parent leadership training in the following areas:

- Leadership of self, family, community and systems.
- Goal setting, communication, advocacy skills and action planning.
- Understanding the Five Protective Factors.
- Building support networks and allies, outreach and mentoring strategies.

Between February 2013 and July 2016 the PSP provided L4C academies to 25 of California's 58 counties. Through conducting a culturally appropriate outreach plan, the PSP succeeded in recruiting a diverse group of 364 low income emerging parent leaders as participants, of which 302 completed the training. The L4C training participants consisted of 50 percent married, 21 percent single, 16 percent partnered, 11 percent divorced or separated and two percent widowed. Moreover, 67 percent were Latino, 18 were percent white, five percent were African American, three percent were multi-racial and seven percent identified as another ethnicity. In addition to the parent participants, 82 county staff (e.g., case manager, family support workers,

family advocates, parent educators, parent mentors, mental health clinicians, counselors, etc.) completed the L4C training.

An outside evaluator, Philliber Research and Evaluation, measured the effectiveness of the PSP in building parents into stronger leaders. Philliber Research and Evaluation used the following surveys to measure parent leadership, protective factors, community advocacy and parent's actions taken in their own families: Yourself as a Communicator and Leader; Five Protective Factors Survey; Community Advocacy; About You and Your Own Family.

Based on the surveys taken after attending the training, parents demonstrated increases in parental and child developmental knowledge, confidence and building skills related to implementing the Five Protective Factors in their families. Parents increased their community advocacy actions at schools and communities by attending community meetings, public speaking and providing leadership at more meetings. Parents also reported an increase in their frequency of: writing letters or e-mails about a community problem; speaking face-to-face with public officials about community issues; and volunteering with a local organization, agency, church or school.

State Parent Leadership team (SPLT)

The Parents Anonymous (PA) continued to develop the State Parent Leadership Team (SPLT) in FY 2015-16. The SPLT consists of parents who have had previous involvement across multiple systems, such as child welfare, mental health and community-based organizations. To select the parents on the SPLT, Parents Anonymous sent 500 e-mails through their Constant Contact list of participants from the California Parent Leadership Conference. Strategies assisted with the distribution of nomination forms. The PA received a diverse group of nominees from different ethnic backgrounds and various experiences in child welfare systems. From these nominations, six parents were selected to be on the SPLT. The SPLT had quarterly calls with the members of the SPLT and the Program Director from PA.

The SPLT members participate on different statewide committees that meet monthly or quarterly. The FY 2015-16 saw members of the SPLT participate in the following organizations listed below.

Organization	Committee Assignments
Child Welfare Council	Prevention (subcommittee), Permanency (subcommittee)
Pathways to Well Being	Statewide Training and Education (committee), Community Team
Essentials for Childhood Leadership	Action Team
Strengthening Families California	Policy (committee), Communications (committee)

Furthermore, during FY 2015-16 SPLT members:

- Presented the 2016 Juanita Chavez Awards for Meaningful Shared Leadership to the Child Welfare Council (CWC) Co-Chairs: Secretary Diane Dooley and Justice Raye Vance.
- Worked on the CWC Annual Plan with activities focused on Parent Partner Models and a research convening.
- Provided input emphasizing the key role of Parent Leaders in Continuum of Care Reform implementation.
- Provided input to the role of parents in mental health services while their children are in foster care.

Strategies

CAPTA funds are used to support the Strategies program, a three agency collaborative (Youth for Change, Interface Children & Family Services, and Children's Bureau) responsible for providing training and technical assistance to family strengthening organizations throughout California in an effort to enhance capacity to prevent child abuse and neglect. Strategy is a vital component of the informal prevention network, and has for years built the capacity of hundreds of organizations to support families to prevent abuse.

Strategies remained the OCAP's primary vehicle for delivering trainings to community based organizations in Fiscal Year (FY) 2015-16. The four guiding principles for Strategies trainings provided in FY 2015-16 were:

- Trainings will build the capacity of organizations to better understand and implement the Strengthening Families Framework;
- Focus on special topics which will assist with recognizing and implementing practices that prevent child abuse and neglect;
- Build the capacity of family support agency staff or leadership capacity, including, but not limited to, accountability, outcomes and implementing evidence-based practice and;
- Promote family engagement.

Table 32: In FY 2015-16, Strategies Training Outputs Achieved, FY2015-16:

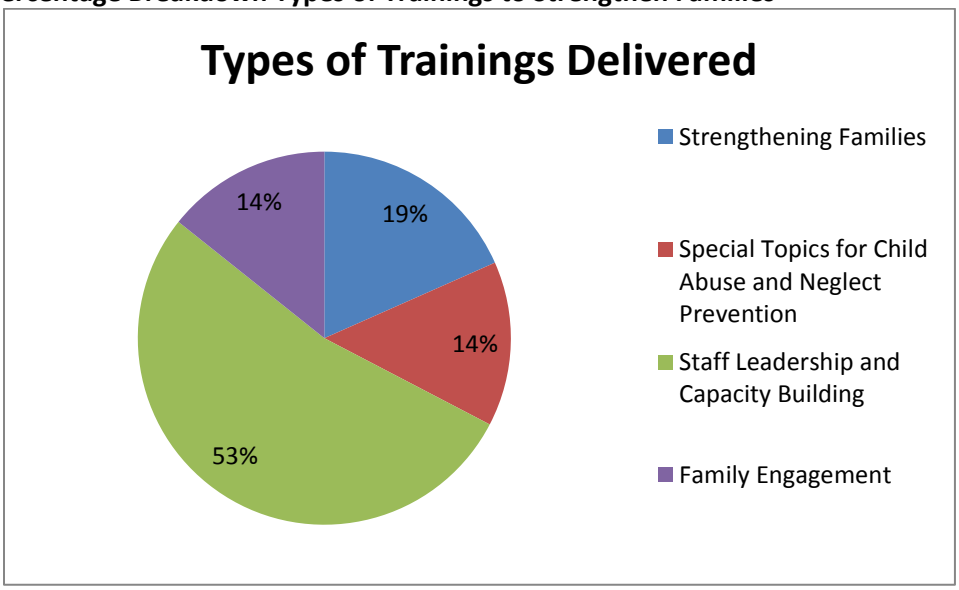
Trainings Delivered Statewide			
Region	Classroom	Webinar	Total
1	23	12	35
2	59		59
3	25	13	38
Total	107 (81%)	25 (19%)	132 (100%)

Table 33: Training Types Offered by Strategies Regions 1-3 for Quarter 4 (April – June, 2016) of FY 2015-16

Training Types	Number Delivered
Strengthening Families	9
Special Topics for Child Abuse and Neglect Prevention	7
Staff Leadership and Capacity Building	26
Family Engagement	7
Total	49

Fifty three (53 percent) of trainings offered built the capacity of organizations to implement the Strengthening Families™ framework. The chart below illustrates the types of trainings provided.

Figure 34: Percentage Breakdown Types of Trainings to Strengthen Families



Strategies served trainees from all counties in California. Trainees came from a variety of professional backgrounds, and included participants from child welfare agencies, community-based organizations, state agencies, for-profit organizations, educators, law enforcement, healthcare and Native American tribal organizations.

Training Outcomes

Strategies achieved the following evaluation rating scores (using a rating scale of one to five, with five representing the highest satisfaction rating) regarding the in-person and web-based trainings provided for Quarter four (April – June, 2016):

Table 34: Evaluation Ratings of Strategies Trainings, by Region, Quarter 4 (April-June 2016)

Strategies Regional Organization	Average Final Rating Score
Region 1 – Youth for Change (in-person Trainings)	4.30
Region 2 – Interface Children & Family Services (in-person trainings)	4.05
Region 3 – Children's Bureau (web-based trainings)	3.80

Training Feedback Received

To be reflexive to the needs of counties, and community based partners, Strategies is tasked with developing custom trainings on a variety of topics in order to develop, operate, expand and enhance community-based child abuse prevention and neglect activities.

Technical Assistance

In addition to training, Strategies provided individualized TA in support of 31 child abuse and neglect prevention projects in 20 California counties. The 31 technical assistance projects focused on major topical areas including:

- Collaborative partnerships
- Network development
- Fatherhood programs
- Strengthening Families Framework
- Trauma-informed care
- Program assessment and evaluation

Table 35: Technical Assistance Project Types Provided

Type of TA Projects	Total
Group Technical Assistance	28
Individual Technical Assistance	3
	31

Technical Assistance Outcomes

Strategies achieved an average satisfaction rating of 4.4 (using a rating scale of one to five, with five representing the highest satisfaction rating) regarding the technical assistance provided.

One of the major systemic changes the OCAP undertook was to promote, advance and embed the practice of utilizing evidence-based and evidence-informed practices and programs. Through the braiding of state and federal funds, including CBCAP, the OCAP funds the Chadwick Center for Children and Families and Child and Adolescent Services Research Center at the

University of California, San Diego to maintain, populate and disseminate the California Evidence-Based Clearinghouse for Child Welfare (CEBC).

CEBC

The CEBC has become a nationally recognized source to identify and disseminate information regarding evidence-based and evidence-informed practices relevant to child welfare. The CEBC provides guidance on evidence-based and evidence-informed practices to state and county agencies, private organizations and individuals. This guidance is provided in straightforward formats on the CEBC web site thereby reducing user need to conduct extensive literature reviews or critique academic research methodologies.

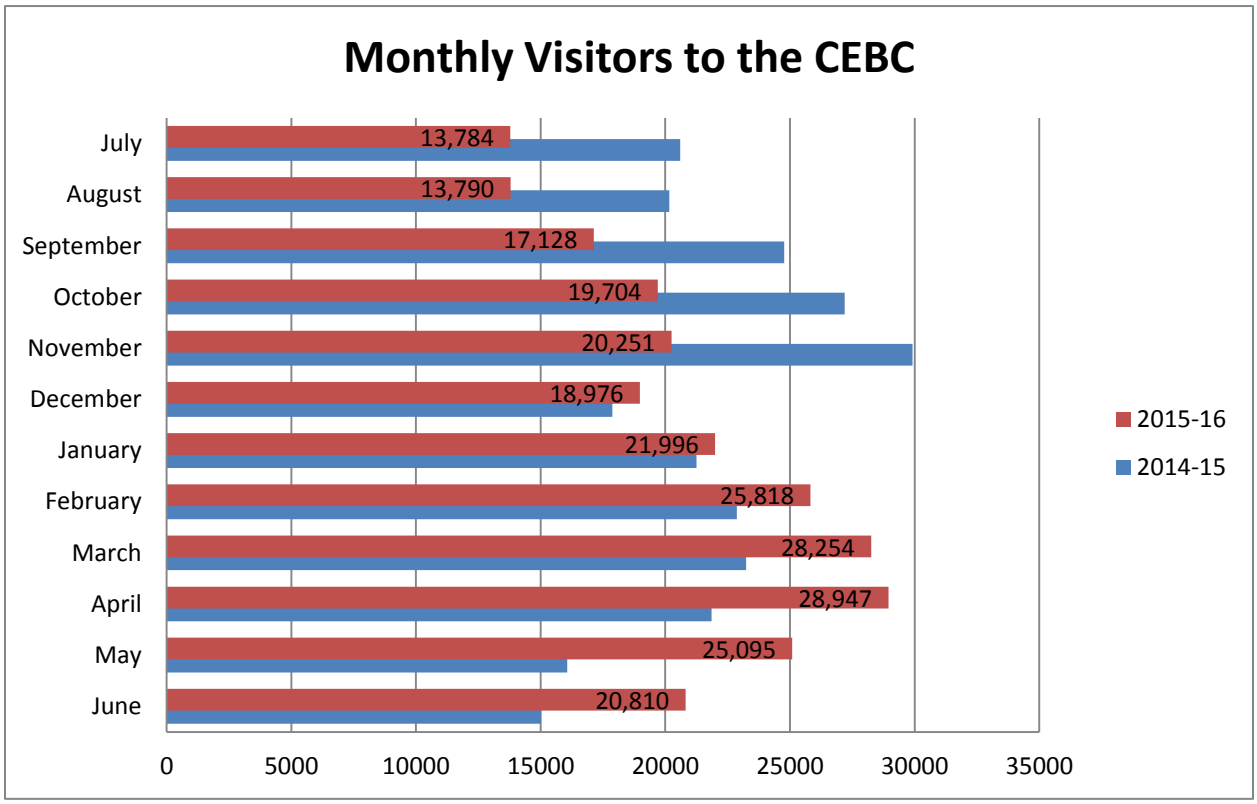
The CEBC provides vital information on the research evidence of child abuse and neglect prevention, intervention and treatment programs to child welfare systems and the nonprofit sector that provide services to children and families. County workers rely on the CEBC to make decisions about program investments in communities, and child welfare workers use the CEBC to inform case planning and referral decisions. The CEBC continues to be a critical tool for identifying, selecting and implementing evidence-based and evidence-informed child welfare practices that will improve child safety, increase permanency, increase family and community stability and promote child and family well-being.

The CEBC is guided by three main entities which ensure the highest quality review and implementation: a statewide Advisory Committee comprised of state and local child welfare leaders, supporting organizations and nationally-respected authorities on child welfare; a national Scientific Panel comprised of nationally recognized members who are leaders in child welfare research and practice; and a national Implementation Science Panel comprised of five core members who are nationally recognized as leaders in the field of Implementation Science and Child Welfare.

As of June 2016, 361 programs were listed on the CEBC web site. Of the programs that were submitted for rating, approximately half were rated. Almost half were not able to be rated because the CEBC found they had not been rigorously evaluated and/or did not meet other CEBC rating criteria. In FY 2015-16, the CEBC continued to expand in utilization, with a total of 23 new programs being added to the website. The graph below shows in FY 2015-16, the CEBC averaged 21,213 visitors per month. This is a decrease compared to FY 2014-15, as the web site was undergoing updates which caused issues in the updating of new information and navigating the site. The FY 2014-15 was also a big year for the CEBC web site as that is when the organization started to utilize Twitter and Facebook, resulting in increased awareness of the web site. The number of visitors increased in the third quarter of FY 2015-16 as a result of extensive marketing efforts to promote the web site and also an update of the web site to make it more user-friendly. The CEBC continues to refine its web site and increase marketing efforts, in the aim to make the web site an effective resource to bring awareness to the issue of

child abuse prevention and provide community agencies to search and review evidence-based services and practices.

Figure 35: Number of Monthly Visitors to CEBC, SFY 2014-15 and SFY 2015-16



During SFY 2015-16 the California Evidence-Based Clearinghouse (CEBC) hosted and executed several webinars, presentations and trainings on implementing evidence-based and evidence-informed programs.

Twenty-nine new programs and two existing topic areas were split to more specifically address certain topics:

- The Parenting Training Topic area was split into Parent Training to Address Child Abuse and Neglect and Parent Training to Address Difficult Behaviors in Children
- The Trauma Treatment topic area was split into the Client and System levels
- The Youth Transitioning into Adulthood topic area was re-reviewed and new programs were added

In addition to expanding the CEBC's library of evidence-based and evidence-informed programs and practices, CEBC staff presented or hosted the following webinars:

- *Reducing the Use of Psychotropic Medications Through Increased Use of Evidence- Based Practices for Children and Youth in Foster Care*

- *Evidence-Based Practices Supporting Youth in their Transition into Adulthood*
- *Screening and Assessment in Child Welfare: Using the CEBC's Measurement Tools Section*

Differential Response[12]

Keeping families intact and preventing the removal of children from their homes remains an important outcome for the OCAP. As the OCAP learns more about the trauma associated with the removal of children and the negative long-term effects, the need to strengthen families becomes an even greater priority. Research shows that the earlier at-risk families are identified and supported, the better the outcomes for families, parents and children. Effectively, when families are engaged in services which build protective factors (especially when service involvement is voluntary), they are better able to safely care for, and nurture, their children at home. Differential Response is a flexible service delivery vehicle which allows counties to offer systems intervention on a sliding scale (i.e., participation in services can be informal and voluntary). Moving away from an "either-or" system of child welfare intervention, Differential Response allows for child welfare agencies to offer services without opening a formal case.

The OCAP is promoting the dissemination and utilization of the SFF and the Five Protective Factors throughout California as a means of advocating for systemic change. While the OCAP is implementing SFF through many vehicles, the primary implementation strategy remains the use of training and technical assistance (TA). As previously stated, Strategies provided training and TA to embed the Five Protective Factors which buffer families against child abuse and neglect, into programs, systems and communities in California. In pursuit of that goal, Strategies provided training and TA to all California counties. Strategies buttressed their training and TA with outreach through the use of newsletters, social media and the Strategies web site.

Training:

The FY 2015-16 saw Strategies complete a total of 223 trainings to more than 3,900 participants. Trainings included those scheduled in the Strategies training catalogue for the general public and customized according to agencies' requests and needs. Highlights of customized trainings offered by Strategies in FY 2015-16 to embed systemic change included:

• Seven in-person training sessions (206 participants total) pertaining to the SFF.
• Two in-person training sessions on Incorporating Father Friendly Practices at Your Organization held in Los Angeles County reached a total of 348 participants. These trainings illustrate the expansion in the audience for Strategies trainings beyond the initial Family Resource Center staff.

[12] For additional information visit: https://www.childwelfare.gov/pubs/issue-briefs/differential-response/

• The Detection of Drug Endangered Children on Home Visits webinar attracted 176 participants.
• The convening "On Poverty and Families: What We Need To Know" was held in Sacramento. The convening explored the current science of brain development, as related to poverty, lived experience, the data landscape of poverty in California, how to foster the parent-child relationship to protect from toxic stress and the importance of aligning agencies, schools, and families to provide environments increasing the likelihood of child success. More than 175 people attended this event.

- Strategies hosted a sold-out convening on *Building Resilience to Trauma*. More than 235 people were in attendance.

Technical Assistance

In addition to trainings, the OCAP utilized Strategies as a vehicle of systemic change through the provision of TA to counties. In FY 2015-16, Strategies supported 31 TA projects in 20 California counties.

Highlights from Strategies TA projects in FY 2015-16 include:

- The Strengthening Families Tehama TA project moved into advanced phases of leadership level work, as well as "early implementer" work for four programs via assessment and action planning over time.
- The San Francisco Child Abuse Prevention Center project developed a comprehensive list of risk factors (aligned with ACEs) that impact families. The form will be used as an intake and screening tool for clients.
- The Mono County Child Abuse Prevention Center project involved facilitation of coaching sessions on Strengthening Families/Protective Factors parent outreach, education and activities.
- Strategies coordinated and planned the San Diego County Child Welfare Services' 2016 Parenting Expo which took place in May 2016. The Parent Expo was an opportunity for parents to come and hear dynamic speakers present on family strengthening topics.

Citizen Review Panels

Citizen Review Panels (CRPs) were established by federal statute and implemented in 1996 as part of the Child Abuse Prevention and Treatment Act (CAPTA) requirement for states to receive federal grant funding. California and most states are required to have a minimum of three independent CRPs. Each CRP consists of a chairperson or coordinator who assists members with their quarterly meetings and annual reporting requirements. The California Department of Social Services' Office of Child Abuse Prevention provides oversight, technical assistance and funding allocations.

The evaluations provided by CRPs involve examining child protection policies, practices, and procedures and assessing the extent to which state and local child protection agencies are discharging their child protection obligations. Recommendations are then made to county and

state governments for improvement. The CRP members may consist of former recipients of social services, foster parents, child welfare services professionals, court-appointed special advocates, children's attorneys, educators, representatives of tribal governments and county public health and mental health agency staff, law enforcement officials, and other interested parties. The CRPs are required to complete and distribute to the public an annual report containing recommendations based upon its activities and findings.

During this funding period, California has maintained two county-based Citizen Review Panels located in San Mateo County and Ventura County and a statewide CRP through the Prevention and Early Intervention (PEI) Sub-committee of the California Child Welfare Council (CWC).

County Citizen Review Panels

During 2015-2016 each county panel engaged in meaningful activities to assure the well-being, safety, and permanence of children and families in their communities and throughout the state. Recommendations made include the following:

San Mateo CRP panel members recommended that county divisions of the child welfare system involved in the "Pathways to Wellbeing Program" evaluate the effectiveness of mental health services for children. It also recommended that county Children and Family Services continue to place children in the child welfare system within San Mateo County in accordance with statewide requirements of Continuum of Care Reform that go into effect in 2017.

Ventura CRP panel members recommended that CDSS explore the development of a data Dashboard template to describe trends and outcomes for key child welfare performance measures in other California counties per Ventura County's example. It also recommended that CDSS explore the use of resiliency-based frameworks to gather the perspectives of foster youth in group homes with the idea that this information could inform local and statewide Continuum of Care Reform practices.

Statewide Citizen Review Panel

The Statewide CRP was established in December 2013 as the Prevention and Early Intervention (PEI) Subcommittee of the California CWC. Supported by ongoing technical assistance from the OCAP, the Statewide CRP is well-positioned to make substantive recommendations to the CDSS/OCAP that pertain to critical statewide issues.

Among the PEI-CRP's recommendations is for the state to widely disseminate the core elements identified in the Child Welfare Prevention Toolkit created by the CRP, and use them to inform ongoing improvements in California's child welfare system. The CRP also recommends that a long-term, collaborative investment in effective prevention practice be implemented throughout the state of California through the addition of training and technical assistance to

counties for the implementation of the Child Welfare Prevention Toolkit to the Strategies 2.0 scope of work.

Training and Technical Assistance

The orientation process for San Mateo CRP members calls for incoming members of the Panel to talk with the Chair for an orientation session at the beginning of their term. Panel members receive information and updates about the child welfare system from the Children and Family Services Director and the Juvenile Probation Liaison at each regular meeting. During the course of the year, representatives of various public and private providers in the child welfare system make informational presentations to the Panel at its regular monthly meetings.

Monthly, the CRP members discuss the Children and Family Services (CFS) Dashboard. This is an internal CFS document that provides an overview of data in key interest areas related to children and family services and provides an understanding of the indicators used by CFS to monitor its own programs and services. Panel members are encouraged to direct questions about the Dashboard data to the CFS Director, who attends CRP meetings.

All members of the Ventura County CRP were oriented to the CRP objectives and the federally-required confidentiality requirements. The confidentiality requirements were reviewed with the CRP membership and reinforced with a new procedure in that members now sign the confidentiality agreement as part of the registration process for each CRP meeting.

Potential members of the PEI CRP review and discuss membership criteria with the PEI CRP Chair prior to the CRP extending a written panel membership invitation. Panel member and nominees for membership must disclose any personal or professional relationships that may represent a conflict of interest to the CRP.

INDIAN CHILD WELFARE ACT (ICWA)

The Department recognizes the need to consult, collaborate and coordinate with all federally-recognized tribes within their jurisdiction on all aspects of the development and oversight of the 2015-2019 CFSP. Federal law and regulations also separately identify several key child welfare issues about which the state must consult and coordinate with tribes and then report on the outcome of these discussions. These issues include state compliance with the Indian Child Welfare Act (ICWA); the arrangements for providing services in relation to permanency planning for tribal children, whether in the care of the state or tribe; and the provision of independent living services under the Chafee Foster Care Independence Program (CFCIP).

CDSS has noted in previous APSRs that this area continues to be in need of improvement. Protecting American Indian/Alaska Native (AI/AN) children, strengthening their families, and meeting the goals of ICWA requires a complex system of child welfare services that involves many different entities, including law enforcement, the courts, social services agencies and tribal nations. To improve consultation efforts with California tribes, CDSS and tribes began work on a formal government-to-government Tribal Consultation Policy (TCP). With the TCP fully developed and implemented, it will be one of several vehicles by which the CDSS will consult and collaborate with tribes on the implementation and assessment of the CFSP in the future. California has the foundations of making a meaningful contribution to the success of the ICWA, but additional resources are critical for continued success.

Consultation and Coordination Between States and Tribes

Office of Tribal Affairs

The CDSS concurs with the recommendation in the California ICWA Compliance Task Force Report to the Department of Justice (DOJ) and Bureau of Children's Justice; which highlighted the need for a CDSS Office of Tribal Affairs to develop and maintain either cooperative or collaborative relationships with California Indian tribes, Indian citizens and tribal organizations to promote the health, safety and welfare of California's Indian citizens. This recommendation aligns with an ongoing initiative to reorganize the Department's approach to tribal affairs. This approach enhances efficiency and responsiveness by implementing a three-pronged mechanism that creates a centralized, coordinated process to address policy as well as program development, while disseminating tribal work throughout the Department. The CDSS believes this approach will support and enhance the full spectrum of tribal engagement in a manner that is sustainable and responsive to diverse tribal interests and needs.

The concept, which was developed in response to conversations with ICWA subject matter experts, involves a centralized executive led policy approach to tribal affairs, with the CDSS Director serving as the CDSS Tribal Liaison, facilitated by a Tribal Coordinator and two support positions. In addition to enhancing communication, this staffing approach will ensure accountability by centralizing oversight, both of counties implementing child welfare programs,

but also of the work of the Department as that work is dispersed throughout the CDSS. As tribes assert their authority over child welfare, a singular approach focused on ICWA alone is no longer adequate. There is a need to integrate and institutionalize tribal activity throughout the CDSS to engage the full range of resources and expertise. CDSS's Office of Tribal Affairs will also coordinate the exchange of Annual Progress and Services Report between the Department of Social Services and federally recognized tribes.

The role of the Tribal Coordinator includes:

- Planning, leadership, coordination and oversight of tribal affairs.
- Implementing a responsive, coordinated and sustainable process to assure consistent and integrated policy, program and practice for statewide application of ICWA.
- Working with a diverse population of state, county and federal stakeholders to ensure effective communication and feedback processes with tribes and Native stakeholders.
- Assisting the Tribal Liaison (the CDSS Director) within the capacity of tribal affairs.
- Working with the CDSS Division's branch and bureau leadership to establish priorities, initiatives and tribal outreach efforts.
- Providing oversight, such as technical assistance and tracking of federal IV-E and IV-B related activities as well as monitoring corrective action plans.
- Coordinating and monitoring vigorous implementation of the CDSS Tribal Consultation Policy.

Tribal Consultation Policy (TCP)
The purpose of the TCP policy is to guide consultations between the CDSS and the 109 sovereign federally recognized Indian Tribes in California on policies and procedures that affect Tribes in California, in recognition of statutory mandates and Federal and State Executive Directives to establish formal government-to-government consultations. The CDSS recognizes that Tribal cultures are unique, with their own distinct history and traditions. The CDSS understands that tribes are interested in CDSS policies and programs that may affect the Tribe, their members and the Native American population in California. The TCP is in the process of finalization and will be implemented in 2017.

Expansive geographical and cultural differences among the 109 federally recognized tribes in California create a barrier in facilitating consultations with multiple tribes in one location. As a result of these geographical barriers, the Department continues efforts to facilitate regional meetings with tribes on a rotational basis in Northern, Central, and Southern California. As evidenced by the local Tribal/County Alliance meetings attended by CDSS representatives, the Department is committed to meeting with tribes in local settings in order to ensure that tribes, when cost of travel is a barrier, are accommodated and included in meetings.

The ICWA has provided CDSS an opportunity to engage with tribes to identify and address problems that affect the wellbeing of Indian children and youth through the collaboration of the ICWA Workgroup. The ICWA Workgroup is a cooperative of tribal, county and state

representatives, advocates and technical experts. The guidance received through collaboration with the ICWA Workgroup is distinct and different from formal "government-to-government" consultation and issues that have emerged during the ICWA Workgroup meetings that require tribal consultation have highlighted the need to finalize the TCP to formalize partnerships between CDSS and tribes.

Annual California Statewide ICWA Conference
The CDSS continues to support the Annual Statewide ICWA Conference by providing financial sponsorship, participating in sessions, and assisting with the development of the conference agenda. The conference venue alternates between northern, central and southern California, and is typically sponsored and organized by a volunteer host tribe or group of tribes in the selected area. The conference is conducted over two and one-half days and is attended by approximately 200 individuals consisting of state, tribal and county representatives, professionals from child welfare and child maltreatment prevention programs and agencies, law enforcement, judiciary, and foster/adoption agencies. An ICWA conference is planned for June 2017 and will consist of many tribes and stakeholders as well as CDSS staff.

Tribal Court-State Court Forum (the Forum) – see also, Collaboration with Courts section at beginning of report
The Judicial Council of California (JCC) operates the Forum, which is a coalition of tribal court and state court judges in California who come together as equal partners to address areas of mutual concern. These concerns often relate to the recognition and enforcement of court orders that cross jurisdictional lines, the determination of jurisdiction for cases that might appear in either court system, and the sharing of services between jurisdictions. The forum is convened for the express purpose of improving the working relationship between its members and enabling the state and tribal courts to issue and enforce their respective orders to the fullest extent allowed by law.

ICWA Compliance and Data Monitoring

Through the Judical Council of California's (JCC's) Tribal Court-State Court Forum
An ongoing collaboration exists with the interagency agreement between the CDSS and the JCC. Consultation with tribes occurs through a partnership with the JCC through the Forum. Details of the ICWA-related work accomplished by this forum are further described in the Current Activities section of this chapter.

ICWA Initiative with JCC Tribal/State Programs Unit
Created in 2005, the ICWA Initiative has been a successful partnership between CDSS and the JCC. Funding for the ICWA was renewed for another three years beginning July 2016. The contract with the JCC promotes further collaboration with tribes, tribal courts, the DOJ and other organizations to identify, recommend, and implement statewide solutions to identified ICWA compliance issues. Educational resources related to ICWA and/or child welfare and the juvenile court system and ICWA job aids were prepared and technical assistance provided to

local courts, attorneys, child welfare agencies, and probation departments regarding ICWA compliance.

Through the Tribal/State Programs Unit, the JCC has established the following programs and services including:

1. A clearinghouse of resources
2. Tribal Court-State Court Forum activities
3. Comprehensive ICWA services
4. Education
5. Legal and court technical assistance

Indian Child Welfare Act Services
With funding from the CDSS for the ICWA Initiative, the JCC continues to work with courts and agencies to comply with ICWA by providing education, technical assistance, and resources statewide. Educational offerings include regional trainings and local collaborative workshops addressing the following ten topics: 1) When ICWA applies; 2) Exclusive versus concurrent jurisdiction; 3) determination of tribal membership or eligibility for membership; 4) notice to tribes; 5) tribal participation and intervention; 6) active efforts, including culturally appropriate services; 7) cultural case planning; 8) placement preferences; 9) qualified expert witnesses; and 10) permanency planning for Indian children, including Tribal Customary Adoption (TCA).

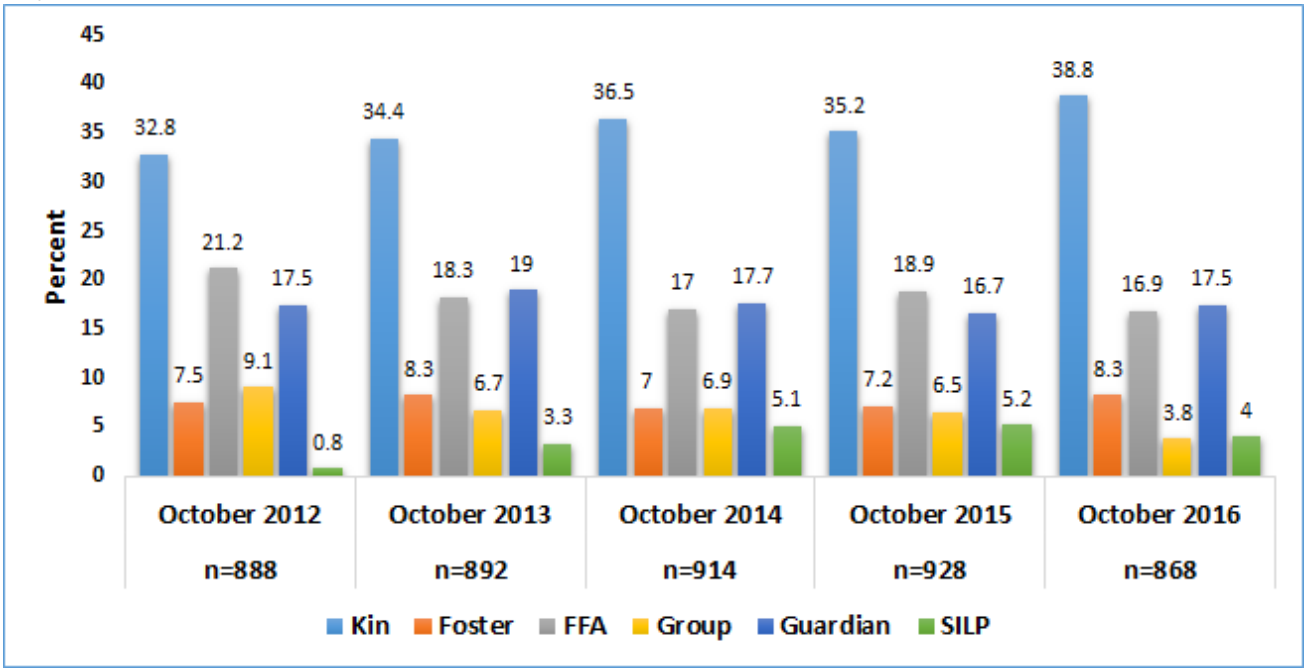
Responsibility for CWS and Protections of Indian Children
As a requirement of Public Law 280, California shares jurisdiction for public safety with the federally-recognized tribes in California. The Washoe Tribe of Nevada and California is the only tribe in California which currently exercises exclusive jurisdiction over child welfare proceedings involving Indian children who reside or are domiciled on the tribe's reservation, or are wards of the tribal court, regardless of domicile or residence. With regard to services, those children are still citizens of the county/state and, as such, they have access to the same benefits as any other child in the county/state. For all other California tribes, the responsibility for CWS depends on whether the tribe or the county has jurisdiction of the child. Pursuant to PL 280, county CWS agencies share responsibility for emergency response services for any child in their geographic service area whether or not a tribe has a social services department.

The majority of Indian children are typically served under county jurisdiction when there is a report of abuse or neglect or the children enter foster care and services are provided to the child and family. Many tribes have established extensive social service departments and take primary responsibility for the care and custody of tribal children in their defined service areas. In situations where the county does respond to an emergency allegation and subsequently provides services to the Indian child, many tribes and counties collaborate on components of the case review. In an effort to promote ICWA compliance with regard to placement preferences and the right of tribes to intervene on behalf of a tribal child, CDSS continues to provide technical assistance to tribes and counties in the development of local MOUs. In some

counties, the tribes and county have established such MOUs as well as local round table groups who meet to address tribal concerns regarding involvement in the decision making process for ICWA children. Although when under county jurisdiction, the county is responsible for the majority of services provided to an Indian child, when available and appropriate, tribes will provide those services directly through their own tribal resources.

Sources of Data and Goals for ICWA Compliance in the Next Five Years

Figure 36: Point in Time Placements of Native American Children, October 1, 2012-16, CWS/CMS CSSR Q4, 2016



The figure above includes all Native American children who have an open placement episode in the CWS/CMS on October 1, 2012 through October 1, 2016 by type of placement. The graph demonstrates that the total percentage of Native American children in Kinship placements has increased from 32.8 percent in 2012 to 38.8 percent in 2016. The overall data illustrates the state's continued commitment to prioritizing kin placements above all other placements as well as following placement preferences as outlined in the ICWA. There continues to be a downward trend from Group Home placements from 9.1 percent in 2012 to 3.8 percent in 2016. Continuum of Care Reform, AB 403 (Chapter 773, Statutes of 2015) has had a positive impact on the reduction of group home placements; however, it is potentially a contributing factor in the slight increase of Foster and Foster Family Agency (FFA) placements from 2014 to 2015. Nevertheless, percentages for Group Home placements have declined from 2012 data figures as California continues to work towards the long-standing goal to move away from long-term group home placements.

California has one of the highest number of federally recognized tribes in the United States (second only to Alaska) and has the highest overall population of American Indians/Alaska Natives of any state. California remains committed to ensuring continued progress in improving child welfare work with Native American populations, including continuing efforts toward improved ICWA compliance. A recent point-in-time data query from the CWS/CMS for October 2016 identified 1.4 percent (868 of the 61,211) of children in foster care as Native American. Lack of accurate data reporting makes full analysis difficult when the status of 'Native American' is not a documented ethnicity, but the child is reported as ICWA-eligible or tribal affiliation may be indicated elsewhere in the CWS/CMS. Although not unique to Indian children, racial and ethnic information (tribal affiliation information) that is incorrectly entered, impacts accurate assessment of the number of ICWA cases in the state.

Through the current development of the New System of CWS/CMS, more accurate data on Indian children should be achievable. The Department has budgeted to hire an ICWA consultant to serve in a fulltime capacity to inform the development of the new CMS to ensure enhancements that will allow the system to capture ICWA compliance data. In the interim, CDSS is exploring targeted ICWA data entry training options for county social workers as well as additional direction to counties via All County Letters or All County Information Notices. In addition, a number of tribal social services directors have joined California's Statewide Education and Training committee (STEC) to provide insight and direction to this committee on training needs necessary to address ICWA compliance issues at the county-level. Resources permitting, the Department will convene discussions with counties to determine how the CDSS may receive ICWA compliance data from counties, such as active efforts utilized to prevent the breakup of the Indian family, as this type of data is not collected in the existing CMS.

Notification of Indian Parents and Tribes of State Proceedings

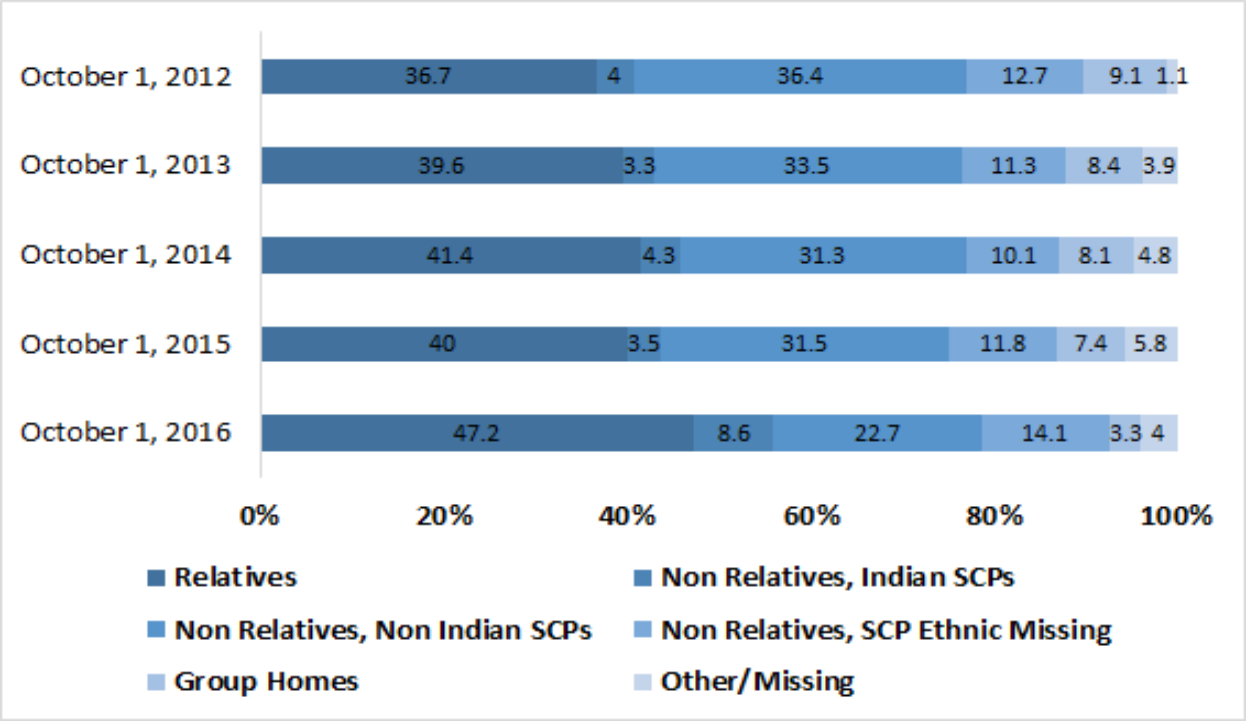
The state has given direction to county CWS agencies, through the Manual of Policies and Procedures (MPP) Division 31 Regulations and through All County Letters, to assess for Native American ancestry or tribal affiliation of all children who encounter CWS. The CWS agencies are further directed to immediately send formal notice to the identified tribe of the child's current status and of upcoming court proceedings so that the tribe has the opportunity to verify the child's tribal affiliation (or eligibility for enrollment in the tribe). This notification also allows the tribe to attend court proceedings and intervene on behalf of the Indian child.

California Rule of Court 5.481(b) further mandates that ICWA compliance notice must be sent in every case type falling under ICWA when there is reason to know an Indian child may be the subject of the proceeding. Mandatory Judicial Council form ICWA-030 mandates all of the information which must be contained in the ICWA notice.

Through consultation and collaboration with tribes, the state has identified that the official list of federally recognized tribes, maintained by the BIA, is only updated on an annual basis and therefore, is frequently out of date and does not contain correct addresses for tribes. In an effort to address this issue, CDSS developed a separate list of tribal addresses which it updates

on a more frequent basis and is posted on the CDSS ICWA webpage for use by counties and tribes. Although the CDSS list is broadly used by most counties, due to limited resources, CDSS is only able to update this list twice a year. In addition, to ensure compliance with the federal ICWA, CDSS has made it clear that the Department's list is for convenience and that the addresses maintained by the BIA must be used to avoid the possibility of ICWA court cases overturned due to incorrect noticing.

Figure 37: Placement Preferences Measure 4E.1 - ICWA Eligible Point in Time Placements, Point in Time October 1, 2012-16, CWS/CMS CSSR Q4, 2016



Data from the CWS/CMS indicate that over the last five year period (October 2012 to October 2016) placement with relatives, the preferred placement for Indian children removed from their homes has steadily increased and has been the primary placement for children. This number has increased from 36.7 percent in 2012 to 47.2 percent in 2016. While placements with relatives have increased overall, there has been a slight decrease in relative placement from 2014 to 2015, declining from 41.4 percent in 2014 to 40 percent in 2015. The number of placements in non-relative, non-Indian homes has decreased from 36.4 percent in 2012 to 22.7 percent in 2016. This decrease shows an increase in awareness and adherence to the placement preferences in the ICWA and state law. The Department will continue to monitor improvements in placement preferences among Indian children by reviewing data twice yearly. From this data, CDSS will consult with tribes on possible causes for increases or decreases in placement preferences.

Manual of Policies and Procedures (MPP) Division 31 Regulations – ICWA Revisions
The CDSS is working to increase ICWA compliance in placement preference through revisions to the MPP Division 31 Regulations for ICWA and continuing the training, and technical assistance for ICWA placement preferences. In October 2016, the CDSS completed revisions to integrate ICWA elements throughout the MPP Division 31 Regulations. With the release of new BIA regulations effective December 2016, the CDSS will be working to update Division 31 Regulations to include implementation of the new federal requirements, such as, the Comprehensive Child Welfare Information Systems (CCWIS) and the Adoption and Foster Care Analysis and Reporting System (AFCARS).

The Adoption and Foster Care Analysis and Reporting System (AFCARS)
CDSS is actively engaged in development of a New System to replace the legacy CWS-CMS system used for child welfare case management. The New System is being developed with a user centered agile approach. It will be CCWIS and AFCARS compliant and will include reporting on ICWA AFCARS data elements consistent with the regulatory mandate requiring reporting commencing 2019.

Child Welfare Data Analysis Bureau (CWDAB) engages with IV-E Agreement Tribes through regional user group representatives and a IV-E Agreement Tribe participates in the Courts Core County Group. The CDSS looks forward to consulting with all California Tribes to increase engagement with the New System development process.

Active Efforts to Prevent the Breakup of the Indian Family
Three strategies have been established to include active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption: increased training, improved communication via tribal collaboration and CDSS staff support with technical assistance for tribes, counties and the public. Analysis regarding compliance with active efforts requirements in the ICWA is limited in that such information is documented in case files and court orders and not captured in CWS/CMS data.

The CDSS will continue work to improve ICWA compliance on active efforts through the provision of training, revision of the MPP Division 31 Regulations and technical assistance for both child welfare and court staff. The issuance of policy directives, improving standardized curriculum and the creation of desk aids are other strategies used to address active efforts compliance. The CDSS, in collaboration with the ICWA workgroup and Child Welfare Directors Association (CWDA), have incorporated the ICWA elements throughout the MPP Division 31 Regulations. This revision includes examples or citations of active efforts at each of the critical points in a child welfare case. The goal of the revision was to integrate current policy and ICWA such that the requirements of the ICWA are readily accessible to social workers as they are working with an Indian family.

CFCIP Updates related to ICWA *– see CFCIP section above*

Plan for Ongoing Coordination and Collaboration

CDSS Technical Assistance
Along with the technical assistance provided through the interagency agreement with the JCC, CDSS staff provides ongoing technical assistance to tribes, parents, family members of children in tribal or state jurisdiction, attorneys, adoption agencies, foster family agencies, as well as the general public. Much of this technical assistance is provided via phone call conversation. CDSS encourages ICWA compliance to all callers and provides best practice and guidance on ICWA issues or concerns. Staff responds to and/or direct the inquiries to the appropriate contacts and resources as needed. Technical assistance is provided on a broad range of ICWA-related topics, including but not limited to the following:

Statewide ICWA Workgroup
The CDSS continues to collaborate with self-identified representatives of the 109 federally recognized tribes in California, Indian communities and organizations that are not federally recognized. As described in this section, the state-level collaboration is around the identification and resolution of ICWA-related issues as well as identifying opportunities to improve ICWA compliance in California. The purpose of the State ICWA Workgroup is to identify problems that exist and develop recommendations and solutions for tribes, counties and the state in order to achieve greater understanding and compliance with the law and spirit of ICWA. The ICWA Workgroup has been on hiatus with plans to reconvene in July 2017.

Upon reconvening, the workgroup in an advisory capacity will:

- Include the CDSS Tribal Coordinator or a designated CDSS staff, one AI/AN representative and one county representative; each serving as a Co-Chair.
- Inform the CDSS on issues relevant to AI/AN children in support of the Department's formal consultation with federally recognized tribes in California.
- Work towards maintaining open communication and supports continuous quality improvement efforts by providing an opportunity for applied attention to identified issues through the joint efforts of state, county and tribal participants.
- Promote accountability through regular and ongoing progress reporting.
- Forward issues requiring formal Tribal Consultation to the Tribal Liaison to initiate the formal Tribal Consultation Policy (TCP).

Topics addressed through the ICWA Workgroup meetings within the last year have included:

- Finalization of a TCP
- Creation of the Office of Tribal Affairs
- Updates to Manual of Policies and Procedures Division 31
- Discussion and incorporation of the Bureau of Indian Affairs guidelines/regulations into Division 31 Regulations
- Continuum of Care Reform

- Resource Family Approval
- ICWA Core 3.0 Curriculum
- SB 1460 – Criminal Background Checks
- ICWA elements within AFCARS Regulations

The ICWA Workgroup meets quarterly and the agenda for meetings is set according to issues and topics that have emerged from discussions in the workgroup or as CDSS staff collaborates with tribal and county representatives throughout the state. The ICWA Workgroup is an essential means through which CDSS coordinates and collaborates with tribal representatives to improve ICWA compliance and Indian family social work practice. The representatives listed at the end of this section may be a member of a tribe, employed by a tribe or tribal organization or otherwise work as an ICWA advocate. Members of the workgroup consist of county social workers/managers, tribal case workers, ICWA workers, ICWA advocates and some may also be tribal council members. However, these workgroup participants are not necessarily appointed by their tribes to represent them.

Although the CDSS has utilized the ICWA Workgroup as the primary means of consulting and collaborating with tribes on issues related to child welfare, California is committed to improving its process for engagement with all Native American nations who serve at-risk and vulnerable children and their families within its jurisdiction. Through discussions with the ICWA Workgroup and its Tribal Caucus, the state acknowledges that utilizing this workgroup as the primary process for engaging and soliciting tribal feedback is not appropriate in all occasions.

Further collaboration with tribes will be engaged through the TCP. The purpose of this policy is to guide consultations between the CDSS and federally recognized Tribes in California on policies and procedures that affect tribes and Indians in California, in recognition of statutory mandates and Federal and State Executive Directives to establish a formal government-to-government consultation policy. In addition, the CDSS has actively engaged tribal leaders throughout 2015-2017 to assist with improving the dissemination process for broader outreach to all 109 federally recognized California tribes. Tribal leaders and representatives, including Title IV-B and Title IV-E tribes, have been engaged in meetings. (*A list of Tribal Representatives and/or ICWA Advocates of the ICWA Workgroup is listed at the end of this chapter.)*

Communication and Training

Through consultation with tribes and discussion and collaboration with counties, it is evident that inconsistent data entry practices occur with the statewide CWS/CMS. Based on current data, ICWA eligible children represent one to two percent of the overall cases in the state. Based on consultation with tribes, it is believed that the actual percentage of cases involving American Indian and Alaska Native children is double or triple what is currently reflected in the CWS/CMS. It is believed this discrepancy occurs when a child's ethnicity or race is not entered or identified correctly in CWS/CMS or when ICWA eligibility is determined and the case record is not updated accordingly.

Through the development of the new statewide CMS, more accurate data on Indian children should be achievable with this new system. In the interim, CDSS is exploring targeted ICWA data entry training options for county social workers as well as possible All County Information Notices to give additional direction to counties on how to more accurately input ICWA data. In addition, some tribal social services directors joined California Social Work Education Center (CalSWEC) to provide insight and direction to this committee on training needs necessary to address ICWA compliance issues at the county-level.

The Department is also actively developing processes to ensure the two tribes that have signed Tribal Title IV-E agreements with the state have the adequate training resources to implement and sustain their child welfare programs. Such training will include CWS/CMS new user training through the Regional Training Academies and CalSWEC. In addition the CDSS has obtained access to CORE social worker training for the two Tribal Title IV-E Tribes, which will ensure these tribes receive the same type of social worker training as is required for county social workers.

The CDSS will continue to participate in county-tribe roundtable and taskforce meetings to stay abreast of ICWA-related issues and concerns that arise at the local level. It is the goal of the CDSS to coordinate with and support the counties and tribes in the development of efficient policies and solutions to ICWA-related issues and concerns.

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CHAFEE REPORT

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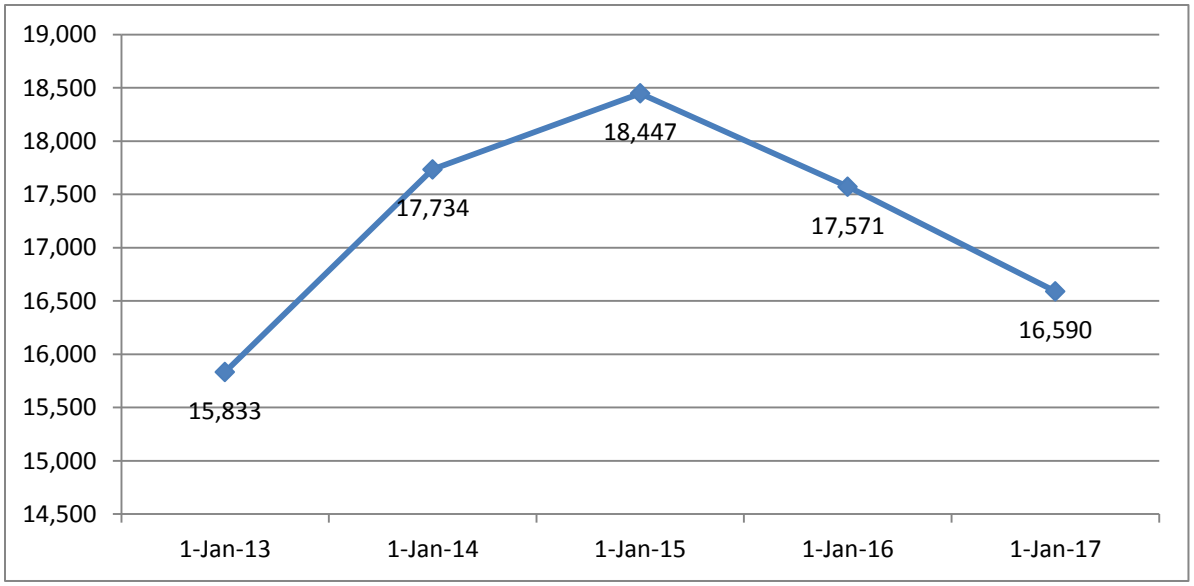
The following document is arranged in accordance with the provisions of the U.S. Department of Health and Human Services, Administration on Children, Youth and Families Program Instruction ACYF-CB-PI-17-05 requirements.

Part 1: Program Overview

Throughout the State, California's county administered Independent Living Programs provide services to help youth transition to independence. CDSS establishes regulations, policies, and procedures to assist the development of programs within the counties and also provide technical assistance to counties in the provision of the care ILP services. In 2012, California opted into the Extended Foster Care services program to better address the needs and services of those youth transitioning into adulthood. To assist the aging youth population, California implemented the development of three transitional housing programs – Transitional Housing Placement Program (THPP), Transitional Housing Program-Plus (THP-Plus), and Transitional Housing Placement-Plus Foster Care (THP+FC) which have been included in this framework.

The following figure shows the number of youth in foster care who are ages 16-21 and therefore eligible for ILP services. Based on data from CSSR on point-in-time placements for youth ages 16-21, 16,590 youth were eligible for ILP services on January 1, 2017, This data does not include other categories of youth who are eligible for the ILP, including youth who exited to a Kinship Guardianship or were adopted after age 16, or entered a non-related legal guardianship in juvenile court after the age of eight. The past three years have demonstrated a decrease of youth, ages 16-21 in foster care, which is consistent to past years' analysis of the trend to establish permanency for this age group.

Figure 38: Point-in-Time Placements for Youth Ages 16-21 Years, Agency: All, Jan. 1, 2013 - Jan. 1 2017, CWS/CMS CSSR Q4 2016



California currently collects three sets of data related to transitioning youth:

- Through the National Youth in Transition Database (NYTD), CDSS collects data on the

independent living services (ILS) delivered to youth and young adults. Data collection for NYTD continued in FFY 2016beginning October 1, 2015 through September 30, 2016. This data is input into the SACWIS by the counties. Please see NYTD section Part 5 for findings.

- Also through NYTD, CDSS collects data from surveys of current or former foster youth in specific cohorts established at 17 years of age and surveyed again at ages 19 and 21. FFY 2015 focused on surveying the 19 year olds of the second cohort. CDSS met the required minimum goals for surveying youth in the in-care and out-of-care categories.

- CDSS collects data on the status of youth at the time they exit from foster care, referred to as "Exit Outcomes." The Exit Outcomes for Youth Aging out of Foster Care Quarterly Statistical Report (SOC 405E) has been updated to the SOC 405X and SOC 405XP for child welfare and probation respectively which collects data on youth who exit foster care during that quarter and includes information on outcomes, such as high school completion, enrollment in college, employment, housing, health care, permanent connections, and financial information. This report is publicly available on the CDSS website and includes data relevant to the extension of benefits beyond age 18. The revisions to this form were completed in FFY 2015 and released in the spring of 2015 in an All County Letter. The data for this report expands upon the information from the previous SOC 405E.

Based on data extracted from CWS/CMS, for youth who were between the ages of 15 and 21 at the time the service was received for FFY 2016 of the 17,400 eligible youth in care, 70 percent received at least one of 68,454 independent living services listed in Table 37. The amount of independent living services increases as more youth are remaining in extended foster care. Table 37 data indicates the statewide sum of services provided to all youth between the ages of 15 and 20. The data indicates the majority of youth received Consumer Skills/Home Management, Education/Academic Support and Transportation/Other Services. Table 37 provides the number of youth receiving by age throughout the state. As evidenced by Table 37, 19 year olds participate in the highest number of services. This data may indicate that 19 year olds increase services as they prepare to transition into adulthood.

The Exit Outcome data presented in Table 36 indicates the statewide percentages of youth who aged out of foster care in FFYs 2013 through 2016, with a particular status in key areas. The data does not represent all youth who aged out, and the categories are not mutually exclusive. The CDSS revised the form displaying exit outcome data broken out by age including the number of reentries. The previous data collection form (SOC 405E), represented the exits at ages 18 and 19 combined. Included in the chart are the data outcomes of youth who exited at age 20 and 21. Outcomes such as permanency, education, and educational services that are listed in this chart are described with explanations throughout this section. One of the changes that occurred with the implementation of extended foster care is that youth must exit foster care or extend in foster care at age 18. In prior years, youth were able to stay in foster care until they graduated high school or turned 19. With the new extension of foster care, youth

must either extend in foster care or exit foster care at age 18. The exit outcomes for youth indicate an increase in the number of youth exiting foster care with a high school diploma. As youth have more options to be supported while accomplishing educational goals, the rate of high school diplomas increased. Youth are able to re-enter foster care multiple times between the ages of 18-21. Percentages of youth with a permanent connection have increased by 10 percent in FFY2016. This shows that those who have remained in EFC were able to take advantage of the assistance and establish a permanent connection. This is also evidenced by NYTD data brief which shows high percentages of permanent connections amongst the 17, 19, and 21 survey participants. Youth are remaining in care longer and are engaged with permanent supportive connections.

Table 36: Exit Outcomes Data for Youth who Aged Out of Foster Care (SOC 405E, Ages 18, 19 and other exits), FFY 2013-16

	FFY 2013	FFY 2014	FFY 2015	FFY 2015	FFY 2016
Permanency			**18 & 19 YR Old NMD**	**20 & 21 YR Old NMD**	**18-21 YR OLD NMD**
Permanent connection with at least one adult they can go to for support, advice and guidance	85%	80%	80%	72%	92%
Housing					
Arranged to live free of rent with someone	47%	39%	31%	11%	24%
Arranged to rent alone or with others	20%	25%	28%	47%	42%
Arranged to live in supportive transitional housing	13%	12%	12%	9%	12%
Arranged to live in subsidized housing	2%	2%	2%	2%	2%
No housing arranged	3%	5%	3%	2%	4%
Education					
Received High School Diploma	44%	58%	54%	57%	64%
Enrolled in a program to complete High School education	30%	24%	20%	6%	14%
Dropped out of High School	15%	19%	13%	7%	13%
Received GED	4%	7%	6%	6%	3%
Enrolled in College	19%	20%	19%	31%	26%
Plan to Enroll in College	12%	17%	17%	16%	13%
Enrolled in Vocational Education	5%	4%	4%	5%	6%
Employment					
Employed Part-Time	15%	14%	20%	25%	26%
Employed Full-Time	5%	8%	11%	25%	20%
Financial Assistance/Resources					
Applied for Food Stamps	22%	22%	18%	26%	25%
Receiving or applied for additional government financial resources	65%	60%	16%	17%	20%
No medical insurance	4%	7%	3%	2%	1%
Total Numbers	**n=2,045**	**n=2,006**	**n=1,639**	**N=1,060**	**N=3,444**

Data collection from the SOC 405X (Child Welfare) and SOC 405XP (Probation) consisted of data from the 3rd and 4th quarters of FFY 2015. The new form breaks down the exits per age. The additional data collected from the SOC 405X and XP represent the exits of nonminor dependents at ages 20 and 21. This data is listed in the far right column of Table 36.

Table 37 (below) illustrates the number of unduplicated ILP services provided by category of service for current and former foster youth aged 15-21 during each reporting period FFY 2013 to 2016. Approximately 68,454 services were provided to eligible youth in FFY 2016, a decrease of delivered services in FFY 2015. This is due to the decrease of youth in care, but a higher percentage of youth are receiving ILP services. The percentage of 16-18 year old youth who received at least one ILP service increased from 53.3% of 16 year olds receiving at least one service to 75.1% of 17 year olds and 81.9% of 18 year olds. The numbers continued to increase for 19 year olds to 87.2% and 87.7% at age 20. This continued increase evidences the increasing utilization of independent living services as the youth continues through extended foster care. However, the percentage of clients receiving an independent living service is 70 percent of youth in placement, which is due to youth remaining in foster care until age 21 and increased technical assistance to counties regarding means of capturing services delivered by all possible providers to be entered into CWS/CMS. A number of services increased, while others decreased or stayed the same. This may be due to the fact that youth are receiving services through a different source.

Table 37: Number of ILP Services by Categories Provided during FFY 2013-16

Data Reported in CWS/CMS for Foster Youth and Former Foster Youth Ages 15 – 20				
	Number of Services Provided			
ILP Service Types	FFY 2013	FFY 2014 **	FFY 2015**	FFY *2016*
Total Services Provided	63,153	68,906	72,499	68,454
Consumer Skills/Home Management	10,050	10,771	10,925	10,286
Education/Academic Support	8,527	8,991	9,663	9,340
Needs Assessment	5,193	6,309	6,761	5,935
Transportation/Other Financial Assistance	6,685	7,724	7,474	7,525
Interpersonal/Social Skills/Parenting Skills	4,958	5,082	5,041	4,791
Career/Job Guidance	4,906	5,155	5,677	5,027
Post-Secondary Education	4,810	5,096	5,374	4,877
Health care	3,998	4,490	4,987	4,293
Employment/Vocational Training	4,182	4,465	4,995	5,008
Money/Financial Management	3,232	3,826	4,323	3,972
Education Financial Assistance	2,670	2,655	2,632	2,756
Mentoring	2,702	2,794	2,941	2,939
Supervised independent Living/Transitional Housing*	1,326	1,371	1,519	1,523
Room & Board Financial Assistance	285	177	187	182

***Note: transitional housing does not refer to THP or THP-Plus**

** The FFY 2014 report was updated to include and the 2015 FFY report now includes services for 21 year olds if they received the service at age 20. The FFY 2012 and FFY 2013 only contained services from aged 15 to 20, not including services received at age 20 if reported at age 21.

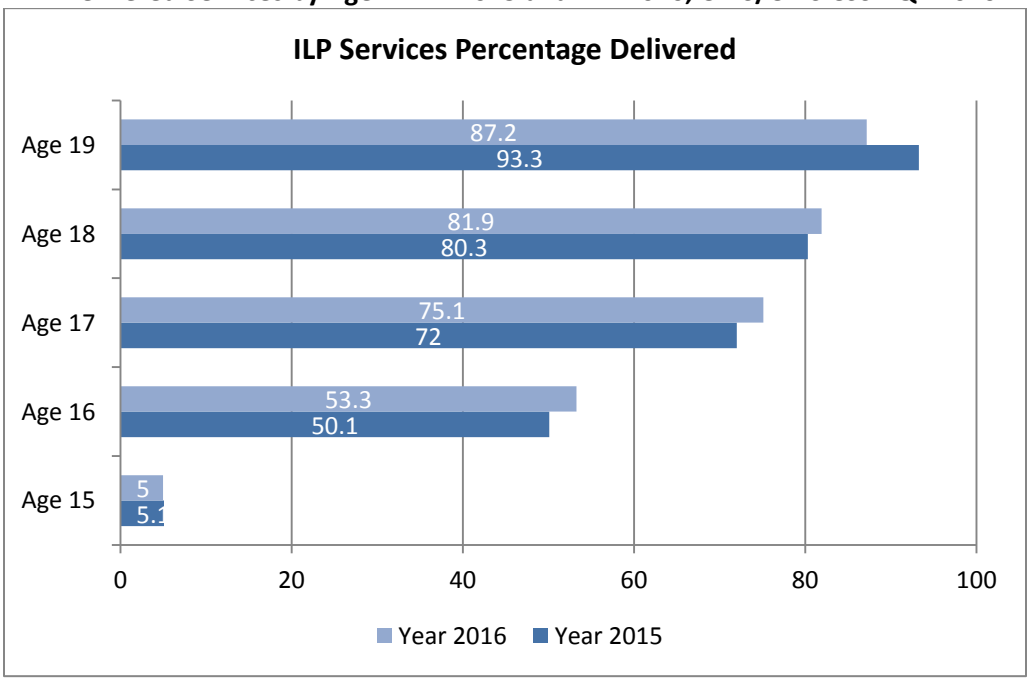
The methodology for these reports consists of:

- Services of the same type counted only once per client in the counts of delivered services 1-14.

- Only NYTD-reportable ILP services delivered to youth ages 16-21 are counted.
- Child Welfare and Probation youth in placement are included. Excluded are placement episodes open only for one day or less.
- The independent living service, "needs assessment" was the only independent living service counted for youth who were between 15.5 and 16 years of age at the time of service.

The total number of youth in care by year and age are represented in parentheses on the y-axis, while the proportion of youth who were delivered services by year and age are presented as bars on the figure. As illustrated below, the majority of youth in care within the 15-19 age category were between 16-18 years old. The greatest proportion of youth served in 2016 by the ILP services was 17-, 18-, and 19-year old youth. Over 80 percent were delivered ILP services. The numbers of youth served have decreased (even though the percentage of youth served has increased). This is reflective of the overall decrease in the number of youth in foster care. However, the increase in the percentages of youth receiving services indicates that counties are engaging youth, and the youth are engaging in services. Additionally, the state encourages the counties engage youth at age 15 through an assessment. However, youth are not referred to the ILP and do not begin receiving independent living skills/services until age 16. The data also show that just slightly more than 50 percent of youth age 16 received ILP services, but over 80 percent of 18-year olds received ILP services. While the amount of services varies significantly across the three years - a reflection of improved data reporting - the distribution of services across the age ranges remains constant, with the bulk of the services provided to 17-, 18-, and 19-year olds.

Figure 39: ILP Delivered Services by Age in FFY 2015 and FFY 2016, CWS/CMS CSSR Q4 2016



Part 2: Specific Accomplishments in Achieving the Purposes of the ILP Program

The information presented below describes the state's accomplishments in achieving the purposes of the Chafee Independence Act:

1. Help youth make the transition to self-sufficiency:
   In accordance with MPP Division 31-525.8, the ILP is designed to offer core services that will enable foster youth 16 years of age and older, to develop the core living skills that assist the youth in the successful transition to adult living. Core services are provided based on identified individual needs and goals as documented in the Transitional Independent Living Plan (TILP) including, but not limited to:

   - ✓ Education.
   - ✓ Career development.
   - ✓ Assistance and referral to promote health (including mental health) and safety.
   - ✓ Referral to available mentors and mentoring programs.
   - ✓ Daily living skills.
   - ✓ Financial resources, such as CalWORKs, CalFRESH, and Medi-Cal.
   - ✓ Housing information including: federal, state, and local housing programs.
   - ✓ Developing permanent connections to a supportive adult.

   ILP Services are available to youth in foster care between the ages of 16 and 18, eligible extended foster youth (age 18-20), and former foster youth between the ages of 18 and 20. Some counties choose to provide ILP services to youth beginning at age 14, using county funds.

   Table 37 above illustrates that the three most frequent services provided to youth in FFY 2016 were: 1) Consumer Skills/ Home Management Services (i.e., skills related to locating housing, understanding leases, deposits, rent, utilities, maintaining a household, laundry, grocery shopping) ; 2) Education/ Academic Support; and 3) Transportation/other financial assistance. In addition to ILP Services, youth have an opportunity to participate in transitional housing. Transitional housing is supportive housing that assists youth by allowing them to practice living independently while receiving supportive services. This assists the youth in being prepared to successfully transition into adulthood.

   Transitional Housing Placement Program (THPP)
   The THPP is a transitional housing program for youth ages 16-18 assessed as capable of living in and benefitting from a more independent living arrangement. This housing option is available to youth in the child welfare and probation systems. The program aims to provide a safe, supportive living environment while allowing the youth to practice the skills needed to live independently. Services offered by the program are tailored to meet the

goals outlined in the youths' Transitional Independent Living Plans (TILPs). There are two models for housing in the THPP: the *Host Family Model*, where youth live with an adult employee of the program in an apartment, condominium, or single-family dwelling; and the *Single Site Model*, where youth live in an apartment, condominium, or single-family dwelling rented or leased by the housing provider and one or more employees of the program live on-site.

Table 38 (below) shows that there were 17 counties with THPP programs in FFY 2016. This continues a decrease, that started in FFY 2014, from previous years and may reflect the increased focus on THP+FC programs for NMDs. Housing providers that formerly ran THPPs may have found that there is a greater need for THP+FC programs and changed the populations they are serving. Some counties report that the increased focus on permanency for older youth has decreased the need for THPPs. Counties also report that they don't have many youth who are ready for the level of independence required for THPP. The efforts of the Continuum of Care Reform (CCR) are expected to further decrease the need for THPP as with additional services, youth will be more likely to find permanency with a resource family. On July 1, 2016, there were 71 youth in THPP in California.

Several barriers to offering THPP have been reported by counties, with the most common as a lack of certified providers, a lack of affordable or appropriate housing, and the high cost of housing. Other barriers identified are: a lack of transportation (rural counties note a lack of public transportation and long distances between housing and services), a lack of trained staff, the inability of programs to meet the requirement of having an employee living on site, and an inability to meet the county match for funding. Some medium- and smaller-size counties report not having enough ongoing referrals to a THPP to support a program, and several small counties have no youth appropriate for a THPP in a given year. CDSS continued to address these areas with counties and providers within the framework of the CWDA Transitional Housing Sub-Committee (it should be noted that this subcommittee has been folded into the more encompassing CWDA TAY Subcommittee)

Table 38: County Participation in Transitional Housing Placement Program, FFY 2012-16

Federal Fiscal Year	Participating Counties
2012	29
2013	29
2014	19
2015	18
2016	17

Implementation of Fostering Connections' Requirement for a 90-day Transition Plan

Public Law 110-351 requires the development of transition plans with youth 90 days prior to youth's exit out of care at 18 years or older. In the transition plan, social workers and probation

officers must: 1) address core life skills such as housing, education, health insurance, support services, obtaining a mentor, and workforce and employment services, 2) provide youth with information about health insurance options, a power of attorney for health care, and the opportunity to execute the option of designating a health care power of attorney, and 3) provide youth with the Advanced Health Directive form upon reaching the age of majority, as only adults in California are legally able to execute an Advanced Health Directive designating a power of attorney. A form was developed and counties were provided the form and instructions through ACL 09-87. The ACL clarified to counties that the completion of this form applies to any youth who exits foster care at or after age 18. A mechanism has been included in CWS/CMS to track if and when the form is completed.

Legislation was passed in 2016, going into effect on January 1, 2017, that directs the required information on health insurance options to include verification that the youth is enrolled in Medi-Cal (if eligible) and a list of the steps that have been or will be taken to ensure that the youth is successfully transitioned into the Medi-Cal program for former foster youth with no interruption in coverage and no new application required.

The table below shows the count of 90-day Transition Plans completed for emancipated youth for FFY 2014-20. With many more youth choosing to extend in foster care, the overall number of transition plans for youth who emancipate at 18 years and < two months has decreased while more plans have been completed for the EFC population. For those young adults aged 18 years and > two months to age 21, the number of emancipated youth has decreased as have the number of plans. The percentage of plans completed for those emancipating at age 18 is quite low compared to the percentage of plans completed for those emancipating from EFC. It may be that those youth who leave the foster care system at a younger age are less cooperative and would not participate in the development of a transition plan or may be more likely to be on runaway status, thereby delaying the process of developing a transition plan. However, the CDSS plans to provide additional guidance reminding counties of the requirement to develop a 90-day transition plan with the youth and document it in CWS/CMS.

Table 39: Emancipated Youth with 90-Day Transition Plans, FFY 2014-16

Emancipated Youth with 90-Day Transition Plans						
	17 years to 18 years & <18+2 months of age			**18 and > 2 months to 21 Years of Age**		
	FFY 2014	**FFY 2015**	**FFY 2016**	**FFY 2014**	**FFY 2015**	**FFY 2016**
Count of Transition Plans	152	99	99	1,277	1,617	1,472
Count of Emancipated Youth	746	606	591	1,803	1,743	1,690
% of Emancipated Youth w/ Plans	20%	16%	17%	71%	93%	87%

Expansion of Medicaid

The Federal Foster Care Independence Act of 1999 (December 1999) gave states the option to provide continuing Medicaid (referred to as Medi-Cal in California)) eligibility for all children who are in foster care under the care and responsibility of a county on their 18th birthday until the age of 21 years. Effective January 1, 2014, the Affordable Care Act extended Medi-Cal coverage to age 26 for eligible former foster youth. There is no income and resource test for these youth, regardless of their living arrangements, and there is no share of cost. The choice of enrollment in a managed care health plan is optional for some counties who do not have county-organized health systems. The youth is transitioned to the extended Medi-Cal program without the requirement to complete an application, and because income and asset tests are waived, redetermination of eligibility is primarily limited to verification of residency. California also provides full-scope Medi-Cal coverage to former foster youth from other states.

CDSS collaborates with the Department of Health Care Services (DHCS) regarding the extension of Medi-Cal for former foster youth to the age of 26. CDSS participates in a workgroup with the DHCS regarding extended Medi-Cal for former foster youth focused on data, outreach, and enrollment. An interdepartmental liaison negotiated a data sharing agreement between CDSS and DHCS to facilitate the identification of eligible former foster youth for outreach purposes. With input from former foster youth, flyers were created targeting exiting and former foster youth and have been distributed to social workers, probation officers, eligibility social workers, the CWDA, the CPOC, ILP Coordinators, transitional housing programs, the NYTD Points of Contact, public health nurses, the Foster Parent Association, stakeholders at community colleges and universities, and advocacy groups that represent foster family agencies and group homes. A third flyer was developed for ILP Coordinators and contractors, social workers, probation officers, foster parents, and CASAs to guide them in assisting exiting and former foster youth in obtaining Medi-Cal coverage.

A sub-workgroup with representatives from CDSS, the Youth Engagement Project (YEP) of CDSS, and the advocacy organization Children Now has been tasked with reaching out to exiting and former foster youth to determine what kind of barriers are encountered in learning about and utilizing their extended Medi-Cal coverage so that these difficulties can be alleviated. Surveys have been developed to capture this information. The sub-workgroup is currently arranging for funding to cover the costs of mailing the surveys and providing an incentive to young adults who complete and return the survey.

CDSS participated on a panel presentation with DHCS, a former foster youth and the advocacy group Children Now in December, 2015, on Medi-Cal coverage for former foster youth at an institute on transitional housing programs and on another panel in June, 2016 at a Wrap-Around services institute.

Counties report that they are assisting youth in obtaining information about, and getting enrolled in, Medi-Cal to 26 through the ILPs; the assigned social worker, eligibility worker or a public health nurse; flyers provided to the youth in person or by mail or email; and at the 90 Day Transition Plan and TILP meetings.

2. Help youth receive the education, training and services necessary to obtain employment: The ILP regulations state that all current and former foster youth participating in ILP are to be enrolled in the counties Workforce Investment Act (WIA) Employment Development Department (EDD) career centers for employment assistance. The WIA centers are located in each county and provide employment services to residents. CDSS, EDD, and the Department of Labor collaborated in past years to develop a training for center staff focusing on the foster youth population.

   The ILP data on delivered services by category (Table 37) shows the following numbers of youth received employment/vocational training: 4,182 in FFY 2013, 4,317 in FFY 2014, and 5,008 in FFY 2016. Participation in career/job guidance programs was, 4,906 in FFY 2013, 5,042 in FFY 2014, and 5,027 in FFY 2016. Enrollment in Post-Secondary Education rates were 4,810 in FFY 2013, 4,997 in FFY 2014, and 4,877 in FFY 2016. The numbers of youth in each category steadily climbed from FFY 2012 to FFY 2016, likely reflecting the increasing population of non-minor dependents who must meet participation criteria such as enrollment in a program designed to eliminate barriers to employment and working toward completion of a high school diploma, a GED, or post-secondary education. Additionally, remaining connected to the resources offered through the foster care system makes it easier for NMDs to access these ILP services. The CDSS created a webinar to be delivered in 2017 at the request of the counties, for the continued assistance of helping to define IL services.

   Exit Outcomes data (Table 36) shows that between FFY 13 and FFY 15, there was:
   - A six percent decrease in the number of youth dropping out of high school.
   - An increase in college enrollments represented by 31 percent of youth exiting at ages 20 and 21 and a slight decrease in exits at ages 18 and 19 for college enrollment.
   - A slight increase in youth enrolled in a vocational program (one percent).
   - A six percent increase in youth employed part-time at ages 18 and 19 and by exits at ages 20 and 21, and seventeen percent increase in full-time employment.

   Overall, 50 percent of youth exiting out of foster care in FFY 2015 were employed. This is a big increase (thirty percent) over FFY 2013. The increase in part-time and full-time employment and college enrollment for youth exiting at ages 20 and 21 indicate that youth are staying in school but entering college more from 20 to 21 than 18 to 19 years of age. Exits at ages 20 and 21 indicate 57 percent of youth having received a high school diploma. Over time, as more youth take advantage of the extension of foster care and employment

programs continue to advance, the percentage of employed youth at emancipation should continue to grow.

Education can play a large role in helping youth gain employment. Youth who drop out of high school are at a very high disadvantage when seeking employment, so programs designed to keep youth in secondary education could prove very helpful in increasing employment rates. It should be noted that high school graduation rates are actually higher than the data shows, as these numbers do not capture youth who exited foster care upon turning age 18 but had not yet completed their last year of high school indicated by a lower percentage receiving a high school diploma in the 18 and 19 years of age bracket with an upswing in the 20 and 21 years of age. As 63 percent reported at age 20 and 21 having received a high school diploma or GED but 31 percent enrolled in college, efforts to engage the youth who are interested in higher education have shown successful as half of those who finished high school were enrolled in college at the time of exit. Yet, the numbers of youth who do not finish high school have remained constant from the FFY 2014 with a slight decrease indicating a need for more remedial educational services to assist youth in finishing high school.

Social workers, probation officers, and housing providers often cite mental health disorders and substance abuse as interfering with youths' ability to find and maintain jobs. Better services to address these issues could prove beneficial in attaining educational and employment goals for youth. Additional research and examination of the data will be helpful in developing a comprehensive strategy to remove the barriers to higher employment rates for youth emancipating from the foster care system.

For more information on youth and employment, please see Section 5 of this chapter.

3. Help youth prepare for and enter postsecondary training and educational institutions: California assists current and former foster youth in attaining post-secondary educational and training goals by utilizing ILP funding and the Emancipated Foster Youth Stipend. ILP coordinators, social workers and probation officers encourage foster youth to apply for scholarships and grants through the local college financial aid offices and educational scholarships offered by the ILP. The ILP also provides training to youth on applying for college and financial aid and are referred to college and university programs that specialize in assisting this population. CDSS also mails a flyer to all ILP eligible youth containing information on scholarships, grants, and the Chafee Educational Training Vouchers (ETV). The flyer also contains information regarding the ILP, NYTD surveys, transitional housing programs, the EFC, and the Cal-Fresh program.

   Table 37 shows that over 12,000 educational services were provided to current and former foster youth ages 15-20 during FFY 2016. Additionally, nearly 5,000 post-secondary educational services (i.e., assistances in completing college applications, financial aid

packages and touring college campuses) were provided to current and former foster youth during the same time period. During FFY 2015, Exit Outcomes Data (Table 36 under Part 1: Program Overview) reveals that 64 percent of youth exit care with a high school diploma.. Youth who have elected to remain in care until age 21 have additional time to complete high school. The percentage of youth enrolled in a program to earn their high school education dropped to 20 percent for the 18 and 19 year old exits and to 6 percent of the 20 and 21 year olds. This is a slight decrease from last year and the lowest in the last three fiscal years. A correlation could exist between the percent of youth that received a high school diploma and percent of youth enrolled in a program to complete a high school diploma because as more youth participate in the EFC to complete high school, the data may reveal fewer youth who may need or utilize programs that assist in completing a high school education. The data indicates a need for more educational services to youth beginning at an earlier age to increase the number of youth receiving the high school diploma or GED. Additionally, starting the outreach process regarding post-secondary education opportunities and available assistance at an earlier age may help to increase success at the high school level as more foster youth plan to/do attend a post-secondary educational institution.

There are several barriers to improving educational outcomes for California's foster youth. These obstacles may include inadequate academic preparation for college, a lack of information about the matriculation process, insufficient access to financial aid and housing, and not enough support to help foster youth stay in college. To assist youth in overcoming these barriers there are several academic support programs available throughout the state. The Guardian Scholars, offered in some counties, is a comprehensive program that provides a scholarship equivalent to the full cost of attendance and additional supportive services. Under the direction of the Foundation for California Community Colleges, The Board of Governors Fee Waiver omits the cost of enrollment fees for current and former foster youth attending community colleges. The Foster Youth Success Initiative (FYSI) is a concerted effort to improve access to student services and resources and academic support, retention, academic performance, completion of units, programs and degree and transfer rates to baccalaureate. As a part of the FYSI, foster youth attending public colleges and universities are entitled to priority registration, and all community colleges have a designated Foster Youth Liaison. These liaisons assist foster youth in accessing financial aid, scholarships, student services and resources. These efforts have been successful in increasing the number of youth who are enrolled in college at the time of exit at age 20 and 21 as 31 percent.

The Chafee Education and Training Voucher Program provides financial support to foster youth seeking postsecondary education or training. Chafee grants are used for education-related purposes such as tuition, tutoring, books, supplies, transportation, rent and childcare. More detailed information is provided in Sections 5 and 6.

4. Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults
   Mentors and passionate adults offer advocacy, guidance and social development to youth discovering the ramifications needed to transition into a healthy adulthood. The collaborative efforts between CDSS, state agencies, advocacy groups and community-based organizations create an atmosphere of commitment that offers youth guidance towards the vision of planning for their future.

   The SOC 405 E Exit Outcomes Data (Table 36) in FFY 2016 showed that 92 percent of the youth who aged-out of foster care at ages 18, 19, 20 and 21 reported a permanent connection with at least one adult they could go to for emotional support, advice, and guidance, as compared to FFY 2015. In 2015, 80 percent of those who aged out at 18 and 19 years of age identified a permanent connection, and for those who aged out at 20 and 21 years of age, only 72 percent identified a permanent connection in FFY 2015. While the data was not broken into the two ages group in for 2016 as it was in 2015, the overall increase shows an increasing emphasis on the importance of establishing permanent connections. This cohort is the first one to go through the full extended foster care program (the three years up until turning 21), so it may be that the permanency emphasized in the ILP services, as well as the continued presence of a social worker relates to this large percentage increase.

   Permanency and youth having permanent connections is a focus on every ILP core service from education to housing.

5. Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing and then making the transition into adulthood.

Transitional Housing Program Plus (THP-Plus)

THP-Plus is a transitional housing opportunity for young adults who exited foster care at age 18 or older and are not yet 24 years of age (age 25 in counties that have opted to extend services per 2014 state legislation). The goal of the program is to provide a safe living environment and supportive services to help these young adults develop the life skills needed for successful independent living. Counties that elect to participate in the program provide supervised independent living and support services. The program is available for 24 cumulative months (36 months for counties that have opted to extend services). Youth live in an apartment-like setting, and at the end of the program, the youth can take over the lease.

On September 29, 2014, California enacted legislation that gives each county the option of extending THP-Plus services to age 25 and up to 36 cumulative months. In order for a youth to

receive services beyond his/her 24th birthday or for more than 24 months, he/she must either be completing secondary education (or an equivalent program) or be enrolled in an institution that provides postsecondary education (includes vocational education), in addition to meeting the eligibility and participation requirements of THP-Plus. The extension of THP-Plus gives counties and youth the opportunity to utilize beds that are unused if eligible youth have maxed out on their months of participation in the program. As of April 2017, 21 of the 58 counties have opted to extend services.

Data from CDSS' ILP Annual Narrative survey show that the total number of youth served in THP-Plus increased from 1,529 in FFY 2014-15 to 1,646 in FY 2015-16, an increase of approximately 7.65 percent. Additionally, the proportion of youth between the ages of 18 and 21 served decreased slightly to around 15 percent of the total population in FFY 2015-16 compared to about 18 percent in the previous FFY, as reported by John Burton Advocates for Youth (formerly John Burton Foundation) in its 2015-16 annual report on THP-Plus (and THP-Plus Foster Care). This is probably reflective of the population being a year older, with the majority of new 18-year-olds opting for extended foster care rather than THP-Plus. These data are represented in Table 40 below.

Table 40: THP-Plus Participants by Age Group, FFY 2015-16

	FFY 2014-15		**FFY 2015-16**		**Change from FFY 14/15 to FY 15/16**
	Participants	% of Total	Participants	% of Total	
Total	1,529	100	1,646	100	+7.65%
Aged 18-21	275	18	247	15	-10.2%
21 and Older	1,254	82	1,399	85	+11.56%

Transitional Housing Placement-+ Foster Care (THP+FC)

In September 2012, as a result of the EFC Program, CDSS implemented the THP+FC program. THP+FC is one of the two Supervised Independent Living Settings available to foster youth ages 18 to 21; the other being a Supervised Independent Living Placement (SILP). THP+FC is a licensed program with various placement options where youth learn to live independently while receiving supportive services. Youth have three housing options--a *host family*, where youth live with a caring adult who has been approved by the provider; a *single site*, where they live in an apartment, a single family home, or a condominium rented or leased by the THP+FC provider with an adult employee of the provider living onsite; and a *remote site*, which is similar to a single site but without an adult living onsite. Placement in a THP+FC program is made in the same manner as with any other foster care placement decision: based on a needs assessment and identifying placement options available to meet those needs.

There are operational THP+FC programs in all of the largest counties in California and in many medium and smaller counties as well. Currently, 43 counties (74 percent) certify THP+FC providers, a slight decrease from FFYs 2014 and 2015 when 45 counties (78 percent) certified providers. 25 counties had Host Family models, 28 counties had Single Site models and 31

counties had Remote Site models for THP+FC. Some medium and small-size counties have reported encountering barriers to implementing THP+FC programs, such as a lack of housing, lack of providers, cost of housing, lack of housing near services, funding difficulties, lack of transportation, lack of employment opportunities and lack of child care near housing. Many larger counties also cite lack of affordable housing as a reason for a shortage of THP+FC placements even when providers are present in the county. It is common practice for counties that don't have THP+FC providers to utilize THP+FC programs in other counties for their NMDs.

Table 41: Transitional Housing Providers Plus Foster Care program, FFY 2014-16

Federal Fiscal Year	Participating Counties
2014	45
2015	45
2016	43

As of July 1, 2016, there were 1,584 NMDs residing in THP+FC, according to data from the California Child Welfare Indicators Project. This is up from 1,416 NMDs in July, 2015. 18 percent of NMDs lived in THP+FC as of July 1, 2016, an increase of 2.7 percent from July 1, 2015. Providers are working on obtaining more housing in order to meet the demand for these placements.

In order for a provider to have the ability to accept NMDs into a THP+FC placement, the provider must first complete a certification process at the county level and then complete a licensing process at the state level. CDSS Licensing Division continues to review and approve new THP+FC applications and provides guidance to counties on streamlining their processes to reduce the time between providers applying for certification and the final approval or licensure. New regulations for THP+FC are currently under review.

More youth continue to prefer placement in a SILP (39.7 percent of youth were in SILPs in this review period) over transitional housing. However, counties and other stakeholders report that many youth placed in a SILP are not ready for this level of independence. This has resulted in a trend toward placing more youth in THP+FC. In many counties, there are waiting lists for THP+FC so there is a need for more such housing. CDSS has also been made aware that there are youth who have difficulty functioning in THP+FC due to high mental health needs, substance abuse, domestic violence, CSEC victimization or difficult behavior. As a result, some housing providers have teamed up with EPSDT providers to offer more treatment options to youth. Some providers are also connecting with Community service providers, such as domestic violence shelters, to offer education and services to vulnerable NMDs. Additionally, with California's high housing prices and shortage of affordable housing, providers struggle to find suitable housing for foster youth.

The focus of an Extended Foster Care Steering Committee meeting, held in February 2015, was on the THP+FC program and included participants from CDSS and county representatives, advocates and program provider staff. Attendees identified many barriers and best practices of THP+FC programs such as inconsistencies in the licensing process; the reimbursement rate insufficient to meet youths' needs for mental health and education; programs not adequately supporting youth with mental health and substance abuse issues; youth unable to maintain eligibility for extended foster care due to substance abuse; lack of appropriate housing for youth with criminal backgrounds, mental health and substance abuse issues or the converse – providers accept these youth creating safety risks for other program participants, and supporting parenting youth. Best practices were generated for county representatives to share with their staff: partnerships with behavioral health services; collaboration with WIA; monthly meetings with the county; co-location of county staff at provider offices; partnering with Cal Works to provide trainings and supports; providers who are trained in and committed to trauma-informed practices; providers offering evidence-based parenting programs; a step-ladder approach to help youth transition to independence; pregnancy prevention and nurse-home visitation programs embedded in housing programs; and peer counseling and support.

Foster Youth Credit Reports

Process

CDSS has a process that includes submitting batched credit inquiries to the three major credit reporting agencies (CRAs) on a quarterly basis for foster youth aged 14 through 17 from "opt-in" counties, which represent the overwhelming majority of the state's 58 counties. If an inquiry indicates that a youth has a credit report on file with a given CRA, the county then requests a credit report on behalf of the foster youth from that CRA. In contrast, "opt-out" county agencies request credit reports on behalf of *all* foster youth aged 14 through 17 under their respective jurisdictions, the timing of which depends on each youth's birthdate. The number of counties not participating in CDSS' batch process has varied since the credit reports mandate was implemented at the state level.

Los Angeles County, one of the counties that do not participate in CDSS' batch process, continues to operate the same credit report data transmission system that it has had in place with the CRAs since a foster youth credit report pilot project conducted in 2011 in cooperation with the now-defunct California Office of Privacy Protection. Los Angeles County also compiles its own data related to the foster youth credit reports.

For foster youth aged 18 through 20, the social worker or probation officer assists these NMDs with requesting their own credit reports. As an adult, an NMD experiences greater involvement in his or her financial health by making the requests. If the NMD refuses to request a credit report, the social worker or probation officer documents the NMD's refusal and periodically continues to impress upon the NMD the importance of understanding one's credit history and continues to encourage the NMD to make the requests.

For any foster youth with a credit report, the social worker or probation officer examines the credit report with the youth to determine if any inaccuracies exist. If there are inaccuracies, the social worker or probation officer either undertakes a remediation process or refers the youth to a governmental or nonprofit agency that can assist the youth in clearing his or her credit history.

Data

In November 2014, in cooperation with the CDSS vendor OSI and a private vendor contracted by CDSS to develop changes to the CWS/CMS, CDSS updated the CWS/CMS to enable social workers and probation officers to enter data related to foster youth credit report activities in a manner that allows data to be extracted systematically and reported in a meaningful way. The update also simplifies the documentation process for social workers and probation officers and reduces the time they must spend on data entry.

According to data extracted from CWS/CMS on May 3, 2017, CDSS submitted 13,294 batched credit inquiries to each of the CRAs for foster youth aged 14 through 17 for the time period from October 1, 2015, through September 30, 2016. This resulted in 3,289 instances of a youth having at least one credit report on file. During this time period, counties obtained credit reports on behalf of 1,002 of these youth, and 87 of those credit histories were cleared of any inaccuracies.

Of the handful of opt-out counties, only Los Angeles County requested credit reports on behalf of its foster youth aged 14 through 17, as the other counties are from rural areas that either have no foster youth or non within that age range. Meanwhile, Los Angeles County accounts for about one-third of the state's foster youth. For the period October 1, 2015, through September 30, 2016, Los Angeles County requested credit reports on behalf of 601 of its foster youth aged 14 through 17. Of these youth, only 24 had a credit history on file with a CRA. Twenty-two of these 24 youth had their credit reports cleared of any inaccuracies.

For the time period from October 1, 2015, through September 30, 2016, 161 NMDs requested their credit reports, while 39 refused to do so. Of the 161 who made the requests, 96 has a credit history on file with a CRA, and 13 of these NMDs had their credit histories cleared of any inaccuracies.

Assistance for chronically homeless youth

In 2004, California voters passed the Mental Health Services Act (MHSA), which provides increased funding, personnel, and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults, and families. The Act addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that will effectively support this system. In 2006, Executive Order S-07-06 created, in part, a new

supportive housing program jointly administered by the former Department of Mental Health and the California Housing Finance Agency. In 2007, $400 million in MHSA funds were made available to finance the capital costs associated with development, acquisition, construction, and/or rehabilitation of permanent supportive housing for homeless individuals with mental illness and their families.

In 2005, Governor Schwarzenegger launched an initiative with a ten-year plan to address chronic homelessness in California. In a 2006 conference attended by federal, state, and local governments and nonprofit and private representatives developed the following five goals that serve as the basis for the ten-year plan:

1. Prioritize the prevention and significant reduction of chronic homelessness.
2. Increase availability of affordable housing for the chronically homeless or those at risk of being chronically homeless.
3. Identify those at risk of chronic homelessness early on and create policies for prevention.
4. Increase availability and accessibility of supportive services for the chronically homeless and those at risk.
5. Promote financial stability of the chronically homeless population and those at risk.

In 2009, the John Burton Foundation initiated the Homeless Youth Capacity Building Project (HYCBP). HYCBP provides support to small- and medium-sized nonprofit organizations that serve homeless youth. Support provided to eligible organizations at no cost includes the following:

- Regional training/webinars on capacity-building topics
- Updates on available funding and policy changes
- Resources on capacity-building and research tools
- One-on-one technical assistance
- A Professional Management Training Series (limited)

Child Welfare and Probation departments are collaborating to address the mental health needs of these young adults. While many counties use the Child Protective Services Emergency Hotline as the gateway for young adult to reenter foster care, Probation youth may unfortunately experience a court delays for re-entry due to eligibility requirements

In September 2011, legislation was signed into law with provisions to end chronic homelessness for transition age youth. This legislation removes barriers for individuals that may not have otherwise met the definition of “chronic” homelessness. Prior to this change, homeless transition age youth may not have met the definition of chronic homelessness because of their age but still faced barriers to housing stability and required supportive services. This law allows

homeless youth and homeless families (including youth with children and pregnant and parenting teens) to meet the definition and receive supportive housing if they choose not to extend in foster care. A research report on homelessness released in April 2013 by the Homelessness Research Institute showed a decrease of two percent in the chronically homeless population in California between 2011 and 2012.

In FFY 10/11 and 11/12, the extension of foster care was created and passed through legislation, allowing youth to extend in foster care up to age 21 and to reenter foster care after having exited. This reentry option provides exited foster youth with the opportunity of returning to foster care if a situation arises where they find themselves homeless. ILP providers throughout the state reached out to homeless shelters locally to ensure former foster youth were informed they could reenter foster care to receive housing assistance and supportive services.

Some of the struggles providers and counties report include serving youth with mental health needs beyond the skill level of housing providers.

Despite past successes of the Transitional Age Youth (TAY) programs, locating stable and appropriate housing for youth continues to be a struggle. The rising cost of rent has helped to limit accessible housing options for young adults. Several counties are moving to new creative options towards locating safe and stable housing options for young adults. Several counties are also looking to adjust their fair market housing to increase financial supports that can locate additional housing options. Youth were surveyed as part of this year's National Youth in Transition Database (NYTD) and data in regards to homeless youth is captured in this year's NYTD report. For further information, please see the NYTD section.

Runaway and Homeless Youth

California counties continue to collaborate and coordinate services with numerous providers, including transitional living programs (TLP) funded under Part B of the Juvenile Justice Delinquency Prevention Act of 1974, to meet the needs of current and former foster care recipients. Coordinating services with other county or federal housing programs provide housing options for other youth that may not necessary meet the ILP eligibility. In California, County programs use Runaway and Homeless Youth (RHY) grants to collaborate with transitional housing programs, community programs and educational services to provide youth with emergency shelter, healthcare, clothing and food. In an effort to better address the needs of youth, some California counties have dedicated units or liaisons focused on locating, placing and stabilizing youth through developing rapport and offering alternative service plans for runaway youth. These counties have increased their efforts to care and address the needs of these youth by the development of county specific programs that offer these youth increased individual attention.

In Santa Clara County, the Bill Wilson Center (BWC) has an ongoing history of providing transitional housing (THPP, THP +FC, and THP Plus) to current and former youth, as well as those youth were never in foster care. Santa Clara County and BWC staff have created and delivered a joint presentation to share the daily operations, along with resources and outcomes of the program to other state agencies.

San Bernardino County ILP and Aftercare Providers inform youth and young adults of the various agencies that provide community shelters and housing to homeless young adults, including the House of Miracles, the TAY Center and Young Visionaries. Youth are also provided with written materials regarding organizations that provide clothing, food, housing and counseling. San Bernardino County ILP and Aftercare Providers also assist homeless former foster youth with finding stable housing by making referrals to local transitional housing programs (THP-Plus, Inspire and Safe House) and to local shelters. On a case-by-case basis, Aftercare also provides rental assistance and hotel vouchers.

In San Diego County, the HOME Program includes specialized THP for youth who are pregnant/parenting and youth who have a disabling diagnosis. Referrals are provided by County Staff, ILP program, THP-Plus contract providers, or the youth can refer.

In San Francisco County, a strength based model is used to capture the needs of runaway youth. Youth are referred to a one-stop program and provided with a review of their circumstances. Youth are referred to programs that can better address their individual needs.

Pregnancy Prevention

Due to the passage of recent legislation, California has continued it s efforts to improve data collection of pregnant and parenting foster youth. The California Department of Social Services (CDSS) now has a process in place for data entry and collection regarding the youth and NMDs in foster care that are pregnant or parenting. CDSS continues to work on improving the data collection process to ensure accurate pregnancy and parenting data. Several issues with the data have been identified. It appears as though the number of foster youth reported as pregnant has been under reported in years past, and also when a youth is reported as pregnant on the CWS/CMS application, the information is often not updated or end-dated once the pregnancy results in a birth, miscarriage or termination. CDSS has been messaging county agencies the importance of proper data entry and collection. As the data becomes more accurate, CDSS plans to use this data to inform program about what the needs are for supporting pregnant and parenting youth in care and also to know where geographically the biggest need is for supports and services.

Other recent legislation in California clarified that all minors and non-minor dependents have the right to have access to age-appropriate, medically accurate information about reproductive healthcare, the prevention of unplanned pregnancies, and at age 12, the right to receive information about the prevention and treatment of sexually transmitted infections. CDSS has

shared information about this new right to county child welfare agencies, probation departments and other relevant parties through updating state licensing form, updating the information on the Foster Care Ombudsperson website, developing a youth friendly brochure about this right and other reproductive health rights and through providing information at workgroups.

Research shows that in California, 26% of young women in foster care will become pregnant by age 17, and close to 40% of those who had already given birth will give birth to another child by age 18 (John Burton Foundation, 2014). With these statistics in mind, California has begun focused efforts towards addressing the disproportionately high rate of pregnancy among foster youth. CDSS convened the Healthy Sexual Development workgroup (HSD), which included stakeholders from throughout the state. The HSD workgroup developed multiple materials for foster youth, NMDs and the parties who work with them, including a statewide plan for the prevention of unplanned pregnancy for foster youth and NMDs, a webpage with resources for youth, caregivers and case managers, a youth-friendly brochure outlining the reproductive rights of foster youth and a document for caregivers to understand their responsibilities in working with the youth in their care. The statewide plan was publicly released on September 30, 2016 and informs county agencies and foster care providers of their duties and responsibilities in delivering unintended pregnancy prevention services and information to foster youth and NMDs.

CDSS is currently developing a guide for case managers (county social workers and probation officers) regarding how to work with foster youth and NMDs regarding healthy sexual development issues and pregnancy prevention. This guide will be an extension of California's Plan for the Prevention of Unintended Pregnancy for Youth and NMDs, expanding upon the roles and responsibilities of the case management worker, which is one section of the plan. The intent of the guide is to ensure that social workers and probation officers have a thorough understanding of their role, so as to ensure that the reproductive and sexual health care rights of foster youth and NMDs are upheld.

LGBTQ Youth

LGBTQ youth need continued support and advocacy within the Child Welfare System. 37 of 58 counties continue to provide services and trainings to address the needs of the population. LGBTQ foster youth and former foster youth are empowered to express themselves without fear and are provided with opportunities to become leaders and advocates in the community. LGBTQ youth and their youth allies led trainings and will continue to lead trainings to social workers, probation officers, foster parents and other caregivers, educational professionals, and community-based organizations in the community regarding issues faced by the LGBTQ youth population.

P.L 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014

On September 30, 2016, CDSS released All County Letter 16-85, providing policies and procedures to counties to meet the sex trafficking requirements of P.L. 113-183, the *Preventing Sex Trafficking and Strengthening Families Act* of 2014. The policies and procedures include requirements for social workers and probation officers working with children receiving child welfare services to identify, document, and determine appropriate services for those children who are at risk or victims of sex trafficking. Social workers and probation officers are also required to receive relevant training in order to complete those activities. In addition, the All County Letter defines "children receiving child welfare services" to include "…youth (up to age 21) who are receiving services under the Chafee Foster Care Independence Program." Prior to P.L. 113-183, in collaboration with county stakeholders, CDSS developed a county opt-in program that provided $5 million for State Fiscal Year 2014-15 and provides $14 million annually thereafter in state funding for counties to conduct Commercially and Sexually Exploited Children (CSEC) prevention and intervention services and activities. This opt-in program requires counties to have an interagency protocol, with case management conducted by a multi-disciplinary team, to respond to the complex needs of trafficking victims. This state funded county opt-in CSEC program is funded separately from the required federal provisions. CDSS initially provided counties who opted into the state CSEC Program with an Interagency Protocol Framework in April 2015 to assist counties in meeting the requirements for the CSEC Program. This framework was updated to include the sex trafficking provisions of P.L. 113-183 and provided to counties via All County Information Notice I-83-16 on November 23, 2016. In addition, on December 1, 2016, CDSS released County Fiscal Letter 16/17-38 to notify county child welfare and probation departments of their fiscal allocations for completing the required sex trafficking provisions of P.L. 113-183. Furthermore, CDSS is contracted with multiple vendors to provide relevant training for social workers and probation officers regarding the identification, documentation and determination of appropriate services for children at risk or a victim of sex trafficking. California also continues to provide training on awareness and identification of sex trafficking victims to foster caregivers and group home staff.

This information was input by TAY, but received from CSEC staff.

Reasonable and Prudent Parent Standard

As part of the Preventing Sex Trafficking and Strengthening Families Act (P.L.) 113-83 a new eighth purpose was added to the CFCIP to ensure that children who are likely to remain in foster care until age 18 have ongoing opportunities to engage in "age or developmentally-appropriate" activities. State legislation (SB 794) aligned the state law with the new addition. The law requires for this eighth new program purpose that Title IV-E agencies amend their standards for foster care to permit caregivers to use the reasonable and prudent parent standard. This standard is also applicable to young adults participating in extended foster care.

In 2003, California law established the prudent parent standard to ensure every foster youth has the ability to participate in age-appropriate extracurricular, enrichment and social activities. California law subsequently modified the provisions of the standard since then. In order to conform California's reasonable prudent parent standard to existing federal law, SB 794 further

amended the standards and defined the term "age or developmentally appropriate." The ability to engage in age and developmentally appropriate activities applies to all children/youth/young adults in foster care, including those placed in a group home setting. Group homes and other community care facilities which provide care and supervision to children and operate with staff, except licensed foster family homes and certified family homes, are required to designate at least one onsite staff member to apply the reasonable and prudent parent standard to decisions involving the participation of a child placed in the facility in age or developmentally appropriate activities. SB 794 also requires caregivers to receive training on the standard, which includes knowledge and skills relating to the reasonable and prudent parent standard for the participation of the child in appropriate activities, including knowledge and skills relating to the developmental stages of the cognitive, emotional, physical, and behavioral capacities of a child. All County Letter 16-31 provides counties with information on the new provisions of the standard and provides guidance in applying the standard. The CDSS Community Care Licensing Division is currently in the process of modifying existing policies and procedures and developing new regulations.

There are existing training resources, for both caregivers and for those that play supporting roles, located on the CDSS website: http://www.fosterfamilyhelp.ca.gov/PG3001.htm. In addition, training resources are available to those supporting the implementation of the standard. The California Social Work Education Center, in conjunction with the Regional Training Academies offers an online training on the reasonable and prudent parent standard: http://calswec.berkeley.edu/training-resource-reasonable-prudent-parent-standard.

The Chafee Allocation for Room and Board

In accordance with the federal John H. Chafee Foster Care Independence Act of 1999, a county may spend up to 30 percent of its ILP allocation for the room and board needs of eligible youth. The age of eligibility is from 18 years of age through the youth's 21st birthday. Allowable expenditures for the 30 percent housing allocation may include the following variety of costs emancipated youth incur:

- Food purchases
- Payment of rental deposits and/or utility deposits
- Payment of rent and/or utility bills
- Emergency assistance - the determination of which is a county's interpretation
- Moving expenses
- Furniture and/or household items
- Costs incurred through roommate network agencies

The most recent available data from the ILP Annual Narrative and Statistical Report shows counties provided $6,369,085 in services to 1,985 emancipated foster youth under the Room and Board allowance. This data is based on 57 of the 58 counties

Financial Support Emancipated Youth Stipends (EYS)
Since realignment, EYS funds are 100 percent county funded and are separate from a county's ILP allocation. The EYS funds are used to address the special and emergency needs of emancipated foster youth.

Counties have found this funding to be a vital means of providing a wide variety of services to youth. The EYS funds can be used to help recently emancipated youth with costs including, but not limited to: transportation, employment, housing and education. Counties use these funds to support emancipated youth in a variety of ways. For example, Los Angeles County relies heavily on EYS funds to assist emancipated foster youth with education related expenses whereas Alameda County spends the majority of EYS funds on employment related expenses for emancipated youth.

For the FFY 2009-10, the Emancipated Youth Stipend was suspended due to California's budget deficit. For FFY 2010-11, funding was partially restored at $1,581,000, approximately two million less than the funding provided to counties in FFY 2008-09. Counties expressed serious concern when the EYS fund was suspended and described the extra funding as critical in assisting transitioning and emancipated youth in continuing their education and assisting them with other financial needs as described above.

Funding for this program was realigned to the counties in FFY 2012. It allows counties even more flexibility in using the funding. The WIC 10609.3 allows for flexibility in the use of the stipend to help youth with independent living needs. In July 2012, statute was amended so that the use of these funds is no longer limited to emancipated youth. In FFY 2014, several counties expanded the stipend program to include supporting NMDs' ability to transition into adulthood.

Employment
Data from the California Employment Development Department (EDD), displayed in Table 42 below, reflects the number of current and former foster youth who have entered and exited the Workforce Investment Act funded career programs located in local America's Job Centers of California (AJCCs) (formerly known as One Stop Centers) or county employment career centers.

Table 42: Number of former and current foster youth who have entered and exited the Workforce Investment Act Program

Current and former foster youth	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015
Enrolled in WIA America's Job Center	887	875	963	916	897
Exited from WIA America's Job Center	1,116	909	950	982	1,065

The five years of data in the table above do not explain why the youth are either remaining enrolled or why they exited the programs. There has been a drop in the numbers of youth entering and exiting the Workforce Investment Act program since FFY 2011. This may reflect the increase in options for employment training developed as a result of the implementation of

extended foster care. One of the eligibility criteria for the EFC program is to be enrolled in a program that removes barriers to employment. Many THP+FC programs offer employment training to help foster youth obtain the skills they need to become successfully employed.

Enrolled means youth between ages 14-21 served with WIA formula dollars that identified and demonstrated their eligibility as current or former low-income foster youth. These youths were enrolled into intensive training services. Exited means the youth have left the program (completed the training program, found employment, or are no longer actively involved). Some foster youth may be enrolled for more than one fiscal year and these exits may be reflected in the data of the following year.

Foster youth are served through the AJCCs and receive universal or core services, which are mainly individual or group services in career development, job search, job referral, and other related services. It is also important to note that youth who enroll in the AJCCs are self-reporting as former or current foster youth.

6. Make vouchers available for education and training, including postsecondary education to youth who have aged out of foster care. As previously stated, the California Chafee Education and Training Vouchers (ETV) Program provides resources specifically to meet the educational and training needs of youth who were in foster care after the age of 16.

ETV Grants

California administers the ETV program through an interagency agreement with the California Student Aid Commission (CSAC), which distributes vouchers to eligible youth. The ETV program provides federal and state financial resources specifically to meet the educational and training needs of youth who were in foster care between the ages of 16 and 18. Eligible youth may be awarded a grant up to $5,000 per school year. The awards are intended to supplement, not supplant, any grant funds that the student may otherwise be entitled to receive. The total grant funding may not exceed the student's cost of attendance. Any unused/unclaimed grant money is returned and redistributed to other eligible foster youth. The CDSS distributes Chafee information to eligible foster youth semi-annually.

To qualify, the youth must have been in foster care after the age of 16 and have not reached their 21st birthday as of July 1 of the award year. The student must be enrolled in an eligible career, technical school, or college course of study; attend school at least half-time; and must maintain satisfactory academic progress to continue receiving the grants. During the following Academic Years (AY) (July 1 through June 30), the Commission reports the total Chafee ETV awards as follows:

Table 43: Chafee ETV Awards (Commission)

	AY 2014-2015		AY2015-2016		AY 2016-2017	
Active Award Average	Number of Awards	Average Award Amount	Number of Awards	Average Award Amount	Number of Awards	Average Award Amount
New	1,969	4,221	1653	4,282	1,737	4,442
Renewal	1,848	4,295	1,816	4,352	1,652	4,343
Total Average	3,817	4,261	3,469	4,322	3,383	4,383

Currently, during AY 2016/17 there have been 3,383 awards disbursed and there are still five months left to disburse funds. The passage of AB 2506 has increased the number of students receiving awards. Some barriers to the number of students receiving the Chafee grant and the amount that students are receiving appear to be minimizing. Ongoing efforts are continually being made between the Commission, CDSS and stakeholders to identify challenges and solutions to address the issue of ensuring ETV funds are fully expended and the most youth are served with those funds.

The Chafee Grant ETV Program stakeholders continue to convene several times throughout the year to discuss the Chafee Grant Program and to identify and attempt to resolve any issues, barriers or challenges for youth applying for the grant. In FFY 2012/13 stakeholders conducted an analysis of the data regarding the application and disbursement processing procedures to determine the most effective way to ensure the most youth are served with the available funding. The analysis revealed that college financial aid offices are frequently unable to provide a Needs Analysis Report (NAR) to the Commission in a timely manner, rendering the application incomplete, and as such, this is the primary cause for delayed processing and late issuance of awards to potential students. A decision was made to eliminate the requirement for the needs analysis report as the required information can be obtained from the Free Application for Federal Student Aid (FASFA). The Commission no longer requires the NAR. This has improved the disbursement process by allowing schools to more easily report Chafee funds received and disbursed and the distribution of awards more efficient.

Another identified process improvement currently being addressed involves the delays that result in uncashed awards and the prolonged timeframe for the return of unprocessed checks to the State before the funds can be redistributed to students. The delays can occur for variety of reasons, such as the school holding onto the funds for lengthy periods of time, delays associated with students choosing to attend different schools, no longer meeting

eligibility requirements, changing residences etc. Additionally, funds are disbursed with paper checks, which contribute to delay processing in situations where checks go uncashed and have to be returned and re-disbursed. The Commission also experiences disbursement challenges due to lack of accessibility to the youth's school enrollment files. A new Chafee payment roster requires schools to certify eligibility and request payments on a per term basis, which has resulted in more money being disbursed to students and less grant funds coming back.

The Commission, CDSS and stakeholders have made efforts to identify solutions to the application processing and disbursement challenges. Potential solutions have been discussed and are in various stages of implementation. A process change currently being implemented is an electronic payment system to allow for timely distribution of awards to students and their respective schools.

Another step implemented to address application challenges was the creation of a CDSS foster youth verification form. This alleviates challenges the applicants and the Commission can experience when attempting to confirm Chafee ETV eligibility. While this verification form can be used for many different purposes, it has created another, more direct contact point in order to expedite getting the eligibility officially verified.

The Commission and CDSS are also working on ways to work in concert with schools to gain access to youth enrollment files which will assist in more timely distribution of ETV funds to students. CDSS will provide additional resources to the Commission as needed to work with the schools and the Chafee Grant Program Liaisons in order to resolve issues related to disbursed funds that have not been cashed timely in a more proactive fashion. There will be ongoing communication and collaboration with the schools and stakeholders to continue to discuss ways to increase outreach efforts to reach all qualified students and make improvements that support as many youth as possible in meeting their educational goals.

Declining federal allocation and state budget challenges have and will likely continue to affect progress in this area. The EFC Program provides additional supports to young adults remaining in foster care. Youth enrolled in the EFC program live in one of a variety of placements and receive supportive services to assist them in achieving successful independence. In addition, involvement in the EFC program allows them to maximize their educational funding for tuition and books since their housing costs are covered. Some youth who do not receive a Chafee grant, whether eligible or ineligible, are encouraged to seek additional financial aid through a Pell Grant, Cal-Grant, etc. Youth attending a community college may be eligible for a tuition fee waiver known as the Board of Governor waiver.

In 2016 AB 2506 was passed which increased the state general fund to appropriate $3 million additional dollars to award in Chafee ETV grants. This increase enabled 647 more students to receive the Chafee ETV award in 2015/2016 award year.

7. Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption

   Youth who are/were in a Kin-GAP guardianship established at any age, youth who are/were in a non-related legal guardianship established in juvenile court at the age of 8 or older and youth who were adopted after turning age 16 are eligible for ILP services in California. These populations participate in the same ILP services as other eligible youth. Some are also eligible for extended foster care benefits to the age of 21. Based on CWS/CMS exit data from FFY 2016, the following number of youth who achieved permanency through guardianship or adoption were eligible for ILP benefits and services: 474 who were adopted at age 16 or older; 5,401 who exited to a Kin-GAP guardianship; and 4,186 youth who exited after their eighth birthday to a non-related legal guardianship.

The Foundation for California Community Colleges

The collaboration between CDSS and the Foundation for California Community Colleges (FCCC) is to promote statewide educational training on life skills and college and career preparation to current and transitioning foster and probation youth aged 16 to 21 years. In addition, adult care providers including foster parents, kinship caregivers, group home staff, and foster family agencies receive educational training in conjunction with these youth. Under a contract with CDSS, the FCCC provides programming designed to:

- Increase youth access to community college based vocational training and work experience. Offering either high school and/or college credit for participation in FCCC ILP program.
- Engage youth in real-life, experiential independent living skills activities, including financial literacy, career development and educational preparedness.
- Provide youth with academic advocacy and support services to increase persistence rates within the California community college system.
- Introduce and assist youth to access campus and community based services including financial aid resources.
- Assist youth with priority enrollment and matriculation services in California community colleges.
- Facilitate youth focus groups and roundtables, integrating youth feedback into program improvement strategies.
- Provide training and materials to 113 community college faculty and staff to increase awareness and support to current and former foster youth preparing to enter the California community college system.

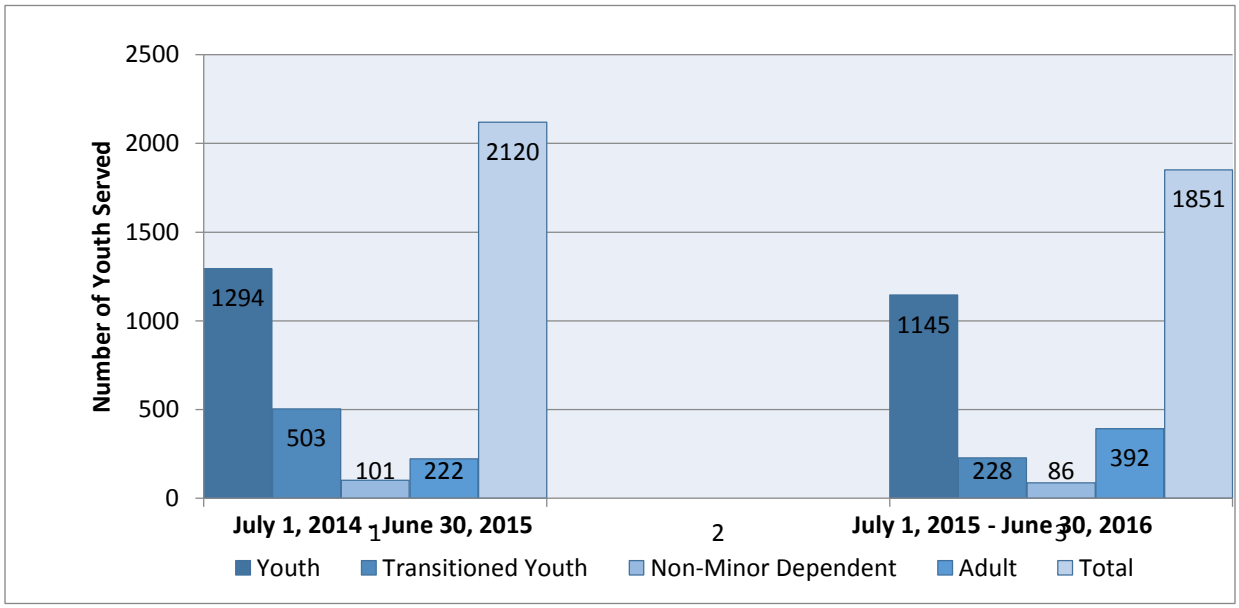
- Collaborate with community colleges' Chancellor's Office, Student Services Division, to increase service capacity throughout the community college system.
- Work in tandem with the California Colleges Pathways project to ensure that community college staff receive appropriate training, to support foster youth on their campuses.

The Foundation, through its partnership with CDSS, oversees multiple efforts to support current and former foster youth as they transition from the K-12 educational system into post-secondary education/training or to career pathways. One of these efforts includes the Youth Empowerment Strategies for Success-Independent Living Program (YESS-ILP). During the 2014-15 program period, the YESS-ILP maintained and saw a slight increase in the number of current and former youth receiving services (see bar graph below). Statistical information regarding participants and services are listed below:

- Provided services to 1,851 participants,
- Provided 1,921 training hours, of which 1,010 or 52% were experiential, hand-on learning activities,
- Provided 2,690 hours of one-on-one educational advisory services to 738 participants,
- Maintained overall program retention with participants returning to campus workshops an average of 4.5 times through the course of the program year
- Participants utilized individualized one-on-one support services on average of 3.6 times throughout the course of the program year

In addition to accessing specific YESS-ILP training services, youth sought one-on-one personal and academic advisement services with their designated YESS-ILP liaison multiple times throughout the program period.

Figure 40: Number Served by The Foundation of Community Colleges, SFY 2014-15 and SFY 2015-16



Juvenile Justice and Delinquency Prevention Act of 1974

CDSS offers assistance to the California Department of Corrections and Rehabilitation (CDCR) Division of Juvenile Justice (DJJ) Foster Youth Re-Entry Work Group (FYRE) in identifying youth who were former dependents or delinquents so these youth can receive the transition age services to which they are entitled when they are released from incarceration. Form JV-732, utilized by the CDCR Division of Juvenile Facilities, was modified and implemented by the Judicial Council to identify youth who have been in at least one eligible foster care or other Title IV-E placement while under a juvenile court dependency or delinquency case.

Re-entry coordinators from DJJ work with youth in preparing for their exit from secure confinement. After establishing foster youth history, the coordinators help youth connect with their former county of jurisdiction so youth can participate in the ILP if they are eligible. DJJ coordinators monitor youths' re-entry by connecting with the youth and their families and referring them to services. Counties receive a Juvenile Re-entry Grant provided by the county probation department in the county in which the youth plans to locate. The grant is a way to pay for rent and a deposit for housing as many of these youth are not eligible for EFC or county transitional housing programs. The re-entry coordinator provides monitoring and services for youth returning to their oversight from a locked facility.

The CDSS assists the coordinators in verification of foster care history for former foster youth. The Foster Care Ombudsman's Office is available to conduct orientations upon request at the DJJ facilities with youth who are preparing to be released. The orientations provide information on the programs the youth are eligible to participate in to increase their ability to become self-sufficient and lead successful, productive lives.

Current and Former Foster Youth Involvement

The CDSS has made an ongoing effort since 1992 to include the input of current and former foster youth. The CDSS has worked to increase the capacity of foster youth participating in Departmental initiatives such as the ongoing strengthening of the Extended Foster Care program, creating education resources aimed at increasing participation in post-secondary education, and the extension of Medi-Cal to 26. The CDSS provides funding and in-kind support to and regularly meets with the California Youth Connection (CYC), the Foster Care Ombudsman Office (FCO), and the Youth Engagement Project (YEP) to seek input and insight from former foster youth who work in the office as student assistants.

The CDSS has engaged and solicited involvement from foster youth in the following ways:

- Youth have continued to participate in workgroups as part of the CCR effort to ensure youth had a voice in the system change process. Youth sat on all of the committees and provided insight to the state staff, legislation, county directors and advocates to inform them about what they, as former and current foster youth, needed when they had to be placed in foster or congregate care. The youth assisted in identifying caretaker qualifications, satisfaction surveys, identifying fiscal impacts in the current system and were integral participants in identifying the recommendations and key points that were provided to the Legislatures in October of 2016.

- The FCO office regularly campaigns for youth involvement in the office, either as paid or volunteer staff. FCO has been impactful towards reaching and advocating for the needs of former and current foster youth. Their website (http://www.fosteryouthhelp.ca.gov/) has a page that provides information on opportunities for involvement. The office also regularly engages in outreach activities throughout the state, for example, youth often engage in CDSS workgroups and committees, where they provide examples of the experiences and interpretations of rules. Youth may provide input on language indicated in correspondence county letters and impact of legislative bills. CDSS has a contract with the CYC to provide transportation, stipends, and meals for youth that participate in these activities.

- CDSS, CWDA and the Co-Investment Partnership partnered with the California Connected by 25 Initiative and CYC to create a State Youth Council, where youth ambassadors aged 14 to 24 from 13 counties were trained in the process of policy implementation, public speaking and other leadership skills. Youth Council Ambassadors acted as technical assistants, providing valuable insights about policies and practices that engage youth, build youth-adult partnerships and improve the foster care system. These youth ambassadors provided tremendous assistance to the EFC workgroups.

- The State Youth Council came to a close in 2012 and lessons learned from that effort informed the development of the Youth Engagement Project (YEP). The YEP includes current and former foster youth or ambassadors from seven counties partnering with staff/management from the County, State and the CYC to build capacity for youth-adult partnerships. Ambassadors work with local counties to identify local projects aimed at engaging foster youth and improving service delivery. The ambassadors also partner with state staff to identify strengths and barriers for youth engagement and provide feedback on policies and initiatives requiring youth input. The YEP Coordinator and ambassadors and youth participated in several workgroups and committee meetings including the Healthy Sexual Development Workgroup, a workgroup designed to aid in the process of updating the assessment forms for an Extended Foster Care placement, and the Extended Foster Care Steering Committee meetings hosted at CDSS. The ambassadors also worked with CDSS to develop a protocol that is used at the state and with the counties when making requests for youth participation on workgroups or when making requests for youth feedback and input of policy. The YEP Coordinator and ambassadors have been meeting with several CDSS branches to discuss authentic youth engagement. Additionally, a new YEP leadership team was organized that includes representatives from CYC, the Child and Family Policy Institute of California (CFCIP) and CDSS, with the intention of strengthening and expanding the program to increase youth engagement opportunities across the state.

- Executive staff from the Department had met with CYC quarterly to hear concerns and solicit feedback on a variety of issues. As a result of these meetings and efforts to increase collaboration, these meetings will occur more frequently in order to better address the evolving needs of both programs CYC has developed an internship program for several counties where CYC youth are working on their post-secondary education while working on a variety of projects including training for foster parents, engaging mental health departments and recruitment of tribal youth.

- CYC youth and YEP Ambassadors provide input on flyers for the Extended Medi-Cal for Former Foster Youth.

- In celebration of National Foster Care Month, the State Capitol honored foster youth in May, for their involvement and advocacy in state policy initiatives. In addition, foster youth participate in “shadow” day where they are able to shadow a representative and/or their staff for the day to learn how legislation is created and passed and how they can be part of that process.

- Foster Youth from across the State had the opportunity to shadow legislators for the day and view the legislative process first-hand during the annual CYC Day at the Capitol.

- Foster Youth participate in the Community Team as members of the Pathways to Well-Being Shared Management Structure.

- Foster youth advocacy and network groups such as the Youth Law Center, Foster Youth Alliance, and Alliance for Children's Rights are closely involved in several CDSS initiatives, including The Healthy Sexual Development Workgroup, which focused on the sexual development and reproductive rights for children and young adults in foster care.

- Twice yearly, CDSS distributes a newsletter to approximately 18,000 current and former foster youth outlining Chafee programs housing and other benefits. Youth of the Foster Care Ombudsman Office, the ILP, and the youth advocacy of California Youth Connection provide input on the content and appearance of the newsletter.

- The CDSS, in partnership with FCCC, selected alumni of the state's foster care system to serve as the California state representative in the nationally recognized Foster Club All Star project. The Foster Club organization, which is based in Oceanside, Oregon selects approximately 20-25 former foster youth per year from across the country to participate in its intensive training and leadership development for the Foster Club All Star program. The project associate from the YEP project, as well as the California Foster Care Ombudsperson, who is a former foster youth herself, participated in the selection process of this year.

- The NYTD steering committee has a representative from the CYC to discuss the youth perspective in ongoing NYTD issues. CYC representatives support the NYTD project on an as needed an ongoing basis. .

- At a December convening for the annual YEP meeting held at CDSS, YEP Ambassadors assisted in small group workshops focused on ways to increase support for preparing for post- secondary education, how to increase use of the Cal Fresh program among current and former foster youth and how to effectively engage youth in the foster care recruitment and retention aspect of CCR.

Youth also provide outreach and recruitment for ILP services informing ILP eligible youth, ILP active youth, and their families about the ILP program. Youth also participate in internship opportunities with local newsletters and media outlets, creating a webcast via YouTube and investigating and reporting events and issues that are important to transitioning youth.

Part 3: Coordinating Services with other Federal and State Programs and Indian Tribes

California Indian Tribes

California has 109 federally recognized tribes and approximately 81 tribes seeking federal recognition within its borders. Even so, most American Indian people living in California come from tribes outside the state, making the task of consultation and collaboration, in this county-administered child welfare system, complex. CDSS requires each of the counties to submit an

ILP Annual Report and Plan to report the methods used to ensure that all youth have equitable access to services. This report includes: how youth are made aware of ILP services/programs offered in their county; the number of tribal youth who are eligible for services; the number of tribal youth who are participating in ILP services; and the methods the counties are using to collaborate with tribal representatives to ensure that tribal youth receive culturally appropriate services.

Consultation and Coordination with Tribes on CFCIP programs

As the state with the highest number of Indian tribes, CDSS utilizes its ICWA Workgroup (described further in the ICWA chapter) as the primary means of coordinating and seeking feedback from tribes. A tribal consultation policy (TCP) has also been developed to ensure that tribes are offered an official avenue for providing meaningful feedback on CDSS policies (further information on the TCP can be found in the ICWA chapter).

CDSS has been working to inform Indian tribes throughout the state about ILP eligibility and services for tribal youth. The ICWA Workgroup brings tribal leaders, county child welfare agencies and state policy and program staff together to work on issues pertinent to Indian children. Information about the Independent Living Program and other transition services for transition age youth has been shared verbally and disseminated in a document at the ICWA Workgroup meetings. An email was sent to all of California's Indian tribes asking for feedback regarding their knowledge of the ILP and the entitlement of tribal youth to access county ILPs; whether their youth are participating in county ILPs; and what, if any, barriers they have encountered in accessing ILP benefits and services for their youth. Information obtained from this feedback was used in the development of an All County Letter about ILP eligibility and services for tribal youth which was issued in April, 2016. Additionally, a presentation on ILP and other transition age youth services for tribal youth was conducted at the annual ICWA Conference in June, 2016.

In early 2016, The CDSS provided technical assistance to the Yurok tribe, which has a Title IV-E agreement with the state of California, in the development of their Indian Child Welfare Policies and Procedures Manual. The Transition Age Youth unit assisted the tribe with their policies and procedures for transition planning and the Chafee ILP and ETV programs.

Additionally, counties work with the tribes in their individual jurisdictions to consult and obtain input on their ILP programs, to coordinate the programs, and to ensure that youth have access to culturally appropriate services and resources. Many counties have dedicated social workers and supervisors that work with the ICWA population to ensure a level of expertise for these cases. Other counties report having specialized units or liaisons that consult directly with tribes. Tribal mentors for youth are also utilized in some counties. One county has a pilot Family Wellness Court that includes a tribal representative to make sure that a youth's cultural needs are met. Some counties fund youth's participation in tribal events including providing transportation.

Some counties with a large representation of tribes within their jurisdictions report having tribal round tables, alliances, or consortiums that are comprised of tribal representatives, county and tribal social workers, probation officers, and court personnel. These constituents meet regularly to discuss ICWA, tribal needs and services, including ILP, and improved collaboration and communication. Collaboration with tribal TANF programs and tribal health organizations is also common. In many counties, tribal representatives are invited to family team meetings (FMTs), team decision-making meetings (TDMs), Child and Family Team meetings (CFTs), and transition conferences so they can advocate for the youth and help ensure the youth is provided with culturally appropriate services. Some of the larger counties have prominent tribal organizations such as Tribal STAR in San Diego and Orange counties and the Bay Area Collaboration of American Indian Resources (BACAIR) for the San Francisco Bay Area counties. These organizations provide training and curriculum for county ILPs that are relevant for the tribal population and counties publicize ILP activities and events in their newsletters.

Counties that were involved in the CAPP project (discussed in the Permanency Section) are using new strategies, such as employing cultural coaches and tribal community partners to provide culturally appropriate services to the Indian youth.

Equal Access to and Availability of Benefits and Services for Indian Youth

California counties provide ILP benefits and services to Indian youth on the same basis as any other youth in the state. Most of the ICWA eligible youth in California are under county jurisdiction and participate on a voluntary basis in the county ILP. The CDSS has notified counties through the CWDA ILP Subcommittee and an ACL that all tribal youth under the jurisdiction of a tribe and in out of home foster care are eligible for services provided by the counties' ILP. In FFY 2016, out of 308 tribal youth eligible for the ILP, 186 tribal youth participated in an ILP, 60% of the eligible tribal population. According to data from the ILP Narrative, counties reported that there were 305 tribal youth eligible for ILP services under county jurisdiction with 186 of those youth participating in an ILP; two tribal youth under tribal jurisdiction (transferred from county jurisdiction) with neither participating in an ILP; and one tribal youth under tribal jurisdiction (that never were under county jurisdiction) that did not participated in the ILP.

To ensure that tribes are aware of the availability of ILP services, CDSS developed an ACL on access to Chafee ILP funds and services for tribal youth and counties' obligation to provide these benefits. The ACL was issued in a question & answer format explaining eligibility and services available. In advance of this, CDSS requested feedback from California tribes about their experiences in accessing ILP benefits and services for their youth and has notified counties through the CWDA and the CWDA ILP Subcommittee, made up of the county ILP Coordinators, of their responsibility to provide these services to tribal youth. CDSS anticipates that the ACL and information about transition age youth services that has been provided at the ICWA workgroup and ICWA conference, as well as at CWDA subcommittee meetings, may help

increase participation rates among native youth under tribal jurisdiction, however the number of these youth is very small as indicated above and there is one tribe in the state that has chosen to provide their own ILP services to their youth.

Counties report that ILP benefits and services are available to Indian youth in California on the same basis as to other children in the state. Youth, including tribal youth, are informed of ILP activities through discussions with the social worker and probation officer, ILP pamphlets, notices, newsletters, monthly calendars of workshops/activities, website information, ILP orientations, annual ILP events and through other community groups. Counties work with local tribal communities to ensure that all tribal youth have been identified and inform tribal representatives of ILP activities and events. Many counties work closely with tribal liaisons and tribal organizations to ensure that tribal youth receive culturally appropriate services.

In addition, the statewide standards for the ILP are a mechanism that provides guidance to counties on fair and equitable provision of services to current and former foster youth, including tribal youth. Counties use a variety of methods to ensure that services are available to all youth, such as: providing transportation or bus passes, regionalizing activities, assessing local compliance with the Americans with Disabilities Act, mailing or emailing information on a monthly basis to all eligible youth and their caregivers and having direct contact with the youth. Often, smaller counties are able to provide one-on-one services to youth to ensure that all of their needs are being met. Some counties invite local tribal representatives to their monthly meetings. In turn, some tribes publicize ILP activities in their tribal newsletters.
Counties collaborate with local tribes as well as other organizations such as: AmeriCorps, Job Corps, Tribal STAR, Gathering Interdisciplinary Trainings, US Armed Forces, regional occupational programs, public transportation agencies, employment development, family service agencies, tribal social services and health services, local community colleges and universities, financial institutions, and CYC to meet the needs of tribal youth.

CFCIP Benefits and Services Available to Indian Youth

Benefits and services available to tribal youth through CFCIP are the same as those provided to other youth in the state, including the development of a Transitional Independent Living Plan (TILP) to outline youths' needs and goals; skills learning focusing on daily living skills, money management, decision making skills, safety skills, building self-esteem, and accessing medical services; assistance with achieving educational goals; aide in obtaining employment or gaining skills for employment readiness; help locating housing; and non-core services such as arranging for driver's training classes and paying for driver's licenses. Indian youth who have emancipated are also eligible to receive benefits from the Emancipated Youth Stipend to provide assistance with housing and other independent living needs.

Negotiation with Tribes Requesting an Agreement to Administer or Supervise a CFCIP or ETV Program for Their Youth

Currently, there are two tribes in California, the Karuk Tribe and the Yurok Tribe, that have a completed a Title IV-E agreement with the state. These Tribes have not pursued agreements to administer a CFCIP or ETV program at this time although the Yurok Tribe has expressed interest in developing an ILP. CDSS has offered assistance to the Yurok Tribe in developing the capacity to administer an ILP with an appropriate portion of California's Chafee ILP allocation to be allotted to the tribe once the program is developed. The Tolowa Dee-Ní Nation (formerly known as the Smith River Tribe) enacted an agreement with the federal government to become a Title IV-E Tribe.

The Pala tribe, which is not eligible for a Title IV-E agreement due to its gaming status, has chosen to provide their own independent living services rather than utilize a county ILP as the tribe feels that they can better meet the needs of their youth.

Two other tribes receive Title IV-B funding, the Tule River Tribe and the Washoe Tribe of Nevada and California. The CDSS has provided a presentation to these Tribes on the transition services available to tribal youth.

Tribal Concerns Regarding Accessing Chafee Services

During collaborations with tribes, the most frequent response has been a lack of awareness of the ability to access county ILP services as well as a lack of knowledge about the services available to tribal youth. CDSS sought tribal participation on a subcommittee of the ICWA Workgroup to develop a formal policy outlining eligibility and tribal access to ILP services. No tribes chose to participate. The ACL on ILP services for tribal youth was sent to the chiefs of all federally recognized tribes for stakeholder review. The ACL was issued in April, 2016 and sent to all federally recognized Indian tribes. Additionally, a presentation on Transition Age Youth services was made at the Annual ICWA Conference, which many tribal representatives attended. This information will continue to be made available at the ICWA workgroup meetings and training will be offered to any tribe upon request.

The CDSS will continue to monitor how many tribal youth are participating in county IL programs through the annual ILP narrative. The department will also provide technical assistance to counties regarding making their ILPs accessible to tribal youth and assist tribes in helping their youth gain access to county IL programs.

Part 4: Training

The most significant training related to transition-age youth is associated with the implementation of the EFC Program. Substantial efforts have gone into reaching out to potentially eligible youth and to ensure youth are aware of new benefits. Beyond outreach, significant efforts were made to train the child welfare community on the extended benefits

and the paradigm shift necessary to effectively serve young adults in foster care. This effort included developing curricula for specific topics (eligibility, higher education, court processes, youth engagement, etc.) as well as addressing different audiences (caseworkers, caregivers, providers, bench officers, etc.). These training and informing efforts were the result of collaboration across many sectors of the child welfare community – CDSS, counties (child welfare and probation), advocates, the JCC, CalSWEC, the child welfare Regional Training Academies, youth organizations, philanthropy, etc. The training and informing materials were made available through in-person training and presentations, webinars, short videos, websites, and a Facebook page. Additional information is available at www.after18ca.org. CDSS also released an All County Letter on the vast array of training resources available for the EFC program.

The CDSS has continued to collaborate with the organizations and community partners mentioned above to provide training for social workers, caregivers, and youth in FFY 2014, as the policy around extended foster care is still evolving. The ILP Manager provided training on the EFC and transition services to care providers at the annual Foster Parent Conference. Community Care Licensing provided trainings for providers for THP-Plus-FC; webinars and in-person training regarding the EFC and transition services were provided via the Regional Training academies. There will be additional ACLs and webinars on some of the newer provisions of the EFC Program that have emerged through the current legislative season. Additionally, CDSS attends County Welfare Director's ILP and transitional housing subcommittee meetings to provide additional clarification and technical assistance to counties.

CDSS has developed a Frequently Asked Questions webpage to provide additional guidance to counties (http://www.childsworld.ca.gov/PG902.htm). This site contains ACLs and training materials to give counties access to that information for case managers and program staff that were not able to attend the trainings in person. Regional trainings were provided throughout the state, which in turn provided the CDSS with the most frequently asked questions.

Due to fiscal restraints, the ILP institute is not being provided. However, the CWDA ILP Subcommittee has planned to develop regional trainings for new ILP Coordinators.

The California Community Colleges Chancellor's Office

For FFY 2014, through the Chancellor's Office and 62 community colleges, training was provided to over 5,000 kinship caregivers (and non-related Extended Family Members) and over 15,000 foster parents and potential foster parents statewide. Training areas included, but were not limited to, helping caregivers prepare foster youth for independent living, extended foster care, diversity and cultural sensitivity including supporting LGBTQ youth, accessing education and health services, adolescent pregnancy prevention, trauma-informed caregiving, and the importance of self-esteem.

Part 5: The National Youth in Transition Database

Data input into the NYTD began in late August 2010 with reports continually submitted to ACF every six months, in May and November of each calendar year. These reports to ACF contain independent living delivered services' data extracted from CWS/CMS and outcomes survey data from surveyed foster youth at ages 17, 19, and 21 years of age. The NYTD steering committee meets on an as needed basis to oversee and advise on the ongoing tasks to be accomplished for NYTD compliance. The steering committee is comprised of small and large counties' staff, both from probation and child welfare; CWDA and Probation Chiefs' representatives; and a youth participant from the CYC.

In FFY 2016, CDSS continued to offer the NYTD survey to eligible youth by way of an Internet link located on the CDSS NYTD web page. In FFY 2016 counties offered the survey to the 19 year olds of the second cohort. An All County Letter (ACL 15-79) was released to provide instructions to counties on surveying the 19 year old follow up population. A webinar also was presented in October 2015 to provide guidance on implementing the survey process. For FFY 2016 surveying the 19 year old follow up population of the first cohort, the NYTD Compliance Report showed a participation of 1001 out of 1,225 youth for the first review period and 993 out of 1,235 youth in the second review period. The reasons why youth did not participate was due to being unable to locate the youth to offer the survey and secondly, the youth declining to take the survey.

Technical assistance is provided on an ongoing basis to counties through an established NYTD mailbox, NYTD hotline, presentations to the county ILP Coordinators at their monthly CWDA meeting, Probation Officers and Managers at their monthly Probation Advisory Committee (PAC), and regular technical assistance emails about performance and tools, i.e. best practices' documents. Collaboration between the CDSS policy and data bureaus is ongoing at data, policy, and steering committee meetings as well as solving problems with the survey process. An updated consent form regarding data sharing of the NYTD survey would be applicable to the third cohort beginning October 2016.

CDSS planned for FFY 2017, the year to survey the 17 year olds of the third cohort, to continue educating counties about NYTD through activities such as: release an ACL, offer Webinars to help counties incorporate shared best practices in policies and procedures, and monthly presentations at the CWDA ILP meetings, and the Probation Advisory Committee meetings. A webinar was provided FFY 2016 also to refresh training on the Independent Living Services with goal to increase reporting of delivered independent living services. The state plans to continue technical assistance to counties with low numbers to identify their barriers and increase participation rates.

Table 47 below includes data for the first and second review periods for the FFY 2016 NYTD survey and Federal determinations or categories given for youth participating or not

participating in the survey. Youth in foster care who turned 19 in FFY 2016 were surveyed during the review period in which the birthday falls.

Table 47: NYTD County Compliance Report for FFY 2016: Survey Outcome Status FFY 2016

Survey Outcome Status	FFY 2016			
	1st Report Period		2nd Report Period	
	Number	%	Number	%
Youth Participated	1001	82	993	80
Valid Non-Participation Reasons:				
Youth Declined	42	3	31	3
Youth Incapacitated	2	0	3	0
Youth Incarcerated	17	1	14	1
Runaway	4	0	15	1
Deceased	1	0	3	0
Unable to Locate	158	13	176	14
All	1,225	100	1,235	100

Counties report best practices in successfully locating and engaging youth for purposes of offering the NYTD survey, as follows:

- Keeping in frequent contact with survey eligible youth through email, phone and social media
- Explaining and discussing the purpose of the survey
- Utilizing the eligibility staff to locate the youth
- Contacting youth in evenings and the weekend
- Utilizing social media
- Timely payment of incentive
- Utilizing Family Finding tools
- Using every contact as an opportunity to update contact information
- Offering the survey on the phone

Table 48 below shows data for the number of youth who received independent living services and whether the youth was in foster care or after care, and whether child welfare or probation youth. The decrease of services in After Care ILP services from FFY 2013 to FFY 2016 reflects the trend of youth electing to stay in foster care past their 18th birthdate as indicated by the increase in services provided in both Child Welfare and Probation.

Table 48: NYTD County Compliance Report for FFY 2016: Number of youth who received an independent living service by responsible agency type in FFY 2016.

	1st Report Period		2nd Report Period	
Case Responsible Agency	**Number**	**Percent**	**Number**	**Percent**
In care: Child welfare department	12,411	74	12,216	72
In care: Probation	3,280	19	3,592	21
In care: Other (Kin-GAP, mental health, out of state agency, state adoption district office, private adoption agency, and Indian child welfare)	186	1	215	1
Aftercare: Child welfare department	539	3	531	3
Aftercare: Probation	359	2	332	2
Aftercare: Other (Kin-GAP, mental health, out of state agency, state adoption district office, private adoption agency, and Indian child welfare)	88	1	96	1
Either current/prior case was not found, or case responsible agency was missing	1	0	0	0
All	**16,864**	**100**	**16,982**	**100**

National Youth in Transition Database Review and Results

A report titled, "NATIONAL YOUTH IN TRANSITION (NYTD) SURVEY SUMMARY BRIEF, CALIFORNIA 2015 - Outcomes for the First NYTD Database Cohort, Youth Ages 17, 19 and 21" includes a thorough analysis of California's First NYTD Cohort. The report includes NYTD outcome findings for youth from the first cohort, at ages 17, 19 and 21, and includes comparisons by gender, ethnicity/race, and in-care and out-of-care. Comparisons are also made to National NYTD data and the CalYOUTH study which also looks at outcomes for youth in foster care in California. The report was made available on the CDSS NYTD Webpage. The NYTD data brief indicated a number of outcomes regarding the first cohort. The information showed that there was an increase in types of employment, part time or full time, and employment skills training. The increases in this area show that t access to ILP services help youth obtain higher rates of financial self-sufficiency. In addition, the data brief reveals that the youth maintained high percentage rates of permanent connections. This shows that ILP services helps support and expand permanent connections amongst the youth surveyed. Finally, the data brief demonstrates the high percentages of youth obtaining a high school diploma or attending an education program. The increased education numbers shows that the support offered by foster care encourages youth to set and accomplish educational goals. The NYTD data brief also illustrated areas the youth surveyed continue to struggle with. For example, homelessness remains an issue for these youth. These percentages show that those who remain in foster care or extended foster care have the support necessary to avoid homelessness. High risk outcomes are another area where the surveyed youth have experienced issues. These risk outcomes

include pregnancy, substance abuse, and incarceration. This indicates that these youth may require more support and ILP services to avoid these risks.

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TITLE IV-E CALIFORNIA WELL-BEING PROJECT

Background

California began operating a flexible funding child welfare demonstration project on July 1, 2007, with Alameda and Los Angeles Counties, and continued under three short-term bridge extensions through September 30, 2014. On September 29, 2014, the Administration for Children and Families (ACF) approved a five-year extension and expansion of the project, now known as the Title IV-E California Well-Being Project (Project). The Project extension began on October 1, 2014, and concludes on September 30, 2019. Under the expansion, the Project is implemented through partnerships with Alameda, Butte, Lake, Los Angeles, Sacramento, San Diego, San Francisco, Santa Clara, and Sonoma County child welfare and probation departments. Butte County, however, has elected to opt out of the Project effective July 1, 2017. The Project provides participating counties the flexibility to invest existing resources more effectively and will examine whether flexibility in the use of Title IV-E funds prevents foster care placement and improves outcomes for children.

As core service interventions, participating county child welfare agencies implemented Safety Organized Practice/Core Practice Model (SOP/CPM) and participating juvenile probation departments implemented Wraparound. The SOP/CPM is implemented as a family-centered practice that will contribute to the improvement of safety, permanency and well-being outcomes for children, youth and families. The Wraparound model is an intensive, individualized care planning and management process. In addition to the Project-wide interventions, each county may implement up to two additional child welfare and two probation interventions, at local discretion, with services they feel will improve the safety, permanency, and well-being of children in their respective counties. The Project's target population includes children and youth ages zero to 17, inclusive, who currently are in out-of-home placement or who are at risk of entering or re-entering foster care.

Support Activities and Technical Assistance

Project county child welfare agencies developed extensive SOP/CPM training and coaching partnerships with their respective Regional Training Academy (RTA), while juvenile probation departments continued their Wraparound training partnerships with the Resource Center for Family-Focused Practice (RCFFP). The California Department of Social Services (CDSS), in partnership with the RTA and RCFFP, continued to provide opportunities for child welfare and juvenile probation representatives to engage in an on-going series of collaborative convenings. The quarterly SOP/CPM and Wraparound Collaborative series focus on implementation and critical developments as well as cross-agency communication and collaboration. The SOP/CPM and Wraparound Collaborative series provide a platform for the formation of learning communities amongst Project counties, promoting information sharing as child welfare and juvenile probation teams engage in in-depth discussions regarding policy, best practice,

training, implementation and coaching. The CDSS also partnered with the RTA and Casey Family Programs (CFP) in developing the SOP Title IV-E Waiver Executive Series (SOP Executive Series) for child welfare. The SOP Executive Series includes facilitated sessions addressing SOP integration into current work and initiatives such as Continuum of Care Reform, Pathways to Well-Being (formerly Katie A) and other county individualized initiatives. The CDSS is also developing an Executive Series for probation. The goal is to provide executive leadership in participating child welfare and probation agencies with opportunities to engage in collaborative conversations and opportunities to share and hear from other executive leadership.
The CDSS conducted onsite fiscal reviews of Project counties utilizing enhanced protocols and procedures, and will continue to review all Project counties on an annual basis. These onsite visits include reviewing county procedures and claiming documents to ensure proper claiming of Project funds and providing further training and technical assistance as needed. In addition, the CDSS collects quarterly fiscal data and conducts quarterly fiscal conference calls to provide fiscal updates and further technical assistance to the participating counties.

The CDSS also conducted onsite programmatic reviews of Project counties. The goal behind the visits is to facilitate collaborative and constructive dialogue about programmatic matters of the Project. The reviews also consisted of conducting Social Worker and Probation Officer interviews to gain insight on their perspective around SOP and Wraparound services under the Project as well as case file reviews to better understand the process and tools that are currently being captured through the Project county's intervention practices. In addition, the quarterly individual county and quarterly all county programmatic call efforts continued to include participating child welfare and probation department representatives as well as stakeholders.

The Project's Terms and Conditions requires the CDSS to submit a semi-annual progress report summarizing activities and accomplishments for the reporting period. The CDSS further developed the semi-annual report template and disseminated it to Project counties. Project counties submitted the semi-annual report detailing implementation accomplishments from April 1, 2016 through September 30, 2016. The most recent semi-annual report was submitted to the ACF in June 2017, capturing Project accomplishments, challenges and intervention outcomes during the reporting period of October 1, 2016 through March 30, 2017.

During the period of July 1, 2016, through June 30, 2017, the CDSS cross-division implementation team engaged the participating county child welfare and probation departments in a variety of communication, implementation, technical assistance and evaluation activities.

The Project's on-going external communication efforts continued. The quarterly probation call, facilitated by the Chief Probation Officers of California, is an ongoing effort. The CDSS continued to partner with CFP and held quarterly county-specific and collective calls to discuss Project implementation activities. The CDSS, in partnership with i.e. communications,

continues to publish the Project newsletters: http://www.cdss.ca.gov/inforesources/Foster-Care/Title-IV-E-California-Well-Being-Project/Project-Communications.

The CDSS continued to partner with the RTAs, the RCFFP and CFP to advance collaboration with participating counties, providers and other stakeholders. This partnership continues to support quarterly SOP and Wraparound Collaboratives, focusing on implementation, critical elements, cross-agency communication and collaboration.

The CDSS convenes annual waiver meetings with participates to support implementation and evaluation efforts. The third Annual Title IV-E Waiver meeting will be held on November 14 through 15, 2017. Planned discussions include updates regarding federal, state and county initiatives and their interceptions with Project implementation. Facilitated panels regarding county fiscal strategies, SOP and Wraparound implementation successes, challenges and next steps, along with fidelity assessment strategies and succession planning have been discussed. Participating counties and stakeholders also requested updates regarding Project evaluation activities, trends and incorporating visuals to communicate findings.
Internal communication efforts continued to include cross-division (program, research and fiscal) Project team meetings and county specific implementation updates.
Representatives from the CDSS' cross-division implementation team, including Program, Research and Fiscal representatives, and representatives from the National Council on Crime and Delinquency (NCCD) and Westat attended the annual Federal Waiver Demonstration meeting in Virginia on June 29 through 30, 2017, with various speakers and breakout sessions. The CDSS also participated as panel members, alongside with Sacramento County, in a breakout session titled "Trauma-Informed Family-Focused Practice and Family Engagement" Experiences from the Sacramento County Child Welfare and Probation Departments' involvement in the Title IV-E California Well-Being Project.

Evaluation

The State is conducting an evaluation of the Project to determine whether and how the Project's funding flexibility affects county child welfare and youth probation systems, and to measure the Project's success in meeting its stated goals for improved safety, permanency, and well-being outcomes for children. The evaluation consists of three components: A process evaluation, an outcome evaluation, and a cost analysis. The Evaluation Steering Committee has continued to meet on a monthly basis, with individual county agencies on a quarterly basis and with the CDSS on a weekly basis to discuss Project data outcome and fidelity measures. The Parent and Guardian Survey was administered in all counties on November 1, 2016, in order to capture client satisfaction and family engagement in the Project. Findings from the completed surveys were presented in the Evaluation Interim Report delivered in June 2017, which captures additional information including qualitative and fidelity data provided by participating agencies.

The Evaluation Team has finalized Data Sharing Agreement contracts with the 18 county agencies, which outline usage and security expectations for county data in the statewide evaluation. The NCCD began to compile data from the participating agencies. Other ongoing efforts for effective maintenance of the Project progress have consisted of discussions and collaboration between the Evaluation Team and Project partners in accessing and reviewing data in order to support counties with effective fidelity and well-being outcome measures.

Project-Wide Intervention Critical Elements

SOP/CPM

The SOP/CPM is implemented as a family-centered practice that will contribute to the improvement of safety, permanency and well-being outcomes for children, youth and families. Critical elements of SOP/CPM include the engagement of families through relationship, promoting safety through assessment and a safety driven service, support planning and implementation, monitoring and adapting, transition and aftercare planning. The SOP/CPM model incorporates cultural awareness, trauma-informed lens, and focus on trauma philosophies throughout its strength-based approach practice to improve the coordination of services and collaboration of mental health and child welfare system.

Wraparound

The Wraparound model is an intensive, individualized care planning and management process. Outcomes of Wraparound are anticipated to produce long-term successes for youth in stable home-like placement environments, to improve youth and caregiver mental health, and improve functioning in community participation, increase assets, resilience and quality of life improvement. The Wraparound model involves a family-centered, strength-based, needs-driven planning process for supportive youth and family services. Specific elements of Wraparound include case teaming, family and youth engagement, individualized strength-based case planning, and transition planning.

Optional County Interventions

The Project core service interventions of SOP/CPM and Wraparound model are intended to improve the well-being of children, youth and families in all the participating counties. Additional optional interventions facilitated by the 18 agencies are also structured to meet the needs of vulnerable populations within each respective county. Each county was able to identify up to two child welfare and up to two probation interventions, at local discretion.

The following interventions are implemented by the counties.

Agency	Intervention Name	Definition
Child Welfare	Commercially Sexually Exploited Children– Alameda County	Creates a process for developing advocates, increasing intensive foster care placements and caregivers through screenings to identify youth. Develops training and tools to support services to youth.
	Enhanced Prevention and Aftercare – Los Angeles County	Provides service strategies to strengthen families in areas that are related to protective factors in programs, such as: Supporting Father Involvement, SafeCare and Parents asTeachers.
	Triple P (Positive Parent Program) – Alameda County	Provides parent education to promote healthy development for children and to manage behavioral problems for parents and children
	Family Wraparound – Lake County and San Francisco County	Wraparound services are provided as an alternative to group home placement. The Wraparound model involves a family-centered, strengths-based, needs-driven planning process for creating individualized services and supports for children, youth and families. Specific components of the Wraparound model are engagement and team preparation, initial case planning, implementation and transition.
	Family Visit Coaching – San Diego County	Helps parents articulate their children's needs to be met in visits. Prepares parents for their children's reactions. Helps parents plan to give their children their full attention at each visit. Appreciates the parent's strengths in caring, meeting each child's needs.
	Family Finding and Kinship Support – Sacramento County	A structured model to build permanent, caring relationships for the youth, who otherwise would not have a permanent family, by helping adults make realistic decisions on how to be involved in a youth's life. Provides supportive services to relative caregivers and children placed in their care.

	Housing Assistance & Permanency Program– Sonoma County	Supports families in attaining and maintaining housing stability and permanency which aligns with the Project goals of improving the array of services to families. Increases the possibility of not placing the child out-of-home and improving family well-being.
	Parent Orientation & Parent Mentor Program – Sonoma County	Assists parents in the Court Family Maintenance (FM) and Family Reunification (FR) programs toward early engagement in their case plans as well as providing them knowledge of the child welfare, foster care, and dependency court processes and the roles of persons involved therein.
	Partnerships for Families (PFF) – Los Angeles County	Program is designed to prevent child abuse by addressing gaps in the current child welfare system. Voluntary prevention services developed by PFF are offered to pregnant women and families with children five and younger who are at high risk for child maltreatment. Each of Los Angeles County's Service Planning Areas are served by PFF, which collaborates with other organizations to improve outcomes at the agency, family and community levels.
	Permanent Connection – San Diego County	Helps families to establish a lifetime network of support for children and youth who are disconnected from their loved ones or at risk of disconnection through placement outside of their home and community.
	Prevention Initiative – Sacramento County	Goals of this intervention are: a) 90 percent of parents will improve their parenting knowledge and skills; b) 90 percent of parents with a history of CPS referrals will have no new referrals for child abuse or neglect; c) 90 percent of parents with no history of CPS referrals will have no new referrals for child abuse or neglect; d) children are safe and healthy in their homes; e) parents are nurturing and self-sufficient
Probation	Collaborative Court – Alameda County	Focuses on providing an alternative disposition for youth with high mental health needs;

		emphasizes family engagement and teaming.
	Functional Family Probation – Los Angeles County	A family focused case management approach for the family and youth to manage crisis, provide services and offer strength based supervision.
	Functional Family Therapy – Los Angeles County and Sacramento County	Engages youth and family in recognizing negative behavior and relational patterns by providing skills training in problem solving, parenting, and conflict management.
	Multi-Disciplinary Family Therapy – Alameda Probation	An integrated, comprehensive, family-centered treatment for teen and young adults with problems and disorders, which simultaneously addresses substance use, delinquency, antisocial and aggressive behaviors, mental health disorders, school and family problems, and prevents out-of-home placement through a variety of therapeutic and behavioral supports for adolescents, parents, families and communities.
	Multi-System Therapy - Sacramento County	A family and home based treatment that strives to change how youth function in their natural settings - home, school and neighborhood - in ways that promote positive social behavior.
	Parent Partners – San Francisco County	Provides peer support groups to parents who have successfully achieved family stabilization in order to provide individualized coaching and encouragement to parents with children in out of home care.

Outcome Measure Descriptions

AB 636 [C-CFSR California Outcomes and Accountability System State Measure]

- Entry Rates
- 4B Least Restrictive (Entries First Placement)
- 4B Least Restrictive (PIT Placement)
- 4E (1&2) ICWA Placement Preferences

CFSR3 [Federal Child & Family Services Review Round 3 Measure]

- 3-S2 Recurrence of maltreatment
- 3-P1 Permanency in 12 months for children entering foster care

- 3-P2 Permanency in 12 months for children in foster care 12-23 months
- 3-P3 Permanency in 12 months for children in foster care 24 months or more
- 3-P4 Re-entry to foster care
- 3-P5 Placement stability

CHILD AND FAMILY SERVICES TRAINING PLAN

Description of Training Activity
In partnership with the Northern California Training Academy, CDSS provides ICPC CORE training for ICPC liaisons and other interested social workers or managers in the counties, probation departments and adoption offices. This training addresses the basic concepts of ICPC essential for liaisons to understand how to work within the compact and associated regulations when placing children across state lines. This training is provided in person and via webinar. CDSS also organizes quarterly meetings with all ICPC liaisons. These meetings provide an ongoing opportunity for CDSS to consult with county ICPC staff, clarify existing ICPC requirements, and review proposed program changes in the ICPC program area. In addition, the meetings provide an opportunity to discuss county best practice information for the processing and tracking of ICPC information.

CDSS is actively working to implement the National Electronic Interstate Compact Enterprise (NEICE) database. The NEICE database will allow the exchange of documents necessary to more efficiently facilitate the placement of foster and probation youth across state lines when it is in the best interest of the child. To implement NEICE, CDSS will first pilot the system with the state operations and adoptions staff. Several counties have expressed interest in participating in a county pilot prior to expanding access to the NEICE statewide.

Allowable Title IV-E Administrative Functions
The ICPC training would cover new ICPC requirements, procedures, and regulations including by whom and when it must be used, types of placements covered, case planning and financial and medical support responsibility by the sending entity until closure with concurrence of both agencies, referrals to services, supervisory reports and visitation, and case reviews. Additionally, training will include information on federal ICPC home study time line requirements and applicable data reporting requirements.

The NEICE training will address the database policies and procedures. The NEICE database is an additional tool for the State of California that will reduce the timeframe from request to actual placement. In addition, NEICE eliminates the use of paper, reduces the mailing costs associated with sending hardcopy placement request to the receiving state and improves communication between state liaisons.

Setting/Venue
State Office training site, webinars and/or on-line format.

Training Duration
ICPC Training: The training will consist of a one day, training session at the State CDSS Office
NEICE Training: The database training will consist of in-person training sessions, user manuals and YouTube videos.

Training Activity Provider
ICPC Training: Training provider will be the Northern Training Academy.
NEICE Training: Training provider will be the APHSA organization, the database vendor, Tetrus, and the CDSS.

Approximate Number of Days/Hours of Training Activity
ICPC Training: One eight hour training.
NEICE Training: To be determined based on type of training(s) offered, topics and the audience to receive the training.

Target Audience
The state's ICPC liaisons in each county, placement supervisors (child welfare services, probation, and tribes) that place out of state, and CDSS Adoption District Office staff.

Cost Allocation Methodology
This training is allocated to the Title IV-E enhanced regular FFP rate of 75 percent rate, and SGF.

Total Cost Estimate
$25,000

Description of How Training Meets Goals/Objectives of the CFSP
Training will address the goals to support local child welfare services staff in making inter-jurisdictional placements that ensure the best interests and the fair and equitable treatment of children placed across state lines. In addition, it will promote and reinforce placement stability and an increased understanding regarding the protection and services needed for children who are placed out of state while remaining under court jurisdiction.

Initial Social Worker Training
California is a state-supervised, county-administered child welfare services system and this presents unique challenges and opportunities for developing and delivering training to various professional and paraprofessional child welfare staff and providers throughout the state.

The 58 county child welfare services programs vary in many ways: from rural to highly urbanized; from a workforce of a few public child welfare workers to a staff of thousands; and from no formal staff development organization to very sophisticated staff development departments. Meeting the evolving and diversified training needs for these programs will require a continuing innovative and multifaceted approach.

Welfare and Institutions Code (W&IC) section 16200 et. seq., (Chapter 1310, Statutes of 1987) requires CDSS to provide practice-relevant training for social workers, agencies under contract with county welfare departments, mandated child abuse reporters and all members of the child

welfare delivery system. W&IC Section 16206 states the purpose of the program is to develop and implement statewide coordinated training programs designed specifically to meet the needs of county child protective service social workers assigned to emergency response, family maintenance, family reunification, permanent placement, and adoption responsibilities. This training includes all of the following: crisis intervention, investigative techniques, rules of evidence, indicators of abuse and neglect, assessment criteria, the application of guidelines for assessment of relatives for placement, intervention strategies, legal requirements of child protection, requirements of child abuse reporting laws, case management, using community resources, information regarding the dynamics and effects of domestic violence upon families and children, Post Traumatic Stress Disorder (PTSD) and the causes, symptoms, and treatment of PTSD in children.

Training content is developed by CalSWEC, the Regional Training Academies, and the University Consortium for Children and Families in conjunction with stakeholders representing county child welfare agencies, CDSS, youth, Parent Partners, CASA, the courts, Tribes, and service providers. Content development guidelines require that training content be evidence-based and applicable to practice in all 58 counties. Several processes are used to ensure content meets the requirements outlined in statute and meets the needs of the child welfare social workers in California, including review of content by the Statewide Training and Education Committee (STEC), oversight of content by the Content Development Oversight Group (CDOG - a subcommittee of STEC), evaluation of content by the Macro Evaluation Team (a subcommittee of STEC), vetting of content via surveys and focus groups conducted by CalSWEC, formative evaluation of new training materials through a piloting process, and ongoing curriculum evaluation to ensure the curricula effectively increase knowledge and skills among participants.

Staff and Supervisor Training are delivered regionally, and organized and delivered by the following Regional Training Academies (RTA's):

Northern California Training Academy (NCTA) - The Northern California Children and Family Services Training Academy, located at the University of California at Davis (UCD), provides training and technical support tailored to the varied needs of 28 counties and 2 tribes in Northern California: Alpine, Amador, Butte, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Inyo, Lake, Lassen, Mendocino, Modoc, Mono, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yolo, and Yuba, as well as the Karuk and Yurok Tribes.

Bay Area Training Academy (BAA) - The Bay Area Academy, at California State University, Fresno, serves 12 counties that are very diverse in size, challenges and internal resources. The Bay Area Academy provides professional development services for the following 12 counties: Alameda, Contra Costa, Marin, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, and Sonoma.

Central California Training Academy (CCTA) - Located at California State University, Fresno, the Central California Training Academy (CCTA) works collaboratively with 12 counties in the central region to develop training strategies and to implement the statewide training program. The CCTA serves: Calaveras, Fresno, Kern, Kings, Madera, Mariposa, Merced, San Luis Obispo, Santa Barbara, Stanislaus, Tulare, and Ventura.

Public Child Welfare Training Academy (PCTWA) – Based at California State University, San Diego, the Public Child Welfare Training Academy for the Southern Region provides a comprehensive, competency based in-service training program for the public child welfare staff of 5 Southern California counties: Imperial, Orange, Riverside, San Bernardino and San Diego. PCTWA also provides some support to Los Angeles County for ongoing training topics, e-learning and CC 3.0 support.

University Consortium for Children and Families (UCCF) - The UCCF is comprised of California State Universities, Long Beach, Northridge, Dominquez Hills, and Los Angeles; University of California, Los Angeles; and the University of Southern California. The UCCF is under contract with the Los Angeles County Department of Children and Family Services to provide comprehensive training for the county's child welfare professionals. Additionally, UCCF contracts provide a Los Angeles County specific Masters in Social Work (MSW) stipend program that requires participants to work in Los Angeles County after graduation.

The Resource Center for Family Focused Practice (RCFFP) - The RCFFP, located at the University of California at Davis (UCD), employs a variety of means to engage with all 58 California Probation Departments in meeting their required and elective training needs for probation placement officers and supervisors.

Family Resource and Support T/TA- *Strategies*, a network of three regional non-profit agencies, was developed to help build capacity and to enhance the quality of programs and services provided for families and children by family support programs and family resource centers (FRCs) throughout California

This year, *Strategies* focused its efforts in four major areas, in an effort to have a greater impact and build a knowledge based throughout the state. Areas of focus included the following: (1) increasing capacity building for family strengthening organizations, (2) working with special populations, (3) improving family engagement and (4) implementing programs with fidelity.

Allowable Title IV-E Administrative Functions
Not Applicable.

Setting/Venue
Training is conducted across the state, in a variety of settings, including: community-based organizations, churches, public agencies, private venues, and educational centers and institutions.

Training Duration
Duration of training varies depending on the type of training offered.

Training Activity Provider
Strategies is a network of three regional non-profit agencies representing Northern California; Central California; and Southern California.

Approximate Number of Days/Hours of Training Activity
Length of training varies depending on training topic, ranging from one hour webinars to week long trainings, and training series. Technical Assistance can be very deep, or brief, and is determined by need of client

Training Audience
The target audience includes staff from family resource centers/family support programs, community organizations, and public/private agencies. Among organizations are some of those that provide Differential Response services to child welfare organizations.

Total Cost Estimate
$2,500,000 for this reporting period

Transitional or Regular FFP Rate
Not applicable. Activities are supported by CBCAP and CAPTA funds.

Description of how training meets goals/objectives of CFSP
Training/technical assistance will assist in ensuring the safety of children, promoting the accurate assessment of child and family needs, supporting the participation of the child and family in case planning, and improving the quality and availability of relevant services.

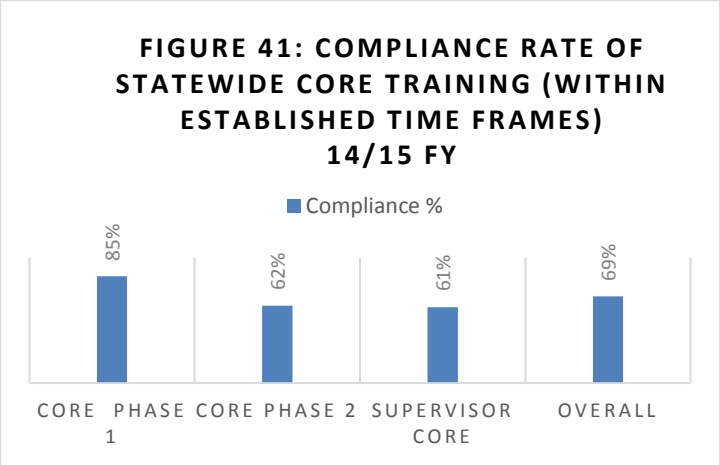
Training Regulations

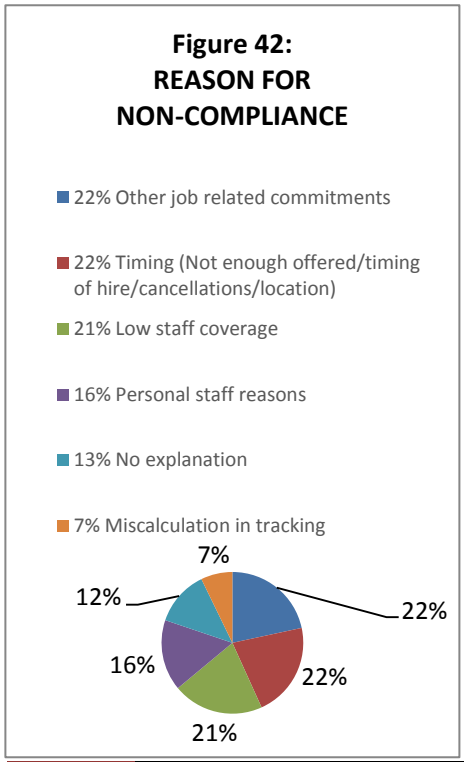
During the 2008 CFSR PIP, California included the mandate for standardized training in child welfare. The CDSS, in cooperation with the Statewide Training Education Committee (STEC), has developed standardized curricula in the Core Training Program to be used statewide for the mandatory training of child welfare social workers and supervisors. Instructors are experts in the field of child welfare who use a variety of teaching methods based on adult learning theory and best practices.
These regulations were published in the Manual of Policies and Procedures (MPP), and have been in effect as of July 1, 2008, and are as follows:

1. New employees are required to complete Phase I Line Worker Common Core within their first 12 months from date of hire (MPP 14-611.11).
2. New employees are required to complete Phase II Line Worker Common Core within their first 24 months from date of hire (MPP 14-611.12).
3. New supervisors must complete Supervisor Core within 12 months from the date of hire, assignment, or promotion (MPP 14-611.2)

Reporting of Training

Every year, each county is required to complete an Annual Training Plan Survey. The questions are focused your county's employee statistics, satisfaction of RTA training, and staff's completion of mandatory training regulations in the previous fiscal year (FY). Along with being a key requirement in our Cost Allocation Plan (CAP) fiscal policy reporting, this report also helps CDSS and your RTA evaluate training needs in each county, and throughout the state.





In 2015, an in-depth analysis was done of the survey and it was updated to improve county response rate, increased accuracy of responses, and to provide more concrete answers to the reporting and compliance of mandated training.

Figure 41: Completion Rate of Statewide CORE Training (within established time-frames) 14/15 FY. This graph depicts the training completion rate of all 58 counties. Overall, the compliance rate was 69 percent for initial staff training. Each county that had staff out-of-compliance was required to submit a Plan of Correction (POC). This POC reported the classes missed for each staff, reason for non-compliance, and scheduled makeup plan. Throughout the state, there were common patterns found in reasons for non-compliance (see Figure 42).

There were several consistent patterns that emerged. Time sensitive commitments, such as court dates and deadlines,

emerged as a top reason for staff missing scheduled training. Next, was in relation to poor timing of offered classes, such as classes not being offered frequently enough, frequency in convenient location, timing of hiring date, or cancellation of scheduled classes by the RTA. Also, many counties reported low staff coverage, which left the county understaffed if they sent staff to scheduled trainings.
The ATP survey not only collects data on the compliance of mandated training, but also on the perceived usefulness of the initial staff training provided by the RTAs. The question asks the reporter to rank the "Usefulness of Training" on a scale from 1-5; 1 being "Very Useless", 5 being "Very Useful" (see Figure 43).

The purpose of this question is to determine the perceived usefulness of initial training to staff, supervisors, and the job field. Overall, the response was very positive. 97 percent of counties reported that the training is "Useful to Very Useful" in meeting the training needs to prepare staff for work in their county child welfare roles. With our full implementation of CORE 3.0 in the near future, we expect this number to be even more positive.

The RTAs conduct Satisfaction Surveys at the end of each training that they conduct. Some of that information is used to assess this item. This sample consists of 20,605 surveys taken during the 14/15 and 15/16 FY. When asked if the training directly addressed the skills and knowledge needed to perform their job duties, on a scale from 1-5 (1 being dissatisfied, 5 being very satisfied), the average response was 4.51. With a satisfaction rate of 90.2 percent, the overall response to initial staff trainings is very positive.

Current Changes/Improvements

CORE 3.0

California is moving toward the full implementation of a Child Welfare Core Practice Model (CPM) and a transformed system for working with children and families. The CPM is a framework for practice and principles for child welfare that defines a theoretical framework, values, principles, and practice behaviors that define child welfare social work practice in California. This Child Welfare Core Practice Model serves as an umbrella to better define improvement initiatives and practice changes underway in the state. The CPM is linked to the Pathways to Mental Health Practice Model that defines collaborative practice with behavioral health service providers.

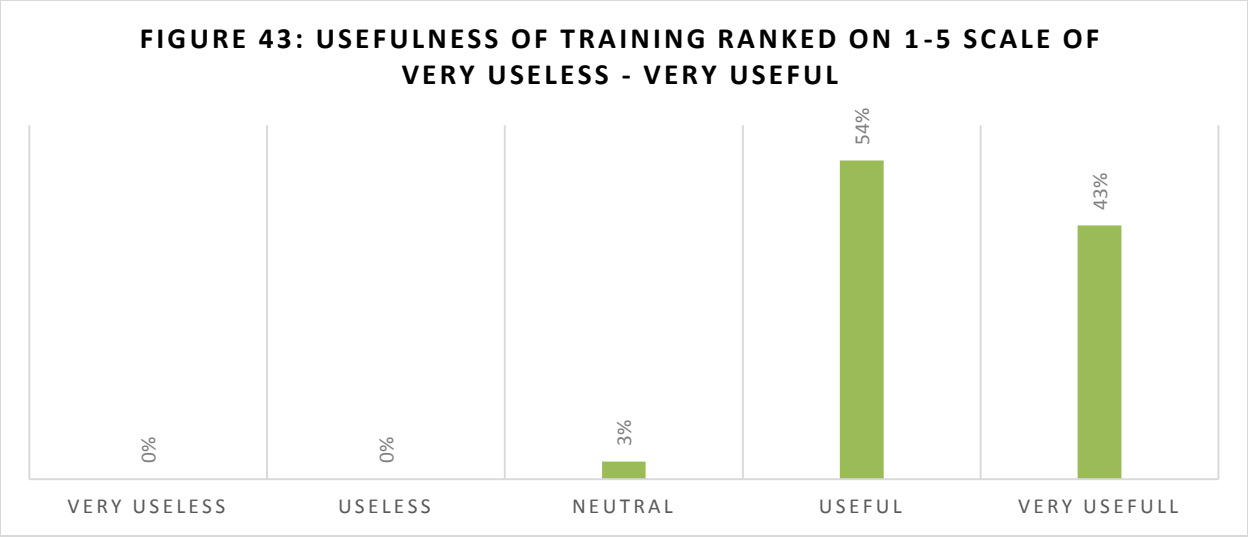
The decision to undertake a large scale revision of Common Core arose from an effort to ensure that Core provides new social workers with key information linked to the CPM in a format that streamlines knowledge acquisition and facilitates skill building. Current evaluation of the 2.0 version of Common Core shows that trainees gain knowledge, but trainers received feedback that trainees struggled to transfer training to practice because the curriculum offered few opportunities for trainees to carry classroom activities into a field setting and receive the feedback necessary for skill development. The new Common CORE 3.0 curriculum has been structured to mirror the CPM components Engagement, Assessment, Service Planning and

Implementation, Monitoring and Adapting, and Transition by providing training in blocks centered on these 5 practice areas. There is an additional training block focused on foundational skills and key policies that define practice.

Core Practice Component I: Foundation Goal: To support a team-based and trauma-informed infrastructure for child welfare that creates a framework for social workers to achieve positive and measurable outcomes for families and children. It emphasizes the importance of culturally-sensitive care and services in all settings and the importance of engaging children, youth, families, kin networks, care providers, Tribes, and community resources in a collaborative, strength-based manner.

Core Practice Component II: Engagement Goal: Engaging children, youth, families and young adults by teaming with them in assessing their strengths and needs and in service planning and delivery throughout the life of the case. Ensure diligence in reaching out to children, families, and foster and adoptive parents in ways that are welcoming, honest and respectful, recognizing the effects of trauma in the lives of children and families and the challenges faced by substitute caregivers. Communicate regularly to ensure that the child, family and substitute caregiver receive needed information, preparation, guidance and support. Sustain engagement of existing foster and adoptive parents to strengthen relationships with county CWS and probation staff for improved quality of care and increased placement stability.

Core Practice Component III: Assessment Goal: Children, youth, and young adults involved with the child welfare system will receive comprehensive, strength-based and trauma-informed assessments, including screening and assessment of their mental health and behavioral health needs. Assessments will also include identification of community based services and supports that would be most beneficial for the child and family and identify options for living situations that would best promote a permanency outcome.



Core Practice Component IV: Service Planning and Implementation Goal: Provide a continuum of safe placement resources that support children's well-being and needs for timely permanency. Using a multi-agency collaborative approach to provide services and supports where there is full collaboration and shared accountability across all service providers. Case plans, services and supports will be strength based, needs driven and individualized. Plans will be developed to reflect cultural sensitivity and address any identified trauma needs. Individual plans and services need to be consistent and coordinated with steps toward the family's goals and tasks prioritized to ensure safety and well-being of the children, youth, families and young adults.

Core Practice Component V: Monitoring and Adapting Goal: Routinely measure children, youth, families and young adults' status, interventions, and change results. Data drives and supports CQI to achieve positive outcomes for safety, permanency and well-being for all children in the state. Monitoring includes on-going assessment for further trauma exposure. Maintain appropriate documentation of goals, action steps and indicators of progress, actively engage and encourage the family to express their views about how they see their progress.

Core Practice Component VI: Transition Goal: Work together at times of transition to support the family with the challenges that occur during times of change and ensure reasons for transition are understood by all team members. Transition planning begins with the family's first involvement with child welfare and must reflect the children, youth, families and young adult's voices and choices and ultimately delineate action plans that they have identified as working for them.

In addition to the curriculum updates, the Common CORE 3.0 revision includes development of training using multiple modalities integrating online e-learning sessions, hands-on field activities, classroom training, and more advanced skills-based training. With this new approach, students of CORE 3.0 will have more flexibility in their learning, and focus on turning knowledge into skill. CORE 3.0 is currently being developed and vetted by our partners throughout the state, and is being piloted with veteran social workers in the counties. The Assessment Block has been rolled out since January 2016, with full 3.0 implementation planned for February 2017.

Evaluation

The CDSS uses a multi-pronged approach to evaluate training programs. The Macro Evaluation Team works to develop and implement evaluation tools that assess the quality of statewide curriculum materials. The membership is comprised of representatives from the CDSS, county staff development organizations, Regional Training Academies (RTAs), the Resource Center for Family Focused Practice (RCFFP), and University Consortium for Children and Families (UCCF) in Los Angeles. The Team is charged with making recommendations about statewide CWS training evaluation that follows the statewide Training Evaluation Framework. This evaluation

framework was first applied with the introduction of the Common Core Curriculum for new child welfare workers and supervisors. Over the course of the next 5 years the Statewide Training System will update the evaluation to coincide with CC 3.0 using the established framework.

The Framework addresses assessment at seven levels of evaluation, which together are designed to build a "chain of evidence" regarding training effectiveness. The levels used in California are a refinement of the Kirkpatrick levels of training evaluation. They allow a more precise matching of the evaluation design to the measurement of specific learning outcomes, and attempt to link these learning outcomes to child welfare outcomes. California's levels are:

Level 1: Tracking attendance.
Level 2: Formative evaluation of the course (curriculum content and delivery methods).
Level 3: Satisfaction and opinion of the trainees.
Level 4: Knowledge acquisition and understanding of the trainee.
Level 5: Skills acquisition by the trainee (as demonstrated in the classroom).
Level 6: Transfer of learning by the trainee (use of knowledge and skill on the job).
Level 7: Agency/client outcomes - degree to which training affects the achievement specific agency goals or client outcomes.

There are several benefits of utilizing the Framework, including:

- Data about the effectiveness of training at multiple levels (a chain of evidence) can be used to help answer the overall question about the effectiveness of training and its impact on child welfare outcomes.
- Data about training effectiveness is based on rigorous evaluation designs.
- Curriculum writers and trainers have data focused on specific aspects of training, allowing for targeted revisions of material and methods of delivery.
- Evaluation provides a standardized process for systematic review and evaluation of different approaches to delivery of training.

In Common Core version 2.0, curriculum evaluation was focused on seven standardized curricula (Child and Youth Development, Permanency and Placement, Case Planning, Critical Thinking and Assessment, Structured Decision Making Assessment, Child Maltreatment Identification I, and Child Maltreatment Identification II). Four classes used pre-and post- tests to identify knowledge gains. Years of data show that trainees made significant gains in knowledge related to the training content during the training. Over time, the frequency of testing and analysis has been decreased due to the stable nature of the curricula and the ongoing stability of findings; however, the findings clearly show increases in knowledge gains. Three classes used embedded skills evaluations to identify whether or not trainees were able to effectively use the skills taught in the classes. Years of data show that students are more often than not able to successfully complete standardized assessments and identify child maltreatment following completion of the class.

The Common Core 3.0 revision includes changes to the evaluation system including an effort to measure application of skill in the field. We will continue to assess knowledge and skill acquisition through the use of knowledge tests and embedded skill evaluations. Knowledge-based pre-and post-tests will be used in three classes that have high knowledge acquisition content (ICWA, Trauma-informed Care, and Laws and Policies). Embedded skill evaluation will be used in three classes identified as teaching critical skills (Assessment, Child Maltreatment Identification, and Case Planning). Further testing includes a ten-item post quiz for all e-learning courses which requires an 80 percent pass rate for completion of the course, end of block exams to test knowledge in each of the defined content blocks following completion of the training (Foundation, Engagement, Assessment, Service Planning, Monitoring and Adapting, and Transition), and evaluation of the field training activities associated with assessment and case planning.

CSEC Program: Training for all stakeholders

In the State of California, the CDSS regulates the minimum number of hours of ongoing training that child welfare social workers and supervisors are mandated to complete. These regulations were published in the Manual of Policies and Procedures (MPP), and have been in effect as of July 1, 2008, and are as follows:

- Continuing workers are required to complete 40 hours of ongoing training within 24 months of completing Common Core, and every 24-month period that follows (MPP 14-611.5).

While the CDSS regulates the amount of hours needed, the state does not mandate the topics covered. This flexibility allows each county to customize the training they see necessary for their staff each year, and allows for the RTAs to accommodate a wide range of topics requested from the counties. However, there are several topics that are common throughout the state that highlight the evolving focus and flexibility to train on current hot-topics and new initiatives. In the past three FY, common topics provided by the state include:

1. Commercially Sexually Exploited Children (CSEC)

   Over the last three years, child welfare partners throughout the state have implemented CSEC training approaches. The CDSS incorporated the topic of CSEC throughout the Common Core curricula within seven core sections.
   As mandated in SB 794, all county social workers and probation officers are required to receive relevant training in identification documentation and determination of relevant services for CSEC. As a result, the CSEC 101 course was revamped in FY 2016-17 to provide specified training to these agencies on the topic of CSEC. Foster youth are at higher risk of exploitation and this class helps staff understand issues related to CSEC,

risk factors, signs of exploitation and strategies for supporting youth who have been commercially sexually exploited. The training goals are for participates to:

• Define Commercially Sexually Exploited Children/Youth
• Identify basic legal issues related to CSEC
• Interpret acronyms of commonly used terms and agencies/initiatives involved in combating human trafficking
• Identify common physical and behavioral indicators of commercial sexual exploitation as well as risk and warning signs
• Describe how societal factors contribute to demand for commercial sexual exploitation of children and youth
• Identify tools that can be used in the identification and assessment of victims of trafficking

In addition to the legislatively required trainings, the CDSS contracted with Survivors Speak to provide CSEC 102 which offers in-depth trainings on CSEC and youth engagement skills and Multidisciplinary Team (MDT) trainings to social workers, probation officers and other the MDT partners including mental health, alcohol and drug therapists, and public health. The training goals are for participants to:

- Learn skills to engage CSEC victims
- Increase understanding of MDT's purpose
- MDT participant roles
- How to assist the youth through the MDT process to access needed services

Although CSEC 102 and MDT trainings are not legislatively mandated trainings for the CSEC Program, the trainings are available to all 58 counties.

Initial Probation Training

Initial training for county probation placement workers and supervisors is developed and implemented by the Resource Center for Family-Focused Practice (RCFFP), located at the University of California at Davis (UCD). The CDSS works with the RDFFP to ensure that probation placement officers and supervisors receive training included, but not limited to the following:

- Probation Placement Core
  - Visitation with the Ward
  - Contact with Care Providers
  - Case Planning
  - Juvenile Court Proceedings
  - CWS/CMS training

The RCFFP is responsible for the development and delivery of Juvenile Placement Probation CORE Training to officers and supervisors. They have a dedicated, full-time Probation Training

Specialist on staff to oversee Juvenile Probation CORE, provide specialized technical assistance and consultation to both county departments and approximately six to nine probation curriculum instructors. The instructors hold a wealth of knowledge and experience in the field of juvenile probation. Instructors are brought together annually to review and update the Probation Placement CORE Curriculum. The Probation Training Specialist reviews legislation and practice issues to ensure that the information is incorporated into the Probation Officer CORE curriculum. RCFFP has also begun to incorporate an additional curriculum review with CPOC, so as to provide an additional level of oversight and collaboration.

The Juvenile Placement Probation CORE Training Program is comprised of three modules with a total of nine days of training. Participants may complete any or all of these modules. A certificate of completion is awarded upon successful completion of all three modules.

MODULE 1: Community and Youth Safety - Three days
Juvenile probation officers who provide supervision and services to wards in out-of–home placement carry both dual responsibility and dual accountability. They must both ensure the safety of the community as well as the safety of the ward in placement and work toward a safe return of the youth to family and community. During this module, officers learn:

- Their responsibilities for and to the ward in placement
- The federal outcomes for Title IV-E eligible youth
- An overview of the legal requirements and timelines for youth in out-of-home placement
- The definition of a reasonable candidate for foster care and IV-E eligible placements
- Federal and state laws and regulations regarding the youth in placement and his/her family
- The legal findings required at detention, jurisdiction, and disposition and in cases involving the Indian Child Welfare Act
- How to analyze the initial assessment and case plan for the elements required under Division 31
- Concurrent planning and its impact on the services that will be provided

As a result of this training, the officer will be oriented to legal and regulatory requirements regarding youth in care.

MODULE 2: Supervision and Services - Three days
In this module, juvenile probation officers develop knowledge and skills to work with youth in placement, care providers, and family members. Officers will also learn to:

- Determine appropriate placements based on the youth's needs and understand responsibility for the youth in placement
- Understand the legal hearings and findings of six-month reviews
- Write court reports that support the recommendations and findings

- Know the specific contact requirements for youth, family and care providers under Division 31
- Conduct quality reassessments with youth, family, and care providers
- Develop updated case plans with youth and families
- Engage youth and family in services through strength-based practice and interviewing skills
- Develop transitional independent living plans with youth and care providers

As a result of this module, officers will be able to provide supervision and support to youth, care providers and families with a dual focus on reunification and permanency.

MODULE 3: Permanency - Three days

Providing permanency and reclaiming a positive, contributing citizen for the community remain the greatest responsibilities for juvenile probation officers. The placement officer's effectiveness in reaching these goals can lead to profound, positive results that will carry a ward through adulthood. Officers will learn to:

- Understand the permanency planning hearing, termination of reunification services, and adoption assessment hearings and legal findings that must be made
- Become familiar with differences in legal permanency options for wards
- Know the process used for termination of parental rights
- Become familiar with the implications of the Indian Child Welfare Act on permanency, especially termination of parental rights
- Understand the use of youth-specific recruitment in establishing permanency
- Effectively terminate their relationship with the ward
- Set the youth up for success when the youth returns to his/her community

Juvenile probation officers will be equipped to establish permanency for the wards for whom they are responsible.

Training Regulations

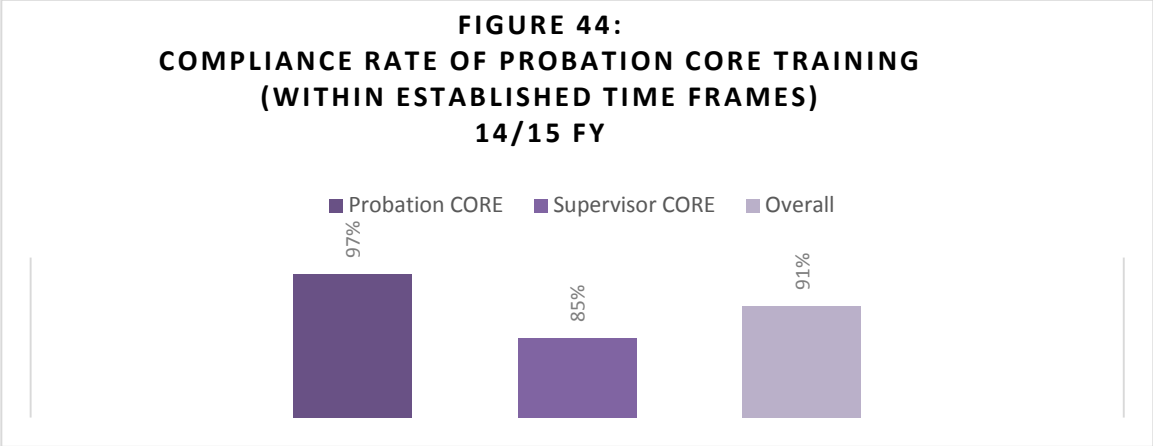
California created training regulations to ensure that all probation officers and supervisors in placement units receive standardized statewide child welfare CORE training. The child welfare probation training requirements for all counties are as follows:

- Juvenile probation officers and supervisors responsible for Title IV-E placement activities shall include once in their annual training: concurrent planning, visitation requirements, and termination of parental rights practices. The training, approved by the California Department of Corrections and Rehabilitation and CDSS, shall be completed within 24 months of being assigned responsibility for Title IV-E placement activities. (MPP 14-611.6)
- Supervisor training shall also include, but is not limited to: Case planning practices, Comprehensive assessment of wards who are receiving Title IV-E placement services

including screening for educational and mental health needs, and understanding the significance of state and federal reporting requirements such as the Adoption and Foster Care Analysis and Reporting System and the National Child Abuse and Neglect Data System. (MPP 14-611.613)

Reporting of Training

In 2015, as a result from analysis of the ATP survey, the CDSS required all county child welfare probation placement departments to complete a similar survey to report on their mandated training compliance. For the first year of this requirement, 43 of the 58 counties submitted



responses. We expect a higher response rate in 2016, and will follow-up with the counties to assure this requirement is met.

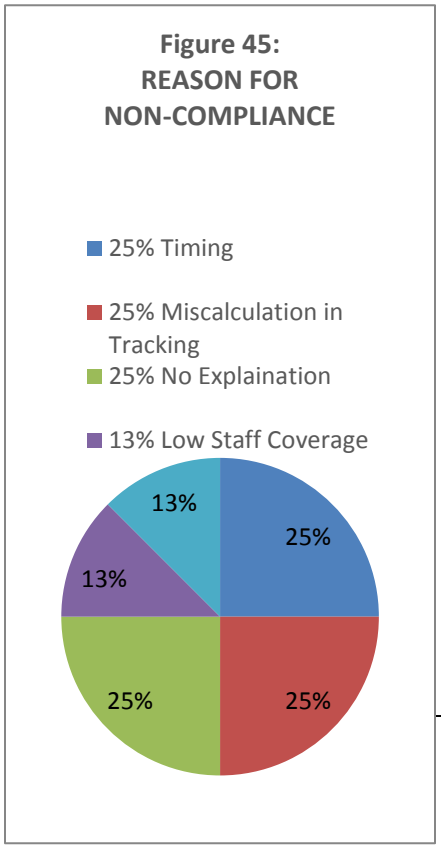


Figure 41 depicts the training completion rate of the 43 counties that submitted reports. Overall, the compliance rate was high, at 91 percent for Probation Placement Officer CORE Training and Supervisor Training. Each county that had staff out-of-compliance was required to submit a Plan of Correction (POC). Throughout the state, there were common patterns found in reasons for non-compliance.There were several consistent patterns that emerged (Figure 44). Time sensitive commitments, such as court dates and deadlines, emerged as a top reason for staff missing scheduled training.

Next, was in relation to poor timing of offered classes, such as classes not being offered frequently enough, frequency in convenient location, timing of hiring date, or cancellation of scheduled classes by the RCFFP. Also, many counties reported low staff coverage, which left the county understaffed if they sent staff to scheduled trainings.

As part of their evaluation process, the RCFFP conducts satisfaction surveys after each training. Two of the questions asked help determine the usefulness of the training provided. The two questions ask the student to rate on a scale from 1-5 (1 being "strongly disagree", 5 being "strongly agree" to the following statements:

- I will be able to apply the course learning objectives and course material to my job in a timely manner
- I will be able to apply learning objectives to improve my job performance.

An analysis from the statewide data from these two questions from FY 13/14, 14/15, and 15/16 show the average response was a rating of 4.37 out of 5, or an 84 percent usefulness satisfaction rate.

The nine-day core training to juvenile probation placement officers does not have a pre-post testing process. Juvenile probation placement officers are generally educated at a bachelor's level with emphasis on juvenile and adult systems, restorative justice, risk and planning for communities, re-entry, criminogenic needs, recidivism, etc. Topics mostly relate to youth and adult corrections.

Prior to receiving the CORE placement training series, participant's academic focus is not as intensive or specific to families and individuals working through placement. Therefore, it is expected the training provided through CORE placement training is new and/or contextually different. Pre-test data is not in consonant with a pre-test for child welfare workers that generally have background training in social work prior to receiving CORE training.

Current Changes/Improvements

As part of a larger organizational process through the Center for Human Services, the parent-body, which RCFFP is under, is presently undergoing a revision to our class evaluation process. In development is a process to allow for the collection of evaluations in a multitude of ways; using hard copies and electronic submissions. The process will track and prompt participants until an evaluation is received. It allows for standardization of questions, as well as, the ability to the individual needs for the delivery of each class on its content, needs and value. An example of which is to evaluate newly added content, new instructors, a new delivery method, etc. The system can provide real time feedback to instructors and is anticipated to be available in June of 2016.

The Probation Placement Core and Probation Placement Supervisors Core curriculums were updated during the 2015/2016 FY. RCFFP's goal is to integrate practice with documentation and legislative changes. The updates and changes included but were not limited to; Title IV-E Reasonable Candidacy, Foster Youth Credit Reporting, Commercially Sexually Exploited Children, Disproportionality within the Child Welfare and Juvenile Justice System, and Record Sealing. In addition, visual prompts to information that requires entry into Child Welfare Services/Case Management System (CWS/CMS), California's SACWIS system.

With the legislative changes created by AB 403, the Continuum of Care Reform will be included into the Probation Placement Core and the Probation Placement Supervisors Core curriculums.

Ongoing Staff Training

Welfare and Institutions Code (W&IC) section 16200 et. seq., (Chapter 1310, Statutes of 1987) requires CDSS to provide practice-relevant training for social workers, agencies under contract with county welfare departments, mandated child abuse reporters and all members of the child welfare delivery system.

As discussed in the Initial Staff Training section above, training content is developed by CalSWEC, the Regional Training Academies, and the University Consortium for Children and Families in conjunction with stakeholders representing county child welfare agencies, CDSS, youth, Parent Partners, CASA, the courts, Tribes, and service providers. Content development guidelines require that training content be evidence-based and applicable to practice in all 58 counties. Several processes are used to ensure content meets the requirements outlined in statute and meets the needs of the child welfare social workers in California, including review of content by the Statewide Training and Education Committee (STEC), oversight of content by the Content Development Oversight Group (CDOG - a subcommittee of STEC), vetting of content via surveys and focus groups conducted by CalSWEC, formative evaluation of new training materials through a piloting process, and ongoing curriculum evaluation to ensure the curricula effectively increase knowledge and skills among participants.

As with Initial Staff Training, ongoing trainings are delivered regionally, and organized and delivered by the RTA's.

Training Regulations

In the State of California, the CDSS regulates the minimum number of hours of ongoing training that child welfare social workers and supervisors are mandated to complete. These regulations were published in the Manual of Policies and Procedures (MPP), and have been in effect as of July 1, 2008, and are as follows:

- Continuing workers are required to complete 40 hours of ongoing training within 24 months of completing Common Core, and every 24-month period that follows (MPP 14-611.5).

While the CDSS regulates the amount of hours needed, the state does not mandate the topics covered. This flexibility allows each county to customize the training they see necessary for their staff each year, and allows for the RTAs to accommodate a wide range of topics requested from the counties. However, there are several topics that are common throughout the state that highlight the evolving focus and flexibility to train on current hot-topics and new initiatives. In the past three FY, common topics provided by the state include:

2. Commercially Sexually Exploited Children (CSEC)

Over the last two years, CSEC training has been an initiative that all of our child welfare partners have focused on throughout the state. Currently, CSEC is being incorporated into the revision of CORE 3.0, and offered as a stand-alone class. The CSEC 101 class is designed to help provide training to child welfare and foster family agency staff on the topic of CSEC. Foster youth are at higher risk of exploitation and this class will help staff understand issues related to CSEC, risk factors, signs of exploitation and strategies for supporting youth who have been commercially sexually exploited. After attending this training, participants will be able to:

- Define Commercially Sexually Exploited Children/Youth
- Identify basic legal issues related to CSEC/CSEY
- Interpret acronyms of commonly used terms and agencies/initiatives involved in combating human trafficking
- Identify common physical and behavioral indicators of commercial sexual exploitation as well as risk and warning signs
- Describe how societal factors contribute to demand for commercial sexual exploitation of children and youth
- Identify tools that can be used in the identification and assessment of victims of trafficking

3. Case Review

Offered for both line social workers and supervisors, the four day training reviews the Federal Case Review Tool, which is used to:

a) ensure the child welfare conformity with federal child welfare requirements;
b) determine what is actually happening to children and families as they are engaged in child welfare services;
c) assist the state and county to enhance capacity to help children and families achieve positive outcomes through a thorough case review.

This intensive, four-day workshop will prepare staff with the skills and materials needed to successfully conduct the California Child and Family Services Review (C-CFSR) process. After attending this training, participants are able to:

- Understand the purpose and role of the case reviewer and case review tools
- Demonstrate the skills required to complete the case review tool accurately
- Demonstrate proper engagement skills in conducting interviews with stakeholders
- Synthesize information from a variety of sources (organizing data in such a way that they can use the information in the tool)

• Analyze information to accurately respond to questions
• Identify gaps in information where further exploration of the case is needed (follow-up interviews)

4. Safety Organized Practice (SOP) is a collaborative practice approach that emphasizes the importance of teamwork in child welfare. SOP aims to build and strengthen partnerships with the child welfare agency and within a family by involving their informal support networks of friends and family members. A central belief of SOP is that all families have strengths that can be used to achieve their individualized goals. SOP uses strategies and techniques that align with the belief that a child and his or her family are the central focus, and that the partnership between child welfare and the family exists in an effort to find solutions that ensure safety, permanency, and well-being for children. Safety Organized Practice is informed by an integration of practices and approaches, including: Solution-focused practice; Signs of Safety; Structured Decision Making; Child and family engagement; Risk and safety assessment research; Group Supervision and Interactional Supervision; Appreciative Inquiry; Motivational Interviewing; Consultation and Information Sharing Framework; Cultural Humility and Trauma-Informed Practice.

   SOP Training includes both practice strategies and concrete tools for "on-the-ground" child welfare workers, supervisors and managers to enhance family participation and foster equitable decision making. The main objectives consist of:
   - Strategies for the creation of effective working relationships and a shared focus to guide casework among all stakeholders (child, family, worker supervisor, extended community, etc.) These strategies include facilitated family meeting, the development of family safety networks, group supervision and family finding.
   - Enhancing critical inquiry and minimizing the potential for bias by workers through a rigorous "mapping" of the safety, danger and risk undertaken collaboratively by all stakeholders.
   - The development of a joint understanding by workers, families and extended community as to what the attendant dangers, risks, protective capacities and family strengths are and what clear, meaningful, behavioral changes and goals are needed to create safety.
   - Application of research based tools to enhance consistency, validity, and equity in the key case decisions that child welfare practitioners have to make every day.

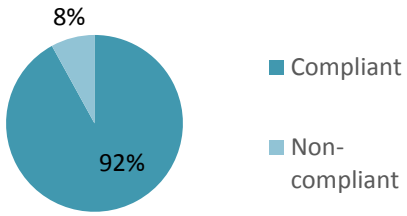
5. Trauma Informed Practice

   Creating a trauma informed child welfare system is critical to providing effective interventions, improving outcomes for children and families, and supporting everyone involved in the child welfare system. As a key component of the Core Practice Model, Trauma Informed Practice is woven into the foundation of a variety of trainings. In the

interest of creating pathways to well-being through trauma informed services, the RTA's offer a variety of trainings related to recognizing, understanding, and working to mitigate the impact of trauma on children and families in care, including:

- Issues in Chronic Child Neglect
- Compassion Fatigue/Secondary Trauma
- Fostering Trauma-Informed Care in Child Welfare and Behavioral Health
- Impact of Trauma on Child Development

Figure 46: COMPLIANCE RATE OF MANDATED ONGOING TRAINING HOURS (WITHIN ESTABLISHED TIMEFRAME) 14/15 FY

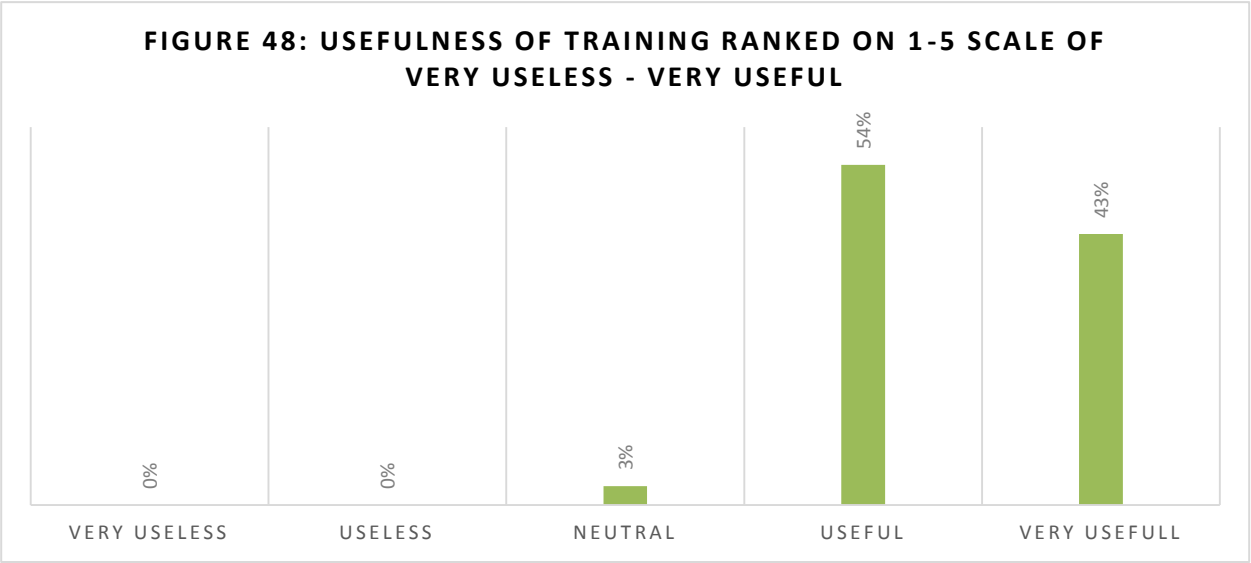


Reporting of Training

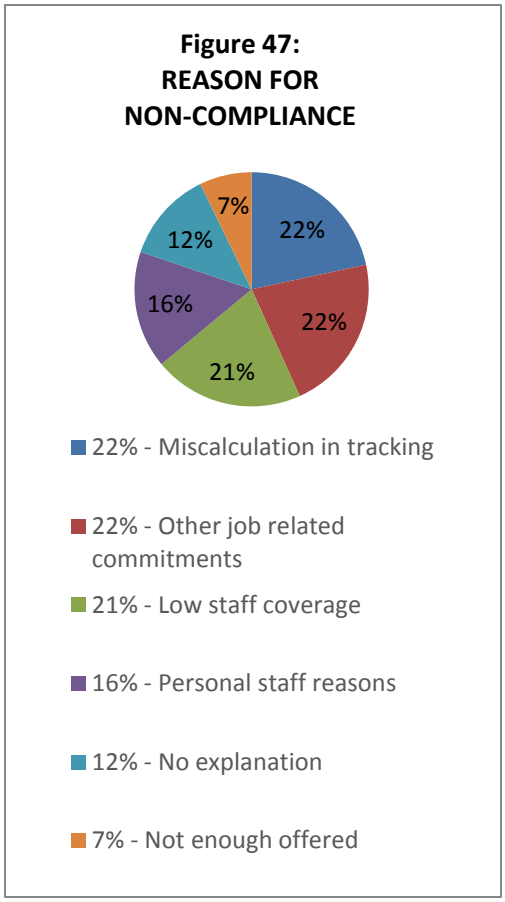
Every year, each county is required to complete an Annual Training Plan Survey. The questions are focused your county's employee statistics, satisfaction of RTA training, and staff's completion of mandatory training regulations in the previous fiscal year (FY). Along with being a key requirement in our Cost Allocation Plan (CAP) fiscal policy reporting, this report also helps CDSS and your RTA evaluate training needs in each county, and throughout the state. In 2015, an in-depth analysis was done of the survey and it was updated to improve county response rate, increased accuracy of responses, and to provide more concrete answers to the reporting and compliance of mandated training.

The data reported from all 58 counties for the 2014/15 FY show an overall compliance rate of 92 percent for mandated ongoing training hours (see Figure 43).

Each county that had staff out-of-compliance was required to submit a Plan of Correction (POC). Throughout the state, there were common patterns found in reasons for non-compliance (Figure 47).



Several consistent patterns emerged. Miscalculation of tracking was the top reason for non-compliance. The CDSS has reinforced the mandates to those counties, and intend to follow up during the 2015/16 reporting year to correct these errors. Time sensitive commitments, such as court dates and deadlines, emerged as a top reason for staff missing scheduled training. Also, many counties reported low staff coverage, which left the county understaffed if they sent staff to scheduled trainings.



The ATP survey not only collects data on the compliance of mandated training, but also on the perceived usefulness of the initial staff training provided by the RTAs. The question asks the reporter to rank the "Usefulness of Training" on a scale from 1-5; 1 being "Very Useless", 5 being "Very Useful" (Figure 48 on next page).

The purpose of this question is to determine the perceived usefulness of initial training to staff, supervisors, and the job field. Overall, the response was very positive. 97 percent of counties reported that the training is "Useful to Very Useful" in meeting the training needs to prepare staff for work in their county Child welfare roles.

As reported in the Initial Staff Training section, the RTA's conduct their own Satisfaction Surveys at the end of each training that the conduct, and we were able to gather this information to

help in this analysis. This sample consists of 17,128 surveys taken during the 2014/15 and 2015/16 FY. When asked if the training directly addressed the skills and knowledge needed to perform their job duties, on a scale from 1-5 (1 being dis-satisfied, 5 being very satisfied), the average response was 4.57. With a satisfaction rate of 91.5 percent, the overall response to initial staff trainings is very positive.

CalSWEC Title IV-E BSW & MSW Stipend Project

The purpose of this project is to continue to build social worker capacity through a statewide program of financial aid for social work students committed to employment in California's County CWS. This project educates Bachelor of Social Work (BSW) and Master of Social Work (MSW) students in preparation for county child welfare services agencies by providing stipends to students who commit to a number of years of employment proportionate to the period for which they receive aid. Priority is given to current county employees and members of underrepresented ethnic minority groups. There are 22 schools of Social Work that participate in this project to increase the complement of BSWs and MSWs as child welfare workers in California by providing appropriate programs statewide.

Allowable Title IV-E
This training activity falls under the following categories necessary for the administration of the Title IV-E foster care program: referral to services, preparation for and participation in judicial determinations, placement of the child; development of case plans, case reviews; case management and supervision, and costs related to data collection and reporting.

Setting/Venue
22 university departments of Social Work/Welfare throughout the state.

Training Duration
Duration of training varies according to the type of training offered. For example, a fulltime student would take two academic years, and a part-time student would take three academic years to complete the academic degree portion of the stipend program.

Training Activity Provider
CalSWEC, a coalition of the 22 graduate deans of social work, the 58 county welfare directors; representatives of Mental Health, the National Association of Social Workers, and private foundations manage this project.

Approximate number of Days/Hours of Training Activity
The number of days and hours vary depending upon the duration of the program.

Target Audience
Current CWS employees and members of underrepresented ethnic minority groups.

Total Cost Estimate
$38,241,493

Cost Allocation Methodology
This training is allocated to Title IV-E at the enhanced rate and local match is contributed by participating public institutions of higher learning.

Description of how training meets goals/objectives of the CFSP
This training emphasizes that case plans are developed jointly with parents and children/youth. The training also focuses on such topics as family engagement, case planning, concurrent planning, visitation requirements and the termination of the parental rights process.

Child Protective Service Workforce Data

Data on California's Child Protective Service Workforce comes from CalSWEC who is contracted to conduct a workforce study for the state once every three years. The following data comes from surveys conducted from 2015 to April 2016 in the following counties: Contra Costa, Madera, Ventura, Orange, Napa, Glen, Siskiyou, Lassen, Trinity, and Yolo counties. There were a total of 502 respondents.

Gender
- 82% female, 18% male

Age
- 15%: 22-30
- 28%: 31-40
- 28%: 41-49
- 9%: 50-59
- 9%: 59+

Job Responsibilities
- 22% Supervisors
- 78% Line workers
  - 47%: Front-end/ER/Social Case Work Specialist
  - 27%: Back-end/Ongoing/VFM
  - 3%: Other/Court/RFA/Family Meeting Facilitator/Transitional Aged Youth Unit
  - 27%: Support/Support Services

Race/Ethnicity
- 48%: White
- 26%: Hispanic
- 9%: African American
- 8%: Asian

- 4%: Other
- 4%: Multiracial
- <1%: Native American

Highest Education Level

- 74%: Masters
- 21%: Bachelors

Caseload Ratios for Counties Participating in the Title IV-E Well Being Project

	ER	FM	FR	PP
SB 2030 Minimum Standards[1]	13.03	14.17	15.58	23.67
SB 2030 Optimum Standards[1]	9.88	10.15	11.94	16.42
Cases per Social Worker				
Alameda	22.20	16.90	14.74	18.28
Butte	26.86	16.94	15.06	21.53
Los Angeles	9.61	19.96	20.24	19.70
Lake	35.31	8.73	14.74	15.86
Sacramento	14.80	17.77	15.32	30.66
Santa Clara	8.09	16.77	9.22	14.31
San Diego	15.80	16.24	12.94	14.21
San Francisco	6.81	13.58	12.72	15.11
Sonoma	12.15	15.40	15.49	16.36

[1] http://www.cdss.ca.gov/cdssweb/res/cws/sb2030final/pdf/section5.pdf

County data was extracted in January 2017 using Safe Measures and reflects any open case and assigned caseworker at that time.

As a result of the implementation of the Extended Foster Care program, a new service category of Supportive Transitions (ST) was created. Since that service component was not established when the SB 2030 study was published, those cases in ST have been redistributed to the PP service component.

Gold reflects cases per service component that are below the SB 2030 Optimum Caseload Standards.

Brown reflects cases per service component that are below SB 2030 Minimum Caseload Standards.

Indian Child Welfare Act (ICWA)

California tribes may attend training seminars, hosted by the Regional Training Academies (RTAs). Currently, there is funding for the Northern RTA to develop culturally-appropriate curriculum and provide training to the two tribes in California with Title IV-E agreements (Karuk and Yurok). The ICWA Workgroup assisted with the development of the CORE 3.0 training curriculum, which is used to train new social workers. This involvement has helped to ensure that ICWA is interwoven throughout the entire training series and that content is culturally appropriate. The CDSS continues to conduct focused training regarding ICWA requirements and cultural considerations of Native American children for both county staff and tribal case workers. Additionally, CDSS continues to support the annual California ICWA Conference to enhance the relationship between tribes and federal, state and local governments. The most recent CORE 3.0 training was released February 2017 and offers ICWA CORE courses with both online and in-person classes.

EMERGENCY AND DISASTER PREPAREDNESS PLAN

Background

The Children's Services Operations and Evaluation Branch (CSOEB) Annex is to be used in conjunction with California Department of Social Services (CDSS) Mass Care and Shelter (MCS) Plan in large-scale, multi-county, interregional emergencies and disasters. The basic MCS Plan and the CSOEB Annex will provide the structure, policies, procedures, and forms for CDSS Disaster Operation Center (DOC) activation.

The CSOEB serves a population that includes Child Welfare Services (CWS) children, Probation children, non-minor dependents, including non-minor dependents residing in foster care, out-of-county placements, children placed in or out of California through the Interstate Compact on the Placement of Children (ICPC), and out-of-state non-minor dependents under the care or supervision of the state. Since many of these children reside in multiple jurisdictional areas, which are supervised by local child welfare agencies and CDSS, specific planning for this population is necessary. The CSOEB Annex details necessary response information for declared national disasters and national security emergencies.

Under the federal guidelines of the Child and Family Services Improvement Act of 2006, Public Law (PL) 109-288:

Section 6 (a) (16) provide that, not later than one year after the date of the enactment of this paragraph, the State shall have in place procedures providing for how the State programs assisted under this subpart, subpart two of this part, or Part E would respond to a disaster, in accordance with criteria established by the Secretary which should include how a State would:

A. Identify, locate, and continue availability of services for children under State care or supervision who are displaced or adversely affected by a disaster;[13]
B. Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those areas;
C. Address and provide care for unaccompanied minors;[14]
D. Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster;

[13] CSOEB is now including non-minor dependents residing in foster care, out-of-county placements, children placed in or out of California through the ICPC, and out-of state non-minor dependents, in the Child Welfare Services Child Disaster Response Plan.

[14] 2013 - CSOEB added Criteria C "Address and provide care for unaccompanied minors," in the Child Welfare Service Child Disaster Response Plan Template to be completed annually by all counties.

E. Preserve essential program records; and
F. Coordinate services and share information with other states and counties. Include a description of the process utilized by the county to ensure that information regarding children placed pursuant to the ICPC occurs with both the sending state and the CDSS.[15]

Population Statistics

The Center for Social Services Research Child Welfare Dynamic Report System, a CDSS/University of California, Berkeley, collaboration, complied statistics on the number of dependent, non-minor dependent and probationary children under the care or supervision of the state. They include the following:

Total California Population in Foster Care based on CWS/CMS 2015 Quarter 4 Extract (California Child Welfare Indicators Project (CCWIP), University of California at Berkeley)
Children in foster Care:

- Ages Under 1 – 10 years: 35,493.
- Ages 11 – 21: 30,527.

Plan Maintenance

The CSOEB Emergency and Disaster Preparedness Plan will be maintained by CDSS CSOEB designated employee. The overall plan will be reviewed and revised as necessary, but no less than every 5 years. The plan may also be revised after new learning occurs during actual events, table top exercises, etc. Selected elements of the plan will be updated as needed. Plan updates and revisions will include:

- Request and review annual updates from all 58 county CWS agencies and the six CDSS Adoption Regional and Field Offices.
- Update of names, phone numbers, pager numbers, addresses, and other contact information.
- Changes in operating procedures and organizational structures.
- Policy changes.
- Legislative changes.

Planning Assumptions

[15] CSOEB has modified Criteria F to include ICPC information shared with the CDSS and sending state.

- County child welfare agencies have emergency plans and procedures for identifying and locating children under state care or supervision that have been adversely affected by a disaster.
- County child welfare agencies have agreements with adjacent jurisdictions that allow for cooperative assistance consistent with the Emergency Services Act and the Master Mutual Aid Agreement.
- County child welfare agencies have responded to the needs of dependent, non-minor dependent and probationary children by activating its emergency response plan.
- County child welfare agencies have taken actions to locate and identify dependent, non-minor dependent, and probationary children prior to requesting assistance through the normal Standardized Emergency Management System Structure.
- County child welfare agencies will respond to new child welfare cases in areas adversely affected by a disaster, and provide services.
- County child welfare agencies will address and provide care for dependent, non-minor dependent, unaccompanied minor, and probationary children.
- County child welfare agencies will remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.
- County child welfare agencies will preserve essential program records.
- County child welfare agencies will coordinate services for their respective county and share information with other counties, state, and federal entities.

CSOEB Emergency Management Objectives and Goals

- Identify, locate, and continue availability of services for children and non-minor dependents under state care or supervision who are displaced or adversely affected by a disaster, including children from other states.
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those areas.
- Address and provide care for unaccompanied minors.
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.
- Preserve essential program records.
- Coordinate services and share information with other states.
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.
- Preserve essential program records.

- Coordinate services and share information with other states and counties, and include a description of the process utilized by the county to ensure that information regarding children placed pursuant to the ICPC occurs with both the sending state and the CDSS.

Annex

This plan is composed of the following sections:

Basic Annex

Primary information relating to plan assumptions, plan goals, training and exercises, maintenance of the plan, elements for preparedness, response, recovery and mitigation phases of emergency management for dependent, non-minor dependent, and probationary children under the care or supervision of the state.

Purpose

The purpose of this Annex is to establish an effective process for activating and operating an emergency and disaster preparedness plan, in cooperation with state and local government for dependent, non-minor dependent and probationary children under the care or supervision of the state. It describes the responsibilities and actions required for the effective operation of locating and monitoring dependent, non-minor dependent and probationary children under the care or supervision of CDSS.

Authorities and References

The elements for preparedness, response, recovery and mitigation phases of emergency management for dependent, non-minor dependent and probationary children will be conducted as outlined in this document and in accordance with state law, the State Emergency Plan, the California Services Act, CDSS Administrative Order, and the State Mass Care and Shelter Plan.

Preparedness Elements

Emphasis on preparedness for dependent, non-minor dependent and probationary children:

- Define dependent, non-minor dependent and probationary children.
- Establish local emergency preparedness guidelines.
- Ensure local emergency preparedness guidelines are followed.
- Define the state agencies and their role in providing support to local agencies for dependent, non-minor dependent and probationary children.

Emergency Management Phases

Emergency management activities during peacetime and national security emergencies are often associated with the four emergency management phases as indicated; however, not every disaster necessarily includes all indicated phases.

This section describes the appropriate emergency management phase response for identifying and locating dependent, non-minor dependent and probationary children under the care or supervision of the state.

- Preparedness Phase (including increased readiness)
- Response (including Pre-emergency, Emergency Response, and Sustained Emergency)
- Recovery
- Mitigation

Phase 1 – Preparedness

The preparedness phase involves activities taken in advance of an emergency. These activities develop operational capabilities and effective response to a disaster. These actions include mitigation, emergency/disaster planning, training, exercises, and public education. Those entities identified in this plan as having either a primary or support mission relative to response and recovery should prepare operating procedures and checklists detailing personal assignments, policies, notification rosters, and resource lists.

During this phase, the CSOEB of CDSS will:

- Request and review Child Welfare Disaster Response Plans from all 58 county child welfare services agencies and the six CDSS Regional and Field Offices; updating as necessary, the name, telephone numbers, pager numbers, addresses, and other contact information.
- CDSS will place all Child Welfare Disaster Response Plans from all 58 county child welfare services agencies on the Department website (www.childsworld.ca.gov).
- Encourage local county agencies responsible for the care or supervision of dependent, non-minor dependent and probationary children to continue development of plans and exercise readiness procedures for identifying and locating dependent children under their supervision.
- Develop resource lists and contacts with supporting agencies and organizations in other jurisdictions.
- Develop, implement, and participate in readiness training programs and exercises with affected agencies and organizations.

Increased Readiness

The warning or observation that an emergency is likely or has the potential to require activation of the CSOEB Annex will initiate increased readiness actions. Appropriate actions include, but are not limited to the following:

- Review and update procedures for the activation, operation, and deactivation of the CSOEB Annex.
- Review the current status of all resource lists.
- Request information from local Child Welfare Agencies regarding the number of people trained in emergency management functions necessary for the care or supervision of dependent, non-minor dependent and probationary children under the care or supervision of the state.
- Request information from local Child Welfare Agencies regarding the number of trained people available for deployment to assist in identifying and locating dependent, non-minor dependent and probationary children under the care or supervision of the state.
- Develop preliminary staffing plans for deploying trained personnel to assist in the identifying and locating of dependent, non-minor dependent and probationary children under the care or supervision of the state.
- Initiate contact, coordinate services, and share information with supporting agencies, organizations, and other states involved with assisting in identifying and locating dependent, non-minor dependent and probationary children (County Child Welfare Agencies, CWDA, and ASB's Regional and Field Offices).
- Contact International Business Machines (IBM), the controller and preservationist of the essential program records for a mock report of dependent, non-minor dependent and probationary children.

Phase 2 – Response

Pre-Emergency

When a large-scale disaster is inevitable, actions are precautionary and emphasize protection of life. Typical response actions may include:

- Alert and notify CSOEB staff for possible deployment.
- Notify other personnel regarding possible deployment.
- Retrieve essential program records from IBM.
- Send essential program records/report which contains the identifying information of dependent, non-minor dependent and probationary children to the county disaster

representative of affected county. In the event the receiving county is not able to receive the report, it will be sent to the disaster representative of the adjoining county.

- Remain in communication with caseworkers, and other essential child welfare personnel potentially affected by the disaster.
- Coordinate services and share information with local government agencies, ASB's Regional and Field Offices, and other states.

Emergency Response

During this phase, emphasis is placed on saving lives and property, control of the situation, and minimizing effects of the disaster. Immediate response is accomplished within the affected area by local government agencies and segments of the public and private non-governmental sector. The CDSS will coordinate with supporting agencies the activation of personnel for availability to respond to the needs of dependent, non-minor dependent and probationary children under the care or supervision of the state. Response may include:

- Alert and notify CSOEB staff for deployment.
- Notify other personnel regarding deployment.
- Coordinate services and share information with local government and other states.
- Maintain a log of trained personnel assignments, personal information (i.e. name, organization, personal emergency information, site location, shift hours, future schedules, staffing changes that may have occurred, etc.).
- Identify, locate, and continue availability of services for children and non-minor dependents under state care or supervision who are displaced or adversely affected by a disaster, including children and non-minor dependents from other states.
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those areas.
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster (i.e. telephone, cellular, e-mail, etc.).

Phase 3 – Recovery

During the recovery phase, procedures for the CSOEB will include:

- Continue to communicate with caseworkers and other essential child welfare personnel who have been displaced because of the disaster and provide services in those areas.
- Continue to respond to new child welfare cases in areas adversely affected by the disaster, and provide services in those areas.
- Review and update the county Child Welfare Disaster Response Plans.

- Compile and summarize information from supporting agencies.

Phase 4 – Mitigation

Mitigation efforts occur both before and following disaster events. Post-disaster mitigation is part of the recovery process. Eliminating or reducing the impact of hazards, which exist with the state and are a threat to life and property are part of the mitigation efforts. Mitigating these hazards, both before and after a disaster is particularly important when evaluating the impact on dependent, non-minor dependent and probationary children under the care or supervision of the state. Mitigation tools include:

- Maintain cooperative community relations between state, local, public, and private organizations.
- Identify, locate, and continue availability of services for children, non-minor dependents, and probationary children under state care or supervision who are displaced or adversely affected by a disaster, including children and non-minor dependents from other states.
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those areas.
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.

Table 49: Response Organization/Structure in a Catastrophic Event

Level	Source	Agency/Title
Local	County Coordinator	Local Government, public & private Organizations
Operational Level	County Coordinator	County Government
Regional Operations	CDSS Regional and Field Offices	CDSS
State Operations	CDSS Agency Liaison	CDSS

Operational Area (OA) Level

As the onset of a disaster is at the local level, it is imperative that the locating and identifying plan at the local level include procedures and protocols for meeting the needs of dependent, non-minor dependent and probationary children before, during, and after a disaster. This is assumed to be an OA responsibility.

Regional Level

Because of its size and geography, the state has been divided into six mutual aid regions. The purpose of a mutual aid region is to provide for the more effective application and coordination of mutual aid and other emergency related activities.

Three Regional Emergency Operation Centers (REOC) have been established; one is Southern California (Los Alamitos), one in Coastal California (Oakland), and the third in Northern California (Sacramento). Once the REOC is activated, the California Office of Emergency Services (Cal OES) may request that CDSS activate coordination efforts to identify and locate dependent, non-minor dependent and probationary children.

State Agency Level

California State Departments will coordinate with other state agencies, county, and nongovernmental agencies to provide assistance in identifying and locating dependent, non-minor dependent and probationary children under the care or supervision of the state for CSOEB. The DOC manager will designate an Agency representative to be assigned to the State Operations Center (SOC).

California Department of Social Services

CDSS serves as the coordinator and communication link between state and federal disaster care and shelter response system for CSOEB. During an emergency CDSS will:

- Activate CDSS DOC for response operations.
- The DOC manager will be responsible for appointing staff necessary to activate this CSOEB Annex.
- The DOC manager will appoint a CDSS Liaison to respond to requests for CSOEB resources from the Cal OES.

Emergency Medical Services Authority

The Department of Homeland Security/Federal Emergency Management Agency (DHS/FEMA) serves as the main Federal government contact during emergencies, major disasters and national security emergencies. When the state has exhausted all resources in a catastrophic event, Cal OES will request assistance from DHA/FEMA.

Federal Level

Department of Homeland Security/Federal Emergency Management Agency (DHA/FEMA)

The DHS/FEMA serves as the main Federal government contact during emergencies, major disasters and national-security emergencies. When the state has exhausted all resources needed for care and shelter in a catastrophic event, Cal OES will request assistance from DHA/FEMA.

American Red Cross (ARC)

The ARC provides emergency mass care in coordination with government, public and private agencies. It receives its authority from a congressional charter. In a catastrophic event, the ARC may coordinate disaster relief activities with:

- Private organizations, such as The Salvation Army (TSA)
- National and local Voluntary Organizations Active in Disaster and CBOs
- Members of the Faith-Based Organizations (FBOs)

2016-2017 Disasters

Below are counties that received the State of Emergency Disaster Questionnaire, declared June 24, 2016. The counties that are highlighted have not responded.

COUNTY	CHILDREN DISPLACED	STAFF DISPLACED	REQUESTED SERVICES FROM CDSS
Kern	There were 5 children displaced.	There was 1 staff member displaced	No services were needed.

[1] These families choose to go with family residence.
[1] Kern County did not provide where staff displaced staff went during the disaster.

Below are counties that received the State of Emergency Disaster Questionnaire, declared July 26, 2016. The counties that are highlighted have not responded.

COUNTY	CHILDREN DISPLACED	STAFF DISPLACED	REQUESTED SERVICES FROM CDSS
Los Angeles	There were 3 children displaced.[1]	None	No services were needed.
Monterey	There were 2 children displaced.[1]	None	Monterey county has access to Safe Measures and as long the fire was contained they were fully operational. But if the fires spread to high populated areas, Monterey county would have look to CDSS for greater support or technical

			assistance.

[1] One child who resided with paternal grandmother was relocated to Palmdale. Another child who resided in the home of parents left the area to avoid the bad air. Another child was evacuated to the Marriot Hotel in Woodland Hills.
[1] The two children remained with their caregiver in the city of Monterey about ten miles from their home.

Below are counties that received the State of Emergency Disaster Questionnaire, declared August 15, 2016. The counties that are highlighted have not responded.

COUNTY	CHILDREN DISPLACED	STAFF DISPLACED	REQUESTED SERVICES FROM CDSS
Lake	There were 4 children displaced. [1]	There was 4 staff displaced. [1]	No services were needed.
San Luis Obispo	None	None	No services were needed.

[1] Two children were placed in Ukiah, one child was placed in Sonoma, and one child was placed in Vacaville.
[1] There were two staff on vacation and two stayed with relatives.

Below are counties that received the State of Emergency Disaster Questionnaire, declared August 16, 2016. The counties that are highlighted have not responded.

COUNTY	CHILDREN DISPLACED	STAFF DISPLACED	REQUESTED SERVICES FROM CDSS
San Bernardino	There were 149 children displaced.[1]	There was 13 welfare staff displaced.[1]	The San Bernardino county requested assistance from other counties and states to notify children and families in the affected areas.

[1] The children were moved to placements outside the areas affected by the disaster.
[1] The displaced child welfare staff was temporarily housed with family and friends.

Below are counties that received the State of Emergency Disaster Questionnaire, declared January 23, 2017. The counties that are highlighted have not responded.

COUNTY	CHILDREN DISPLACED	STAFF DISPLACED	REQUESTED SERVICES FROM CDSS
Alameda	None	None	No services needed.
Alpine	None	None	No services needed.
Butte	None	None	No services needed.
Calaveras			
Contra Costa	None	None	No services needed.
Del Norte			
El Dorado	None	None	No services needed.
Fresno	None	None	No services needed.
Humboldt	There was one child displaced.[1]	None	No services needed.
Inyo	None	None	No services needed.
Kern	None	None	No services needed.
Kings	None	None	No services needed.
Lake	None	None	No services needed.
Lassen	None	None	No services needed.
Los Angeles	None	None	No services needed.
Madera	None	None	No services needed.
Marin			
Mendocino	None	None	No services needed.
Merced	None	None	No services needed. Merced indicated "any information that can be shared about the preservation of records in case of flooding or disaster would be appreciated."
Modoc	None	None	No services needed.
Monterey	None	None	No services needed.
Napa			
Nevada	None	None	No services needed. "Nevada requested that CDSS update them with any new policies and procedures regarding children placed in care during disasters."
Orange			
Placer	There were two	None	No services needed.

	children displaced.[1]		
Plumas	None	None	No services needed.
Sacramento	None	None	No services needed.
San Benito	None	None	No services needed.
San Bernardino	None	None	No services needed.
San Diego			
San Francisco	None	None	No services needed.
San Luis Obispo	None	None	No services needed.
San Mateo	None	None	No services needed.
Santa Barbara			
Santa Clara			
Santa Cruz			
Shasta	None	None	No services needed.
Sierra	None	None	No services needed.
Siskiyou	None	None	No services needed.
Solano	None	None	No services needed.
Sonoma	None	None	No services needed.
Stanislaus	None	None	No services needed. "Stanislaus requested that CDSS offer support and furnish information about the event at the time of a State of Emergency."
Sutter	None	None	No services needed. Sutter requested that CDSS "Provide additional (1-2) tokens for disaster preparedness.
Tehama			
Trinity	None[1]	None	No services needed.
Tulare			
Tuolumne	There was one child displaced.[1]	There was two staff that could not get to work, but were not displaced.	No services needed.
Ventura			
Yolo	There were two children displaced.[1]	None	No services needed.
Yuba			

[1] The child was placed with a relative who was displaced. The relative went to stay in a home whose residents did not pass a background check due to the damage to her home. The child was relocated to a licensed foster home.

[1] The two children displaced in Placer County were relocated with their families in a hotel for 4-5 days.
[1] In response to question #8, Trinity County has had challenges meeting requirements for monthly face to face contacts in placement for children in family reunification and permanent placement cases who are placed in approved relative homes west of Big Bar. Highway 299 was closed due to mudslides. They have not received any suspected child abuse referrals in this area during the road closure, but recently received a referral in the area impacted by road closures that will need investigation no later than 02/10/2017. Trinity has been relying on Humboldt County to cover face to face contacts for children placed passed the road closures.

[1] The one child who was displaced went with their caregiver to a relative's home.
[1] The two children were declared safe. They were still living in the location. The caregiver is looking for another place.

Below are counties that received the State of Emergency Disaster Questionnaire, declared February 12, 2017. The counties that are highlighted have not responded.

COUNTY	CHILDREN DISPLACED	STAFF DISPLACED	REQUESTED SERVICES FROM CDSS
Butte			
Glenn			
Sutter			
Yolo	Probation identified one[1] non-minor dependent (NMD) displaced. CWS identified five[1] children were displaced.	None	No services were needed.
Yuba	There were 99 Welfare Services (CWS) foster children displaced. There were two Probation children displaced. There was one ICPC child displaced.[1]	Yes, CWS staff and one probation placement officer were displaced.[1]	Yuba county suggested the following: 1. CDSS to consider collecting information from counties that have experienced emergencies/evacuations and share with all counties. 2. The Probation Manager, Tara Moseley, is concerned about the placement officer conducting placements in a city far from Yuba, (e.g. Visalia). 3. Can Yuba county ask individual counties where children are located to conduct their monthly placement visits?

[1] The CWS children relocated in the following; one child went to stay with friends in Chico; two went to Sacramento with their foster parents; one went to Truckee with their foster mother; and one wen to Sacramento.
[1] The displaced CWS children stayed with extended family, friends, motels campgrounds, and evacuation centers. The whereabouts of one probation child was unknown, and the other probation child relocated to Sacramento. The ICPC child relocated to Roseville, California at an aunt's home.
[1] The CWS staff evacuated to extended family, friends, motels, campgrounds, and evacuation centers. The probation placement office evacuated to Sacramento.

Attachments

- All County Letter Number 07-30
- All County Letter Number 08-52
- All County Letter Number 09-81
- All County Letter Number 10-63
- All County Letter Number 12-07
- All County Letter Number 13-21
- All County Letter Number 14-24
- All County Letter Number 15-41
- All County Letter Number 16-40
- Child Welfare Services Disaster Response Plan Template AD 525
- http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acl/2010/10-63.pdf
- http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acl/2009/09-81.pdf
- http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acl08/08-52.pdf
- http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acl07/pdf/07-30.pdf
- http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acl/2012/12-07.pdf
- http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acl/2013/13-21.pdf
- http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acl/2014/14-24.pdf
- http://www.childsworld.ca.gov/PG1854
- http:/ /www.dss.cahwnet.gov/lettersnotices/PG3680.htm
- http:/ /www.dss.cahwnet.gov/lettersnotices/PG3680.htm

Health Care Oversight and Coordination Plan Update

Medical Exam Periodicity

On July 1, 2016, a newly required schedule periodic health and dental exams was implemented for California children and youth in foster care. California foster youth must have an exam by the end of their age period. A child is considered out-of-compliance when the child leaves an age period without an exam. The new schedule for physical exams is outlined in Table 20. The Periodicity Schedule outlined in the table below meets the federal requirement for reasonable standards of medical practice.

Medical Exam Periodicity for All Children in Foster Care

Age of Child	Interval Until Next Exam
3 to 5 days	<1 month
1 month	1 month
2 – 4 months	2 months
6 – 15 months	3 months
18 – 30 months	6 months
3 – 18 years	12 months

Oversight of Prescription Medicines, including Psychotropic Medications

During 2016 California has greatly improved the use of data to analyze, monitor and oversee the safe use of psychotropic medication. In 2014, a global data sharing agreement between CDSS and DHCS was finalized. In 2015, the use of this global data sharing agreement was expanded to enable county child welfare and probation agencies to participate. The global data sharing agreement allows for the sharing of a wide range of health and mental health data to counties. In 2016, a new data sharing agreement, the psychotropic medications data sharing agreement, was offered by CDSS to county agencies that chose not to opt-in to the full global data sharing agreement. This data sharing agreement is narrower in scope and allows counties to receive case specific data pertaining only to psychotropic medication for the purpose of providing healthcare oversight to children in foster care. The data sharing agreement between CDSS and DHCS allows CDSS to generate county specific reports describing each child for whom one or more psychotropic medications have been paid for under Medi-Cal, including paid claims and managed care encounters. County child welfare agencies have the opportunity to "opt-in" to the global data sharing agreement or psychotropic medications data sharing agreement and can receive these county specific reports. To date, 42 counties have entered into one of these agreements. The CDSS is currently providing county specific reports via a Secure File Transfer. Beginning in June 2017, counties which have signed on to a data sharing agreement, will also be able to access this data through the SafeMeasures data platform. The reports contain at a minimum, the following information:

- medication specific details such as medication brand and generic name, strength, units, days' supply, national drug code, and medication drug class,
- paid claim dates,
- prescriber name, address, and specialty, and
- pharmacy name, address, and pharmacy identification number.

These data will also provide client-level and county-aggregate reports that identify children on three or more concurrent psychotropic medications, children on two or more concurrent antipsychotic medications, children on one antipsychotic medication, and children five years old or younger on a psychotropic medication. Additional indicators are in the process of being developed.

Additionally, reports will become available as the following measures are developed:

5) Ongoing Metabolic Monitoring for Youth in Foster Care on Antipsychotic Medications (Measure 5d),
6) Use of First-Line Psychosocial Care (Measure 5e),
7) Follow-up visits with the Prescribing Physician (Measure 5g), and
8) Metabolic screenings for Youth in Foster Care Newly on Antipsychotic Medication (Measure 5h).

In addition to the minimum information included in the county specific reports, counties may also request additional data elements be provided to them, if they are available on the CWS/CMS application. County child welfare and probation agencies who have not selected to opt-in to receive county specific reports from CDSS can view aggregate data about their children in foster care and psychotropic medication usage on the California Child Welfare Indicators website. In the past two years, CDSS has issued guidance to counties regarding how to use the data to improve casework management practice and to establish better protocols for monitoring the use of psychotropic medications by the children in out-of-home care. It is anticipated that this higher level of oversight will lead to improved mental health service delivery and better outcomes for these youth.

In 2015, Measure 5a.1, "Use of Psychotropic Medication Among Youth in Foster Care," and Measure 5a.2, "Use of Antipsychotic Medication Among Youth in Foster Care" were completed. In 2016, Measure 5c, "Use of Concurrent Psychotropic Medications" was completed Data regarding these measures is now posted on the California Child Welfare Indicators website. As previously stated, four additional outcome measures are under development and are likely to be completed by early 2018.

ATTACHMENTS

Citizen Review Panel (located in CAPTA folder)

CALIFORNIA CITIZEN REVIEW PANELS
ANNUAL REPORT
October 1, 2016 – September 30, 2017

BACKGROUND AND PURPOSE

Originally enacted in January 1974, the Child Abuse Prevention and Treatment Act (CAPTA) is a key piece of federal legislation addressing child abuse and neglect. CAPTA has been reauthorized several times through the years. With each reauthorization CAPTA has evolved responding to the evolution of child welfare nationally. The CAPTA reauthorization of 1996 established Citizen Review Panels (CRPs) as a requirement for all states receiving a CAPTA state grant. In December 2010, CAPTA was amended and reauthorized, shifting the focus to safety to address concerns over child fatalities in open cases, children languishing in care, children being returned home to unsafe environments and from a desire to increase accountability in the child protective services (CPS) system.

To be eligible for a CAPTA state grant, a state must comply with specific federal requirements and guidelines related to its child welfare policies, practices and laws. Under CAPTA, states are required to establish and maintain a minimum of three CRPs to increase system transparency and accountability and to provide opportunities for community members to play an integral role in ensuring that states meet their goals of protecting children from child abuse and neglect.

PROGRAM STRUCTURE

The California Department of Social Services' (CDSS) Office of Child Abuse Prevention (OCAP) administers the three CRPs in California. There are two local panels in San Mateo County and Ventura County and a statewide panel that operates through the Prevention and Early Intervention subcommittee of the Child Welfare Council (PEI-CRP).

HOW CALIFORNIA'S CHILDREN ARE FARING

Since 2004 the total number of children in California has been on the decline. However, the percentage of births to unmarried women has risen from 33 percent in 2004 to 38.8 percent in 2015, echoing national trends. One fourth (25 percent) of California's almost 9.2 million children live in Los Angeles County and Latino children make up the largest racial/ethnic group among the state's population (52 percent).

OVERVIEW OF CURRENT ACTIVITIES AT THE STATE OVERSIGHT LEVEL

The OCAP staff, in conjunction with the CRPs, is concentrating on building stronger panels that are focused on actionable and meaningful local and statewide recommendations to enhance the child protective service systems.

The following are OCAP's activities/goals:

- Continue to engage in meaningful activities to strengthen families and ensure the well-being, safety and permanence of children in local communities and throughout the state.
- Support ongoing networking within the three California panels and with panels in other states to contribute to the national conversation and share in the transfer of learning.
- Encourage participation in training and technical assistance opportunities provided at a national level. Panels are encouraged to visit and use the resources available at the national CRP website www.uky.edu/SocialWork/crp.
- Encourage panels to review the Program Improvement Plan (PIP) developed in response to California's Children and Family Services Review (CFSR). Promote involvement in implementation and monitoring components of the plan impacting their communities.
- Explore ways to integrate the Strengthening Families Protective Factors framework into the work of the CRPs to strengthen California families and to keep children safe from abuse and neglect.

PANEL INFORMATION

San Mateo County

San Mateo County is located on a 60-mile peninsula immediately south of San Francisco, bordered on the east by San Francisco Bay, and on the west by the Pacific Ocean. The area encompasses 455 square miles and contains 20 incorporated cities.

The approximate population of San Mateo County is 764,797 with 21.5% being children under the age of 18. In 2016, the county child protection agency received 4,204 child abuse allegations of which 329 were substantiated cases. Of that number, 171 entered care. [‡]

Ventura County

The County of Ventura is situated on 42 miles of coastline. The Los Padres National Forest and agriculture occupy half of the county's 1.2 million acres. Geographically, Ventura County is approximately 50 miles northwest of Los Angeles. Ventura County has a strong economic base that includes major industries such as biotechnology, agriculture, advanced technologies, oil production, military testing and development, and tourism.

The approximate overall population of Ventura County is 849,738 with 23.8% being children under the age of 18. In 2016, the county child protection agency received 11,791 child abuse allegations of which 1,209 were substantiated cases. Of that number, 451 entered care. [‡]

The Prevention and Early Intervention Citizen Review Panel (PEI-CRP)

The statewide CRP completed all federal CAPTA requirements and obligations during this reporting period the second full cycle since the Prevention and Early Intervention Committee of the Child Welfare Council incorporated the responsibilities of a Citizen Review Panel. A report of its activities, findings, and recommendations to the California Department of Social Services was forwarded to the CDSS Director, presented to the Child Welfare Council, and posted online for review and public comment.

This compiled CRP annual report includes submitted reports, recommendations, and responses from CDSS and CRP rosters for San Mateo County, Ventura County and the PEI-CRP.

[‡] Information provided by the Census Bureau and the Center for Social Research, University of California at Berkeley Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Rezvani, G., Wagstaff, K., Sandoval, A., Yee, H., Xiong, B, Benton, C., Tobler, A., & Romero, R. (2016).

Attachment A

Annual Report & Recommendations
(2015-16 Program Year)
(November-October)

County: San Mateo County

Contact Person for this Report:

Name: Patricia Brown
Phone: 650-823-5952 (c)
Email: brownpcrc@gmail.com

Date Submitted to Office of Child Abuse Prevention: November 21, 2015

Persons at the local County level who received the report:

- Iliana Rodriguez, Director, Human Services Agency
- Dr. Loc Nguyen, Director, Children and Family Services (Child Welfare Services), a division of the Human Services Agency
- Jenell Thompson, Children and Family Services
- John Keene, Chief Probation Officer
- Vielka McCarthy, Director, Juvenile Probation

1. County Profile (OCAP will provide current data from current annual report)

General Demographics
Ethnic make-up of county
Household income

2. Panel Activities

Panel structure and development

I. Membership (**Workplan Goal #1**)

Have there been any changes in membership or Panel composition during the reporting period?

- Shanthi Karemcheti, John Ragosta, Paul Chang and Lauren Szyper have all resigned from the Panel this year due to changes in job responsibilities.
- Michael Brosnan, Human Trafficking Coordinator, SMC Sheriff's Office and Adriana Taylor, CASA of San Mateo County, joined the Panel. The Panel is in the process of recruiting a new differential response representative.

All prospective members receive the SMCRP Operational Guidelines and they are referred to the CRP website (www.smcrp.org) for more background information. Before they are asked to submit an application for membership, potential Panel members are invited to attend a regular CRP meeting to observe the work of the Panel and meet current members. Visitors sign a Confidentiality Agreement at the

beginning of the meeting. Following the visit, if there is continuing interest, the potential member completes an application form and submits it, along with a relevant resume, to the Panel. New members are elected by majority vote of the existing membership.

SMCRP Membership Roster
November 2016

Name	Affiliation
Baumel, Jan	Licensed Educational Psychologist and Retired Special Educator, Community Member
Brosnan, Michael (Bros)	Human Trafficking Program Coordinator SMC Sheriff''s Office
Cherniss, David	Juvenile Mediation Program
DeMarco, Toni	Clinical Services Manager Behavioral Health and Recovery Serv.
Loewy, Ben (Chair)	Administrator, SM Co. Office of Education
Manthorne, Cori	CORA (Community Overcoming Relationship Abuse)
McCallum, Jamila	Edgewood Center
Miller, Bonnie	Private Defenders Office, San Mateo County
Monaghan, Ryan	Lieutenant, San Mateo Police Department
Plotnikoff, Bernie	Community Member
Ruth, Kibbie	Minister for Social Justice Congregational Church of San Mateo
Stewart, Ginny	Licensed Clinical Social Worker, Community Member
Taylor, Adriana	CASA of San Mateo County
13 Members	

II. Panel Training

Please elaborate on the on-going orientation / training of new CRP members.

Individuals who are interested in joining the Citizen Review Panel are provided with basic information about the role of the Panel in written form and referred to the Panel's website: www.SMCRP.org. The website was updated this year.

CRP's orientation process calls for incoming members of the Panel to talk with the Chair or facilitator for an orientation session at the beginning of their term. One key responsibility of the CRP facilitator is to ensure an inclusive process in CRP meetings so that all members of the Panel and guests are able to participate comfortably and effectively. This means making sure that acronyms are defined, there are frequent checks for understanding and new members are provided with the opportunity to ask for clarification of any topic under discussion.

Once new members join the Panel, they are encouraged to participate actively and to raise questions as needed. It has been SMCRP's experience that new members add distinct expertise and perspectives to the Panel's conversations. The regular presence of a liaison from Children and Family Services and the Probation Department has been very helpful for ensuring accurate understanding of the complex child welfare system in San Mateo County.

In addition, please describe any training activities the CRP has engaged in this past year as a means of ongoing panel development.

SMCRP members receive information and updates about the child welfare system from the Children and Family Services (CFS) Director and the Juvenile Probation Liaison at each regular meeting. During the course of the year, representatives of various public and private providers in the child welfare system make informational presentations to the Panel at its regular monthly meeting. In addition, Panel members have a regular agenda item, "Panel Member Updates" to encourage individuals to share information with other members about the child welfare-related work they are doing.

Child welfare related articles and reports are provided to members regularly and, when appropriate, the articles are discussed as part of the meeting agenda.

On a monthly basis, CRP receives and discusses the Children and Family Services Dashboard. This is an internal CFS document that provides a quick overview of data in key interest areas related to children and family services. These monthly reviews of data have provided the Panel with an understanding of the indicators used by CFS to monitor its own programs and services. Panel members are encouraged to direct questions about the Dashboard data to the CFS Director, who attends CRP meetings.

Report on SMCRP WORKPLAN 2015-16

Workplan Goal #1: Please discuss any activities the Panel has engaged in specific to the recruitment of panel members to reflect community demographics and support creating or maintaining a diverse panel.

On an annual basis, SMCRP reviews its membership and the national criteria for CRP representation. The goal is for CRP members to represent a broad array of backgrounds and perspectives. Currently, CRP's membership comes from diverse backgrounds and areas of expertise. As needs for specific perspectives are identified, current SMCRP members brainstorm ways to reach out to representatives in those areas. The Panel is working on recruiting a provider of differential response services.

The Panel continues to seek members who are parents and/or youth who have been part of the child welfare system, but most other gaps have been filled. Currently, Panel membership stands at 13 members, near the top of the membership range established in the CRP's Operational Guidelines.

Workplan
Goal #2

Develop a work plan that will guide the panel's review activities of the state and local Child Welfare System.

Each year in its annual report and recommendations, SMCRP identifies areas of focus within the child welfare system. At the same time, the Panel outlines specific activities/evaluation methods it will use in order to track progress and evaluate outcomes related to its recommendations for change at both the state and local levels. This schedule is documented on an annual meeting calendar that guides agenda development throughout the year.

Description of the review activities and any technical assistance provided (example = case review, focus group, data review).

SMCRP meets monthly for two hours during the program year. At each of these meetings informational reports and monitoring activities are on the agenda. These activities include review of written materials and reports, presentations by CWS representatives and sharing of information by CRP members. CFS, Behavioral Health and Recovery Services and Probation have made staff members available to report to the Panel on specific recommendation areas such as Pathways to Wellbeing or areas of interest such as child sexual exploitation.

SMCRP has not received technical assistance from sources outside of San Mateo County during the past year.

SMCRP recommendations for 2015-16
SMCRP worked with the following recommendations this past year:

1.
CRP recommends that Children and Family Services (CFS) and other divisions of the child welfare system involved in the "Pathways to Wellbeing Program", including Behavioral Health and Recovery Services (BHRS), evaluate the effectiveness of mental health services for children and report to CRP semi-annually on the following:

a) Identification of those in need of service
b) Delivery of services to those identified
c) Timeliness of provision of services
d) Utilization of innovative/promising new therapeutic methods, e.g., Neurosequential Model of Therapeutics

2) CRP recommends that CFS continue its efforts to place children in the child welfare system within San Mateo County in accordance with statewide requirements of Continuum of Care Reform (CCR) that goes into effect in 2017.

Regular updates to CRP should include the following:

a) Current number of foster homes in San Mateo County in various demographics.
b) Trends in increase or decrease of available foster homes within San Mateo County.
c) Strategies for recruiting homes that can meet the needs of targeted populations.
d) Services provided to support foster families.

In addition to monitoring its two formal recommendations, SMCRP researched the following issues of concern:

1) The impact of domestic violence on children and training for first responders on trauma informed care.

2) Disproportionate representation within the child welfare system.

3) Commercially sexually exploited children in San Mateo County, including the work of the County's multi-disciplinary team that is addressing CSEC and the status of two CSEC homes located in San Mateo County.

Findings regarding Annual Report Recommendations

In CRP meetings in September and October 2016, the Panel reflected on the information it has gathered during the past year relative to its 2015-16 recommendations. The following chart contains the Panel's findings:

Recommendation	Findings
1. CRP recommends that Children and Family Services (CFS) and other divisions of the child welfare system involved in the "Pathways to Wellbeing Program", including Behavioral Health and Recovery Services (BHRS), evaluate the effectiveness of mental health services for children and report to CRP semi-annually on the following: a) Identification of those in need of service b) Delivery of services to those identified c) Timeliness of provision of services d) Utilization of innovative/promising new therapeutic methods,	CRP received two reports from the Pathways to Well-being Steering Committee (February 22, 2016 and October 17, 2016). CRP finds that the Pathways to Wellbeing Program in San Mateo County is complying with (and in some cases exceeding) established requirements and is utilizing innovative methods to do so. A stumbling block to effective monitoring and evaluation of this program is the lack of a shared database. The Steering Committee is taking steps to remedy this situation.

e.g. Neurosequential Model of Therapeutics	In the upcoming year, the Steering Committee will be supplementing its quantitative evaluation approach with a qualitative evaluation aimed at ensuring the quality of therapeutic services
2. CRP recommends that CFS continue its efforts to place children in the child welfare system within San Mateo County in accordance with state-wide requirements of Continuum of Care Reform (CCR) which goes into effect in 2017. Regular updates to CRP should include the following: a) Current number of foster homes in San Mateo County in various demographics. b) Trends in increase or decrease of available foster homes within San Mateo County. c) Strategies for recruiting homes that can meet the needs of targeted populations. d) Services provided to support foster families.	CFS leadership (Loc Nguyen, Jenell Thompson and Natasha Bourbannaise) have been providing ongoing information about preparation to launch CCR reform in January 2017. CRP has a clear understanding of the recruiting needs and challenges as efforts are made to increase the number of in-county resource homes. More information is needed about the effectiveness of the contract with Star Vista to target key audiences for recruiting foster care providers. The CFS monthly dashboard provides data about the trends related to foster homes in San Mateo County. At the March 2016 CRP meeting, CRP received information about the supports provided by CFS to resource families.
Issues of Concern	
A. The impact of domestic violence on children and training for first responders on trauma informed care.	In April 2016, the Executive Director of Communities Overcoming Relationship Abuse (CORA) provided CRP with information about the status of collaborative work with law enforcement agencies in situations where children are in a domestic violence setting.
B. Disproportionate representation within the child welfare system.	CRP receives monthly data reports that contain information on the representation of the various population groups in the child welfare system. The issue of disproportionate representation continues as a concern.
C. Commercially sexually exploited children in San Mateo County, including the work of the County's multi-disciplinary team that is addressing CSEC and the status of two CSEC homes located in San Mateo County.	CRP received regular updates on efforts to address the issue of CSEC starting in April 2016. There are a number of efforts in the county to address this issue.

SMCRP Recommendations for 2016-17

1. **Continue to implement Pathways to Wellbeing through a collaborative process involving Children and Family Services, Behavioral Health and Recovery Services and other providers, employing evidence-based and innovative models of service delivery. Address the problem of accessing accurate data in a timely and efficient manner and continue to provide needed services to youth who are leaving the system.**

2. **Implement Continuum of Care Reform with attention to the effectiveness of foster home recruiting strategies, the impact of relative placements and efforts to reduce the number of children placed out of county.**

SMCRP will explore and monitor the following areas of interest:

1. The impacts of domestic violence as one Adverse Childhood Experience (ACE) – explore the numbers of affected children in SM County, evidence of polyvictimization, training available to first responders and any prevention strategies that are in use.

2. Request bi-annual updates on efforts to address Commercially Sexually Exploited Children in San Mateo County.

3. Monitor the status of disproportionate representation in the child welfare system using the monthly CFS Dashboard and other sources that are available.

Discuss how the CRP recommendations will be disseminated to county and state officials as well as the public and how the CRP will handle any comments made.

SMCRP will provide the Director of the San Mateo County Human Services Agency (HSA), the Director of Children and Family Services (CFS) and the Chief Probation Officer with a complete copy of the Annual Report and Recommendations at the time the report is submitted to the State Office of Child Abuse Prevention (OCAP) in November. The report will also be posted on the SMCRP website (www.smcrp.org) and shared with the local Child Abuse Prevention Council, known as the Children's Collaborative Action Team (CCAT).

This year, SMCRP has launched a new e-newsletter that will be published on a quarterly basis and sent to key stakeholders in San Mateo County. In the Winter Issue of this newsletter, the recommendations for 2017 will be highlighted. Any comments that result from this process will be presented to SMCRP for consideration.

Future Directions

SMCRP will continue to meet monthly to monitor its recommendations and the delivery of child welfare services in San Mateo County. Time in each meeting will be allocated to reports and presentations relevant to the Panel's stated interests. In addition, there will be an opportunity for new issues/ concerns to be identified and explored. While local funding for child welfare services has improved, SMCRP recognizes the continuing fiscal constraints that child welfare organizations are experiencing.

The Panel will continue to look for ways to promote and support productive collaboration that leverages resources to achieve shared goals.

Panel self-evaluation activities (**Workplan Goal #4**)

For many years, SMCRP has conducted an annual self-review, using a locally developed evaluation form. This process takes place in August and September as the annual report is being developed. Panel members review the compiled results of the evaluation and discuss any concerns. The compiled results of this year's self-assessment (and results from prior years) are below:

San Mateo County Citizen Review Panel
Annual Panel Self-Evaluation
August 2016

10 responses/12 panel members
Actual Scores

Scale = 1 (disagree) to 5 (agree)

		1	2	3	4	5
1.	CRP members take their role seriously and conscientiously prepare for each meeting.			***1***	***3***	***6***
2.	CRP members place a high priority on regular meeting attendance.				***3***	***6*** ***1***
3.	CRP is working to address priority issues relating to the safety and welfare of children involved with the child welfare system in San Mateo County.				***3***	***7***
4.	CRP members feel informed enough to Participate in the discussion of agenda items.			***3***	***3***	***4***
5.	CRP receives the technical assistance it needs to do its job well.		***1***	***2***	***2***	***5***
6.	CRP receives the information it needs from Children and Family Services in an understandable format and in a timely manner.				***2***	***3*** ***5***
7.	CRP receives the facilitation support it needs to do its work in an efficient and inclusive manner.				***10***	

	1	2	3	4	5
8. CRP members feel satisfied with the contribution they are making to improving the safety and well-being of children in this community		***1***	***6***	***3***	

Comments / Suggestions

I am new to the team and learn new things every meeting. I look forward to becoming a more active member.

Facilitation is outstanding.

There are a lot of good ideas discussed about ways to improve upon the CRP ideas such as creating a webpage with updated info on our CRP mission and a list of panel members with short bios, community outreach via social media, etc. Creating a priorities list for some of these suggestions and some form of task manager would be useful to keep us focused on progress on these implementation suggestions.

4. Public input (Workplan Goal # 4)

What is working well	What could be improved
Support by facilitator Reports from CFS and Probation Passion of Panel members The mix of long term and newer members on the Panel	Could have been more focused on our recommendations during the year The recommendations themselves could have been clearer and more measurable More use of "hard data"

PUBLIC INPUT (Work plan Goal # 4)

SMCRP received very little direct public input during this reporting period. There were a few website queries, but the content was case-specific and the messages were referred to Children and Family Services for follow-up.

The SMCRP continues to take the following approach to seeking public input after this annual report is developed and published:

- Children's Collaborative Action Team (CCAT) – members of SMCRP attend CCAT meetings and monitor for new issues of concern identified by this group.

- Provide interested groups within the child welfare system and in the community with presentations about CRP's work.

- Explore use of social media strategies to publicize the work of CRP and the child welfare system in San Mateo County.

5. Attachments

❖ Updated roster of Citizen Review Panel Members, including their affiliations (Attachment A)

❖ San Mateo County Children and Family Services Response to CRP Recommendations 2015-16 (Attachment B)

Roster and Terms as of November 2016

The following table reflects the status of current CRP members.

Name	Affiliation	Term
Baumel, Jan	Licensed Educational Psychologist and Retired Special Educator, Community Member	Fourth term – 8/15-9/18
Brosnan, Michael	Human Trafficking Program Coordinator SMC Sheriff's Office	First term – 5/16 – 5/19
Cherniss, David	Juvenile Mediation Program	Fourth term – 8/15-9/18
DeMarco, Toni	Behavioral Health and Recovery Services	Second term - 10/16-9/19
Loewy, Ben	Administrator, SM County Office of Education	Fourth term – 8/15-9/18
Manthorne, Cori	Community Overcoming Relationship Abuse (CORA), Director of Programs	First term 9/13-9/16 Second term 9/16-9/19
McCallum, Jamila	Edgewood Center	Fourth term – 8/15-9/18
Miller, Bonnie	Private Defenders Office	Fourth term – 9/16-9/19
Monaghan, Ryan	Lieutenant, San Mateo Police Department	Second term – 9/16-9/19
Plotnikoff, Bernie	Retired Child Abuse Prevention professional, Community member	Fourth term – 8/15-9/18
Ragosta, John	Administrator, Advocates for Children	Resigned 7/18/16
Ruth, Kibbe	Clergy representative	First term – 10/15-8/18
Stewart. Ginny	Licensed Clinical Social Worker, Community Member	Third term – 9/14-9/17
Taylor, Adriana	CASA of San Mateo County	First term – 9/16-9/19

Attachment B

San Mateo County Human Services Agency

CHILDREN & FAMILY SERVICES (CFS)

Response to

Citizen Review Panel (CRP)
Recommendations for 2015-2016

Recommendation #1	**1. CRP recommends that Children and Family Services (CFS) and other divisions of the child welfare system involved in the "Pathways to Wellbeing Program", including Behavioral Health and Recovery Services (BHRS), evaluate the effectiveness of mental health services for children and report to CRP semi-annually on the following:** **1. Identification of those in need of service** **2. Delivery of services to those identified** **3. Timeliness of provision of services** **4. Utilization of innovative/promising new therapeutic methods, e.g. Neurosequential Model of Therapeutics e.g. Neurosequential**
Identification of those in need of service	All children that become part of an OPEN child welfare case will be screened for mental health needs utilizing the Mental Health Screening Tool (MHST). The initial MHST is administered by the SW initiating the opening of the case; in most cases, this would be the Emergency Response SW. Subsequent MHSTs are then completed by the case carrying SW during the life of the case.
*Medical Necessity (see attachment)	According to information provided by BHRS, eligibility for services under Medi-Cal reimbursement requires, the service meet 3 criteria for medical necessity: diagnostic, impairment and intervention related.
Delivery of services to those identified	The MHST is to be administered within two (2) business days of the case opening (i.e., initial detention / voluntary case determination), and is administered to all 0 to 20 year old children and youth upon opening a child welfare case. There is a separate tool for ages 0-5 years and 6 to 20 years (see attached)
Timeliness of provision of services	The MHST is also administered: • After a psychiatric hospitalization of 24 hours or more; • Within five (5) months of most recently completed MHST and/or for court reviews; • In group home placement levels 10 or above; and/or • After two (2) placement changes.

If the MHST indicates a need for a mental health services referral, the Social Worker submits a referral packet to the PTW Coordinator. The PTW Coordinator reviews the referral packet, ensures all necessary paperwork and documentation is attached, and submits the packet to BHRS. Once all referral documents are submitted, BHRS triages and directs the referrals to the appropriate mental health provider for an assessment.

Mental health assessments are completed within 60 days to determine eligibility. Depending upon the assessment findings, provision of services are then made accordingly.

Delivery of services to those identified	The MHST is to be administered within two (2) business days of the case opening (i.e., initial detention / voluntary case determination), and is administered to all 0 to 20 year old children and youth upon opening a child welfare case. There is a separate tool for ages 0-5 years and 6 to 20 years (see attached)
Timeliness of provision of services	MHST is also administered: After a psychiatric hospitalization of 24 hours or more; Within five (5) months of most recently completed MHST and/or for court reviews; In group home placement levels 10 or above; and/or After two (2) placement changes. MHST indicates a need for a mental health services referral, the Social Worker submits a referral packet to the PTW Coordinator. The PTW Coordinator reviews the referral packet, ensures all necessary paperwork and documentation is attached, and submits the packet to BHRS. Once all referral documents are submitted, BHRS triages and directs the referrals to the appropriate mental health provider for an assessment. n assessments are completed within 60 days to determine eligibility. Depending upon the assessment findings, provision of services are then made accordingly.
Utilization of innovative/ promising new therapeutic methods, e.g. Neurosequential Model of Therapeutics	specific therapeutic model used would be based on the specific clinician. Many of the BHRS staff do use a trauma-informed model and some are also trained in the use of NMT.

Recommendation #2	**CRP recommends that CFS continue its efforts to place children in the child welfare system within San Mateo County in accordance with state-wide requirements of Continuum of Care Reform (CCR) which goes into effect in 2017.** **Regular updates to CRP should include the following:** **a) Current number of foster homes in San Mateo County in various demographics.** **b) Trends in increase or decrease of available foster homes within San Mateo County.** **c) Strategies for recruiting homes that can meet the needs of targeted populations.** d) **Services provided to support foster families.**

Current number of foster homes in San Mateo County in various demographics.

According to the most recent InfoView report there are 84 foster homes. The demographics are as follows:

- A little over 50% of the homes are foster / adopt homes as opposed to foster only
- The majority of the homes are located in Pacifica (17%), San Mateo (17%) and San Carlos (12%)

Trends in increase or decrease of available foster homes within San Mateo County.

- 10 foster family licenses were closed between January 2016 and April 2016
  - Reasons for closure included retirement, health challenges, international adoption, pregnancies, and divorce
- 4 applications were approved between January 2016 and April 2016
- New-Families receive correspondence from Licensing while participating in Resource Parent Training (RPT). These families are contacted again once they have completed RPT. The goal of these contacts is to offer the family the assistance of a Licensing Social Worker should they have questions or need help completing application materials.

Strategies for recruiting homes that can meet needs of targeted populations

In 2015, the Agency went into a two year contract/partnership with StarVista for the purpose of providing foster and adoptive homes for children in the Child Welfare system by recruiting in –county resource (foster) family homes in San Mateo County community.

StarVista has:

- developed new outreach strategies and marketing materials;
- partnerships with community groups on recruitment efforts;
- joint recruitments efforts with surrounding counties;
- targeted recruitment of homes for sibling sets, teenagers, AB 12 Non-Minor Dependents and youth with challenging behaviors.

Services provided to support foster families

The Agency provides support services to the foster families in several ways.

- Monthly support group meeting for families who are raising teenagers;
- Monthly support group meeting for foster families who provide care for children with medical issues, and
- Monthly support group for newly licensed foster homes.
- Mentor program where experienced foster parents are paired to mentor newly licensed foster parent.
- Two (2) annual foster parent recognition events.
- Child care assistance and referrals for employed foster parents
- A foster parent ombudsperson and a foster parent advocate.

Additional Comment:	In addition to monitoring its two formal recommendations, SMCRP will continue to explore and discuss the following issues of concern:
The impact of domestic violence on children and training for first responders on trauma informed care.	Training was conducted on June 15th, 2016 – Violence and Trauma: The Impact of Childhood Development, Behavior and Learning The training defines trauma, identify triggers, signs and symptoms, and recognize trauma driven behaviors from a neuro-physiological point of reference. The training allowed participants to examine ways to handle challenging behaviors and promote inner calming. An additional training is scheduled for July 21st, 2016
Disproportionate representation within the child welfare system.	In 2010 the agency began a pilot to look at disproportionality within the San Mateo County Child Welfare system. Based on the results of the pilot we have rolled out, agency wide, a practice that threads throughout fairness, and equity. Our agency is committed to advocating for fairness and equity for the children and families we serve.
Commercially sexually exploited children in San Mateo County, including the work of the County's multi-disciplinary team that is addressing CSEC	Various steering committees exist within the County that addresses the needed response for CSEC youth in this County. The County of San Mateo Blue Ribbon Commission on Foster Care Subcommittee on Human Trafficking (BRC-HT)) has met bimonthly and consists of members and leadership from Children and Family Services, and community-based organizations who aim to develop a collaborative community response plan for CSEC. In addition, the Children and Youth System of Care (CYSOC) Committee is a collaborative group, consisting of County agencies aimed at identifying and addressing children and families with the highest risks and needs within the County. CYSOC consists of leadership from the Human Services Agency Children and Family Services, the County's mental health program Behavioral Health and Recovery Services (BHRS), Probation, and the County Office of Education who meet bi-weekly to identify and structure approaches to respond to vulnerable County populations, including CSEC. A combination of leadership from both of these committees act as our County Steering Committee that include leadership from Child Welfare, Probation, BHRS, Public Health and the Court. On a monthly basis, we have a MDT Group that meets to conduct case reviews, discuss promising practices and gaps in services. Members of this group include staff from the aforementioned departments as well as CASA, RTS, Differential Response partners and other CBOs.

The status of two CSEC homes serving San Mateo County.	This is not an item that the Agency can speak to as they are privately owned and run facilities.

Attachment C

Ventura County Citizens Review Panel
2015-2016 Annual Recommendations Report

County: Ventura

Contact Person for this Report:
Diane Kellegrew, Ph.D.
Kellegrew Research & Consulting

Date Submitted to OCAP: November 21, 2016

Local County Representative:
Judy Webber, Deputy Director, Children and Family Services Department
County of Ventura Human Services Agency

CRP Meeting Minutes:
August 26, 2015, September 30, 2015, November 9, 2015, January 27, 2016, and June 1, 2016

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1. County Profile (OCAP will provide current data from current annual report)

2. Panel Activities

GOAL 1. Carry out CRP functions in accordance with federal and CDSS OCAP guidelines.

A CRP panel will be established with membership comprised of volunteers with broad representation and expertise in the prevention and treatment of child abuse and neglect; who will also uphold confidentiality requirements; and submit reports in keeping with federal guidelines.

1.1 During SFY 2016-2017, the Ventura County Citizen Review Panel represented public and community-based-organizations with connections to the child welfare system or families that may be involved in the system. A foster youth ambassador and former child welfare parent also participated. Twenty-eight members represented nonprofit social service agencies, education and early childhood programs, and county departments to include Ventura County School District, Ventura County Behavioral Health, Ventura County Probation Agency, and the Ventura County Human Services Agency. The local child welfare lead agency, Ventura County Human Services Agency, Children and Family Services (CFS), assisted with data presentations to support the CRP activities. The average CRP meeting attendance ranged from 17-27 members, representing a 78% participation rate.

Status: Goal Met

1.2 All members (100% compliance) were oriented to the CRP objectives and the federally-required confidentiality requirements. The confidentiality requirements were reviewed with the CRP membership during the 8/24/2015 meeting. In addition, all new members participated in a CRP orientation, including confidentiality agreements review. Participants for all meetings were required to read and initial their understanding and consent of the confidentiality agreement as part of the registration process.
Status: Goal Met

1.3 CRP quarterly meeting minutes were filed with the CDSS Office of Child Abuse Prevention, as required.
Status: Goal Met

GOAL 2. Partner with the Interagency Planning Expansion Review Committee (IPERC) to monitor group homes and residential care outcomes related to children in the foster care system in order to decrease the percent of children who emancipate or turn age 18 during the 12-month period who have been in care 3 years or more at emancipation reaching age of maturity.

In partnership with IPERC, monitor CFS outcomes to decrease the percent of children in care and the length of time children are in care prior to emancipation at the age of 18.

2.1 For the past several years, the Ventura County CRP partnered on developing a group home monitoring system with the Interagency Planning Expansion Review Committee (IPERC), a consortium of public agencies and group home providers. This year, per SOW, the CRP partnership focused on reviewing recommendations for a monitoring system. AB 403, Continuum of Care Reform (CCR), was enacted this year. This legislation will substantially impact group homes to include quality of services and staffing. Most of the CRP/IPERC group home monitoring activities previously recommended are now or will be embedded as part of CCR implementation activities. The CRP will review the CCR implementation activities on an ongoing basis. IPERC will continue to meet as an information and capacity building forum for group home providers. An IPERC representative agency will continue to be a CRP panel member.

Before the adoption of AB 403, CFS proposed using an adaptation of the Youth Thrive Framework to solicit the perspective of foster care youth. Youth Thrive was developed by the Center for the Study of Social Policy and encourages building protective factors to buffer the effect of trauma. Is unknown to what degree CCR activities will incorporate the youth's perspective. The CRP recommends that CCR activities be monitored to ensure engagement of youth in ways that support resiliency and self-determination.

Presentations on group home services were conducted by representatives of the Ventura County Office of Education, Ventura County Special Education Local Plan Area, Ventura County Probation Agency, and Ventura County Behavioral Health. Key challenges considered include:

- Need for identification and engagement of education surrogates to represent the family at IEP meetings.
- Impact of transportation cost considerations that may emerge with transportation of foster children to their school of origin. Under the Foster Youth School Program, transportation cost to transport foster youth to home schools is no longer a covered service.
- Increase in the number of foster youth committing crimes, despite significant reduction in juvenile probation cases; 2,400 cases in 2012 as compared to 887 cases in 2015.
- Slow implementation of Katie A. requirements to provide mental health screening for all children entered into care. All children entered into care are referred for a mental health screening. In 2015, 100 children entering the child welfare system were screened for mental health concerns (60 newly detained and 40 previously detained).

Per the SOW, the CRP discussed local implementation of CCR in depth during the 8/26/2015, 9/30/2015, and 9/1/2016 meetings, with updates presented as part of the 11/9/2015 and 1/27/2016 meetings. In addition, the CRP facilitator attended IPERC meetings and participated in CFS group home quality monitoring meetings for coordination purposes.
Status: Goal Met

2.2 The CRP reviewed the 2015 time-in-care data during the 8/26/2015 and 6/1/2016 meetings (semi-annual) as required by the SOW. Most indicators show improvement or improving trends to include:

- Declining trend (31.6% to 29%) for first placement in group homes
- Over an 11% increase in kinship care first-entries (19.3% to 31%)
- Approximately a 5% increase in permanency for foster care youth in placement 12-23 months (45.6% to 50.5%)
- Over a 10% increase in permanency rates for children in care over 24 months (29.8% to 40.6%)
- Reduction of the number of children in long-term foster care (3 years+) from 23 children to 14 children

In 2015, Ventura County reported declining numbers of children reunified with parents within the first 12 months (from 38% to 33.1%). Ventura County CFS personnel report that reunification trends are influenced by a focus on permanency versus reunification. Ventura County has higher numbers of children in guardianship as a way to achieve permanency (5-7% above the target). During 2015, the Emergency Shelter was closed with placements now

made primarily with kinship or resource families. Also concerning is the rising trend for child re-entry into the child welfare system (3.6% increase in 2015).

Status: Goal Met

Recommendations:

1. The Ventura County CRP monitor data, trends, and CCR implementation for children in care, with specific focus on 1) time and stability of placement(s), 2) probation trends including crimes committed by foster youth, 3) reentry into care trends, and 4) access to mental health screenings.

2. The Ventura County CFS monitor trends and recommend strategies to examine practices so that an educational surrogate, if needed, is available for foster youth with special education needs..

3. CDSS explore the use of resiliency-based frameworks to gather the perspectives of foster youth in group homes. This information can inform local and statewide CCR practices.

GOAL 3. Review, advise, and monitor recommended child welfare data variables, strategies, and outcomes used to monitor child welfare outcomes as part of Ventura County's CFS reporting process. Ensure a family-strengthening approach is incorporated as part of CFS reporting language and family engagement strategies. Ensure child welfare benchmarks reported to the public are useful, accessible, and incorporate a strengths-based approach.

3. 1 Review and advise on child welfare variables used to track and report child safety, permanence, child wellbeing and a strengths-based approach on the to-be-developed CFS Scorecard.

3.2 Review and advise on strategies to improve CFS family engagement using protective factors.

3.3 Identify and monitor child welfare outcomes identified for tracking. Make recommendations for systems improvement as indicated.

3.4 Review and advise on public access and usefulness of CFS public reports for the community. Make recommendations for systems improvement as indicated.

3.1 This fiscal year, the CRP continued to review and monitor the data reporting tool in development by CFS. The *Children and Family Services Principles and Outcomes Dashboard* (aka Dashboard) takes the place of the prior data collection prototype called CFS Scorecard. The CRP reviewed a final version of the Dashboard, designed to track key performance measures on a quarterly basis over one calendar year. Each performance measure was compared to 1) the prior year Ventura County performance and 2) a federal, state, or local comparison target variable. A visual inspection of the quarterly data was aided with icons indicating 1) meeting or exceeding targets (check-mark), 2) below but trending near target (triangle), or 3) trending below target

(octagon). Three of the 18 variables tracked were System Improvement Plan (SIP) Outcome measures (*decreased rate of placement moves*, *increased unification in 12 months*, and *decreased reentry into foster care*).

The CRP noted that the new list of performance measures provided robust information on aggregated placement stability, shelter usage, and permanency outcomes. Quality of care and child and family wellbeing appeared more challenging measures to track. It was discussed that child and family wellbeing may be context specific, therefore a data review at the case or neighborhood level might prove more useful.

Status: Goal Met

3.2 The CRP reviewed value statements that were developed by CFS staff to identify the agency's foundational principles. The CRP members concurred that the value statements clearly articulated a family centered and protective factor frame of reference. Performance variables identified on the Dashboard were also framed around these values. The value statements were:

- Safe at Home: We believe families can keep their children safe with support.
- Caregiving: We believe children should be cared for in a familiar, nurturing, and safe environment.
- Child's Experience: We believe every child is entitled to thrive through stability (health, education, and placement), family connections, quality treatment, and a voice in planning.
- Parental Support for Reunification: We believe, through partnership and support, parents can grow and change in order to safely parent their children.
- Permanency: We believe all children deserve a sense of belonging, and permanent and unconditional commitment in a lifelong family.

Status: Goal Met

3.3. The CRP reviewed the 2015 child welfare performance data presented on the Dashboard. Of the 18 performance measures identified, 15 had data for all four quarters. Ten of the 15 measures (66%) showed improvement over the course of the year and/or at year-end ('*meeting target*' or '*below but near target')*. Several of the performance measures were ranked in the '*trending below target'* range. In discussions, the reason for poorer performance on these variables appeared related to challenges with reunification (see 2.2). Other under-performing measures included '*increased % of siblings placed together'* and *increased % of children placed within 10 miles of home of origin. T*he CRP will continue to monitor all Dashboard performance measures.

The Dashboard aggregates outcomes for all children. In addition to the Dashboard measures, the CRP recommended continued monitoring of the child welfare outcomes for those children disproportionally represented in the system to include Latino children and children birth-to-five years of age.

Status: Goal Met

3.4. It is recommended that the Dashboard visual display be simplified, especially if the information will be made available to the public. CRP recommendations included inclusion of the total number of children in the child welfare system (in addition to percentages), tracking of Latino and young children, numbering the performance variables for discussion purposes, simplifying the 'comparison target' descriptors, and creating a visual distinction between cells that identify targets versus quarterly data.

The CRP disseminated information to the public via the Child Abuse Prevention Council (CAPC) representative, the Partnership for Safe Families and Communities. The CRP also recommended that CFS consider making the Dashboard available for public review.
Status: Goal Met

Recommendations:

4. Ventura County CFS continue to use and refine the *Children & Family Service Principles and Outcomes Dashboard.* The Ventura County CFS should consider the visual display, data additions, and clarification recommendations made by the CRP to refine the Dashboard and visual display of data.

5. Ventura County CFS visually display and track trends for those populations disproportionally represented in the Ventura County child welfare system, to include Latino children and children birth to 5 years of age. This information will be monitored by the Ventura County CRP.

6. Ventura County CFS facilitate posting of the CRP 2015-2016 Annual Report on the website of the Ventura County Partnership for Safe Families and Communities (regional Child Abuse Prevention Council) and on the Ventura County Human Services Agency website. All comments regarding the report will be reviewed by the CRP and will be taken into consideration when determining future activities and recommendations

7. CDSS explore the development of a data Dashboard template to describe trends and outcomes for key child welfare performance measures in other California counties per Ventura County's example. Child welfare value statements should be included.

CSOC/ CRP MEMBERS 2015 ROSTER
NAME, JOB TITLE & AGENCY
CARILLO, SANDRA Division Manager, Ventura County Probation
CODY, TARI Judge, Ventura County Superior Court
FRIEDLANDER, DAVID President/CEO, Kids & Families Together
GARMAN, KARI CQI Supervisor, Children & Family Services
GOMEZ, JENNIFER Director, Pacific Clinics TAY Program
GURROLA, LILA Program Supervisor, Aspiranet
HANDEL, DEANNA Program Manager, First 5 Ventura
HINOJOSA, JACK Chief Operations Officer, Child Development Resources
HOLGUIN, JUANITA Supervising DPO, Ventura County Probation
JORDAN, LAURIE Director, Rainbow Connection
KELLEGREW, DIANE Center for Community Development Director, Interface Children & Family Services
KELLY, SUSAN Division Manager, Ventura County Behavioral Health
KUSSIN, JODY Director of Community Programs, Casa Pacifica
LITEL, LORI Executive Director, United Parents
MACK, MIRIAM Executive Director, C.A.S.A. of Ventura County

CSOC/ CRP MEMBERS 2015 ROSTER
NAME, JOB TITLE & AGENCY
MAGALLANES, LAURA Program Manager, Children and Family Services
MARTINEZ CURRY, ELAINE Executive Director, The Partnership for Safe Families & Communities
REED, REGINA Director of Personnel Development, Ventura County Special Education Local Plan Area
REYES-ROBBINS, ANN Program Manager, Children and Family Services
SALTOUN, MYRA Director of Campus Services, Casa Pacifica
STERNAD, ERIK Executive Director, Interface Children & Family Services
STREETER, KAREN Medical Director, Ventura County Public Health
TALLEY, ANITTA Lead Parent Partner, Aspiranet
URZUA, VERONICA Counseling Center Director, City Impact
WEBBER, JUDY Deputy Director, Children and Family Services
WEST, LYNNE Chief Executive Officer, Big Brothers, Big Sisters

Attachment C

Ventura County Human Services Agency Department of Children & Family Services Response to the Citizen's Review Panel's Annual Recommendations Report (2015-2016)

It is with appreciation that the Ventura County Department of Children & Family Services (CFS) reviews the 2015-2016 Ventura County Citizen's Review Panel (CRP) Annual Recommendations Report. We know and understand the time and focus community members have contributed to our shared goal of improving the child welfare system. Dedicated community partnerships strengthen the work of preventing and ameliorating child abuse and neglect.

In 2015-2016, the CRP activities focused on meeting the CRP federally mandated requirements (Goal 1), monitoring the time in care (Goal 2), and providing citizen review of a monitoring tool that tracks child welfare trends and outcomes (Goal 3).

Ventura County Department of Children& Family Services response to the seven CRP recommendations (FFY 2015-2016) is as follows:

Recommendation 1: The Ventura County CRP monitor data, trends, and CCR implementation for children in care, with specific focus on 1) time and stability of placement(s), 2) probation trends including crimes committed by foster youth, 3) reentry into care trends, and 4) access to mental health screenings.

Response: Ventura County CFS shares the CRP interest in reviewing progress on time and stability of placements for children in care. We are encouraged by the rising trends in permanency placements, despite slightly lower trends in reunification. We share an interest in tracking the small rise in 2015 rates for crimes committed by foster youth and reentry into the system after reunification. We strongly support efforts to provide timely and needed mental health screenings for children in care. We will work with the CRP to provide CFS data for review on these issues and welcome suggestions. We will also encourage other county agencies, to include Ventura County Probation Agency and Ventura County Behavioral Health, to continue to partner as members of the Panel and to provide the necessary data to review trends and practices.

Recommendation 2: The Ventura County CFS monitor trends and recommend strategies to examine practices so that an educational surrogate, if needed, is available for foster youth with special education heeds.

Response: Ventura County CFS is dedicated to supporting the educational needs of children in care, including special education services. It was disappointing to hear the reports from the Ventura County Special Education Local Plan Area (SELPA)

representative about the lack of availability of a representative (educational surrogate) to meet with the school district and sign special education paperwork on behalf of foster children. This delays the child's access to much need educational supports. Per the SELPA representative, children from outside Ventura County, but placed in Ventura County group homes, are most likely to be without an educational surrogate. Ventura County CFS expects local group homes, resource families, and kinshipfamilies to support the child's special education needs. During the next year, we will reinforce this expectation and examine any barriers to service as an educational surrogate. We will also examine the designation of educational surrogates for Ventura County children placed out of county.

Recommendation 3: COSS to explore the use of resiliency-based frameworks to gather the perspectives of foster youth in group homes. This information can inform local and statewide CCR practices.

Response: Consideration of the perspectives of children in care about their own needs and choices can critically impact the child's developmental trajectory. Ventura County CFS was enthusiastic about the use of the Youth Thrive model to solicit youth input in ways that promoted protective factors. Ventura County CFS will work to ensure that children and youth are fully engaged under CCR. In addition, we support the recommendation that COSS find ways to explicitly seek and use youth input about their needs and care as part of CCR activities.

Recommendation 4: Ventura County CFS will continue to use and refine the *Children & Family Service Principles and* Outcomes *Dashboard.* Ventura County CFS should consider the visual display, data additions, and clarification recommendations made by the CRP to refine the Dashboard and visual display of data.

Response: Ventura County CFS is pleased that the CRP members found the *Children & Family Services Principles and* Outcomes *Dashboard* to be of use to track and understand performance measure and outcomes. This tool has been carefully developed and included input from CFS staff to ensure usefulness. We are encouraged that the value statements resonated with the community members. It was our intent that the statements would both guide staff and inform the community about our foundational principles. We understand that the Dashboard can be difficult to read. Communicating enough information to be meaningful and accurate without overwhelming a novice reader can be a vexing problem. We appreciate the input the community members provided to clarify the visual representation of data. We will work to streamline and refine the tool over the next year. We look forward to receiving ongoing CRP input as the tool adapts to data reporting needs.

Recommendation 5: Ventura County CFS visually display and track trends for those populations disproportionally represented in the Ventura County child welfare system, to include Latino children and children birth to 5 years of age. This information will be monitored by the Ventura County CRP.

Response: CRP discussions consistently examined the need to review those child populations disproportionally represented in the child welfare system, specifically Latinos and young children. Ventura County CFS shares this concern. Of note, recent GIS mapping reveals that nearly 49% of the 2015 child welfare entries were in a small

geographic 'hot spot' in the city of Oxnard. The 'hot spot' population, as well as the children entering care, include a high percentage of Latinos. Ventura County CFS will make these data available to the CRP. We encourage CRP discussions that propose examining child welfare populations in culturally response ways at the neighborhood level. We concur that a neighbor examination of areas such as the Oxnard 'hot spot' may yield interesting trends and uncover strategies to address the needs of Latino families in the 'hot spot' and county-wide. Ventura County CFS encourages continued CRP focus on the entry and needs of young children in the child welfare system. We have partnered with Ventura County First 5 to map the location of young children entering the child welfare system contrasted with local VC First 5 funded resources. We will share these data with the CRP and will collaborate in the review and exploration of ways to prevent and address child welfare disproportionality.

Recommendation 6: Ventura County CFS facilitate posting of the CRP 2015-2016 Annual Report on the website of the Ventura County Partnership for Safe Families and Communities (regional Child Abuse Prevention Council) and on the Ventura County Human Services Agency website. All comments regarding the report will be reviewed by the CRP and will be taken into consideration when determining future activities and recommendations

Response: We will work with the Ventura County Child Abuse Prevention Council, the Partnership for Safe Families and Communities, to post the 2015-2016 CRP Annual Recommendations Report. We will relay any suggestions or input to the CRP membership for consideration.

Recommendation 7: COSS explore the development of a data Dashboard template to describe trends and outcomes for key child welfare performance measures in other California counties per Ventura County's example. Child welfare value statements should be included.

Response: We are aware of a strong interest in other counties to use Dashboard types of tools to visually display child welfare data. We are willing to share our experiences and products as needed to assist COSS in their promotion of child welfare system improvement tools.

In closing, we again thank that Panel and look forward to our ongoing collaboration.

Sincerely,

Ventura County Human Services
Agency Department of Children and
Family Services Deputy Director
Submitted to OCAP: November 22, 2016

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PREVENTION and EARLY INTERVENTION
STATEWIDE CITIZEN REVIEW PANEL
2016 Report and Recommendations

Date Submitted to CDSS and the OCAP: February 24, 2017

Co-Chairs:

Kathryn Icenhower, Ph.D.
Chief Executive Officer,
SHIELDS for Families
Los Angeles, CA

David Swanson Hollinger
Senior Program Manager,
Children and Family Services
Human Services Agency
Ventura, CA

Contact Person for this Report:

Lori Clarke *Consultant/Facilitator*
San Diego State University/Social Policy Institute

The Prevention and Early Intervention Committee of the California Child Welfare Council identifies and promotes services and systems that prevent the need for families to enter the child welfare system and assists them in achieving family and child well-being. Concurrently it also fulfills the responsibilities of a Citizen Review Panel, mandated under federal law, and serves in a statewide capacity as one of California's three Citizen Review Panels. At the heart of that responsibility is the charge to review the child welfare system and make recommendations for improvement. Over the past period of performance, the Prevention Early Intervention Citizen Review Panel (PEI-CRP) identified a need to establish a statewide prevention framework that can be utilized to guide a consistent approach to prevention across all California counties.

2016/2017 Recommendations

1. The PEI-CRP recommends that the core elements identified in the Child Welfare Prevention Toolkit (Framework) be widely disseminated and used to inform ongoing improvements in California's child welfare system. This includes use as a guide for program design, service delivery, evaluation of effectiveness, and funding decisions at both the State and County levels among Child Welfare and partner agencies and providers.

2. Ultimately, to reduce the incidence of child abuse and neglect and promote child, family and community health and well-being, we recommend that a long-term, collaborative investment in effective prevention practice be implemented throughout the State of California. Building upon CDSS leadership in Continuum of Care Reform and Strategies 2.0, we suggest that OCAP add to the scope of work for the Strategies contract, training and technical assistance to counties for the implementation of the Child Welfare Prevention Toolkit.

For example, there could be an initial two-step process for implementing the Framework in two or three counties. Phase I (6 months) would serve to engage local key stakeholders in planning a strategic, implementation plan. After review by CDSS and/or the PEI-CRP committee, Phase II (12 months) would be to implement the plan with goals of demonstrating improved County stakeholder collaboration, reduce out of home placements by 10%, improve family/youth satisfaction with child welfare services by 10% and reduce average length of family involvement with child welfare services by 10%. During Phase II, approximately six months, a committee of CDSS staff and PEI CRP members will monitor the efforts and decide if and how to spread the lessons learned to other Counties through Strategies 2.0 and other partners.

To advance these recommendations, the PEI-CRP developed the **Child Welfare Prevention Toolkit**, comprised of the Child Welfare Prevention Framework and Child Welfare Prevention Resource Guide. The ***Framework*** consolidates core elements of child welfare prevention practice that can be consistently and uniformly utilized by State and County Child Welfare and their partner agencies and providers to guide the design, delivery and evaluation of programming and services, as well as funding decisions. The ***Resource Guide*** is a compendium of resources that reinforces the Prevention Framework, including specific best practice examples for each of the core elements. The Resource Guide will also contain cross-walk resources, as well as web links and publications from which users of the framework can access and benefit.

Development of the California Child Welfare Prevention Framework

The Child Welfare Prevention Framework is based on work completed within the strategic focus of the PEI-CRP. In addition to the seminal work of identifying core elements within Differential Response, the PEI-CRP expanded the core elements to incorporate insights from other prevention approaches, as cited below. When the Framework was nearing completion, it was

further aligned to the Administration for Children and Families' (ACF) efforts to build a national prevention framework, led by the work of Dr. Deborah Daro, Chapin Hall.

Review, Analysis, and Crosswalk of Current Prevention Practice

Because of its commitment to uniformity in practice, the PEI-CRP studied six approaches and philosophies of prevention practice that are in current use across the country and are generally recognized to have significant positive impact on the prevention of child abuse and neglect, as well as family preservation and reunification. These approaches and philosophies include:

- California's Differential Response Framework
- Strengthening Families™ Framework
- California Standards of Quality for Family Strengthening
- CDC's Essentials for Childhood Initiative
- California Child Welfare Core Practice Model and
- New Jersey Standards for Prevention

Please see the Child Welfare Prevention Resource Guide for links and citations.

Analysis was conducted and a matrix (or cross-walk) was developed to identify key and common elements, as well as those essential elements unique to each model of practice. The PEI-CRP then identified key elements that would ideally be considered in all child welfare prevention practice, as well as possible gaps. These core elements are the basis for the Child Welfare Prevention Toolkit and are specifically laid out in the Prevention Framework.

Alignment with the National Prevention Planning Tool

The Office of Child Abuse and Neglect, Children's Bureau, together with the Walton Foundation, the South Carolina Trust, and Colorado Office of Early Childhood, is in the process of developing an innovative planning framework that blends multiple strategies together in an effort to achieve a collective impact on child welfare prevention outcomes. The work is pending publication in *Child Abuse Prevention: A Planning Framework for Action*. Daro, D., Jarpe-Ratner, E., Karter, C., Crane, K., Bellamy, J., and Seay, Kristine. (Forthcoming). Chicago: Chapin Hall at the University of Chicago.

Dr. Deborah Daro (Senior Research Fellow at Chapin Hall, University of Chicago) has been leading the work and initially collaborated with child welfare prevention partners in Colorado and South Carolina to test the planning tool. Subsequently she was available to advise the PEI-

CRP as the overlap in efforts became clear. As a part of this review and alignment, the PEI-CRP adopted the core beliefs, overarching outcomes, strategies, and foundational principles cited below, the majority of those being consistent with the work conducted for the national framework.

Child Welfare Prevention Core Beliefs

- The ultimate goal for any community is to have safe, stable and nurturing families.
- All children and youth deserve to be safe from abuse and neglect, and to thrive in pursuit of school, job, family and community goals.
- Strategies are most effective when they engage children, families, and communities and all members of that community are valued, respected and have a voice.
- All entities that participate in prevention are more successful when they work closely together, understand each other's roles, share information and training, and view the system as starting with prevention and early intervention, continuing through permanency and after-care.
- From a systems perspective, robust prevention practice in child welfare leads to better long-term outcomes for children and families and generates significant savings and cost avoidance in terms of both human and financial costs.

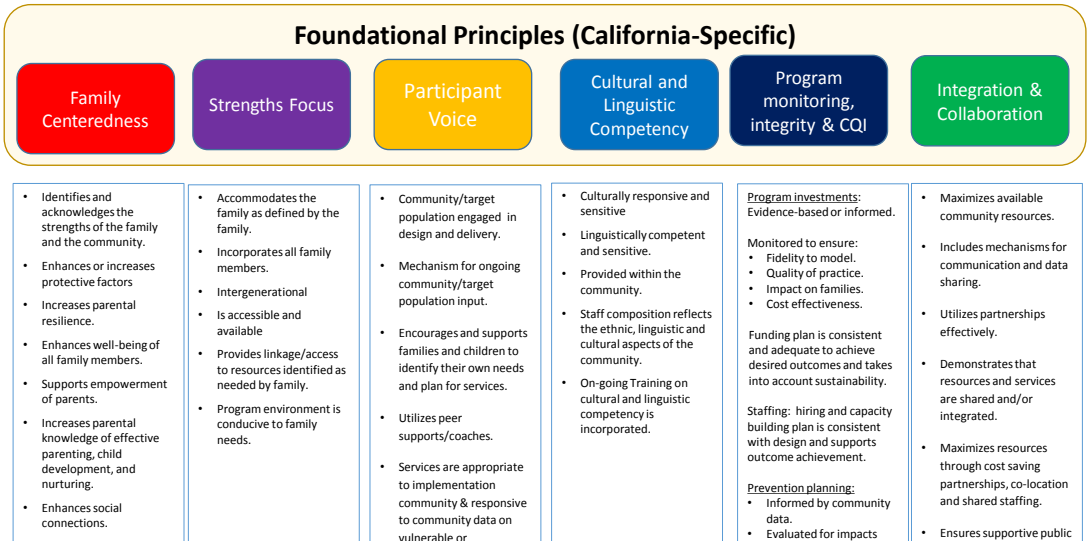
Overarching Outcomes

- Child and Caregiver Well-Being and Achievement
- Consistent High Quality Caregiving
- Safe, Supportive Neighborhoods

Strategies for Change

- Individualized services/Front line practice
- Organizational/Practice change
- Agency Collaboration/Community Capacity Building
- Policy/Funding Structural Reforms

Foundational Principles



Intended Audiences for the Child Welfare Prevention Toolkit

The Child Welfare Prevention Framework, and accompanying resource guide can be used for the following intended audiences:

- **State and Local Child Welfare Agencies and other Public Agencies** as recommendations to support the mission of ensuring child and family well-being.
- **Policymakers and State Budget Committees** as a lens through which to set priorities, evaluate, invest in and implement child and family strengthening approaches that enhances child safety, permanence and well-being.
- **Providers** as a guide to effective, high quality and evidence based practices and approaches.
- **Families/Community Members** as confirmation of California's commitment and reminder of mutual commitment to see all children raised in healthy, safe families and communities.

END NOTE

Our shared commitment is that across all California counties, programs, policies and systems work together to not only facilitate *prevention* of child abuse and neglect, but also the ongoing *promotion* of health and well-being for all children and families. Preventing child abuse and neglect, and promoting the well-being of children, families, and communities, are shared responsibilities. It is hoped that the Child Welfare Prevention Framework will serve as an effective working tool to inspire deeper and more meaningful action in keeping with the values of the Child Welfare Council, statewide standards and initiatives, and the federal standards under the Child Abuse Prevention and Treatment Act. A multifaceted and multi-level approach is needed to achieve the over-arching outcomes described herein. To this end, the Committee has provided the California Child Welfare Prevention Toolkit to inform and support implementation of the practices we are recommending.

CDSS
WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • *www.cdss.ca.gov*

EDMUND G. BROWN JR.
GOVERNOR

April 25, 2017

Dr. Kathryn Icenhower, Ph.D
California Child Welfare Council
Chair, Prevention and Early Intervention-Statewide
Citizen Review Panel
SHIELDS for Families, Inc.
11601 S. Western
Los Angeles, CA 90047

Dear Dr. Icenhower:

The Child Welfare Council subcommittee on Prevention and Early Intervention-Citizen Review Panel (PEI-CRP) report for federal fiscal year 2015-16 has been received and accepted by the California Department of Social Services (CDSS).

The CDSS would like to take this opportunity to express our sincere gratitude to the PEI-CRP for the time and energy dedicated to improving policies and systems for children and families. The annual report demonstrates a thoughtful attempt to meet the challenges of reviewing policy and practice through multiple lenses to ensure the well-being, safety, and permanence of children and families in California.

The CDSS acknowledges the following PEI-CRP recommendations, and provides responses:

Resourcing Prevention

1. Renew call to action for federal child welfare finance reform.

   CDSS Response: CDSS has been in continual communication with the federal government regarding finance reform and will continue to be actively involved in these discussions. CDSS is supportive of federal finance reform when the reforms do not result in reduced overall federal funding for the essential programs of Child Welfare Services, Foster Care and Adoptions. The net result of the most recent proposal for finance reform would have significantly reduced California's funding for these critical programs and at the same time would have disrupted the state's Continuum of Care Reform efforts. As such we have recommended changes to the proposed legislation. We will continue to seek finance reform that will be beneficial to the entire program including the prevention/early intervention field.

As you know, in addition to funding provided through Titles IV-B and IV-E of the Social Security Act, California receives other federal resources that can be used for child maltreatment prevention including Temporary Assistance for Needy Families, Social Security Block Grant and through Medicaid. In addition, California has state prevention funding allocated through First 5 and the Mental Health Services Act (MHSA). The Committee may want to consider making future recommendations regarding the effective use of the constellation of all funds available for prevention and early intervention.

2. Support the continuation of the PEI-CRP's analysis of the advisability of a cost/benefit analysis for California.

   CDSS Response: CDSS is supportive of analysis that effectively describes the cost/benefit of child abuse prevention work. Articulating the effective long-term savings of prevention would be tremendously beneficial to the field.

3. The PEI-CRP requests a briefing on Child and Family Services Reviews (CFSRs) outcomes, particularly with respect to evidence-based practice and associated costs.

   CDSS Response: CDSS will gladly provide a briefing on all available outcome data, evidence-based programs and practices and the associated costs. As the CRP prepares its upcoming agendas, please contact the OCAP CRP coordinator to schedule these briefings.

   As you may know, the CFSR's seven outcome measures and seven systemic factors focus largely (but not entirely) on the out-of-home care system. With regard to prevention and early intervention, CDSS has been promoting the use of evidence-based practices and programs as well as promising practices with performance measures to better ensure desired outcomes are achieved. All twenty-three OCAP grants released within the last year required performance measures and evaluation as a condition of receiving funding.

   With the recent implementation of the Efforts to Outcomes data collection system, counties now have a cloud-based system to input and submit their annual report information to CDSS. CDSS can provide the PEI-CRP with a summary of OCAP funds used to support evidence-based programming, the types of programs funded and the outcomes the counties have reported. To promote consistency of data collection within the field of prevention, CDSS is encouraging the use of the Five Protective Factors survey as an evaluation tool. In addition, CDSS is hiring a Research Program Specialist II to perform additional work with our partner agencies on consistent and meaningful data collection and analysis.

Statewide Prevention Framework

4. Support the PEI-CRP in continuing to develop a proposed statewide Prevention Framework that specifies core elements of prevention practice needed to promote uniformity.

   CDSS Response: CDSS believes that a statewide Prevention Framework could be a useful resource for the prevention field and supports this work as it reaches finalization.

5. Given the sizable investment in Strengthening Families, Differential Response and other prevention programs by the State, the PEI-CRP requests a briefing on their efficacy (and associated costs) as an evidence-based prevention practice in California and as defined in other jurisdictions.

   CDSS Response: OCAP would be pleased to discuss these efforts with the CRP as requested. Please contact the OCAP CRP coordinator to schedule such briefings at an upcoming CRP meeting. CDSS will gladly share information gathered over the last year regarding the OCAP's investment in Differential Response, including a literature review and other existing research. OCAP continues to work to establish the efficacy of Differential Response through upcoming evaluation efforts.

   With regard to Strengthening Families, OCAP provides grants to partners who promote the Strengthening Families framework. Further, OCAP is working to establish the Five Protective Factors survey as an evaluation tool for consistent data collection across the State.

   More generally, OCAP plans to increase evaluation with all grantees and counties in the coming year and has included in its 2015-2020 Strategic Plan a goal to advance the use of prevention data and performance measures to maximize effectiveness of prevention efforts.

We are excited to work with the PEI-CRP on these important issues and are happy to further discuss our responses. Should you have any questions or comments, please contact contact Marja Sainio, OCAP CRP Coordinator, at (916) 651-9128 or Marja.Sainio@dss.ca.gov.

Sincerely,

WILL LIGHTBOURNE
Director