Child and Family Services Plan 2015-2019

Annual Progress and Services Report June 30, 2016

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INTRODUCTION

Child and Family Services Plan

The submission of the 2017 Annual Progress and Services Report (APSR) highlights progress made since the June 30, 2015 APSR and is the second 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 Bill (AB) 403 (Chapter 773). 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:

- *Child Welfare Core Practice Model* – a guiding framework for California's child welfare community, which will integrate elements of existing initiatives and proven practices.

- *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.

[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

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.

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

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

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 nearly 9.5 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 (62,419)[5], the Latino ethnic group made up more than half (31,586) 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.

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).

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[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, 2015.

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

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 2009 to 2013. The report builder can be accessed via the following link: http://cwoutcomes.acf.hhs.gov/data/overview.

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 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.

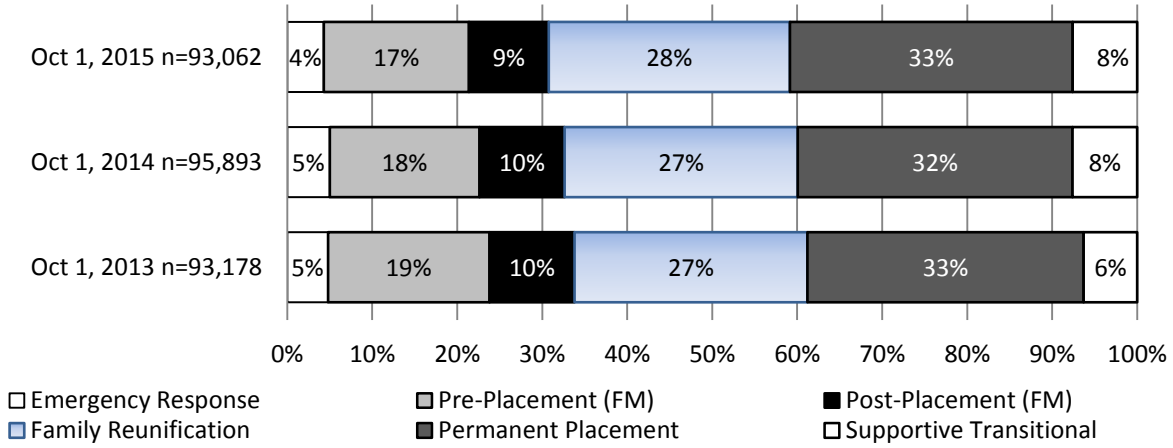
c) Alternatively, children may be placed in foster care if there are serious safety threats and are provided *Family Reunification* (FR) services. FR services consist of time-limited services to children in out-of-home care to prevent or remedy neglect, abuse or exploitation when the child cannot remain 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.

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.

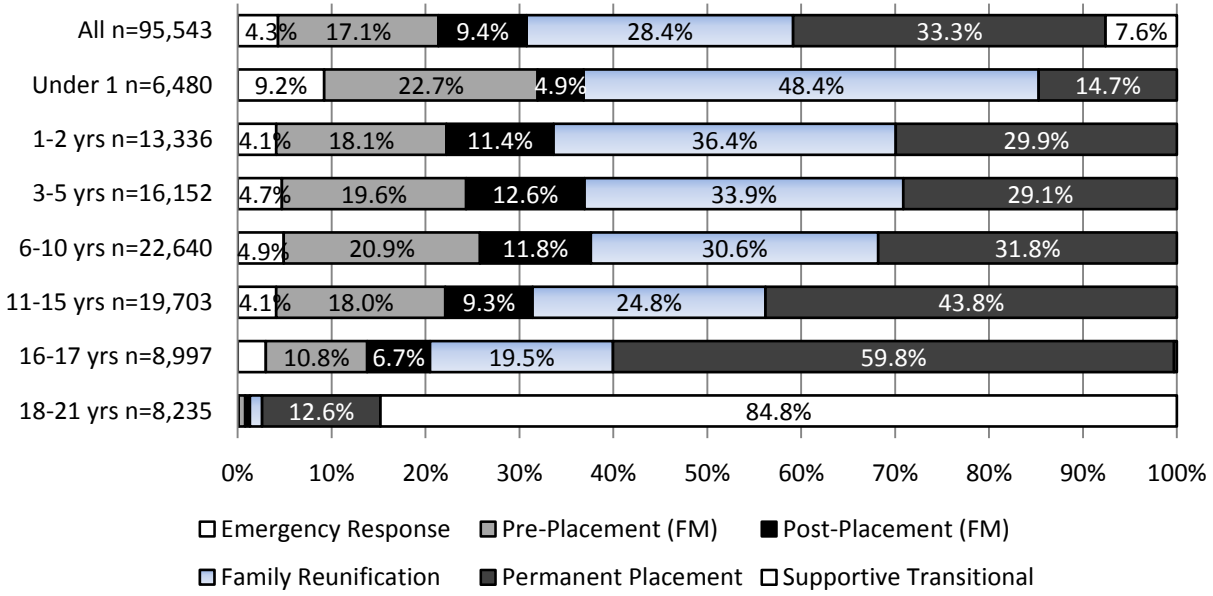
As illustrated below, cases receiving PP and Pre/Post-Placement services have declined while an increasing proportion of cases have received FR services (Post-Placement (FM) are FM case services provided after FR and/or PP case services). This trend highlights the state's continued commitment to increasing 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, 2012 to Oct 1, 2015
Caseloads by Service Component, Agency Type: CW, Ages 0-21, CSSR CWS/CMS, Q4 20145



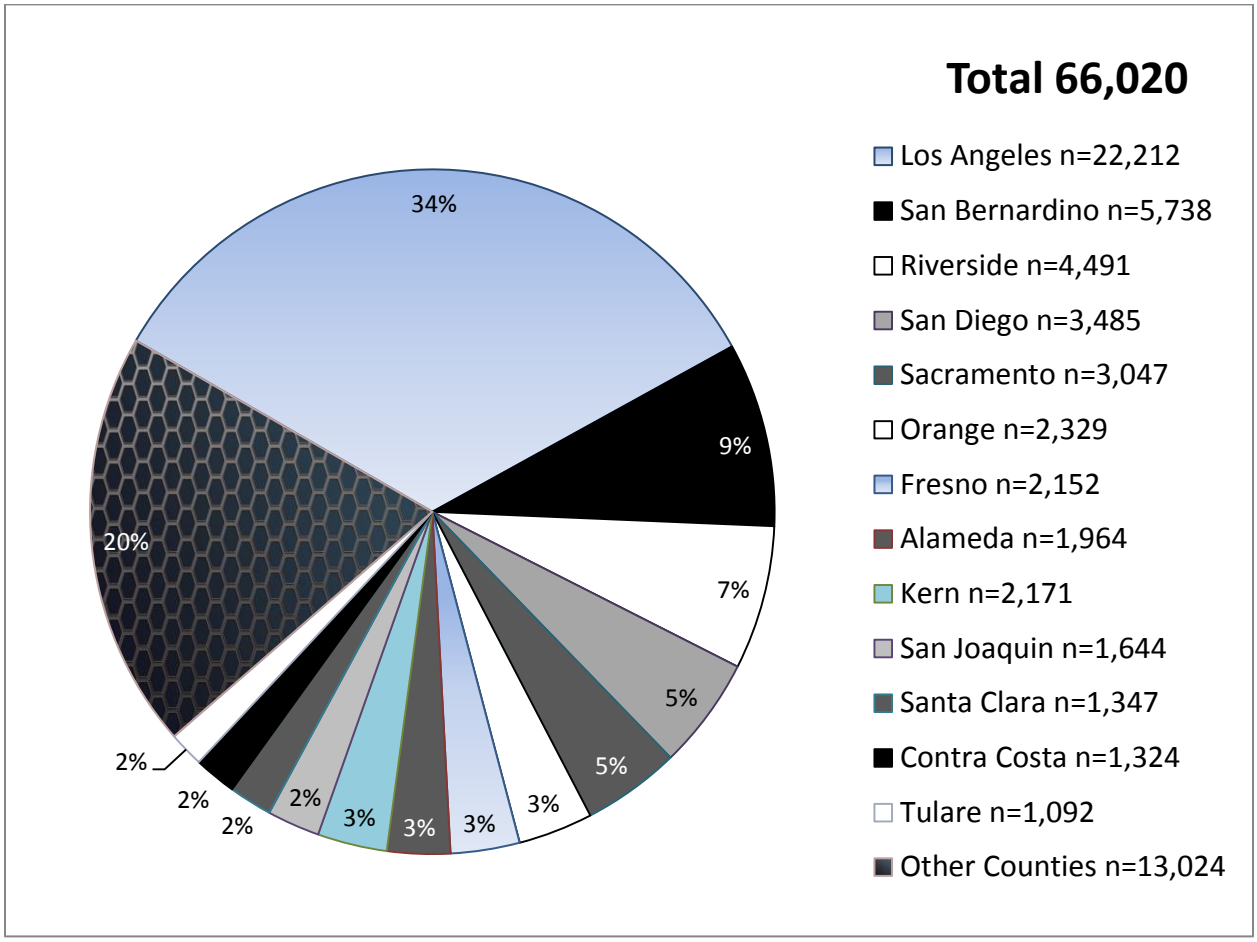
Separating data by age illustrates varying experiences of children through the child welfare system. The figure below shows the proportion of older children receiving FR services decreases with age, while PP services increases with age.

Figure 2: Point-in-Time Caseloads by Service Component and Age, Oct 1, 2015
Caseload by Service Component, Agency Type: CW, Ages 0-21, CSSR CWS/CMS, Q4 2015



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, 2015, 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, 2016, Extract CWS/CMS Q4 2015



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[8]. 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 Ombudsman's office within CFSD have responsibility for overseeing components of California's CWS system:

The *Child Protection and Family Support Branch* (CPFS) oversees emergency response, pre-placement and in-home services policy components, including safety and risk assessments, differential response, and Indian Child Welfare Act (ICWA) compliance; the Title IV-E Child Welfare Waiver Demonstration projects, statewide training and staff development activities of public child welfare service workers, mental health integrated practice; and community-based services, including 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.

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.

[8] http://www.childsworld.ca.gov/res/TitleIV-B/CFSP_2010-2014.pdf

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 Office* 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 Ombudsman* 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.

Stakeholder Collaboration

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), 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 to identify key California leaders to actively participate in and help shape the ongoing national conversation regarding federal child welfare finance reform. This involves bringing together persons with influence to define the "California voice" with respect to federal reform of child welfare financing. Having a uniform voice will strengthen the state's influence.

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* focused on efforts made towards reunification, one of the four program components of the California CWS system. Focusing on reunification efforts reflects the understanding that, whenever safely possible, children should be raised by their birth parents.

Utilizing the five theories of change related to reunification, the following areas and action steps were identified as follows:

- Convene researchers to discuss current research in the area of family reunification and identify further research needed.
- Explore ways to coordinate training of juvenile court stakeholders on research and services that promote reunification efforts.
- Disseminate information and implement services that promote reunification to social service agencies.
- Promote and educate the use of family and child engagement practices to juvenile court stakeholders.
- With stakeholders, prepare a checklist for juvenile courts to aid them when reviewing case plans for families engaged in reunification to ensure meeting individual family needs.
- Request that a central online resource for family reunification research and best practices be developed.
- Promote expansion and increased sustainability of Dependency Drug Treatment Courts.
- In collaboration with stakeholders, take the lead on providing technical assistance to facilitate leveraged reinvestment of savings achieved by moving youth and children with delayed permanency into safe reunification.

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. The committee is partnering with the First 5 campaign, "*Read, Talk, Sing*" and is planning an outreach media campaign focused on children in foster care ages 0 to 5.

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 start-up 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 in CWS 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 work closely with CDSS in offering expertise to inform policy and developing practical guidance that accompanies CDSS' county letters.

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.

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 2014-2015. 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, the 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. Specific accomplishments and continuing work include:

- Sharing the latest research into the problems and solutions for disparities and disproportionality;
- Development of updated Racial Impact Assessment and Debiasing Tools;
- Development of a Curriculum to assist government agencies to develop a customized Racial Impact Assessment;
- Provide technical assistance and coaching for state agencies conducting pilot projects or usability testing of Racial Impact Assessment and Debiasing Tools.
- 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 developing training and technical support to assist California counties in in implementing changes put forth by Assembly Bill (AB) 854, a state bill which passed in 2015 and changed the structure of support services to foster youth through the schools. 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 workgroup was formed, which is being led by the Department of Justice's Children's Bureau. The workgroup plans to offer guidance about educational information sharing to county counsel, local education agencies and child welfare agencies. This workgroup has members from the Children's Bureau, the California Department of Education and the CDSS. The group hopes to deliver some guidance about foster youth educational information sharing by August of 2016.

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 continues to expand its membership and consists of 105 tribal ICWA workers/advocates, 62 county child welfare and probation representatives, 36 CDSS staff and state/university representatives, and 20 other interested parties including a representative from the Bureau of Indian Affairs (BIA). Tribal representation consists of tribal council members, social workers, tribal legal representatives, and ICWA advocates. Other external stakeholders include county social workers, CDSS staff, and other interested parties. Topics addressed through the ICWA Workgroup have included: CCR, criminal background checks (SB 1460), Resource Family Approval (RFA), issues related to transition age youth (TAY), Tribal Customary Adoptions (TCA), Manual of Policies and Procedures Division 31, tribal Title IV-E agreements, Tribal Consultation Policy (TCP), Bureau of Indian Affairs (BIA) guidelines/regulations, federal grants for tribal-state ICWA programs, tribal social worker training, commercially sexually exploited children (CSEC) and tribal approved homes. Input from the ICWA Workgroup has been incorporated into all of the topics addressed in the meetings as has helped to guide state processes and regulations changes.

Although 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 borders. 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. There have been instances when CDSS has sought feedback from workgroup participants in an area beyond what their tribal leadership has approved or that are best addressed at the local levels between the county child welfare and tribal agencies.

The CDSS is in process of finalizing a Tribal Consultation Policy (TCP) which aims at addressing the need to engage tribal leaders and discuss policy issues between governments. The CDSS engaged tribal leaders in designating members to participate in the committee to develop a draft policy, expected to be released this year. In addition, the CDSS has actively engaged tribal leaders throughout 2013, 2014, and 2015 to assist with improving the dissemination process for broader outreach to all 109 federally recognized California tribes. Tribal leaders, including Title IV-B and Title IV-E tribes, have been engaged in meetings, and provided technical assistance, that have covered the following content areas: CCR, RFA, independent living program (ILP), education training vouchers (ETV) and sharing of CFSP and APSR plans.

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, CDSS has worked with the CWDA to create regional county liaisons to

increase and broaden tribal connections to county child welfare agencies. The CDSS has also been exploring methods that will increase outreach, communication, and consultation with tribes that do not participate as part of the workgroup attends tribal council meetings and local meetings such as the Los Angeles ICWA Taskforce Meeting.

The development of a tribal consultation policy remains a priority within CDSS. In 2014 and 2015, several visits to California Tribes allowed CDSS to better understand the process needed to successfully develop a formal government-to-government tribal consultation policy. The CDSS developed the foundational framework for a Tribal Consultation Policy Committee (TCPC) and held five convening's to further develop the consultation policy.

In an effort to increase transparency, the CDSS ICWA website has links to ICWA job aides and trainings (developed by JCC) that have been successfully implemented by county social workers. Essential topics covered in training included: tribes' rights and roles per 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, the ICWA Workgroup and CalSWEC to ensure the most accurate, culturally appropriate and effective trainings are being provided to new and seasoned social workers.

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.

Extraction Code Improvements

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 FY 2016, 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 already begun the process of seeking technical assistance from the Capacity Building Center through the Children's Bureau. The state expects that this assistance will be able to strengthen this process in advance of the Federal Child and Family Services Review due to begin this FY.

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.

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 CWS-New System (CWS-NS) 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 CWS-New System Project 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 CWS-NS 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 CWS-NS 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 CWS-NS 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 family, for child welfare services. 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[9].

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. These data will be available for reporting out during the upcoming CFSR.

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.

[9] 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.

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 the Case Review Unit within the Outcomes and Accountability Bureau within CDSS. This 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 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.

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 one shows the percentage of expenditures 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

Table 1: Distribution of PSSF Categories	
Family Preservation	35%
Family Support	25%
Adoption Promotion and Support	20%
Time-Limited Family Reunification	20%

In State fiscal year 2014-15 a total of $35,765,275.41 in PSSF funding was expended by the 58 California counties for service provision. Counties were allocated $28, 613,512.00 in State fiscal year 2014-15 and had an additional $7,025,503.41 of carryover of PSSF funds from prior years. Through the C-CFSR process, counties develop an integrated 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 report annually on their client participation rates for funded program activities and provide a program sample of outcomes achieved in each PSSF component that includes parent, child, and family engagement; the braiding of funding sources; collaboration and coordination efforts, and on their quality assurance process. Table two shows how the four categories of PSSF funding were blended and braided with other funding streams by counties to provide services. The second column lists the amount of other funding that was blended with PSSF funding. Other funding may include CAPIT, CBCAP and/or other government funding. The two far right columns, the number of individuals and families served, are listed by each service activity. During this reporting period, the OCAP implemented a new data collection system, the Efforts to Outcomes (ETO) system. Due to the ETO, the number of individuals and families served was collected by service activity instead of funding streams as in previous years.

Table 2: Number of Individuals and Families Served by Service and Funding Streams

State Fiscal Year 2014-15

Service	CAPIT/ CBCAP/ OTHER	PSSF - FP	PSSF - FS	PSSF - TLFR	PSSF - APS	Ind Served	Fam Served
*Live Scan	$ -				17	1	
Disability Services	$ 5,046					44	
Advocacy	$ 155,074			280,198		95	1,079
*Health Services	$ -	2,530			19,873	131	
Respite Care	$ 330,858		1,003	34,275	2,886	242	1
*Financial Literacy Education	$ -		73,987			322	
Housing Services	$ 1,055,956	401,538	59,930	2,261	1,513	357	989
Parent Leadership Training	$ 117,288	2,500	7,500			592	
Child Care	$ 2,841,315		3,812	90,873	3,815	656	
Transportati on	$ 1,557,222	108,798	5,088	122,188	10,652	665	1,636
Early Childhood Services	$ 1,321,484	35,201	35,714	31,660	1,339	1,179	
Team Decision Making	$ 608,691	124,722	84,173		1,850	1,263	345
Peer Support	$ 277,850	21,241	61,821	18,583	888,352	2,296	86
Information & Referral	$ 85,098	44,655	404,241		258,189	2,809	1,031
Domestic Violence Services	$ 640,124	41,468	29,312	47,194		3,354	269
Substance Abuse Services	$ 1,604,849	202,200	221,770	2,873,758		3,474	245
Other	$ 204,596	230,182	33,829	148,653	513,630	4,538	25,019
Basic Needs, Concrete Supports	$ 810,053	120,836	1,021,324	142,053	14,243	6,404	2,019
*Adoptive Parent Recruitment	$ 1,675,619	37,098	37,683	37,098	1,521,167	6,713	14,298
Home Visiting	$ 18,213,172	433,345	105,271	12,044	14,794	7,038	1,194
Network Developmen t	$ 246,022					9,289	
Differential Response	$ 6,656,215	1,416,148	1,043,048			15,531	4,948
Behavior Health,	$ 7,562,700	904,443	832,761	1,115,411	779,869	16,019	2,056

Mental Health							
Parent / Sibling Visitation	$ 1,616,274		33,630	1,335,494		18,233	172
Case Managemen t	$ 37,884,763	7,643,238	2,555,043		2,256,414	28,210	10,126
Parent Education	$ 5,693,929	381,739	1,203,917	265,218	265,455	32,317	5,865
Youth Programs	$ 542,375	136,319	94,460		32,161	54,124	
Family Resource Center or other drop-in multi-service support center	$ 19,768,850	389,965	1,143,908	409,270	427,842	66,001	1,733
Public Education	$ 634,106	6,594	7,000			1,816,328	7,490
TOTALS	**$ 112,109,530**	**$ 12,684,759**	**$ 9,100,225**	**$ 6,966,231**	**$ 7,014,061**	**2,098,225**	**80,601**

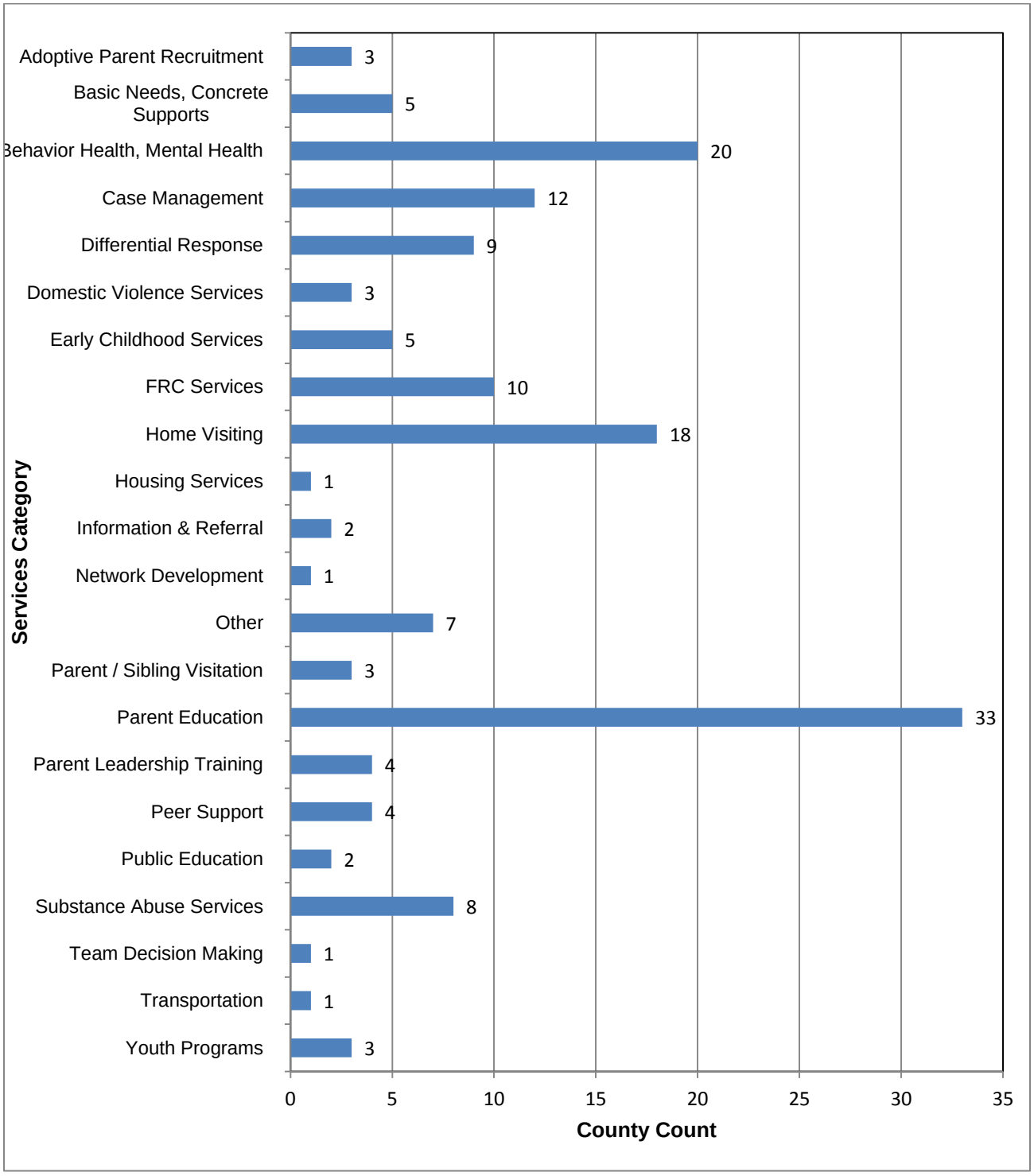
The PSSF funds are important funding streams to counties in addressing family safety and stability.

To ensure that effective services are provided to families, the OCAP encourages counties to improve child welfare practices by utilizing 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. The most counties (33) reported parent education services provided with evidence-based or evidence-informed practices and programs.

Figure 4: PSSF EBP/EIP Services Across California FY 2014-15 (OCAP Annual Report)

PSSF EBP/EIP Services

State Fiscal Year 2014-15



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 2014-15 Annual Report marked the first 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 culminate 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. Presently, the OCAP consultants have fine-tuned the questions asked in ETO to gather data that describes how the counties are measuring prevention programs. In addition, the OCAP county consultants created tools given to the counties to assist with entering accurate and complete prevention program data into the ETO system. All said, the counties will submit their State Fiscal Year 2015-16 Annual Report information through the ETO for the second consecutive year, by September 30, 2016.

    c.

2) Since the submission of the first APSR draft, the OCAP requested OCAP county liaisons to complete a prevention survey to determine the ways counties were measuring primary and secondary prevention. Forty-six out of 58 counties completed the survey. The OCAP is currently in the process of collecting the final responses, and will analyze the data at a later point.

3) The OCAP has created a grantee and contract tracking system to capture the reach of prevention programs and services. Information gathered from grantees and contracts will be standardized through quarterly and annual reports. Currently, the OCAP is researching possible options for the inclusion of an evaluator on the OCAP staff. This evaluator would

provide assistance with development, implementation and analysis of an evaluation plan including the identification of indicators to measure OCAP's state-wide impact on prevention.

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:

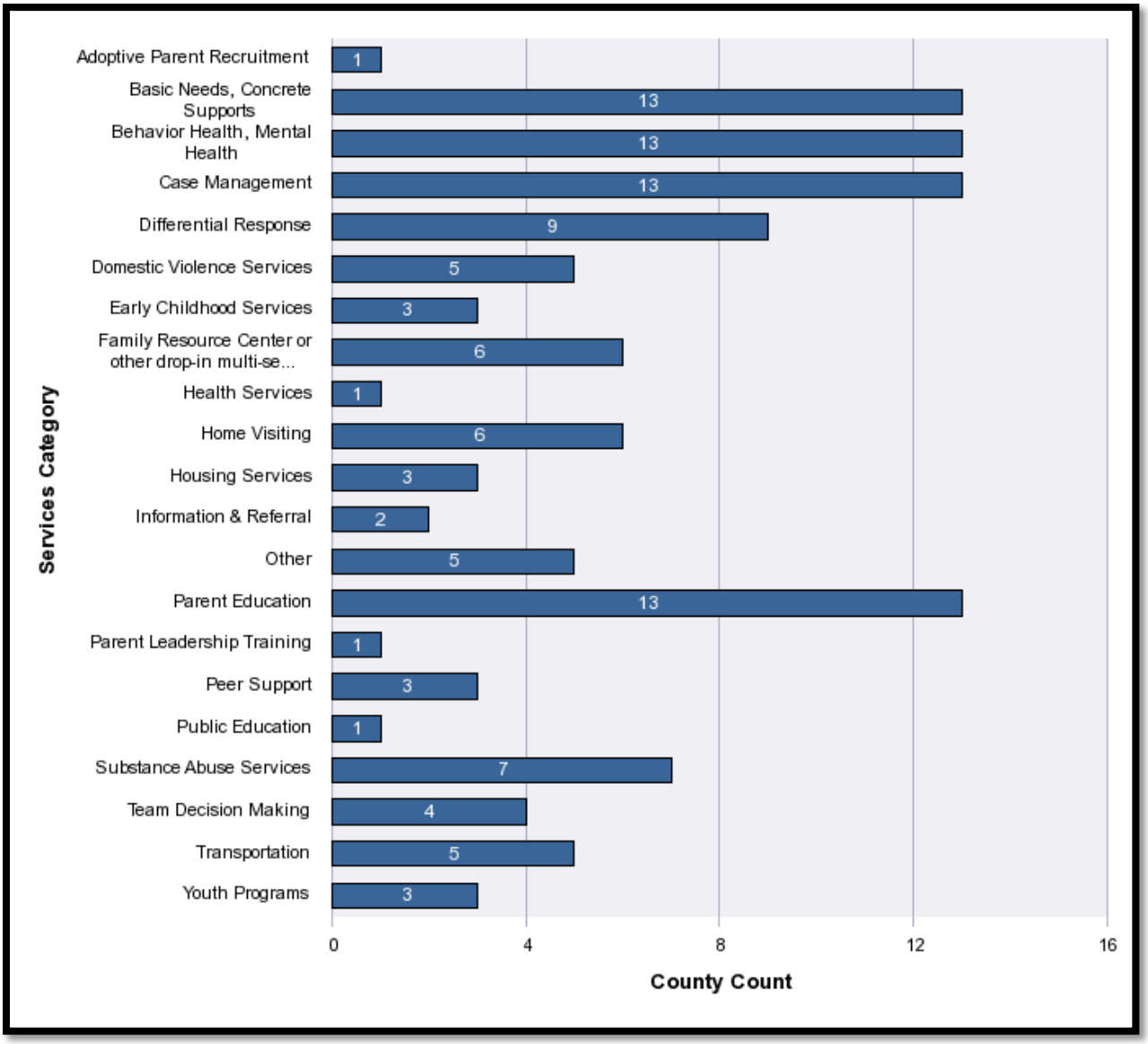
(1) Parents and families are respected,
(2) Services build on families strengths,
(3) Families can take an active role in identifying needs and developing a service plan,
(4) Services are flexible,
(5) Identified family goals determine services, and
(6) Families are a part of a community.

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

Figure 5: Family Preservation Services Across California State Fiscal Year 2014-15 (OCAP Annual Report)

PSSF Family Preservation Services

State Fiscal Year 2014-15



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 FY 2014-15 through the Family Preservation component of PSSF:

- ✓ 13 counties provided basic need and concrete supports, behavior/mental health, case management and parent education services.
- ✓ Three counties reported using Family Preservation monies to provide parent leadership training or information and referral services.

PSSF – Family Support

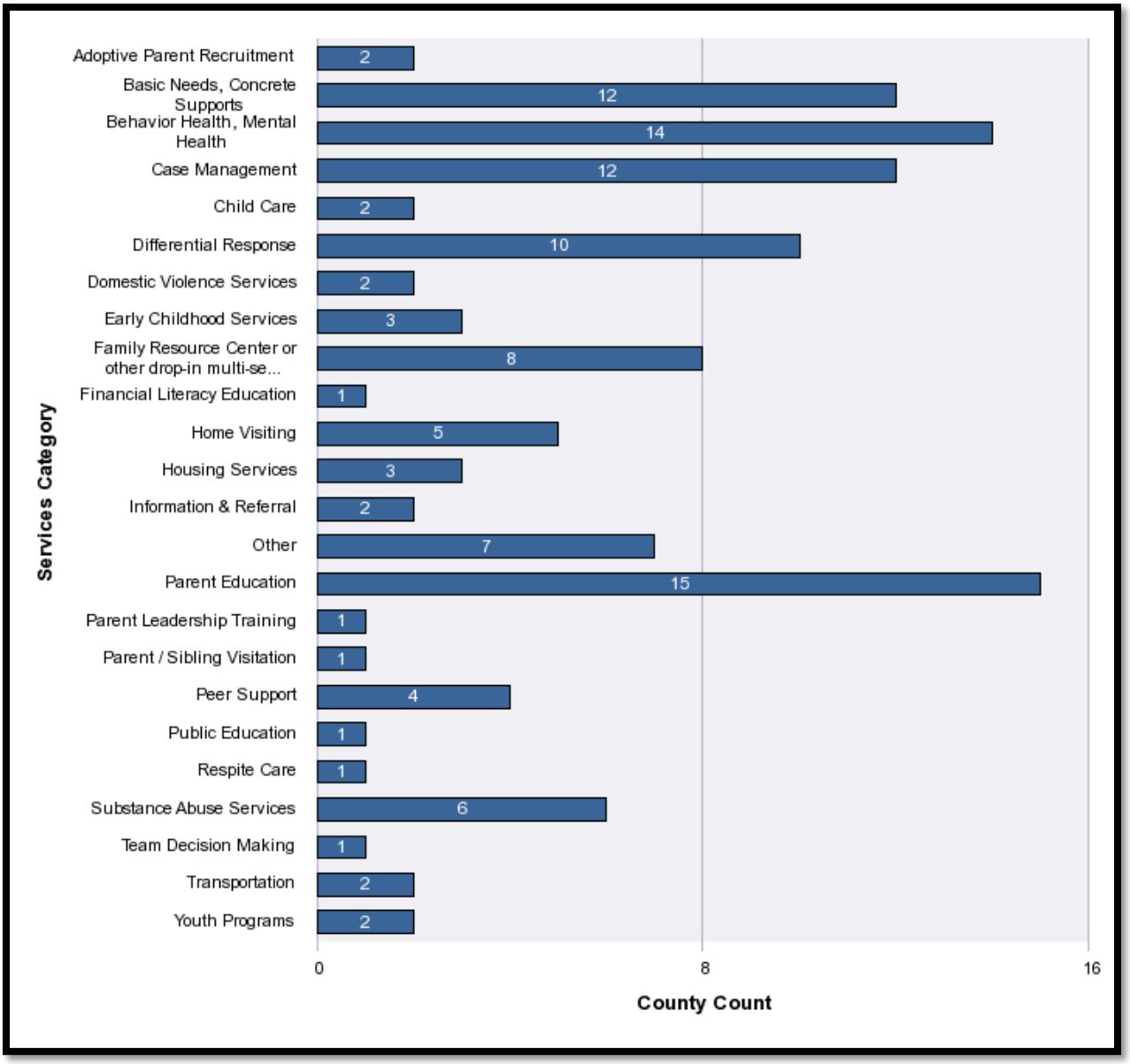
Family Support funds are used to broaden the network of community-based services available to families and to prevent child maltreatment among families at risk through the provision of supportive family services.

The most common services funded in FY 2014-15 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.

The figure below shows how many California counties supported each prevention service with Family Support monies.

Figure 6: Family Support Services Across California FY 2014-15 (OCAP Annual Report)

Family Support Services
State Fiscal Year 2014-15



The following outputs were achieved in 2014-2015 through the Family Support component of PSSF:

- ✓ 15 counties provided parenting education services.
- ✓ Seven counties reported providing "other" services. These other services were culturally appropriate intervention services, concrete supports, safety organized practice, contract

management, anger management, life skills and mental health services, including in home support.

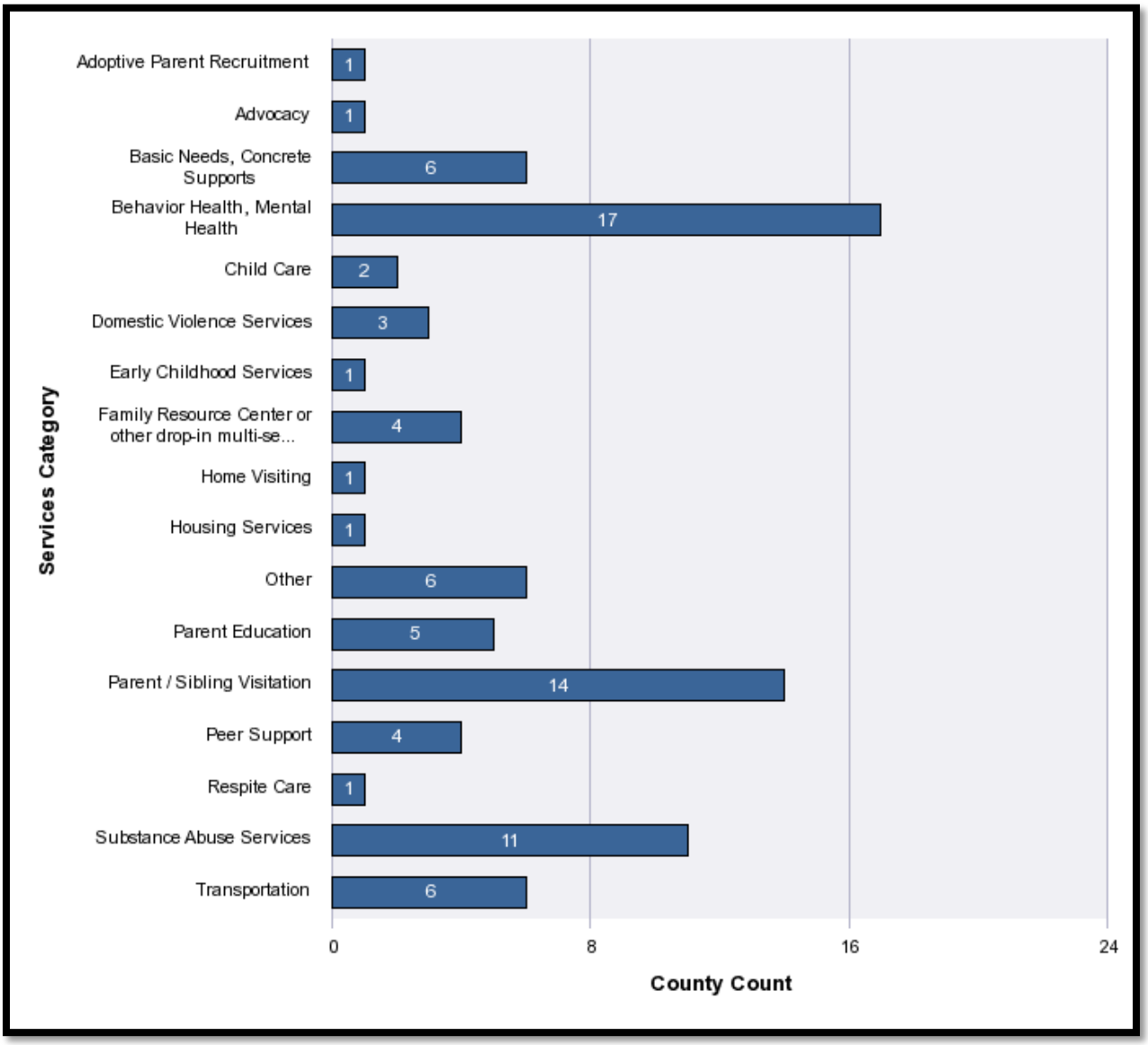
PSSF – Time Limited Reunification

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 services, transportation, and substance abuse treatment. Nearly 29 percent of counties utilized TLFR funds for behavioral/mental health services. Behavioral/mental health services provided to families can overcome reunification barriers for families. According to the OCAP's FY 2014-15 Annual Report from counties, substance abuse remains the top driver of children into the child welfare system. Rounding out the top five services provided under TLFR are parent sibling visitation, transportation and basic needs.

Figure 7: Time-Limited Family Reunification Services Across California State Fiscal Year 2014-15 (OCAP Annual Report)



The following outputs were achieved in State Fiscal Year 2014-15 through the TLFR component of PSSF:

- ✓ 14 counties reported using parent sibling visitation services.
- ✓ 11 counties reported providing services to address substance abuse issues in the family.

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. 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.

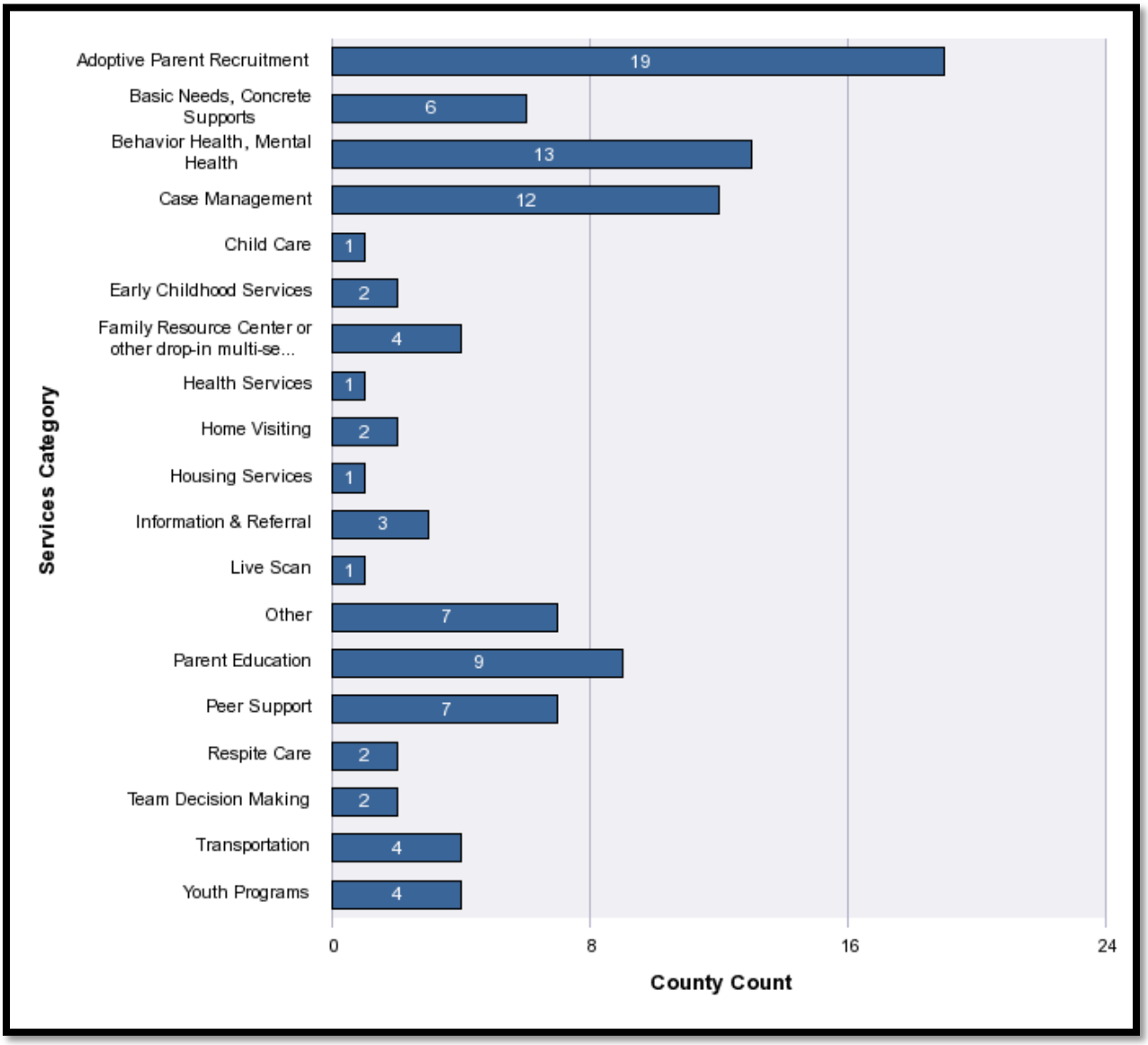
PSSF – Adoption Promotion Services (APS)

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 State Fiscal Year 2014-15, 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, 19 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 State Fiscal Year 2014-15 (OCAP Annual Report)



The following outputs were achieved in State Fiscal Year 2014-15 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.
- ✓ 12 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 includes 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
Prevention and 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*, dissemination of the *Supporting Father Involvement* research, and *Parent Leadership Academies*. 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.

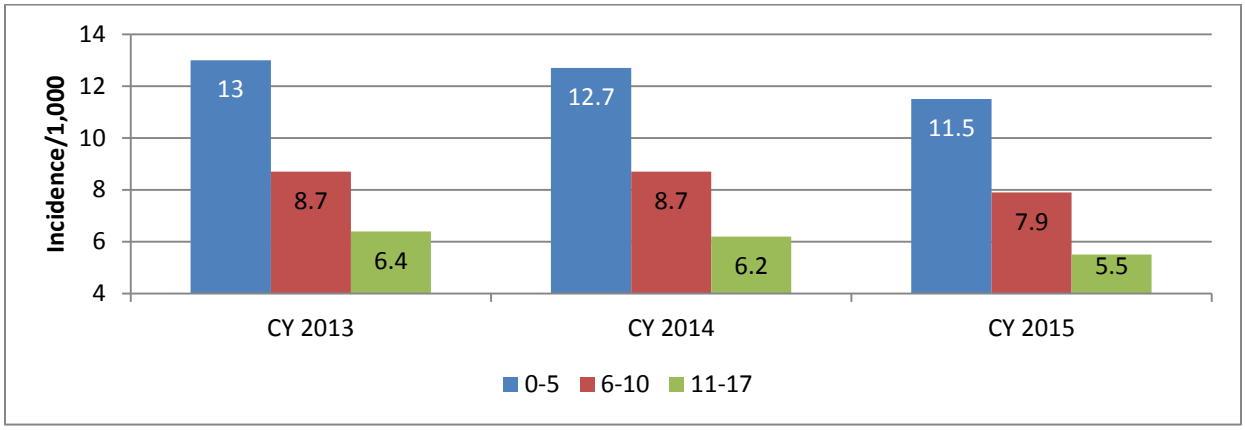
As discussed previously, OCAP also provides oversight of the state funded CAPIT funds as well as the federal Community Based Child Abuse Prevention (CBCAP) and PSSF programs by requiring counties to prepare plans that address how prevention and early intervention activities are coordinated and how services 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.

Indicators of Progress
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 more than 12 percent from Calendar Year (CY) 2013 at 9.2 per 1,000 to 8.2 per 1,000 in CY 2015.

As illustrated in Figure 9, 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 and their social invisibility place them at

greatest risk for maltreatment. The following section will highlight services and programs specifically targeted towards this population.

Figure 9: Rate of Substantiated Referrals per 1,000, Calendar Years 2013 to 2015
Ages: 0-17, CWS/CMS CSSR Q4, 2015



Factors Affecting Progress

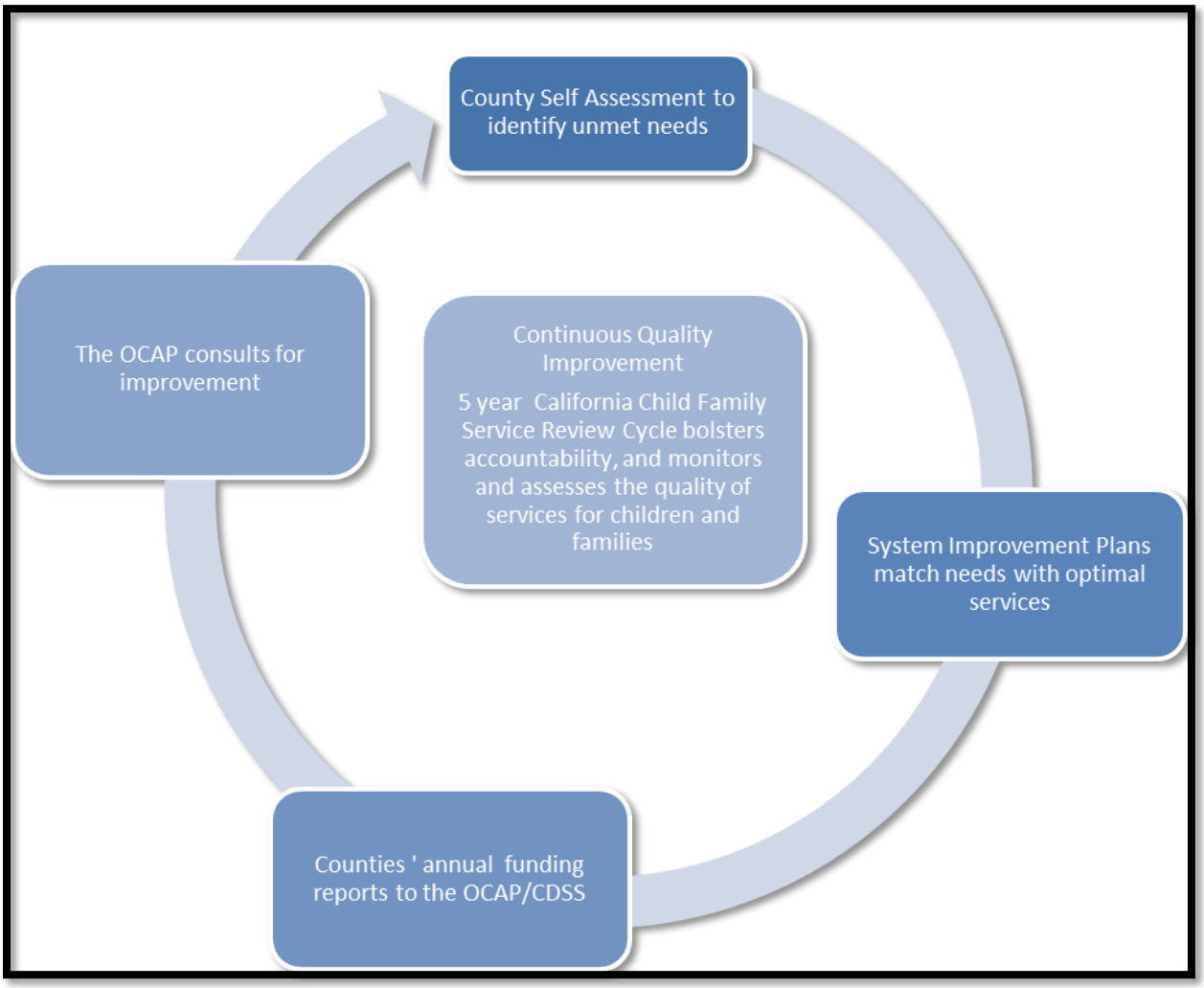
The OCAP partnered with Children's Services Outcomes and Accountability Bureau (CSOAB) and counties to facilitate the California Child and Family Service Review (C-CFSR) process. The integration of the two bureaus in this process has led to clearer objectives during the C-CFSR process and better customer service to the counties. 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 FY 2014-15, 12 counties and an estimated 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 10: Core Elements of the C-CFSR Process

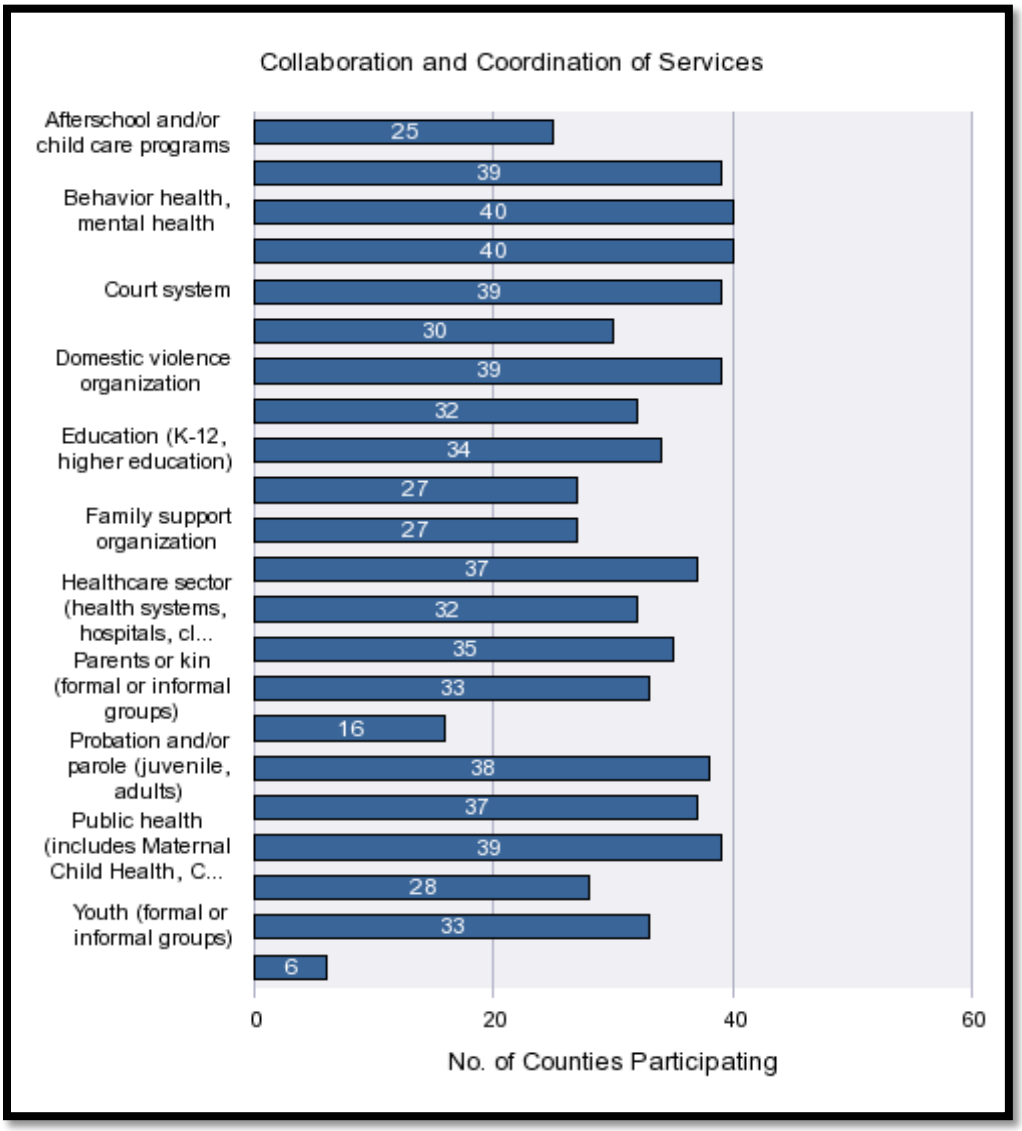


In State Fiscal Year 2014-15, child welfare agencies continued to work collaboratively in a multitude of ways with various partners to best identify and strengthen families at-risk of abuse or neglect. Counties reported, via the State Fiscal Year 2014-15 Annual Report, collaborating with community partners 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 State Fiscal Year 2014-15, counties reported frequent collaborations with behavioral/mental health agencies (40), CAPCs (40), alcohol and other drug agencies (39), courts (39), domestic violence agencies (39) and public health agencies (39). The counties also indicated the collaborations with community partners which were active last year (State Fiscal Year 2013-14), continued into this reporting year with the same reported community partners. The number of collaborations reported by the counties could include, but was 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 summarizes county reports of collaboration and coordination of preventative services in California. The entities listed below are considered "natural partners" of child welfare as identified by counties in their Annual Report.

Figure 11: Collaboration and Coordination of Services in California State Fiscal Year 2014-15 (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 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

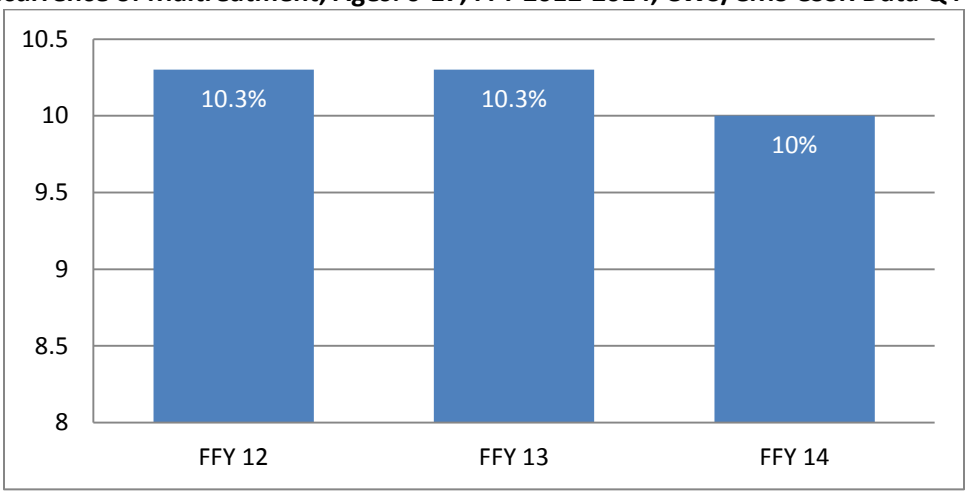
Ensure the state is reducing recurrence of child abuse and/or neglect

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 abuse or neglect, 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 with regard to 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 increasing trend in the number of children with at least one subsequent substantiated report over the last three years and will continue efforts to improve performance to the national standard level.

Figure 12: Recurrence of Maltreatment, Ages: 0-17, FFY 2012-2014, CWS/CMS CSSR Data Q4 2015



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The most recent available data shows that of all children who were victims of a substantiated maltreatment report between October 2013 and September 2014, the percentage who were victims of another substantiated maltreatment report within the following 12 months was 10%.

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 clinical 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.

The CDSS contracted with the Children's Research Council (CRC), a division of the National Council on Crime and Delinquency (NCCD), to conduct a validation study of the SDM Risk Assessment Tool to assess the likelihood of future child maltreatment among families investigated by county child welfare agencies. The validation study concluded that the current risk assessment tools classified the risk level of families accurately overall but that performance could be improved and subsequent enhancements were recommended. The SDM tool enhancements described below were implemented in November 2015.

Family Strengths and Needs Assessment (FSNA)

- The new structure provides a clearer focus on caregiver behaviors and impact on the child.
- The FSNA will begin with an evaluation of several new pieces of information which are important to case planning, such as 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.
- "Prior Adverse Experiences/Trauma" has been added to the caregiver domains.
- "Cognitive/Developmental Abilities" has been added to the caregiver domains.

Risk Reassessment

- Use of neutral language to create a more balanced assessment.

- Definitions rewritten to focus on changes in behavior (not just service participation.)

Reunification Safety Assessment

- Workers are asked to assess if new safety threats have been discovered since the initial investigation

- Worker may assess if the child is safe to return home with a safety plan, even if safety threats still exist (if risk assessment shows low or moderate risk).

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 demonstration 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 and is available in Spanish as well. 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. During the State Fiscal Year 2014-15, 23, 352 professionals took the online training and exam.. Of those who took the exam, 87 percent (20,210) passed the exam. 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 State Fiscal Year 2014-15, 39 Child Abuse Prevention Councils provided in-person Mandated Reporter Training. 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. The DR can encompass 1, 2, or all 3 paths, 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) do(es) 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 State Fiscal Year 2014-15, 20 counties reported engaging families with DR services. 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 equally declined. Revenues collected via Proposition 10 could further decline due to the recent signing of a bill which increased the smoking age from 18 to 21 years old. This legislative change is expected to decrease the number of cigarettes purchased, thereby decreasing the amount of money that First 5, and then the counties, receives from cigarette taxes.

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 what DR looks like as a county prevention service. To define 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 consultant has been hired, a further assessment of state-wide use of DR and its effectiveness is planned for State Fiscal Year 2017-18.

Summary

The state 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.

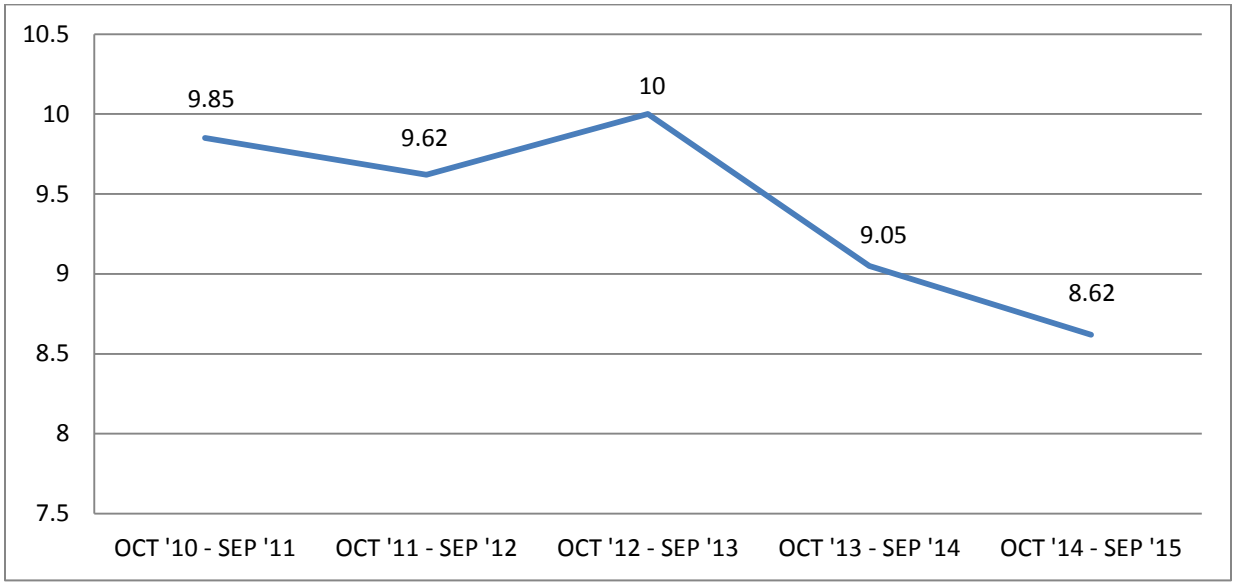
Goal 3: Maltreatment in Foster Care

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 2014 to September 2015, there were 8.62 substantiated maltreatment reports per 100,000 days of foster care. Youth under the care of probation agencies reported fewer instances of maltreatment (4.07 in FFY 2015) than youth supervised by child welfare (8.89 in FFY 2015). In all agencies, females were more likely to experience maltreatment in foster care (9.4 in FFY 2015) than males (7.9 in FFY 2015).

California has improved in the maltreatment of children in foster care safety measure, decreasing by 13.8% from FFY 2013 to FFY 2015. Although the data shows that California had a rate of 8.62 for FFY 2015, this rate is 0.12 above the national standard (8.5).

Figure 13: Maltreatment in Foster Care, FFY 2011-2015, Agency: CW and Probation, CWS/CMS CSSR Data Q4 2015



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. Social 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 continue to trend steadily upward, increasing from 92.1% (July 2012-June 2013) to 94% (July 2014 to June 2015). 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.

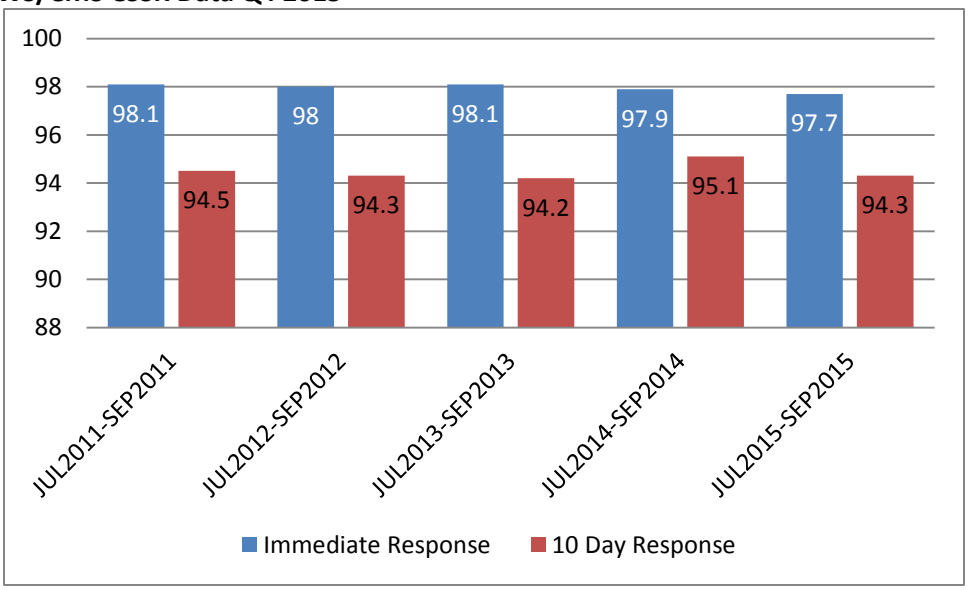
The Substitute Care Provider assessment system continues to be used by San Francisco, Madera, San Diego and San Luis Obispo. These assessments are not currently a part of the new WebSDM data collection system and will be updated in the 2016-17 fiscal year.

Goal 4: Timely Response
Indicators of Progress

Timeliness to Investigation reports count both the number of child abuse and neglect referrals that require and then 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 and ten days, which applies to less severe allegations. Over the last five years, California has performed well above the state goal of 90 percent for all counties, with immediate responses fluctuating around 98% and 10 day responses fluctuating around 94%. Over the past year, the data shows a small decrease in the percentage of referrals with a timely investigation response for both referral response types. 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 14: Percentage of Immediate and 10 Day Response Referrals Receiving Timely Responses, FFY 2011-2015, CWS/CMS CSSR Data Q4 2015



Factors Affecting Progress

California's consistent performance on timely investigations has been aided by the addition of a new statewide measure, Time to First Completed Referral Contact, introduced in spring 2015. While the measure referenced above includes attempted as well as successful contacts, counties can also utilize measures which focus only on completed contacts to accurately monitor how many cases are successfully contacted within the 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 both measures. Timely response to child abuse and/or neglect referrals is essential to children's safety. Over the past three years California has consistently performed well above the statewide goal of 90 percent for immediate and ten-day responses. Many efforts have contributed to California's success such as the C-CFSR outcome and accountability practice, statewide safety assessment tools, DR, and the Pre-Placement Policy Workgroup's collaborative efforts. The CDSS provided oversight and compliance review procedures to ensure children were visited within policy timeframes.

In addition to the new 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 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 2015 included the introduction of the Time to First Completed Referral Contact measure and how managers and supervisors could use the measure to improve response times in their county, and reasons why referrals remain open longer than thirty days.

Goal 5: Services to Prevent Removal

Factors Affecting Progress

Family Maintenance Programs

California makes every effort to maintain children in their own home, removing children only as a last resort. The use of the SDM Safety Plan allows counties to assess when a child can be maintained at home with services or other interventions. Statewide, nearly half of all cases that are sustained in court are family maintenance, rather than family reunification, cases. The use of Safety Organized Practice and Differential Response help provide effective services resulting in long-term improvements in the family's functioning while maintaining the child safely in home.

In addition to court cases, many California counties offer voluntary services. These are often situations that do not rise to the level of abuse or neglect, but circumstances are such that the social worker is concerned about future risk. In these cases, many counties offer in-home services on a voluntary basis to help prevent future maltreatment and maintain children safely at home with parents/caregivers.

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. The database allows counties and program managers to search for evidence-based programs, offers a star system to note the level of research supporting program use (ranging from "not recommended" to "highly recommended") and has tools to help program managers select programs given their specific funding and population needs. 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 will not continue its Linkages project funding, however, the project will be sustained by counties starting in 2016. 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.

Differential Response

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.

In Differential Response systems, many at-risk children and families can be safely kept at home and in-tact through the provision of culturally appropriate and community-based services. Through innovative partnerships with community-based organizations, families receive meaningful supports and potentially increase their connectedness to the community in which they live. Some counties, such as Los Angeles and Placer, have even explored the co-location of child welfare staff at community-based organization sites to improve communication with their partners and better support families. In FY 2014-15, 15 counties reported utilizing more than $3 million in OCAP funds to support Differential Response initiatives.

California currently does not have adequate data to demonstrate Differential Response (DR) helps to prevent the removal of children and helps to stabilize families in the long-term. The Office of Child Abuse Prevention (OCAP) has collected data regarding the administration of DR throughout the state. According to the OCAP's survey results, more than half (55% = 32/58) of Californian counties have a DR program and 26% (8/32) use the OCAP's funds to support this programing. In FY 14-15, the OCAP provided $3,150,838 to support DR programing. Of the county DR programs, 78% (25) follow the three-path model and the remaining 22% (7) follow an alternative response model often due to a lack of community supports, particularly in rural areas. In the majority of counties, the DR Service providers are predominantly comprised of a mix of county and community-based nonprofit providers.

The Office of Child Abuse Prevention has performed a literature review of Differential Response across the country, and intends to fund a research study of the effectiveness of DR in California within the next year.

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, probation and mental 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, mental health, probation, 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

Period	State Totals	Emergency Response	Family Maintenance	Family Reunification	Permanent Placement	Supported Transition
Q1 2015 CWS	3679	4	924	866	1631	254
Probation*	223	0	10	205	2	6
Total	**3902**	**4**	**934**	**1071**	**1633**	**260**
Q2 2015 CWS	3605	5	871	855	1587	287
Probation*	223	0	11	207	2	3
Total	**3828**	**5**	**882**	**1062**	**1589**	**290**
Q3 2015 CWS	3467	6	779	830	1576	276
Probation*	225	0	13	205	3	4
Total	**3692**	**6**	**792**	**1035**	**1579**	**280**

*May include probation youth being served through the Title IV-E Waiver Demonstration Project
Data Source: CWS/CMS UCB Quarterly Extract, Quarter 1, 2015—Quarter 3, 2015

A quarterly extract from Q1 2015—Q3 2015 shows approximately 3,500-4,000 children and youth open to CWS/CMS received Wraparound services (see figure above), but because this program supports a multitude of agencies statewide, such as children and youth that are primarily served through their mental health programs, or probation youth that are returned home from group home placement. These youth would not be entered into the CWS/CMS. Therefore, it is not possible for the State to quantify the total number of children and youth served throughout the state. However, Wraparound is currently in a stage of sustained implementation in forty-six counties, with an additional county actively engaged in planning to launch Wraparound. The number of children enrolled in the Wraparound program is driven by the service capacity that exists in each county. Wraparound's specific target population is defined in State statute as: 1) A child or non-minor dependent who is a dependent or ward of the court and is currently placed in or at risk of placement in a group home with an RCL of ten or higher, 2) a child or non-minor dependent who would be voluntarily placed in a group home with an RCL ten or higher, 3) a child who is eligible to receive AAP benefits when the responsible public agency has approved the

provision of Wraparound in lieu of placement in a group with an RCL ten or higher. However, counties are not prohibited from providing Wraparound to other populations, as well.

The California Wraparound Advisory Committee

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 both child welfare, probation and mental 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, 2016.

The CWAC met in April 2016 and was facilitated by the Department of Health Care Services (DHCS) staff. It is the desire of both the California Department of Social Services (CDSS) and the DHCS to further develop its relationship as collaborative partners in order to provide the best possible service, care, and outcomes for children and youth. The CWAC received updates from the Continuum of Care Reform (CCR) Branch, the California Well-Being Project, and the Early Childhood Wraparound Workgroup. CWAC members were encouraged by the sharing of information and provided feedback for the future work and focus of the group. An all-day *Wraparound Training Standards Subcommittee* meeting will take place by October 2016 in order to revise the Wraparound Training Standards discussed during the October 2015 and April 2016 CWAC meetings. It is the intention of the subcommittee to produce a framework for statewide Wraparound training that is aligned with the new Wraparound program standards and CCR, and defines the necessary elements that must be included in a training program to be considered "basic Wraparound training," sample syllabi based on the framework that can be used as a template for training sessions, and guidelines for regions, counties, and practitioners to develop "advanced" practice trainings and other skill-building opportunities.

Also during the April 2016 meeting, the CWAC re-convened its three currently active workgroups: the Adoption Assistance Program (AAP) Workgroup; the Early Childhood Wraparound Workgroup; and the Wraparound Training Curriculum Workgroup. These three workgroups addressed and discussed emerging needs within the Wraparound statewide network specific to families receiving AAP funds, children ages 0-5 in need of and receiving Wraparound, and the development of the Wraparound Training Curriculum.

The *AAP Workgroup* continued to discuss the ongoing needs of potential strategies to engage adoptive families before a crisis occurs. The workgroup continues to develop a brochure to provide families information on how their AAP benefits may be used to access Wraparound services. 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 and data specific to the 0-5 age group received from the survey the workgroup developed and

disseminated to counties. 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. Most of the respondents indicated that their programs currently served up to ten children in the 0-5 age group, with some serving up to twenty-five children and one county indicating that over eighty 0-5 year olds were being served across the two major Wraparound program providers in their jurisdiction. Survey findings also reflected how counties are utilizing various referral processes such as Multi-Disciplinary Teams (MDTs), county social workers, and self-referrals. Counties reported using various evidence-based practices: 43.75 percent reported using Parent Child Interaction Therapy (PCIT), 18.75 percent reported using Trauma Focused Cognitive Behavioral Therapy (TFCBT), 12.5 percent reported using Wraparound, and 6.25 percent reported using Incredible Years (IY), Triple P- Positive Parenting Program, or Pride Skills. The workgroup meets on a regular monthly basis and will continue discussing ways in which the information obtained from the survey can create implementation guidelines, training guidelines, and develop curricula for counties who want to begin serving the 0-5 age group with Wraparound services.

The *Training Curriculum Workgroup* presented a survey to obtain information about current and evolving training needs, which will provide information for a thorough analysis of current curricula in use for Wraparound training. This survey was reviewed and approved by the larger CWAC group and sent to Wraparound providers, youth and families, county coordinators, and county staff following the October 2015 meeting. Survey results are currently in the process of analysis.

The *Partnerships for Well-Being Institute*, a biannual conference providing workshops and other opportunities for shared learning in the field of Wraparound and other integrated services, will be held in June 2016. Co-sponsored by the CDSS, the DHCS, and the University of California at Davis Resource Center for Family-Focused Practice, the conference will this year include 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. Professionals from the fields of child welfare, probation, and mental health have incorporated a specific focus in integrated practice, collaboration and coordination, and work within the context of a child and family team process into their presentations for the conference, a reflection of increased stakeholder involvement requested in the development and preparation of workshop proposals.

Goal 6: Managing Risk and Safety

Factors Affecting Progress

Structured Decision Making

In November 2015, updated versions of the SDM tools were released to help better and more effectively inform social worker investigations. The updates to the tools designed to measure risk and safety are listed in the section covering Goal 2. As of July, 2016, all 58 California counties utilize SDM to help assess the risk and safety of a child who is alleged to be maltreated during the screening and investigation process.

The 2015 California Combined Counties report, produced annually by the Children's Research Center (CRC), shows that the SDM hotline tool is completed in approximately 95% 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.

The SDM Safety Assessment, which should be completed within 48 hours of the initial in-person investigation, is completed in approximately 85% of referrals. 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 has had conversations with the Children's Research Center and with counties via the Pre-Placement Policy workgroup to identify barriers and training needs that would increase correct usage of the Safety Assessment tool. 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 the guidance later in 2016.

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 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 2015, the Risk Assessment was completed in more than 90% of referrals.

Evidence has demonstrated that children experience better outcomes when 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 2015, 29,040 investigations statewide 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 enacted in 2018 or 2019.

In October 2015, updated versions of the tools were released to help better and more effectively inform social worker investigations. The updates to the tools designed to measure risk and safety are listed below. To find out more about SDM, refer back to the section covering Goal 2.

SDM Tool Updates Related to Future Maltreatment & Child Abuse Prevention Hotline Tool

- Information on prior child deaths clarified in several areas.
- Clarification added to focus on caregiver behaviors and the impact those behaviors had on the child.
- Added CSEC components throughout the hotline tool.
- A number of clarifications added to reduce overrides.

Safety Assessment Tool

- Added CSEC language to the sexual abuse assessment metric.
- Definitions focus on the actions of the caregiver and impact on the child.
- Added caregiver complicating behaviors that are not an immediate threat but must be considered when formulating a safety plan.
- Safety Interventions updated to clarify in-home vs. out-of-home placement decision.

Risk Assessment Tool

- Distinguishes between families that received CWS in the past versus currently.
- Added the evaluation of the secondary caregiver on certain items (history of abuse or neglect as a child, mental health, alcohol/drug problem, criminal arrest history).
- New item added to the tool: "Primary caregiver assessment of incident," measuring whether the caregiver blamed the child for the maltreatment.
- Fewer items/less redundancy to reduce scoring errors.
- Use of neutral language to create a more balanced assessment.

Child Fatality and Near Fatality Monitoring:

In 2015, CDSS produced the California Child Fatality Annual Report for 2012-2013, reporting the following findings related to managing risk and safety:

- The most vulnerable child victim population was under five years old.
- Primary individuals responsible were most often parents, 30 years old or younger.
- Over half of the victims were from families with CWS history within five years.

In order to address these findings, the recently introduced SDM assessments were revised to better reflect the risk and gather information regarding child fatalities and near fatalities. The State established the Critical Incident Workgroup, a multidisciplinary advisory team in early 2016 to analyze existing child fatality and near fatality data to inform training, policy, practice and other supportive systems thereby ensuring continuous quality improvement. The workgroup objectives and target completion dates are as follows:

- Develop and share standardized and statewide best practices and recommendations for Child Death Review Teams (CDRT) and Child Welfare Services (CWS) reviews.

    - Target date for completion of this objective is November 2016.
- Identify and supplement standardized and statewide data sets for collection and comparison.
    - Target completion date of February 2017.
- Publish trends, risk factors and promising prevention strategies for statewide use by counties and local agencies.
    - Target date for completion is June 2017.

The CDSS is in the process of conducting additional data analysis of Child Fatality/Near Fatality incidents involving families with prior child welfare services agency involvement to assess what additional trends may be evident.

The Office of Child Abuse Prevention is working with hospitals and community organizations to increase awareness of shaken baby syndrome and sleep safe practices.

Additionally, CDSS hopes to pass legislation in the 2016 session which will permit information on child near fatalities to be publically disclosed in accordance with federal requirements. We expect that the additional oversight provided by advocates and the public may lead to some beneficial changes in child welfare practice where the most vulnerable children are involved.

PERMANENCY

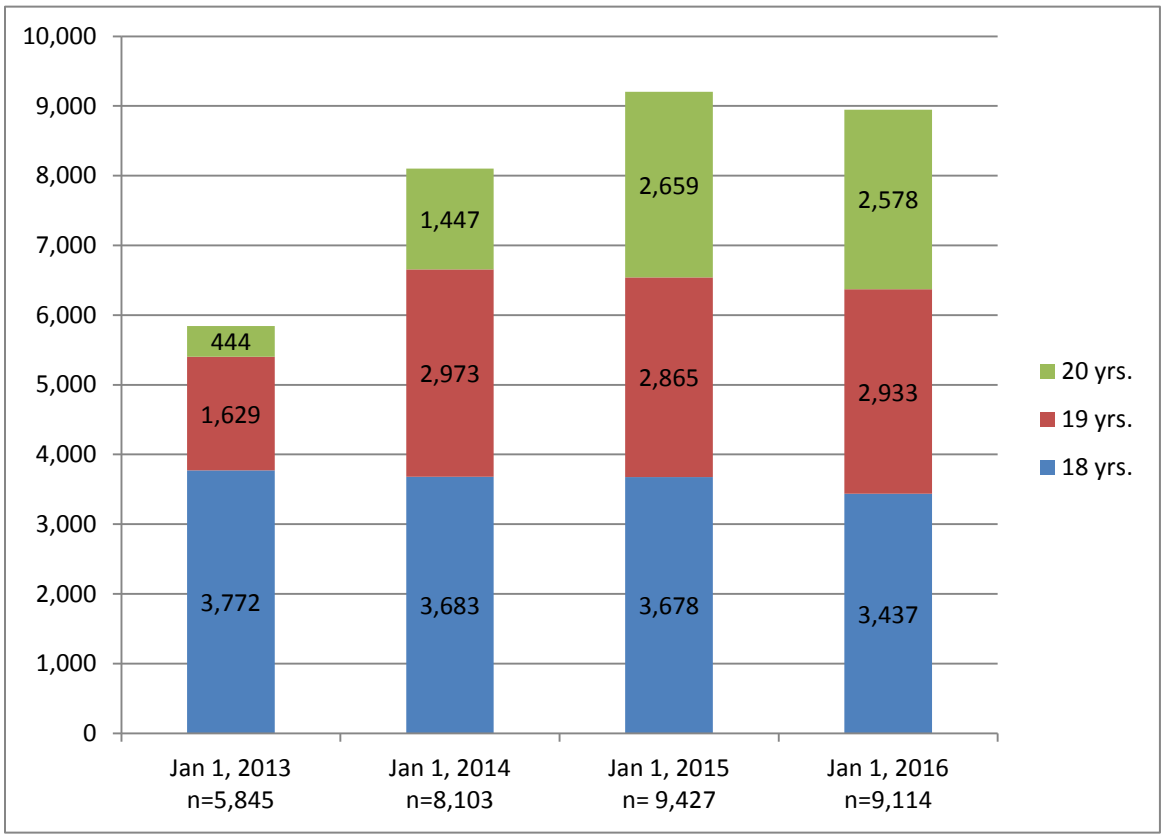
Fostering Connections After 18

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, 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. This shift needs to occur not only with the caseworker but also with attorneys, housing providers, care providers, courts, and others who provide services to this population.

The After 18 Program has achieved full implementation. Figure 15 (below) includes point in time data, which shows a 56 percent increase in the number of foster youth from January 1, 2013 through January 1, 2016,. The number of youth age 18, which includes youth who may emancipate at age 18, has decreased slightly as has the total number of youth from 2015 to 2016 but this may reflect the reduction of youth in foster care over the last several years. The population of 19 and 20 year olds shows a large growth in the After 18 population. This shows that youth are participating in the program and that a majority of them are remaining in foster care until age 21.

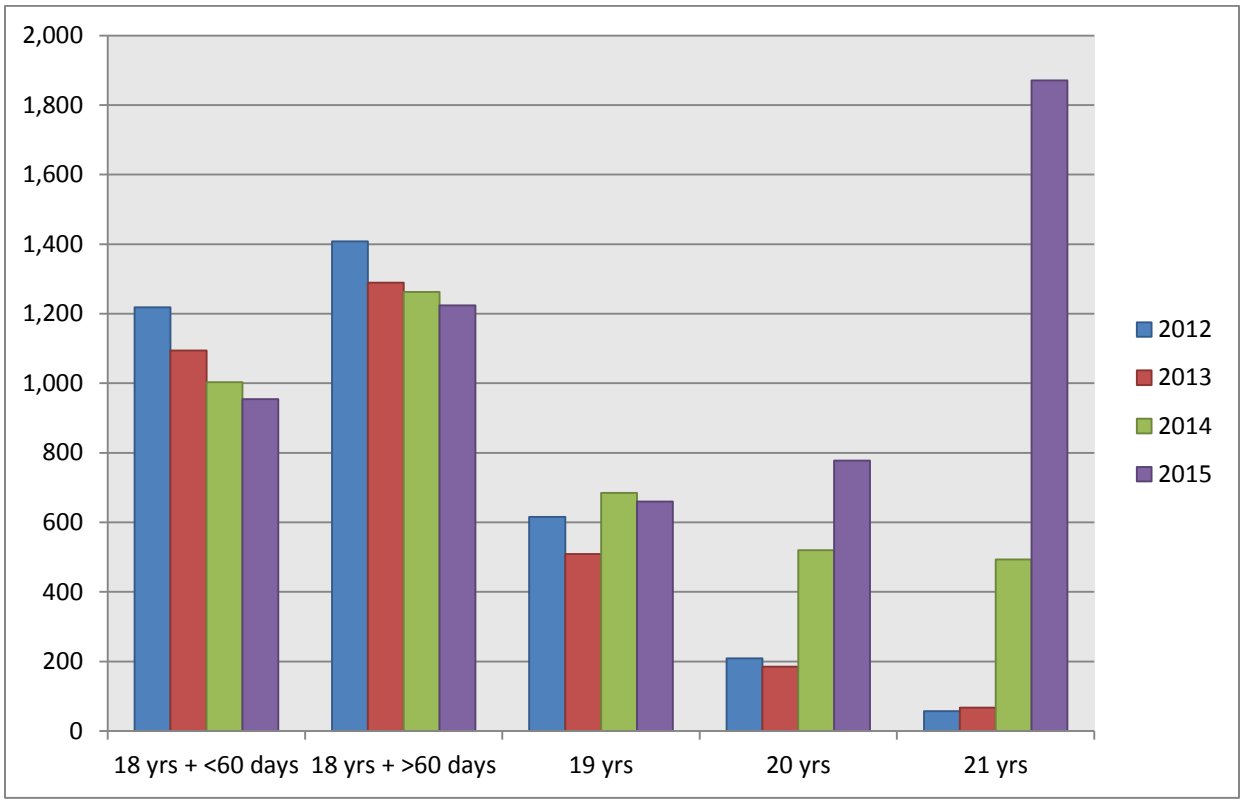
Figure 15: Number of Foster Care Youth ages 18-20 Agency Type: All, Ages: 18-20, Point in Time Jan 1, 2013 to Jan 1, 2016, CWS/CMS 2015 Quarter 4 Extract



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 amounting to a 22% decrease between 2012 and 2015.

Each category shows the number of 18 year olds exiting foster care to independence between FFY 2012 and 2014 decreasing by around 30 percent. This decrease is not accounted for by the decrease of children in foster care as the decrease of 17 year olds in care during 2011 and 2013 (the previous years) was approximately nine percent. Nor are we seeing an increase in exits at age 19 suggesting that youth are likely taking advantage of the program up to age 21. The number of 20 year olds exiting foster care started to increase in FFY 2014 as youth who extended in 2012 are approaching age 21.

Figure 16: Exits to Emancipation Over Time by Age, FFY 2012-2015, CWS/CMS 2015 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 2012-2015. The graph shows a steady increase in re-entries from 2012 to 2014 as more youth discovered the benefits of extended foster care. There was a leveling off between 2014 and 2015 which is to be expected now that the majority of youth are choosing to remain in foster care past the age of 18.

Table 4: Number of NMDs Re-Entering Foster Care, CYs 2012-2014

NMDs Ages 18-21	CY 2012	CY 2013	CY 2014	CY 2015
Re-Entries	310	575	705	725

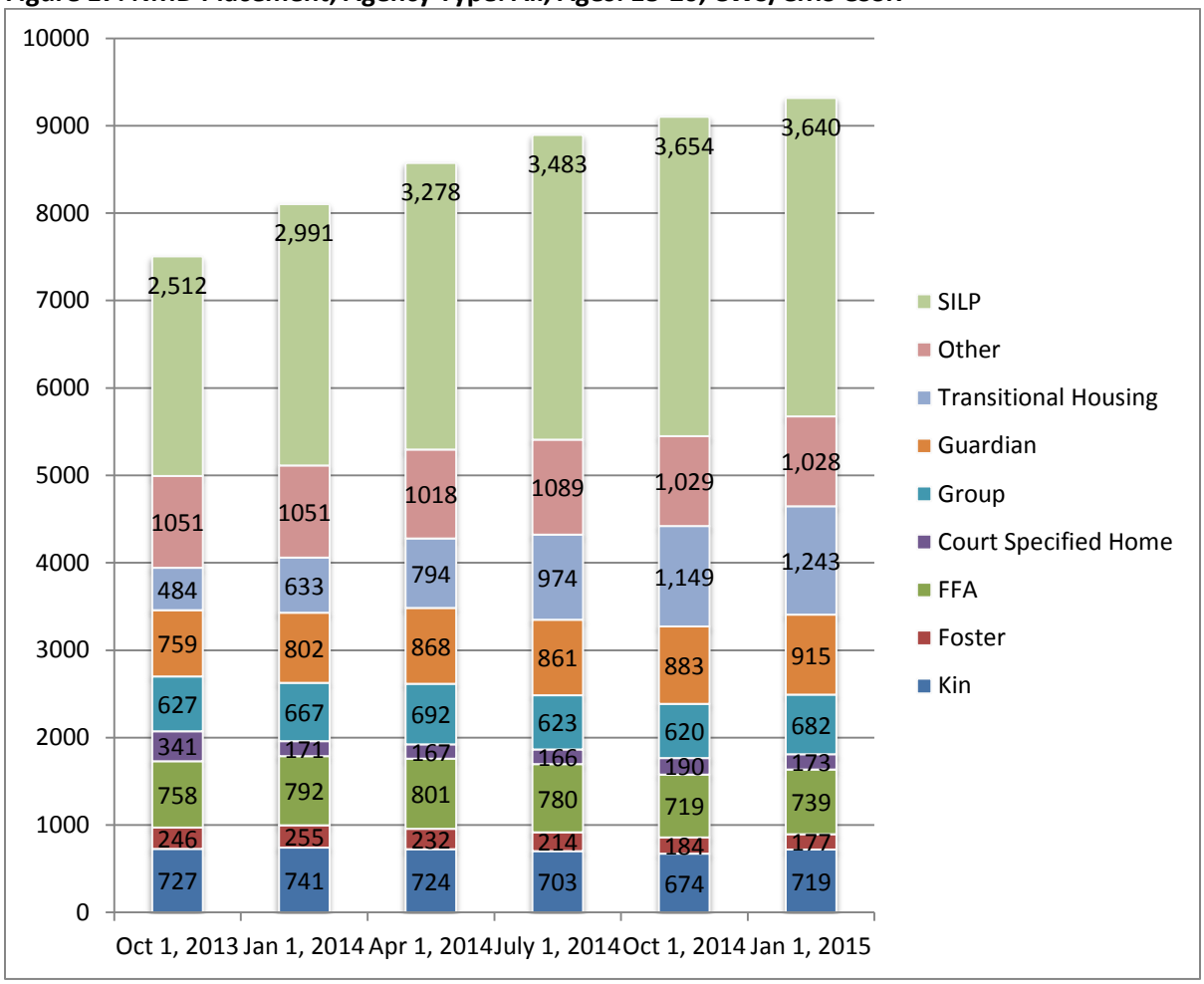
Placements

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 provides 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 has 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, 39.2% of youth are placed in SILPs, 15.9% are in THP+FC, 9.3% are in guardianships, 9% are in a FFA or county foster home, 6.8% are in a kinship placement, 6.5% are in a group home and 13.3% are in other placement types. Figure 17 below shows NMD placements over time. The use of a SILP significantly increased between 2012 and 2015 with a slight decrease in SILPs from 2015 to 2016. Counties report that youth favor SILPs due to the high degree of independence afforded to them. There has been a similar steady increase in THP+FC placements over that time period. Most other placements increased initially with the implementation of extended foster care but since 2014 have started decreasing. The exception to this trend is guardianships, for which certain eligible youth can continue to receive a foster care payment until age 21, which have steadily increased. The extension of benefits for guardianships was created by AB12 but they are not considered After 18 placements as the youth are no longer in foster care.

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 a more independent placement and needs a more structured placement with additional 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 will be devoted to this same topic as it applies to SILPs. The CWDA Transitional Housing and ILP Subcommittee meetings also allow 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 independent lives. 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 in this population.

Figure 17: NMD Placement; Agency Type: All, Ages: 18-20, CWS/CMS CSSR



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 with their parent(s) is under development and will offer youth the opportunity to maintain permanent familial connections while still receiving the support of EFC. Another idea being examined to improve services to youth in SILPs is to put the SILP payment on an EBT card to help prevent theft and assist the youth in budgeting their money.

Participation Criteria

Youth are eligible to participate in After 18 program if they meet one of five participation criteria. Table 5 below shows how many youth are participating in After 18 through each category. Working toward an educational goal is the most common way youth are maintaining eligibility for After 18, accounting for over 55% of youth. This indicates that obtaining an education is a priority for a

majority of youth. Over 25% are either employed or working toward eliminating barriers to employment. Only around 2% of youth qualify because of a medical condition. The participation criteria were not entered for about 16% of youth but we can assume that those youth would be participating in the criteria in roughly the same percentages as the others.

Table 5: Extended Foster Care Population by Participation Type
Point in Time July 1, 2015, Agency: All

Participation Type	Number	Percent
College/Vocational Education	1,837	20.2%
Completing High School or Equivalent	3,212	35.4%
Employed Minimum 80 Hours/Month	1,187	13.1%
Medical Disability	170	1.9%
Removing Employment Barriers	1,221	13.5%
Missing	1,447	15.9%
Total	**9,074**	**100.0%**

The SOC 405E Exit Outcomes data report has been used to measure outcomes for emancipating youth. This report was replaced by the SOC 405X for child welfare and the SOC 405XP for probation in June, 2015. The new reports separately 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. Additionally, youth who continued in foster care after turning 18 in 2012 (the first year of the After 18 program) turned 21 in 2015. This is the first cohort of NMDs received the full benefit of three additional years in foster care. The Exit data indicates mostly positive benefits for staying in foster care. Youth who exited at age 20 or 21 in FFY 2015, as compared to youth who exited at earlier ages, were: less likely to drop out of high school and much more likely to be enrolled in college; much more likely to be employed full-time or part-time; and much less likely to be receiving government aid. The most common living arrangement for these youth was to be renting housing either alone or with others. The number of youth who identified one or more persons as a permanent connection decreased for youth who remained in foster care until age 20 or 21 which may reflect an unintended consequence of extended foster care, that youth who have less financial support may be forced to rely on others more thereby establishing more supportive connections while youth who have foster care benefits may have less need to make these connections. More information on the services being provided to youth in After 18 can be found in the CFCIP chapter.

AB 1712 (Chapter 846, Statutes of 2012) allows 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 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 of18-21. 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, 2012-2015

NMDs 18 to 21 Years of Age	FY 2012	FY 2013	FY 2014	FY 2015
Kin-GAP/Fed-GAP	**6**	**88**	**218**	**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, 2015?.

The CDSS continues to work with counties to identify concerns with the After 18 program that need addressing through additional state and federal policy clarifications. Primarily, there has been continual guidance provided to the counties and stakeholders to clarify program and placement eligibility. To guide implementation, an Extended Foster Care Steering Committee was formed with the CDSS, CWDA, CPOC and JC as founding members. With the program fully implemented, the committee now meets to address challenges and generate best practices for the After 18 program.

California Partners for Permanency (CAPP)

The CAPP is one of six projects nationwide funded through the Presidential Permanency Innovations Initiative (PII), 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. The

CAPP intervention, the Child and Family Practice Model (Practice Model) is 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 aims 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 are participating 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 the following barriers to improved outcomes for children and their families:

- Child welfare system practice does not adequately understand, engage, or value the strengths and resources of African American and American Indian families, communities, and Tribes due to mutual mistrust (at both the individual and system levels) and lacks understanding of the differences in the lived experiences of each population; and
- Child welfare system practice has not consistently partnered with communities and Tribes to address the underlying grief, trauma, and loss that their children and families are more likely to experience in their lives and to identify, develop, fund and make available culturally-based and trauma-informed support services to meet their needs. In implementing the Practice Model, CAPP sites apply the principles of implementation science at all levels of child welfare, from frontline social workers and supervisors to leadership and the larger organizational systems that protect children. Community and Tribal Partners have provided critical perspectives and contributions since the beginning of CAPP and continue to be involved in implementation and evaluation—specifically, training, coaching and fidelity assessment. Based on current implementation data, a conservative estimate of the proportion of California's child welfare population affected by the CAPP Practice Model is 9 percent.

CAPP's activities and accomplishments over the last year have included:

- Continued implementation of the Practice Model and CAPP Fidelity Assessment processes;
    - Most CAPP counties have fully rolled out the Practice Model or are currently in that process.
- Using data for decision-making and to guide improvements;
    - Each site continues to move forward with Fidelity Assessments, teaming meetings in which both county staff and trained community partners come together to observe, and independently assess how the system has supported the social worker to use the practice behaviors.
- Strengthening and expanding partnerships with communities and Tribes to support implementation and system change;
    - The CAPP partners continue to deepen their implementation support through training participation, practice and cultural coaching, and as Fidelity Assessment Team members. Partners have also become consistent participants in regularly occurring venues where shared vision is created and decisions are made regarding both the system and practice, such as in local leadership, policy, unit and section meetings.

- Formative evaluation learnings and implications for the next phase of CAPP evaluation.
    - Evaluation challenges have emerged, which stem from the complex nature of the Practice Model and its continuing development; hard-to-measure systemic factors such as availability of a local continuum of culturally sensitive services and supports to meet individualized family needs; errors, gaps and limitations in Child Welfare Services/Case Management System administrative data; and a low response rate to an effort to obtain anonymous feedback from parents and guardians via the Parent/Legal Guardian Survey. As a result, CAPP improved its strategy in hopes of obtaining anonymous feedback from parents and guardians prior to the end of the grant. This proposed measure of evaluation, the first of its kind, was rejected by Pii, however. With the end of the grant approaching, County, State and Community Partners are working together to consider next steps and coming to terms with the loss of opportunity to capture the data hoped.

Humboldt, Santa Clara and Fresno Counties continue to forge ahead with sustainability activities, leveraging new initiatives and projects to further extend learnings from the CAPP journey. Pomona and Wateridge continue to utilize Coaching and address adaptive problems in their large service areas. All counties are reflective and planning time together to discuss lessons learned, as well as share strategies for moving forward in these final months of the grant.

At the state level, CAPP Statewide and County site leads continue to be involved in developing the California Child Welfare Core Practice Model. The Practice Model integrates existing initiatives and practices, such as CAPP, Katie A. and Safety Organized Practice.

Finally, counties are planning time to come together and reflect on lessons learned, as well as planning to present at conferences to share those lessons.

State partners continue to participate in statewide forums such as the CDSS ICWA Workgroup and Workgroup to Eliminate Disparities & Disproportionality 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.

CDSS Racial Impact Teams have developed Racial Impact Assessments and are conducting Usability Testing. Implementation Science is the filter of this work, which will also draw upon CAPP methods such as Coaching. The final product will be a reliable instrument with the potential to address disparate outcomes statewide.

Resource Family Approval (RFA) Project

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 RFA 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 new approval process will replace 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. A family approved through this process has the ability to care for a child temporarily or permanently, eliminating the requirement for any other approval, license or certification.

The program was implemented in five counties selected by CDSS during this early implementation phase. The five counties and dates of implementation are as follows: San Luis Obispo (November 1, 2013), Kings (January 15, 2014), Santa Barbara (March 1, 2014), Santa Clara (July 31, 2014) and San Francisco (August 1, 2014). SB 1460 (Chapter 772, Statutes of 2014) authorized additional counties to participate in the early implementation phase. Eight counties submitted letters of intent and they began implementation of RFA between January 1, 2016 and July 1, 2016. These counties are Butte, Madera, Monterey, Orange, San Joaquin, Stanislaus, Ventura and Yolo. Additionally, with the passage of AB 403 foster family agencies (FFA) were authorized to become early implementers. Five FFAs have been selected and it is anticipated they will begin implementation of RFA in August 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.

In October 2015, CDSS created a new branch within the Child Family Services Division. This Continuum of Care Reform (CCR) branch is responsible for development and operationalizing the goals set forth in AB 403. Included in this branch are units designed to specifically address certain aspects of CCR including RFA, Performance and Oversight and Stakeholder Management and Communication.

Data Updates

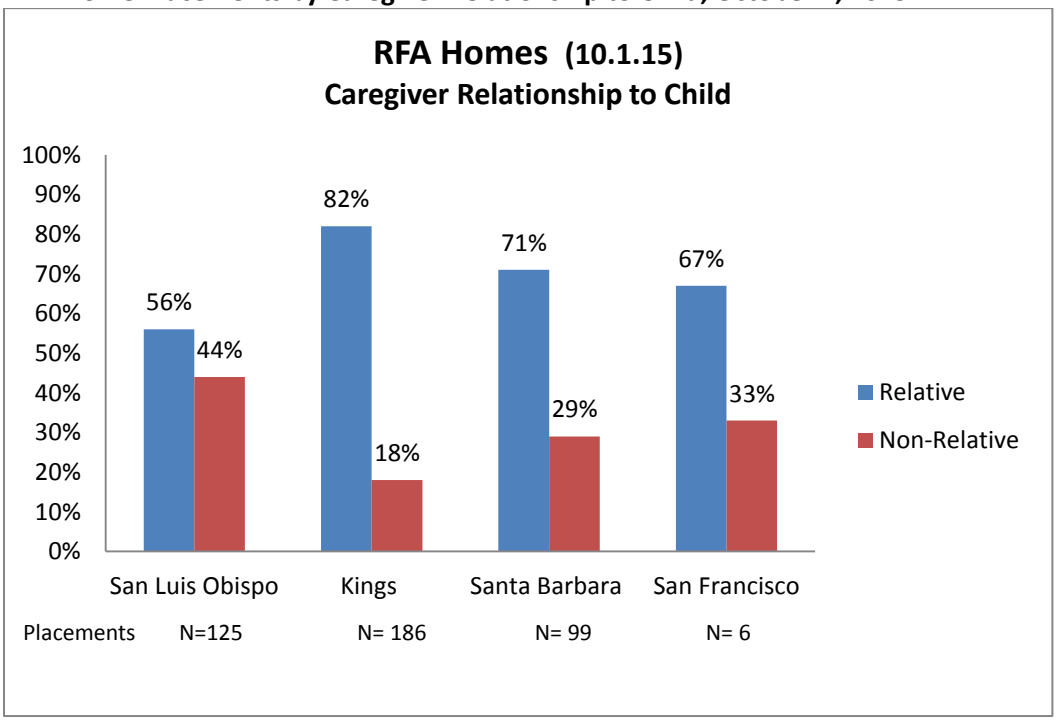
Early implementing counties were provided instructions in June 2015 to enter data into CWS/CMS regarding the application status of potential Resource Families. Prior to this, counties were tracking the status of applications outside of the system until families were fully approved unless it was an emergency placement. As data is collected and analyzed, CDSS would determine if RFA has had an impact, positively or negatively, on the recruitment and retention of families. It would also serve to assess and resolve any potential barriers for relatives to become approved. With RFA, CDSS also anticipates that families will be better prepared and qualified to care for the children placed in their homes which may be determined through the placement stability of a child placed in a resource family home and number of substantiated complaints against a family.

Using CWS/CMS, CDSS is currently analyzing the application data. At this time, data has been reviewed for San Luis Obispo, Kings, and Santa Barbara counties. As of mid-April 2016, these counties had a total of 1,114 applications of which 336 were approved, 395 were closed (which includes previously approved and withdrawn applications) and 138 current emergency placements with relatives waiting for approval. Many of the pending applications were families that had withdrawn their applications but were not officially closed in CWS/CMS. Common reasons for withdrawal were noted as the family being no longer interested or the child returning home to the parent. This data is still being analyzed and cannot at this time be used to draw any conclusions about the program. The data was only verified with one of the three counties.

One of the challenging data collection issues has been identifying which resource family homes are relatives. The new data entry instructions address this issue although these families can only be identified once a child is placed in the home.

The following chart provides an initial review of the percentage of resource families with a placement that are related the child. This chart presents point in time data for October 1, 2015 and is reflective of Resource Families in Kings, San Francisco, San Luis Obispo, and Santa Barbara counties.

Figure 18: RFA Home Placements by Caregiver Relationship to Child, October 1, 2015



As seen in the chart above, when looking specifically at resource family homes, more than half of the homes in each county are relative homes. This is higher than the statewide average of 35% at the same point in time per the California Child Welfare Indicators Project (CCWIP) database at UC Berkeley. Kings County is placing over 80% of their children in relative Resource Family homes.

The methodology for this data included developing a query in Business Objects to pull data out of CWS/CMS that included all foster family homes in the four counties that had a special project code of resource family and/or an identification number or "facility name" that indicated RFA (e.g. Smith RFA home). The field for "caregiver relationship to child" was used to identify the relative and non-relative homes. There are limitations to this data. Resource homes are identified through special project codes in CWS/CMS which can be prone to data entry errors, but usually in under-identifying homes. Additional data entry errors could include selecting the wrong caregiver relationship to child field. In June 2015, RFA counties were provided with a change in data entry

instructions for CWS/CMS. Some relative resource family homes may still be in CWS/CMS under the old method which means they would not be identified. Additionally, non-related extended family members are unable to be identified with resource family homes which make up about 19% of the "kin" placements identified statewide in the CCWIP database.

Even considering the limitations, these early findings suggest that RFA is not prohibiting the ability of counties to place children with relatives. Based on this data, more than 50% of all their resource families are relatives. This is encouraging as some concerns expressed by stakeholders have been that RFA would be a barrier for relatives and would limit their ability to become approved.

Another aspect of RFA that is being measured is a family's satisfaction with the RFA process through satisfaction surveys. These surveys were sent to families by the counties beginning in May 2015. Families could complete the survey through an online link or could complete it on paper. It was available in English and Spanish.

To date, the return rate of these surveys has been exceedingly low.

The last analysis included survey data up to of October 30, 2015. This data reflects

- 43 total survey responses
    - 32 completed surveys
    - 11 incomplete surveys

The responses to Satisfaction Questions (responses have been aggregated due to low response rate) are as follows:

- **68.76 %** of survey respondents indicated they strongly agreed or somewhat agreed the approval process moved along, as explained by program staff, without unexpected delays.

- **90.63 %** of survey respondents indicated they strongly agreed or somewhat agreed their questions and concerns were addressed by the RFA program staff.

- **96.88 %** of survey respondents indicated they strongly agreed or somewhat agreed they and their family were treated professionally during the approval process.

- **87.1 %** of survey respondents indicated they strongly agreed or somewhat agreed they clearly understood the roles of the RFA program staff involved in the approval process.

- **84.38 %** of survey respondents indicated they strongly agreed or somewhat agreed they knew whom to contact if they had a question or needed something.

- **32.25 %** of survey respondents indicated they strongly agreed or somewhat agreed they found the approval process to be more difficult than they expected.

- **80.64 %** 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.

- **75%** 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.

- **84.38 %** of survey respondents indicated they strongly agreed or somewhat agreed they would recommend other prospective foster or adoptive parents to go through the RFA process.

While the return rate has been low, 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 that they felt better supported and prepared. Qualitative responses also indicate that families are, in general, pleased with the RFA process. One limitation of the survey is that the majority of the respondents are from one county.

In an effort to improve the response rate, CDSS will assume responsibility for sending the surveys to families beginning in June 2016. This will allow the survey link to be emailed directly to the family while still maintaining confidentiality. Additionally, CDSS is exploring the option of providing an incentive to families who complete the survey.

The Performance and Oversight Unit within the CCR Branch is assisting with improving data collection capabilities with RFA and analysis of this data.

Stakeholder Collaboration

As mentioned at the beginning of this report, 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:

Each participating county has 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.

The Implementation Workgroup, which includes CDSS and county planning teams, continues to meet for interactive webinars hosted by CDSS. Initial meetings were held to collaborate on the

development of policies, procedures, and guidelines for implementation of the program. These meetings are currently held on a monthly basis to provide an opportunity for counties to learn from each other, to identify challenges, organizational and system barriers, and potential needed revisions of the Written Directives for the program going forward. A FFA Implementation Workgroup was formed in April 2016 which will focus on development of FFA interim standards to meet RFA standards and other implementation issues for FFAs to prepare for RFA and CCR.

Executive Team meetings, which include county deputy directors and RFA management with CDSS, are held monthly to discuss cross county policy issues and build the infrastructure for implementation of RFA across the State.

Since December 2015, CDSS has participated in the five regional CWDA meetings on a monthly basis with RFA as a key discussion topic to provide technical assistance on a statewide basis to prepare all counties for implementation on January 1st, 2017. These meetings discuss policy issues with RFA, a county's readiness to implement and address questions or concerns with the program itself. Since March 2016, probation has been invited to join these meetings as well.

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 have been created with the early implementation county teams and other stakeholders. The Written Directives incorporate requirements from current licensing regulations of foster care homes, approval requirements for relative and NREFM homes, as well as current regulations for approving adoptive families. 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 and create a better chance for improved placement stability. In addition, once a resource family is approved for RFA, they are approved not just to provide foster care but also for guardianship and adoption so that if the family and child wishes 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 permanency 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:

- County fiscal constraints due to RFA funding being realigned to all California counties, rather than specifically to the early implementation counties
- 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 to Date:

- Successful implementation of RFA in 13 early implementation counties through updating Written Directives as necessary, requiring and reviewing early implementation county plans and providing ongoing technical assistance and training of county staff
- Development of training curriculum for county RFA staff with 9 trainings piloted by the Regional Training Academies with the early implementing counties by 6/30/16
- Selection of five FFAs to participate in the early implementation phase of RFA
- All County Letter 16-10 published on 2/17/16 detailing information on RFA standards and statewide implementation
- Development of an All County Letter outlining information on submission of implementation plans to CDSS, data entry instructions and other detailed information with an anticipated publish date of June 2016
- 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
- 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
- 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:

- Create and implement system to provide incentive to families to complete resource family satisfaction surveys
- 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
- Complete next round of annual on-site reviews of early implementation counties for evaluation of implementation of the RFA program and analyze data from on-site county reviews to identify policy gaps, implementation challenges and potential promising practices for implementation
- Continue outreach and education to counties and stakeholders to prepare them for statewide implementation
- Review and provide feedback on implementation plans submitted by remaining counties and FFAs prior to statewide implementation
- Develop interim FFA standards that align with the requirements set forth in AB 403, including RFA
- Release Version 3.0 and Version 4.0 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

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.

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 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 2014-15 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 issued 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. The OCAP will fund up to five qualified applicants to implement grants

to develop community-wide collective impact projects in targeted areas of need throughout California. The applicants will be responsible for developing collective impact projects within communities that focus on mitigating poverty and/or substance abuse.

Beyond providing funding for systemic change initiatives, the OCAP will also work across systems to advance systemic change. In State Fiscal Year 2016-17, 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[10].

- 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.
- 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.

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

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). 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.

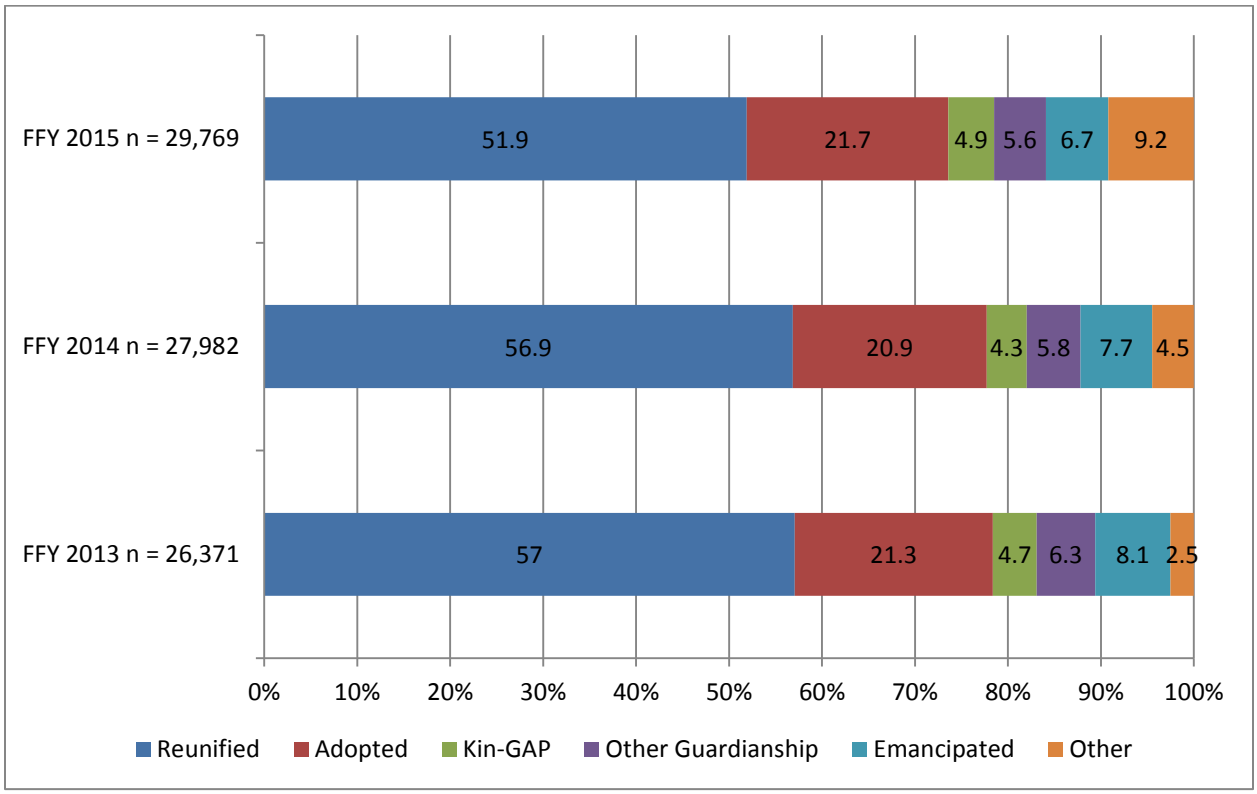
The OCAP works closely with counties on the development of their prevention services plan including efforts to ensure children have permanency and stability in their living situations. County reported data captured through our online web-based reporting system, Efforts to Outcomes (ETO), illustrates 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 respite care.

Goal 9: Ensure reducing time in FC to adoption

Indicators of Progress

As shown below in Figure 19, 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 19: All Exits from Foster Care FFY 2013-2015, Agency Type All, Ages 0-17 CWS/CMS CSSR Q4 2015 Data



Tables 7-9 display 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 from 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 7 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 twelve month period will be reached depending on when the youth entered care, anytime between October 2015 and September 2016. The State does not have this data because the data is still being collected for some cases.

Table 7: Represents children exiting care to adoption at less than 12 months from entry.

	Interval	
	OCT2012-SEP2013	OCT2013-SEP2014
	%	%
Exited to adoption	4.6	4.4

Table 8: Represents children who exited to adoption between 12-23 months after entering care.

	Interval		
	OCT2012-SEP2013	OCT2013-SEP2014	OCT2014-SEP2015
	%	%	%
Exited to adoption	18.5	19.3	19

Table 9: Represents children who exited to adoption after 24 months of entering care.

	Interval		
	OCT2012-SEP2013	OCT2013-SEP2014	OCT2014-SEP2015
	%	%	%
Exited to adoption	17.2	17.5	20.5

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 within California statute. Additional permanency hearings follow and are also held at 12 month intervals, with an administrative hearing occurring at the six month mark. Termination of Parental Rights (TPR) is started 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 2014-15, 12,911 children in care had a concurrent plan of adoption, adoption with sibling(s) or tribal custody adoption (TCA). During the same time period, 378 of these children exited foster care with finalized adoptions. The overall total above represents about 20% 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.

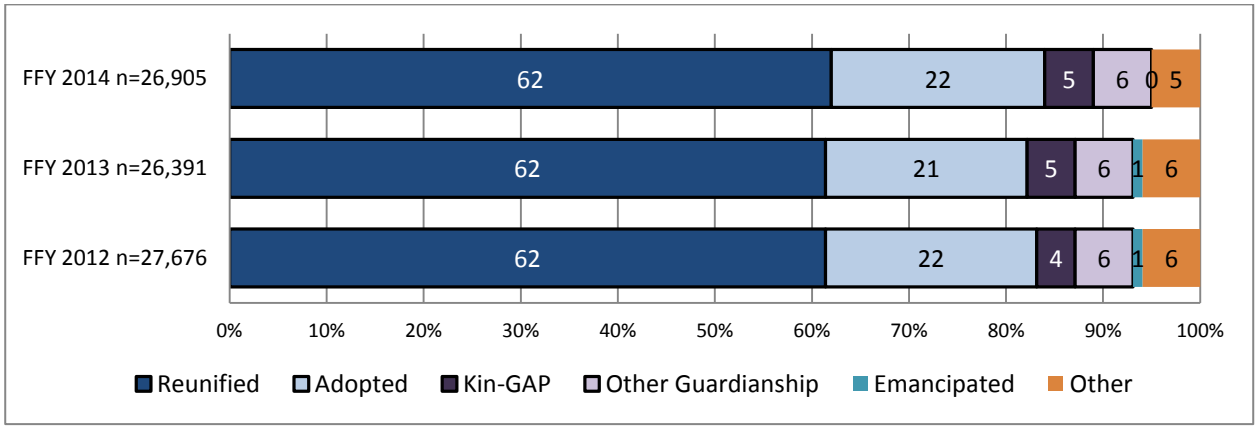
Concurrent planning is required on all foster care cases and is a vital mechanism in ensuing achievement of favorable outcome measures to timeliness of adoptions. Considerable progress can be made toward attaining permanency when adoption staff is assigned as secondary case workers at the start of a 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.

Figure 20: All Exits from Foster Care FFY 2012-2014, Agency Type All, Ages 0-17, CWS/CMS CSSR Q4 2014 Data



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[11] 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

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

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 agreed to look at the following issues:

- Providing Wraparound services for children receiving AAP: A workgroup was convened during the April 17, 2015 meeting of the CWAC to examine the current and prospective use of the Wraparound model to support AAP eligible children and their families. Workgroup members include county representatives, service providers, and CDSS. The group continues to work on identified goals including best practice recommendations that address particular issues that arise in the provision of Wraparound services to eligible AAP children.
- In addition to the best practice recommendations, the workgroup will also produce a set of FAQs to be presented at the 2016 Partnerships for Well Being Institute, a biannual conference that highlights family-focused practice models such as Wraparound and Pathways to Well-Being (formerly known as Katie A.). .The goals for the best practice recommendations and the FAQs is to educate Wraparound providers on adapting services to meet the unique needs of adoptive families and their children, identify the requirements for AAP funding, the outcome measures to be met for an adopted child and their family, , and to provide information to adoptive parents on the type of services they should expect to receive when participating in a Wraparound program

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 is expected to be released by the end of May and the expected due date for the completed reporting forms to be submitted by the counties is June 30, 2015.

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 2011-2015

	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
Eligible Private Adoption Agencies Signed up to Claim	73	76	76	79	77
Number of Claims Processed	2,784	4,028	3,160	3,716	4,020

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

Adoption and Legal Guardianship Incentive Payments Program (formerly known as Adoption Incentive Funds) was reauthorized and renamed in 2014 (PL 113-183, effective September 29, 2014). The Act provided for structural changes to how incentive payments are calculated and spent by states. There have not been any noted challenges with funds distribution as California has not received funds since 2009 due to not exceeding the baseline number of finalized adoptions, which was established in 2008. With amendments to the program, counties will now be rewarded with incentive payments for the increased proportion of children moving to permanent families through adoption and guardianship. The Act also extended the amount of time to expend incentives from 24 months to 36 months. The 36 month period begins the month that the funds are awarded to the State. Funds must be spent no later than September 30, 2018. Details regarding the changes to the adoption and legal guardianship incentive payments program are outlines in All-County Letter 16-35.

Incentives are being determined by improvements in adoption and legal guardianship rates rather than the previous payment structure, which based the reward on the number that exceeded the set baseline from FFY 2007 (7,679). The table below demonstrates exits from foster care through adoption, Kin-GAP, and other guardianship over the last fiscal years. Including guardianship as an indicator for moving children to permanent families creates an opportunity for the State to exceed the previous baseline.

Table 11: Exits from Foster Care, FFY 2013-2015, Agency Type All, Ages 0-17

	OCT2012-SEP2013		OCT2013-SEP2014		OCT2014-SEP2015	
	%	n	%	n	%	n
Adopted	21.3	5,608	20.9	5,839	21.7	6,472
Kin-GAP	4.7	1,249	4.3	1,198	4.9	1,448
Other Guardianship	6.3	1,672	5.8	1,629	5.6	1,665

Counties will have access to $130,000 from this allocation, which is funded entirely with Federal Title IV-E funds. A previous billing code has been re-established to capture activities when serving a child in a finalized adoptive home. Any expenditure exceeding the allocation will be shifted to county-only using State Use. Payments from the program can be used to supplement other funds for contracted services, direct service delivery, direct costs, and support with operating support. This information has been detailed in County Fiscal Letter (CFL) 09/10-66E. There is a CFL forthcoming that will outline the procedure for claims process and distribution of funds. Upon release of the CFL, counties can start using applicable program codes for service to receive the funds.

In addition to supporting programs that focus on establishing permanent connections for youth, incentive funds may be utilized by counties and CDSS' Regional and Field Offices to provide or contract for services from private providers that support sustaining permanent connections and

placements. This may be accomplished through evidence informed programs such as intensive home and community-based wraparound services.

- The California Wraparound Advisory Committee *AAP Workgroup* continues to discuss the ongoing needs of potential strategies to engage adoptive families before a crisis occurs. The workgroup continues to develop a brochure to provide families information on how their AAP benefits may be used to access Wraparound services. 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.

Versatility and creativity in post adoption community specific programs and services that fulfill CDSS' goal of supporting and sustaining permanency are encouraged by CDSS Regional Adoption Offices. A contractual relationship has been maintained by CDSS with five private adoption agencies to provide post adoption services to all adoptive families requesting services in the 23 counties it serves. Services are based on local needs as specified by the public adoption agencies in each participating county. Services offered may include:

- Education
- Support Groups
- Respite
- Group and/or individual therapy
- Warm line
- Community activities

National Adoption Competency Mental Health Training Initiative (NTI)

In 2014, AB 1790 was enacted and 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-to 25 hours of web-based training specific to adoption and permanency.

Tribal Customary Adoptions - Tribal Customary Adoption (TCA) has created permanency for 77 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, the number of TCA's nearly doubled from the prior year. 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

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
Total	16	29	23	8	1	77

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 ACL 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 is presently reviewing the regulations formatted in 2010 and will proceed with the completion of new regulations.

Inter-Country Adoptions – The CDSS continues to provide regulatory oversight and technical assistance to licensed private inter-country adoption agencies. The Department's program, policy and licensing divisions work together to monitor inter-country adoption agency practices to ensure that agencies are in compliance with federal and state regulations.

As reported in the 2015 APSR, the CDSS issued an All County Letter (ACL) to all county, state and licensed private adoption agencies, regarding new federal adoption standards, known as the Universal Accreditation Act (UAA) of 2012. The UAA took effect in the United States on July 14, 2012, and requires all United States inter-country adoption agencies be held to Hague Adoption Convention standards for convention and non-convention cases throughout the United States, as well as abroad.

The UAA strengthened and expanded the safeguards provided by the Inter-country Adoption Act of 2000 (IAA), which required all United States inter-country adoption agencies working in Hague Convention countries to become accredited by the Council on Accreditation (COA), or minimally, supervised by a COA accredited agency working as a primary provider. Agencies that do not comply with the UAA are subject to civil and criminal penalties.

Additional safeguards provided to adopted children through the UAA and IAA are clearly needed to ensure children's safety and permanency. Over the past few years, there have been numerous reports regarding adopted children relinquished to strangers through a process called "rehoming." Rehoming involves the transfer of physical custody of adopted children without supervision from state or local agencies or the court. In rehoming cases, children are often transferred across state lines without appropriate processes in place, designed to ensure the appropriateness of placement, such as the Interstate Compact of the Placement of Children (ICPC). It is estimated that approximately 70% of rehoming cases involve inter-country adoptions. The CDSS also continues to be an active participant of the National Rehoming Committee which conducts monthly conference calls.

The CDSS maintains data regarding disrupted/ dissolved inter-country adoptions through two primary mechanisms. First, information regarding children who enter foster care as a result of a disrupted/ dissolved adoption is recorded in the statewide Child Welfare Services/ Case Management System (CWS/ CMS) automated system. However, most information regarding disrupted/ dissolved inter-country adoptions is gathered from a reports called the Inter-Country Adoption Program Quarterly Statistical Report (AD 202B). These reports are submitted to the CDSS by the adoption agency on a quarterly basis. Data gathered from CWS/ CMS and Inter-Country Adoption Program Quarterly Statistical Reports for SFY 2015-16 indicate that no children entered foster care as a result of a disrupted/ dissolved adoption and that there were two disrupted/ dissolved adoption. The first was a dissolution, which was the result of bonding and attachment

difficulties between the child and adoptive parents, which resulted in the adoptive parents relinquishing the child to an agency. The child was subsequently matched with another family through a cooperative placement, where the child remains and is reportedly doing well. The second was a disruption of an independent adoption where the agency has been contracted to complete the home study, post-placement visits and supervisory reports. The adoptive parents reported that they were unable to tolerate the child's behaviors and contacted the proper authorities, who arranged for the return of the child in December 2015. The agency recently learned of this disruption and has attempted to verify this information but has been unable to do so._The aforementioned ACL also provided instructions to agencies for completing the AD 202B, which requires the following information:

- Disrupted placements
  - The country from which the child immigrated.
  - The age of the child.
  - The date of the child's initial placement for adoption.
  - The services provided to the family and child.
  - The reason, intervention attempts, and resolution for the disruption including information on child's re-placement and if there was a subsequent finalized adoption
- Dissolved Adoptions
  - The country from which the child immigrated.
  - The age of the child.
  - The date of the child's initial placement for adoption.
  - The services provided to the family and child.
  - The reason, attempts at intervention; and resolution of the dissolution of adoption.
  - The plans for the child.

CDSS anticipates the first full cycle of data collection will be in FFY 2016-17 and will be included in subsequent reports as required.

The table below represents the number of disrupted and dissolved adoptions and the agencies involved for SFY 2015-16 as reported from private inter-country adoption agencies on AD 202B.

Table 13: Disrupted Adoption Placements of Foreign Born Children in California, SFY 2015/2016, By Quarter

	Disrupted adoption placements of foreign-born children in California per quarter				
	SFY 15-16				
Agencies	Jul-Sep15	Oct-Dec15	Jan-Mar16	Apr-Jun16*	Total
N/A					**0**

Table 14: Intercounty Adoptions Dissolved by Families in California, SFY 2015/2016, By Quarter

	California families dissolving an intercountry adoptions per quarter				
	SFY 15-16				
Agencies	Jul-Sep15	Oct-Dec15	Jan-Mar16	Apr-Jun16*	Total
Bethany Christian Svcs No.		1			2

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 16131and 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 2014-15, the Kin-GAP caseload was approximately 14,506 cases with 7,045[12] cases eligible for the federal Kin-GAP program and 7,462cases remaining in the state-only Kin-GAP program.

Table 15: Children in Foster Care: Exit Status at 12 Months; Time in Care: Less Than 12 Months

		FFY 2013	FFY 2014	FFY 2015
Exited to reunification		33.3	32.7	10.4
Exited to adoption		1	1	.1
Exited to guardianship		1.6	1.7	.1
Exited to non-permanency		4	3.9	.7
Still in care		60.2	60.7	88.6
Total		100	100	100

Table 15 illustrates exits from out-of-home placement into kinship guardianship or other guardianship has decreased from 1.6 percent to .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 16: Children in Foster Care: Exit Status at 12 Months; Time in Care: 12 to 23 Months

		FFY 2013	FFY 2014	FFY 2015
Exited to reunification		17.9	18.2	17.9
Exited to adoption		17.3	18.2	18.2
Exited to guardianship		9.5	8.8	9.1
Exited to non-permanency		3.5	2.8	2.9
Still in care		51.9	52	51.9
Total		100	100	100

Table 16 illustrates exits from out-of-home placement into kinship guardianship or other guardianship has slightly decreased from 9.5 percent to 9.1 percent between FFYs 2013 and 2015. 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.

[12] Based on the May 2016 Revision to the Governor's Budget

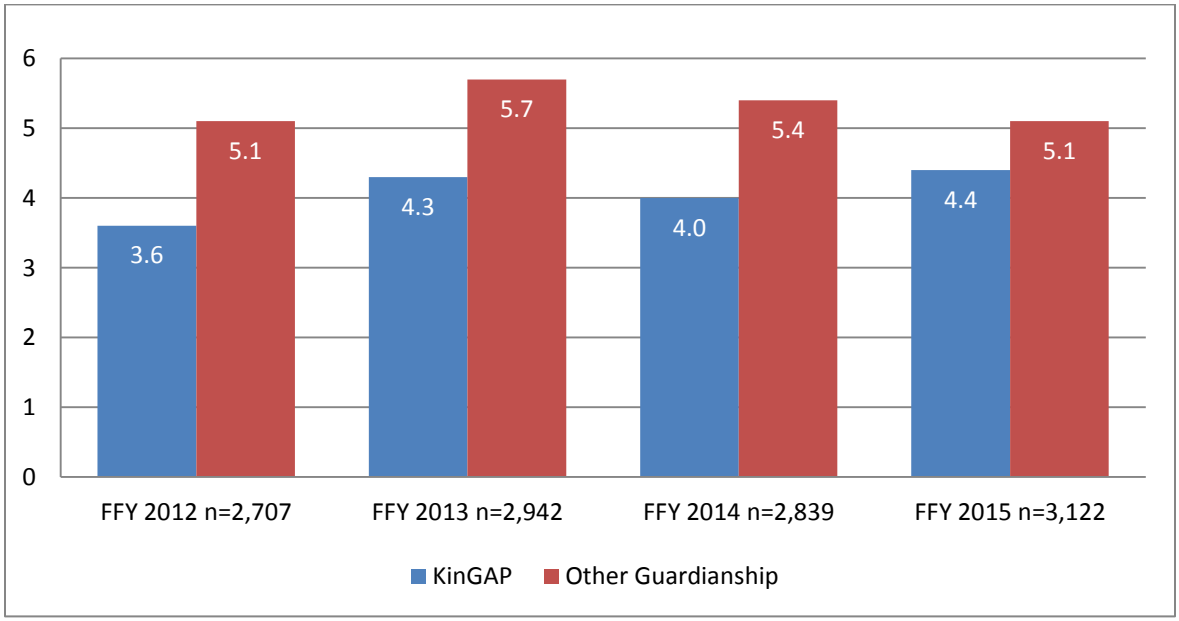
Table 17: Children in Foster Care: Exit Status at 12 Months; Time in Care: 24 Months or Longer

	FFY 2012	FFY 2013	FFY 2014	FFY 2015
Exited to reunification		3.8	3.8	3.6
Exited to adoption		16.5	17	19.9
Exited to guardianship		5.1	4.6	4.9
Exited to non-permanency		4.9	4.7	4.1
Still in care		69.7	69.8	67.6
Total		100	100	100

Table 17 illustrates exits from out-of-home placement into kinship guardianship or other guardianship has decreased slightly from 5.1 percent to 4.9 percent between FFYs 2012 and 2015. This decrease is likely attributable to children being eligible for federal Kin-GAP.

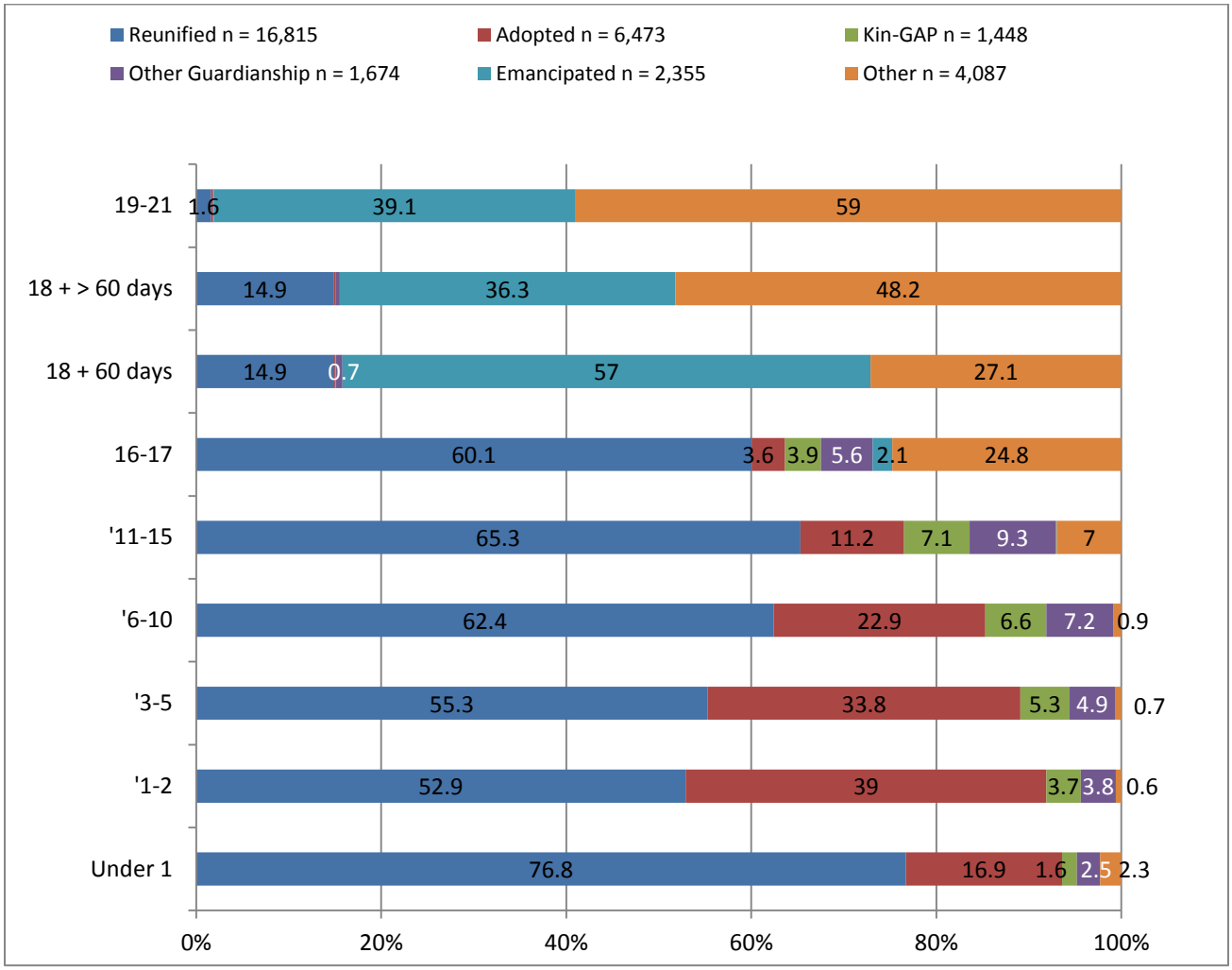
Figure 21 illustrates exits from out-of-home placement into kinship guardianship or other guardianship has decreased slightly from 10 percent to 9.6 percent between FFYs 2013 and 2015. Data indicates a slight decrease in exits to Kin-GAP (rather than all guardianships) from FFY 2013 to FFY 2015.

Figure 21: Exits from Placement into Guardianship. CWS/CMS Q4 2015 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 (9.6 percent in FFY 2015); 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 22: Exits by Age Group and Exit-To Type, CY 2014, Agency: All, Ages: 0-20, CWS/CMS CSSR Data Q4 2015



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 (21 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 23: Exits of all Types by Race/Ethnicity, CY 2014, Agency: All, Ages: 0-20, CWS/CMS CSSR Data Q4 2015

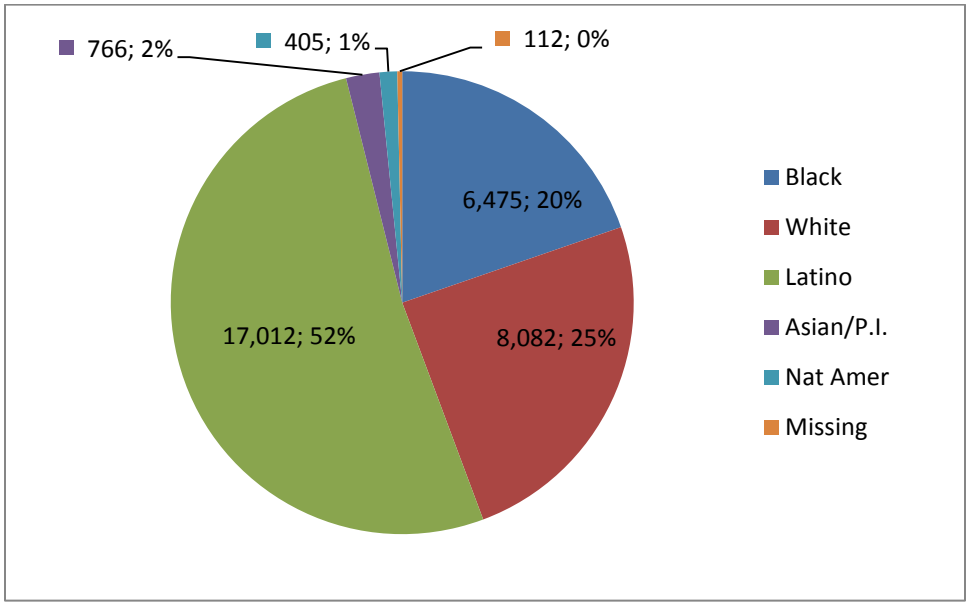
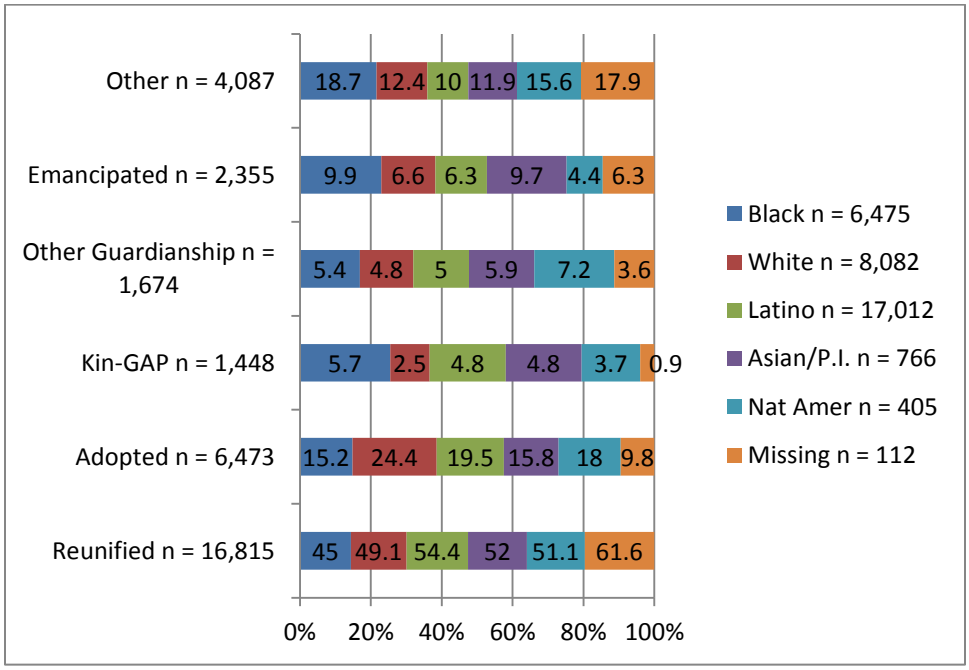


Figure 24: Exits of all Types by Race/Ethnicity and Exit-To Type, CY 2015, Agency: All, Ages: 0-20, CWS/CMS CSSR Data Q4 2015



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.

Summary

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 any permanent plan for a youth 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 have been ruled out. 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.

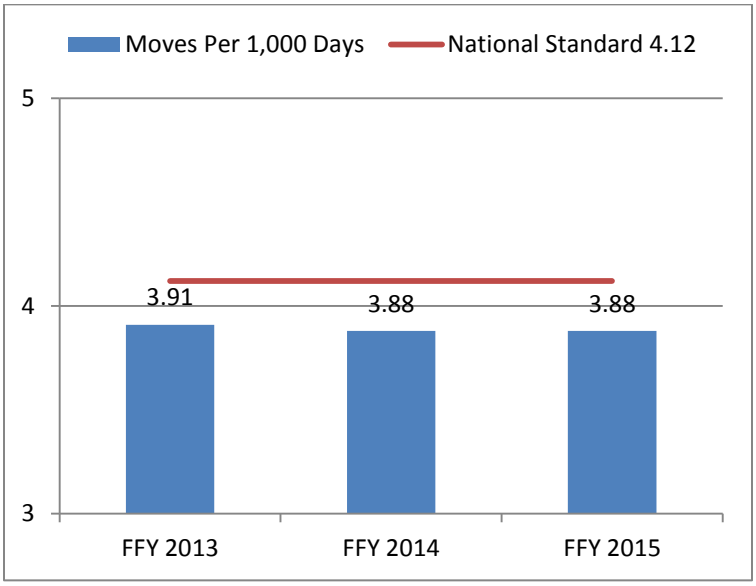
The new provisions allow for a permanent plan of APPLA to be ordered only for children 16 and older and non-minor dependents. The APPLA is the last option a county placing agency may recommend to the court, after the agency has documented all their efforts to establish a more permanent plan at the time 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. We do not currently have meaningful data on the impact of the new APPLA provisions that went into effect on January 1, 2016.

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 2014 to September 2015, the number of placement moves per 1,000 days of foster care remains at 3.88, which meets the national standard of 4.12 or fewer.

Figure 25: Placement Stability, FFY 2013-2015, Agency: All, Ages: 0-17, CWS/CMS CSSR Data Q4 2015



Goal 13: Re-Entry

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

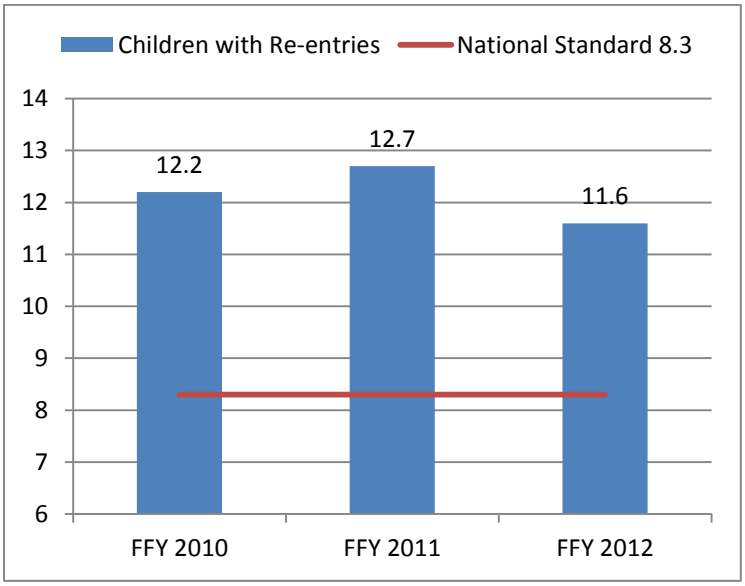
Reentry into foster care is one part of the measure for family reunification. Successful reunification is balanced between timeliness and permanency of reunification. In order for reunification to be deemed successful, children must be returned home as quickly and safely as possible. Failure to permanently 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. After a small

improvement from 12.7 percent in FFY 2011 to 11.7 percent in FFY 2012, the percentage of children re-entering care in FFY 2013 increased to 12 percent.

Figure 26: Re-entry Into Foster Care In 12 Months, FFY 2011-2013, Agency: All, Ages: 0-17, CWS/CMS CSSR Data Q4 2015



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.

All 58 California counties utilize SDM to help assess Risk and Safety of a child who is alleged to be maltreated during the screening and investigation process. In 2015, updated versions of the tools were released to help better and more effectively inform social worker investigations. The updates to tools designed to measure Risk and Safety are listed below. To find out more about SDM, refer to Goal 2.

Risk Reassessment

- Use of neutral language to create a more balanced assessment.
- Definitions rewritten to focus on changes in behavior (not just service participation.)

Reunification Safety Assessment

- Workers are asked to assess if new safety threats have been discovered since the initial investigation

- Worker may assess if the child is safe to return home with a safety plan, even if safety threats still exist (if risk assessment shows low or moderate risk).

Some of California's practices that may contribute to progress towards reentry following reunification may be attributed to the following which are described in greater detail in the 2015-2019 CFSP:

- ✓ SIP Strategies
- ✓ Reassessment Tool and Reunification Reassessment Tool
- ✓ Visitation Evaluation Tool in SDM
- ✓ TDMs
- ✓ Voluntary Family Maintenance (VFM)

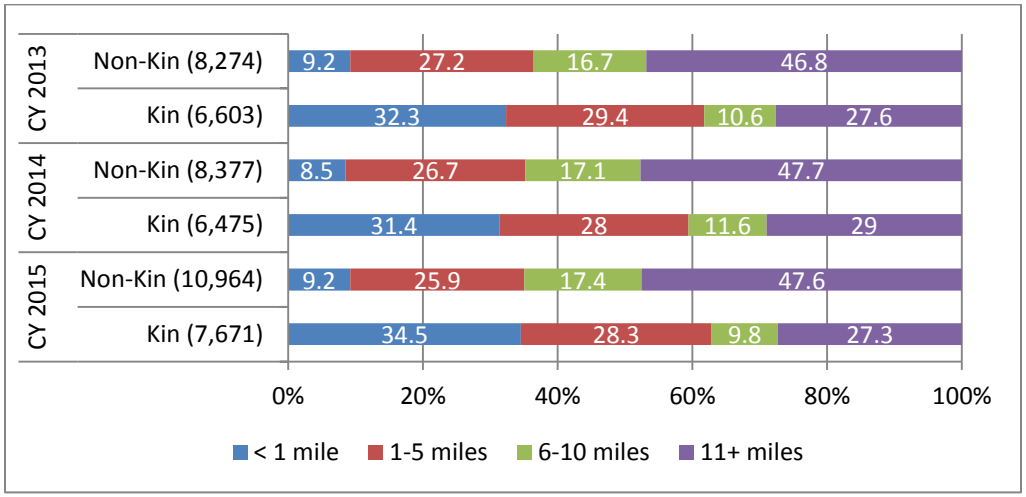
At the core of Child Protection agencies is the issue of reunifying families as quickly as possible and for the family to have mitigated the circumstances around the initial reason(s) that required the child(ren) to be placed in out of home care. While California falls short of the National Standard for this outcome, local county child protection agencies are well aware of its significance and the balance in practice that must be demonstrated between the timeliness and permanency of reunification.

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 CY 2014-2015. 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 address increased from 2014-2015, while placements beyond one mile stayed about the same. Comparing the two fiscal years, the majority of kin placements (59.4 percent in 2014 and 62.8 percent in-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 2013-2015, placements with kin within five miles of the home of removal remained above 59 percent.

Figure 27: 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, CWS/CMS Data Q4 2015.

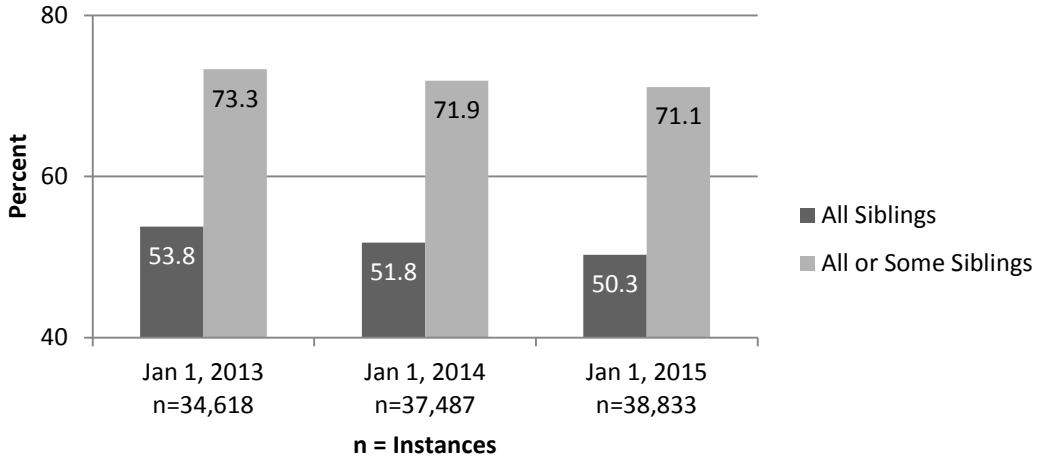


Through its focus on implementing law, policy and practice, California has consistently been able to keep the majority of children in placements that are in close proximity to their parents and communities. As data indicates, more children are placed within ten miles of home or school. The CDSS will 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 decreased from 51.8 percent in January of 2014 to 49.9 percent in January of 2016, and those placed with all or some of their siblings decreased from 71.9 percent in 2014 to 70.8 percent in 2016. Although the number of sibling groups (instances) in the foster care system also decreased by 1.9 percent from January 2015 to January 2016, the continued decrease in performance may be explained by the 2.5 percent increase in the number of siblings needed to be placed together in the foster care system from 60,549 children in January of 2014 to 62,094 children in January of 2016. The number of available placements for siblings is reduced when there are a higher number of sibling groups entering the system.

Figure 28: Point in Time Counts, All Children w/ Siblings Placed Together in Foster Care, CWS/CMS CSSR Data Q4 2014



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 statute mirrors and in some areas has 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, recent state legislation requires social workers to notify attorneys (if different) of siblings being separated in their foster care placements. The efforts made to keep siblings together must be reported to the court. Otherwise, the social worker must explain to the court why placement of the siblings together is not possible and must either outline the efforts s/he is making 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. California's core curriculum for all newly hired social workers includes training on the importance of sibling placement.

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 29 below are the proportion of children who entered care for the first time and who were placed with relatives. This data shows that while the number of relative placements has remained stable, the percentage of placements overall that have been with relatives has increased slightly. 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.

The chart directly below Figure 29 shows the placement stability by placement type to show a comparison with relative placement.

Figure 29a: First Entries into Foster Care – Relative Placement (Kin), Agency Type: All, Ages: 0-20, CWS/CMS Data Q4 2015

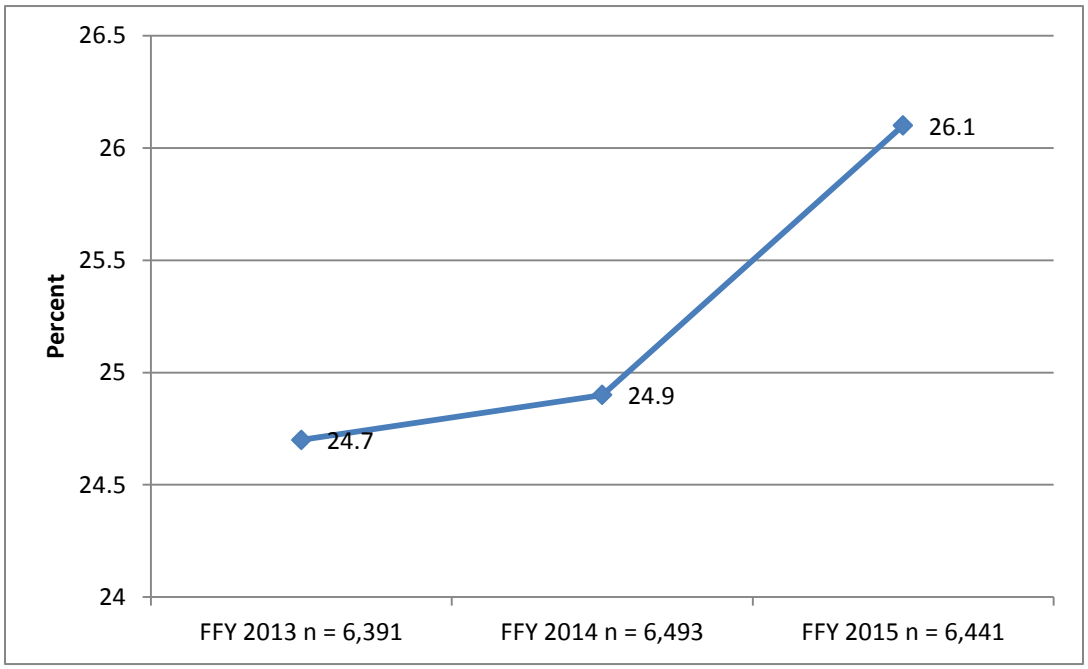
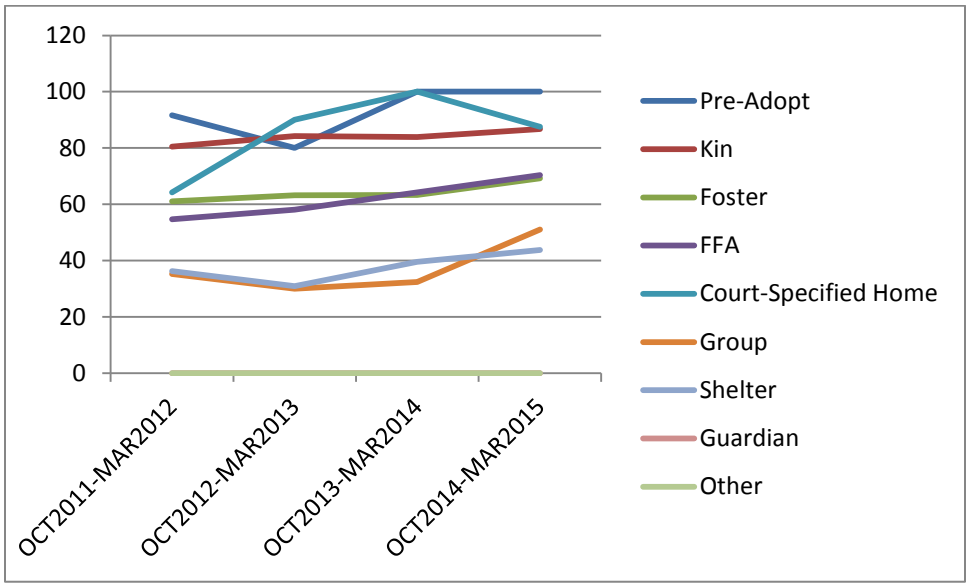


Figure 29b: Placement Stability: Percent of children still in care at 12 months in placement number 1, 2



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 154 family inquiries are made about waiting children each month.

During this time period:

- 42 percent of the children were on the public section of the website.
- 58 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 49 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 24 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 18: 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 4/1/2015 – 3/31/2016:

- 27 youth matched through the public website
- 1 youth matched through the secure website
- 4 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 4/1/2015 – 3/31/2016:

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

Table 19: County of Origin of Children Matched and Placed through CKC Activities, April 1, 2015 to March 31, 2016

County	Number of Children Matched	Number Children Placed
Riverside	21	22
Orange	3	
San Bernardino	1	
Shasta	2	
Los Angeles	1	
Butte	1	1
Sonoma	2	
CDSS Chico	2	
CDSS Sacramento	2	
Contra Costa	1	
Sierra Forever Family	2	
Sacramento Dept. HS	2	
Santa Cruz	1	
Alameda	2	
TOTAL	43	23

Adoption Navigator Services

CKC has navigation agreements with five participating counties to provide "Adoption Navigator" services for the children listed on the California Kids Connection website.
There are two 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, 2015 through March 31, 2016 the Adoption Navigators have served 231 NEW children and 10 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 4/1/2015 – 3/31/2016, the Recruitment Response Team has answered inquiries of 919 families; average 77 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 2015 to March 2016, CKC staff answers an average of 45 calls each month. Approximately 54 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
21/month	6/month	6/month

As a response to the information and referral calls, the CKC staff mails an average of six information packets in English and six information packets in Spanish per month. Information packets are also provided through electronic email and an average of 21 informational emails are sent in English each month.

3) Foster and Kinship Care Education Program

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.

California is currently working on several initiatives and projects that, while not directly focused on diligent recruitment efforts, are seeking strategies to better meet the children of color that are disproportionately represented in foster care. Engaging communities of color in meeting the needs of children in care will significantly support the recruitment efforts. These key efforts include:

- *CAPP* - This federally funded project is directed at reducing the numbers of African American and Native American children and youth, the two most overrepresented children in California's foster care system, who remain in long term foster care. One of CAPP's primary principles is to engage youth, families, parents, community members, caregivers and tribes in attempting to find solutions to this problem. Four counties (Fresno, Humboldt, Los Angeles and Santa Clara) working with community and Tribal partners have implemented the CAPP Child and Family Practice Model. Working together throughout the year at local and cross site meetings, the core elements and practice behaviors that support consistent implementation of the Practice Model were developed, refined and are being tested at the local sites. All four counties are engaged in activities to address system barriers, develop implementation teams, coaching for competence, and conducting fidelity assessments and evaluation activities. The focus of CAPP during this reporting period has been the rollout of the CAPP Practice Model, and refinement of CAPP evaluation activities, fidelity assessment tool and protocols. Activities during this reporting period are discussed in detail in the introduction to the Permanency section.

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 family home caregivers. This was necessary to accommodate the number of children that will shift from group care to foster family homes. 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.
- 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, and AB 403 (Chapter 773, Statutes of 2015), implemented the CCR initiative and enacted provisions governing the application and, award of funds, 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, 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. The 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 based on a flow basis. The 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 the CDSS totaled over $130 million). Therefore, in making funding recommendations the 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.

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." These reports are due by September 30, 2016, therefore the efficacy of activities and data are unknown at this time.

Future Plans

The Budget Act of 2016 includes approximately $42.8 million for FPRRS activities, which will be allocated to all county child welfare departments and county probation departments that submit applications for funding. Counties which received FPRRS funding for SFY 2015-16 are expected to continue the recruitment, retention and support activities, and may expand these activities or implement additional efforts via an application. (While CDSS intends to allocate SFY 2016-17 funding under a different methodology, all counties will receive at least the level of funding which was awarded in SFY 2015-16.) In addition, CDSS expects a greater number of probation departments to apply for FPRRS funding in order to identify family-like placements for probation foster youth whom they supervise. Enhanced FPRRS funding is expected to continue through SFY 2017-18.

For the SFY 2015-16, 54 counties submitted plan requesting funding. The four counties that did not request funding (Alpine, Calaveras, Lassen and Sierra) are 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 - are fairly low. As stated above, the SFY 2016-17 funding will be awarded under a different methodology and CDSS expects that all 58 counties will apply for these funds. Only the counties that received FPRRS funds will need to provide a report on how the funds were used and the outcomes.

PIT Data as of January 1, 2016

Figure 30: Children in Care by County

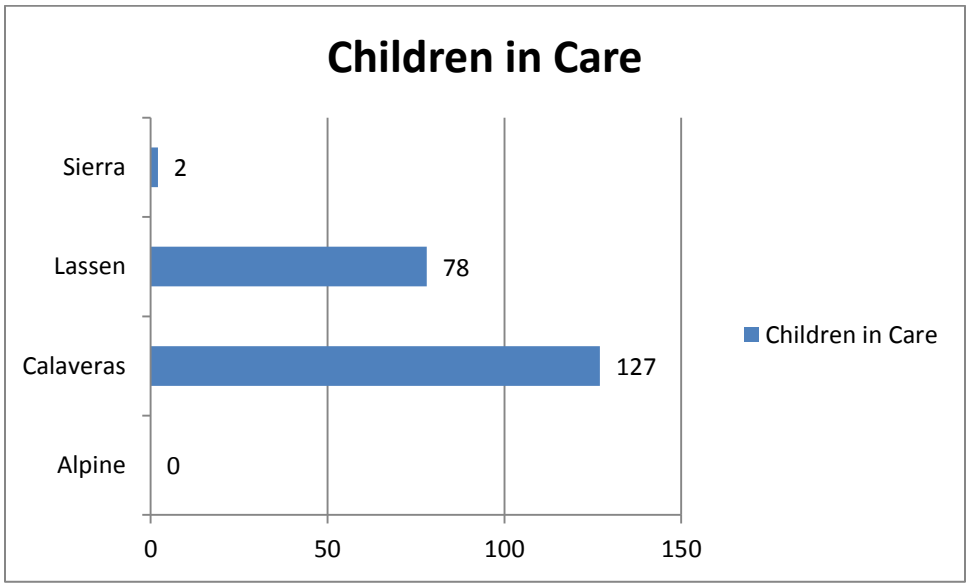
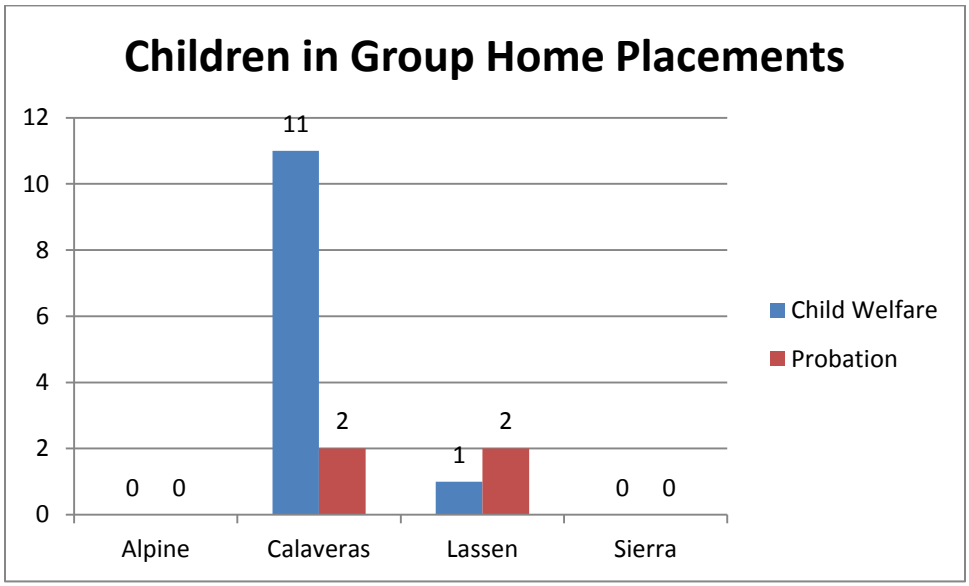
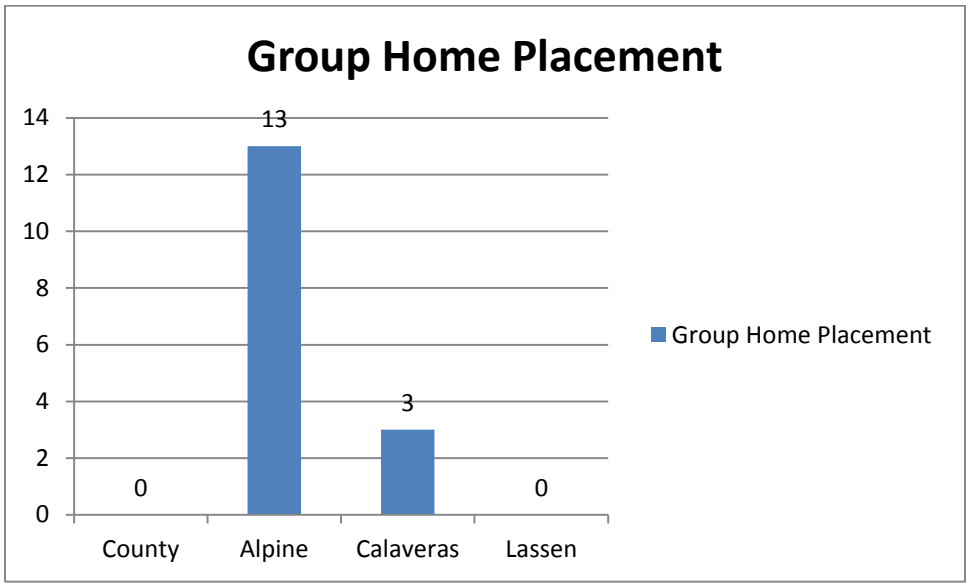


Figure 31a: Group Home Placements



Or

Figure 31b: Group Home Placements



Welfare and Institutions Code section 16003.5(b) states that all child welfare departments and county probation departments requesting FPRRS funding for FY 2016-17 must, by September 1, 2016, submit an application which contains 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.

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 2015. The row highlighted yellow contains cases closed due to involvement with the criminal justice system. The total of 583 cases closed for this reason has decreased from 770 cases closed in FFY 2014.

Table 20: Case Closure Reasons by Age, Agency Type: CW and Probation, FFY 2015, CMS/CWS Data 2015 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	
Family Stabilized	761	2,355	2,910	4,401	3,384	1,005	86	65	2	14,969
Court Ordered Termination	439	2,237	3,155	4,607	3,170	1,258	285	543	727	16,421
Reunification	120	707	882	1,138	1,002	1,071	102	263	84	5,369
Adoption	185	2,013	1,892	1,562	580	117	5	2	16	6,372
Guardianship	65	362	564	905	759	333	14	14	4	3,020
Age/Emancipation	0	0	0	2	3	20	387	311	2,129	2,852
Refused Services	183	224	299	419	323	127	13	44	53	1,685
Exceeded Time Limits	55	191	224	371	305	123	11	27	47	1,354
NMD/NRLG Eligible for Reentry	0	0	0	0	0	0	91	313	491	895
Criminal Justice Involvement	0	0	0	0	132	325	32	60	30	583
Other	92	82	101	150	222	235	45	64	74	1,065
Missing	.	.	.	.	.	.	.	.	.	.
Total	1,900	8,172	10,029	13,556	9,880	4,614	1,071	1,706	3,657	54,585

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 State Fiscal year 2014-15:

- 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.

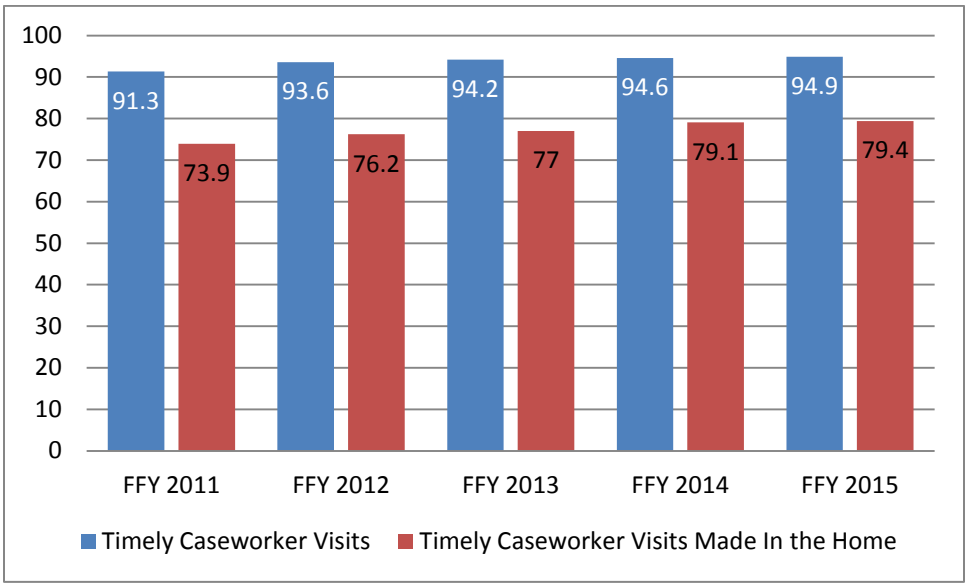
- Family Resource Centers (FRC) provide a multitude of services to meet the needs of families and communities. The FRCs are a vehicle for families to undergo an intake process for the case manager to learn the family's needs and how to build the five protective factors. In addition, FRCs can provide 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 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 94.9 percent for FFY 2015, thus demonstrating California's positive progress towards meeting the federal benchmark of 95 percent. Timely caseworker visits in the residence for out of home cases continues to increase and reached 79.4 percent in FFY 2015, which is far above the national benchmark of 50 percent.

Figure 32: Timely Caseworker Visits for Children in Out of Home Care, CWS/CMS CSSR Q4, 2015



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. In 2015, Assembly Bill (AB) 854 passed, which has extended the FYSCP 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 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 data share has resulted in school districts being able to successfully identify and serve over 90 percent of foster youth enrolled in California schools. Some data entry

problems have been identified in the data exchange and strategies are being implemented to address those issues which will likely result in an increased match rate.

The CDSS is also in the process of developing a second MOU with the CDE to allow additional sharing of foster youth data. This MOU will allow the CDE to share educational information with the CDSS regarding students in foster care. This information will allow the CDSS to more closely monitor the educational services of youth in foster care. Once the second MOU is in place, CDSS will have 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. The more information CDSS and ultimately the child welfare agencies have about foster youth, the better we serve these children and families.

Since implementing the LCFF, there is an increased need for partnership between educational agencies and child welfare, in order to serve the needs of foster youth students. Currently CDSS is working with the CDE to ensure that FYSCPs and child welfare agencies are working together at the local level. A first step to this process has been to survey FYS coordinators throughout the state. The survey results showed that there are some communication issues in some regions between County Offices of Education (COEs) and county child welfare agencies. These concerns echoed the concerns raised by the IEOCC state interagency team, which resulted in the formation of a small workgroup led by the Department of Justice's Children's Bureau. This workgroup is going to offer legal and programmatic guidance about educational information sharing to county counsel and other parties who work with foster youth students. This group has members from the Children's Bureau, the California Department of Education and the CDSS. The group aims to deliver some guidance about foster youth educational information sharing by August of 2016.

Goal 22: Physical and Mental Health

Schedule for Initial and Follow-up Health Screenings

There have been no changes in the implementation of the EPSDT standards of care for Medicaid eligible children and youth in foster care. California foster youth must have an exam by the end of their age period, based on the schedule outlined in Table 21 (for fee-for-service Medi-Cal counties) and Table 22 (for children placed in managed care counties). Both Medical Exam Periodicity Schedules meet the federal requirement for reasonable standards of medical practice. The fee-for-service providers are in the process of adopting the Periodicity Schedule currently used by managed care providers. By July 1, 2016 the schedule of exams will be the same for all foster youth. A child is considered out-of-compliance when the child leaves an age period without an exam. These data include out-of-home child welfare supervised children in placement for 31 days or more, but excludes children in probation and those without placement (including runaways), non-foster care placement, non-dependent legal guardians and incoming ICPC cases.

Table 21: Medical Exam Periodicity (fee-for-service)

Age of Child	Interval Until Next Exam
Under 1 month old	1 month
1 – 6 months	2 months
7 – 15 months	3 months
16 – 23 months	6 months
2 – 3 years	1 year
4 – 5 years	2 years
6 – 8 years	3 years
9 – 19 years	4 years

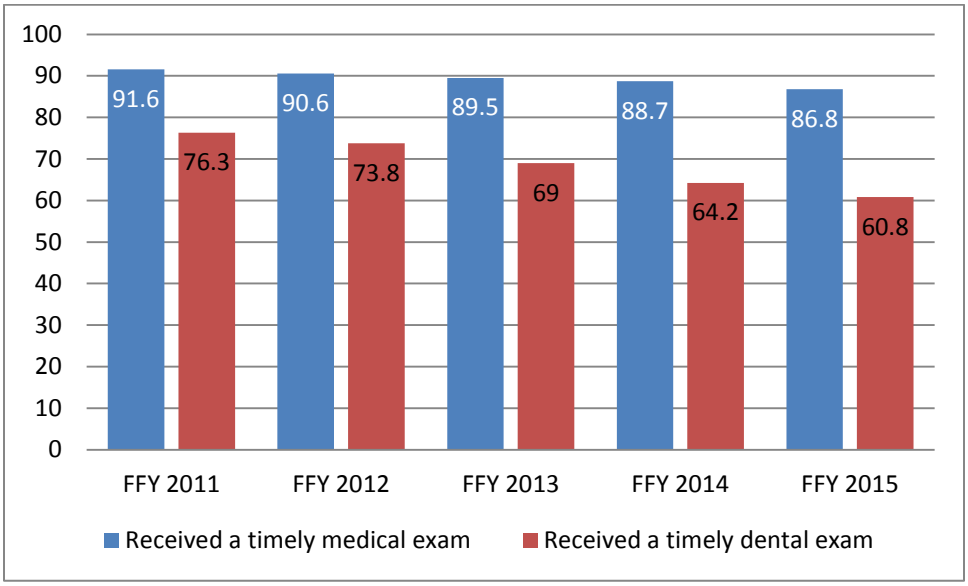
Table 22: Medical Exam Periodicity (managed care)

Age of Child	Interval Until Next Exam
Under 1 month old	1 month
1 – 6 months	2 months
7 – 15 months	3 months
16 – 30 months	6 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 33, the state's average percentage of children who receive timely medical exams is 86.8 percent. Figure 33 also indicates the percentage of children receiving timely dental exams is 60.8 percent. Recent data indicates a decrease in percentages of children receiving timely medical and dental exams in 2015. 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. Local Dental Pilot Programs (LDPP) are slated to begin 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 33: Timely Medical and Dental Exams, Agency: CW, FFY 2011-2015, CWS/CMS CSSR Q4, 2015



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 2015, 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;

- Assisting 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.

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. Senate Bill 319 (SB 319) was enacted in 2015 which 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. SB 319 also adds "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. 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.

Senate Bill 238 (SB 238) was enacted in 2015 which required the Judicial Council of California to amend and adopt rules of court and develop additional forms. Under the new law, the child, caregiver(s), and Court Appointed Special Advocate (CASA) if any, will now have 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 2014-2015, 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:

- "Guidelines for Use of Psychotropic Medication with Children and Youth in Foster Care", a guide 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 Youth Mental Health Bill of Rights and Questions to Ask about Medications document was developed and disseminated in a in a youth-friendly brochure;
- A Psychotropic Medications Resource Guide for group home providers; and
- The project workgroup is also in the final stages of development of Wellness Workbook for youth 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 2015 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. This agreement allows DHCS to share the information with CDSS that is needed for 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 and can receive these county specific reports. To date, 20 counties have entered into agreements. The county specific reports contain at a minimum, the following information:

- psychotropic medications that have been authorized for the child,
- pharmacy data, including the name of the medication, quantity and dose prescribed,
- other available data including information regarding psychosocial interventions and incidents of polypharmacy.

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 year, 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.

Two new psychotropic medication measures were completed 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." Data regarding these measures is now posted on the California Child Welfare Indicators website. Five additional outcome measures are under development. These measures include:

- The use of multiple concurrent medications;
- The use of first-line psychosocial care;
- Metabolic screenings for foster youth taking a newly prescribed psychotropic medication;
- Ongoing metabolic monitoring for foster youth on antipsychotic medications; and
- Follow-up visits with the prescribing physician.

Table 23 shows the data for Measure 5a1 stratified by placement type, ethnic group, gender and age. These measures will allow California to more accurately track the use of psychotropic medications by youth in foster care.

Table 23: Use of Psychotropic Medications among Children in Foster Care by Placement Type, July 1, 2014 through June 30, 2015

	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	**7,583**	**81.4%**	**73,946**	**93.4%**	**10.3%**
Group Home	2,929	38.6%	5,114	6.9%	57.3%
Foster Family Agency	1,705	22.5%	20,138	27.2%	8.5%
Relative/NREFM Home	1,394	18.4%	30,127	40.7%	4.6%
Foster Family Home	774	10.2%	6,550	8.9%	11.8%
Guardian Home (Dependent)	358	4.7%	1,533	2.1%	23.4%
Pre-Adopt	209	2.8%	7,790	10.5%	2.7%
Small Family Home	60	0.8%	193	0.3%	31.1%
Other Placement[1]	92	1.2%	1,388	1.9%	6.6%
Data Not Entered/Unknown	62	0.8%	1,113	1.5%	5.6%
County Probation Department	**1,734**	**18.6%**	**5,220**	**6.6%**	**33.2%**
Group Home	1,609	92.8%	4,359	83.5%	36.9%
Other Placement[2]	55	3.2%	575	11.0%	9.6%
Data Not Entered/Unknown	70	4.0%	286	5.5%	24.5%
Total	**9,317**	**100.0%**	**79,166**	**100.0%**	**11.8%**

Source: CWS/CMS 2015Q3 and MIS/DSS as of 12/03/2015

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 Race/Ethnicity, July 1, 2014 through June 30, 2015

	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	4,081	43.8%	41,575	52.5%	9.8%
White	2,594	27.8%	18,596	23.5%	13.9%
Black	2,336	25.1%	16,131	20.4%	14.5%
Asian/PI	181	1.9%	1,653	2.1%	10.9%
Native American	104	1.1%	1,006	1.3%	10.3%
Data Not Entered/Unknown	21	0.2%	205	0.3%	10.2%
Total	**9,317**	**100.0%**	**79,166**	**100.0%**	**11.8%**

Source: CWS/CMS 2015Q3 and MIS/DSS as of 12/03/2015
Please note: Measure 5a.1 represents preliminary data due to lag times in reporting from Medi-Cal pharmacy providers.

Table 25: Use of Psychotropic Medications among Children in Foster Care by Gender, July 1, 2014 through June 30, 2015

	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	3,706	39.8%	37,736	47.7%	9.8%
Male	5,611	60.2%	41,429	52.3%	13.5%
Data Not Entered	-	0.0%	1	0.0%	0.0%
Total	**9,317**	**100.0%**	**79,166**	**100.0%**	**11.8%**

Source: CWS/CMS 2015Q3 and MIS/DSS as of 12/03/2015
Please note: Measure 5a.1 represents preliminary data due to lag times in reporting from Medi-Cal pharmacy providers.

Table 26: Use of Psychotropic Medications among Children in Foster Care by Age Group, July 1, 2014 through June 30, 2015

	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	202	2.2%	30,845	39.0%	0.7%
6-10 years	1,959	21.0%	16,995	21.5%	11.5%
11-15 years	3,867	41.5%	17,059	21.6%	22.7%
16-17 years	3,289	35.3%	10,300	13.0%	31.9%
Data Not Entered	-	0.0%	3,967	5.0%	0.0%
Total	**9,317**	**100.0%**	**79,166**	**100.0%**	**11.8%**

Source: CWS/CMS 2015Q3 and MIS/DSS as of 12/03/2015
Please note: Measure 5a.1 represents preliminary data due to lag times in reporting from Medi-Cal pharmacy providers.

The data clearly indicates 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 homes site visits were conducted. Youth and staff were interviewed and case records and documentation was 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 these site visits was key in the implementation of Senate Bill 484 (SB 484), also enacted in 2015. SB 484 adds additional record keeping/document requirements related to psychotropic medications for group home facilities to maintain in the child's file. It also requires CDSS to compile specified information regarding the administration of psychotropic medications to children in foster care in group homes based on data from DHCS and at least annually post on its website. Additionally CDSS, in consultation with the DHCS and stakeholders, must establish a methodology to identify group homes that have levels of psychotropic drug utilization warranting additional review, and to inspect identified facilities at least once a year. The QI Project formed a new workgroup to establish the new methodology and to inform regulation development related to the inspections that will be conducted beginning in July 2016. These efforts are currently under way.

Ensuring children and youth receive services to meet their physical and mental health needs continues to be a priority for California. In the past year, functionality added to the CWS/CMS system provides counties 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 mental 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 most recently the passage of Assembly Bill (AB) 403, 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.

The *Katie A. v. Bontá, et. al* was a class action lawsuit filed in federal district court in 2002 concerning the availability of intensive mental health services to children and youth in California who are either in foster care or at imminent risk of entering into care. The Settlement Agreement was reached in December 2011 and both the California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS) developed a series of actions to transform the way children and youth in foster care or at risk of placement in California's foster care system receive access to mental health services. These actions have included developing and implementing a Pathways to Well-Being (PWB) Core Practice Model (CPM); screening, assessing and providing children and youth with Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) services; and providing technical assistance to counties in the design and implementation of truly integrated models of care delivery.

The additions of ICC and IHBS for eligible children and youth broadens California's child welfare

service array. 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, with fifty-two counties providing ICC and/or IHBS (see page 53 of the California CFSP for a description of these services). The figures below show the progression of implementation for these specialty mental health services and increased capacity of county systems to identify and serve children in foster care with mental health needs. Data in the table below demonstrate continued gains in provision of ICC and IHBS by the counties during a period of movement toward stabilizing implementation and at a time when the child welfare census fell statewide. Placed in the context of qualitative data provided in county progress reports, which describe significant improvements in shared information and data systems as well as more coordinated screening, referral, assessment, and tracking processes being implemented by the counties, these numbers tell the story of counties' efforts not only to build a foundation of joint implementation but to strengthen and sustain targeted, intensive mental health services within the CPM (discussed further in the Well Being section). The table below demonstrates county progress during the period of March 2014 to February 2015.

Table 27: Key Indicators of County Progress Between the October 2014 and April 2015 Katie A. Progress Reports

Measure	October 2014	April 2015	Percent Difference
Counties Providing ICC and IHBS	50	52	↑ 4 percent
Children & Youth Receiving ICC	5,800	6,429	↑ 11 percent
Children & Youth Receiving IHBS	4,006	4,364	↑ 9 percent
Children & Youth Projected for Services by Next Report Period	8,558	8,638	↑ 1 percent

Source: Katie A. Semi-Annual Progress Reports, March 1, 2014-August 31, 2014 and September 1, 2014-February 28, 2015

Moreover, since implementation began in 2013, the number of children and youth receiving ICC and IHBS has increased from 812 to 10,793 children and youth, as of April 2015. While earlier stages of implementation witnessed the largest increases in service provision, the number of children and youth receiving ICC and IHBS continues to grow, as does the number of counties providing these services. As the table below displays, the number of children and youth receiving ICC and IHBS continued to increase with each progress report. Note that the time period associated with this data covers a timeframe of eighteen months (October 2013-April 2015).

Table 28: Data Measures from Semi-Annual Progress Reports

Data Measure from Semi-Annual Progress Reports	October 2013	May 2014	October 2014	April 2015
Counties Providing ICC and IHBS	16	42	50	52
Children and Youth Receiving ICC	500	3,969	5,800	6,429
Children and Youth Receiving IHBS	312	2,862	4,006	4,364

Reasons for this growth can be attributed to several factors, including: expanded capacity, improved coordination between child welfare and mental health, ongoing staff training and enhanced screening, referral and assessment processes within counties. As counties move forward with implementation and continue to enhance the infrastructures already in place, the long-term goal of providing ICC and IHBS to every identified child and youth will be realized.

Much of the increased service provision can be attributed to expanded staff training. In previous progress reports, counties indicated training was a barrier to implementation. Between the October 2014 and April 2015 progress reports, the number of counties that cited training as a barrier decreased from 26 to 16. Many counties have engaged in intensive staff training over the past year. This has included internal county trainings, State sponsored trainings and training provided via contractors. While each county has unique needs in this area, several agencies have focused their training efforts in the following areas: Core Practice Model; Child and Family Teaming; Trauma Informed Practice; and Cultural Humility. One very encouraging aspect of these trainings can be seen in how many of them are jointly developed and attended by Child Welfare, Probation, and Mental Health. Counties also recognize that frequent staff turnover and movement requires the ability to provide ongoing training and they have accounted for this by developing appropriate training plans.

Not only are counties incorporating ongoing training, but they are also engaged in other long-term planning in order to achieve sustainable change going forward. For example, county child welfare, probation, and mental health departments have developed policies and procedures for identifying and providing services to identified children and youth, expanded provider contracts, added staff positions and infused outcome measures in order to monitor and improve services. During the State's technical assistance calls with counties, conversations have taken place about the need to create a foundation that can support systemic change and a new way of doing business. The planning and activities undertaken by counties demonstrate a commitment to achieve a common framework that integrates service planning, delivery coordination and management among all those involved in working with children involved in multiple service systems.

A critical piece in working together to improve outcomes for child welfare youth and families centers on the exchange of data. Since the early stages of implementation, data sharing has been a struggle for many counties. Confidentiality and privacy concerns have prevented the sharing of certain beneficiary information between agencies. However, in the past year, most counties have overcome these challenges through the development of data sharing agreements between agencies and the implementation of standard protocols. Although some counties are still working through data sharing barriers related to incompatible tracking systems and Health Insurance Portability and Accountability Act (HIPAA) regulations, the ability to exchange information in order to coordinate services for children, youth and their families has undoubtedly resulted in greater collaboration between agencies across the state.

The State received approval from the Centers for Medicaid and Medicare Services (CMS) in February 2016 for a reimbursement methodology under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit for Medi-Cal contracted agencies that will be providing TFC services to children and youth with intensive mental health needs. TFC is identified as one of the major services provided through PWB (alongside ICC and IHBS) and is included in the CPM. TFC providers will be change agents that provide individualized behavioral health care for children who have been traditionally placed in group care, but have been assessed as needing more personalized individual care. For successful implementation of TFC, beginning January 1, 2017, additional policies and programs will need to be developed to ensure provider quality and access. This includes, and is not limited to, areas regarding Medi-Cal certification; screening and assessments; child and family teams; service planning; monitoring and transitions. On January 12, 2016, the CDSS and the DHCS released All County Information Notice (ACIN) I-06-16, which updated counties around the work the State has been working on with internal and external stakeholders in developing the fundamental components of TFC. In addition, the ACIN encouraged counties to continue discussions regarding cross-agency discussions for successful implementation of TFC. As a follow up to ACIN I-06-16 the CDSS and the DHCS are in the process of finalizing a second ACIN, which provides the TFC Model Overview, and addresses 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. The notice also includes helpful resource information, builds from the Katie A work that has been occurring, and connects to the work that is being done for CCR implementation. The ACIN is scheduled to be released by June 30, 2016.

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 2014-15 thirty-two counties reported serving more than 16,000 individuals and over 2,000 families through Behavior Health and Mental Health Services in California.

PWB Shared Management Structure (SMS)

A Shared Management Structure (SMS) has been implemented at the state level, comprised of an Executive Team with members drawn from the leadership of both CDSS and DHCS; 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; and a Transformation Manager that continues to assist the Departments in the successful installation of this SMS. Corresponding structures are being developed or strengthened in many counties to support child welfare, probation, and mental health departments with their collaborative efforts to serve children and youth with mental health needs.

The following work was completed in SFY 2015-2016:

- The Community Team finalized a Charter to define its role within the SMS and an Action Log to track progress toward its stated goals. The Community Team meets monthly, with additional work taking place offline via conference calls and ad hoc committees in between scheduled meetings.

- A Memorandum of Agreement to guide the continued collaboration and coordination between the CDSS and the DHCS to jointly manage the PWB service and system integration has been developed and signed by the Executive Team of the SMS.

- Collaborative efforts are continuing with the county CWS and MHP, the DHCS Performance Outcome System and the State Team to determine what will be measured to evaluate progress in implementing and providing access to services and supports, including EPSDT services, within an integrated CPM The Community Team has also 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 enhance data matching efforts, the CDSS and the DHCS have developed a Data Warehouse, which is an infrastructure that would create a shared data environment. CWS/CMS data will be matched with the entire Medi-Cal population on a regular basis and the CDSS would have direct access to the matched paid claims which will streamline reporting processes.

- The regional learning collaboratives discussed in the prior report held a final statewide convening in August 2015 to share promising practices and lessons learned through the implementation of the new Medi-Cal service codes, the CPM, identified needs for training and technical assistance, and additional county strategies to overcome barriers and challenges to providing services. Some counties, such as the four counties participating in the Southern Learning Collaborative, have elected to continue meeting on a regular basis to provide an ongoing forum for county-to-county consultation and technical assistance.

- 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* that incorporates critical and timely information from a broader range of system reform and integration efforts such as the CCR, PWB, and the California Child and Family Services Review (C-CFSR). 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. Beginning in January 2016, an *Integrated Practice Bulletin* is produced on a monthly basis, summarizing the information provided and providing links to useful resources on policy and practice guidance discussed during each call; this bulletin is disseminated electronically about two weeks after the call. Topical webinars and other consultative technical assistance continue to be offered to further address the policy and program implementation needs of counties as identified through their on-going inquiries submitted to the State Team either by phone, in-person at site-visits or meetings, or by email.

The Core Practice Model (CPM)

The CPM is about working together to improve outcomes for children, youth and families, a value that has been infused within California child welfare and mental health initiatives over the last several decades. It is about changing the way one works; from working with children, youth and families in an individual system or agency to working within a team environment to build a culturally relevant and trauma-informed system of supports and services responsive to the strengths and underlying needs of families being served jointly by child welfare and mental health.

Services within the CPM 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 change. 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).

In an effort to align with the recently developed Child Welfare Core Practice Model, a multi-disciplinary workgroup has been established with child welfare, behavioral health, probation and their corresponding associations to look at merging practice behaviors under one shared integrated practice approach. This work is being facilitated by the Transformation Manager of both CDSS and DHCS to ensure that the work established under the Pathways to Well Being (formerly Katie A) continues to be implemented so that the shared practices continue to benefit the children, youth and families in California. A new shared practice model will be developed by early spring of 2017.

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.

Commercially Sexually Exploited Child (CSEC) Program

SB 855 (Chapter 29, Statutes of 2014) amended the Welfare & Institutions Code (WIC) Section 300 to clarify that under existing law, commercially sexually exploited children whose parents or guardians failed or were unable to protect them may fall within the description of 300(b) and be adjudged as dependents of the juvenile court. Additionally, SB 855 added WIC 16524.6 to 16.524.11, the CSEC Program. This is a voluntary county child welfare agency opt-in program as described below.\

County Opt-In Program

The CSEC Program required participating child welfare agencies to develop County Plans and Interagency Protocols that uses a multidisciplinary team (MDT) approach to identifying and serving CSEC. Additionally, county child welfare agencies were required to develop a steering committee. The steering committee in each county is responsible for overseeing the development and implementation of the Interagency Protocol and is led by a representative of the county human services department that includes, but is not limited to, representatives from county probation, county mental health, county public health, juvenile justice, law enforcement, and social service agencies. The MDT requires the attendance of child welfare worker, probation, mental health/alcohol and drug therapist, and public health. It is highly encouraged to also engage the youth, youth's parents/caregivers, attorney, education staff, CSEC provider agencies, and advocate. The MDTs assess and address immediate and long term needs and ensures that the basic needs of the child and family are met. The MDTs conduct safety planning to proactively plan for triggering events and coordinate, monitor and adjusts the case plan to achieve the desired outcomes. The MDT meetings are convened upon initial identification to meet any immediate needs and at regularly scheduled intervals for case review and ongoing support.

The CSEC Model Interagency Protocol Framework (Model Framework) was prepared by the California Child Welfare Council's Commercially Sexually Exploited Children Action Team (CSEC AT), whose goal was to develop a coordinated, interagency approach to ensure that children who are commercially sexually exploited and children at-risk of becoming exploited are identified, protected and receive the services they need to overcome trauma and thrive. The Model Framework was issued in an all-county information notice (number I-23-15) that provided best practices and guidance to all counties. For the 35 counties who opted into the CSEC Program during the State Fiscal Year 2014-15, it assisted them in developing their required Interagency Protocols, steering committee, and establishing a structure for individualized multidisciplinary teams (MDT) for identified CSEC, and defining the responsibilities of each agency participating in the county's interagency protocol.

Thirty-five of California's 58 counties participated in the county-optional SFY 2015-16 CSEC Program and received $10.75 million in state funding to provide services to youth. Key services included medical care, safe housing/placements, advocacy, and therapy to address trauma suffered by CSEC victims. Twenty-three counties did not opt-in to the state CSEC Program. However, all 58 counties received individual allocations to comply with the Preventing Sex Trafficking and Strengthening Families Act/P.L. 113-183 (Federal CSEC Program). This law was codified in SB 794 and became operative on January 1, 2016.

Assessment/Identification

Trafficked youth are typically not identified until years after their exploitation has begun. To address this gap WestCoast Children's Clinic (WestCoast) developed the Commercial Sexual Exploitation - Identification Tool (CSE-IT) to improve the early identification of trafficked youth and establish reliable prevalence estimates. The CSE-IT is currently being piloted in 58 county agencies and community-based organizations across California, including in 20 child welfare agencies and nine probation departments. WestCoast trains all users of the tool and is developing a train-the-trainer curriculum. Data collected during the pilot is being used to validate the tool. The pilot ended in May 2016 and the final, validated CSE-IT will be implemented in August 2016. WestCoast is developing a version of the CSE-IT for use by child abuse hotline staff, and will be implementing the hotline version in the summer of 2016.

The CSE-IT is an information integration tool comprised of ten key indicators that research has shown to be correlated with exploitation, or that were identified by service providers and survivors as being important. In practice, the provider completes the CSE-IT following their routine meeting with the youth, using any information available to them. The final score indicates whether there is "no concern," "possible concern," or "clear concern" that exploitation is occurring. The final score helps the provider to determine the appropriate next step. WestCoast Children's Clinic recommends the CSE-IT be used to screen every youth age 10 and older within 30 days of intake and every six months.

Federal CSEC Requirements issued ACL 16-08, dated January 25, 2016, which provided instructions to county welfare agencies and county probation departments on the implementation of the

Preventing Sex Trafficking and Strengthening Families Act, hereinafter referred to as the "federal act", which was signed into law on September 29, 2014. State law implementing these provisions was enacted in SB 794. These provisions are set forth in WIC §16501.1(f)(19), 16501.35 and 16501.45, and Penal Code §11165.1 and 11166(j)(2)(3). The federal act draws from the Trafficking Victims Protection Act of 2000 (PL 106-386) to define "sex-trafficking victim." Specifically, the definition specifies that a sex trafficking victim is:

- An individual subject to the "recruitment, harboring, transportation, provision, or obtaining of a person for the purposes of a commercial sex act;" or
- A victim of a "severe form of trafficking a person" in which "a commercial sex act is included by force, fraud, or coercion, or in which the person induced to perform the act is under 18 years of age."

In order to ensure compliance with the federal act, SB 794 incorporated this definition in Penal Code §11165.1(d). This addition clarifies that child sex trafficking must be reported as child abuse by a mandated reporter, and that appropriate reports must be made to law enforcement when a child or youth receiving child welfare services is identified as a sex trafficking victim. In addition, per CDSS' Division 31 Regulations, county child welfare agencies are required to assess all reports alleging child abuse, neglect or exploitation. The State of California is not applying the sex trafficking portion of the definition of "child abuse and neglect" and "sexual abuse" to persons who are over age 18 but have not yet attained age 24.

Policies and Procedures

The SB 794 provisions require all counties to implement policies and procedures that will require social workers and probation officers to identify, document, and determine appropriate services for all children receiving child welfare services who are, or are at risk of being, commercially sexually exploited.

Additionally, SB 794 requires the California Department of Social Services (CDSS) to develop policies and procedures. Furthermore, the bill requires CDSS to consult with stakeholders in the development of the policies and procedures. On March 16, 2016, CDSS convened a work group consisting of representatives from the County Welfare Directors Association of California, the Chief Probation Officers of California, former foster youth, child advocacy organizations, the California Department of Education, the State Department of Health Care Services, local law enforcement, and agencies with experience serving children and youth at risk of commercial sexual exploitation (CSE). There were twenty-nine participants in total who provided initial feedback and questions. These same participants continued to be involved in reviewing the draft policies and procedures. Targeted questions were provided to a set of specific participants to solicit further information as necessary. The CDSS anticipates release of the policies and procedures via an All County Letter (ACL) in June, which meets the federal requirements. All counties are required to implement the policies and procedures by September 29, 2016. Additional guidance will be released via All County Information Notice (ACIN) to provide enhanced support to counties that have opted into the state's CSEC program established under SB 855. This ACIN will outline lessons learned through the first 18 months of implementing the state CSEC program into a model interagency response protocol that

better coordinates screening, assessment, and provision of integrated services across systems that interact with CSE children and youth.

The policies and procedures shall, at minimum, require social workers and probation officers to do all of the following:

- Identify children receiving child welfare services, including dependents or wards in foster care, non-minor dependents, and youth receiving services pursuant to Section 677 of Title 42 of the United States Code, who are, or are at risk of becoming, victims of CSE.
- Document individuals identified in the Child Welfare Services/ Case Management System and any other agency record as determined by the county.
- Determine appropriate services for the child or youth identified.
- Receive relevant training in the identification, documentation, and determination of appropriate services for any child or youth identified.

Reporting

The policies and procedures include the following reporting requirements:

- A county probation or welfare department shall immediately report to law enforcement any child or youth who is receiving child welfare services and has been identified as the victim of CSE.
- A county probation or welfare department shall immediately report a missing or abducted child or youth who is receiving child welfare services and who is reasonably believed to be the victim of, or is at risk of being the victim of, CSE, to law enforcement for entry into the National Crime Information Center database and to the National Center for Missing and Exploited Children.

Data Collection

In addition, the policies and procedures include protocols for data collection of:

- Dependent children or wards in foster care who were victims of CSE before entering foster care;
- Dependent children or wards in foster care who became victims of CSE while in foster care;
- Dependent children or wards in foster care who go missing, run away, or are otherwise absent from care and were commercially sexually exploited during the time away from placement;
- Dependent children or wards in foster care who are at risk of becoming victims of CSE;
- Children who are victims of CSE, in an open case; and
- Children and youth who are victims of CSE with a closed case but still receiving Independent Living Program services.

The CDSS provided counties with instruction via an ACL 15-49, dated May 28, 2015 on using Special Project Codes (SPCs) to document within the Child Welfare Services/Case Management System (CWS/CMS) to collect and report, to the maximum extent practicable, the number of children who are victims of sex trafficking. The SPCs were developed for interim use because the permanent system changes to CWS/CMS for CSEC related data would not be in place by statutory reporting deadlines. The counties began using the SPCs no later than June 1, 2015 and collected data on

children who were at risk of being sexually exploited, who were sexually exploited while in foster care, before coming into foster care, or were sexually exploited while absent from their foster care placement.

The permanent system changes to CWS/CMS took effect on May 21, 2016 and the CDSS released an ACL on May 23, 2016 with details for properly entering CSEC related data. The permanent system changes include a new abuse sub-category and two new CSEC types. The new abuse sub-category will allow the user to select "Commercial Sexual Exploitation" as the allegation and/or substantiation if the parent or guardian failed to protect the child of being sexually exploited. The ACL will provide instruction on identifying other possible allegations that may have contributed or resulted in the child's sexual exploitation to ensure the data is as pure as possible. The two new CSEC types were added to clarify federal requirements: a child who is sexually exploited while in an open case but not in foster care; a child who is sexually exploited in a closed case and receives Independent Living Program Services. The counties will be provided guidance on the definition of all of the CSEC types as well as how to determine the appropriate start and end dates of victimization. All of the six data categories will meet the provisions detailed in SB 794, SB 855 and the Justice for Victims of Trafficking Act of 2015 and will be collected and reported to the National Child Abuse and Neglect Data System (NCANDS).

The statewide required policies and procedures for CSEC do not specify that counties must use one particular screening tool, only that they must identify youth receiving child welfare services that are or are at-risk of becoming victims of trafficking. The statewide policies and procedures provide a number of screening tools that have proven useful in the field for completing such a screening, including the CSE-IT, the Vera Institute of Justice Trafficking Victim Identification Tool (TVIT), the Covenant House Human Trafficking interview and Assessment Measure (HTIAM-14), and the San Luis Obispo CSEC Screening Tool. The policies and procedures also remind county child protection workers to screen for additional safety threats that may be present in the child's environment, such as through use of the Structured Decision Making Hotline Tool and Safety Assessment.

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
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(916) 651-6960

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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. The CDSS anticipates that the legislation will pass this session and that near fatality disclosure will be implemented within the timeframe indicated in the PIP.

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

Identifying Non-Child Welfare Prevention Systems
The OCAP recently released two Request for Applications (RFAs) 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* and *Community in Unity* grants aim to increase partnership opportunities in order to promote and integrate local and statewide prevention efforts. Through the *Innovative Partnerships* grant opportunity, 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 identify up to six applicants 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 recently released an RFA to fund up to five qualified applicants to implement grants to develop community-wide collective impact projects in targeted areas of need throughout the state of California. The applicants will be responsible for developing collective impact programs which focus on mitigating poverty and/or substance abuse in their local communities, through these *Community in Unity* grants.

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.

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.

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 a few 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 evaluated various performance measurement systems and has implemented Efforts to Outcomes (ETO) using CAPTA dollars. The new software was utilized to collect prevention program data from the counties for the FY 2014-15.

Along with this effort, the OCAP is working to become a data driven organization. The OCAP is conducting monthly check in calls with grantees to monitor progress toward their goals and objectives. Additionally, quarterly and annual reports are being 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 OCAP county consultants are in process of revamping the role of the OCAP staff during the C-CFSR process. 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 will begin work in developing and integrating

Predictive Analytics into its analytical portfolio. The Predictive Analytics project includes researching, developing, testing 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. The OCAP purchased Efforts to Outcomes for counties to report information required for funding streams.
4. Designing the data program, working with Dr. Emily Putnam-Hornstein;
5. 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
6. 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

In pursuit of this strategy, the OCAP is seeking to upgrade and modernize its data collection system so that it can measure, analyze and produce comprehensive reports of program activities and outcomes achieved by counties and other funded partners. During this reporting period, the OCAP introduced ETO 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 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 build in a training program to ensure expertise in effectiveness of services and interventions, best practices and implementation with fidelity;
3. 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
4. The OCAP will redesign its public awareness program to address issues identified through data collection.

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 is redesigning 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. The OCAP is collaborating 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 by Strategies on the importance of prevention, logic models, collaboration and the drivers of child maltreatment. The OCAP will be trained in trauma informed care, adverse childhood experiences, brain development and program evaluation by the close of FY2015-16. The OCAP will identify themes and trends in data provided by ETO and the mapping

project of the state. This will lead the OCAP to determine the issues to be targeted in public awareness campaigns such as substance abuse or domestic violence.

Further, the OCAP is compiling information on the most effective and promising prevention programs, and conducting internal trainings in a peer-to-peer setting to elevate OCAP staff knowledge of and familiarity with Evidence Based Practices (EBP).

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) 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 will issue an RFP to fund the expansion of citizen review panels. Currently three citizen review panels exist including two located in counties and one statewide. This contract will start in State Fiscal Year 2017-18 and expand the number of citizen review panels to six. One citizen review panel will be supported in each of the six OCAP designated regions of the state.

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 developed in partnership with the SH Cowell Foundation a convening of leaders of the field of family support. This group agreed to meet twice yearly, and is comprised of child welfare directors, family resource center directions, program managers, First 5 directors, and many other leaders in the prevention field. The OCAP has developed an agreement with the Cowell Foundation to match on grants to perform two different projects: supporting emerging leaders through On the Verge, and producing a practice guide for the field of family support entitled Vehicles for Change.

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:

<u>Safety Outcome</u>
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.

<u>Well-Being Outcome</u>
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.

<u>Permanency</u>

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

The integration of the CSA and SIP with the five-year prevention and early intervention plan has improved CDSS' continuous quality improvement, interagency partnerships, community involvement, and public reporting of program outcomes. Counties now look more holistically at their CWS system from prevention and early intervention through permanency. As part of the integrated approach, county child abuse prevention and early intervention partners, including a

representative from the local CAPCs are active participants in both the CSA and SIP planning meetings. Prevention partners 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 has allowed input from various partners, which in turn better informs 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 thorough needs assessment providing an analysis on demographics, service provision, systemic factors, and unmet needs. Development of the SIP allows counties to specify their priority improvement goals and to establish a planned process 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, in conjunction with their colleagues in CSOAB, work closely 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 Report
Calendar Year 2014 Child Fatalities
The following information regarding child 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 December 2016. Limited information regarding child fatalities from CY 2014 has been included as the California Department of Social Services (CDSS) staff is currently reviewing 2014 child fatality incidents. The 2014 child fatality annual report will include additional data sets such as mental health history, housing instability, domestic violence and substance abuse history for the families involved in child fatality incidents. Offering a comparison of child fatality information from CYs 2008 through 2014, the CDSS annual reports highlight trends in child and family demographics, and causes of child 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 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) and Senate Bill (SB) 39 (Chapter 468, Statutes of 2007). 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. SB 39 requires a county welfare department or agency to notify the CDSS of every child 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 can be made by the Coroner/Medical Examiner, Law Enforcement, and/or the child welfare services (CWS)/Probation agency. SB 39 also requires the CDSS to annually issue a report identifying the child 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 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; 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 a comparison to the victim's age range. In addition, new to the 2014 years 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 March 31, 2016, CWS agencies reported via the SOC 826 form 120 child fatalities occurring in CY 2014 which were determined to be the result of abuse and/or neglect with 115 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 fatalities reported has fluctuated between CYs 2008 and 2011; reaching a high in 2012 and decreasing through 2015 (see Table 29). 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 29: Count of Fatalities by Calendar Year[13]

	Type of Placement	CY 2008	CY 2009	CY 2010	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015[14]
Fatalities	In-Home	113	118	127	118	137	134	115	93
	Out-of-Home	6	5	4	2	2	0	5	7
Total Fatalities		119	123	131	120	139	134	120	100

Child Fatality case reviews are in-progress for CY 2014, 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.

Future Plans

The information gathered from the analysis of child 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.

Current activities:

- The OCAP is revising its mandated reported trainings strengthen information on sentinel injuries in infants and emphasize the subject of personal biases that could prevent reporting. Updated mandated reporting trainings will be linked to the OCAP website. The OCAP is exploring avenues to promote the trainings to law enforcement, social workers and healthcare professionals. In collaboration with the California Department of Education, a new educator's module will be added to the training, along with signs of Commercially Sexually Exploited Children.
- Recognizing the new to strengthen partnerships with hospitals, the OCAP will convene a Healthcare Advisory Group, following the successful hospital focus group conducted in spring 2015. The group will meet twice a year and act in an advisory role, reviewing OCAP materials for content, as well as providing guidance to OCAP on future deliverables and action items.

[13] SOC 826 forms received from County Child Welfare Agencies as of DecemberDecemberDecemberDecemberDecemberDecemberDecemberDecemberDecemberMarchDecember 31, 2015201520152015201520152015201520152015201620152015.

[14] The CDSS continues to receive SOC 826 forms, this data as with all years is subject to change.

- The OCAP has newly drafted Safe Surrender Baby materials. Working in partnership with the California Department of Public Health (CDPH) to address shaken baby syndrome and abuse head trauma, the two departments will focus efforts on consistent messaging through newly created materials targeted to new parents.
- The OCAP has drafted an All County Information Notice (ACIN) discussing the benefits of respite care as a prevention strategy and develop a toolkit to be shared with County Child Welfare agencies.
- The OCAP continues to explore new methodologies and evaluate utilization of predictive risk modeling to aid risk and safety assessments in the years to come. A specific methodology has not yet been identified
- Through partnership with the CDPH to strengthen relationships with hospitals state-wide, CDSS will now connect with birthing hospitals by sharing materials and other information as an additional mechanism families with education and services.
- The CDSS is reviewing selected child fatality cases from CY 2012 and 2013 in order to identify any patterns and practices that may lead to inappropriate response determinations.
- The CDSS has utilized its Pre-Placement Policy Workgroup as a forum to learn about county practices regarding entry of perpetrators in third party homicide and/or evaluated out cases to ensure the perpetrators are entered in CWS/CMS with an appropriate allegation of abuse or neglect.
- The OCAP is participating on the Essentials for Childhood Initiative Shared Data and Outcomes workgroup to identify common indicators of success across state agencies.

The CDSS has established the Critical Incident Workgroup, a multidisciplinary workgroup under the Statewide Interagency Team. The workgroup aims to examine how differing agencies define maltreatment and what existing data sources may be available to provide a better understanding of risk factors and circumstances of these incidents including identification of any gaps in reporting child deaths to provide recommendations for prevention activities.

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 2014 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.

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)

The Parent Services Project (PSP) leads the state by collaborating with other agencies to increase parent leadership opportunities. The PSP collaborated with Strategies staff to implement Leaders for Change (L4C) trainings for parents within 19 California counties. These collaborative partners included, but were not limited to: local non-profits, FRCs, Head Start, city school districts, First 5 California, county child protection services agencies and other county agencies. The L4C trainings are tailored to meet the unique needs of the host communities based on input from local advisors and agencies. The 20-hour parent leadership training program is focused on:

- Building parent and family knowledge of the Five Protective Factors and their role in strengthening families.
- Developing leadership, communication and advocacy knowledge and skills to create change in systems servicing families.

Between February 2013 and July 2015 the PSP provided L4C academies to 19 of California's 58 counties. Through conducting a culturally appropriate outreach plan, the PSP succeeded in recruiting a diverse group of 241 low income emerging parent leaders as participants. L4C training participants consisted of 48 percent married, 24 percent single, 14 percent partnered, 12 percent divorced or separated and two percent widowed. Moreover, 62 percent were Latino, 22 were percent white, five percent were African American, three percent were multi-racial, three percent were Native American or Alaskan Native, two percent were Asian and three percent self-identified as other. In addition to the parent participants, 75 county staff 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.

The survey "Yourself as a Communicator and Leader" was administered to participants before the training and after the training. Upon completing L4C, participants' answers reflected an average increase of one full point (from three to four, on a five point scale) on the 13 questions about how each parent viewed themselves as a communicator and leader.

The Five Protective Factors survey was administered after the training to assess the level that parents understood the Five Protective Factors in action. Parents matched 20 statements to the correct protective factors. Of the 20 statements, the average number of correct answers was 12.5. Statements regarding "Social Connection" were the most often correctly identified Protective Factor.

The survey "Community Advocacy" was administered before and after the training. In this survey, parents reported the number of times in the past three months that they had advocated within their community. Following the training, a statistically significant increase occurred for five of the 13 community advocacy activities. Parents taking a leadership role at a school or community organization saw the largest increase.

Lastly, parents completed an "About You and Your Own Family" survey. The survey was administered before and after the training. Parents reported an increase in their knowledge, confidence and skills on all thirteen items. The largest change occurred with statements about personal family discussions and being able to ask for help from others.

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)
Parents Anonymous® Inc. was awarded a grant (2013-2015) to develop a SPLT comprised of parents with former involvement with the public child welfare system. As active members of state level committees and task forces, team members contribute their expertise and insight as parents to the planning, implementation, monitoring and evaluation of policies, services and systems that affect families across the state.

During FY 2014-15 SPLT members:

- Developed key supportive documents for the meaningful Shared Leadership portion of an online toolkit for Katie A. The Child Welfare/Mental Health Learning Collaborative Toolkit provides a compendium of resources designed to assist county administrators and staff to implement integrated child welfare and mental health services for families and children participating in both systems.
- Planned and conducted a workshop regarding meaningful Shared Leadership with California Youth Connections with county staff at a statewide convening.
- Prepared and presented at the Strengthening Families Leadership Summit.

Shared statewide prevention strategies from the Essentials for Childhood, Strengthening Families Roundtable and California Partners for Prevention with local councils, parents, agencies and community partners in the following counties: Glenn, Los Angeles, Riverside, Shasta and Ventura.

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.

Training promotes and delivers continuous information needed by staff to build and sustain effective services and organizational infrastructure. Strategies trainings are designed to:

- Reflect the most current and best thinking and practice within the family support field
- Combine research-based presentations with participant reflection and dialogue
- Promote shared learning and group participation
- Deepen participants' commitments to the Family Support Principles
- Promote Strengthening Families and the 5 Protective Factors as a prevention framework
- Encourage parent involvement
- Be highly participatory and interactive as prescribed by adult learning theory
- Support the transfer of knowledge to practice

- Prepare participants to leave the training with next steps in mind

Technical assistance provides an opportunity for organizations engaged in addressing the needs of underserved populations (linguistically diverse, culturally diverse, in high crime and rural areas or hard to access settings) to participate in comprehensive, in-depth projects that address complex systems change within participant organizations, host counties or local/state family strengthening networks.

Each project requires:

- Identifiable, measurable goals related to the effectiveness of services and practice for the prevention of child abuse and neglect.

- Demonstration of an innovative or needed approach to address a local concern or gap in services.

OCAP focused its trainings this year on four major areas in an effort to have a greater impact and build a deeper knowledge base throughout the state: capacity building for family strengthening, special topics for child abuse and neglect prevention, family engagement and staff leadership for implementing organizations.

In 2014-2015, Strategies achieved the following training outputs:

Table 30: Trainings Delivered Statewide by Region

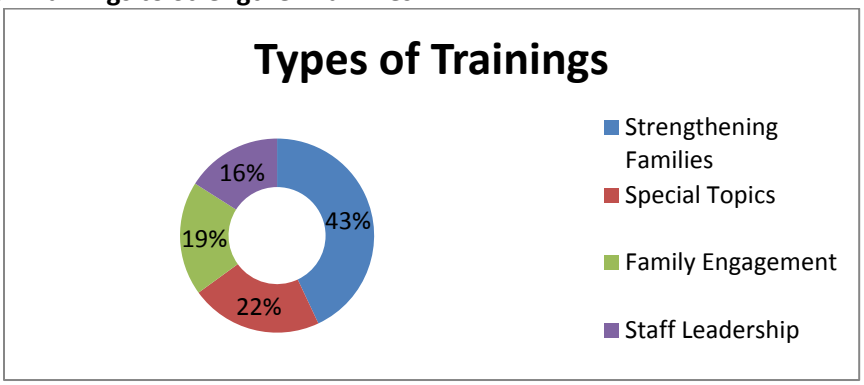
Trainings Delivered Statewide			
	Classroom	Webinar	Total
Region 1	27	9	36
Region 2	42	7	49
Region 3	32	8	40
Statewide Total	**101 (80%)**	**24 (20%)**	**125**

Table 31: Trainings Delivered Statewide by Types of Trainings

Types of Trainings	
Strengthening Families	53 (43%)
Special Topics for Child Abuse and Neglect Prevention	28 (22%)
Family Engagement	24 (19%)
Staff Leadership	20 (16%)
Statewide Total	**125**

Forty three (43 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: Types of Trainings to Strengthen Families



Strategies served trainees from all California counties. Of the 2,989 trainees whose professional information was collected, 66 percent were family support staff, 12 percent were "other" categories of employment (such as healthcare or faith based employers), 11 percent were in the field of education and 11 percent were county agency staff (notCWS) reflecting a goal to focus on training non-CWS staff, as CWS are primarily served by regional training academies. The figure below illustrates the trainee representation at 2014-2015 trainings.

Figure 35: Trainee Representation; FY 2013-14

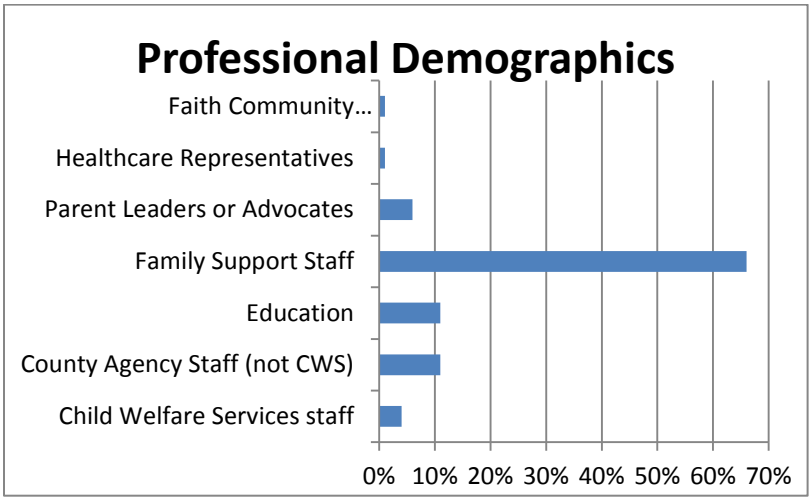


Table 32: Trainee Representation SFY 2014-2015 Trainings

Trainee Representation	# of Participants	% of Participants
Child welfare services staff	134	4%
County agency staff (not CWS)	326	11%
Education	328	11%
Family support staff	1,971	66%
Parent leaders or advocates	175	6%
Healthcare Representatives	26	1%
Faith Community Representatives	29	1%
Total Training Participants	**2,989**	**100%**

Training Outcomes

- Ninety-eight (98) percent of training participants reported an increase in knowledge as a result of the training.

Strategies hosted three *Strengthening Families™* Roundtable Learning Community events. Participants responded with an average score of 4.38 out of 5 that the content provided during the Roundtables was relevant to their work.

Training Feedback Received

- Trainees have ongoing steady interest in topics related to special populations, such as maternal mental health substance abuse, father engagement, military families, and cultural competency.
- More trainees have foundational knowledge of the Strengthening Families™ framework and the 5 Protective Factors. Organizations are requesting advanced training opportunities regarding integration of the framework into projects, organizations, and across systems.
- There is a continued need for foundational training about best practices in family service, including case management, engaging families, documentation, safety, home visiting, and other basic knowledge. Staff turnover continues to negatively impact knowledge of high quality practice.
- Organizations report the desire to offer high quality services—they have access to and knowledge of the "what" through various available sets of program-level practice standards, but limited knowledge of the "how-to" including what the core elements of high quality practice look like from a staff behavior standpoint.

There were increased requests for:

Implementation; child maltreatment prevention, including trauma-informed practice and early intervention; chronic child neglect; and integrating the Strengthening Families Framework through customized training, mapping, assessment, and technical assistance.

Training Impact on Communities

- 13 Conversation Cafés were held throughout San Diego County and were attended by leaders of community-based organizations working to strengthen families and prevent child abuse. Conversation Cafés were also held for military families and tribal families.

- Family services staff provided feedback that the training they received provided concrete information and resources on how they can continue to build their programs to impact youth in a positive way.

- Trainees mention that they are now working with families in a more culturally proficient manner and that they will be more "tuned-in" to cultural needs.

Strategies Technical Assistance

In addition to training, Strategies provided individualized technical assistance (TA) in support of 58 child abuse and neglect prevention projects in 28 California counties, as well as to The California Network of Family Strengthening Networks Steering Committee. The 58 technical assistance projects focused no major topical areas including:

- Implementing the Family Strengthening Standards
- Father Involvement

- Parental Skill Development
- Maternal Mental Health
- Supporting Youth
- Program Outcomes and Evaluations

Table 33: Technical Assistance Projects by Type

Type of TA Project	Total
Capacity Building Grants	12
General Technical Assistance	33
Coaching/Facilitation	13
Total	**58**

Technical Assistance Outcomes

Strategies achieved the following evaluation rating scores (using a rating scale of 1-5, with 5 representing the highest satisfaction rating) regarding the technical assistance provided:

Table 34: Evaluation Rating Scores for Technical Assistance Strategies, Region 1

Region 1 – Youth for Change				
Project	**Work plan met the customer's needs**	**Work plan objectives were met**	**Customer increased understanding of new concepts, processes, or skills**	**Customer integrated new concepts, processes, or skills into practice, as a result of the T/A**
Placer County First 5	5.00	5.00	5.00	5.00
The Yolo Center for Families and Empower Yolo	5.00	5.00	5.00	5.00
Mendocino County FRC Network	4.38	4.13	4.63	4.38
Amador-Calaveras Maternal Wellness Coalition	4.73	4.73	4.91	4.36
Children's Network of Solano County	5.00	5.00	5.00	4.00
Tehama County First 5	4.00	4.25	4.25	3.75

Table 35: Evaluation Rating Scores for Technical Assistance Projects, Region 2

Region 2 – Interface Children and Family Services	
Technical assistance projects were evaluated in the following areas	**Rated on a 5 point scale** *(1 being low and 5 being high)*
Organizations reported increased knowledge of concepts, processes, and/or skills as a result of technical assistance received.	4.58
Organizations reported integration of new concepts, processes, or skills as a result of the technical assistance received.	4.75
Organizations reported enhanced capacity to independently address areas of concern as a result of the technical assistance received.	4.25

Quotes from Region 3: Children's Bureau:

"I wanted to thank you for all of the assistance and support that you and your team at Strategies have provided to the Los Angeles County Department of Children and Family Services' South County office in our efforts to promote the prevention of child maltreatment. You and your staff have provided excellent professional trainings to a wide array of our stakeholders and have helped to create and launch the Faith Based Strengthening Families Network, which is a child welfare/faith based partnership aimed at preventing child maltreatment, strengthening families, and promoting the well-being of children and youth. Because of your assistance and support, we have successfully completed the first year of our prevention project with the faith community, the first project of its kind in L.A. County's child welfare system."

"As usual, the folks from Strategies totally came through for RIOSS. This time, thanks to what I perceive to be wisdom AND generosity, the level of support was unprecedented. So, thanks very much, from my heart, Russell Brammer, Leda Albright, John and everyone at Strategies. You-all have been at the root and the branch of father inclusion in California since before we-all started using that term. Now it's in widespread use nationally."

TA projects completed in FY 2014-15 had a positive impact on families as well:

- As a result of technical assistance on the topic of father/male engagement, agencies report that more fathers have become involved in programs and agency staff has an increased recognition of the importance of effective co-parenting.
- Agencies report increased effectiveness in building protective and promoting factors within the families they serve.
- Strategies has observed a significant lack of leadership continuity in nonprofit organizations—high turnover of executive and management leadership positions has negatively affected organizational services and sustainability.
- Agencies report that families are receiving services in a more comprehensive structure that now encompasses natural supports and quality-of-life activities, in addition to concrete supports, parent education, and other services.

- Agencies have noted an increase in parent leadership activities and participation rates.
- More organizations are screening both mothers and fathers for postpartum depression and other new parent issues—these parents are receiving services earlier to prevent crises and foster optimal child development.

Technical Assistance Lessons Learned

- Strategies providing technical assistance to *highly complex, customized, collaborative groups*—these projects require more time and longer technical assistance timeframes to achieve project plans. Complex technical assistance projects require high level of preparation and planning on the part of the Strategies facilitator to ensure all partners are on the same page and moving together throughout the project.

- There is a significant need to develop both staff professional capacity and client capacity. Strategies staff is increasingly researching and embedding highly technical information in technical assistance projects—there is a *need to understand other frameworks, models, neuroscience, and a wide range of other topics* to effectively provide assistance. The time necessary to adequately to prepare for technical assistance projects is increasing.

- Although Strategies completes consistent technical assistance readiness assessments, there is increased need to *enhance the readiness assessment process and design a toolbox of readiness assessments* for various professional disciplines.

- Turnover at nonprofit, family support organizations is high—Strategies has moved toward establishing *core point teams*, rather than core individuals, to avoid project slowdown or termination.

- Strategies has received increasing requests to assist organizations with *evaluation and measurable goal-setting*.

- Strategies has received increasing requests from counties/communities regarding technical assistance for community- and systems-change, as well as systems integration projects such as developing shared evaluation and measurable performance goals.

Strategies Capacity Building Grants

In FY 2014-15, Strategies awarded 12 (for a total of $36,000) capacity-building grants to family strengthening organizations and networks in 11 California counties. The grants were distributed equitably among the three regions Strategies serves. The goal of providing family strengthening organizations and networks with capacity-building grants was to increase their capacity to implement effective services and practice for the prevention of child abuse and neglect.

The grants funded projects which focused on the following aspects:

- Increasing the effectiveness of prevention and family strengthening services and practice.

- Building the capacity of family strengthening organizations and/or networks to assess the effectiveness of prevention services.

- Identifying formal evaluation plans with measurement goals that can be met in the identified timeframe.

- Identifying innovative approaches for an identified local concern or gap in services as related to child abuse and neglect prevention.

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.

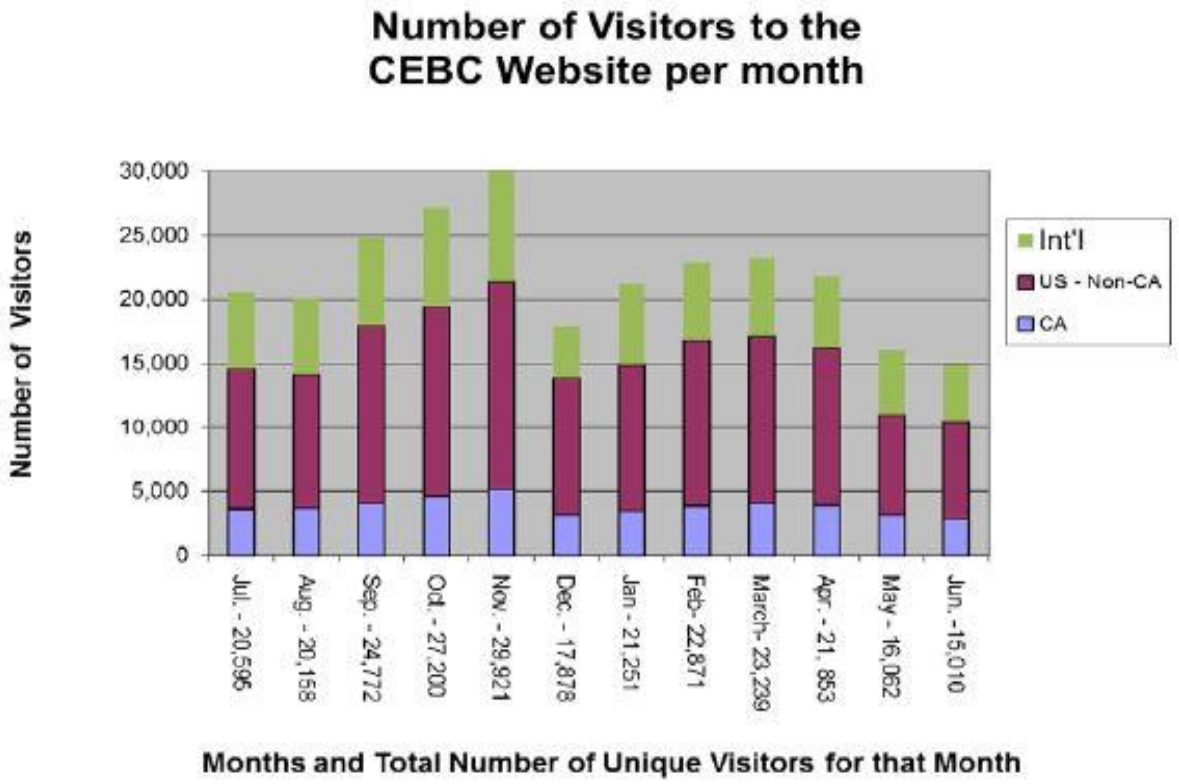
The CEBC is guided by three main entities which ensure the highest quality review and implementation: a statewide Advisory Committee comprised of state and local child welfare leaders, supporting organizations and nationally-respected authorities on child welfare; a national Scientific Panel comprised 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 2015, 338 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 addition to the review and evaluation of programs for their foundation in evidence, the CEBC also conducts ongoing research and literature reviews of current programs in the system. To this end, the CEBC reviewed 171 existing programs in FY 2014-15. This review resulted in the addition of two new topical areas: Interventions for Abuse Behavior and Prevention of Child Abuse and Neglect (Primary).

In FY 2014-15 the CEBC continued to expand in utilization, as evidenced by the increased number of topics and site visitors. In FY 2014-15, the CEBC averaged 21,734 visitors per month. The percentage of visitors from California fluctuated between 16% and 20% for each month. Through its continued support of the CEBC, the OCAP not only promotes better practice in child welfare in California but across the nation as well. Figure 36 depicts CEBC web site visitor activity during FY 2014-15.

Figure 36: Monthly Visitors to the CEBC



Differential Response[15]

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

[15] For additional information visit: https://www.childwelfare.gov/pubs/issue-briefs/differential-response/

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 Strengthening Families Roundtable is the California Leadership Team charged with embedding the Strengthening Families Framework and the Five Protective Factors into child and family programs across the state. The Roundtables are held quarterly and attendees include community based organizations, county welfare agencies, family resource centers and other state entities (e.g., Department of Development Services, California Department of Public Health and California Department of Education, etc.). The purpose of the Roundtables is to provide trainings and technical assistance focused on the Strengthening Families Framework and the Five Protective Factors. In addition, the Roundtables allow an opportunity for people in the prevention and early intervention field to connect with one another and network. Embedding the Strengthening Families Framework

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 2014-15 saw Strategies complete a total of 125 trainings to more than 4,200 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 2014-15 to embed systemic change included:

• Six webinars pertaining to the SFF which attracted 206 participants.
• One webinar addressing the impacts of infant brain development attracted 153 participants.
• An in-person training session on measuring program impact through outcome evaluations held in Los Angeles County.
• Four father engagement training sessions (two in-person, one webinar and one e-learning session) reaching a total of 116 participants.
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 2014-15, Strategies supported 58 TA projects in 28 California counties. Strategies also provided TA to the California Network of Family Strengthening Networks Steering Committee, which included representatives from 14 individual organizations.

Highlights from Strategies TA projects in FY 2014-15 include:
• Provided TA and training to the Los Angeles Department of Children and Family Services and the faith-based community to implement and expand child abuse prevention in the communities through the participating churches.
• Conducted a series of 13 "Conversation Cafés" throughout San Diego County and prepared a report of the findings for San Diego County. The findings report will be used by the County of San Diego during the preparation of their System Improvement Plan and in the County's "Live Well San Diego" campaign.
• Distributed a total of $36,000 in capacity building grants to 12 family strengthening organizations and networks in 11 California counties.
• Collaborated with the Shasta County Child Abuse Prevention Council and Valley Oak Children's Services in Butte County to complete, peer share and improve services using the Social Connections section of the SFF Program Self-Assessment and a continuum of quality assurance.
• Assisted Tehama County First 5 with countywide integration of the SFF framework across systems and domains.
• In San Luis Obispo County, Strategies provided TA to design a standardized measurement system across multiple agencies within the Child Abuse Prevention Council Partnership in order to assess the county's current data collection capacity and needs within each individual agency in the partnership.
• Strategies worked with Ventura County Department of Children and Family Services to plan three countywide learning communities in collaboration with the Ventura County Child Abuse Prevention Council in order to integrate and align the SFF Five Protective Factors within community based organization partners

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 2014-2015 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 the State of California take steps to ensure the various agencies that make up the child welfare system have adequate training and other resources for meeting mandated expectations. If and when additional resources are not available, the State of California should assist agencies to develop strategies to accomplish the state mandates.

One of the primary activities of the *Ventura CRP* activities was focused on CFS/CWS data collection and analysis and it was recommended that CFS develop a data review template for the purpose of tracking child welfare outcomes in ways that are meaningful and accessible for citizen review. The CRP also recommended that CFS facilitate posting of the CRP 2014-2015 Annual Report on the website of the Ventura County Partnership for Safe Families and Communities and on the Ventura County Human Services Agency website.

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 continue its support of the PEI-CRP in continuing to develop a proposed statewide Prevention Framework that specifies core elements of prevention practice needed to promote uniformity. Given the investment in Strengthening Families, Differential Response, and other prevention programs by the state, PEI-CRP also requested a briefing on their efficacy (and associated costs) as an evidence-based prevention practice in California and as defined in other jurisdictions.

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.

The Statewide CRP has made significant progress towards updating the Differential Response Framework by framing it more broadly as statewide prevention practice. One of the tools developed by the PEI-CRP during this period is the "Prevention Practice Core Elements – A Cross-Walk." It lays out how the identified core elements of practice apply to the full continuum of prevention activities.

In the next phase of its work, the PEI-CRP will look closely at the role of trauma-informed systems and practice that address the impact of early, adverse childhood experiences. Of particular concern is the role of substance use disorders as a contributor to child abuse and neglect. It is anticipated that the core elements of practice will incorporate a focus on promotion of child, family, and community health and well-being, thus building resilience while mitigating risk.

INDIAN CHILD WELFARE ACT (ICWA)

2014-2015 Annual Report

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 have begun work on a formal government-to-government Tribal Consultation Policy (TCP). Once fully developed and implemented, the TCP will be one of several vehicles by which 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 ICWA, but additional resources are critical for continued success.

Consultation and Coordination Regarding Information Gathering with Tribes

Tribal Consultation Policy (TCP)

The CDSS is developing a TCP in collaboration with tribes to guide CDSS interactions with tribes. This work is being initiated in support of existing laws, regulations and policies pursuant to federal and state executive directives that reinforce the need to establish a tribal consultation policy and a process for meaningful collaboration. The TCP was anticipated to be finalized and implemented in 2016 with a coordinated release of the Tribal Consultation Policy that the California Health and Human Services (CHHS) Agency however the process has taken longer than expected.

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 establishment of the ICWA Workgroup in 2002. 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 develop a TCP to formalize partnerships between CDSS and tribes.

The ICWA Workgroup initiated the TCP development process in June 2013 at the 20th Annual Statewide ICWA Conference where it co-facilitated listening sessions to collaborate with tribes on the desired structure of the TCP. CDSS has continued this collaborative effort by visiting seven individual Tribal Councils since June 2013 to receive additional guidance on the structure and key components to include in the TCP. In April 2014, CDSS invited tribal council chairs of all 109 federally recognized Tribes to participate in a TCP Committee (TCPC) tasked with developing and drafting the TCP. A TCPC comprised of 28 tribal representatives including 12 tribal council members and 16 tribal council designees, was established and the first conference call was held in May 2014. The first face-to-face working session was held June 2014 at the 21st Annual Statewide ICWA Conference followed by several face-to-face working sessions as well as a number of webinar/conference calls.

Through collaboration with tribes, tribal leaders and the ICWA workgroup, the CDSS saw a clear need to establish a Tribal Consultation Policy (TCP) to consult with tribes on child welfare policies and programs that have an impact on Indian children in California. Through these collaborations with tribes, tribal leaders and the ICWA workgroup, a Tribal Consultation Policy Committee (TCPC) was created to develop the TCP in coordination with the CDSS. The TCPC is comprised of tribal council members, tribal council designees and Urban Indian representatives. The TCPC has met 5 times to develop the TCP.

Expansive geographical and cultural differences exist among the 109 federally recognized tribes in California creating a barrier to 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.

In 2014 the CDSS formed a TCPC) consisting of tribal council members and designees, as well as representatives from urban Indian communities/consortiums, to guide the development of a formal TCP that will affect CDSS' interactions with tribes related to child welfare matters. In collaboration with the TCPC, work has been initiated in support of existing laws, regulations, and policies pursuant to federal and state executive directives that reinforce the need to establish a tribal consultation policy and a process for meaningful collaboration. For example, Governor Jerry Brown issued Executive Order B-10-11, on September 19, 2011, which declared that every state agency and department subject to his executive control shall encourage communication and consultation with California Indian tribes. The Executive Order also stated that agencies and departments shall permit elected officials and other representative of tribal governments to provide meaningful input into the development of legislation, regulations, rules, and policies on matters that may affect tribal communities. *(A list of the Statewide ICWA Workgroup Membership is listed at the end of this section).*

The CDSS will continue to work with the TCPC during FFY 2015 to complete the development of the TCP. Once the TCP is implemented, it is anticipated that CDSS will begin consultation sessions

regularly with tribal leaders to discuss Indian child and family welfare issues. It is anticipated the TCP will be completed fall 2015. *(A list of the Tribal Consultation Policy Committee membership is listed at the end of this section.)*

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 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 6-8, 2016 and will consist of many tribes and stakeholders

Tribal Court-State Court Forum (forum) – see also, section at beginning of report
The 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 CDSS and the JCC. Consultation with tribes occurs through a partnership with the JCC through the Tribal Court-State Court Forum (forum). The forum consists of a coalition of various state and tribal courts in California who partner to address common issues relating 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 both tribal and state courts to issue and enforce their respective orders to the fullest extent allowed by law. 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 2013. CDSS is currently finalizing another renewed contracted which is set to begin 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; and
5. Legal and court technical assistance.

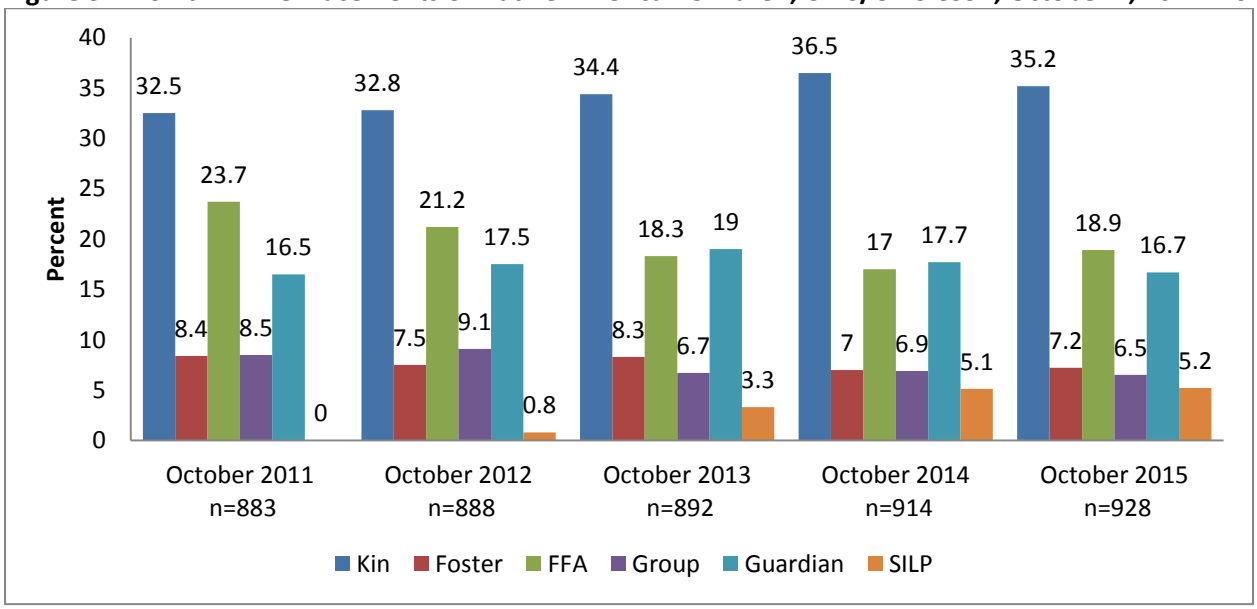
Indian Child Welfare Act Services
With funding from the CDSS for the ICWA Initiative, the JCC continues to work with courts and agencies to comply with ICWA by providing education, technical assistance, and resources statewide. Educational offerings include regional trainings and local collaborative 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 (TA) 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 37: Point in Time Placements of Native American Children, CWS/CMS CSSR, October 1, 2011 -2015



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, 2015 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 35.25 percent in 2015. While there was a slight decrease in Kinship placements from FFY 2014, the overall data illustrate 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 6.5 percent in 2015. 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 2015 identified 1.4 percent (928 of the 66,625) 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 development of the new statewide Case Management System (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.

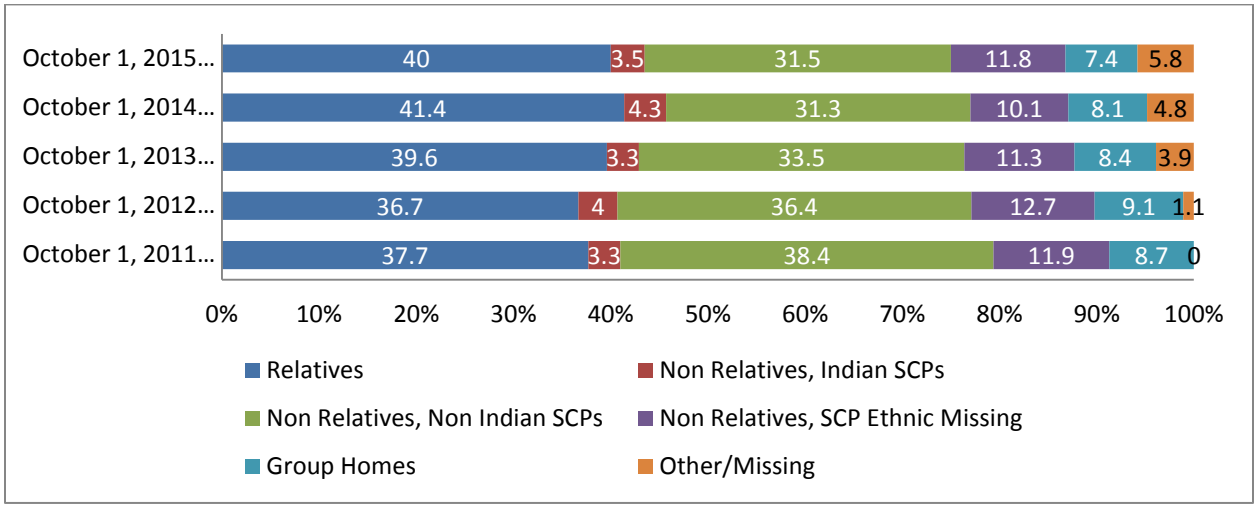
Notification of Indian Parents and Tribes of State Proceedings

The state has given direction to county CWS agencies, through state ICWA 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 states' 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 38: Placement Preferences Measure 4E.1 - ICWA Eligible Point in Time Placements, CWS/CMS CSSR, October 1, 2011-2015



Data from the CWS/CMS indicate that over the last five year period (October 2011 to October 2015) 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 37.7 percent in 2011 to 40 percent in 2015. 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 2011 to 31.5 percent in 2015. 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.

The CDSS is working to increase ICWA compliance in placement preference through revisions to the Manual of Policies and Procedures (MPP) Division 31 Regulations for ICWA and continuing the training, and TA for ICWA placement preferences. The revised MPP Division 31 is expected to be released during late summer 2016. Legislation (SB 1460, Statutes of 2014, Chapter 772) sponsored by the CDSS, was enacted to give Federally Recognized Tribes the ability to enter into agreement with the California Department of Justice to receive background check information for the purposes of conducting background checks for TAHs. This enables Federally Recognized Tribes to conduct both the home assessment and background checks for their TAHs. Historically, children were placed in non-native homes while a native or relative home was identified. However, now Federally Recognized Tribes with SB1460 Approval will have the capability to approve TAHs in advance of the need for placement, thereby having a pool of available homes ready for immediate placement. . CDSS and the tribal community have yet to see how many new TAHs will be created as a result of this legislation.

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 TA 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 TA 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 CWDA, have worked to incorporate ICWA 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. The CDSS will continue involvement in the Family Development Matrix (FDM) work, with plans to support use for tribes and tribal service providers. Currently, there are nine tribal communities participating. In addition, CDSS plans to work closely with tribal communities on CAPP, which will relate to improving active efforts within a practice model for child welfare. Beginning next fiscal year, the FDM will no longer be funded through a grant administered by CDSS. However, the program will continue to be funded and utilized through the administering organization.

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, as well as the approximate 81 tribes that have petitioned the Bureau of Indian Affairs for recognition. As described in this section, the state-level collaboration around the identification and resolution of ICWA-related issues as well as identify 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 instrumental in the furtherance of effective communication between tribal representatives and the state, counties, and the courts, especially in identifying areas of deficiencies in ICWA compliance.

The CDSS continues to strive for improving and increasing tribal community consultation and collaboration by informing and encouraging counties to actively participate in ICWA Workgroup meetings to gain insight on ICWA related tribal concerns. As part of this effort, CDSS continues to broaden participation in the existing ICWA Workgroup and obtain assistance for further structuring and defining the ICWA Workgroup.

The ICWA Workgroup meets bimonthly 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 social 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.

For example, the ICWA Workgroup and its various subcommittees have provided ongoing input and guidance on CDSS policy initiatives that are tied to the state's CFSP and represents the second major avenue for consultation and collaboration with California tribes. In the last year, the ICWA Workgroup has provided input into the state's CCR efforts specific to the application to tribally approved homes and provision of culturally relevant services. Through the ICWA workgroup and the various subcommittees, input has been provided to CDSS on the development of policy for the implementation of Tribal Customary Adoption (TCA); the drafting of guidelines to counties regarding the use of Qualified Expert Witnesses, TAHs, RFA, the development of training for social workers, in implementing the After 18 Program regarding extending the age of eligibility for foster care, federal requirements for the transfer of Indian children to a Tribal IV-E agency or a Indian tribe with a Title IV-E agreement, and instructions for completion of the Relative Assessment/Approval SOC forms for a TAH. The workgroup has also provided input regarding broadening the definition of Indian child as it relates to the application of ICWA, and on the drafting of regulations as well as ongoing curriculum improvements. (*A list of Tribal Representatives and/or ICWA Advocates of the ICWA Workgroup is listed at the end of this chapter.)*

Division 31 Regulations Changes

Effective January 1, 2007, a massive effort by the state and California tribes was made to codify the ICWA requirements and best practice requirements into state law. The goal of this effort was the uniform application of the federal ICWA (25 U.S.C. § 1901 et seq.) in California. The bill placed the federal requirements in the Family Code, Probate Code, and W&IC governing juvenile court proceedings, as well as some child custody matters in family law, probate guardianships, certain

probate conservatorships and the relinquishment of a child by a parent. The underlying purpose of the ICWA is to protect the best interests of Indian children, including having tribal membership and connection to their tribal community, and to promote the stability and security of Indian tribes and their families. The CDSS has been working to draft regulations to implement these provisions into the MPP Division 31 for a number of years now. Initially, CDSS established a subcommittee to provide guidance as to the intent of the ICWA and how to communicate that in regulations. A number of subcommittee meetings were held to review the proposed regulations and input was received from tribal representatives. The CDSS reviewed the entire existing MPP Division 31 regulations to determine all possible areas where social workers should consider the application of ICWA in their casework. CDSS submitted the final draft to the CDSS' Office of Regulations Development (ORD) in February 2015. The regulations package was reviewed and approved by ORD, the regulations have gone through a formal review process that include opportunity for public comment prior to submission to the California Office of Administrative Law (OAL) for review to ensure compliance with statute. Upon OAL approval, the draft regulations become officially implemented. Given this extensive official review process yet to take place, it is anticipated that the regulations will be published for public comment August 2016. From then, the process can take a year to be final and have the regulations implemented.

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, 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 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.

Resources permitting, 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. 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.

California Department of Social Services

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CHAFEE REPORT

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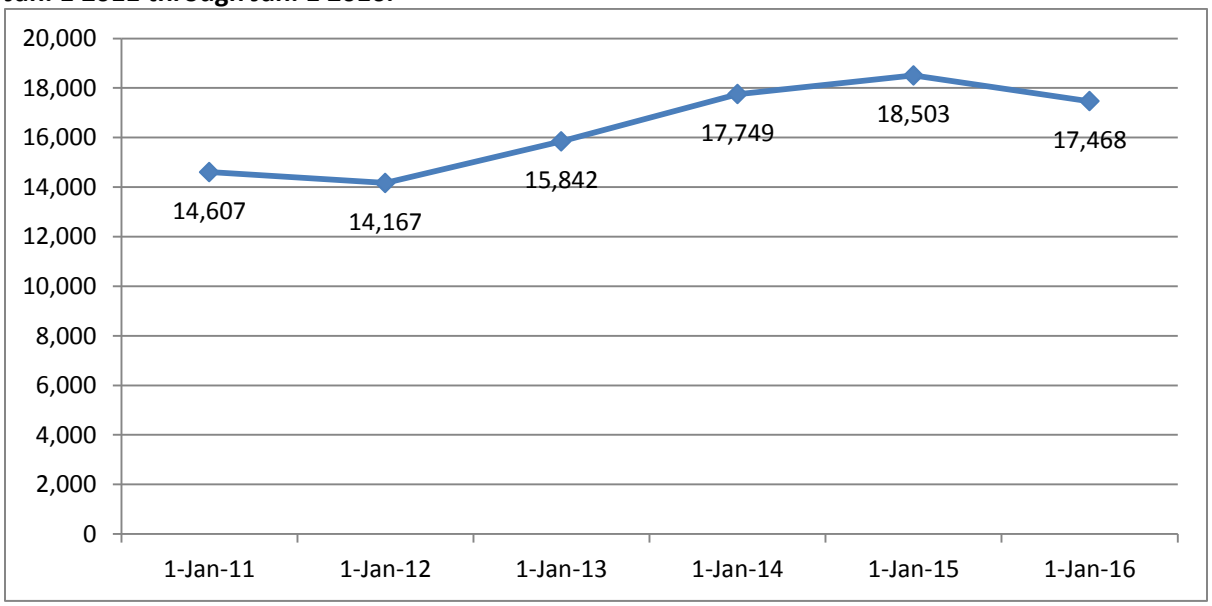
The following document is arranged in accordance with the provisions of the U.S. Department of Health and Human Services, Administration on Children, Youth and Families Program Instruction ACYF-CB-PI-16-03 requirements.

Part 1: Program Overview

In California's county-administered, state-supervised child welfare system, CDSS establishes the regulations, policies, and procedures necessary to implement the ILP program based on state and federal law. Within the statutory and regulatory framework, counties are charged with offering core ILP services to youth throughout the state. The three transitional housing programs – Transitional Housing Placement Program (THPP), Transitional Housing Program-Plus (THP-Plus), and Transitional Housing Placement-Plus Foster Care (THP+FC) have been included in this framework. Within this framework, CDSS provides technical assistance to counties in the provision of core ILP services.

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, 17,468 youth were eligible for ILP services on January 1, 2016, 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 data indicates that despite some decrease in youth in foster care, ages 16-21, that the numbers are relative similar each year. The decrease from last year's data may indicate the continued trend in the State's ability to establish permanency for this age group.

Figure 39: Point-in-Time Placements for Youth Ages 16-21 Years, CWS/CMS CSSR Q4 Data, Agency: All, Jan. 1 2011 through Jan. 1 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 2015 beginning October 1, 2014 through September 30, 2015. 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 21 year olds of the first 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 2015, of the 18,705 eligible youth in care, 69 percent received at least one of 72,449 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. Figure 40 provides the number of youth receiving by age throughout the state. As evidenced by the figure 40, 17 year olds participate in the highest number of services. This data may indicate that 17 years old 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 2012 through 2015, 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. Increases in the percentage of youth planning for college were also evidenced. Youth are able to re-enter foster care multiple times between the ages of 18-21. Percentages of youth with a permanent connection have decreased by four to five percent each year for the last two years. Some counties report that many youth who are electing to exit care and not remain in care through the EFC program represent those youth who are most frustrated with the foster care system and may not have the motivation to take advantage of any assistance in establishing a permanent connection or mentor. This is also evidenced by NYTD data that indicate permanent connections increased from the survey at age 17 to the survey at age 19. Youth are remaining in care longer and are engaged with permanent supportive connections. While 22 percent of youth exiting have a part-time or full-time job, 60 percent are receiving or applied for additional government financial resources when exiting foster care.

Table 36: Exit Outcomes Data for Youth who Aged Out of Foster Care (SOC 405E, Ages 18, 19 and other exits)

Percent of Youth

		FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2015
Permanency					**18 & 19 YR Old NMD**	**20 & 21 YR Old NMD**
Permanent connection with at least one adult they can go to for support, advice and guidance		89	85	80	80	72
Housing						
Arranged to live free of rent with someone		48	47	39	31	11
Arranged to rent alone or with others		18	20	25	28	47
Arranged to live in supportive transitional housing		17	13	12	12	9
Arranged to live in subsidized housing		2	2	2	2	2
No housing arranged		1	3	5	3	2
Education						
Received High School Diploma		56	44	58	54	57
Enrolled in a program to complete High School education		29	30	24	20	6
Dropped out of High School		12	15	19	13	7
Received GED		4	4	7	6	6
Enrolled in College		23	19	20	19	31
Plan to Enroll in College		22	12	17	17	16
Enrolled in Vocational Education		3	5	4	4	5
Employment						
Employed Part-Time		17	15	14	20	25
Employed Full-Time		4	5	8	11	25
Financial Assistance/Resources						
Applied for Food Stamps		24	22	22	18	26
Receiving or applied for additional government financial resources		36	65	60	16	17
No medical insurance		3	4	7	3	2
Total Numbers		**n=2,585**	**n=2,045**	**n=2,006**	**n=1639**	**N=1060**

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. Also, data on the number of re-entries that occurred are now being collected and in the last two quarters of FFY 2015, 117 youth re-entered foster care.

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 2012 to 2015. Approximately 72,499 services were provided to eligible youth in FFY 2015, an increase of delivered services provided in FFY 2014 of 6,911. The percentage of 16-18 year old youth who received at least one ILP service increased from 50% of 16 year olds receiving at least one service to 72% of 17 year olds and 80.3% of 18 year olds. The numbers continued to increase for 19 year olds to 83.3% and 85.3 percent 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 69 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. All services numbers increased except for interpersonal/social skills, parenting skills, indicating that perhaps the youth are receiving parenting classes/services through a different source and that the interpersonal/social skills are being met in the foster care placement.

Table 37: Number of ILP Services by Categories Provided during FFY 2012 through 2015

Data Reported in CWS/CMS for Foster Youth and Former Foster Youth Ages 15 – 20				
	Number of Services Provided			
ILP Service Types	FFY 2012	FFY 2013	FFY 2014 **	FFY 2015**
Total Services Provided	61,484	63,153	68,906	72,499
Consumer Skills/Home Management	9,719	10,050	10,771	10,925
Education/Academic Support	8,391	8,527	8,991	9,663
Needs Assessment	5,944	5,193	6,309	6,761
Transportation/Other Financial Assistance	5,815	6,685	7,724	7,474
Interpersonal/Social Skills/Parenting Skills	5,034	4,958	5,082	5,041
Career/Job Guidance	4,769	4,906	5,155	5,677
Post-Secondary Education	4,208	4,810	5,096	5,374
Health care	4,098	3,998	4,490	4,987
Employment/Vocational Training	3,720	4,182	4,465	4,995
Money/Financial Management	3,009	3,232	3,826	4,323
Education Financial Assistance	2,488	2,670	2,655	2,632
Mentoring	2,485	2,702	2,794	2,941
Supervised independent Living/Transitional Housing*	1,500	1,326	1,371	1,519
Room & Board Financial Assistance	304	285	177	187

***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.

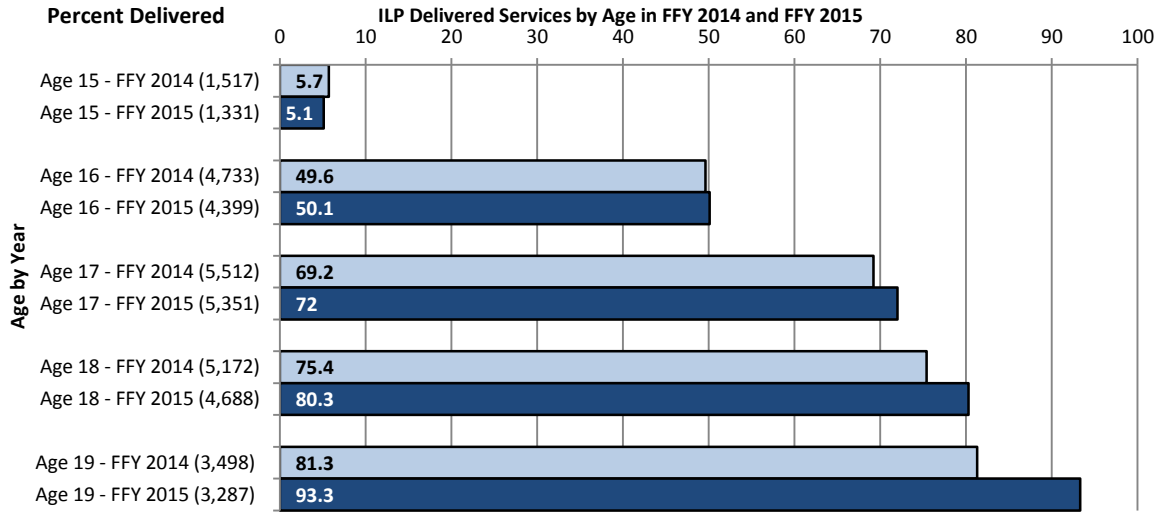
The methodology for these reports consists of:

- 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 2015 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 40: ILP Delivered Services by Age in FFY 2014 and FFY 2015



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. <u>Help youth make the transition to self-sufficiency:</u>
   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

2015 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 18 counties with THPP programs in FFY 2015. This continues a sharp 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. 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 available child care near housing, 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 continues to address these areas with counties and providers within the framework of the CWDA Transitional Housing Sub-Committee.

Table 38: Transitional Housing Program

Federal Fiscal Year	Participating Counties	Allocated Funds
2012	29	$583,000
2013	29	$583,000
2014	19	$583,000
2015	18	$583,000

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.

The table below shows the count of 90-day Transition Plans completed for emancipated youth for FFY 2013-2015. There was an increase in the total number of Transition Plans completed for youth aged 18-21, and a decrease in the number of Transition Plans completed for youth under age 18. The overall increase in Transition Plans for youth over the age of 18 is due to the increased number of youth that are remaining in the foster care system after their 18th birthday in Extended Foster Care (EFC). This trend of youth transitioning to EFC also explains why the number of youth under the age of 18 emancipating from foster care and the number of associated Transition Plans has declined. The number of Transition Plans for youth under 18 is proportionately much higher than the number of emancipated youth under the age of 18 which is most likely due to social workers completing a Transition Plan with a youth at the age of 17 in preparation for the youth to exit foster care at 18, regardless of whether the youth chooses to exit foster care or remain in EFC. The percentage of Transition Plans completed for emancipated youth for both age groups increased in FFY 2015 from FFY 2014 and FFY 2013.

Table 39: Emancipated Youth with 90-Day Transition Plans

Emancipated Youth with 90-Day Transition Plans						
	Under 18			18 to 21 Years of Age		
	FFY 2013	FFY 2014	FFY 2015	FFY 2013	FFY 2014	FFY 2015
Count of Transition Plans	225	191	153	1,259	1,335	1,746
Count of Emancipated Youth	152	98	72	1,985	2,232	2,240
% of Emancipated Youth w/ Plans	148%	195%	213%	63%	60%	78%

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.

CDSS participated on a panel presentation along with DHCS, a former foster youth and Children Now in December, 2015, on Medi-Cal coverage for former foster youth at an institute on transitional housing programs. CDSS will be participating 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: 3,720 in FFY 2012, 4,182 in FFY 2013, and 4,317 in FFY 2014. Participation in career/job guidance programs was 4,769 in FFY 2012, 4,906 in FFY 2013, 5,042 in FFY 2014. Enrollment in Post-Secondary Education rates were 4,208 in FFY 2012, 4,810 in FFY 2013, 4,997 in FFY 2014. The numbers of youth in each category steadily climbed from FFY 2012 to FFY 2015, 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 presented a Webinar in October of FFY 2015 to remind counties of the definitions of the independent living services; reviewed a tutorial of how to enter the data into the CWS/CMS system to increase the number of delivered services entered; and to offer presentations from three counties of their best practices of policies and procedures in entering the delivered services into CWS/CMS.

   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% 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% reported at age 20 and 21 having received a high school diploma or GED but 31% 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. <u>Help youth prepare for and enter postsecondary training and educational institutions:</u> 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, and the EFC.

Table 37 shows that over 11,000 educational services were provided to current and former foster youth ages 15-20 during FFY 2015. Additionally, nearly 6,000 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 57 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.

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 Section 5.

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 2015 showed that 80 percent of the youth who aged-out of foster care at ages 18 and 19 reported a permanent connection with at least one adult they could go to for emotional support, advice, and guidance, as compared to FFY 2014, with the same percentage of youth. However, for youth exiting at ages 20 and 21, the percentage of youth with connections dropped to 72 percent. Counties report that many youth who are electing to exit foster care at age 18 represent those youth who are most frustrated with the foster care system, and may not have the motivation to take advantage of any assistance in establishing a permanent connection or mentor. The decrease of eight percent of youth having a permanent connection exiting at ages 20 and 21 from those exiting at age 18 and 19 indicate that as youth become more independent they perhaps are not maintaining the permanent connections they had at age 18 and 19 or are making new connections with peers and others that the youth may not associate with Permanency. However, the NYTD survey of the follow up population of the second cohort indicated that at age 19, over 90 percent reported a permanent connection and at age 21, the number dropped to 89 percent. This is a significant difference from the 72 percent reported in exit outcomes. Youth who participate in the survey may be more connected to a permanent connection although there was a decrease of almost three percent from age 19 to 21 confirming that as youth near their exit, their permanent connections change as part of the transition to adulthood.

   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.

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 May 2016, 19 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 dropped from 1,958 in FY 2013-14 to 1,529 in FY 2014-15, a decrease of approximately 21.9 percent. However, the number of youth served in the 18-21 age group rose from 673 in FY 2013-14 to 897 in FY 2014-15, an increase of about 33.3 percent. Therefore, the decrease in total participation may be attributed to the population of youth aged 21 and over (up to age 25). Indeed, the number of participants from the 21 and over age group plummeted from 1,285 in FY 2013-14 to 632 in FY 2014-15, a decrease of 50.8 percent! See Table 40 below.

Table 40: THP-Plus

	FY 2013-14		**FY 2014-15**		**Change from FY 13/14 to FY 14/15**
	Participants	% of Total	Participants	% of Total	
Total	1,958	100.0	1,529	100.0	-21.9%
Aged 18-21	673	34.4	897	58.7	+33.3%
21 and Older	1,285	65.6	632	41.3	-50.8%

Despite a decrease in total participation, the number of participants aged 18-21 increased.

A possible explanation for the significant drop in THP-Plus participation from the 21 and over age group may be that counties are directing their limited resources to those youth who require more support (i.e., youth aged 18-21). This is consistent with the counties' three most identified barriers to the program – a lack of available housing, a lack of certified providers, and the high cost of housing. Thus, while 48 of the 58 counties have a THP-Plus program, only 17 counties were able to actually serve youth.

On the other hand, the increased number of participants aged 18-21 may be due to stabilization in the extended foster care population, as prior to FY 2014-15, youth aged 18-21 were leaving THP-Plus to reenter into extended foster care. Thus, the healthy number of youth aged 18-21 served by THP-Plus in FY 2014-15 is reflective of the normal influx of eligible participants.

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.

Currently, CDSS has 62 licensed THP+FC providers serving EFC youth, up from 46 in FFY 2013. 30 counties had Host Family models, 29 counties had Single Site models and 34 counties had Remote Site models for THP+FC. Several large housing providers operate in many counties, especially in the rural north state. For FFY 2015, 1,416 youth were in THP+FC (as of October 1, 2015, according to data from the California Child Welfare Indicators Project, a collaborative venture between the University of California at Berkeley and the CDSS) with steady growth in this population. THP+FC serves 15.6 percent of the NMDs in the state.. Providers are working on obtaining more housing and recruiting supportive foster parents in order to meet the demand for these placements. In contrast, 3,696 NMDs were placed in a SILP at the same point in time. 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 (40.8 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 or difficult behavior. As a result, some housing providers have teamed up with EPSDT providers to offer more treatment options to youth. Additionally, with California's high housing prices and shortage of affordable housing, counties struggle to find suitable housing for foster youth.

There are operational THP+FC programs in all of the largest counties in California and in many medium and smaller counties as well. 45 of California's 58 counties have THP+FC providers. However, some medium and small-size counties have reported encountering barriers to

implementing THP+FC programs, 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. While eleven counties do not have operational programs in their jurisdiction, it is common practice for these counties to utilize THP+FC programs in other counties for their 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 include: 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. The CWDA Transitional Housing Subcommittee meeting will be following up on these issues to identify where and how changes can be made to address the challenges and implement best practices.

Foster Youth Credit Reports

Process

CDSS has developed a process that includes submitting batched credit inquiries to the three major credit reporting agencies (CRAs) on a quarterly basis for foster youth aged 16 and 17 (foster youth aged 14 and 15 were be included beginning in spring 2016) from nearly all 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. Two CRAs (TransUnion and Equifax) require that the counties open electronic accounts in order to request credit reports on behalf of foster youth, while it is optional for the other CRA (Experian). As of October 2015, three counties were completely opted out of CDSS' batch process, while five other counties' probation departments were opted out. These opt-out county agencies request credit reports on behalf of all 16- and 17-year-old foster youth 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 October 27, 2015, CDSS submitted 21,005 batched credit inquiries to each of the CRAs for foster youth aged 16 and 17 for the time period from July 2013 to June 2015. This resulted in 4,582 instances of a youth having at least one credit report on file. During this time period, 145 credit histories were cleared.

Data provided by Los Angeles County, which accounts for approximately one-third of foster youth aged 16 and 17 shows that Los Angeles County requested approximately 3,100 credit reports for state fiscal year 2014-15. The requests resulted in about 10% percent (300) of youth having at least one credit report on file. During this time period, roughly 730 youth had their credit histories cleared.

During the same time period, about 80 NMDs requested their credit reports, while nearly 35 NMDs refused to do so. During this time period, less than five NMDs had their credit histories cleared.

Barriers
Counties continue to identify a long and difficult electronic account set-up process as a major barrier in implementing the foster youth credit reports mandate at the local level. Each of the three CRAs has had, and continues to have, no more than one or two staff members as account set-up contacts nationwide. Accordingly, counties have had to wait up to several weeks for responses to questions or for requests for additional information needed to complete the account set-up process. It is expected that outcomes will be more favorable once all of the counties have the required electronic accounts with the CRAs.

According to information TransUnion provided to CDSS in May 2016, 21 of California's 58 counties are in the process of establishing the required electronic account with TransUnion. (Each county has two agencies (child welfare and probation) that request credit reports, so one may already have an account while the other is in process.) Additionally, information Equifax provided to CDSS in May 2016 indicates that 13 counties do not have an electronic account with Equifax. (A few small counties do not have any foster youth who are eligible to receive credit reports.)

To assist counties, CDSS has acted as liaison between each of the CRAs and the counties, provided technical assistance on the various aspects of the credit report process, and conducted an in-depth webinar for county workers, probation officers, and staff from Foster Family Agencies and group homes. CDSS has worked with advocates to address issues related to the remediation of credit reports, as the CRAs provide different reports that are difficult to interpret. CDSS also worked with the counties and the Child Welfare Data Analysis Bureau to prepare for credit report requests for 14- and 15-year-olds. The counties will utilize the same process developed by CDSS.

CDSS has also partnered with Child Focus, Inc. and Credit Builders Alliance to address ongoing issues, including the contracting process with the credit reporting agencies, data transmission, use of the credit reporting agencies' electronic accounts, and remediating any existing credit reports. Assistance has been provided to counties in the form of webinars, as well as printed guides, PowerPoint presentations, and direct correspondence.

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 working together to quickly identity youth's eligibility for the EFC program, in order to prevent these youth from experiencing homelessness. Many counties use the Child Protective Services Emergency Hotline as the gateway for young adult to reenter foster care.

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 new 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. 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.

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. BWC staff also participate in individual monthly and quarterly housing meetings.

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.

Pregnancy Prevention

With the passage of California Senate Bill (SB 528) in 2014 and Senate Bill (SB 794) in 2016, California has furthered efforts to better document and serve pregnant and parenting youth. The SB 794 amended W&IC section 16501.45 to ensure compliance with the new federal reporting requirements by requiring the California Department of Social Services (CDSS) to make changes to the Child Welfare Services/Case Management System (CWS/CMS) to accommodate the collection of data regarding the youth and NMDs in foster care that are pregnant or parenting. Properly documenting this information in CWS/CMS will provide for more accurate data collection regarding pregnant or parenting youth and NMDs, and allows social workers to identify youth that need access to valuable prenatal care and services. By collecting this information in a sensitive manner that ensures privacy for the youth/NMD, the child welfare system will be better able to offer much needed services and supports. Aggregate data regarding youth in foster care who are pregnant or parenting will be reported annually through *The Adoption and Foster Care Analysis and Reporting System*.

SB 528 included, among other things, language clarifying that all minors and non-minor dependents at 12 years of age and older have the right to have access to age-appropriate, medically accurate information about reproductive healthcare, the prevention of unplanned pregnancies, and the prevention and treatment of sexually transmitted diseases. By age 21, more than one in three young women in foster care will have given birth. Among girls in foster care who had a first birth before age 18, over a third had a repeat teen birth. (Courtney, M., Dworsky, A., Lee, J., & Raap, M. (2009) *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 23 and 24.* Chicago: Chapin Hall at the University of Chicago

With these statistics in mind, California has begun focused efforts towards addressing the disproportionately high rate of pregnancy among foster youth. CDSS convened a Healthy Sexual Development Workgroup, inviting stakeholders from throughout the state, including youth advocates, county and state representatives, private and non-profit organizations, providers, and the youth themselves. Capitalizing on the wealth of experience, both lived and practical, of the diverse stakeholder group, this workgroup has been tasked with creating a pregnancy prevention plan for the Child Welfare System in California. This plan will address the following:

- Effective strategies and programs for preteen and older teen foster youth and nonminor dependents.
- The role of foster care and group home care providers.

- The role of the assigned case management worker.
- How to involve foster youth and nonminor peers.
- Selecting and providing appropriate materials to educate foster youth and nonminors in family life education.
- The training of foster care and group home care providers and, when necessary, county case managers in adolescent pregnancy prevention.

This workgroup is expected to end in mid-2016 and the outcomes will be used in the development and implementation of a statewide pregnancy prevention plan. Counties will utilize the pregnancy prevention plan to develop and implement local plans and procedures.

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

The California bill (SB 794) passed in 2015 and became law in 2016 to meet all the requirements contained in PL 113-183, the *Preventing Sex Trafficking and Strengthening Families Act* of 2014. In January 2016, CDSS released All County Letter 16-08 to inform all counties that they need to implement policies and procedures by September 29, 2016 in order to meet the federal Preventing Sex Trafficking provisions. Additionally, CDSS released County Fiscal Letter 15/16-41 to notify counties of their fiscal allocations for completing the required activities. Prior to P.L. 113-183,in collaboration with county stakeholders, CDSS developed an 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 opt-in CSEC program is funded separately from the required federal provisions. Counties who do not opt-in for the state program are still required to comply with the federal requirements of P.L. 113-183. California has also provided training in CSEC identification and awareness to county social workers, probation officers, foster caregivers, and group home staff. Lastly, CDSS hosts a Child Labor Trafficking Workgroup, with a membership of approximately 40 stakeholders, including advocates and representatives from multiple state departments, the CWC CSEC Action Team, the California Labor Commission, and the U.S. Department of Labor. The workgroup is in the early stages of developing a mission and purpose.

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 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.

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 in foster care, including children 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 emancipated 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 $5,454,682 in services to 1,807 emancipated foster youth under the Room and Board allowance. This data is based on 53 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 41

below, reflects the number of current and former foster youth who have entered and exited the Workforce Investment Act funded career programs located in the 49 local America's Job Centers of California (AJCCs) (formerly known as One Stop Centers) or county employment career centers.

Table 41: 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 youth 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 42: Chafee ETV Awards (Commission)

	AY 2014 -15		AY2013-14		AY2012-2013	
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	1,654	4,218	1,732	4,095
Renewal	1,848	4,295	1807	4,290	1,862	4,311
Total Average	3,817	4,261	3,461	4,260	3,594	4,215

During the Annual Year (AY) 2013/14, there was a slight decrease in the number of new and renewal ETV awards as compared to AY 2012/13. The decrease in ETV awards between 2012 and 2013 (3,594 and 3,461 respectively) may be a reflection of a number of issues involving economic and state budget difficulties, such as the federal sequestration of $233,000 in AY 2012/13 and $508,000 in AY 2013/14 that occurred, affecting the number of ETV awards and award amounts during those academic years. During the AY 2014/15 there was a slight increase in the number of new and renewal ETV awards as compared to past years, which may be due to efforts made to reduce inefficiencies with the application and disbursement processes. 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 has made significant progress in FFY 2014/15 to phase out the NAR, and it is expected that beginning in the AY 2016/17, the NAR will no longer be required.

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.

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 being considered is to implement an electronic payment system to allow for timely distribution of awards to students and their respective schools. This is anticipated to go into effect during AY 2016/17.

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.

7. Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption

   Youth who entered into a Kin-GAP guardianship or were adopted after turning 16 are also eligible for ILP services as are youth in a non-related legal guardianship established in juvenile court after the youth's eighth birthday. These populations participate in the same ILP services as other eligible youth and receive extended foster care benefits to the age of 21. Based on FFY 2015 CCWIP exit data, 8,598 youth ages 16 and over exited from the child welfare and probation systems: 2,246 reunified with a parent; 124 were adopted; 121 entered a Kin-GAP guardianship; 2,345 emancipated; and 3,572 went missing or exited to other systems of care. 968 youth exited after their eighth birthday to a non-related legal guardianship during this time frame. Further information on the state's Kin-GAP program can be found in the Permanency chapter in the section on guardianship.

The Foundation for California Community Colleges (FCCC)

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, from 2,074 in 2013-2014 to 2,120 in 2014-2015. Statistical information regarding participants and services are listed below: Provided services to 2,120 participants
- Provided 2,016 training hours, of which 1,020 or 50% were experiential, hand-on learning activities
- Provided 2,514 hours of one-on-one educational advisory services to 946 participants,
- Increased Transitioned Youth participation by 37%
- Increased Non-Minor Dependent participation by 16%
- Maintained overall program retention with participants returning to campus workshops an average of five times through 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.

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 FCO 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 redesign of ILP, CCR, conferences or trainings and the development of the THP+FC regulations and policy for EFC. The CDSS provides funding and in-kind support to and regularly meets with the California Youth Connection (CYC) and Foster Care Ombudsman Office (FCO) 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 that provided input 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 2015.

- 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 from the CYC participate on several workgroups focusing on parenting youth placed in SILPs, policy development regarding psychotropic medications for foster youth and specialized counseling for youth entering into adoption or guardianship. The ambassadors were consulted regarding Exit Outcomes Data within the APSR to obtain feedback on possible reasons for a decrease in youth obtaining permanent connections and future solutions, and provided input to the Mark Courtney CalYouth study. 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. Finally, the ambassadors are providing input to the CDSS as to best practices to stay engaged with the out-of-care youth in order to take the NYTD survey. Executive staff from the Department meet quarterly with CYC to hear concerns and solicit feedback on a variety of issues. 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 participate on the Chafee ETV statewide workgroup providing input on the ETV distribution process. The youth also provided 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 implementation of the EFC Program.

- 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. Several former foster youth participated in the selection of this year's representative.

- The NYTD steering committee has a representative from the CYC to discuss the youth perspective in ongoing NYTD issues. At the CDSS webinar, a CYC representative spoke of the importance of the NYTD survey to counties.

- Youth representatives from the Youth Engagement Project (YEP) offered best practices in locating and engaging youth for the NYTD survey.

- In planning for the next fiscal year and the beginning of the third cohort of youth to take the NYTD survey at age 17, a YEP representative age 17 will assist in drafting a new consent form to be used with the NYTD survey about sharing data.

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. However, CDSS is exploring other avenues of communication with tribes as well. This includes expanding the membership of the ICWA Workgroup and developing a formal government-to-government consultation policy with California tribes.

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 information session was conducted with the Title IV-E and IV-B tribes via conference call to inform them of the ILP and ETV programs that tribal youth can access. 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, training on ILP and other transition age youth services for tribal youth will be conducted at the annual ICWA Conference in June, 2016.

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 are referred

to culturally appropriate services and resources. 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. Other counties report having specialized units or liaisons that consult directly with tribes. More recently, due to the work of the CAPP project (discussed in the Permanency Section), new strategies are being explored to improve collaboration with local tribes.

Equal Access to and Availability of Benefits and Services for Indian Youth

County ILPs have been notified via the CWDA ILP Subcommittee that all tribal youth under the jurisdiction of a tribe and in out of home foster care are eligible for services provided by the ILP. In FFY 2015, out of 426 tribal youth eligible for the ILP, 191 tribal youth participated in an ILP. According to data from the ILP Narrative, counties reported that there were 417 tribal youth eligible for ILP services under county jurisdiction with 187 of those youth participating in an ILP; six tribal youth under tribal jurisdiction (transferred from county jurisdiction) with three of the youth participating in an ILP; and three tribal youth under tribal jurisdiction (that never were under county jurisdiction) with one youth participating in an 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, will help increase participation rates among native youth.

Currently, 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, 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; and help locating housing. Indian youth who have emancipated are also eligible to receive an EYS 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 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.

Three other tribes receive Title IV-B funding, the Smith River Rancheria, the Tule River Tribe and the Washoe Tribe of Nevada and California. 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.

The CDSS will 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 2015, 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 2015 counties offered the survey to the 21 year olds of the first cohort. An All County Letter (ACL 14-69) was released to provide instructions to counties on surveying the 21 year old follow up population. A webinar also was presented in October 2014 to provide guidance on implementing the survey process. The data files from the 2015A and 2015B review periods were submitted to ACF in May and November 2015 and both were subsequently re-opened to obtain more survey data from youth who were out of care. The files were subsequently resubmitted and accepted with and were accepted no penalty fines levied. For FFY 2015 surveying the 21 year old follow up population of the first cohort, the NYTD Compliance Report showed a participation of 520 out of 705 youth for the first review period and 1,827 out of 1,114 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. Current collaboration for FFY 2017 include legal, policy, data bureau and youth involvement in formulating a consent form for youth to indicate whether they would like data shared or a personal contact from a social worker. Counties have indicated that for needs assessment purposes and helping individual youth, their own county data would be helpful. However, as CDSS had provided a notice to youth for the Cohort 1 and 2 that their data would be kept private, the consent form would be applicable to the third cohort beginning October 2016.

CDSS planned for FFY 2016, the year to survey the 19 year olds of the second 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 43 below includes data for the first and second review periods for the FFY 2015 NYTD survey and Federal determinations or categories given for youth participating or not participating in the survey. Youth in foster care who turned 21 in FFY 2015 were surveyed during the review period in which the birthday falls.

Table 43: NYTD County Compliance Report for FFY 2015: Survey Outcome Status FFY 2015

Survey Outcome Status	**FFY 2015**			
	1st Report Period		2nd Report Period	
	Number	%	Number	%
Youth Participated	520	74	827	74
Valid Non-Participation Reasons:				
Youth Declined	25	4	27	2
Youth Incapacitated	4	1	2	0
Youth Incarcerated	11	2	18	2
Runaway	2	0	9	1
Deceased	0	0	6	1
Unable to Locate	143	20	225	20
All	705	100	1,114	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 44 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 2015 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 44: NYTD County Compliance Report for FFY 2015: Number of youth who received an independent living service by responsible agency type in FFY 2015.

	1st Report Period		2nd Report Period	
Case Responsible Agency	**Number**	**Percent**	**Number**	**Percent**
In care: Child welfare department	13,183	76	12,266	74
In care: Probation	3,082	18	2,940	18
In care: Other (Kin-GAP, mental health, out of state agency, state adoption district office, private adoption agency, and Indian child welfare)	311	2	207	1
Aftercare: Child welfare department	457	3	608	4
Aftercare: Probation	177	1	394	2
Aftercare: Other (Kin-GAP, mental health, out of state agency, state adoption district office, private adoption agency, and Indian child welfare)	11	2	93	1
Either current/prior case was not found, or case responsible agency was missing	2	0	0	0
All	**17,262**	**100**	**16,508**	**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 will be available by August 31, 2016, on the CDSS NYTD Webpage.

TITLE IV-E WAIVER 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. 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 improve outcomes for children.

Participating county child welfare agencies are implementing Safety Organized Practice/Core Practice Model (SOP/CPM) and participating juvenile probation departments are implementing Wraparound as primary interventions. In addition to the Project-wide interventions, each county may implement additional child welfare and probation interventions, at local discretion, and 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-17, inclusive, who currently are in out-of-home placement or who are at risk of entering or re-entering foster care.

Project Activities

During the Project's second implementation year, the CDSS and participating county child welfare and probation departments engaged in a variety of communication, implementation, technical assistance and evaluation activities.

Communication:
The Project involves extensive and on-going internal and external communication efforts. External communication efforts include monthly individual county and quarterly all county programmatic calls with participating child welfare agency and probation department representatives, monthly calls with members of the Evaluation Steering Committee (ESC), quarterly fiscal technical assistance calls, quarterly newsletters, an annual meeting and a centralized e-mail address to coordinate inquiries, disseminate information and collect Project deliverables. The CDSS also partnered with the Chief Probation Officers of California (CPOC) organization to facilitate a monthly call with participating probation department representatives and discuss probation related topics. The CDSS also began holding monthly county-specific calls and quarterly collective calls with Casey Family Programs (CFP) consultants to discuss topic areas pertinent to Project activities. Internal communication efforts include

monthly meetings among internal Project team members from program, fiscal, evaluation and legal content areas.

The CDSS organized the first California Well-Being Project Annual Meeting including, workshops addressing communication statements and project messaging, project evaluation, well-being domains and measurement, Title IV-E fiscal well-being, fiscal strategies, SOP/CPM implementation readiness assessment, Wraparound implementation, and a review of each agency's first-year implementation accomplishments. The annual meeting also included presentations from the San Diego County Child Welfare Services and the Sacramento County Probation Department (SCPD). These county representatives recapped information from the 17th Annual Child Welfare Waiver Demonstration Projects meeting in Washington, DC. Representatives from the Alameda County Department of Children and Family Services and the SCPD gave presentations highlighting their Functional Family Therapy, Triple P and Commercially and Sexually Exploited Children optional interventions.

Implementation:

The CDSS, with assistance from participating county partners, finalized the Initial Design and Implementation Report (IDIR), including information SOP/CPM, Wraparound and Project outcome chains. The IDIR outlines information regarding SOP/CPM and Wraparound implementation readiness, developmental activities and optional interventions implemented under the Project. The IDIR also includes information regarding agency capacity to implement interventions, including organizational systems capacity, leadership support, staff characteristics, availability of technical and financial resources and linkages to community organizations within CDSS and child welfare services and probation departments in all nine Project counties. In addition, the IDIR includes the Project's work plan outlining developmental activities, cost estimates, Title IV-E allocation and projected savings, processes, dates and schedules for hiring and training staff, supervision and coaching plans, data systems, plans for initiating service delivery, technical assistance assessment and quarterly updates. The CDSS and participating juvenile probation departments convened and collaborated to develop the project's Wraparound intervention core components, critical elements and glossary.

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 CDSS, in partnership with the RTA and RCFFP, provided opportunities for child welfare and juvenile probation representatives to engage in anon-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 CFP in developing the SOP Executive Summit Series (SOP Summit). The SOP Summit will include 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 goal is to provide executive leadership in participating child welfare agencies with opportunities to engage in collaborative conversations and opportunities to share and hear from other executive leadership.

The CDSS conducted initial county visits to develop onsite fiscal monitoring protocols and procedures for both child welfare agencies and juvenile probation departments. The CDSS has initiated onsite fiscal reviews of Project counties utilizing the new protocols and procedures, and will review all nine Project counties on an annual basis. These onsite visits include reviewing county procedures and claiming documents to ensure proper claiming of Project funds and provide further training and technical assistance as needed.

Additionally, CDSS provided updated claiming and Quarterly Fiscal Supplemental Form (QFSF) instructions in County Fiscal Letter (CFL) 15/16-02. The QFSF provides detailed information regarding each county's overall expenditures and those specific to their project interventions. The CDSS issued CFL 15/16-10 addressing commonly asked claiming questions and continued conducting quarterly fiscal conference calls to provide updates, review best practices and discuss common issues noted during fiscal reviews.

The Project's Terms and Conditions requires CDSS to submit a semi-annual progress report summarizing activities and accomplishments for the reporting period and, if available, evaluation interim findings. The CDSS developed a semi-annual report template and disseminated it to participating child welfare agencies and juvenile probation departments. Participating counties submitted reports detailing implementation accomplishments from October 1, 2015 – March 30, 2016. The CDSS synthesized the information, drafted the semi-annual progress report and submitted it to the ACF.

Evaluation:

The CDSS executed the evaluation contract with the NCCD during the project's second implementation year. The NCCD's evaluation team convened with participating county agencies and introduced the evaluation process, including processes to integrate findings from the evaluation into continuous quality improvement systems and opportunities to establish sub-studies of optional county interventions. The evaluation team assumed a leadership role for the ESC, developing agenda for the monthly calls and quarterly conference calls with CDSS and county representatives to discuss progress on the evaluation and make decisions as needed.

The NCCD drafted the evaluation plan, reviewed it with ESC members and worked with ACF and CDSS to revise and resubmit the plan. The evaluation team began submitting quarterly progress reports, inventoried county information systems and formed measurement

workgroups among ESC members to develop assessments for SOP/CPM fidelity, family engagement and well-being. The evaluation team also held calls with individual county representatives to identify implementation schedules and offer assistance in developing county-specific logic models.

The CDSS collaborated with the evaluation team in preparing and submitting an application to the California Committee for the Protection of Human Subjects, an in-house Institutional Review Board (IRB) for the State of California, that ensures all processes of conducting research are ethically sound and do not harm any participants. The IRB will review the evaluation plan's data collection protocols including the process study methodology (focus groups, interviews, staff and leadership surveys), the family engagement survey and county juvenile probation data. The evaluation team plans to commence the data collection process once the evaluation plan and data collection protocols are approved.

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
$3,075,171 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

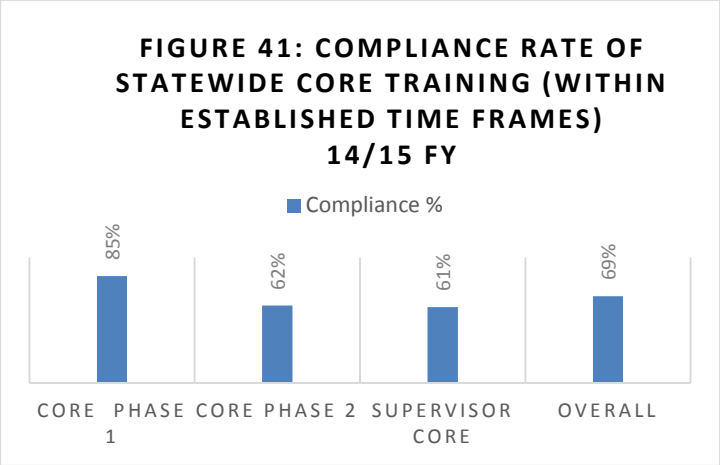
During the 2008 CFSR PIP, California included the mandate for standardized training in child welfare. The CDSS, in cooperation with the Statewide Training Education Committee (STEC), has developed standardized curricula in the Core Training Program to be used statewide for the mandatory training of child 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)

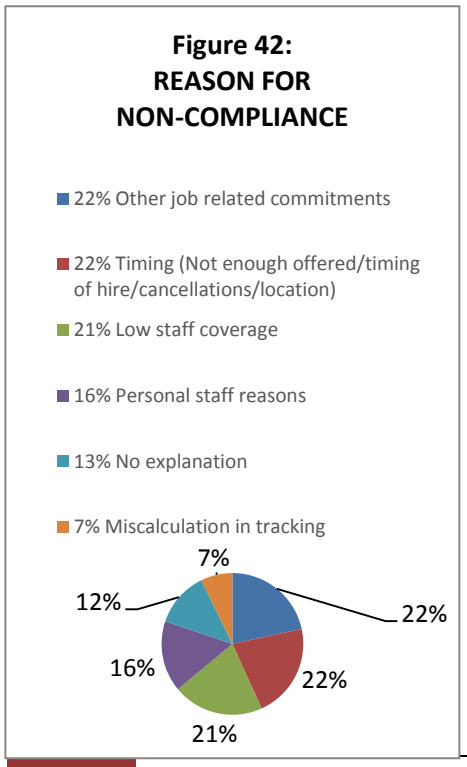
Reporting of Training

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% 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% 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%, the overall response to initial staff trainings is very positive.

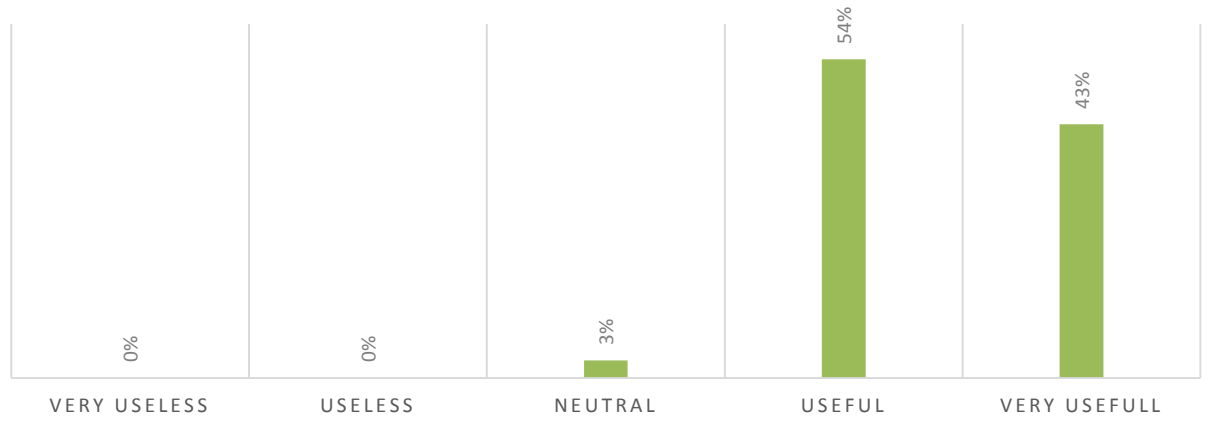
Current Changes/Improvements

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

FIGURE 43: USEFULNESS OF TRAINING RANKED ON 1-5 SCALE OF VERY USELESS - VERY USEFUL



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% 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

Training was implemented to ensure that professionals who may come into contact with CSEC are trained about the culture of commercial sexual exploitation of children, how to properly identify victimization, and engage them and connect them to support services. Efforts were made to coordinate with law enforcement, juvenile justice, and social service agencies in the development of the training. Additionally, representatives from law enforcement, juvenile justice and social services agencies such as runaway and homeless youth shelters have provided information during the Human Exploitation and Trafficking Blue Ribbon Commission Summits. The director of CDSS is part of this commission and has sat in on these summits, listening to representatives from law enforcement, juvenile justice and social service agencies across the state share information including efforts and challenges to address CSEC. We have used the information learned from these summits to inform the provisions and procedures for training CPS workers about identifying, assessing and providing comprehensive services to CSEC.

The Regional Training Academies provide two CSEC courses: The Commercial Sexual Exploitation of Children (CSEC) 101 Identification and Awareness (six hours) and CSEC 102 Skills to Engage Youth (12 hours). CSEC 101 was implemented in January 2015 and the California Social Worker Education Center continues to offer the training in a 90-minute webinar available on-line. CSEC 102 was implemented in January 2016 and will be facilitated by Nola Brantley Speaks. In 2015, 8,331 people received training in CSEC 101. No data is yet available on the number trained on CSEC 102.

The Commercial Sexual Exploitation of Children (CSEC) 101: Identification & Awareness Training provides an overview of CSEC and the psycho-social dynamics that contribute to the ongoing victimization of young people by sex traffickers. CSEC 101 is attended by CPS workers, law enforcement, probation officers, medical personnel, and social service agencies. Laws addressing human trafficking are examined to assist in understanding their relationship to commercial sexual exploitation of children. Factors influencing the demand for CSEC are reviewed, including how historical and ongoing gender and racial oppression intersect to create demand. The training provides information on complex trauma with a focus on the life events and contributing factors that often lead to the sexual exploitation of a child. The training utilizes scaffolding techniques, interactive discussion, and skill practice exercises to help adult learners integrate concepts and language associated with the commercial sex industry. This approach educates trainees on common terminology and recognizes the role of appropriate language to reduce the stigma experienced by trafficked youth. CSEC 101 is offered to probation officers and taught by probation officers and group home staff serving probation wards.

Trainees are provided with tools to identify warning signs and indicators of CSEC involvement. Trainees are able to recognize risk and protective factors for youth involvement in CSEC; understand the core elements of successful CSEC identification, intervention, assessment, and treatment; employ the Stages of Change Model when engaging with CSEC; integrate language and practice to reduce further stigmatization and trauma; build rapport with the CSEC victim; and understand CSEC's needs from youth and survivors' perspective.

CSEC 102: Engaging and Skills Training invites social workers, probation officers and all members of the MDT to learn strategies and skills to more effectively work with victims of CSEC and increase receptiveness of services. The participants will have an opportunity to discuss their challenges and successes and brainstorm solutions with trainers and colleagues.

The California Community College Chancellor's Office (CCCCO) provides high quality education and training to foster parents, kinship care providers, and group home staff to prepare them for working with youth with specialized needs in their care. The CCCCO's aim via community colleges was to provide 200 trainings at 62 community colleges on July 1, 2015. The training is expected to be completed by June 30, 2016 unless additional funding is received. As of January 30, 2016, 476 people have been trained.

Counties were provided $750,000 in Fiscal Year (FY) 2014-2015 to teach children in foster care ways to recognize commercial sexual exploitation and how to avoid becoming a victim of commercial sexual exploitation. By recognizing and avoiding the predatory nature of sex traffickers, children can maintain their well-being. No data is available on the number of youth trained.

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

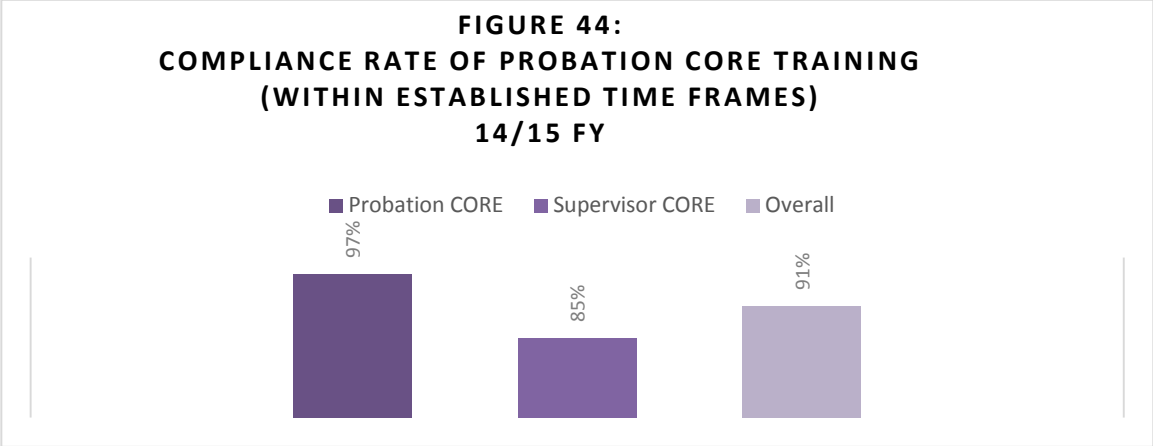
California created training regulations to ensure that all probation officers and supervisors in placement units receive standardized statewide child welfare CORE training. The child welfare probation training requirements for all counties are as follows:

- 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

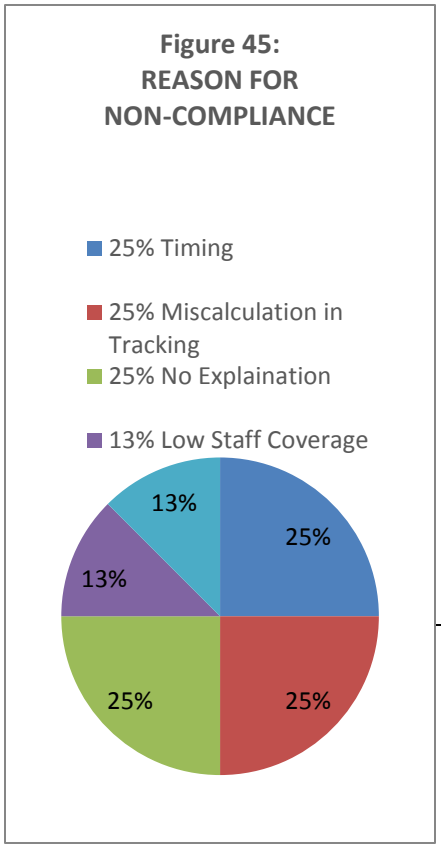
In 2015, as a result from analysis of the ATP survey, the CDSS required all county child welfare probation placement departments to complete a similar survey to report on their mandated training compliance. For the first year of this requirement, 43 of the 58 counties submitted responses. We expect a higher response rate in 2016, and will follow-up with the counties to assure this requirement is met.

Figure 44 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 45). 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:

1. 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

2. 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)

3. 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.

4. 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

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 46).

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.

Figure 46: COMPLIANCE RATE OF MANDATED ONGOING TRAINING HOURS (WITHIN ESTABLISHED TIMEFRAME) 14/15 FY

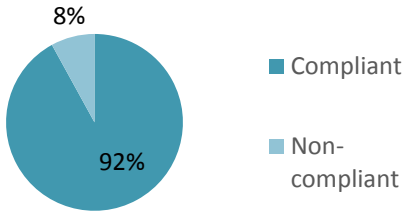
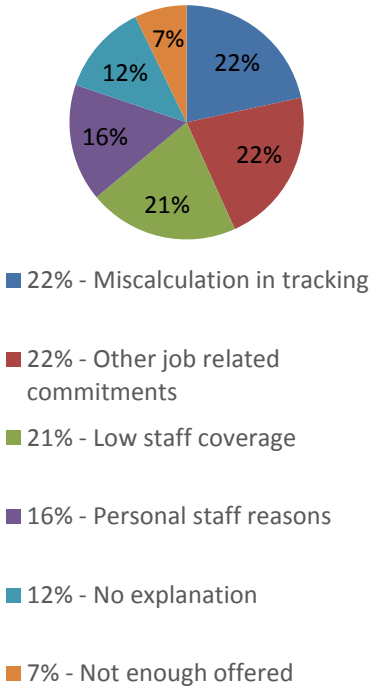
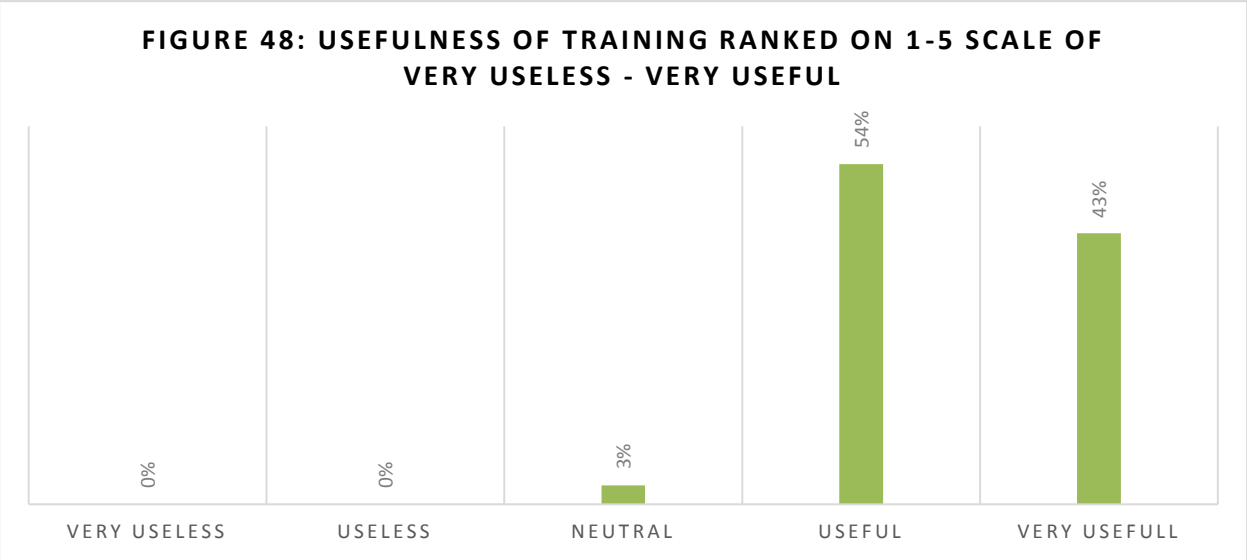


Figure 47: REASON FOR NON-COMPLIANCE



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.

<u>Allowable Title IV-E</u>
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.

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 ICWA workers. Additionally, CDSS continues to support the annual California ICWA Conference to enhance the relationship between tribes, and federal, state and local governments.

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;[16]
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;[17]
D. Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster;
E. Preserve essential program records; and

[16] 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.

[17] 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.

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.[18]

2015 Disasters

In 2015, the Governor declared a State of Emergency for 21 counties. The CDSS sent the Disaster Questionnaire (DQ), which is used as an offset to the CWS Disaster Plan Template for an immediate status of counties affected when a disaster occurs. The CDSS reviewed the DQ's and verbal responses from the counties and learned that many counties were concerned about the efficiency of their county's tools used to locate CWS children, Probation children, non-minor dependents, including non-minor dependents residing in foster care, and children placed in California through the ICPC during a disaster. As a result, the CDSS sent a Disaster Survey (DS) questionnaire on October 12, 2015, to all the counties to identify the problematic areas.

There were 24 counties that responded to the following questions on the DS:

- Whether they have an account to access SafeMeasures Emergency Maps (SMEM) during a disaster;
- Was SMEM successful in locating children;
- What other sources, besides SMEM do they use to locate children during a disaster;
- What other types of services could the CDSS offer their county during a disaster?

The counties' concerns were reviewed by the CDSS and 21 counties reported they have access to SMEM and three counties reported they do not have an account. There were six counties that indicated SMEM is successful and six counties indicated it is not successful. The other eleven counties did not respond whether SMEM is successful.

The CDSS contacted SMEM about counties having access to their services and learned SMEM is available to all counties, but the users within the county must first have an account created. This information was forwarded to the counties. The resources used other than SMEM seemed to work during a disaster; however, counties that have not experienced a disaster cannot determine whether SMEM or other resources are reliable during one.

There were 12 counties that requested or recommended the following services from the CDSS:

[18] CSOEB has modified Criteria F to include ICPC information shared with the CDSS and sending state.

- Multiple agencies contacted the affected counties during a disaster, which caused duplication and the counties felt overwhelmed. Could this be handled differently?
- A system in place for the counties affected by a disaster to report out-of-county placements.
- Statewide access to disaster plans.
- Some counties are having problems with SMEM providing real-time emergency mapping for all placements.

CSOEB staff involved in the disaster planning met and discussed ways to rectify duplication issues. It was determined that the Adoption Services Bureau (ASB) within CSOEB will be the appropriate contact for the counties since the ASB handles the CWS disaster response plans. The 2016 CWS Disaster Response Plan Template was updated to include a section to address out-of-county placements. The counties were informed that the disaster plans for each county are available to view on the CDSS website. CSOEB contacted SMEM to discuss several counties concerns about real-time emergency mapping and SMEM is working to modify the problem. CSOEB will follow this issue and monitor SMEM efforts to reduce or resolve this concern.

CSOEB continued to coordinate efforts within CDSS: Disaster Services Bureau (DSB), Community Care Licensing Division (CCLD) and ICPC to confirm locations of all CWS children, Probation children, non-minor dependents, including non-minor dependents residing in foster care, and children placed in California through the ICPC during the 2015 disasters.

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

- 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.

Introduction

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 45: 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)

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
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 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
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 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

ATTACHMENTS

Citizen Review Panel (located in CAPTA folder)

CALIFORNIA CITIZEN REVIEW PANELS
ANNUAL REPORT
October 1, 2015 – September 30, 2016

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 2002 to 40 percent in 2012, 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 765,135 with 21.5% being children under the age of 18. In 2015, the county child protection agency received 3,943 child abuse allegations of which 376 were substantiated cases. Of that number, 170 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 850,536 with 24.4% being children under the age of 18. In 2015, the county child protection agency received 11,744 child abuse allegations of which 1,141 were substantiated cases. Of that number, 504 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 reports, recommendations, 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).

San Mateo County Citizens Review Panel (SMCRP)
2014-2015 Annual and Recommendations Report

Contact Person: Pat Brown, SMCRP Facilitator
Date Submitted to OCAP: November 20, 2015
Persons submitted to at the state level:

- Letrice Littlejohn, OCAP, AGPA
- Angela Ponivas, OCAP, Bureau Chief

Persons Submitted to at the local County Agency:

- Iliana Rodriguez, Director, Human Services Agency
- Dr. Loc Nguyen, Director, Children and Family Services, a division of the Human Services Agency
- John Keene, Chief Probation Officer
- Jenell Thompson, Children and Family Services

SMCRP's mission is to assess the child welfare system in the county and make data-driven recommendations for continuous improvement that will help to ensure the safety and well-being of San Mateo County children and their families.

MEMBERSHIP (**Work plan Goal #1**)

During the reporting period:

- Rev. Davidson Bidwell-Waite, Transfiguration Episcopal Church, reigned (SMCRP will be voting on a new clergy representative.

All prospective members receive a copy of the SMCRP Operational Guidelines and they are referred to the SMCRP website www.smcrp.org for more background information. Before they are asked to submit an application for membership, potential SMCRP members are invited to attend a regular SMCRP meeting to observe the work of the SMCRP 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 SMCRP. New members are elected by majority vote of the existing membership.

PANEL TRAINING

Individuals who are interested in joining the SMCRP are provided with basic information about the role of the SMCRP in written form and referred to the SMCRP website: www.SMCRP.org. The website was updated this year.

SMCRP's orientation process calls for incoming members of the SMCRP to talk with the Chair for an orientation session at the beginning of their term. One key responsibility of the SMCRP facilitator is to ensure an inclusive process in CRP meetings so that all members of the SMCRP and guests are able to participate comfortably and effectively. This includes 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 SMCRP, 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.

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.

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 SMCRP WORK PLAN

Work plan Goal 1: Discuss any activities the SMCRP has engaged in specific to the recruitment of SMCRP 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 members do represent diverse backgrounds and expertise. As needs for specific perspectives are identified, current SMCRP members brainstorm ways to reach out to representatives in those areas. However, since the resignation of Rev. Davidson Bidwell Waite, CRP has been looking for another representative of the clergy perspective. In October, Rev. Kibbie Ruth, who holds the position of Minister for Social Justice at the Congregational Church of San Mateo, visited the regular CRP meeting. She has since confirmed her interest in being appointed to the Panel and her election is on the November meeting agenda.

Parents and youth who have been part of the child welfare system continue to be priority areas, 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 Operational Guidelines.

Last year, SMCRP reviewed and modified its Operational Guidelines to allow the Panel more discretion in situations in which long-term members are interested in continuing their service. This year, because of the relatively high percentage (40% in their first term) of newer members, the Panel exercised its discretion and decided to waive the three-term limit in the case of four long term members.

Work plan Goal 2: Develop a work plan that will guide the panel's review activities of the state and local Child Welfare System (CWS).

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 to be utilized in order to track progress and evaluate outcomes related to its recommendations for change at both the state and local levels. This information is documented on an annual meeting calendar that guides agenda development throughout the year.

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 and Probation have made staff members available to report to the Panel on specific recommendation areas such as Team Decision Making 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.

Findings regarding 2014-15 SMCRP Recommendations

Recommendation	Findings
1. CRP recommends that Children and Family Services (CFS) and other divisions of the child welfare system that are participating in the Katie A. Implementation, (Behavioral Health and Recovery Services -BHRS), assess the effectiveness of the current mental health programs offered to children and families, from the following perspectives: • Effectiveness in identifying those in need • Effectiveness in delivering services to those in need • Effectiveness in assessing the impact (mental health outcomes) of services on re-entry rates and permanence.	CFS, along with other divisions of the child welfare system participating in Katie A. implementation, has put in place processes and infrastructure to enable data-based evaluation of the effectiveness of mental health programs offered to children and families. SMCRP has reviewed one semi-annual report for the period of September 2014-February 2015, submitted to state on April 10, 2015.
2. SMCRP recommends that CFS that CFS assess the effectiveness of efforts to recruit and maintain in-county foster homes, and provide a summary of their	Through review of monthly CFS Dashboards and reports from CFS staff, CRP finds that efforts to recruit and maintain foster homes in San Mateo County are being implemented. These efforts

current efforts to CRP. The information provided to CRP-should address the following: • The current number of homes and duration of service • The number of foster children in out-of-county placements, reasons for the placement, and where they were placed. • Specific efforts to recruit new foster homes and the results of that recruiting • Challenges to recruiting and maintaining foster homes in San Mateo County • Services to support foster parents • Future plans to address any deficiencies	are going to be supplemented by a new contract with a community-based organization to assist with foster home recruitment using established community networks. CFS is using concurrent planning to identify potential relative caregivers and local San Mateo County foster homes during the period that reunification efforts are underway.
3. CRP recommends that the State of California take steps to ensure the various agencies that make up the child welfare system have adequate training and other resources for meeting mandated expectations. If and when additional resources are not available, the State of California should assist agencies to develop strategies to accomplish the state mandates.	CRP has not received information from the State responding to Recommendation #3 regarding mandated but unfunded or underfunded programs

FOLLOW UP ON 2013-14 RECOMMENDATIONS AND AREAS OF INTEREST

- CRP will monitor efforts by the external evaluator retained by CFS to evaluate the outcomes of the Team Decision Making Program and determine whether this model is the most appropriate model for the various situations in which it is being used.

  Finding: The external evaluation was postponed until 2015-16.

- CRP will monitor the efforts of the external evaluator retained by CFS to evaluate the Family Visitation Program.

  Finding: The external evaluation was postponed until 2015-16.

- CRP will monitor CFS and Juvenile Probation's efforts to work together to ensure that

dependents and wards of the Juvenile Court who may be eligible for AB 12 when they turn 18 years, and those youth who are non-minor dependents under AB 12 in both agencies, are receiving equivalent preparation, supports and services. CRP will follow up on the results of current interagency conversations about strategies to accomplish this goal through regular updates.

Finding: CFS and Juvenile Probation have established a strong partnership and the two entities work together as needed. Inequity of supplemental/discretionary funding between CFS and Juvenile Probation means that AB 12 youth in probation do not have access to the same supports and services as AB 12 youth served by CFS because of budgetary constraints.

- CRP will monitor the implementation of the recently strengthened screening process for contractors and those working directly with children and youth in the Child Welfare System.

  Finding: CFS has reviewed all agencies with contracts. Two agencies could not comply with requirements and their contracts were discontinued.

Areas of interest, for further exploration

1. CRP will discuss approaches to providing positive feedback and validation for child welfare programs and initiatives that are successful.
   Status: CRP is still in the process of exploring approaches to providing validation for child welfare programs and initiatives.

2. CRP will support the efforts of the Domestic Violence Council (DV Council), CORA, and law enforcement organizations with implementing the recommendations of the report recently developed by CORA, as well as help identify any additional recommendations for the DV Council's consideration.

   Status: CRP has received a number of reports from CORA and the San Mateo Police Department about this effort. The recommendations developed through a grant-funded process are in the early stages of implementation.

3. CRP will examine the possibility of assuming an advocacy role in regard to the welfare of children and families in general, and specifically for its own annual report recommendations.

   Status: This topic continues to be an area of interest for SMCRP, but no advocacy efforts have been undertaken during the 2014-15 program year.

4. CRP will continue to gather information about actions being taken in San Mateo County to address the issue of commercially sexually exploited children.

   Status: San Mateo County and the Commission on the Status of Women have indicated strong interest in strengthening and coordinating programs that address this issue.

CRP recommendations for 2015-16

The following are SMCRP's recommendations for 2015-16:

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 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.

In addition to monitoring its two formal recommendations, SMCRP will continue to explore and discuss 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.

Discuss how the SMCRP recommendations will be disseminated to county and state officials as well as the public and how the SMCRP will handle any comments made.

SMCRP will provide the Director of the San Mateo County HSA, the Director of 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 OCAP in November. The report will also be posted on the SMCRP website (www.smcrp.org) and presented to the local Child Abuse Prevention Council, known as the Children's Collaborative Action Team (CCAT). In addition, excerpts from the report will be used in outreach presentations to staff of CWS agencies, the Foster Parents Association and other groups in San Mateo County. Any comments that result from this process will be presented to SMCRP for consideration.

FUTURE DIRECTION

SMCRP will continue to meet monthly to monitor its recommendations and the delivery of CWS in San Mateo County. Time in each meeting will be allocated to reports and presentations relevant to the SMCRP 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 SMCRP will continue to look for ways to promote and support productive collaboration that leverages resources to achieve shared goals.

Panel self-evaluation activities (**Work plan 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
Compiled Results: Annual Panel Self-Evaluation
August 2015

Compiled Results
(12 returned evaluations – responses in bold)

	Scale = 1 (disagree)			to	5 (agree)
1. *CRP members take their role seriously and conscientiously prepare for each meeting.*	*1*	*2*	*3*	*4*	*5*
				3	**9**
2. *CRP members place a high priority on regular meeting attendance.*	*1*	*2*	*3*	*4*	*5*
			1	**9**	**2**
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.*	*1*	*2*	*3*	*4*	*5*
				6	**6**
4. *CRP members feel informed enough to participate in the discussion of agenda items.*	*1*	*2*	*3*	*4*	*5*
			1	**4**	**7**
5. *CRP receives the technical assistance it needs to do its job well.*	*1*	*2*	*3*	*4*	*5*

(11 responses)		**1**	**2**	**3**	**5**
6. CRP receives the information it needs from Children and Family Services in an understandable format and in a timely manner.	*1*	*2*	*3*	*4*	*5*
			3	**6**	**3**
7. CRP receives the facilitation support it needs to do its work in an efficient and inclusive manner.	*1*	*2*	*3*	*4*	*5*
				1	***11***
8. *CRP members feel satisfied with the contribution they are making to improving the safety and well-being of children in this community*	*1*	*2*	*3*	*4*	*5*
				8	***4***

Comments

- I feel some frustration at the responses we receive from CPS. Although we regularly receive the Dashboards and other requested documents, there has been no apparent movement in responding to the concerns of CRP as set forth in our reports over the last two years. Instead we receive comments such as the Department is working on addressing the issue or is obtaining grants and personnel to address the issue. No objective change has been provided.

- CRP membership has seen a tremendous growth this year. The roster is diverse and relevant to the matters at hand. Every member is genuinely interested in the issues and a rigorous discussion usually follows.

  Due to the increase in membership, the need for better time management has arisen with increase in discussion time.

- I would suggest changing the language of the survey to reflect the individual member's feelings and actions rather than what we believe the other members feel or do.

- SMC CRP is fortunate in maintaining a core membership of dedicated and long- standing participation, which greatly aids the work, sharing of system history, and goal planning within the group. This also supports the orientation and role modeling for newer members.

- I am pleased to see the growth and depth in our membership this past year. Also encouraging is the continued participation of Juvenile Justice. I would like to see more interaction and leadership at the state level for CRPs in California.

- The San Mateo County CRP is strong as it currently stands. It is gratifying to be part of the CRP, even if change we affect is slow to come.

- The San Mateo County CRP should continue to stay focused on our primary goal and be careful of peripheral distractions.

- I feel we have a very diverse and passionate group of individuals whose interests are varied. This often leads to energized conversations, however with the limited time, often issues are not resolved or will add to an agenda that is already full. I think we are beginning to realize this and with more focused meetings be able to tackle the recommendations to our satisfaction.

- Pat Brown continues to provide guidance in a very helpful way. We cannot do without her.

On August 17, 2015, the CRP conducted a verbal assessment of Panel effectiveness.

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.

Roster and Terms as of October 2015

The following table reflects the status of current CRP members.

Name	Affiliation	Term
Baumel, Jan	Retired Special Educator, Licensed Educational Psychologist	Fourth term – 9/15-9/18
Chang, Paul	Executive Director, Meridian Human Services	Second term – 9/13-9/16
Cherniss, David	Director, Juvenile Mediation Program	Third term – 9/14-9/17
DeMarco, Toni	Manager, Behavioral Health and Recovery Services, San Mateo County Health System	First term 9/13-9/16
Karamacheti, Shanthi	Manager, Differential Response and Pre-Three Initiative, Star Vista	First term – 4/14-9/17 Resigned 10/15
Loewy, Ben	Administrator, San Mateo County Office of Education	Fourth term – 9/15-9/18
Manthorne, Cori	Director of Programs, Community Overcoming Relationship Abuse (CORA)	First term 9/13-9/16
Miller, Bonnie	Attorney, Private Defenders Office	Third term – 9/13-9/16
Monaghan, Ryan	Lieutenant, Field Operations, San Mateo Police Department	First term 9/13-9/16
Plotnikoff, Bernie	Community member, Retired Child Abuse Prevention professional	Fourth term – 9/15-9/18
McCallum, Jamila	Director of Operations, San Mateo Region, Edgewood Center	Fourth term– 9/15-9/18
Ragosta, John	Administrator, Advocates for Children	Third term – 9/15-9/18
Stewart. Ginny	Licensed Clinical Social Worker	Third Term – 9/14-9/17
Szyper, Lauren	Manager, Differential Response, Daly City Partnership	First term – 6/13-9/16

Children and Family Services Director, Dr. Loc Nguyen, serves as the liaison to SMCRP. He has confirmed that he will continue to participate regularly with CRP for the upcoming year. Christine Villanis, Deputy Chief Probation Officer also attends CRP meetings and provides

juvenile probation data and perspective. Patricia Brown facilitates CRP meetings through a contract between CFS and the Peninsula Conflict Resolution Center.

San Mateo County Human Services Agency
CHILDREN & FAMILY SERVICES (CFS)

Response to
Citizens Review Panel (CRP)
Recommendations for 2014-2015

Recommendation #1	CRP recommends that Children and Family Services (CFS) and other divisions of the child welfare system that are participating in the Katie A. Implementation, (Behavioral Health and Recovery Services -BHRS), assess the effectiveness of the current mental health programs offered to children and families, from the following perspectives: • Effectiveness in identifying those in need • Effectiveness in delivering services to those in need • Effectiveness in assessing the impact (mental health outcomes) of services on re-entry rates and permanence.

Katie A Implementation	The Katie A. Settlement Agreement requires counties to partner in a number of ways in order to ensure the screening, referral, assessment and treatment of mental health conditions for youth in the child welfare system. Since February 2013, CFS and Behavioral Health and Recovery Services (BHRS) has been working in collaboration to improve the effectiveness of service provision to children and families involved in child welfare. Both agencies utilize an existing meeting structure and sub-committees to coordinate, collaborate, and improve service integration. For example, the Oversight Committee, with leadership from both agencies, meets monthly to identify service challenges and implement system changes. Recently, the Oversight Committee reviewed and authorized the release of BHRS 101 three-hour training for social workers. The training session covered Katie A specific BHRS policies, procedures and medical necessity criteria as well as specifics on permittable data sharing across systems to expedite mental health services and to provide timely client treatment updates for social workers. A similar session on Children and Family Services' day-to-day service delivery system has been developed and is now being converted into a webinar. This webinar will allow BHRS staff and their partners to take the training on-demand. Other system improvements include BHRS's follow up and utilization of service codes for ICC, and in-home based services (IHBS) within specific teams.
Recommendation #2	CRP recommends that CFS assess the effectiveness of efforts to recruit and maintain in-county foster homes, and provide a summary of their current efforts to CRP. The information provided to CRP-should address the following: • The current number of homes and duration of service • The number of foster children in out-of-county placements, reasons for the placement, and where they were placed. • Specific efforts to recruit new foster homes and the results of that recruiting • Challenges to recruiting and maintaining foster homes in San Mateo County

Foster Home Recruitment & Support

The County's 2015 System Improvement Plan update (March 2015) included an additional strategy to implement a recruitment and retention plan to increase the number of Resource Families available to meet the specific needs of children and youth in care; especially addressing the number of foster homes available in San Mateo County.

The biggest challenge has been that of the individuals and families who attend our information meetings and become placement homes, 70% are primarily interested in adoption. CFS foster parent recruitment staff continues to focus interested community members on our foster homes for placement philosophy. Resource Parent Training sessions place an emphasis on foster care and that the priority is family reunification.

Additionally, during the past several years, the assigned SW recruiter has been tasked with additional responsibilities that fulfill agency need including on-call back up ER worker and providing support for relative assessments. It has been more than four years since the Agency has had a full-time worker who could dedicate and focus solely on the recruitment process.

The Agency has explored other foster parent recruitment options including the benefits of contracting with a community-based organization. The CBO would be familiar with the geography and demographics of the County and affiliated with other agencies and partners for possible joint recruitment events. We will be looking for a CBO with a network of community groups including faith based organizations and they will need to demonstrate proven outreach strategies and expertise in engaging the community.

As we develop the Request for Proposal we will include data tracking, reporting and evaluation that will assist in the development of recruitment goals and strategies as well as identify any challenge areas. Collected data will include tracking the number of resource family inquiries as well as new resource families by source. In addition, the placement supervisor and workers can provide anecdotal information with regard to the number of and the reasons for out of county placements.

To assist in maintaining placements in our current foster home; CFS has developed a resource family support program that is focused on the children at the Receiving Home. The program identifies the youth while at the Receiving Home and each is matched with a Shelter Care Counselor who establishes rapport with the youth and continues to work with the youth and the foster parents after the child is placed in a foster home. The counselors contact the foster parent and offer placement support including addressing any on-going issues with school, relationships, and substance use/abuse.

Current Foster Home Data

CFS Dashboard Monthly May 2015

Type	Active Homes
Foster Care Only	55
Fost-Adopt	48
Sum	103

CFS Dashboard June 2014 – May 2015

Type	Active Homes
Foster Care Only	55
Fost-Adopt	48
Sum	103

Safe Measure Time In Placement Setting May 2015

The amount of time a child has been in same out of home placement

Time Open	Count	Percentage
Under 1 Year	234	67.4%
1 to 2 Years	62	17.9%
2 to 3 Years	19	5.5%
More than 3 Years	32	9.2%
Sum	347	100%

The number of foster children in out-of-county placements, reasons for the placement, and where they were placed.

Out of the 339 children in out-of-home placement as of May 2015, the two primary reasons for removals include general neglect (42.77%) and caretaker absences/incapacity (38.94%).
As of May 2015, there are a total of 149 or 43.95% of children placed out of county.

One of the main reasons for out-of-county placement is to place the child with relatives or non-extended family member caregiver (NREFM). Placing children with relatives has shown to have an impact on placement stability for children in foster care.

Other reasons for out-of-county placement include; children receiving SILP services, and children placed in FFA Certified homes that can meet the needs of children with intensive care and case management support.

CFS Dashboard Monthly May 2015

Children in Foster Care by Facility Type	In County Placement	Out of County Placement
Guardian Home	30	0
Group Home	3	17
Foster Family Agency Certified Home	22	56
Relative/NREFM Home	71	33
County Shelter/ Receiving Home	12	0
Foster Family Home	14	2
Supervised Independent Living Placement	37	37
Small Family Home	0	1
Sum	189	146

CFS Dashboard June 2014 – May 2015

Children in Foster Care by Facility Type	In County Placement	Out of County Placement
Guardian Home	39	1
Group Home	14	67
Foster Family Agency Certified Home	84	148
Relative/NREFM Home	158	62
County Shelter/ Receiving Home	116	0
Foster Family Home	47	5
Court Specified Home	1	3
Supervised Independent Living Placement	71	84
Small Family Home	0	1
Sum	530	371

Recommendation #3

CRP recommends that the State of California take steps to ensure the various agencies that make up the child welfare system have adequate training and other resources for meeting mandated expectations. If and when additional resources are not available, the State of California should assist agencies to develop strategies to accomplish the state mandates.

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

May 20, 2016

Patricia Brown
San Mateo Citizen Review Panel
421 Montwood Circle
Redwood City, CA 94061

Dear Ms. Brown:

The California Department of Social Services (CDSS), Office of Child Abuse Prevention (OCAP) has reviewed the recommendation submitted by the San Mateo Citizen Review Panel.

SMCRP recommends that the State of California take steps to ensure the various agencies that make up the child welfare system have adequate training and other resources for meeting mandated expectations. If and when additional resources are not available, the State of California should assist agencies to develop strategies to accomplish the state mandates.

In responding to your recommendation, we made every effort to ensure that our response was thorough and accurate. As a result we sought information from the Resources Development and Training Support Bureau, within the Child Protection and Family Support Services Branch at CDSS.

Currently, the State of California mandates the Core Training Program and ongoing training for Social Workers in accordance with the Manual of Policies and Procedures 14-610. These training programs are fully funded by the State of California and available to all counties. When additional State mandates are passed through the legislature a training component is negotiated as part of the new mandate. The training components of new mandates can vary by delivery type and funding structure based on the unique needs for each mandate. The State of California has made itself available to agencies to provide any assistance necessary with adhering to new mandates and to answer any questions that may arise.

We would like to take this opportunity to acknowledge the efforts of the panel membership and the work that has been completed. The San Mateo Citizen Review Panel consistently demonstrates your commitment to the welfare of the children and families in California. Thank you for your contributions.

Should you have questions or concerns for the OCAP, please contact Marja Sainio at the Office of Child Abuse Prevention (916) 651-6796 or marja.sainio@dss.ca.gov. Should you have any questions or concerns for the Resources Development and Training Support Bureau, please contact Jessie Rosales at (916) 651-6076 or jessie.rosales@dss.ca.gov.

Sincerely,

Angela Ponivas
Bureau Chief
Office of Child Abuse Prevention

Ventura County Citizens Review Panel (VCCRP)
2014-2015 Annual and Recommendations Report

Contact Person for this Report:
Diane Kellegrew, Ph.D.
Kellegrew Research & Consulting

Submitted to OCAP-Date and Person:
April 6, 2016
Letrice Littlejohn, OCAP, AGPA
Angela Ponivas, OCAP, Bureau Chief

Local County Submission -Date and Person:
April 5, 2016
Judy Webber, Deputy Director, Children and Family Services Department
County of Ventura Human Services Agency

CRP Meeting Minutes:
September 25, 2014; November 19, 2014; March 28, 2015; June 24, 2015

Work Plan Goal 1: CRP Compliance

GOAL 1. Carry out CRP functions in accordance with federal and CDSS OCAP guidelines.

1.1 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.

The current panel is comprised of diverse public and private organizations with expertise and knowledge of the child welfare system. Membership also includes a parent and a young adult representing those formerly in the Ventura County child welfare system. The 2014-2015 membership included nonprofit social service agencies, education and early childhood programs, and representatives from county departments to include Ventura County School District, Ventura County Behavioral Health, Ventura County Probation Agency, and the Ventura County Human Services Agency. The Ventura County Children and Family Services (local child welfare) was represented at each meeting. Members were specifically invited to participate, although the meetings were open to the public. CRP meeting participation ranged from 15-22 members, with each meeting recording more than 10 members in attendance. This corresponds to a 77% average attendance record.

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 (3/28 meeting) and reinforced with a new procedure in that members now sign the confidentiality agreement as part of the registration process for each CRP meeting.

CRP quarterly meeting minutes were filed with the CDSS Office of Child Abuse Prevention, as required. CDSS OCAP Analyst, Tracy Urban, attended the March 28, 2015 meeting to discuss the purpose of the

CRP and OCAP's interest in CRP activities. Ms. Urban emphasized that the CRP recommendations should have local impact as well as application for statewide child welfare practices.

Status: Goal 1.1 met.

Work Plan Goal 2: Group Home and Residential Care Outcomes

GOAL 2. Monitor group home, residential care, and shelter usage outcomes for children in the foster care system in order to increase family maintenance cases.

2.1 In partnership with the Interagency Planning Expansion Review Committee (IPERC), monitor Children and Family Services (CFS) outcomes to decrease the percent of children in care and the length of time children are in care prior to emancipation at age 18.
2.2 In partnership with shelter provider(s), ensure that shelter placement is the last option for out of home care.

In Ventura County, the Interagency Planning Expansion Review Committee (IPERC), is comprised of representatives from the Human Services Agency/Department of Children and Family Services, Ventura County Behavioral Health, Ventura County Probation Agency and Ventura County Schools along with shelter providers and group home leadership staff. IPERC is the organization that provides capacity building activities and ongoing oversight of the Ventura County group home care programs. Over the past several years, the IPERC and CRP partnership provided an opportunity to monitor and support group home and residential care practices in ways that can decrease the percent of time children are in care (CPR goals). During the 2014-2015 year, the partnership with IPERC continued with CRP facilitators in attendance at quarterly IPERC meetings and IPERC representatives in attendance at CRP meetings.

In response to Goal 2.1, the CRP reviewed capacity building activities available to support group homes and foster youth in group homes to include the Independent Living Program classes and the California Youth Council (9/25 meeting). In addition, an MOU has been established and is being implemented with Ventura County group homes to ensure Ventura County group homes give preference for children placed within the county as opposed to out-of-county placements (9/25 meeting).

During prior years, the CRP worked with IPERC to establish a survey to review the quality and activities of group homes and residential care settings. This year the initial survey logistics (11/19 meeting) and survey results (3/28 meeting) were reviewed by the CRP membership. Analysis of the survey results were complicated by the unexpected passing of the prior CRP facilitator, Louanne Shahandeh. Ms. Shahandeh had the permissions required to access completed survey responses. Through review and discussion, the CRP determined that the current survey provided the opportunity to engage group homes in identifying the types of questions needed to explore quality services and to field-test the online survey format. However, the current survey items can benefit from a revision to ensure data are measureable (3/28 meeting). It was also determined that there is a need for protocols that 'house' the survey where CFS staff can also access outcomes.

The IPERC leadership has expressed support for group home quality review via the Outcome Measures Survey. IPERC will assist with the survey redesign and review survey outcomes. As part of the survey redesign, there will be an opportunity to incorporate other group home issues or 'hot topics' such as commercially sexually explored children (6/24 meeting). In addition, the group home survey redesign will integrate and align the Continuum of Care requirements (11/19 and 6/24 meetings).

In response to Goal 2.2, shelter usage was also reviewed by the CRP (9/25 meeting) with a reported 70 children in the extended foster care system. CRP members discussed the need for reducing shelter use in Ventura County in keeping with the Continuum of Care Reform (6/24 meeting). The CRP determined that additional data are needed to determine the rationale and shelter usage by specific populations to best track and interpret reductions in shelter use.

Status: Goals 2.1 and 2.2 met.

Recommendations:

- It is recommended that Ventura County CFS continue to work with IPERC to assume responsibility for the administration and facilitation of the Outcome Measures Surveys to all local Ventura County Group Home providers and report outcomes to the CRP on a minimum of an annual basis.

- It is recommended that Ventura County CFS assume responsibility for the development of the Outcome Measures Survey distribution and data storage.

Work Plan Goal 3: Child Welfare Data and Reporting

GOAL 3. Review, advise, and monitor recommended child welfare data variables and strategies 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.

3. 1 Review and advise on child welfare variables used to track and report child safety, permanence, child wellbeing, including family finding data, 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.

In response to Goal 3.1 and 3.3, the CRP members reviewed the ways in which CFS/CWS data are collected and analyzed. The challenge associated with a citizen review of complex data was discussed. Potential CFS data 'report cards' designs were illustrated. The purpose of the report cards are to create visual tracking tools to make data more understandable and accessible to citizens. Data variables identified for ongoing CRP review will include issues around placement stability, to include entry and exit data and placement by age. It was also determined that the permanency placement (PP) population would be a special focus for CRP review to better understand variables that present placement challenges.

A recommendation during the prior year focused on the need to share datasets across entities. Activities during the 2014-2015 year included agency reports (9/25 and 11/19 meetings) however these reports did not identify data or outcomes specific to children in child welfare. The CRP determined (6/24 meeting) that the CRP activities for next fiscal year will focus on CFS datasets as well as data of other CRP representatives in areas related to the CRP priorities. Issues and strategies to support sharing data will be highlighted.

In response to Goal 3.2, family engagement practices were reviewed as part of the Team Decision Making Model and Core Practice Model (11/19 meeting). The CRP members determined that well-being and quality of care indicators will be a focus for review during the 2015-2016 year (6/24 meeting). The CRP disseminates information to the public via the Child Abuse Prevention Council (CAPC) representative, the Partnership for Safe Families and Communities. The CAPC Coordinator is also a member of the CRP.

Status: Goals 3.1, 3.2, and 3.3 met.

Recommendations:

- It is recommended that the Ventura County CFS develop a data review template for the purpose of tracking child welfare outcomes in ways that are meaningful and accessible for citizen review. Priority data tracking domains should include 1) placement stability, 2) permanency placement, 3) child and family wellbeing, 4) quality of care indicators, and 5) shelter usage. Data should be reported in enough detail to track special populations and conditions to include out-of-county placements, outcomes for Latino children, and children birth-to-five years of age.

- It is recommended that the Ventura County CFS facilitate posting of the CRP 2014-2015 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.

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
MAGALLANES, LAURA Program Manager, Children and Family Services
MARTINEZ CURRY, ELAINE Executive Director, The Partnership for Safe Families & Communities

CSOC/ CRP MEMBERS 2015 ROSTER
NAME, JOB TITLE & AGENCY
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

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • *www.cdss.ca.gov*

CDSS
WILL LIGHTBOURNE
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

April 26, 2016

Ms. Judy Webber, Deputy Director
Department of Children and Family Services
Ventura County Human Services Agency
855 Partridge Street
Ventura, CA 93003

Dear Ms. Webber:
The Ventura County Citizen Review Panel (CRP) report for the 2014-15 fiscal year has been received and accepted by the California Department of Social Services (CDSS), Office of Child Abuse Prevention (OCAP).
The OCAP would like to take this opportunity to express our gratitude to the CRP for the time and energy dedicated toward improving programs and services for children and families. The annual report demonstrates a thoughtful effort 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 Ventura County with the possibility of statewide implications.
The OCAP acknowledges the following CRP recommendations made to the Ventura County Human Services Agency:

1. The CRP recommends that Children and Family Services (CFS) develop a data review template for the purpose of tracking child welfare outcomes in ways that are meaningful and accessible for citizen review. Priority data tracking domains should include 1) placement stability, 2) permanency placement, 3) child and family wellbeing, 4) quality of care indicators, and 5) shelter usage. Data should be reported in enough detail to track special populations and conditions to include out-of-county placements, outcomes for Latino children, and children birth-to-five years of age.

2. The CRP recommends that CFS facilitate posting of the CRP 2014-2015 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.

Keeping with the state's responsibility pursuant to the Federal Child Abuse Prevention and Treatment Act (CAPTA) (section 106(c) (6)), CDSS/OCAP hereby requests a copy of the Ventura County written response to the CRP recommendations for our records. Please submit the county response to OCAP by no later than May 13, 2016.
We look forward to continuing to work in partnership with you on behalf of the children and families of California. Should you have any questions or comments, please contact Kyle Lafferty, Family and Community Support Services Unit Manager, at (916) 657-1996 or Kyle.Lafferty@dss.ca.gov.

Sincerely,

ANGELA PONIVAS, Bureau Chief
Office of Child Abuse Prevention

c: Ms. Diane Kellegrew
Kellegrew Research & Consulting
1205 Church Street
Ventura, CA 93001

Prevention and Early Intervention Committee Statewide Review Panel
2014-2015 Annual and Recommendations Report

Contact Persons for this Report: Lori Clarke, Facilitator

Date Submitted to OCAP: March 2, 2016

Date and Person Submitted to California Department of Social Services*:*
May 27, 2015
Will Lightbourne
Director, California Department of Social Services

The California Child Welfare Council (Council) was established as a statewide multidisciplinary advisory body by the Child Welfare Leadership and Accountability Act of 2006. It is responsible for improving services to children and families in the child welfare system, particularly emphasizing collaboration among multiple agencies and the courts. It is also charged with reporting on the extent to which child welfare programs and the courts are responsive to the needs of children in their joint care. As a standing committee of the California Child Welfare Council, the Prevention and Early Intervention Committee identifies and promotes services and support systems that prevent the need for families to enter the child welfare system. The responsibility of a Citizen Review Panel, mandated under federal law, is incorporated into the Prevention and Early Intervention Committee, and serves in a statewide capacity as one of California's three panels.

Promoting health and wellness while preventing children, youth and their families from entering the child welfare system remains an important state and local outcome. The earlier families' needs and challenges are addressed, the better the outcomes for children and youth. The research shows that when families are engaged in the services and supports that build protective factors, (especially when service involvement is voluntary) they are better able to safely care for their children at home in their communities.

The Prevention and Early Intervention Statewide Citizen Review Panel's efforts to date have focused on two broad areas: quality and uniformity of prevention practice statewide, and on resourcing/financing prevention. The two previous major activities under each of these for 2013/2014 were: (1) Development and dissemination of a federal child welfare finance reform toolkit, and (2) Promotion of the previously developed Differential Response Framework.

Child Welfare Finance Reform Update (Resourcing Prevention)

Since California is the largest consumer of federal IV-E funds and faces an increasing general fund investment, a focus on finance reform continues to be important. A key for California is recognizing that the state's unique needs would not likely be well served by current finance reform proposals, and thus expanding conversation to include options that would better serve the state. To that end, the toolkit on Federal Child Welfare Finance Reform has been widely disseminated throughout California, and to child welfare leadership in at least twelve additional states.

Committee staff for Chairman Orrin Hatch (R-UT) and Ranking Member Ron Wyden (D-OR) of the U.S. Senate Committee on Finance have formally discussed at a high level a child welfare legislative proposal. Titled the "Family First Act," the legislative proposal incorporates provisions previously introduced in legislation by both Members and has been described by staff as a compromise for both Members signaling their interest and intent on a bipartisan process moving forward.

Staff for both Chairman Hatch and Ranking Member Wyden have expressed their interest in bringing this legislative proposal before the U.S. Senate Committee on Finance for its consideration in 2016 as part of a Committee markup session. As currently outlined, the legislative proposal would have two sections – one to provide funding for prevention services as well as other legislative changes, and one to outline federal policy around placement setting for children in foster care.

Differential Response Framework Update (Uniform Prevention Practice)

In 2012 the PEI developed, and the Child Welfare Council approved the "Differential Response Framework". This tool identified core elements through the lens of Differential Response in an effort to promote more uniformity in prevention practice. Differential Response was initially implemented with broad variation, and since then, implementation and utilization have been on the decline.

Meanwhile, various child welfare initiatives, such as the California Partners for Permanency (CAPP), the Katie A. Core Practice Model, and Safety Organized Practice (SOP), incorporate and designate core elements of practice. Likewise, statewide and local prevention partners in Family Resource Centers, Family Strengthening Networks, and others have developed a range of practice models to guide prevention practice.

Although innovative and often lead to good outcomes, the multiple emerging and established initiatives and practices compromise the ability to have a consistent, uniform statewide approach to the prevention of child abuse and neglect. A stated 2015 goal of the PEI/CRP is to update the

DR Framework by: (1) broadening it to represent the full spectrum of prevention practice; and (2) cross-walking or integrating existing initiatives and proven practices.

2014 – 2015 Activities and Accomplishments

To fulfill its responsibilities for this year, the Statewide Prevention and Early Intervention Citizen Review Panel selected two policy review areas for consideration:

1. Review of prevention policy to **identify core elements of practice** that are a fit for California. Identification of the core elements of prevention practice could serve to unite prevention providers for a greater collective impact. It could also serve to inform policy and resource decisions regarding prevention practices.

2. **Review of prevention cost/benefit policy** and determination of whether a cost/benefit analysis of prevention practices in California could set the stage for improving return on investment of federal, state, and county funds. Identification of cost effective prevention practices could serve to promote greater uniformity of prevention practice among community-based organizations, networks, family strengthening organizations, family resource centers and others, leading to improved outcomes.

Core Elements of Practice

The PEI-CRP has made significant progress towards updating the Differential Response Framework by framing it more broadly as statewide prevention practice. One of the tools developed by the PEI.CRP during this period is the "*Prevention Practice Core Elements—A Cross-Walk*". It lays out how the identified core elements of practice apply to the full continuum of prevention activities.

The PEI-CRP has affirmed their commitment that core elements should be framed within the context of a comprehensive prevention strategy for California. The overarching strategy discussed by the group is universal community-based support available to everyone through self-referral. Community-based prevention also encompasses at-risk children and families who do not rise to the level of CWS intervention, yet need an enhance community response that should be available through self-referral. Once the level of risk rises to meet criteria for child abuse and neglect, focused prevention could take place in two tiers: (1) Assessment by CWS and referral out to community partners; and (2) high risk families that require ongoing CWS supervision to ensure safety, who are jointly served by CWS and community partners.

In the next phase of its work, the PEI-CRP will look closely at the role of trauma-informed systems and practice that address the impact of early, adverse childhood experiences. Of particular concern is the role of substance use disorders as a contributor to child abuse and neglect. It is anticipated that the core elements of practice will incorporate a focus on promotion of child, family, and community health and well-being, thus building resilience while mitigating risk.

Prevention Cost/Benefit Analysis

In conducting a knowledge management review, the committee determined that credible work is happening that can inform California's efforts. A subcommittee looking at this issue is using the framework of a modified Haddon's Matrix. (Haddon's Matrix is a brainstorming tool that combines the epidemiology triangle {host, agent, environment} and levels of prevention.) The discussion was focused at the continuum of risk and the corresponding spectrum (or levels) of prevention. Sample approaches were noted, along with their empirical support and whether costs and return on investment had been studied.

2015/2016 Recommendations

The following recommendations are respectfully submitted to the California Department of Social Services:

Resourcing Prevention

1. Renew call to action for federal child welfare finance reform. With the introduction of the Hatch-Wyden Proposal, the PEI-CRP requests that the Department provides the committee with their stance on the Family First Act and consistent information on the State's input into the proposed regulations. In addition, the committee would like to be informed of the State's involvement and participation in the support of the legislation when it is introduced and respectfully requests that the PEI-CRP be used in an advisory capacity to inform any decisions that are made in regards to finance reform.

2. Support the continuation of the PEI-CRP's analysis of the advisability of a cost benefit analysis for California.

3. The PEI-CRP requests a briefing on Child and Family Service Review (CFSR) outcomes, particularly with respect to evidence-based practice and associated costs.

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.

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.

CALIFORNIA CHILD WELFARE COUNCIL
PREVENTION/EARLY INTERVENTION STATEWIDE CITIZEN REVIEW PANEL

March 2, 2016

Dear Director Lightbourne,

As a member of the California Child Welfare Council and as the former co-chair of the Prevention/Early Intervention Committee, you know that one of the key challenges the Council has undertaken is the prevention of child abuse and neglect. Since taking on the responsibilities of the statewide Citizen Review Panel, the Council's Prevention and Early Intervention Committee has focused on a review of policies and systems that are needed to not only facilitate *prevention* of child abuse and neglect, but also *promotion* of health and well-being for all children and families.

Last year we focused on (1) the development and dissemination of a toolkit on federal child welfare financing to better inform partners of issues and opportunities related to reform; and (2) expanded thinking on the benefit of a uniform statewide Prevention Framework. During 2015, we continued to build on this work as described in the attached report and recommendations.

As chair I respectfully submit the attached 2015/2016 Report and Recommendation on behalf of the Prevention and Early Intervention Statewide Citizen Review Panel, pursuant to our responsibilities as specified by the Child Abuse Prevention and Treatment Act (CAPTA).

You will find that the recommendations support our belief that children do best in safe, stable, and permanent families and that federal funding system for child welfare must adequately support this goal. We further believe that there are core elements of prevention practice that should be made uniform across California counties in order to improve the lives of children at-risk.

We look forward to your response to our recommendations and would welcome any updates regarding past recommendations. The Families First Act has added urgency to the work of federal reform of child welfare financing.

We commend your ongoing leadership that views child welfare through the lens of prevention. We also appreciate the role that you, Secretary Dooley, and Greg Rose have played in promoting the interests of California's children and families in federal finance reform.

Sincerely,

Kathryn Icenhower, PhD

Kathryn Icenhower
California Child Welfare Council
Chair, Prevention and Early Intervention-Statewide Citizen Review Panel

CALIFORNIA CHILD WELFARE COUNCIL
PREVENTION/EARLY INTERVENTION STATEWIDE CITIZEN REVIEW PANEL
2015 ROSTER

Dr. Kathryn Icenhower*	Executive Director, SHIELDS for Families, Inc.	Community-based Organization

MEMBERSHIP FOR PREVENTION/EARLY INTERVENTION COMMITTEE

Ms. Robina Asgar	CEO FRC	Family Strengthening Network Leader
Dr. Nilofer Ashan	Rockefeller Fellow Formerly Family Support America & CSSP	
Ms. Sheila Boxley*	President/CEO Prevent Child Abuse California	Community-based Organization & Sacramento Child Death Review Team
Mr. Rosalio Chavoya	Dependency Advocacy Center, Santa Clara	Parent Mentor
~~Ms. Barbara DeGraaf~~ Vacant	**Prevention Director,** Strategies Training and Technical Assistance Centers, Youth for Change	California Family Strengthening Steering Committee & Roundtable
Ms. Nancy Gannon Hornberger	CEO SAY San Diego	Community-based Organization
Mr. Richard Knecht	Child Welfare Director, Placer County	Placer County HHSA
Mr. Tim Morrison	Senior Policy Associate	Children Now
~~Ms. Roseann Myers~~	Child Welfare Director, San Diego	County of San Diego Health and Human Services Agency
~~Ms. Heather Nemour~~	Coordinator, San Diego Family Strengthening Network	Family Strengthening Networks
Michelle Allen	CA Parent Leadership Team	Foster & Adoptive Parent
Ms. Audrey Tousant	Child Welfare Training Academy	Community-based Organization
Dr. Stephen Wirtz	Chief, Injury Surveillance and Epidemiology Section	California Department of Public Health
~~Mr. Jason Lowe~~ Vacant	California Youth Connection (CYC)	Former Foster Youth

REGULAR GUESTS OF PREVENTION/EARLY INTERVENTION COMMITTEE

Mr. Frank Mecca*	Executive Director, CWDA	Child Welfare Director's Association

Dr. Jacquelyn McCroske	USC School of Social Work	University of Southern California
Dr. Lisa Pion-Berlin	Executive Director, Parents Anonymous	Parent Engagement & Leadership

*Denotes member of the California Child Welfare Council