Child and Family Services Plan 2015-2019

Annual Progress and Services Report
June 30, 2018

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INTRODUCTION

Child and Family Services Plan

The submission of the 2019 Annual Progress and Services Report (APSR) highlights progress made since the June 30, 2017 APSR and is the fourth year of the five-year Child and Family Services Plan (CFSP)\(^1\) for Federal Fiscal Years (FFYs) 2015 through 2019\(^2\). Since the implementation of the CFSP, programs, initiatives, legislation and social work practice models are in various phases of implementation. These new activities are designed to link key initiatives together to transform the landscape of child welfare in California. Some of these include:

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

The CCR also integrates elements from the following initiatives:

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

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1 Current and historical copies of the reports can be found at: http://www.childsworld.ca.gov/PG1995.htm
2 Federal Fiscal Year represents October 1 through September 30 for the indicated year.
3 For more information on the Continuum of Care Reform efforts, see: http://www.childsworld.ca.gov/PG2976.htm
professionals, natural community supports, and other individuals identified by the family who are invested in the child, youth, and family’s success.

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

- **Grow Strong Families Initiative** – preventing children from ever coming into the Child Welfare System (CWS) by focusing on federal outcomes and systemic factors that apply to child welfare children.
- **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 services. 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 improvement of family functioning, child safety, and well-being. Towards this end, CDSS continues to conduct programmatic and fiscal reviews and audits of counties.
Child Welfare Services in California

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

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

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

The CDSS has several data sources utilized by the state and its 58 counties. The main source is the Child Welfare Services/Case Management System (CWS/CMS). The CWS/CMS is the federally supported Comprehensive Child Welfare Information System (CCWIS). 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 case management and staff support. In 2013, California initiated the Child Welfare Digital Services Project to plan and implement a replacement system for the current CWS/CMS, named the Child Welfare Services-California Automated Response and Engagement System (CWS-CARES). The goal of the CWS-CARES is to provide users with a more intuitive experience and new capabilities not provided by the legacy system. We are developing the CWS-CARES incrementally, using Agile software development methods and free and open source software. The new software will be implemented statewide over the next few years.

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 (FMVC) 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/](http://cssr.berkeley.edu/ucb_childwelfare/)
The Latino Practice Advisory Committee (LPAC) Data is a fairly new addition to the CSSR menu. The LPAC Data became available to the public in late 2013 and it provides assistance in the review of prevalence rates in county population analyses. The LPAC Data differs from prevalence rates in that it takes into account the ethnic breakdown of the absolute number of children in foster care. In California, the prevalence rate per 1,000 children for Latinos is not high in comparison to the Native American and Black Ethnic groups, however, when you examine the combined In-Care population for all ethnic groups (61,211)\(^4\), the Latino ethnic group made up more than half (31,224) of all the children in foster care. Counties who have a high number of any ethnic group(s) of children in their foster care population should address and describe that ethnic groups’ focused service provisions for their population majority. Data templates to assist with this type of analyses are available at: http://cssr.berkeley.edu/cwscmsreports/lpac-templates/.

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

SafeMeasures\(^5\) 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\(^5\) 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\(^\circ\) (SDM) risk and safety assessment. Further, it is helpful in assessing trends and patterns through qualitative reads of cases/referrals by the ability to extract lists of cases/referrals pertinent to federal outcomes. During the past year, the agility to track and monitor the use of psychotropic medication by children in care was added to tool.

The Multistate Foster Care Data Archive (MFCD)\(^6\) 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\(^\circ\) 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

\(^4\) LPAC Templates: California Child Welfare Indicators Project (CCWIP), University of California at Berkeley, Number in Care, Agency Type: Child Welfare and probation, Oct 1, 2016.

\(^5\) http://www.nccdglobal.org/analytics/safemeasures

\(^6\) http://fcda.chapinhall.org
data language found in the CWS/CMS database allowing users to work with objects that are in business terms (more familiar and more closely resemble language found in the CWS/CMS application).

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

Additionally, California’s ongoing case reviews are expected to provide a wealth of information about the state’s welfare system and serve as an invaluable data source in the future. However, since this report details activities from the prior year, a comprehensive analysis case review data was not yet available to include. CDSS is currently looking into options to best analyze case review data in order to draw meaningful conclusions and to make recommendations for improvements to child welfare practices and programs in California. These options include training existing staff to conduct analysis internally at CDSS and contracting with an external organization that is already well equipped to conduct such analyses.

Despite this, some meaningful changes to California’s child welfare system have resulted, in part, from case review findings. For instance, preliminary examinations of case review data and ACF findings during the third round of California’s CFSR lead to the drafting and distribution of ACL No. 17-107 in February 2018, which provided counties with instructions on how to assess for child safety during emergency response investigations and throughout a case. The ACL also provided instructions on how to appropriately monitor safety plans.

**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 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 or court ordered 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 individualized needs.

c) Alternatively, children may be placed in foster care if there are serious safety threats and are provided Family Reunification (FR) services. FR services consist of time-limited services to children in out-of-home care to prevent or remedy neglect, abuse or exploitation when the child cannot remain safely at home and needs temporary foster care while services are provided to reunite the family. For children removed from their homes, County Child Welfare or Probation Agencies (agency) are responsible for:
   1. Ensuring that reasonable efforts are made to prepare the family for reunification,
   2. Providing timely visitation between the children and parents,
   3. Making initial referrals to services,
   4. Visiting children at least once a month, and
   5. Developing a case plan for services that address safety issues and risk of future maltreatment. If service objectives are met, the court may order reunification of the family.
   6. Ensuring that a child and family team shares responsibility to assess, plan, intervene, monitor, and refine services over time and informs the case plan.

d) If reunification failed or the court determines reunification is not possible, the county placing agency is responsible for developing a permanency plan for dependent children by promoting timely adoption or guardianship. Permanent Placement (PP) services also include pre-adoption, post-adoption, tribal customary adoptions, non-related legal guardianship (non-court dependents), relative guardianship, and independent living. The
state also provides financial assistance to adoptive parents and guardians to aid in support of the children. There is additional funding available for special needs children.

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

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

**Figure 1: Point-in-Time Caseloads by Service Component, Oct 1, 2014 to Oct 1, 2017, Agency Type: CW, Ages 0-21, CSSR CWS/CMS, Q3 2017**

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.
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 October 1, 2017, while twenty small counties account for less than two percent.
**Subsidized Guardianship:** Although not a services program, California helps children in foster care achieve permanency by subsidizing relatives to become guardians of their related foster child. Guardianship is a permanency option to exit foster children and young adults from foster care to someone who has cared for them and wants to continue that care. Guardians receive a monthly payment equal to the foster care payment, retain Medi-Cal eligibility, and access to other benefits.

**Agency Structure**

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

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

Seven branches within CFSD have responsibility for overseeing components of California’s CWS system:

The Child Protection and Family Support Branch (CPFSB) oversees the Office of Child Abuse Prevention (OCAP), which has oversight of 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.

Also housed within the branch is the policy oversight and program implementation of emergency response and family maintenance programs, commercially sexually exploited children (CSEC) population; the Title IV-E California Well-Being Demonstration project; behavioral health integrated practice; and community-based services. The statewide training and staff development activities of public child welfare service workers and probation placement officers are also housed within the CPFSB.

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

The Child and Youth Permanency Branch (CYP) supervises delivery of services to children removed from their homes and placed into foster care with the goal of returning home or to an alternative permanent family through adoption or guardianship; develops regulations and policy directives related to placement, out-of-home care, and permanency for children under court jurisdiction and the subject of domestic and inter-county agency adoptions; the Independent Living Program (ILP); Transitional Housing Program (THP); and foster and adoptive parent training and recruitment.
Child Welfare System Branch, 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, named CWS-CARES will be CCWIS 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.

Continuum of Care Reform Branch draws together a series of existing and new reforms to our child welfare services program designed out of an understanding that children who must live apart from their biological parents do best when they are cared for in committed nurturing family homes. AB 403 provides the statutory and policy framework to ensure services and supports provided to the child or youth and his or her family are tailored toward the ultimate goal of maintaining a stable permanent family. Reliance on congregate care should be limited to short-term, therapeutic interventions that are just one part of a continuum of care available for children, youth and young adults.

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

Goals and Objectives

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

California’s Program Improvement Plan

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

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

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 FFY 2018, 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 continue to receive technical assistance from the Capacity Building Center through the Children’s Bureau, in an effort to build on the success of our 2017 Continuous Quality Improvement Academy. During the Academy, management and select staff from across the CDSS’s Children and Family Services Division participated in the nine month long training course, which concluded June 2017. Currently, CDSS is working with the Capacity Building Center to conduct a Division-wide evaluation of our Continuous Quality Improvement efforts. Once results are in, likely by August 2018, CDSS will utilize them to build a plan to strengthen the areas identified by the evaluation.

CDSS will also team with the Capacity Building Center to support implementation of California’s Program Improvement Plan, upon approval. The department has already held meetings with The Capacity Building Center and county leadership to prepare for the implementation phase.

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

CFSR 2017
The CFSR enables our federal partners to ensure conformity with certain federal child welfare requirements, determine what is actually happening to children and families engaged with child welfare services, and help California improve its system. ACF rates 7 safety, permanency, and well-being outcomes, based primarily on case reviews for this round of the CFSR. These case reviews involved the examination of 160 child welfare cases (128 foster care 32 in home) across 15 counties conducted between April 1, 2016 and September 30, 2016. Of the 2 safety outcomes, 2 permanency outcomes, and 3 well-being outcomes, none were found to be in substantial conformity. For an outcome to be found in substantial conformity, 95% of the applicable cases reviewed must be found in substantial conformity regarding that outcome. ACF also rates 7 systemic factors, based primarily on the Statewide Assessment and stakeholder interviews. The statewide assessment was prepared by CDSS and submitted to ACF on March
Stakeholder interviews began shortly after. California was found to be in substantial conformity on 2 of the 7 systemic factors: the statewide information system and agency responsiveness to the community. CDSS is currently working with ACF and all 58 counties to complete the final steps necessary to approve our PIP. While the foundation and fundamentals of the PIP are already agreed upon, the final details of implementation are being negotiated.

The PIP is comprised of a host of strategies and action steps that are being designed for targeted improvement to the areas that have been identified as needing improvement. Once the PIP is implemented, CDSS will monitor the impact of its PIP strategies and action steps through additional case reviews. Currently, the state is establishing its baseline performance on relevant outcome measures against which future progress can be compared.

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

SYSTEMIC FACTORS

Information System

California maintains the Child Welfare Services/Case Management System (CWS/CMS) as its federal Comprehensive Child Welfare Information System (CCWIS). 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 CCWIS 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 almost 20,000 workstations, 216 servers and over 26,000 active users. Currently, there are approximately 1,700,000 case records and 8,100,000 referral records that have been recorded in the system. Of those records, approximately 104,000 are active cases and 57,000 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.
CWDS is a collaboration of state and local government agencies dedicated to building a new child welfare information system that responds to users' needs while maintaining the best standards for security and data integrity. Our Child Welfare Services - California Automated Response and Engagement System (CWS-CARES) will allow child welfare workers to better ensure safety, well-being, and permanency of children at risk of abuse, neglect, or exploitation.

The objective of the CWDS was to implement a web-based technical architecture for a CWS case management system supporting county and State program practice requirements, including data management, outcome measures and reporting solutions, consistent with federal CCWIS requirements. This would have been a monolithic procurement approach using a customized off-the-shelf product or transfer system.

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

Case Review

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

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

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

Quality Assurance

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

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

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7 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 has formed a second Case Review Unit within the Case Review Section of the Program Improvement Bureau at CDSS. This additional dedicated staff is helping to 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. The Case Review Section is also currently undertaking an effort that will enable counties to contract back with CDSS to conduct case reviews for them, which will be advantageous for some counties, especially those with limited staff resources to conduct their own reviews.

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

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

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

**Foster Care Ombudsperson:** At the State level, the Foster Care Ombudsperson (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 “Ombudsperson-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 Ombudsperson, 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 Ombudsperson. The FCO also hosts quarterly meetings of all the County Ombudsperson to discuss their issues and coordination of complaint processing. The FCO protocols also require Ombudsperson 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 it March 2018 Report to the Legislature can be found on the CDSS website here: http://www.cdss.ca.gov/inforesources/Information-Resources/Program-and-Legislative-Reports/Children-and-Family-Services-Reports.
Staff and Provider Training
Please refer to the Child and Family Services Training plan on page 276.

ICWA
California has the largest American Indian population in the United States. The presence of 109 federally recognized tribes and the largest American Indian population in the nation, most of whom are members of tribes in other states, demonstrates a complexity in tribal demographics when considering appropriate services child welfare services for American Indian children. The CDSS continues to engage in efforts to strengthen state, county, and tribal partnerships to work toward continuous quality improvement of the services and resources available to American Indian children and families. These efforts include: Tribal Consultations, development of the Tribal Engagement Strategy, State-County-Tribe collaboration, the Annual Statewide ICWA Conference, revision of Division 31 Regulations, Tribal Title IV-B Collaboration, Title IV-E state and federal agreements development and implementation and collaboration with the California Tribal Families Coalition and the Judicial Council of California on ICWA Compliance. The CDSS is confident that its continued efforts to improve collaborative relations between the county, state, and tribes, will positively impact delivery of services to Native American children and families.

Due to jurisdictional and cultural complexities, availability and delivery of services varies widely across California and may be performed by the county, tribe or collaboration of both. Through County Self Assessments (CSA) provided to the CDSS Outcomes and Accountability Bureau (OAB) and Office of Child Abuse Prevention (OCAP), counties routinely report their collaboration with stakeholders, to address serving Native American children and families. Alameda and San Francisco counties, for example are part of the Bay Area Collaborative of American Indian Resources (BACAIR), a collaboration with various Native American community partners and service providers in the Bay Area and Casey Family Programs. The group discusses issues of ICWA compliance and disproportionality and provides training to county staff regarding service delivery to Native American children and families. In the past, these trainings have consisted of presentations by service providers. The OAB has also reached-out to the Office of Tribal Affairs (OTA) to assist them in connecting with tribes to solicit their participation and feedback in Focus Groups intended to examine service strengths and needs from prevention through the continuum of care, including reviews of the current levels of performance, procedural and systemic practices and available resources specifically through the lens of California Tribes. In May of 2018, the OTA reached out to the Utu Utu Gwaitu Paiute Tribe of the Benton Paiute Reservation to assist the OAB in scheduling a tribal specific focus group. This focus group was scheduled on May 16, 2018. The OTA and the OAB will operationalize a strategy to include tribes in upcoming CSAs to capture their concerns and improve California’s quality assurance program.

The ICWA Initiative
The ICWA Initiative was created in 2005 and is a partnership between the CDSS and the Judicial Council of California (JCC). 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. With the support of a grant from the CDSS, the Judicial Council of California, Center for Families, Children & the Courts, Tribal/State Programs Unit offers services and resources related to the Indian Child Welfare Act to Courts, Justice Partners and stakeholders involved with the California court system. The JCC provides educational offerings including regional trainings and local collaborative workshops addressing topics such as clarification on when ICWA applies, exclusive versus concurrent jurisdiction, notice to tribes, active efforts, cultural case planning, etc. Technical assistance is offered to courts and agencies by providing useful tools and identifying concrete steps that can be taken to improve compliance. The ICWA Initiative also serves as a clearinghouse of resources and as a facilitator to Tribal Court-State Court Forum activities. The JCC has been instrumental in developing a CDSS response to the California ICWA Compliance Task Force Report that will help improve consistency in the application and compliance ICWA. The CDSS-JCC contract helps the state meet its responsibilities through collaborative planning, consultation on data collection, delivering educational programming and providing continuous quality improvement (CQI) by providing input relating to ICWA with JCC representation on CQI Advisory Committee.

Indian Health Program

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

Agency Responsiveness to the Community

To achieve its mission, CDSS collaborates with the state’s 58 county child welfare agencies and juvenile probation departments, the Child Welfare Directors Association of California (CWDA), the Chief Probation Officers of California (CPOC), California Behavioral Health Directors Association (CBHDA), federal, state and local government, the Legislature, the Judicial Branch, Tribes, including Title IV-E Agreement Tribes, tribal government and representatives, philanthropic organizations, and other stakeholders. The end goal is to provide supervision, fiscal and regulatory guidance and training and development of policies, procedures and programs in accordance with prescribed federal and state statutes governing child welfare.

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

Child Welfare Council (CWC) 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.

CWC Prevention and Early Intervention Subcommittee
The Prevention and Early Intervention (PEI) Subcommittee forms part of the California Child Welfare Council. It is supported by ongoing administrative and funding assistance from the OCAP. The primary purpose of OCAP financial assistance to the PEI Subcommittee is to support parent partner participation so that they are able to attend PEI Subcommittee meetings. The PEI Subcommittee served as the Statewide Citizen’s Review Panel from 2014 to 2017 where it made substantive recommendations to the CDSS/OCAP that pertained to critical statewide issues. In its new role, the PEI will continue to make recommendations to the state relating to the prevention of child maltreatment.

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

- Increase the number of children who are safely reunified with their parents.
- Increase the number of children who have positive permanency outcomes by developing a statewide plan that promotes early identification of all family members and tribal connections for children through the implementation of Family Finding and Engagement (FFE).
- Per AB 1006, increase the number of mental health service providers with professional education, expertise and training in permanency related issues so children in foster care as well as children exiting foster care, have access to appropriate mental health services.
- Increase the use of concurrent planning, as well as Team Decision Making (TDM) and Child Family Team (CFT) meetings, so that every child, family, and tribe has a meaningful voice in every decision regarding services, placement, visitation, and permanency.
- Ensure that all caregivers are trained regarding the importance of permanency—and receive ongoing support and training, regardless of whether they are providing temporary or permanent care.
The Permanency committee and the Child Development and Successful Youth Transitions (CDSYT) committee have been joining efforts to develop a working proposal to request the development of a model protocol for a multi-system response to serve the needs of youth who are missing, homeless, or have run away from foster care. The proposed model would be a collaborative effort by juvenile justice, probation, child welfare, law enforcement, mental health, housing and shelters, and school liaisons. Research indicates that runaway and/or homeless youth are more susceptible to sex trafficking; sexual exploitation substance abuse and mental health issues.

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.

CWC 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 a multidisciplinary group with 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.

In the coming year, the CDSS will be working more closely with the CSEC Action Team to better align our best practice recommendations through policy and practice guidance, while bolstering partnerships with agencies who have been missing from the table, including tribal communities, law enforcement and public health. Further, the CSEC Action Team has announced they are accepting applications for new members to join their Survivor Advisory Board. The CDSS supports the Board through Child Abuse Prevention and Treatment Act (CAPTA) funds. These funds provided training and professional development to survivor advocates as a means to develop their capacity to leverage their unique lived experiences and expertise to inform and improve CSSEC prevention and education efforts throughout the state. The Board first convened in 2016 with 10 members who were responsible for providing ongoing guidance and consultation to the Action Team, governmental agencies, community-based organizations and other stakeholders regarding how to improve state and local policy for CSEC and at-risk children and youth. The Board achieved such accomplishments as providing feedback on the Foster and Kinship Care Education Program’s CSEC curriculum, training judges on human trafficking issues...
at Judicial Council of California, and presenting on California’s statewide reform efforts at the National Association of Counsel for Children’s 2017 National Child Welfare, Juvenile, and Family Law Conference.

CWC 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.
Additional Statewide Committees

The California Wraparound Advisory Committee (CWAC)
The California Wraparound Advisory Committee (CWAC) is a multi-disciplinary stakeholder group focused on promoting and improving high-quality Wraparound services. The CWAC follows a collaborative process for gathering and sharing feedback from Wraparound service providers, parent and youth partners, and county administrators from child welfare, juvenile probation, and behavioral health departments to identify strategies and strengths, promote best practice and fidelity to the Wraparound model and make recommendations for statewide policy and practice changes. The group continues to meet on a semi-annual basis, with the next meeting scheduled for October 9, 2018. In this reporting period, the CWAC convened on October 10, 2017 and on April 10, 2018.

In addition to the CWAC meeting on October 10, 2017, the Children and Family Services Division, in partnership with the Resource Center for Family-Focused Practice at UC Davis, hosted the California Wraparound 20 Year Anniversary at CDSS Headquarters. CDSS and the Resource Center were joined by community-based organizations, counties, parents, youth, advocates, and others to acknowledge and celebrate California Wraparound’s 20 Year Anniversary. The celebration was also a great way to understand how Wraparound has helped to strengthen families and communities, and it will be a continued support for our high needs youth addressed in our CCR efforts.

The CWAC meeting on April 10, 2018, was facilitated by a CWAC member from the Southern California region. The CWAC received updates from the CCR Branch, updates regarding Pathways to Well-Being Specialty Mental Health Services implementation efforts, and the Early Childhood Workgroup presented their recommendations for trainings and assessments.

As reported in the 2018 APSR, the Adoption Assistance Program (AAP) Workgroup and the Wraparound Training Standards Workgroup worked on completing their goals. To date, the AAP Workgroup completed the Wraparound Treatment Agreement Addendum to inform families about Wraparound when their adoption finalizes. The Wraparound Training Standards Workgroup developed specific guidelines and presented to the general committee for approval of the material as an addendum to the California Wraparound Standards. CDSS released All County Information Notice I-15-18 to counties with the information and guidelines, to encourage and promote high-quality and effective services.

Also during the April, 2018 meeting, the CWAC created two new workgroups, the Commercially Sexually Exploited Children (CSEC) Workgroup and Fidelity Workgroup, and the committee agreed to continue the Early Childhood Workgroup. These three workgroups will address emerging needs within the Wraparound statewide network specific to families touched by issues related to the commercial sexual exploitation of children, issues regarding the development of the Wraparound fidelity standards, and children ages 0-5 in need of, and receiving, Wraparound.
The **CSEC Workgroup** will collaborate with CDSS staff from the Child Welfare Policy and Program Development Bureau, which includes the Child Trafficking Response Unit, to review and strategize Wraparound services with cross-system collaboration and trauma-informed teaming practices individualized to this population. The workgroup will meet monthly with the goals of developing a collaborative approach focusing on gathering data and strategies to mitigate risk in this population.

The **Fidelity Workgroup** will research and evaluate national models of certification programs that support effective implementation of high fidelity Wraparound services. Recommendations will take into account current California state efforts such as the CCR, the Integrated Core Practice Model and Integrated Training Guide implementation, and assessment tools to streamline the process. A goal for the workgroup will be to summarize the commonalities and differences among certification efforts in other states and jurisdictions, with recommendations that can guide California in the implementation of statewide certification standards for California Wraparound providers. An additional goal will be to draft regulations for Wraparound certification based on the recommendations outlined in the summarizing documents.

The workgroup is also designing surveys to distribute among Wraparound providers and other child serving systems such as child welfare, education, behavioral health, and juvenile probation. The goal of one of the surveys is to evaluate how to improve and support high-fidelity Wraparound direct service staff in ways that will improve outcomes and ensure families receiving services develop confidence in their own ability to achieve a successful life. The **Fidelity Workgroup** is also designing a survey to gauge fidelity to the California Wraparound Program Model by counties and community-based organizations.

The **Early Childhood Wraparound Workgroup** focuses on the 0-6 demographic, which has the highest rate of removal by child welfare services. Wraparound, as a team-based, family-focused approach, aims to keep children in their homes and communities when they experience serious mental health or behavioral challenges.

The **Early Childhood Wraparound Workgroup** presented at the April 2018 CWAC meeting. The group shared their recommendations for assessments and trainings specific to the 0-6 age group, with the goal of sharing this coalesced information to counties as a resource for providing Wraparound services. The workgroup shared recommendations for provider competencies, with key areas of focus for program components as well as recommended areas of training. The intent was to build on the strengths of the Wraparound Model utilizing the clear principles and strategies of safety, wellness, and permanency. The recommendations integrate an interdisciplinary and developmentally based early childhood focus which includes social emotional development, trauma informed care, and reflective practice, in the context of

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the child and family culture. The workgroup suggests releasing the information to counties via an All County Information Notice.

This committee recognizes and acknowledges that building providers’ skills and competencies, specifically with focus on very young children within the context of relationship, will enhance delivery of the service model and have a positive impact on very young children and their families.

The next steps for this group are creating a statewide survey to send to counties, with the goal of reviewing data of 0-6 demographics to determine which counties are delivering early childhood wraparound services. The group will also review graduation and recidivism rates, and possibly design a statewide pilot to gather data for this age group.

The Partnerships for Well-Being Institute
The 10th Partnerships for Well-Being Institute is a biannual conference providing workshops and other opportunities for shared learning in the field of Wraparound and other integrated services and will be held in June 2018. Participants deepen knowledge about specific practices that support service models such as Wraparound, cultural awareness, data-informed care, the child and family team process, and other cross-system collaboration and effective teaming practices. New initiatives such as Child and Family Teams (CFTs), integrating the Child and Adolescent Needs and Strengths assessment tool in CFTs, and Presumptive Transfer of mental health services are also included in the program. Co-sponsored by the CDSS, the DHCS, and the Resource Center for Family-Focused Practice at the University of California at Davis, the conference includes a number of workshops developed by and for youth and parent participants, as well as plenary sessions, panels, and keynote speakers to share lived experience and expertise to help guide and improve child, youth, and family-focused child welfare and mental health programs from the perspective of those who are served by these systems. Sessions reflect the importance of collaborative partnerships between formal systems that support children and families as well as communities. The conference, titled “Celebrating Families, Inspiring Our Future,” will convene June 13-15, 2018, with professionals from the fields of child welfare, juvenile probation, and behavioral health incorporating a specific focus in integrated practice, collaboration and coordination, and working within the context of a child and family team process.

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

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

During 2017, JRTA visited 35 counties to conduct trainings. The team also provided an additional seven trainings to courts, social workers and probation officers on IV-E requirements. In addition to case reviews, JRTA staff helped court staff develop court forms, training materials, and helped courts ensure new computer systems contained necessary IV-E findings. Specific reports from each location are available upon request.

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

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

The JCC continued to provide custom reports from UCB CSSR on safety and permanency outcomes for children specifically for judicial officers to further their involvement in the state’s Outcomes and Accountability system. The reports are available to all local BRCs and are available on the California Dependency Online Guide (CalDOG) website. CalDOG provides assistance to attorneys, judicial officers, and other professionals working in California’s child welfare system.
Tribal Court–State Court Forum (forum) is a coalition of the various tribal court and state court leaders who come together as equal partners to address areas of mutual concern. In October 2013, the JCC adopted rule 10.60 of the California Rules of Court establishing the forum as a formal advisory committee. In adopting this rule, the council added a comment acknowledging that tribes are sovereign and citing statutory and case law recognizing tribes as distinct, independent, political nations that retain inherent authority to establish their own form of government, including tribal justice systems. Please see ICWA section for detailed updates from the current year.

State Interagency Team (SIT)
Chaired by CDSS, the SIT for Children, Youth and Families brings together representatives from various departments within California’s HHSA with representatives from Education, Public Health, Health Care Services which includes Mental Health and Alcohol and Other Drug (AOD) Programs, Corrections and Rehabilitation, Developmental Services, and Employment Development, as well as the Emergency Management Agency, Community Services and Development, Housing and Community Development, the Workforce Investment Board and the JCC. The SIT’s purpose is to provide leadership and guidance to facilitate full county implementation of improved systems for the benefit of communities and the common population of children, youth, and families. The SIT promotes shared responsibility and accountability for the welfare of children, youth and families by ensuring that planning, funding, and policy are aligned across state departments to accomplish its goals of:

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

The SIT workgroups are described below:

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

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

Led by the CDSS, the Critical Incident Workgroup (CIW) was convened in March 2016 as a multidisciplinary and interagency effort to reduce and prevent child fatalities and near fatalities caused by abuse and neglect. Workgroup participants include representatives from child welfare service agencies represented by Los Angeles, Stanislaus, San Francisco and Fresno counties; CWDA; community and non-profit organizations; and state agencies including CDSS, California Department of Public Health, Department of Health Care Services, Department of Justice, California Judicial Council, First 5 California, and the Department of Community Services and Development.

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

Co-chaired by the CDSS and the CDE and facilitated by the National Center for Youth Law, the Improving Educational Outcomes for Children in Care (IEOCC) workgroup is focusing its efforts for the next year on three goals:
1. Improve educational stability of students in foster care
2. Enhance collaboration between local education agencies, higher education institutions, county offices of education, child welfare and court personnel statewide
3. Improve quality and effective use of state and local data and use of data to support stronger collaborations amongst public agency staff. Recent concerns discussed within the IEOCC are that foster youth with disabilities have a more active role and voice in the Individual Education Plan (IEP) process and that clearer guidance be made available to local child welfare and education agencies regarding entering into transportation agreements to fund costs for foster youth to attend their school of origin.

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.

Led by the California Department of Community Services and Development, the primary function of the SIT Reducing Poverty Workgroup is to reduce poverty in California by increasing the number of Earned Income Tax Credits (EITC) claimed by eligible low-income populations and to increase awareness and outreach for the new state EITC program. The Reducing Poverty Workgroup collaborates to increase the number of EITCs claimed and to target eligible Californians not claiming the credit. Additionally, the workgroup focuses on the following objectives:

- Facilitate collaboration opportunities among state agencies and local non-profits to increase outreach.
- Increase awareness of both the state and federal EITC programs through effective outreach strategies.
- Identify new methods for increasing the number of EITCs claimed.
- Decrease the number of low-income individuals who pay tax preparers to file their taxes.
- Identify and mitigate issues with recruiting and maintaining VITA volunteers.
- Establish consistent messaging

**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](http://co-invest.org/home/?page_id=432).

**Collaboration with Tribes**

The OTA is committed to stakeholder engagement activities that bring together state, county and tribal resources to help identify and address opportunities and key areas of concern that affect the wellbeing of Indians and tribes in California. In 2017 the OTA Director began consultation to develop a Tribal Engagement Strategy (TES). The TES is currently in
development and will culminate in the creation of a Tribal Advisory Committee (TAC) that will be comprised of tribal leaders, CDSS representatives, county and federal partners and Indian organizations and stakeholders. The Tribal Engagement Strategy is on the agenda for the September 2018 Consultation Summit. Both the TES and TAC remain under development based on ongoing consultation and it is important to CDSS that the creation and progress of these structures are the result of a collaborative effort between the Department and tribes.

The TAC will provide a forum for tribes and stakeholders to engage with the CDSS on matters that have impact on tribes. It is important to note that the creation of the TAC will supplant the ICWA Workgroup which served as the forum to bring the state, counties, tribes, American Indian/Alaska Native (AI/AN) community resources, and subject matter expertise together to provide input on ICWA matters. While the TAC will serve as a forum to bring together subject matter experts, its scope and mission will broaden as a working body that will be used to identify and engage on issues that apply throughout all Divisions of the CDSS. Particular to matters involving children and family services, the TAC will be composed of a specific Children’s Workgroup that will facilitate dialogue amongst the CDSS, stakeholders, and tribes.

Within an advisory capacity, the TAC will inform the CDSS on issues relevant to American Indian children in support of the Department’s Tribal Consultation Policy and provide opportunities for applied attention to identified issues through the joint efforts of state, county and tribal participants and promote accountability through regular and ongoing progress reporting. As issues arise within the TAC that constitute a need for a formal Tribal Consultation, these issues will be forwarded to the OTA to initiate the formal Tribal Consultation Process.

Proposed composition of the TAC includes:

- Tribal Leaders and/or Government Representatives. This group will have voting privileges and consist of 6-10 seats.
- Native American Stakeholders/Tribal Organizations. This group will only be advisory and consist of two seats nominated by tribes.
- State, County and Federal Partners. These stakeholders will not have voting privileges, but will provide inputs into subjects that intersect.
- CDSS Representatives. This group will not have voting privileges and will be high level staff.

CDSS has engaged with tribes and stakeholders on the following topics during the most recent reporting period:

- Finalization of a Tribal Consultation Policy
- Updates to Manual of Policies and Procedures Division 31
- Consultation and incorporation of the Bureau of Indian Affairs guidelines/regulations into Division 31 Regulations
- CCR
• Tribal Customary Adoptions regulations
• Response to the California ICWA Compliance Task Force and the California Tribal Families Coalition
• Resource Family Approval
• ICWA Core 3.0 Curriculum
• SB 1460 – Criminal Background Checks
• ICWA elements within AFCARS Regulations
• Development of the CDSS Tribal Engagement Strategy through consultation on tribal lands
• Development of the Tribal Advisory Committee (TAC) and TAC Workgroups
• CDSS sponsorship and involvement in the Annual Statewide ICWA Conference
• Presentation of CDSS programs to tribes through consultation
• Developing Title IV-E transition and implementation strategies for tribes with State Title IV-E Agreements

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 their jurisdictions.

Consultation with federally recognized tribes in California is outlined and captured in the CDSS Tribal Consultation Policy (TCP). The purpose of this policy is to guide consultations between the CDSS and federally recognized Tribes in California on policies and procedures that affect tribes and Indians in California. It recognizes statutory mandates and Federal and State Executive Directives to establish formal government-to-government consultation. In addition, the CDSS has actively engaged tribal leaders throughout 2015-2018 to assist with improving the dissemination process for broader outreach to all 109 federally recognized California tribes. Tribal leaders and representatives, including Title IV-B and Title IV-E tribes, have been engaging in meetings.

As part of the 2018 CDSS Tribal Engagement Strategy, the Office of Tribal Affairs is currently operationalizing a Tribal Letter Guide for CDSS Analysts to use. The purpose of this guide is to provide guidance for staff assigned to write letters to Tribal Leaders and to ensure that tribal work spanning Divisions/Branches/Bureaus are consistent in their messaging on topics. It is crucial for the Analyst to fully understand the process that must be followed, the tools that will be used and the resources that are available when messaging to tribes. The operationalization of this process will include the following steps:

• Assignment and Research
• Letter Drafting
• Document Management
• Stakeholder Input
• Legal Assignment
• Internal review Process
• Letter Transmission
The CDSS seeks to include tribal organizations in the dissemination of programmatic letters and notices, engaging in more frequent dialogs with tribal representatives and continuing to support local tribal engagement. Additionally, the CDSS has worked with the Child Welfare Directors Association (CWDA) to create county liaisons to increase and broaden tribal connections to county child welfare agencies. On April 26, 2018 the OTA met with the CWDA Continuum of Care Reform (CCR)/ICWA Consultant to discuss ways in which the OTA can connect with the CWDA to include counties on tribal matters, including ICWA. The CCR/ICWA Consultant will link the CDSS to individual counties and facilitate OTA involvement on CWDA calls when county and tribal issues intersect to encourage county/tribal working relationships as well as encourage CWDA participation in the Tribal Advisory Committee described in the Consultation and Coordination Between States and Tribes section. Communication between the OTA and the CCR/ICWA Consultant is captured through regular, ongoing monthly meetings.

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

**Foster and Adoptive Parent Licensing Recruitment and Retention**

Please refer to Goal 17 on page 122

**SAFETY**

**Promoting Safe and Stable Families (PSSF)**

With a concerted emphasis on stabilizing and strengthening at-risk families, California has succeeded in reducing the rate of entry into the system, as well as increasing the use of concurrent planning, where, upon entry of the foster care system, youth simultaneously routed into a permanency and a reunification plan. The figure below shows a decline in the number of children with entries into the child welfare system from CY 2013 to CY 2017.
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. Table 1 below shows the other types of funding sources braided and leveraged with PSSF. Data is provided throughout this report to show the effect each component of PSSF has on the broader safety, permanency and well-being goals.
In state fiscal year 2016-17 a total of $27,907,030.12 in PSSF funding was expended by the 58 California counties for service provision. Counties were allocated $28,942,994 in state fiscal year 2016-17. Figure 5 shows the distribution of the categories of PSSF funding expended by California. Through the C-CFSR process, counties develop a program and expenditure plan for state and federal funds, including PSSF, which focuses on services to families spanning the continuum of care from prevention to permanency.

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

Table 1 shows how the counties reported their use of PSSF. This table also shows how funding was blended and braided with other funding streams by the counties to provide services. The second column lists the amount of other funding (e.g., CAPIT, CBCAP, private foundation, community based, or other-governmental) that was blended with PSSF funding. The two far right columns give the number of individuals and families served.
Table 1: Number of Individuals and Families Served by Service and Funding Streams, SFY 2016-17

<table>
<thead>
<tr>
<th>Service</th>
<th>CAPIT/CBCAP /Other</th>
<th>PSSF - FP</th>
<th>PSSF - FS</th>
<th>PSSF - TLFR</th>
<th>PSSF - APS</th>
<th>Individuals Served</th>
<th>Families Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoptive Parent Recruitment</td>
<td>1,838,750</td>
<td>46,865</td>
<td>42,717</td>
<td>22,466</td>
<td>1,414,580</td>
<td>9517</td>
<td>1122</td>
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<td>Advocacy</td>
<td>259,169</td>
<td>71,413</td>
<td>26,541</td>
<td>7,496</td>
<td>23992</td>
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<tr>
<td>Basic Needs, Concrete Supports</td>
<td>1,293,288</td>
<td>166,066</td>
<td>196,450</td>
<td>37,191</td>
<td>27,553</td>
<td>8459</td>
<td>1487</td>
</tr>
<tr>
<td>Behavior Health, Mental Health</td>
<td>6,920,531</td>
<td>792,598</td>
<td>1,013,236</td>
<td>1,165,848</td>
<td>976,255</td>
<td>16050</td>
<td>4623</td>
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<tr>
<td>Case Management</td>
<td>34,842,422</td>
<td>2,353,590</td>
<td>2,221,780</td>
<td>130,967</td>
<td>2,655,615</td>
<td>27942</td>
<td>9433</td>
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<td>Child Care</td>
<td>334,656</td>
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<td>600</td>
<td>600</td>
<td>600</td>
<td>111</td>
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<td>Differential Response</td>
<td>6,182,205</td>
<td>995,328</td>
<td>615,712</td>
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<td></td>
<td>3979</td>
<td>4566</td>
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<td>Domestic Violence Services</td>
<td>379,349</td>
<td>63,260</td>
<td>1,013,236</td>
<td>1,165,848</td>
<td>976,255</td>
<td>16050</td>
<td>4623</td>
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<td>Early Childhood Services</td>
<td>633,286</td>
<td>32,616</td>
<td>139,940</td>
<td>21,012</td>
<td>150</td>
<td>1577</td>
<td>55</td>
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<td>Family Resource Center or other drop-in multi-service support center</td>
<td>6,167,538</td>
<td>342,887</td>
<td>405,134</td>
<td>2,750</td>
<td>36,500</td>
<td>27877</td>
<td>2725</td>
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<tr>
<td>Health Services</td>
<td>531,140</td>
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<td>Home Visiting</td>
<td>7,748,547</td>
<td>421,854</td>
<td>101,725</td>
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<td>3674</td>
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<td>Housing Services</td>
<td>1,390,194</td>
<td>86,494</td>
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<tr>
<td>Information &amp; Referral</td>
<td>192,047</td>
<td>208,088</td>
<td>288,618</td>
<td>87,988</td>
<td>104,915</td>
<td>54484</td>
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<tr>
<td>Legal Services</td>
<td>5,000</td>
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<td></td>
<td></td>
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<td>840</td>
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<td>Network Development</td>
<td>590,172</td>
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<tr>
<td>Parent Education</td>
<td>18,707,717</td>
<td>292,835</td>
<td>1,085,708</td>
<td>209,576</td>
<td>143,061</td>
<td>38027</td>
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<td>Parent Leadership Training</td>
<td>297,092</td>
<td>5,000</td>
<td>337,218</td>
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<td>1333</td>
<td>63</td>
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<tr>
<td>Parent / Sibling Visitation</td>
<td>3,062,949</td>
<td>35,855</td>
<td>109,911</td>
<td>1,277,173</td>
<td>17930</td>
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<td>Peer Support</td>
<td>1,372,749</td>
<td>39,053</td>
<td>226,708</td>
<td>257,608</td>
<td>1,193,162</td>
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<td>Public Education</td>
<td>863,576</td>
<td>2,000</td>
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<td>31316</td>
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<tr>
<td>Respite Care</td>
<td>210,293</td>
<td>2,340</td>
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<td>502</td>
<td>399</td>
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<td>Substance Abuse Services</td>
<td>627,175</td>
<td>196,412</td>
<td>379,236</td>
<td>2,268,451</td>
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<td>128</td>
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<tr>
<td>Team Decision Making</td>
<td>360,530</td>
<td>115,805</td>
<td>93,248</td>
<td>6,212</td>
<td>1483</td>
<td>310</td>
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<tr>
<td>Transportation</td>
<td>290,427</td>
<td>27,515</td>
<td>4,494</td>
<td>84,954</td>
<td>9,067</td>
<td>686</td>
<td>1038</td>
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<td>Youth Programs</td>
<td>754,465</td>
<td>168,548</td>
<td>255,465</td>
<td>15,174</td>
<td>32,720</td>
<td>8572</td>
<td>469</td>
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<tr>
<td>Disability Services</td>
<td>18,967</td>
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<td></td>
<td></td>
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<tr>
<td>Other</td>
<td>2,097,263</td>
<td>282,868</td>
<td>491,034</td>
<td>306,175</td>
<td>327,860</td>
<td>5221</td>
<td>27525</td>
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<td><strong>TOTALS</strong></td>
<td><strong>97,971,498</strong></td>
<td><strong>6,747,548</strong></td>
<td><strong>8,184,269</strong></td>
<td><strong>6,041,936</strong></td>
<td><strong>6,933,277</strong></td>
<td><strong>1665209</strong></td>
<td><strong>93460</strong></td>
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</table>

The PSSF funds are important funding streams to counties in addressing family safety and stability.
To help facilitate that families are provided the most effective services, the OCAP encourages counties to utilize evidence-based and evidence-informed programs and practices. The figure below shows the percentage of the 57 counties that reported utilizing evidence-based and evidence-informed programs and practices. Alpine county was removed from the count due to not reporting spending PSSF funding. Thirty-nine percent of the counties (22) utilized evidence-based and evidence-informed programs and practices supported by PSSF funding. Additionally, some counties reported utilizing evidence-based programs and practices for more than one service activity category. Figure 6 below shows 16 percent of counties (9) reported utilizing evidence-based and evidence-informed programs and practices for five service categories.

Figure 6: Number of Counties that Supported Evidence-Based or Evidence-Informed Programs and Practices (EBP/EIP) in SFY 2016-17, OCAP Annual Report
Figure 7: Number of Counties that Used Evidence-Based or Evidence-Informed Programs and Practices (EBP/EIP) for One or More Service Activity Categories in SFY 2016-17, OCAP Annual Report

Percent of the 55 Counties that Used EBP/EIP for One or More Service Activity Categories

- 16% used one EB/EI service category
- 22% used two EB/EI service categories
- 11% used three EB/EI service categories
- 24% used four EB/EI service categories
- 27% used five or more EB/EI service categories

In Figure 8 below, counties reported using research based practices for several service activities with PSSF funds. Most counties (39) reported parent education services provided with evidence-based or evidence-informed practices and programs. Last fiscal year, 23 counties reported evidence-based practices and programs for behavioral/mental health services. This indicates a shift by counties to support better practices and programs for parent education prevention services.
Figure 8: Number of Counties that Used Evidence-Based or Evidence-Informed Programs and Practices (EBP/EIP), by Service Activity, SFY 2016-17, OCAP Annual Report

* Please note this table omits service activities that were used by less than five counties.

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 2016-17 Annual Report marked the third year of the OCAP and counties utilizing the online web-based reporting system, Efforts to Outcomes (ETO). The ETO is used by counties to collect data on how prevention programs are implemented and successes are tracked. The OCAP in turn can share ways of measuring prevention with other counties and will learn much more about types of programs and services that counties purchase with OCAP funding, including outcome data. The ETO implementation, integration and utilization is a multi-year effort that will help in producing statewide prevention data in greater detail and with much more ease than previous methods.

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

b. This year, when requested county consultants provided an ETO overview to OCAP funded direct service providers in order for service providers to understand what type of data to be collected for the report. Additionally, being the third year of implementation, county consultants were able to identify trends and ask additional questions as part of the annual report analysis. County consultants used comparison data to guide counties toward better spending habits and evaluation efforts to optimize the prevention dollar. For example, county consultants assisted counties in analyzing data from ETO reports to determine reasoning behind increases or decreases in the amount of funding spent and the total number of participants served. Additionally, county consultants have learned the differences in how counties collect data and are revising ETO to more accurately capture the picture of statewide prevention efforts.

2) After the release of the All County Information Notice informing counties of the Protective Factors Survey (PFS), county consultants are providing technical assistance to the counties interested in adopting the survey. The OCAP hopes the utilization of an evaluation tool across the state will standardize how county-level problematic data is collected. Additionally, the OCAP is working with funded partner Strategies 2.0 to collect data on other evaluation tools being used across the state. Finally, county consultants are encouraging the PFS as an evaluation tool when engaging with counties during quarterly contacts and onsite visits.

3) The first mapping project milestone was completed. A map of the geographic locations of the Child Abuse Prevention Councils was created and posted to the OCAP website. Also, the grantees prevention efforts showing how money is being spent across the state was created. The next step is to show the location of OCAP funded service providers throughout the state and which service activities are being supported. The counties can compare child abuse and neglect referral data to where prevention services are being provided to ensure that the most at-risk areas and populations are receiving services.

4) In July 2017, in order to increase quantitative analysis, the OCAP partnered with the Research Services Branch within the CDSS to hire Yiyu Chen, MSW, PhD, as a Research Program Specialist II (RPS II). The RPS II’s primary role is to provide evaluation assistance to OCAP grantees and counties. During her time with OCAP she has made several accomplishments.
• Reviewed and made suggested improvements to the type of data collected in ETO.
• Reviewed the C-CFSR manual and checklist to provide feedback on appropriate revisions to improve county self-assessment and system improvement plans.
• Provided a template for grantee reporting and is working closely with outside evaluators associated with grants to ensure consistent and meaningful data collection.
• In process of researching neglect substantiations to provide a better understanding of this population, so that policy and practice can more consistently serve those in need.

PSSF – Family Preservation

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

Family Preservation services assist families in crisis by providing short-term family focused services. Six values inform Family Preservation services:
(1) Parents and families are respected,
(2) Services build on families’ strengths,
(3) Families can take an active role in identifying needs and developing a service plan,
(4) Services are flexible,
(5) Identified family goals determine services, and
(6) Families are a part of a community.

Figure 9 below shows how many California counties supported each prevention service with Family Preservation monies.
Figure 9: PSSF Family Preservation Services (PSSF-FP) across California, SFY 2016-17, OCAP Annual Report

* Please note this figure omits service activity categories that were used by less than five counties.

Families receiving Family Preservation services can be identified as at-risk of abuse or neglect, or families which may have already demonstrated the need for intervention and have an open child welfare case. The following outputs were achieved in SFY 2016-17 through the Family Preservation component of PSSF:

✓ 14 counties provided parent education services.
✓ Ten counties reported using Family Preservation monies to provide mental health services.

The figure below shows the number of counties that reported utilizing family preservation funding for more than one service activity category. Fourteen percent of the 55 counties (8) funded two service activity categories.
PSSF – Family Support

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

The most common services funded in SFY 2016-17 with Family Support monies were parent education services and behavioral/mental health services. Counties continued to report using the same top services with family support monies including: parent education, behavioral/mental health services, case management and basic needs and concrete support services. Figure 11 below shows how many California counties supported each prevention service with Family Support monies.
Figure 11: Family Support Services (PSSF-FS) Across California SFY 2016-17, OCAP Annual Report

The following outputs were achieved in SFY 2016-17 through the Family Support component of PSSF:
- 12 counties provided parenting education services.
- Eleven counties reported providing case management services.

The figure below shows the number of counties that reported utilizing family support funding for more than one service activity category. Thirteen percent of the 55 counties (6) funded four service activity categories.

* Please note this figure omits service activity categories that were used by less than five counties.
Figure 12: Number of Counties that Used Family Support Funding (PSSF-FS) for One or More Service Activity Categories

PSSF – Time Limited Family Reunification

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

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

The figure below reflects that counties prioritized funding for behavioral health/mental health, parent sibling visitation, and, substance abuse services.
Figure 13: Time-Limited Family Reunification Services (PSSF-TLFR) across California, SFY 2016-17, OCAP Annual Report

*Please note this figure omits service activity categories that were used by less than five counties.*

The following outputs were achieved in SFY 2016-17 through the TLFR component of PSSF:

✓ 15 counties reported using parent sibling visitation services.
✓ 17 counties reported providing services to address behavioral/mental health issues in the family. According to the OCAP’s SFY 2017-16, substance abuse issues remain the top driver into child welfare. Many mental health issues are a consequence of substance abuse.

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

The figure below shows the number of counties that reported utilizing time-limited family reunification funding for more than one service activity category. Six percent of the 54 counties (3) funded five or more service activity categories.
PSSF – Adoption Promotion Services (APS)

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

In SFY 2016-17, 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, 15 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.
* Please note this figure omits service activity categories that were used by less than five counties.

The following outputs were achieved in SFY 2016-17 through the APS component of PSSF:

✓ 12 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, peer support services, and basic needs and concrete supports.
✓ 14 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 figure below shows the number of counties that reported utilizing adoption promotion and support funding for more than one service activity category. Seventeen percent of the 55 counties (9) funded two service activity categories.
The OCAP continued to provide technical assistance to counties to ensure proper expenditure of PSSF-APS funds. Technical assistance provided by the OCAP included the identification of unmet needs identified in the counties CSA to fund pre and post adoptive services. Assisting California counties with the matching of their PSSF-APS funds to the needs of individuals and families continues to be a priority the OCAP county consultants.

To align California statute with the Family First Prevention Services Act, CDSS will change the Welfare and Institutions Code to accurately reflect PSSF service definitions, as well as communicating these changes through an All County Information Notice to ensure counties understand the supportive impact of these changes on their services. Looking forward, the OCAP will promote changes to the counties of how PSSF-FS and previously defined PSSF-TLFR funds can support services for families.

**Goal 1: Prevention & Early Intervention**

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

As the CDSS lead in prevention and early intervention efforts across California, the OCAP engages in multiple efforts to prevent child abuse and neglect including the *Strengthening Families Framework Initiative*, the *California Evidence-based Clearinghouse* and prevention grants; *Community In Unity, Economic Empowerment, Parent Leadership and Innovative Partnerships*. Through these efforts the OCAP shapes policy, builds capacity among service providers, engages parents and other key stakeholders, and promotes innovation and use of evidence-based programs and practice.
As discussed previously, OCAP also provides oversight of the state funded CAPIT funds as well as the federal Community Based Child Abuse Prevention (CBCAP) and PSSF programs by requiring counties to prepare plans that address how prevention and early intervention activities are coordinated and how services will be provided as part of their five-year System Improvement Plans (SIPs). The CAPTA chapter of this report provides additional information into California’s child abuse prevention programs.

Factors Affecting Progress
Overall, the Children and Families Services Division of the CDSS has set an objective 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 California Child and Family Service Review (C-CFSR) process are the County Self-Assessment (CSA), Peer Review, and SIP. The OCAP partners with Children’s Services Outcomes and Accountability Bureau (CSOAB) and counties to facilitate the California C-CFSR process. In the last year, the OCAP county consultants sought to ensure that counties engaged in continuous quality improvement activities, strengthened interagency partnerships, encouraged community/parent involvement, and encouraged public reporting of program outcomes. The OCAP county consultants improved their orientations and provided training and technical assistance to both, counties and their stakeholders, regarding child abuse prevention. Further, the OCAP county consultants aided in data collection, stakeholder engagement, the analysis and development of prevention-focused, coordinated service plans, and the associated budget and evaluation plan. The goal was to address unmet community needs and measure program effectiveness. In SFY 2016-17, 13 counties and approximately 1,000 community stakeholders participated in the C-CFSR process. Counties reported a number of programs that contributed to systems change and improvements as a result of the improved process. Some examples of programs are parent partners and home visiting.

The implementation of ETO has provided comparative information from one fiscal year to another. As a result of this comparative data, the OCAP county consultants were able to more effectively coach counties towards desired, measureable outcomes to demonstrate impact of prevention programs.
In SFY 2016-17, county child welfare agencies continued to work collaboratively in a multitude of ways with various partners to best identify and strengthen families at-risk of abuse or neglect. Counties reported, via the SFY 2016-17 Annual Report, collaborating with community partners by participating in joint meetings, utilizing joint space for programs and implementing new programs among other ways. For example, counties reported collaborating with their respective court systems through participating in monthly meetings. In SFY 2016-17, counties reported frequent collaborations with behavioral/mental health agencies (51), CAPCs (51), alcohol and other drug agencies (49), courts (47), domestic violence agencies (48) and public health agencies (48). The number of collaborations reported by the counties could include, but is not limited to, PSSF funding.

The OCAP county consultants work with the counties to ensure engagement of various stakeholders and to navigate counties in the direction of matching needs with appropriate community services that strengthen families, prevent child maltreatment, and improve overall
community well-being. 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. Accordingly, a number of strategies have emerged that focus on ways to better coordinate and integrate services that support families. Counties report strategies including implementing differential response, utilizing CFTs throughout the life of a case, and providing warm handoffs to family resource centers once a case has closed. The goal of these strategies is to make better use of community resources, increase community responsibility for children, and create safe and nurturing environments and communities for all children in which parents are supported through both formal services and normative values that foster mutual reciprocity.

The following chart shows the county collaborative partners for SFY 2016-17. The entities listed below are considered “natural partners” of child welfare as identified by counties in their Annual Report.
Effective collaboration and coordination are critical components in providing prevention and early intervention supports within the child welfare continuum of services that align with the broader goal of safety.

As part of the C-CFSR process, the OCAP county consultants ensured county plans focused on services that span the continuum of care with emphasis on prevention and early intervention. The OCAP consultants assisted counties in accessing resources and information within the CDSS, including connecting counties to other bureaus, branches and divisions. The OCAP consultants provided technical assistance to counties in data analysis, access to current literature, and research on Evidence Based Practice and Evidence Informed Practice identified.

<table>
<thead>
<tr>
<th>Collaboration and Coordination of Services</th>
<th>No. of Counties Participating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afterschool and/or child care programs</td>
<td>32</td>
</tr>
<tr>
<td>Alcohol and other drug programs</td>
<td>49</td>
</tr>
<tr>
<td>Behavior health, mental health</td>
<td>51</td>
</tr>
<tr>
<td>Child Abuse Prevention Council</td>
<td>51</td>
</tr>
<tr>
<td>Court system</td>
<td>47</td>
</tr>
<tr>
<td>Disability-focused organizations</td>
<td>37</td>
</tr>
<tr>
<td>Domestic violence organization</td>
<td>48</td>
</tr>
<tr>
<td>Early childhood programs (e.g. E...)</td>
<td>43</td>
</tr>
<tr>
<td>Education (K-12, higher education...)</td>
<td>48</td>
</tr>
<tr>
<td>Faith-based community</td>
<td>37</td>
</tr>
<tr>
<td>Family support organization</td>
<td>35</td>
</tr>
<tr>
<td>First 5 Commission</td>
<td>46</td>
</tr>
<tr>
<td>Healthcare sector (health system)</td>
<td>42</td>
</tr>
<tr>
<td>Justice system, law enforcement</td>
<td>47</td>
</tr>
<tr>
<td>Parents or kin (formal or informal...)</td>
<td>45</td>
</tr>
<tr>
<td>Private foundations</td>
<td>20</td>
</tr>
<tr>
<td>Probation and/parole (juvenile...)</td>
<td>47</td>
</tr>
<tr>
<td>Public benefit agencies (e.g. Cal...</td>
<td>48</td>
</tr>
<tr>
<td>Public health (includes Maternal ...)</td>
<td>48</td>
</tr>
<tr>
<td>Tribal-focused public and/or priv...</td>
<td>35</td>
</tr>
<tr>
<td>Youth (formal or informal groups)</td>
<td>42</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
</tr>
</tbody>
</table>
through the California Evidence Based Clearinghouse (CEBC) and supported the county in the development of stakeholder engagement activities.

**Goal 2: Maltreatment Recurrence**

_Ensure the state is reducing recurrence of child abuse and/or neglect_

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

**Indicators of Progress**

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

**Figure 19: Recurrence of Maltreatment, Ages: 0-17, Agency: All, FFY 2013-2016, CWS/CMS CSSR Data Q4 2017**
The most recent available data shows that of all children who were victims of a substantiated maltreatment report between October 2015 and September 2016, 8.8 percent were victims of another substantiated maltreatment report within the following 12 months.

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

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

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

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

**Quality Parenting Initiative**
The Quality Parenting Initiative (QPI) aims to strengthen foster care by ensuring that caregivers provide the loving, committed and skilled care that children need, while working effectively with the child welfare system to achieve the child’s goals. The QPI also seeks to clearly define and articulate the responsibilities of caregivers, and to align child welfare policies and practices
with quality foster care. The QPI has resulted in systemic changes and improved relationships between youth in foster care and caregivers. Measurable improvements have been reported in outcomes, including fewer unplanned placement changes, reduced use of group care, fewer cases of sibling separation, more successful instances of reunification and may contribute to reduced recurrence of maltreatment. Currently, eighteen counties are participating in the initiative. QPI is discussed in greater detail under Goal 17.

**Mandated Reporter Training**

The Office of Child Abuse Prevention (OCAP) maintains a statewide training for mandated reporters, as defined by the Child Abuse and Neglect Reporting Act (Penal Code 11165.7). The OCAP has the vision to have a quality Mandated Reporter training site available on-line and a curriculum that can be delivered throughout California, in-person. The OCAP believes that when abuse or neglect is identified and reported early, its effects can be reduced, and support is provided to those in need. The OCAP is currently funding a contract to update the Mandated Reporter training to be more interactive. The new training will be a massive overhaul, completely redoing both the content and structure of the mandated reporter training. The OCAP is rewriting the general and profession-specific trainings and are developing language and content with the input of subject matter experts in multiple fields (mental health, educators, volunteers, law enforcement, clergy, health professionals, and child care workers). Additionally, the training is being redesigned so that is more engaging and effective in helping people learn. The OCAP is doing this with the assistance of a company that focuses on developing adult learning trainings. The general training and profession specific trainings are slated to be rolled out in September 2018. The general training will be released first, and the profession specific trainings will quickly follow.

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 of services to prevent future maltreatment. This fiscal year, 214,602 professionals took the online training and exam. Of those who took the exam, 89 percent (190,270) passed the exam. This was an increase of 7,671 professionals.

Professionals from varying disciplines including social workers, clergy, educators, mental health professionals, medical professionals, child care providers and law enforcement took the exam. In addition, in FY 2016-17, 45 Child Abuse Prevention Councils provided in-person mandated reporter trainings. Mandated reporter training is essential in identifying the signs of abuse and neglect issues as well as child fatalities. Though almost 500,000 children are referred to child welfare each year, only 5-6% were taken into foster care last year. The remaining children and families were often referred to supportive services. Frequently, families referred to child welfare 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. Traditionally 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 delivery varies from county to county but typically follows the 3-path model. Some counties report supporting a 4-path model by utilizing the same community partners to provide aftercare services for the family. Though the delivery varies, DR utilizes community partners in building protective factors for at-risk families whether before entry or after.

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

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

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

If a 4-Path model is utilized, the fourth path is aftercare services. Child Welfare services provides a connection for families to engage in aftercare services after successful case plan completion and reunification. Path 4 providers typically are community-based organizations which specialize in serving a particular geographic region or ethnic group, and demonstrate knowledge of their community’s needs and available resources. In providing aftercare services, the hope is to prevent re-entry into foster care while also increasing family stability and utilization of community support services.

In the FY 2016-17, 26 counties reported engaging families with DR 3-path model 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 declined. E-cigarettes were approved as taxable revenue for First 5 which may increase First 5 revenue. At the same time, California raised the legal smoking age to 21 which is likely to lower overall revenue.

Knowing that First 5 funding is declining and knowing the heavy reliance upon First 5 funding for many of our community providers, the OCAP is working in collaboration with First 5, as well as with County Child Welfare Directors to better understand all of the funding streams that can be leveraged to sustain prevention efforts across the state. A “prevention cabinet” has formed to create a blueprint of best practices to increase and sustain county prevention strategies.

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

Goal 3: Maltreatment in Foster Care

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

California has improved in the maltreatment of children in foster care safety measure, decreasing by 14.69 percent from FFY 2014 to FFY 2016. The data shows that California had a rate of 7.72 percent for FFY 2016, this rate is 0.28 percent below the national standard (8.5 percent).
**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 Ombudsperson (which serves as an additional resource to assure the safety of children and youth in foster care) and the use of the Safety Assessment/substitute care provider (SCP) tools.

**Case Worker Visits:**

Case worker visits is one identifiable variable that could potentially contribute to the decline of maltreatment in foster care. Case workers are required to visit each child with an approved
case plan who remains in the home to assess the safety and risk level as well as the family’s progress with services. These visits help to maintain children in the home and improve safety outcomes. Timely caseworker visits for children in out of home care increased - from 94.4% to 94.7% from FFY 2016 to FFY 2017. The case worker visits made in the residence for children placed in out of home care was 79. 0%. 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.

**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.

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

**Goal 4: Timely Response**

**Indicators of Progress**
Timeliness to Investigation reports count both the number of child abuse and neglect referrals that require and receive an in-person investigation within the time frame specified by the referral response type. The response time frame could be either immediate (within 24 hours), which applies to more severe allegations, or ten days, which applies to less severe allegations. Over the last six years, California has performed well above the state goal of 90 percent for all counties, with immediate responses fluctuating at roughly 97 percent and 10 day responses
fluctuating at roughly 93 percent. Over the past year, the data shows steadiness in the percentage of referrals with a timely investigation response for ten-day response referrals. Closer research indicates that while the overall number of referrals is trending downwards, the number of referrals that are not contacted in a timely fashion has remained constant, resulting in a higher overall percentage of untimely contact rates. This indicates that there may be a small subset of the population that is especially difficult to contact and that this sub-population’s involvement with child welfare has remained steady while referrals overall have declined.

Figure 21: Percentage of Immediate and 10 Day Response Referrals Receiving Timely Responses, SFY 2013-2017, CWS/CMS CSSR Data Q4 2017

Factors Affecting Progress
Introduced in spring of 2015, the state measure “Time to First Completed Referral Contact” has contributed to California’s consistent performance on timely investigations. While the measure includes attempted as well as successfully completed contacts, counties can utilize measures which focus only on completed contacts to accurately monitor how many cases are successfully contacted within the appropriate time frame. The ability to monitor this data can aid supervisors in identifying employees or regional offices in need of additional assistance and can guide and inform training to improve outcomes on immediate and ten day responses. Over the past four years California has consistently performed well above the statewide goal of 90 percent for immediate and ten-day responses. The CDSS provided additional guidance to counties regarding timely investigations of child abuse and neglect with the issuing of ACL 17-28. ACL 17-28 also outlines procedures to ensure children were visited within policy timeframes.
Further, counties have access to SafeMeasures®, a reporting tool that allows social workers to keep track of overdue and upcoming visits. This tool allows a social worker to review all relevant information such as referral information, contact history, and placement history with dates and locations in a quick manner that saves time and resources.

In addition to the statewide measure, the CDSS utilizes the efforts of the Pre-Placement Policy Workgroup to assist in development and communication of effective statewide timeliness and investigation practices. The CDSS established the workgroup in 2014 in collaboration with county CWS agencies and the Child Welfare Directors Association (CWDA) to improve efforts towards timely investigations. The workgroup includes representatives from CDSS, CWDA and 15 of California’s 58 counties. Workgroup topics that were discussed in 2017 included policy and practice related to voluntary services, safety planning, critical incidents, mobile crisis response, and the use of harm reduction methods with CSEC. In addition to these topics, the workgroup discussions supported the development of ACL 17-107, which provided guidance to counties on best practices regarding the use of the Safety Assessment and Safety Plans (required whenever a safety threat is documented).

**Goal 5: Services to Prevent Removal**

*Indicators of Progress*

Entries into care have declined as shown in the figure below. A further exploration of the entries into care by age and race/ethnicity reveals that infants, African Americans, and Native Americans are at greatest risk for entering out-of-home placement (Figures 22b and c). This data highlights the need for continued focus on infants as a vulnerable population for maltreatment, as well as the state’s efforts to address disproportionality in child welfare through continued training and coaching; both focus areas are discussed in more detail in the Permanency Chapter of this report.
Figure 22a: Entries into Care per 1,000 Children, CY 2013-17, Agency: CW, CWS/CMS CSSR Data Q4 2017

![Graph showing entries into care per 1,000 children by year from CY 2013 to CY 2017.](image)

Figure 22b: Children with Entries into Care by Age, CY 2013-2017, Agency: CW, CWS/CMS CSSR Data Q4 2017

![Graph showing entries into care by age from CY 2013 to CY 2017.](image)
Factors Affecting Progress

Family Maintenance Programs
The California Department of Social Services places emphasis on maintaining children in their own home, and only removing children as a last resort. The use of the SDM® Safety Assessment assists caseworkers in evaluating when a child can be maintained at home with services or other interventions. In California, almost half of all cases that are sustained in court are family maintenance rather than family reunification services. Family Maintenance programs may include the use of Safety Organized Practice and Differential Response, tools that help provide effective services that result in long-term improvements in the family’s functioning, while allowing the child to be maintained in the parent’s care.

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

One of the CCR’s most fundamental principles is that child welfare services are most effective when delivered in the context of a child, youth, or nonminor dependent and family-centered child and family team (CFT). CFTs are a strengths-based approach that builds upon existing family engagement and team-based approaches to care already in use, with the belief that families have the capacity to address their problems and achieve success if given the opportunity and supports to do so.

CFTs are effective when members come together to support the development of case plans and determine service and placement decisions that are individualized, needs driven, and permanency focused. As implementation of the CCR continues to evolve, the use of strengths-based, family-centered practices is seen as key to ensuring children, youth, and families successfully achieve positive outcomes of safety, permanency, and well-being. CFT meetings provide meaningful opportunities for children, youth, and families to participate in the development and implementation of individual case or treatment plans or other related services that are designed to meet their needs. Similarly, CFTs promote collaboration and cooperation among child-serving individuals and agencies.

The California Evidence Based Clearinghouse

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

Linkages

Linkages is a service coordination partnership between CWS and California Work Opportunity and Responsibility to Kids (CalWORKS) addressing the common barriers limiting parents’ ability to work and keep their children safely at home. Since 2002, Linkages has been a critical part of the OCAP’s efforts to heighten and improve collaboration among two of the most critical child safety and family support systems. The OCAP discontinued its Linkages project funding, however, the project is sustained by some counties. Families must be strengthened and receive much needed services and support during their times of need and vulnerability. Over the course of the reporting period, the CFPIC continued to disseminate strategies across Linkages counties to connect vulnerable families to the training, employment, asset building, housing,
and other benefit programs to help address poverty-related safety risks for children and keep families together.

Wraparound
Keeping children safe is one of California’s primary goals, and services are designed to help protect children while providing supports to strengthen families and 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 intended to allow children to live and grow up in a safe, stable, and permanent family environment. Wraparound is a systemic practice which focuses on strengths-based planning that occurs in a team setting to engage with children, youth, and their families. It is intensive, individualized, client-driven care planning which adheres to a defined process used to build relationships and support networks.

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, juvenile probation, behavioral health, and other formal support systems and families so that these systems are viewed by families as a resource and not an adversary. Many of the Wraparound practice elements can also be seen in other programs statewide including Pathways to Well-Being, Safety Organized Practice and CCR efforts (discussed further in the Well-Being section).

Table 2: Children Receiving Wraparound by Child Welfare Service Component, FFY 2017 Q1-Q4, CWS/CMS CSSR Data Q4 2017

<table>
<thead>
<tr>
<th>Period</th>
<th>Statewide Totals</th>
<th>Emergency Response</th>
<th>Family Maintenance</th>
<th>Family Reunification</th>
<th>Permanent Placement</th>
<th>Supported Transition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare</td>
<td>2,654</td>
<td>3</td>
<td>392</td>
<td>435</td>
<td>1,494</td>
<td>330</td>
</tr>
<tr>
<td>Probation*</td>
<td>210</td>
<td>0</td>
<td>12</td>
<td>190</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Q1 2017 Totals</td>
<td>2,864</td>
<td>3</td>
<td>404</td>
<td>625</td>
<td>1,496</td>
<td>336</td>
</tr>
<tr>
<td>Child Welfare</td>
<td>2,477</td>
<td>5</td>
<td>321</td>
<td>397</td>
<td>1,427</td>
<td>327</td>
</tr>
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<td>0</td>
<td>9</td>
<td>174</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Q2 2017 Totals</td>
<td>2,665</td>
<td>5</td>
<td>330</td>
<td>571</td>
<td>1,428</td>
<td>331</td>
</tr>
<tr>
<td>Child Welfare</td>
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<td>0</td>
<td>292</td>
<td>362</td>
<td>1,360</td>
<td>320</td>
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<tr>
<td>Probation*</td>
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<td>0</td>
<td>9</td>
<td>172</td>
<td>1</td>
<td>4</td>
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<td>Q3 2017 Totals</td>
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<td>0</td>
<td>301</td>
<td>534</td>
<td>1,361</td>
<td>324</td>
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<td>6</td>
<td>283</td>
<td>351</td>
<td>1,362</td>
<td>311</td>
</tr>
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<td>Probation*</td>
<td>181</td>
<td>0</td>
<td>10</td>
<td>166</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Q4 2017 Totals</td>
<td>2,494</td>
<td>6</td>
<td>293</td>
<td>517</td>
<td>1,363</td>
<td>315</td>
</tr>
</tbody>
</table>

*May include probation youth being served through the Title IV-E Waiver Demonstration Project

Data Source: CWS/CMS UCB Quarterly Extract, Quarter 1, 2017—Quarter 4, 2017
A quarterly extract from Q1 2017—Q4 2017 shows approximately 2,500 children and youth with an open case in CWS/CMS received Wraparound services (see table above). Compared to the 2016 quarterly reports, the 2017 data indicates Wraparound services decreased by approximately 18.5 percent during 2017. Wraparound data is tracked in CWS/CMS through a special project code that counties assign to children and youth enrolled in their program. According to the reports, enrollment in Wraparound has been steadily decreasing over the past two to three years. However, it is possible that enrollment in Wraparound appears to be decreasing due to data entry practices in counties, and not because Wraparound services programs are decreasing. As California’s policies and system design have shifted to support the CCR, counties and providers alike have expressed strong support for ensuring Wraparound continues to be available for children and families. CDSS also continues to receive inquiries regarding training opportunities for Wraparound. Another factor possibly affecting the data is that, across California, Wraparound is supported by a multitude of agencies in addition to child welfare services. This can make it very difficult for the State to accurately quantify the total number of children and youth served. In an effort to address these concerns in some way, the Integrated Services Unit is working with the Department’s Child Welfare Data Analysis Bureau to adjust the methodology used to create its quarterly reports for Wraparound services. While the concerns described here cannot be resolved in full, CDSS is confident in its ability to generate a report that reflects a clearer picture of enrollment levels for California Wraparound.

Wraparound is currently in a stage of sustained implementation in 46 counties. The number of children enrolled in the Wraparound program is driven by the service capacity that exists in each county. As team-based practices have grown in California, so has the recognition of their success in improving outcomes for children, youth, and their families. Effective January 1, 2018, California Wraparound’s specific target population is defined in State statute as: (1) A child or nonminor dependent who has been adjudicated as either a dependent, transition dependent, or ward of the juvenile court pursuant to Section 300, 450, 601, or 602; (2) a child who is the subject of a petition filed pursuant to Section 602 and who is participating in a program described in Section 654.2, 725, or 790, and is at risk of placement in out of home care; (3) a child or nonminor dependent who is currently or who would be placed in out of home care; or (4) a child who is eligible for adoption assistance program benefits when the responsible public agency has approved the provision of wraparound services in lieu of out-of-home care.

Goal 6: Managing Risk and Safety

Factors Affecting Progress

Structured Decision Making

The 2017 California Combined Counties report, produced annually by the Children’s Research Center (CRC), shows that the SDM® hotline tool is completed in approximately 98 percent of all referrals, which promotes consistent and objective screening decisions statewide. Both CRC and the CDSS provide technical assistance and guidance to counties who have demonstrated a need for training and support in appropriate hotline screening protocol. The California Department of Social Services and California SDM Core Team members made changes to the

The SDM® Safety Assessment is completed in approximately 86 percent of referrals, a 1 percent decrease from the previous year. The purpose of the Safety Assessment is to assess the child’s immediate safety in the home and should be completed within 48 hours of the initial in-person investigation. In February of 2018, the Child Welfare Policy and Program Development Bureau (CWPPDB) released All County Letter (ACL) 17-107 which provides guidance to counties on best practices regarding fidelity use of the Safety Assessment Tool and the development of Safety Plans (required whenever a safety threat is documented) and how to monitor them.

While the SDM® Safety Assessment assesses the child’s safety in the present moment, the SDM® Risk Assessment assesses the risk to the child’s safety in the future. The tool is meant to be completed after the initial investigation is complete (within 30 days of the initial in-person investigation) and should inform the decision to close a referral or open a case for services. In 2017, the Risk Assessment was completed in more than 94 percent of referrals, consistent with the previous year.

Evidence has demonstrated that children experience better outcomes when a case opening is based on the Risk Assessment, which assesses future likelihood of maltreatment, rather than a substantiation of an event that occurred in the past. SDM® recommends opening a case on all High and Very High Risk families, along with any families who are struggling with unresolved safety threats. In 2017, 28,612 investigations statewide that were classified as High or Very High Risk were not promoted to a case, contrary to SDM’s recommendation. The CDSS will collaborate with the CRC and stakeholders to conduct further research into the reasons that cases with High or Very High Risk are not promoted and will consider issuing guidance or revising training to improve performance on this critical metric.

The CDSS has concluded a workgroup that revised the Child Welfare Services Manual of Policies and Procedures Division 31 regulations surrounding social worker investigations. Specifically, these revisions will provide statewide guidance on increasing the timeliness of investigations, setting requirements for safety planning and supporting the use of ongoing formal and informal assessments. These regulations are expected to be implemented in 2019.

PERMANENCY

The Child and Family Team (CFT)
The CCR makes changes to California’s child welfare system, with the intent to have children and youth, who must live apart from their biological parents, live in a permanent home with a committed adult(s) who can meet their needs and help develop a plan to achieve change and success in their lives. The CCR builds on the successful history of team-based practices in
California to provide child, youth, and nonminor dependents who come into contact with the state’s child welfare and juvenile probation systems with the strategy of combining the structure of interdisciplinary teams along with the strengths-based and family-centered care to make informed decisions. Child and family teams (CFTs) are part of the CCR’s focus on providing services and supports to children, youth, or nonminor dependents, and their families that reduce reliance on congregate care, thereby increasing placements in home-based settings. Effective January 1, 2017, child welfare and juvenile probation departments must provide a CFT to all children, youth, and nonminor dependents in foster care, as outlined in All County Letter 16-84/MHSUDS Information Notice 16-049.

The CFT is a group of individuals that participate in a trauma-informed team planning process that includes the child, youth, or nonminor dependents, family members, a skilled and trained facilitator, professionals, natural community supports, and other individuals identified by the family who are invested in the child, youth, or nonminor dependent’s, and family’s success. In addition to mandated participation of involved public agency representatives, the composition of the team is driven by family members’ preferences.

Successful CFTs include persons with natural supportive relationships with the family, so that the family’s support system will continue to exist after formal services are completed. The individuals on the team work together to identify each family member’s strengths and needs, based on relevant life domains, to develop a culturally relevant, trauma-informed, and developmentally appropriate child, youth, or nonminor dependent, and family-centered case plan. The plan articulates specific strategies for achieving the child, youth, nonminor dependent, and/or family goals based on addressing identified needs, public safety, including following All County Letter No. 16-84/MHSUDS Information Notice No. 16-049 and All County Letter 18-23: CFT Frequently Asked Questions. Additionally, the case plan also includes related court orders, and building on, or developing, functional strengths. The CFT process affords the best opportunity to engage with children, youth, nonminor dependents, and families, their natural supports, and the other individuals and agencies that may be supporting them, with the goals of safety, permanency, and well-being.

Pursuant to the CCR, CDSS selected the Child and Adolescent Needs and Strengths (CANS) as the functional assessment tool to be used with the CFT process to guide case planning and placement decisions. The purpose of the CANS is to accurately represent the shared vision of the youth/youth serving system—children, youth, and families. As such, completion of the CANS is accomplished in order to allow for the effective communication of this shared vision. The California CANS, known as the CANS CORE 50, includes additional domains for trauma and the 0-5 age group.

CDSS and the Department of Health Care Services jointly released All County Letter 18-09/MHSUDS Information Notice 18-007 to provide information and guidance to counties regarding the use of the CANS to help ensure implementation of the CANS is successful and children, youth, and nonminor dependents, and families in the foster care system receive
effective services. Also released within All County Letter 18-09 is a Universal Release of Information titled Child and Family Team Authorization for Use of Protected Health and Private Information, and will allow for sharing of information between CFT members pursuant to Welfare and Institution Code 832. The CFT, CANS assessment tool, and case plan are interconnected and inextricably linked, with all three processes intended to significantly improve the care experience for every family involved in the foster care system.

Statewide implementation of the CANS will be phased in three staggered cohorts of counties, designed to parallel the 2018-2019 implementation schedule adopted by the Department of Health Care Services. CDSS, in partnership with the developer of the CANS tool (Praed Foundation/Chapin Hall at the University of Chicago), has planned a series of training courses to assist the first cohort of counties in implementing the CANS beginning July 1, 2018. Trainings for the first cohort of counties occurred in April, May, and June 2018. CDSS will be partnering statewide with the Regional Training Academies and the Praed Foundation/Chapin Hall at the University of Chicago to offer additional ongoing trainings after July 1st.

For child welfare agencies, the CANS assessment tool will replace the Family Strengths and Needs Assessment and the Child Strengths and Needs Assessment within Structured Decision Making® (SDM). The SDM® Safety and Risk tools align with the CANS assessment tool and together provide a broadened perspective of needs and strengths, which supports development of a baseline methodology for measuring well-being for all children and youth in foster care, including family maintenance cases. The CANS tool also enables individual self-assessments by youth, which empowers the youth voice and encourages equal participation as a member of the CFT. Child, youth, and nonminor dependent, and family shared decision-making is essential to the success of all case planning and permanency efforts.

The use of the CANS advances the efforts already underway through the Pathways to Well-Being and when used as part of the CFT process, the CANS will help to assess well-being, identify strengths and needs, support care coordination, aid in case planning activities, and inform decisions about placement. The implementation of the CANS as a mental health functional assessment tool creates a common language across child welfare, juvenile probation, mental and behavioral health to facilitate comprehensive and integrated service/treatment plans, with the goal of safety and permanency for children, youth, nonminor dependents, and families.

To further support CCR implementation and provide technical assistance, CDSS developed and released CFT brochures, designed specifically for youth, parents, and professionals involved in the CFT process. All County Information Notice I-14-18 was released in March 2018 and provides information about the CFT brochures, which were designed as a resource for use in providing outreach and support about the CFT process, guidelines, and frequently asked questions for children, youth, nonminor dependents, parents, and professionals.
CDSS has also made a commitment to encourage Court Appointed Special Advocates (CASAs) to participate in the CFT process. The formal role of a CASA, as defined in Welfare and Institution Code section 100, is to provide independent, factual information to the court regarding the case, review information relevant to the case, meet with the child, youth, or nonminor dependent and interview parents and foster parents when necessary. An All County Information Notice will be released in 2018 with information regarding the role of a CASA when assigned to a child, youth, or nonminor dependent in foster care. Inviting a CASA into a CFT can provide many benefits to the CFT process because of the ability of the CASA to advocate for the child, youth, or nonminor dependent, and work alongside the CFT in the success and well-being of the child, youth, or nonminor dependent.

Documentation of the work surrounding and supporting CFTs will help CDSS understand how the CFT process is helping children and families achieve positive outcomes, and where opportunities for improvements may be made. In December 2017, CDSS released All County Letter 17-104: Documentation of Child and Family Teams (CFTs) in the Child Welfare Services/Case Management Services, for guidance and instruction regarding documentation of CFTs in the Child Welfare Services/Case Management System (CWS/CMS). Additionally, as outlined in All County Letter 18-09, county child welfare agencies and county Mental Health Plans are to complete and share CANS assessments, and each respective entity is expected to submit the CANS data to their respective lead state agency. The CDSS is developing software capable of automating the CANS within a platform which allows for individual raters such as CANS-certified providers, certified county staff, and CFT members to complete the CANS, and systematically transfer and integrate the completed CANS data within the new CWS system, known as the Child Welfare Services - California Automated Response and Engagement System (CWS-CARES). The software will be embedded into the CWS-CARES and will be roles-based.

CDSS is also currently conducting a qualitative review of CFT implementation statewide, directly surveying child welfare and probation departments regarding successes, challenges, and adherence to the CFT requirements outlined in All County Letter 16-84. To date, CDSS has had conversations with approximately 30 of the 58 counties. Most counties are reporting that CFT implementation is occurring and there is an increase in natural supports participating in the CFT process. Some reported barriers to CFT implementation are the logistics of providing CFTs, and creating county-specific policies and procedures around it. Trends with the smaller counties are concerns with having enough local homes for children, youth, or nonminor dependents and having to provide CFTs to children placed out of county, creating both a time and financial burden. Counties have also reported continued problems with the hiring and retention of staff.

Upon completion of the qualitative survey, CDSS will review the information and strategize how to support identified county needs.

To further support counties with implementation of CFTs, CDSS offers no-cost, regional CFT related trainings for counties. Trainings include “Child and Family Team Overview, Skills Building, Facilitation,” “Skills and Practice for Child and Family Teaming in Action,” “Child and
Family Teaming Facilitation,” “Child and Family Teaming Technical Assistance,” and “Child and Family Teaming Ancillary Classes.”

In Spring 2018, CDSS developed and released CFT curriculum, serving as the broad community’s foundation and introduction to the CFT process. The curriculum delivers basic information on the reason for child serving system change and the importance of ensuring all levels of services and supports provided to the child, youth, nonminor dependent, and family are delivered in a manner that is trauma-informed, culturally competent, and permanency focused. The curriculum was developed with input and participation of CDSS staff, RCFFP, stakeholders, and subject matter experts.

Additionally, CDSS and subject matter experts from the California Social Work Education Center are working on revisions to the Common Core Curriculum 3.0 for new child welfare workers in California, with the intention of having the curriculum updated by 2019. In adherence to the CCR framework, the revisions will update the curriculum to reflect CFTs and the CANS functional assessment tool as the focus of team-based processes for children, youth, nonminor dependents, and families.

**Fostering Connections After 18**

*Extension of Foster Care to Age 21*

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

The After 18 Program has achieved full implementation. Figure 23 (below) includes point in time data, showing the number of youth in foster care ages 18-20. The number of youth in EFC increased sharply until 2016 when it started to decline. However, this reflects the decreasing number of older foster youth. The percentage of eligible youth who remain in care after turning 18 or re-enter foster care after age 18 rose to approximately 85% and has held steady over the last two years.
Exit data also supports the conclusion that NMDs are taking advantage of the opportunity to stay in care after 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 2014 in the number of youth exiting at age 18 + 60 days. There has also been a decrease in the number of exits for every other age group except 21 year olds suggesting that the majority of youth are taking maximum advantage of the benefits of foster care.
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 3 shows the number of youth re-entering foster care for calendar years 2013-2016. The graph shows a steady increase in re-entries from 2013 to 2015 as more youth discovered the benefits of extended foster care. There has been a decrease from 2015 to 2017, most likely indicating that more youth are hearing of or experiencing the benefits of extended foster care and therefore not choosing to exit, and also due to the declining number of youth in foster care, both of which correspond with the data above.

Table 3: Re-Entries by Non Minor Dependents, CY 2013-16, CWS/CMS 2016 Quarter 4 Extract

<table>
<thead>
<tr>
<th>NMDs Ages 18-20</th>
<th>CY 2014</th>
<th>CY 2015</th>
<th>CY 2016</th>
<th>CY 2017</th>
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<tbody>
<tr>
<td>Re-Entries</td>
<td>701</td>
<td>762</td>
<td>680</td>
<td>455</td>
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</table>

Placements

The Administration for Children and Families (ACF) Program Instruction Administration for Children, Youth, and Families (ACYF)-CB-PL-10-11 encouraged states to develop a new title IV-E eligible placement specifically for non-minor dependents referred to as a Supervised
Independent Living Setting (SILS). The federal guidance also provided states with the discretion to develop a range of SILSs. Recognizing that some young adults may need more support than others to be successful in living independently, California opted to create two levels of SILSs: Transitional Housing Program Plus Foster Care (THP + FC) and a SILP. The THP + FC program is similar to the existing THP for minors with a rate structure that was developed through a workgroup process. This option provides more frequent case management visitation than the SILP and multiple services offered to the youth. The SILP is a more independent placement for youth ready for a higher level of independence than THP+FC or traditional foster care settings. Youth living in a SILP may live on their own or with roommates; live in a dorm; rent a room from a relative or former foster parent; participate in Job Corps; reside in an Adult Residential Treatment Facility; among other options. Youth who are not ready to live completely independently can reside in a SILP with a supportive adult who can assist the youth to continue developing the skills needed to reside on their own.

As of January 1, 2018, 39.3% of youth are placed in SILPs, 22.3% are in THP+FC, 8.3% are in guardianships, 8.6% are in a FFA or county foster home, 6% are in a kinship placement, 5.4% are in a group home and 10.2% are in other placement types. Figure 25 below shows NMD placements over time. The use of a SILP significantly increased between 2012 and 2015 but has been decreasing slightly over the last few years. Counties report that youth often favor SILPs due to the high degree of independence afforded to them but case workers report that many young adults are not ready for SILPs. There has been a steady increase in THP+FC placements since the After 18 program started. The benefit of the extra supports and services offered in these transitional housing programs is reflected in their increasing popularity, especially with parenting NMDs. Social workers and probation officers are actively promoting the benefits of this transitional housing program. Most other placements increased initially with the implementation of extended foster care but since 2014 have been decreasing. Guardianships, for which certain eligible youth can continue to receive a foster care payment until age 21, which was created by AB12 but not considered to be an After 18 program placement as the youth are no longer in foster care, have remained between 7% and 8% of the population.

At the county level, social workers and probation officers monitor youths’ placements to ensure that they are meeting the needs of the youth and helping them to progress toward independence. Case workers assist youth in changing placements when a youth is ready for a placement with a higher level of independence or conversely if a youth is struggling in an independent placement and needs a more structured placement with additional services. Counties are developing new types of SILPs to increase the number of available placements and meet each NMD’s unique needs by partnering with community agencies who provide housing and services. Programs like Job Corps, Americorps and the California Conservation Corps are also utilized as SILPs and provide important job training.
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. In 2017, the CDSS exercised the federal option of allowing youth to reside in SILPs in the same home a parent(s), including a parent from whom the youth was removed. This offers youth the opportunity to maintain permanent familial connections while still receiving the support of EFC.
Participation Criteria

Youth are eligible to participate in the After 18 program if they meet one of five participation criteria. Table 4 below shows how many youth are participating in the After 18 program in each category. Working toward an educational goal is the most common way youth are maintaining eligibility, accounting for over 68 percent of youth. This indicates that obtaining an education is a priority for a majority of youth. 31 percent are either employed or working toward eliminating barriers to employment. Only 1 percent of youth qualify because of a medical condition. The participation criteria were not entered for about 16 percent of youth but we can assume that those youth would be participating in the criteria in roughly the same percentages as the others or are youth who are classified as runaways.

Table 4: Extended Foster Care Population by Participation Type, Point in Time Jan 1, 2017, Agency: All, CWS/CMS 2016 Q4 2016 Extract

<table>
<thead>
<tr>
<th>Participation Type</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>College/Vocational Education</td>
<td>2,837</td>
<td>28%</td>
</tr>
<tr>
<td>Completing High School or Equivalent</td>
<td>3,646</td>
<td>40%</td>
</tr>
<tr>
<td>Employed Minimum 80 Hours/Month</td>
<td>2,360</td>
<td>26%</td>
</tr>
<tr>
<td>Removing Barriers to Employment</td>
<td>1,189</td>
<td>5%</td>
</tr>
<tr>
<td>Medical Condition</td>
<td>179</td>
<td>1%</td>
</tr>
<tr>
<td>Missing</td>
<td>1,447</td>
<td>15.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6,379</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Permanency for NMDs

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

The intent of the Fostering Connections legislation recognizes the importance of family and permanency for youth by also extending payment benefits and transitional support services for AAP and Kin-GAP up to age 21 for youth entering those arrangements at age 16 and older, as well as for youth placed in non-related legal guardianships (NRLGs) at any age. Thus, youth are not forced to make a choice between having a permanent family and extended support. AB 787 (Chapter 487, Statutes of 2013) allows youth whose guardian or adoptive parent dies, when the youth is between the ages of 18-21, to re-enter foster care. Additionally, AB 2454 (Chapter 769, Statutes of 2014) grants youth receiving Kin-GAP or AAP during the ages of 18-21 the ability to return to foster care if their guardian or adoptive parent no longer supports them.
Table 5 shows the number of Kin-GAP, NRLG and AAP youth who are receiving benefits between the ages of 18-21. The Kin-GAP and AAP figures are based on the FFY average number 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>
<thead>
<tr>
<th>NMDs 18 to 21 Years of Age</th>
<th>FY 2014</th>
<th>FY 2015</th>
<th>FY 2016</th>
<th>FY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kin-GAP/Fed-GAP*</td>
<td>218</td>
<td>316</td>
<td>316</td>
<td>351</td>
</tr>
<tr>
<td>AAP*</td>
<td>62</td>
<td>287</td>
<td>316</td>
<td>375</td>
</tr>
<tr>
<td>Nonrelated Guardianships**</td>
<td>594</td>
<td>739</td>
<td>686</td>
<td>572</td>
</tr>
<tr>
<td>Total*</td>
<td>371</td>
<td>744</td>
<td>1,244</td>
<td>1,318</td>
</tr>
</tbody>
</table>

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

**Outcomes for the NMD Population**

The SOC 405X for child welfare and SOC 405XP for probation Exit Outcomes data reports measure outcomes for emancipating youth. The reports capture outcomes for youth exiting at age 18, 19, 20-21 and youth who re-enter foster care. This allows CDSS to evaluate the outcomes for youth who participated in the After 18 program to gain a better perspective on how the program has benefited youth.

The Exit data indicates improved outcomes for young adults in the child welfare system who stay in foster care. Youth who exited at age 20-21 during the quarter January to March, 2018, as compared to youth who exited at earlier ages, were: much more likely to earn a high school diploma or equivalent and to be enrolled in college; considerably more likely to be employed full-time or part-time; much more likely to have a savings and checking account; less likely to be receiving government aid; significantly more likely to have housing arrangements upon exit or be moving to transitional after-care housing; much more likely to have Medi-Cal; and twice as likely to have at least one connection to a caring and supportive adult. The results for young adults exiting the probation system showed higher rates of high school completion and college attendance but lower rates of youth who had housing arrangements upon exit. The percentage of youth with at least one permanent connection and enrollment in Medi-Cal were similar to child welfare youth. Previously, outcomes for the probation population indicated this population was faring worse than the child welfare population but current data shows that the results are more mixed with child welfare youth showing higher rates of some exit outcomes and lower rates than child welfare on others.

**Engagement with Stakeholders and Technical Assistance**

The CDSS continues to work with counties to identify concerns with the After 18 program that need to be addressed through additional state policy/program clarifications and development.
There has been continual guidance provided to the counties and stakeholders to clarify program and placement eligibility. ACLs and ACINs continue to be issued providing guidance on new legislative mandates and clarifying existing law and practice.

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. The Committee was originally formed to guide implementation of EFC is now operating as a collaborative body to address the challenges of and generate best practices. The committee meets every six months with the following participants, CDSS, CWDA, CPOC and JC advocates, youth representatives and county staff. A meeting in February, 2015 focused on finding solutions to the challenges presented in THP+FC. In FY 2016, these meetings were devoted to this same topic as it applies to SILPs. The first Transition Age Youth Conference was hosted by the TAY Policy Unit at CDSS and the Child and Family Policy Institute of California. A panel of leaders from child welfare, probation and CDSS spoke about their vision for the future of TAY programs and a youth panel, consisting of current and former foster youth provided the youth perspective on TAY programs and services. Mark Courtney of Chapin Hall was the keynote speaker, discussing the Cal Youth Study and its implications for future policy. A wide variety of break-out sessions were offered as well as focus groups addressing topics presenting challenges for those working with TAY.

The CWDA TAY Subcommittee, held every other month, is another forum for providing technical assistance and working through EFC issues as are the CDSS Advocates meetings which are held quarterly. More information on the services being provided to youth in After 18 can be found in the CFCIP chapter.

Additionally, the Cal Youth Study being conducted by Mark Courtney of Chapin Hall, University of Chicago, is looking at California’s EFC program. They are conducting focus groups and surveys over time of in-care and out-of-care youth as well as case workers which will provide key evidence of whether the program is improving outcomes for this population.

**California Partners for Permanency (CAPP)**

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

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

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

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

The Resource Family Approval (RFA) program, initially authorized through AB 340 (Chapter 464, Statutes of 2007) as a Resource Family Pilot Project, was reauthorized through SB 1013 (Chapter 35, Statutes of 2012) as a Resource Family Approval program, which would include an early implementation phase. CDSS, in consultation with county child welfare agencies, foster parent associations, and other stakeholders, was required to develop and implement a unified, family-friendly, and child-centered caregiver approval process. Since it began in 2012, the RFA program has continued to expand through AB 403 (Chapter 773, Statutes of 2012) and AB 1997 (Chapter 612, Statutes of 2016).

The objective of RFA was to replace the existing processes for licensing or certifying foster family homes, approving relatives and NREFMs as foster care providers or legal guardians, and approving adoptive families into a single approval standard. Through this process, a Resource Family would be approved to care for a child temporarily or permanently, eliminating the requirement for any other approval, license, or certification.

The RFA program began with an early implementation phase which would allow counties to participate in the initial development of the RFA process. CDSS selected two cohorts totaling 13 counties to participate in the early implementation phase between November 1, 2013, and January 1, 2017. Additionally, with the passage of AB 403, five foster family agencies (FFAs) were selected as early implementers and began implementation of RFA on September 1, 2016. Statewide implementation was mandated for all counties and FFAs statewide by January 1, 2017 to align with the implementation of the Continuum of Care Reform.

The Continuum of Care Reform (CCR) branch, created in October of 2015 within the Child and Family Services Division, continues to be responsible for development and operationalization of the goals set forth in AB 403 and AB 1997. Included in this branch are units designed to specifically address certain components of CCR including: RFA Policy, RFA Technical Assistance, CCR Communications, Policy and Regulation Development, Performance and Transparency, and Stakeholder Engagement.

Resource Family Application Status

Data continues to be collected and analyzed to determine if RFA has had an impact, positively or negatively, on the recruitment and retention of families and on the placement stability of children placed with Resource Families. The data may also serve to assess and resolve any potential barriers for relatives to become approved.

All 58 counties have been provided instructions to enter data into CWS/CMS regarding the application status of Resource Family applicants. The instructions were last updated December
21, 2016 to meet statewide application needs beginning on January 1, 2017, and modifications will continue to be made to meet the needs of the program and the counties.

The following charts show the status of all Resource Family applications, regardless of outcome, by Cohort including the average days to approval by cohort. Cohort 1 included five counties who began early implementation in November 2013. Cohort 2 included eight counties who began early implementation in January 2016. The remaining counties all began implementation January 1, 2017. Approval is calculated from the date the application is entered into CWS/CMS until the day it is documented in CWS/CMS that the applicant has been fully approved. The time to approval does not separate out differences between relatives and recruited applicants.

From the charts below, it is evident that delayed implementation has benefitted the final cohort of counties with regards to average days to approval. Using the lessons learned from the first two cohorts appears to have aided them in putting together a more efficient RFA process. Overall, approved applications represented about one-fourth of all applications in 2017, while the majority of applications remained pending.

The following definitions correspond to the charts below:

**RFA Application Status**
The status of an application within the Resource Family Approval (RFA) process. Applications may be approved, denied, discontinued, pending, probationary, suspended, or withdrawn.

**Approved**: An approved RFA application. “Approved” and “Probationary” are the only statuses indicating that a placement has been made.

**Denied**: A denied RFA application. This is only used for a denial in which a written report is completed that affords the family due process rights. This can be when an applicant is denied due to not meeting a specific standard or when a Resource Family’s approval is rescinded. Denied cases are closed.

**Discontinued**: Used to indicate when an approved Resource Family determines that they no longer want to maintain their approval. This closes the case.

**Pending**: An RFA application that is still being considered for approval.

**Probationary**: Indicates that an emergency or compelling reason placement has been made with this home. “Probationary” and “Approved” are the only statuses indicating that a placement has been made.

**Suspended**: Used to indicate when an approved Resource Family wants to take a temporary break from accepting placements, but does not discontinue their approval (see “Discontinued”). This does not close the case.
Withdrawn - An RFA application that has been withdrawn. This includes when an applicant decides to no longer continue the approval process, when the applicant is unresponsive to requests to provide information that doesn’t rise to the level or a denial as well as other reasons. Withdrawn applications are closed.

### RFA Application Status and Average Days to Approval, by Cohort
#### January 1, 2017 - December 31, 2017

<table>
<thead>
<tr>
<th>Approval Status</th>
<th>Number of Applications</th>
<th>Average Days to Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q1</td>
<td>Q2</td>
</tr>
<tr>
<td><strong>Cohort 1:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RFA Approved</td>
<td>135</td>
<td>147</td>
</tr>
<tr>
<td>RFA Denied</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>RFA Discontinued</td>
<td>66</td>
<td>61</td>
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<tr>
<td>RFA Pending</td>
<td>30</td>
<td>47</td>
</tr>
<tr>
<td>RFA Probationary (Emergency Placements)</td>
<td>41</td>
<td>55</td>
</tr>
<tr>
<td>RFA Suspended</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>RFA Withdrawal</td>
<td>97</td>
<td>91</td>
</tr>
<tr>
<td>Total</td>
<td>370</td>
<td>407</td>
</tr>
<tr>
<td><strong>Cohort 2:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RFA Approved</td>
<td>181</td>
<td>220</td>
</tr>
<tr>
<td>RFA Denied</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>RFA Discontinued</td>
<td>11</td>
<td>25</td>
</tr>
<tr>
<td>RFA Pending</td>
<td>74</td>
<td>117</td>
</tr>
<tr>
<td>RFA Probationary (Emergency Placements)</td>
<td>105</td>
<td>106</td>
</tr>
<tr>
<td>RFA Suspended</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>RFA Withdrawal</td>
<td>153</td>
<td>171</td>
</tr>
<tr>
<td>Total</td>
<td>532</td>
<td>643</td>
</tr>
<tr>
<td><strong>All Remaining Counties</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RFA Approved</td>
<td>91</td>
<td>546</td>
</tr>
<tr>
<td>RFA Denied</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>RFA Discontinued</td>
<td>14</td>
<td>27</td>
</tr>
<tr>
<td>RFA Pending</td>
<td>983</td>
<td>1121</td>
</tr>
<tr>
<td>RFA Probationary (Emergency Placements)</td>
<td>16</td>
<td>138</td>
</tr>
<tr>
<td>RFA Suspended</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>RFA Withdrawal</td>
<td>209</td>
<td>774</td>
</tr>
<tr>
<td>Total</td>
<td>1314</td>
<td>2619</td>
</tr>
<tr>
<td><strong>All Counties</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RFA Approved</td>
<td>2216</td>
<td>3669</td>
</tr>
</tbody>
</table>
Common reasons for withdrawal have remained consistent over time and include the family no longer interested, usually due to personal circumstances, or the child returning home to the parent. This data is limited as not all counties input the reason for the withdrawal. The RFA satisfaction survey, completed by RFA applicants regarding their experience with the process, also reflects similar reasons for withdrawals. The satisfaction survey is explained later in this section along with compiled data from survey results.

The days to approval for counties who began RFA on January 1, 2017 is significantly shorter than both early implementing cohorts. This may partly be due to the fact that the onboarding counties have significantly lower RFA caseloads to manage than the early implementing counties. These counties, unlike the first two cohorts would not have implemented long enough to require the completion of annual updates on their resource family approvals.

CDSS is required to conduct annual reviews in each county, which includes discussions with the RFA workers and management staff, a review of their RFA program and process, including progress and/or barriers, as well as reviews of randomly selected case files. A third round of county reviews has just recently begun, therefore limited information is available since the last APSR. However, previous annual reviews have provided some insight into why the time to approval has often been extensive. One of the most common factors noted regarding the delays to approval are staff shortages, as well as delays attributed to missing documentation, often due to a family’s slow response in completing documents required for approval, such as health screenings, employment verification, income/expenses, etc.

Finally, another significant delay noted during the annual reviews was the implementation of RFA as a linear process rather than a blended process. For example, several counties waited to refer out or begin the family evaluation (previously called psychosocial assessment) until the other components had been completed, such as receiving all documentation. As a result, sometimes the family evaluation did not begin until several months after an application was submitted.

Counties are addressing these issues through various methods including: the usage of data systems that help track the status of an application; working with social worker aides/interns; providing RF mentors to assist applicants, and obtaining additional support staff to assist the RFA worker and the family in obtaining the documents which allows the RFA worker to focus on other components of the assessment.

The onsite reviews have shown that the majority of case files reviewed, are relatives approved as Resource Families. In nearly all the case files reviewed, the relative received placement of a child prior to approval. Counties are required to complete the RFA process for families who received a placement prior to approval within 90 days of placement or document the reasons for the delay. While approval times of cases reviewed were on average beyond 90 days, every county had some cases that were approved in less than 90 days. This demonstrates that under
the right circumstances and processes, there is an ability to complete the RFA process in less than 90 days.

In an effort to reduce the time to approval of families with placement prior to approval and meet the 90-day approval requirement, CDSS collaborated with the Child Welfare Directors Association and other child welfare stakeholders to identify possible policy changes to include in version 5 of the RFA Written Directives. Version 5 was published on February 6, 2018, and included changes such as: allowing First Aid/CPR training to be completed up to 90 days post approval; lowering the number of personal references required from three to two; and removal of the requirement to have a TB test.

At this point in time, there is not enough data to evaluate whether the changes are making a difference in the time to approval. CDSS will continue to explore and consider new methods for timely approvals at various convenings, meetings with CWDA, and Technical Assistance for Resource Family Approval (TARFA) meetings.

**Relative Placements**

Since the last APSR, changes were made to CWS/CMS to allow for the accurate identification of Non-Relative Extended Family Member (NREFM) placements. Previously, NREFMs were categorized as a relative facility type with an unrelated relationship, therefore, NREFM placements were rolled into the relative placement counts. Fortunately, we can now delineate between the two, and approximately 4,300 placements statewide are with NREFMs.

There has been ongoing concerns reported from advocates that the increased requirements of the RFA process compared to the old relative approval process would result in a loss of relative placements. However, there has been anecdotal evidence from county case reviews, convenings, and other meetings, that this is not commonly occurring.

The table below illustrates the trend in Resource Family placements, ages 0-17, since 2016. The counts for 2016 and 2017 might be a bit inflated due to the introduction of the new Resource Family Home (RFH) value in CWS/CMS to identify RFHs in November 2016. This required all homes already in existence to be converted in the system, which also erroneously converted the placements to RFHs dating back to their creation rather than their approval date. This error has since been corrected, but it is still difficult to discern at what point the home was converted. As shown below, about 65% of all RFH placements were placed with relatives on 1/1/18. Child welfare placements in both relative and non-relative categories have more than doubled each year since 2016.
Point in Time Placements in Resource Family Homes, ages 0-17, by agency on January 1, 2016-2018

<table>
<thead>
<tr>
<th></th>
<th>1/1/2016</th>
<th>1/1/2017</th>
<th>1/1/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CW</td>
<td>Probation</td>
<td>CW</td>
</tr>
<tr>
<td>RFH - Relative</td>
<td>590</td>
<td>2</td>
<td>1,466</td>
</tr>
<tr>
<td>RFH - Non Relative</td>
<td>374</td>
<td>0</td>
<td>865</td>
</tr>
</tbody>
</table>

RFA Satisfaction Survey Results

Background and Methodology

The RFA Family Satisfaction Survey asks for brief demographic information and nine scaling questions to allow the respondent to provide valuable feedback on their experience during the approval process. Respondents are given the option of leaving contact information for further discussion and are awarded with gift card incentives for their participation.

The survey has been distributed to RFA applicants by CDSS on a regular basis since August 24, 2015 via a Survey Monkey email link or by paper mail. Counties are responsible for providing CDSS with email addresses for all applicants who completed the RFA process, regardless of outcome (approved, withdrawn, denied). If the family indicated that they did not have an email address, then the county is responsible for providing them with a paper form to mail in to CDSS. Respondents do not have a deadline to complete the survey and may do so at any time.

CDSS is responsible for managing and analyzing the survey results. All results are aggregated to maintain the anonymity of the respondents and partial responses are omitted from the analysis. All identifying information is kept secure and confidential. Qualitative responses are compiled, organized by the most prevalent themes, and disseminated to the respective county.

Data represented below includes all surveys completed on or before February 21, 2018.

Summary

As of February 21, 2018, there have been:
- 279 completed surveys
- 22 incomplete surveys
- 301 total survey responses

Introductory Questions

- 69.5% of respondents said they started the RFA process to care for a relative or a child they already knew.

- 51.61% said this was an “emergency placement.”
• Of those that responded, 83.5% reported that they were approved through the RFA process. 14.7% withdrew and 1.8% were denied.

While the return rate is still lower than desired, the results of the survey seem to support the goals of RFA in that a majority of the families did not find the process overly difficult and felt they were well informed during the process. In an attempt to increase participation in the surveys, an All County Letter regarding the survey process will be issued to counties prior to June 30, 2018 to ensure there is statewide implementation of the survey. The letter will include a request for counties to send email addresses on a bi-monthly basis rather than a quarterly basis to help promote consistency.

**Satisfaction Questions**

Respondents were asked to give their opinions on each question based on a Likert scale, with 1 being “Strongly Disagree” and 6 being “Strongly Agree.” All percentages below represent those who responded either 6 “Strongly Agree” or 5 “Somewhat Agree.”

• 71.9% of respondents said they felt that RFA staff listened to their concerns.
• 83.9% of respondents said they were treated with respect during the RFA process.
• 73.8% of respondents reported that RFA staff clearly stated what needed to be done to continue moving through the RFA process.
• 68.5% of respondents felt the orientation training helped them know what to expect during the RFA process.
• 29.8% of respondents agreed that, based on information conveyed by staff, the RFA process took longer than expected. Alternatively, 40.9% “strongly disagreed” or “somewhat disagreed” with that statement.
• 71.3% of respondents said they know whom to contact if they have a question or need something.
• 60.2% of respondents reported feeling prepared to care for children placed in their home after receiving the pre-approval training.
• 67.7% of respondents said they would recommend the RFA process to other people who want to be caregivers.

**Demographics and Other Questions**

• 44.4% of respondents found the RFA process to be “easy” or “fairly easy.” Only 12.1% felt that the process was “difficult” or “fairly difficult.”
• 45.88% of respondents noted that they were willing to talk to CDSS about their experience during the RFA process.
• 84.3% of respondents were female.
• Three-quarters of respondents were between the ages of 26 and 55, with the 35-44 age group having the highest representation (25.7%).
• White (57.9%) and Hispanic (26.4%) applicants had the largest representation amongst the respondents.
• 10.4% of respondents claimed they have a total household income of less than $25,000 per year. 39.3% reported having an income less than $50,000. 74.1% of respondents reported having an income of less than $100,000. 25.9% of respondents say they have a household income of more than $100,000 per year.

**Stakeholder Collaboration**

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

Since December 2015, the CDSS RFA team continues to participate in regional CWDA meetings across the state on a quarterly or as needed basis. The participants are typically county management staff, and the focus is on providing technical assistance regarding the implementation of RFA, policy issues, and discussing questions or concerns regarding the program.

The CDSS RFA team continues to hold statewide technical assistance calls to provide program updates and give counties another opportunity to ask policy questions. The calls were held every other week starting in June of 2017 and lowered to once a month since September of 2017. Attendance was initially very high as statewide implementation was still in its early stages, however, the counties’ need gradually reduced as they continued to progress with their programs and additional options for technical assistance have been provided.

Technical Assistance for RFA (TARFA) meetings are facilitated by the CDSS on a quarterly basis in seven regions throughout the state for county field staff and managers. These meetings provide direct training for counties on new or amended policies and procedures, oversight of the RFA Program, and on the process of approving and monitoring Resource Families.

Collaboration continues with CalSWEC and the Regional Training Academies to update RFA training curriculum, established new training needs, and create yearly training plans.
There continues to be on-going collaboration and outreach with ICWA stakeholders, tribes, and tribal representatives. In June of 2018, the annual ICWA conference will focus on RFA and Tribally Approved Homes, and CDSS will have RFA specialists participating in panel discussions.

Outcomes and Systemic Factors Impacted

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

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

Furthermore, the RFA Program impacts Well-Being Outcome 1, ensuring Resource Families have enhanced capacity to provide for their child’s needs by requiring training for all resource families and by completing a family evaluation that identifies the Resource Family’s strengths and needs, which would enable the county RFA worker to provide additional resources to the family when appropriate.
Challenges to the implementation of the RFA Program include:

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

RFA Progress July 1, 2017 – June 30, 2018

- RFA was implemented statewide on January 1, 2017, and counties have continued to analyze and implement changes to improve their programs.
- A third round of annual on-site reviews has begun for the early implementing counties and a first round for the remaining 37 counties who implemented on January 1, 2017. Continued on-site reviews will evaluate each county’s RFA program, including case file reviews and technical assistance for county staff, including a review of their program process to assist with making improvements to timeliness of approval for emergency placements.
- One update to the RFA Academy training curriculum for county RFA staff, with four trainings given per region within 12 months.
- Completed reviews and provided feedback on implementation plans submitted by remaining counties and FFAs prior to statewide implementation.
- All County Letter 18-02 published on January 19, 2018 provided notification on charted legislation specifying that a licensed FFH or a CFH that provided county-authorized respite services between January 1, 2017 and December 31, 2017, inclusive, may be approved as a Resource Family on the date of successful completion of a psychosocial assessment.
- All County Information Notice I-01-18 published January 18, 2018, to inform county child welfare agencies and probation departments of the statewide out-of-county approval protocol adopted by the County Welfare Directors Association (CWDA) in collaboration with the Chief Probation Officers of California (CPOC).
- All County Letter 18-33 published March 30, 2018, provided information on short-term interim funding available to emergency caregivers.
- PIN 17-13 CRP published December 7, 2017 provided FFAs and licensed adoption agencies with information on the criminal record clearance and exemption process for RFA applicants and adults residing or regularly present in the home of an applicant or Resource Family.
• An All County Letter currently in final review is slated to publish prior to June 30, 2018 and will provide information on the RFA satisfaction survey’s purpose, incentives for completion, and other relevant details.

Version 5 of the Written Directives was published and effective February 6, 2018 to provide clarifying language, and reflect policy changes made to address barriers or challenges to the program.

• Published Interim Licensing Standards Version 3 to align with the requirements set forth in AB 403 and the Written Directives as applicable.
• Completed a third update of the Resource Family Approval Background Assessment Guide (BAG), which is intended to be the sole guide for Resource Family Approval background check procedures, and replaces the state’s Caregiver Background Check Bureau Evaluator Manual.
• CDSS provided 11 BAG trainings with ongoing technical assistance and consultations.
• Since the last APSR, CDSS has provided five trainings, regionally throughout the state, to counties on due process procedures for RFA applicants and approved Resource Families.
• Completion of annual on-site reviews of early implementation counties for evaluation of implementation of the RFA program including case file reviews and focus groups with county staff.

CDSS Goals and Objectives for the Next Year:

• Publish an ACL regarding an improved conversion process for licensed foster family homes and approved relatives/nrefms
• Publish an ACL to inform counties about the survey process for all families who complete the RFA process regardless of the outcome of their application.
• Continue to collect and analyze information regarding Resource Family satisfaction through online surveys sent to Resource Family applicants.
• Continue to gather and analyze data to look at trends in permanency outcome measures and wellbeing outcomes for children placed with Resource Families.
• Implement the revised, county review tool for all annual county reviews.
• Provide continue outreach and education to counties, FFAs and stakeholders.
• Analyze ongoing or new issues with the RFA process and amend or create new policies to include in version 6.0 of the Written Directives.
• Publish version 6.0 of the Written Directives.
• Continue to develop and amend forms for counties and FFAs that meet revised or new RFA standards.
Goal 7: Services for Young Children 0 - 5 Years Old

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

As illustrated in Figure 26, children ages 0-5 have disproportionately higher rates of substantiated referrals and enter care (see Permanency section) at significantly higher rates than any other age group. Young children’s dependency on caregivers places them at a greater risk for maltreatment. The following section will highlight services and programs specifically targeted towards this population.

Figure 26: Rate of Substantiated Referrals per 1,000, CY 2014 to 2017, Ages: 0-17, CWS/CMS CSSR Q4 2017
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.

To further support efforts for safety, permanency, and well-being in this age group, the State convened two workgroups, the Child Welfare and Early Childhood Champions Work Group for 0-5 CFTs, as well as continued with the 0-6 Early Childhood Workgroup of the California Wraparound Advisory Committee (CWAC). The Early Childhood Workgroup developed a resource tool for use by counties (discussed in the California Wraparound Advisory Committee section, beginning on page 29), through Wraparound services, and through which children and youth tend to have better outcomes and functioning in their homes, schools, and communities.9

The Continuum of Care requires that each child have services specific to their needs, and the workgroups brought together subject matter experts to develop resources and guidance for the CFT process aimed at this age group. Some of the goals, such as age-specific training tools and assessments and a framework for CFT facilitation, will assist the child and family teams to

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9 National Wraparound Initiative: https://nwi.pdx.edu/wraparound-basics/
inform and educate families about the rapidly changing physical, social, emotional, and psychological needs of this age group.

The State is also focusing additional resources through the creation of the Early Practice Interventions for Children and Families (EPIC) Unit, whose goals include improving services for the 0-5 population. As part of this work, a 0-5 CFT facilitation guide is being developed to assist with the specific needs and developmental stages of this demographic. The Unit’s work will include collaborative partnerships with internal and external stakeholders, and be inclusive of analysis of data to further inform services with the goals of safety, permanency, and well-being.

**Addressing Developmental Needs for Young Children and Well-Being**

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

- In the OCAP State Fiscal Year 2016-17 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 funds grants for Parent Leadership, Community In Unity, Economic Empowerment, and Innovative Partnerships. The OCAP is committed to preventing child abuse and neglect and its lasting effects by promoting parent leadership and strengthening families and the communities that surround them.

Beyond providing funding for systemic change initiatives, the OCAP will also work across systems to advance systemic change. In State Fiscal Year 2018-19, 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

Additionally, the 0-6 Early Childhood Wraparound Workgroup of the California Wraparound Advisory Committee has developed a county resource with recommended tools and training to build providers’ skills and competencies, specifically with focus on children ages 0-6. The goal is to release the resource via an All County Information Notice in 2018.

- 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 include¹⁰.
  - 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

¹⁰ http://calswec.berkeley.edu/CALSWEC/CCCCA_CD_v1_0.html
children and adolescents, and be able to articulate when a mental health referral is useful or necessary.

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

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

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

**Exiting Foster Care to permanency**

Table 6 below contains data for the past four fiscal years on exits from foster care to permanency. Children in care between 12 and 24 months exits at the highest rates, followed by those in care less than one year, which still exit at a higher rate than children in care longer than 24 months. California has shown the most improvement for children in care longer than 24 months, while those in care less than a year and longer than two years have remained relatively stable. More in depth information on exits, broken out into permanency type, can be found in the sections that follow.
Table 6: Rate of Exits from Foster Care to Permanency, FFY 2014-2017, Agency Type All, Ages 0-17, CWS/CMS CSSR Q4 2017

<table>
<thead>
<tr>
<th></th>
<th>FFY 2014</th>
<th>FFY 2015</th>
<th>FFY 2016</th>
<th>FFY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>For children in care less than 12 months</td>
<td>35.7</td>
<td>35.0</td>
<td>35.2</td>
<td>N/A</td>
</tr>
<tr>
<td>For children in care more than 12 months</td>
<td>25.5</td>
<td>28.5</td>
<td>29.4</td>
<td>30.7</td>
</tr>
<tr>
<td>For children in care 12 to 24 months</td>
<td>45.3</td>
<td>45.3</td>
<td>45.9</td>
<td>43.5</td>
</tr>
</tbody>
</table>

Note: N/A means data not yet available for this time period

Goal 8: Reunification

In a joint effort between CDSS and the Department of Health Care Services, the Integrated Core Practice Model (ICPM) and the Integrated Training Guide (ITG) were developed through a collaborative approach. Building from the Pathways to Mental Health Services - Core Practice Model Guide and California’s Child Welfare Core Practice Model, which are a framework of coordinated, comprehensive, individualized, and home-based services, and aim 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 ICPM and ITG were created as a part of the Katie A. settlement agreement, and will be released in 2018 via All County Information Notice I-21-18.

The ICPM is a compilation of the Pathways to Mental Health Services – Core Practice Model Guide and Core Practice Model, California’s Child Welfare Core Practice Model, with additional content and provides specific expectations for practice behaviors for staff in child welfare, juvenile probation, and behavioral health, and their community partners, as they work collaboratively to serve the child, youth, and family members and/or caregivers in achieving their goals. Evidence-based research from all three disciplines indicates that highly integrated and coordinated cross-system service planning and delivery better meet the needs of children,
youth, and families, and result in improved outcomes and lower rates of re-entry or recidivism. Working in tandem with the ICPM, the ITG provides information and resources to assist counties in developing best practices for implementing training programs and technical assistance that improve, and sustain, the required highly integrative and family-centered teaming approaches.

The CFT is one process that supports improved outcomes and lower rates of re-entry or recidivism. The CFT process within the ICPM and ITG 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.

The CFT process embraces family empowerment and inclusion, engagement with an emphasis on the voice and choice of the child, youth, or nonminor dependent, and family. The CFT process also respects family culture and values, and honors diversity of perspectives and culture among all team members. The ICPM and ITG further support the professionals working with the child, youth, nonminor dependent, and family to recognize they are not working alone within their own disciplinary silo. Rather, the commitment to using the CFT structure requires working across the systems using an integrated approach to meet the family’s needs, with the goals of safety, permanency, and well-being.

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. To support the goal of improving outcomes, the CFT will use the Child and Adolescent Needs and Strengths (CANS) as a tool to help to assess well-being, and identify strengths and needs, and support care coordination. Counties may opt to add questions specific to their local
needs, if desired, to the core items in the state-approved CANS. Additionally, with the selection of the CANS as the child welfare functional assessment tool to be used in the CFT, the Family Strengths and Needs Assessment and the Child Strengths and Needs Assessment will be phased out in accordance with the CANS implementation schedule in 2018-2019. Discussed further in the succeeding section, concurrent planning is established early in the process. Social workers have frequent contact with families, foster parents, and service providers to evaluate progress towards meeting reunification goals, and the court also reviews progress every six months and may order reunification with parents when safety concerns have been adequately addressed.

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

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

**Goal 9: Ensure reducing time in FC to adoption**

**Indicators of Progress**
As shown below in Figure 27, the percentage of children exiting foster care to adoption has stayed consistent over the last three fiscal years, with the average being 19.9%.  

The figure above displays percentages specific to exits from foster care to adoption. Data is organized by the length of time in care before exiting foster care. As noted below, percentages have been generally consistent over the last three years. A reasonable gain is noted in the percentage of children exiting to adoption after 24 months of entering care, with an increase from 17.5% to 20.5%. The figure below presents data from CFSR Measure P1, P2, and P3. These measure exits to permanency within a 12 month period for children who have been in care less than 12 months (P1), in care 12-24 months (P2), or in care longer than 24 months (P3).
Factors Supporting Permanency Through Adoption
California statute requires that an initial permanency hearing occur no later than 12 months of a child entering foster care, or immediately if reunification services are not ordered. After the initial permanency hearing, additional hearings are held every six months, unless a court orders a hearing to terminate parental rights (TPR). A TPR hearing is ordered by the court when reunification is not possible, unless there is clear and convincing evidence that it would be contrary to the child’s best interest. TPR usually occurs within 18 months of a child being placed in out of home care when the child cannot be returned home and there is clear and convincing evidence that reasonable services have been provided or offered to the parent/guardian. This process is consistent with the requirements of federal law regarding permanency.

For FFY 2016-17 12,181 children in care had a concurrent plan of adoption, adoption with sibling(s) or tribal custody adoption (TCA). During the same time period, 340 of these children exited foster care with finalized adoptions. The overall total above represents about 22-23 percent of children in care. Other children in care have indicated goals other than adoption. Successes and opportunities in concurrent planning are challenging to measure and report through standardized quantitative data. This may be attributed to case specific circumstances such as changes in designation of the primary goal or TPR, TPR not being the in the best interest of the child, multiple court delays, or differences in procedure and process amongst the 58 counties in California.
Concurrent planning is mandated for all foster care cases to ensure that children achieve permanency as soon as possible. Though reunification is always the primary goal, in cases where that is not possible, permanency though adoption or legal guardianship is the desired outcome.

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.

“Failed Adoption” State fiscal year (SFY) 2013-14 to SFY 2015-16

“Failed adoption” has been defined by the two following categories:
1. Set aside adoptions outlined in Family Code 9100-9102, Vacation of Adoption
2. The number of formerly dependent children who exited foster care to adoption and reentered with an allegation or removal type of relinquishment, abandonment, or caretaker absence/incapacity.

Vacation of Adoption
Family Code Section 9100 – 9102
From SFY 2013-14 to SFY 2015-16, there were three (3), set-aside or vacation of adoption recommendations after an investigation. Table 7 below includes the vacation of adoption or set-aside adoption petitions received, and set-aside investigations recommended and not recommended from SFY 2013-14 to SFY 2015-16.

Table 7: Adoption Petitions Received and Investigations Recommended

<table>
<thead>
<tr>
<th>State Fiscal Year</th>
<th>Set-Aside Recommended</th>
<th>Set-Aside Not Recommended</th>
<th>Investigations in Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013 - 2014</td>
<td>3</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>2014 - 2015</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2015 - 2016</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>
Failed Adoptions
From SFY 2013-14 to SFY 2015-16, there were 18,241 children who exited foster care with an exit type of adoption.

From SFY 2013-14 to SFY 2015-16, 1,163 former foster youth who exited foster care to adoption reentered dependency for various removal or allegation types. Of the 1,163 former foster youth who reentered, 273 came into care with an allegation or removal type of relinquishment, abandonment, or care taker absence/incapacity. The report below represents an unduplicated count of youth, keeping their first placement episode during the time period.

<table>
<thead>
<tr>
<th>Removal Reason</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Neglect</td>
<td>376</td>
</tr>
<tr>
<td>Law Violation</td>
<td>290</td>
</tr>
<tr>
<td>Care Taker Absence/Incacity</td>
<td>259</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>124</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>51</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>37</td>
</tr>
<tr>
<td>Relinquishment</td>
<td>14</td>
</tr>
<tr>
<td>Severe Neglect</td>
<td>8</td>
</tr>
<tr>
<td>Status Offense</td>
<td>3</td>
</tr>
<tr>
<td>Child Disability or Handicap</td>
<td>1</td>
</tr>
</tbody>
</table>

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\(^1\) examined the effectiveness of subsidies on the Timeliness of Adoptions. Recognizing that adoptive parents often experience financial difficulty meeting the special needs of children who formerly were placed in California’s foster care system, the Legislature implemented the program with the intention that it would benefit children in foster care by providing the security and stability of a permanent home through adoption. Children may receive a federally funded subsidy under Title IV-E or a state-funded subsidy per state guidelines. AAP benefits include a monthly negotiated rate, medical insurance through Title IX (Medicaid/Medi-Cal), payment for an approved out of home placement, payment for Wraparound services, and benefits beyond age 18 to age 21, if eligibility criteria is met. A

\(^1\) http://aspe.hhs.gov/hsp/05/adoption-subsidies/
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, and CDSS Regional Office Managers.

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

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

In FY 2016-17, there were a total of 6,550 adoption finalizations and a total of 5,614 or 86% 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. 16/17 dated June 29, 2017 provided counties with the estimated methodology, the savings amount for each county for FY 2015-16 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 2015-16 was $7,459,397 and based on completed reporting forms submitted by the counties the savings was spent on foster care, adoption, and post adoption services.
PSSF-APS Funding

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

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

_Non-Minor Dependent Adoptions_ are eligible for the maximum allowable PAARP reimbursement under existing regulations as stated in the Title 22 CFR 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 8: Number of Eligible Private Adoption Agencies and Claims Processed, SFY 2013-17

<table>
<thead>
<tr>
<th></th>
<th>SFY 2013</th>
<th>SFY 2014</th>
<th>SFY 2015</th>
<th>SFY 2016</th>
<th>SFY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible Private Adoption Agencies Signed up to Claim</td>
<td>76</td>
<td>79</td>
<td>77</td>
<td>76</td>
<td>77</td>
</tr>
<tr>
<td>Number of Claims Processed</td>
<td>3,160</td>
<td>3,716</td>
<td>4,020</td>
<td>4,970</td>
<td>5,018</td>
</tr>
</tbody>
</table>

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 remain the same or modestly increase each year, as was the trend prior to SFY 2013-2014.

Adoption and Legal Guardianship Incentive Payments Program

In 2014, the Adoption Incentive Act, as part of the Adoption and Safe Families Act of 1997, was renamed The Adoption Incentive and Legal Guardianship Incentive Payments Program (PB 113-183). This program provides payments of adoption incentive funds to counties for increasing permanency for children in the foster care system through adoption or legal guardianship.

Counties may receive incentive payments based on improved performance in the following four categories:

1) Foster child adoptions
2) Foster child legal guardianships
3) Pre-Adolescent foster child adoptions and legal guardianships (ages 9-13) and:
4) Older child adoptions and legal guardianships (age 14 and older).

The 2014 revisions changed how a base rate for determination was made, thus allowing the CDSS Regional Offices to qualify for the funding for the first time since 2009. The base rate is determined by the average number of adoption and guardianship rates during the three immediate preceding years (e.g. for FY 2017, the base rate would be an average of FYs 2016, 2015 and 2014.

These incentive payments have been used in a number of ways, including but not limited to the following: supplementing direct costs, direct service delivery, operating supports, referral and support resources, education, community activities, and respite services. It is anticipated that California will continue to utilize reimbursement funds for similar activities in FFY 2018-2019. However, since the California allocation has increased significantly, the CDSS is working with counties to determine additional needs for improving permanency outcomes and to encourage increased efforts in these areas.
Table 9: Exits from Foster Care, FFY 2014-2017, Agency Type All, Ages 0-21, CWS/CMS 2017 Q4 2017

<table>
<thead>
<tr>
<th></th>
<th>FFY 2014</th>
<th></th>
<th>FFY 2015</th>
<th></th>
<th>FFY 2016</th>
<th></th>
<th>FFY 2017</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Adopted</td>
<td>5,842</td>
<td>18.7</td>
<td>6,495</td>
<td>19.6</td>
<td>6,620</td>
<td>20</td>
<td>6,538</td>
<td>21.1</td>
</tr>
<tr>
<td>Kin-GAP</td>
<td>1,142</td>
<td>3.7</td>
<td>1,384</td>
<td>4.2</td>
<td>1,509</td>
<td>4.6</td>
<td>1,368</td>
<td>4.4</td>
</tr>
<tr>
<td>Other Guardianship</td>
<td>1,688</td>
<td>5.4</td>
<td>1,714</td>
<td>5.2</td>
<td>1,906</td>
<td>5.8</td>
<td>1,792</td>
<td>5.8</td>
</tr>
</tbody>
</table>

The table above reflects the number of children who exited foster care with a permanent plan of adoption, Kin-GAP guardianships and other guardianship in FYs 2014-2017.

**National Adoption Competency Mental Health Training Initiative (NTI)**

In 2017, California, along with 7 other states including Arizona, Illinois, Maine, Minnesota, South Carolina, Tennessee, and Washington, were selected as pilot sites for The National Adoption Competency Mental Health Training (NTI) through the Center for Adoption Support and Education (CASE). The NTI is a web-based training initiative designed to build and expand the capacity of child welfare workers and mental health professionals in providing permanency and adoption competent casework services and clinical practices, to improve well-being outcomes for children and families. There are two phases of NTI. Phase I is the Child Welfare Professional Curriculum and provides 20 hours of training and Phase II is the Mental Health Practitioner Curriculum and provides 25 hours of training. Participants who complete each phase of NTI will receive 20 to 25 Continuing Education Units (CEU’s).

In March 2017, CDSS launched Phase I of the NTI. More than 848 participants in California completed Phase I, representing a statewide 62% completion rate. Overall satisfaction with NTI Phase 1, was very high, with 91% of supervisors and 85% of workers describing themselves as extremely or somewhat satisfied. Overall, 91% of supervisors and workers “strongly” or “somewhat” agreed with this statement indicating that they felt NTI was successful in increasing their Adoption Mental Health Competence. In April 2018, CDSS launched Phase II of the NTI. Counties received information regarding Phase II through the All-County Information Notice (ACIN) I-05-18. The NTI will be available nationwide in 2019. The CDSS has received 124 Letters of Interest for individuals wanting to participate in the training, representing up to 1444 individuals to receive the training.

**Non-Minor (NMD) Adoptions**

Effective on January 1, 2013, AB 1712 (Chapter 846) allows Non-Minor Dependents (NMDs), youth adults ages 18-20 that remain in Extended Foster Care (EFC), to be adopted in juvenile
court while retaining extended benefits through the After 18 program. To be eligible for a NMD Adoption, the youth must be eligible for After 18 benefits, as outlined in ACL No. 11-69.

In a NMD adoption, parental rights are not terminated, there is no application to adopt and prospective adoptive parents do not participate in an adoption home study. Instead, prospective adoptive parents must participate in a youth focused assessment so the social worker or probation office can gather information regarding the length and nature of the relationship between the NMD and prospective adoptive parent; evaluate the ability of the prospective adoptive parents to meet the specific and unique needs of the NMD, and to evaluate the prospective adoptive parent’s motivation to adopt. Since NMDs are adults, they decide what information they want to share with the prospective adoptive parents.

A NMD adopted after the age of 18 may be eligible for Adoption Assistance Program (AAP) benefits if they meet the three parts special needs determination, the citizenship requirements, and one of the Title IV-E (federal) Eligibility paths as described in Title 22, CCR Section 35326. ACL 13-100 provides further information regarding NMD adoptions.

**Tribal Customary Adoptions**

Tribal Customary Adoption (TCA) has created a permanency option for 109 of California’s Native American children and youth since taking effect on July 1, 2010. TCA is different from traditional adoption in that permanency is created with a new family without terminating the parental rights (TPR) of the birth parents. TCA offers ICWA eligible dependent minors and non-minor dependents (NMD) an alternative permanency option and is closer to the customs and cultures of the majority of Native American communities, which do not believe in TPR. TCA retains the customs, laws, and traditions of a child’s or NMDs tribe. For FFY 2014-2015 and 15-16, the number of TCAs nearly doubled from the prior years. This trend is likely to continue as more tribes, courts, and counties become increasingly familiar and comfortable with this permanency option. Table 10 below presents the TCA finalizations by FFY and age range of the dependent minors and NMDs.

**Table 10: Ages of Children Obtaining Permanency since the Inception of TCA, FFY 2010-16**

<table>
<thead>
<tr>
<th>Ages</th>
<th>0 – 3</th>
<th>4 – 6</th>
<th>7 -10</th>
<th>11 -14</th>
<th>15 - 21</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009 – 2010</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2010 – 2011</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>2011 – 2012</td>
<td>0</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>2012 – 2013</td>
<td>1</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>2013 – 2014</td>
<td>4</td>
<td>10</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>2014 – 2015</td>
<td>11</td>
<td>9</td>
<td>9</td>
<td>4</td>
<td>0</td>
<td>33</td>
</tr>
<tr>
<td>2015 – 2016</td>
<td>4</td>
<td>10</td>
<td>11</td>
<td>6</td>
<td>1</td>
<td>32</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>39</td>
<td>34</td>
<td>14</td>
<td>2</td>
<td>109</td>
</tr>
</tbody>
</table>
Since the inception of TCA in 2010, four ACLs have been developed creating guidelines and provisions for implementation of TCA while regulations are being developed. The four ACLs are 10-17; 10-47; 13-91; and 14-10. The creation of TCA Division 2 regulations, for the Adoption User’s Manual, which had initially been started in 2010 prior to the release of ACLs 10-17 and 10-47, resumed in 2016 with the reestablishment of a new subcommittee focused on this endeavor. This subcommittee is made up of Tribal Representatives, Permanency Policy Bureau staff, and CDSS attorneys with expertise in ICWA and adoptions. This subcommittee reviewed and modified the regulations formatted in 2010. The TCA Division 2 regulations were then distributed to all 109 federally recognized Tribes, and a formal Tribal Consultation was convened on December 16, 2017. Since the Tribal Consultation, the regulations have been distributed twice to all 109 federally recognized Tribes for review and feedback, and are currently in the process of final regulation development.

Inter-Country Adoptions

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

As mentioned above, the CDSS obtains data on disrupted and dissolved intercountry adoptions through the AD 202B as well as through CWS/CMS when children from any disrupted or dissolved intercountry adoptions enter the foster care system. The purpose and requirements of these data reports were conveyed to all county, state, and private adoption offices through a series of ACLs distributed in January 2013. There were no disrupted or dissolved adoptions reported by any of the private agencies this past SFY nor in the FFY data. For FFY 2015-2016, CWS/CMS reported one dissolved adoption and no disrupted adoptions of a child of intercountry adoption that subsequently entered the foster care system.
### Table 11: Intercountry Adoptions: Disrupted or Dissolved Cases, FFY 2015-2016, CWS/CMS 2016 Q4 2016 Extract

<table>
<thead>
<tr>
<th>Client ID Number</th>
<th>Case ID Number</th>
<th>Age when disrupted or dissolved</th>
<th>Gender</th>
<th>Country of Origin</th>
</tr>
</thead>
<tbody>
<tr>
<td>0235-5116-2507-4053903</td>
<td>0513-5318-8081-8026713</td>
<td>2 Years</td>
<td>M</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

**Summary**

Several factors may have contributed to the success of California’s adoptions program, including outreach efforts to support counties who have assumed responsibility for their adoption programs and targeted recruitment of foster and adoptive parents. Additionally, by utilizing new data collection methods to evaluate areas of deficiencies, CDSS can align technical assistance and program support with guidance for specific improvements. This will assist counties and agencies to achieve permanency goals for children who may be more difficult to place, such as older youth, those with special needs, NMD, and large sibling groups. Additionally, this may include exploring additional permanency options for some children besides adoption such as legal guardianship and establishing connections in a youth’s life with an adult who may not be able or willing to adopt but are willing to be a lifelong connection in their life.

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

**Goal 10: Guardianship**

_Strength 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 2016-17, the Kin-GAP caseload was approximately 16,080 cases with 8,931\textsuperscript{12} cases eligible for the federal Kin-GAP program and 7,149 cases remaining in the state-only Kin-GAP program.

Table 12 illustrates exits from out-of-home placement into kinship guardianship or other guardianship within 12 months of entry has remained largely static, decreasing by .4 percent from FFY 2016 to FFY 2017. 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)).

\begin{table}
\centering
\begin{tabular}{|l|c|c|c|c|}
\hline
Exit Type & FFY 2014 & FFY 2015 & FFY 2016 & FFY 2017 \\
\hline
Reunified & 33.2 & 32.7 & 32.2 & 31 \\
Adopted & 4 & 4.1 & 4.3 & 4.1 \\
Guardianship & 3.7 & 3.9 & 4.3 & 3.9 \\
Exited to non-permanency & 3.8 & 3.6 & 3.7 & 3.4 \\
Still in care & 55.3 & 55.7 & 55.5 & 57.7 \\
Total & 100 & 100 & 100 & 100 \\
\hline
\end{tabular}
\caption{Percent of children in Foster Care: Exit Status at 12 Months; Time in Care: Less Than 12 Months, CW and Probation, CWS/CMS Q4 2017 Extract}
\end{table}

Table 13 illustrates exits from out-of-home placement into kinship guardianship or other guardianship for children who have been in care 12 to 24 months has slightly increased from 8.8 percent to 9.3 percent between FFYs 2014 and 2017. 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.

\textsuperscript{12} Based on the FY 2016-17 actual cases claimed by counties.
Table 13: Percent of children in Foster Care: Exit Status at 12 Months; Time in Care: 12 to 23 Months, CW and Probation, CWS/CMS 2017 Q4 Extract

<table>
<thead>
<tr>
<th>Exit Type</th>
<th>FFY 2014</th>
<th>FFY 2015</th>
<th>FFY 2016</th>
<th>FFY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reunified</td>
<td>18.2</td>
<td>18.0</td>
<td>17.9</td>
<td>16.8</td>
</tr>
<tr>
<td>Adopted</td>
<td>18.2</td>
<td>18.2</td>
<td>18.3</td>
<td>17.5</td>
</tr>
<tr>
<td>Guardianship</td>
<td>8.8</td>
<td>9.1</td>
<td>9.7</td>
<td>9.3</td>
</tr>
<tr>
<td>Exited to non-permanency</td>
<td>2.8</td>
<td>2.8</td>
<td>2.9</td>
<td>2.7</td>
</tr>
<tr>
<td>Still in care</td>
<td>52.0</td>
<td>51.9</td>
<td>51.2</td>
<td>53.8</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 14 illustrates exits from out-of-home placement into kinship guardianship or other guardianship for children who have been in care 24 months or longer has increased from 4.6 percent to 6.2 percent between FFYs 2014 and 2017. This increase is likely attributable to children being eligible for federal Kin-GAP.

Table 14: Percent of children in Foster Care: Exit Status at 12 Months; Time in Care: 24 Months or Longer, 12 to 23 Months, CW and Probation, CWS/CMS 2017 Q4 Extract

<table>
<thead>
<tr>
<th>Exit Type</th>
<th>FFY 2014</th>
<th>FFY 2015</th>
<th>FFY 2016</th>
<th>FFY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reunified</td>
<td>3.8</td>
<td>3.6</td>
<td>3.8</td>
<td>3.4</td>
</tr>
<tr>
<td>Adopted</td>
<td>17.1</td>
<td>20.0</td>
<td>19.7</td>
<td>21.1</td>
</tr>
<tr>
<td>Guardianship</td>
<td>4.6</td>
<td>4.9</td>
<td>5.8</td>
<td>6.2</td>
</tr>
<tr>
<td>Exited to non-permanency</td>
<td>4.6</td>
<td>4.0</td>
<td>3.8</td>
<td>3.2</td>
</tr>
<tr>
<td>Still in care</td>
<td>69.9</td>
<td>67.5</td>
<td>66.8</td>
<td>66.1</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Figure 29 illustrates exits from out-of-home placement into kinship guardianship or other guardianship has increased from 9.1 percent to 10.2 percent between FFYs 2014 and 2017.
Figure 29: Exits from Placement into Guardianship, FFY 2014-17 CWS/CMS Q4 2017 Agency: All, Ages: 0-20

Further examination of the data reveals that although guardianship accounts for a relatively small proportion of total exits out of care (10.2 percent in FFY 2017); 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.

Note: Other Guardianship is defined as Non-related Legal Guardian (NRLG)
The effect of guardianship as a permanency option is further demonstrated when the data are examined by race. As described in the previous two sections, Black and Native American youth are consistently challenged with positive permanency outcomes. However, the data below show that these same two groups are likely to exit (20.5 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.
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 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 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 a permanent plan option for a youth 16 years of age and older, in an out-of-home foster care placement, in which a youth may remain until adulthood, when the options to return home, place with a relative, placement for adoption, tribal customary adoption, or legal guardianship are not available at the time of the permanency hearing. When the recommendation for a youth is a permanent plan of APPLA, the case plan should identify necessary services that will further the youth’s transition to independent living and successful adulthood. The case plan should also outline the efforts the county placing agency is making to reduce the barriers to achieving any of the more permanent plans.

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

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

Goal 12: Placement Stability
California has been making continuous and steady improvements in placement stability during the past six years; the number of placement moves per 1,000 days of foster care has decreased each year. During the most recent period of measure, FFY 2015 to FFY 2017, the number of placement moves per 1,000 days of foster care decreased from 3.89 to 3.66, which continues to meet the national standard of 4.12 or fewer.

Figure 32: Placement Stability, FFY 2015-17, Agency: All, Ages: 0-17, CWS/CMS CSSR Data Q4 2017

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 33 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, but has continued to improve, as the re-entry rate has dropped from 12.2% in FFY 2013 to 11.1% in FFY 2015.

**Figure 33: Re-entry Into Foster Care In 12 Months, FFY 2013-15, Agency: All, Ages: 0-17, CWS/CMS CSSR Data Q4 2017**

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

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

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

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

**Visitation Evaluation Tool**

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

Further, families that are at a low or moderate risk level with an acceptable visitation level will be assessed using the Reunification Safety Tool. The completion of this assessment will assist in the decision as to whether a child may be reunified with their parent.
Goal 14: Proximity of Placement

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

Based on this data, the most notable difference for placement between kin and non-kin continues to be the ends of the distribution, closest (less than one mile) and furthest (greater than 11 miles) distances. Kin placements within one mile of the child’s home have remained relatively steady over the past three years, while placements beyond one mile increased by almost 3 percentage points. From FFY 2013 to FFY 2015, the majority of kin placements (62% in FFY 2013 to 59.9% in FFY 2015) occurred within five miles of the removal address. The figure below indicates that California continues to show strength in ensuring efforts are made to place children in foster care placements that are close to their parents or relatives.

Figure 34: First Entries: Distance from Home Address to First Spell Placement Address for Children Still in Care 12 Months After Entry, Stratified by Placement at 12 Months with Kin or Non-Kin, FFY 2013-15 CWS/CMS Data Q3 2017.

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 slightly from 50.1 percent in January of 2017 to 49.5 percent in January 2018, and those placed with all or some of their siblings decreased from 71.2 percent in 2017 to 70.7 percent in January 2018. This data indicates the data for sibling placements from 2014 to 2018 has been consistent.

**Figure 35: Point in Time Counts, All Children w/ Siblings Placed Together in Foster Care, CWS/CMS CSSR Data Q4 2017**

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

The Preventing Sex Trafficking and Strengthening Families Act, PL 113-183, came into effect on September 29, 2014. The PL 113-183 encourages the placement of children in foster care with
siblings. It also ensures that when a child is removed from their home, agencies also notify all parents of siblings to the child (where the parent has legal custody of the sibling) within 30 days after the removal of a child from the custody of the parent(s). ACL 16-16 was issued March 3, 2016. In addition, California law requires social workers to notify attorneys (if different) of siblings being placed in separate foster care placements. The efforts made to keep siblings together must be reported to the court.

The social worker is required to provide documentation to the court if placement of the siblings together is not possible and must either outline the efforts being made to remedy the situation or explain why the efforts are inappropriate. In situations when siblings are separated, social workers must arrange for visitation between them. The Child Welfare Services Manual of Policies and Procedures Division 31 Section 31-405 is being amended to provide guidance when the separation of siblings occurs, in addition to the published ACL 15-100. California’s core curriculum for all newly hired social workers includes training on the importance of siblings being placed together.

**Goal 16: Relative Placement**

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

The data in Figure 36a below are the proportion of children who entered care for the first time and who were placed with relatives. This data shows that the percentage of placements overall that have been with relatives has been increasing slowly but steadily from FFY 2014 to FFY 2016, but saw a very modest .2 percentage point drop in FFY 2017. This general upward trend is believed to represent the continuing commitment by county child welfare agencies to locate relatives of children who require out-of-home care and place those children with relatives whenever possible. Figure 36b shows the placement stability by placement type to show a comparison with relative placement.
Figure 36a: First Entries into Foster Care – Relative Placement (Kin), FFY 2014-17, Agency Type: All, Ages: 0-20, CWS/CMS Data Q4 2017

Figure 36b: Placement Stability: Percent of children still in care at 12 months in placement number 1, 2, Agency Type: All, Ages: 0-17, CWS/CMS Data Q4 2017
As indicated by the data, placement of children with relatives has remained the “placement of choice.” County child welfare agencies and probation 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 and probation through the release of information and instructions, via ACL 18-42 issued April 6, 2018, 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 the financial support that a relative received while a child was in care even after 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. In the past, the approval process was 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.

Beginning January 1, 2017, new relatives and NREFMs considered for placement do 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 has replaced all foster parent licenses 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, aimed at enhancing the state’s recruitment and retention of quality resource families. 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 resource family 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;
- Online recruitment campaigns and websites; 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, 2018, thus the efficacy of activities and data are unknown at this time.

1) **The Quality Parenting Initiative (QPI)**

The California QPI is a collaborative effort between the CDSS, the County Welfare Directors Association (CWDA) and the Youth Law Center. The goal of the QPI is to develop a statewide approach to strengthening foster care by refocusing on excellent parenting for all children in the child welfare system. Aligning the system to support and value resource families as the key intervention for children and youth in foster care is key to attracting and retaining quality caregivers, achieving positive outcomes for children and families and ensuring the success of child welfare improvement efforts. Consistent with the values of California’s Core Practice Model, the QPI aims to strengthen foster care, including kinship care, by ensuring that a foster or relative family caring for a child provides the loving, committed, and skilled care that the child needs, while working effectively with the child welfare system to reach the child’s goals. The QPI also seeks to clearly define the expectations of caregivers, to articulate those expectations, and to align the expectations of the child welfare system to support quality foster care. The major successes of the project have been in systems change and improved relationships.

The Five Core Principles of QPI are:
#1) Excellent parenting is the most important service we can provide to children and youth in care. Children need families, not beds.

#2) Child development and trauma research indicates that children need constant, consistent, effective parenting to grow and reach their full potential.

#3) Each community must define excellent parenting for itself.

#4) Policy and practice must be changed to align with the community’s definition of excellent parenting.

#5) Participants in the system are in the best position to recommend and implement change.

In 2018, 26 California counties are participating in QPI, and join over 75 jurisdictions in 10 states (including Florida, Nevada, Pennsylvania, Illinois, Ohio, Texas, Louisiana, Wisconsin, and Minnesota) nationwide working to bring together agency staff, leadership, resource families, birth families, youth, courts and other stakeholders to define and articulate the expectations of excellent parenting for children in foster care, and align agency culture, practice, and policy so that those goals can become a reality. This new approach becomes the basis for developing communication materials and designing integrated recruitment, training and retention systems.

QPI has influenced child welfare agency 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 counties and sites have formed a network that shares information and ideas about best practices, 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 resource families through treating families as equal and respected partners and addressing barriers to providing good parenting. QPI contributes to retention as it provides a process for agencies and families to come together to share ideas, experiences, expectations, issues and recommendations in a solution focused forum. It also gives resource families 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. QPI counties have developed specific expectations for high quality caregiving and the responsibilities of the resource family and county child welfare agency to achieve that quality. Strategies for improved retention of caregivers are being worked on by all 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, contracts with mediation agencies to evaluate communication concerns, improved transition processes, transparency and respect during licensing investigations, support for birth and resource family partnership, and improved placement processes. The counties believe that current resource families are also the best recruiters. Focus is relationship-building between caregivers and
community partners, providing caregivers with a forum to voice their concerns through QPI steering committees, task forces and regional and statewide trainings and forums.

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

**QPI Information Sharing**

Information to support QPI counties in sharing and learning best practices, model policies and new strategies from peers is shared in a variety of ways including:

1. The California QPI website, [www.QPICalifornia.org](http://www.QPICalifornia.org) launched on February 1, 2015, continues to be maintained and coordinated by CalSWEC, and provides free and immediate information, Just-In-Time trainings on over 20 topics, and QPI related resources and best practices from across the country. 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 and training is shared across sites on topics and best practices such as developmentally appropriate parenting, youth and family engagement, attachment and child and adolescent development. CalSWEC is working to integrate QPI information into social worker training, including on the Core Practice Model.

2. Monthly QPI California all-site webcasts for counties to provide updates, share challenges and accomplishments, discuss statewide policy issues impacting quality of care and offer encouragement to peers.

3. National and statewide meetings/webcasts to discuss specific best practices across counties and states. Topics in 2017-2018 included birth parent engagement, improving resource family training, information sharing with resource families, resource families and the courts, access to mental health services, developing supports for families caring for youth who have experienced commercial sexual exploitation, grief and loss for resource families, cultural humility, and supporting normalcy and prudent parenting.

4. QPI National Conference was held January 15-17, 2018 in New Orleans, LA for all sites to develop a national network focused on excellent parenting, share best practices, receive peer technical assistance and develop plans for next steps. There were over 400 attendees, approximately 75 from California. Highlights of the conference were a panel on birth and resource families working together for positive outcomes for children, interactive practical session with national child development experts on applying child development research to child welfare practice and the courts, successful youth and
family involvement in QPI and sessions on site work such as repurposing foster care shelters to support families, and court involvement.

5. QPI New Sites Conference was held July 20-21, 2017 in Chicago, IL for new QPI sites to learn how to effectively launch QPI in new communities and ensure engagement of families, youth, courts, agencies and community partners. Highlights of the New Sites Conference included the Rockford, IL QPI site sharing the partnership they developed with the local YMCA to lead recruitment and support efforts for resource families and youth, how to build and engage birth parent partner programs in QPI sites, and sharing of best practices related to relationships between birth and foster families.

- QPI California Conference was held March 2-3, 2017 in Sacramento, California. This conference was our largest ever, attended by 242 participants from 27 California Counties.

2017 QPI California Statewide Conference Evaluations reported:
- 97.4% of participants agreed the conference fulfilled their reason for attending
- 94.8% of participants reported that the Plenary Session "Youth Development and Resilience" was helpful in increasing their knowledge about healthy teenage development
- 98.6% of participants reported that they gained new information to inform their work from the Birth Parent / Resource Parent Panel on working together
- 100% of conference participants indicated that the Youth Panel helped them gain new information to inform their work on youth engagement
- 93.5% of participants reported learning new recruitment approaches they can use in their county from the Targeted Recruitment plenary session facilitated by Denise Goodman

Highlights shared on evaluations of ideas learned at conference that participants brought back to their county practice:
- Resource families and biological families teaming to set visitation schedules
- Involving resource families in first five visits to model parenting with birth parents
- Emphasizing reunification during resource family recruitment and training
- Including resource families in safety planning with birth families
- Implementing a phone call “ice breaker” or initial comfort call between birth and resource families at placement
- Resource families writing letters to birth parents to facilitate relationship
- Implementing icebreakers
- Changing recruitment message to emphasize caring for children and their birth families
- Introducing birth and resource families earlier in case
- Humanizing birth families to resource families
- Sharing message that birth families are underestimated and highly resilient
- Working with birth families and resource families to support them and support co-parenting
- Ensuring sibling visits and bio parent connections
- Being more supportive with resource families in helping teens to take healthy risks
- Encouraging more normalization of activities for foster youth
- Normalizing adolescent development in a more intentional way
- Practice that ensures not standardized, but individualized treatment of teens
- Supporting resource families in applying prudent parenting to support normal adolescent behavior
- Incorporating the information from the opening plenary on adolescent brain development into caregiver training
- Community based strategies for recruitment (outreach to Girls Scouts, pizza box advertisements)
- Data collection for recruitment purposes.

6. Sharing and archiving video, site resources (including forms, training curricula, policies, and practice guidelines) from all of the above conferences on the QPI website so California staff and families can benefit even if not able to attend in person.

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 statewide efforts in 2017-2018 to support excellent parenting include:

- Partnering with CDSS to provide training to all CDSS Community Care Licensing staff in every region on QPI principles, working effectively with resource families to support retention, promoting normalcy for children in foster care and treating families with respect during licensing investigations while ensuring child well-being and safety.
Engaging the Courts in supporting QPI goals and prioritizing excellent parenting. QPI partnered with the California AOC to co-host a one-day conference focused on supporting adolescent development through QPI and Continuum of Care as part of their annual Beyond the Bench conference in December 2017. Over 100 attendees participated, including 20 judicial officers. The training included a presentation by a national expert on adolescent development, Dr. Joan Kaufman, a presentation by a judge from another QPI state, and opportunities to develop plans for local implementation. Conversations with Administrative Office of the Court (AOC) staff have increased their understanding of the importance of getting child development information to judges, court personnel and other juvenile court stakeholders. In addition to the pre-conference one-day event, QPI partnered with AOC to deliver regional court trainings on QPI to hundreds of judicial and agency staff in the Sacramento, Fresno and Los Angeles Regions and developed a judicial bench card to assist with CCR implementation and focusing on parenting.

Ensuring clear, consistent interpretation and changes in rules that impede normalcy. QPI hosted a statewide convening in November 2017 focused on identifying barriers to normalcy for youth in foster care and families being able to use the prudent parent standard. CDSS is working to address issues identified at the convening including clarification on policy related to sleepovers, out of county/out of state travel, social media and cell-phones and promotion in case planning of extracurricular activities.

Improving birth and foster parent relationships and strengthening (or create) supportive policies/practices. QPI partnered with Casey Family Programs and the Birth Parent National Network to co-host the first ever national convening of birth and resource families, including families from California, in Seattle in June 2017. Birth and resource families were engaged in identifying challenges to effective partnership and joint recommendations to support co-parenting and better outcomes for children and youth in foster care. QPI is working on supporting sites across California in building birth and resource family partnerships and holding two birth and resource family regional meetings in 2018 (North and South) with the goal of implementing practice and policy changes within counties.

2) California Kids Connection

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

**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 239 family inquiries are made about waiting children each month.

During this time period:

- 41 percent of the children were on the public section of the website.
- 59 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 27 public agencies that regularly participate in exchange meetings and/or activities.

**Private Agencies** - There are 48 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 26 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 15: Adoption Events Organized by CKC, April 1, 2017 to March 31, 2018

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<thead>
<tr>
<th>Region</th>
<th>Family Fair</th>
<th>Matching Event</th>
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<tbody>
<tr>
<td>BASA</td>
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<tr>
<td>Co-Op Valley</td>
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<td>Central Valley</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
<td>4</td>
</tr>
</tbody>
</table>

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 4/1/2017 – 3/31/2018:
- 25 youth matched through the public website
- 0 youth matched through the secure website
- 5 youth placed from the public website

Of all CKC activities, including family fairs, picnics, and matching events, the following matches and placements were reported during the timeframe of 4/1/2017 – 3/31/2018:
- 42 youth who were posted on the website were matched through CKC events and activities
- 26 youth who were posted on the website were placed through CKC events and Activities

Table 16: County of Origin of Children Matched and Placed through CKC Activities, April 1, 2017 to March 31, 2018

<table>
<thead>
<tr>
<th>County</th>
<th>Number of Children Matched</th>
<th>Number Children Placed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Riverside</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>San Bernardino</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>San Joaquin</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Fresno</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Orange</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>CDSS Chico</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>San Francisco</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>San Mateo</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Merced</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Alameda</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Santa Clara</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>67</strong></td>
<td><strong>31</strong></td>
</tr>
</tbody>
</table>
Adoption Navigator Services
CKC has navigation agreements with six participating counties to provide “Adoption Navigator” services for the children listed on the California Kids Connection website. There are three CKC support staff that provide internet based recruitment assistance to the following counties:

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

Though the CKC 2.0 Navigators are providing services to six counties, this is representative of 58% 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, 2017 through March 31, 2018, the Adoption Navigators have served 292 NEW children and 25 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 April 1, 2017 – March 31, 2018, the Recruitment Response Team has answered inquiries of 923 families; averaging 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 2016 to March 2017, CKC staff answers an average of 23 calls each month. Approximately 95% of all calls are about foster care and the adoption process in California. Though most calls are in English, there is an average of four calls per month that are with Spanish Speakers.

<table>
<thead>
<tr>
<th>Average English Emails</th>
<th>Average English Packets Sent</th>
<th>Average Spanish Packets sent</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/month</td>
<td>2/month</td>
<td>2/month</td>
</tr>
</tbody>
</table>

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

**Foster and Kinship Care Education Program**

The California Department of Social Services (CDSS) collaborates with the California Community Colleges Chancellor’s Office to provide education and training to 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 within the community. 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.

Training topics offered by FKCE programs are determined by law and the local needs of the county and caregivers. Within their limited funding, the college programs offer as many of the required topics as possible from Health and Safety Code section 1529.2 and Welfare & Institutions Code section 16003. In 2016-17, the colleges offered over 37,000 hours of training in total throughout the state. Colleges offer a multitude of community-based training opportunities, both pre- and post-approval training, including specialized topics to assist caregivers 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
• Mental Health
• Commercial Sexual Exploitation of Children (CSEC): Awareness & Identification

The Chancellor’s Office continues to work with CDSS and other stakeholders to develop high-quality training based on new state-mandated topics, such as Healthy Sexual Development and Psychotropic Medication.

**Foster Parent College.Com (FPC)**

**Foster Parent College** (www.fosterparentcollege.com) is an online interactive multimedia training option that is provided by CDSS and there is no charge for the county or current/prospective Resource Families.

In the time period of October 17, 2017 (when the contract was operational) through April 29, 2018, there have been 210 agencies registered (92 public, 118 private) and 9,174 individuals registered.

There are currently 61 online course that include both pre-service and in-service trainings. Currently the newest curriculum is LGBTQ (integrated into Cultural Competency); Prudent Parenting; De-escalation (in development). There are twelve classes presented in Spanish.

**Diligent Recruitment of Foster and Adoptive Families**

California has integrated the diligent recruitment requirements of the Multiethnic Placement Act of 1994 (MEPA) into its policy framework and ensured the field is equipped to comply. CDSS has provided policy letters and offers training resources to child welfare workers in order to comply with MEPA. The following are examples of CDSS’ efforts to meet MEPA requirements:

• California’s four RTAs continue to provide training to new social workers on MEPA as part of their core training program.
• CDSS has received federal technical assistance on MEPA in the past to support counties’ compliance with MEPA and continues to attend National Resource Center Diligent Recruitment webinars.
Lastly, CDSS expects to receive information from the Foster Parent Recruitment, Retention and Support (FPRRS) reports pertaining to the diligent recruitment of quality foster caregivers. Pursuant to Welfare and Institutions Code section 16003.5(c), counties that received FPRRS funds must “report to the department the outcomes achieved through the use of that funding and the activities that contributed to those outcomes.” These FPRRS reports are due by September 30, 2018, 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 Ombudsperson (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 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](http://www.childsworld.ca.gov/PG2976.htm) and RFA information is available at [http://www.childsworld.ca.gov/PG3416.htm](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](http://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 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 CCR initiative, which emphasizes the placement of dependent children in family-based homes rather than group homes, funding was provided to county welfare and probation departments for the recruitment of new foster caregivers. This was necessary to accommodate the number of children that will shift from group care to foster family homes (as of January 2017, resource families). As specified in statute, allowable uses for the funding include:

- Staffing to provide and improve direct services and supports to caregivers, remove any barriers defined as priorities in the county implementation plan and developing reports on outcomes.
- Child care.
- Costs for exceptional child needs not covered by the caregiver-specific rate that would normalize the child’s experience, stabilize the placement, or enhance the child’s well-being.
- Intensive relative finding, engagement, and navigation efforts.
- Emerging technological, evidence-informed, or other nontraditional outreach approaches to potential caregivers.

The Budget Act of 2015 (SB 97, Chapter 11, Statutes of 2015) included funding for foster and relative caregiver recruitment, retention and support in state fiscal year (SFY) 2015-16, and AB 403 (Chapter 773, Statutes of 2015) implemented the CCR initiative and enacted provisions governing the application and awarding of funds, and reporting outcomes associated with the expenditure of FPRRS funds. The Budget Act of 2016 (SB 826, Chapter 23, Statutes of 2016) included approximately $42.8 million for FPRRS activities; the Budget Act of 2017 (AB 97, Chapter 14, Statutes of 2017) included approximately $43.3 million for FPRRS activities.

In SFY 2017-18, FPRRS funds were allocated to counties in accordance with a methodology designed to reflect each county’s recruitment, retention and support needs; any funds not accepted were reallocated across the remaining counties. All 58 county child welfare
departments, and all but two county probation departments (Amador and Sierra Counties) accepted FPRRS funding.

The data below is derived from reports submitted by counties in September 2017, reflecting FPRRS activities conducted during SFY 2016-17 and outcomes realized from those activities.

Overall Expenditures:

The majority of FPRRS funding advances five major goals: family finding, recruitment & outreach, reducing congregate care, stabilizing placements and removing barriers, and supporting caregivers. The following chart shows the proportion of reported FPRRS expenditures during FY 2016-17 in support of each of these five goals.

The chart show below reflects dollar amounts expended for specific activities related to the five major FPRRS goals. These amounts reflect approximately $35.77 million in funding which counties reported expending on FPRRS activities during FY 2016-17. Note that when an activity addressed more than one goal, the amount expended for that activity was divided evenly between the goals addressed.
General Scope of FPRRS Goals:

Family Finding: Statutory requirements for family finding pre-date the FPRRS funding initiative and CCR; as such, this goal has elicited a lesser emphasis on identifying new and innovative methods than have other areas of caregiver recruitment, retention and support. Many departments focusing on this area pursued the acquisition of off-the-shelf family finding software (predominantly LexisNexis), then used FPRRS funds to hire additional staff positions (in many, but not all, cases dedicated to family-finding activities). Additionally, a handful of counties concentrated on training existing staff in family-finding techniques and a few counties contract with outside parties (mainly foster family agencies) to conduct family-finding activities, and committed FPRRS funds towards maintaining those contracts.

Recruitment / Outreach: Direct outreach efforts often took the form of displays or booths offering general information on caregiving, either as part of an existing community event (such as a county fair), or as a dedicated event organized by the county department. In the latter case, “one stop” events were a popular practice; at these events, prospective caregivers are able, in a single session, to complete most, if not all, of the preliminary steps to be approved as a resource family. Departments in many counties collaborated with community-based and/or faith-based organizations to assist in promoting awareness about the need for foster caregivers. Many county departments mounted conventional advertising campaigns, while others looked for more unusual “branding” methods. (For example, one department placed fostering information on reusable nylon shopping bags, which were distributed at local supermarkets.)

Reducing Congregate Care: This goal is largely addressed through activities which focus on FPRRS’ other major goals, such as outreach, supporting caregivers, family finding, and so on. Activities that directly targeted reducing congregate care have been more prevalent in county probation departments, which prior to CCR mainly utilized group homes for non-detention out-of-home placements. These activities included utilizing Wraparound services to step youth down from congregate care; increasing staffing in order to facilitate placements and support caregivers; and providing training to caregivers.

### Amounts Expended by Goal (Total)

<table>
<thead>
<tr>
<th>Goal</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting Caregivers</td>
<td>$9,763,438</td>
</tr>
<tr>
<td>Stabilizing Placements / Removing Barriers</td>
<td>$9,000,303</td>
</tr>
<tr>
<td>Reducing Congregate Care</td>
<td>$6,317,093</td>
</tr>
<tr>
<td>Outreach</td>
<td>$5,415,687</td>
</tr>
<tr>
<td>Family Finding</td>
<td>$4,408,381</td>
</tr>
<tr>
<td>Other</td>
<td>$866,574</td>
</tr>
</tbody>
</table>

Submitted June 30, 2018
Stabilizing Placements / Removing Barriers: Most county departments devoted a significant portion of their FPRRS efforts towards addressing this goal, which overlaps to a large degree with the goal of Supporting Caregivers; the most notable difference is that this goal focuses more on existing placements, while supporting caregivers can include efforts made before approval and/or placement. Activities that provide direct financial support for normalizing experiences for children and youth in care (such as swim/gym/karate class fees, summer camps, sports equipment, yearbooks, etc.) form the most widespread efforts to address this goal. The furnishing of necessary items such as furniture, car seats, gas cards, etc., was also undertaken by most counties. In some cases, departments used FPRRS funds to remove barriers caregivers face, such as in attending required trainings.

Supporting Caregivers: As noted above, this goal overlaps significantly with the goal of Stabilizing Placements / Removing Barriers, but includes supporting prospective caregivers during the application and approval process. Some activities reported as addressing this goal, such as subsidizing health screenings and facilitating LiveScan fingerprinting, dovetail with other outreach efforts. Departments reported addressing this goal with the following activities; which includes providing initial placement supports, such as gift cards with which caregivers could purchase items such as diapers or other basic necessities. Other common supports included networking and mentoring efforts, often through the use of the Mockingbird Family Model or other hub home-type system, membership in caregiver associations, and caregiver appreciation events; the provision of counseling and other direct emotional support services; and respite care for caregivers.

Service and Support Categories:

The following chart breaks down types of supports and services for children/youth and caregivers which have been typically addressed through the use of FPRRS fund. Each FPRRS activity usually provides multiple services and supports, the amounts expended for each activity have been divided equally between all of the services and supports provided by that activity:
Additional Expenditure Information:

For FY 2015-16, counties submitted claims totaling approximately $4.65 million. The remaining funds from the FY 2015-16 allocation were rolled over to FY 2016-17 and made available to counties in addition to the FY 2016-17 allocation. For FY 2016-17, counties have to date submitted claims for reimbursement totaling approximately $43.54 million. It should be noted that counties may still make adjustments to their claims for FY 2015-16 and FY 2016-17. Additionally, some counties have made claims for reimbursement which exceeded their available allocations. While all claims represent FPRRS expenditures, those in excess of a county’s allocation are not eligible for reimbursement from the SGF, and will ultimately be reflected as non-SGF expenditures.

County departments report supplementing FPRRS funding provided by the State with funds from other sources. For FY 2016-17, departments reported spending approximately $9.75
million in non-FPRRS funds for FPRRS activities. In addition, county departments reported hiring a total of 291 additional staff members to provide direct services to caregivers.

Examples of Activity Outcomes:

In addition to statistical data counties were encouraged to report anecdotal and qualitative data they believe to be illuminating, including any barriers faced, unexpected consequences or lessons learned from implementing particular strategies which can be shared with other counties. This information is still being sorted, reviewed and analyzed, and CDSS will update the SLR in the next quarter with more robust information; however below is a snapshot of some county updates.

Glenn County: By implementing the RFA approval process, one outcome is that approved relatives are continuing to provide foster care for children after the children they were caring for are reunited with their parents therefore increasing the number of resource families in Glenn County. The county had 11 licensed foster homes on average for the past two years, and since implementing RFA in January 2017 the county has already added six RFA approved homes, with four more pending approvals in the month of October. Placement stability has been increased by 30 to 100 percent. Congregate care has also been reduced by almost 50 percent from last year.

Humboldt County: The county spent $1,913 in FPRRS funding in FY 2016-17 providing child care for 58 children in the care of prospective resource families, for 16 sessions of mandatory pre-service trainings that caregivers must complete in order to become an approved home. The FKCE program through College of the Redwoods, which provides pre-service trainings, previously provided child care for its attendees; however, it was unable to continue to do so this fiscal year. The lack of child care at these required trainings was identified as a barrier by caregivers; the county has provided child care funding to eliminate that barrier and assist caregivers in completing their trainings.

In FY 2016-17 Humboldt County spent $510 assisting eight caregivers who identified the training fee as a hardship in attending mandatory First Aid and CPR trainings that were previously provided free of charge by the FKCE program through College of the Redwoods. The county also spent $5785.34 to assist seven caregivers to attend training on Trauma Care, and to participate in out-of-county conferences hosted by the National Indian Child Welfare Association and the California Mental Health Advocates for Children and Youth. These experienced caregivers now serve as mentors for other caregivers, and were required to bring materials and information back to share at their caregiver association meetings. Information provided through these venues is considered needed and valuable by both the caregivers and the county.

Kings County: Two general recruitment activities and one targeted recruitment activity (for a specific youth) were conducted with churches in the community. The targeted recruitment
activity was conducted on behalf of a 16-year-old in Permanency Planning who had been in four different placements. This recruitment was successful; the youth has now been in his current placement for eight months, and both the resource family and the youth want to proceed to adoption.

Los Angeles County: The department organized a fostering home event, for which 114 families RSVP’d and 70 attended; in addition, 72 families attended as walk-ins. In total, 142 families attended the event. Of those who attended, 65 individuals attended the joint on-site orientation, and 40 families submitted their application. DCFS processed live scans for 57 individuals and 25 families registered for the RFA pre-approval training.

Marin County: The county utilized FPRRS funds to hire a half-time resource family liaison, whose work was instrumental in preserving placement in at least 18 instances. Efforts undertaken by the liaison included: driving six hours round-trip to pick up a child from summer camp and arranging for temporary placement until the regular foster parent was able to resume care; providing one-on-one support to children with challenging behaviors whose placements had been disrupted until a safe place could be found for them to transition to; connecting families to important community resources, i.e. schools, Head Start, child care, MFCA, Adopt-a-family Marin, etc., that helped provide support needed to continue placement; and providing transportation support and schedule coordination for families so that the child's and family's needs were met.

One client who began services with Seneca's Family Finding Program during the reporting period was a 13-year-old African-American boy with five siblings. Each child had been in and out of the foster system for many years; the client had at least six placements in the two years prior to referral, and at the time of referral was in a group home. Initially, the Seneca Permanency Worker focused on building a team made up of the young man's maternal family. This team was able to articulate as a family what they thought the client’s greatest needs were and began to think through how they might address them as a family. Additionally, the Seneca Permanency Worker began to explore who was on the paternal side of his family (the father had died seven years earlier) and was eventually able to identify and engage members of this very large side of the family, which had lost contact with the children as they moved through the foster system. The positive impact of engaging these family members and giving them a space to begin to work formally as a team became apparent when over the course of a month the client and two of his siblings came into placement crisis. With the support of the Seneca Permanency Worker and social worker, and in communication with each other, the family was able to devise family-based plans for all of the siblings. The client was given a seven-day notice form his group home, but was able to move into an emergency placement with two different relatives while the next placement was identified. His relatives have been consistent in staying connected with him in the new group home setting and placement with an out of state paternal relative is being considered. Of the two other siblings in crisis, the client's younger brother was placed with an adult paternal half-brother, and their younger sister with lifelong friend of the maternal family; both have agreed to seek guardianship for the children.
Riverside County (Probation): From January to June 2016, the department had 11 NREFM cases; prior to January 2017, NREFMs were primarily solicited and recruited when a youth appeared in court and the family suggested the placement of the youth with a family or friend. As a form of early intervention for child specific cases or other probation youth in need of a home based family care, the department is now soliciting at an early stage, pre-court/disposition, and the ability/willingness of a family to foster youth. As such, from January to September 2017, the department received 40 referrals, 18 pending the RFA process, and one approved case. Twenty-one of these referrals withdrew; the department intends to look into strategies to decrease this number.

San Joaquin County (Probation): The department’s parent partner, through continued engagement and support, has helped maintain applicants throughout the approval process. She assisted in increasing the county’s application numbers from zero to four.

Tulare County: Forty-five resource parents were given access to the Foster Parent College website to accrue training hours online. There were 49 trainings completed by care providers using FPC. Because of the high demand from resource families wishing to access eLearning, the county will purchase 150 licenses in FY 2017-18, so more resource families have this opportunity. With the increase in licenses, the number of caregivers using FPC will more than triple.

Future Plans:

Enhanced FPRRS funding is expected to continue, at a reduced level, through SFY 2018-19. In September 2018, counties shall submit reports outlining activities undertaken with FPRRS funding, and outcomes realized from those activities, for SFY 2017-18.

**Goal 18: Juvenile Justice Transfers**

The table below shows the number of cases closed and the reason for closure for each age group during FFY 2017. The row highlighted yellow contains cases closed due to involvement with the criminal justice system. The total of 601 cases closed for this reason has increased from 407 cases closed in FFY 2015.
### Table 17: Case Closure Reasons by Age, Agency: All, FFY 2017, CMS/CWS Data 2017 Q4

<table>
<thead>
<tr>
<th>Case Closure Reason</th>
<th>Age Group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Under 1</td>
<td>1-2</td>
</tr>
<tr>
<td>Family Stabilized</td>
<td>720</td>
<td>1,907</td>
</tr>
<tr>
<td>Court Ordered Termination</td>
<td>391</td>
<td>2,028</td>
</tr>
<tr>
<td>Reunification</td>
<td>143</td>
<td>743</td>
</tr>
<tr>
<td>Adoption</td>
<td>162</td>
<td>1,978</td>
</tr>
<tr>
<td>Guardianship</td>
<td>60</td>
<td>346</td>
</tr>
<tr>
<td>Age/Emancipation</td>
<td></td>
<td>.</td>
</tr>
<tr>
<td>Refused Services</td>
<td>128</td>
<td>187</td>
</tr>
<tr>
<td>Exceeded Time Limits</td>
<td>47</td>
<td>117</td>
</tr>
<tr>
<td>NMD/NRLG Eligible for Reentry</td>
<td></td>
<td>.</td>
</tr>
<tr>
<td>Criminal Justice Involvement</td>
<td></td>
<td>.</td>
</tr>
<tr>
<td>Other</td>
<td>95</td>
<td>64</td>
</tr>
<tr>
<td>Missing</td>
<td></td>
<td>.</td>
</tr>
<tr>
<td>Total</td>
<td>1,746</td>
<td>7,371</td>
</tr>
</tbody>
</table>

**WELL BEING**

**Goal 19: PSSF Well Being Focused Services**

In addition to the provision of direct services to families, increased consideration is being given to how to best use existing service delivery systems that regularly interact with families to address child maltreatment. The goal of these efforts is to move from assessing the prevention impact on program participants to achieve community change by creating stronger resilient communities. Through the PSSF programs, California counties support services and programs across the continuum of care that not only address safety and permanency for children, but also their well-being. As noted in the Safety Services in the PSSF section, the four components of PSSF afford California an opportunity to influence multiple outcome measures under the broader goals of safety, permanency and well-being. A focus on well-being requires attention to building the Five Protective Factors within families: concrete support in times of need, knowledge of parenting and child development, social and emotional competence of children, social connections and parental resilience. The services below describe comprehensive approaches to serving victims of child abuse and their families to promote overall well-being that were offered during FY 2016-17:
• Home visiting provides a comprehensive approach that meets the family in their own environment. This comprehensive approach includes parenting sessions that include play groups, facilitation of parent-child interaction and teaching age appropriate play. Parents are taught how to create a safe environment for their children and provide healthy and nutritious snacks and interaction that leads to child development. The goal of home visiting is to provide a safe place for families to learn how to interact and provides parents the tools to learn how to interact with their children in a way that supports healthy child development.

• Family Resource Centers (FRCs) provide a multitude of services to meet the needs of families and communities. An FRC is a vehicle for families to undergo an intake process for the case manager to learn the family’s needs and how to build the five protective factors. In addition, FRCs can provide assistance with basic needs and concrete supports. Due to connections with other community partners, FRCs are aware of community resources and provide referrals to more intensive services if needed.

• Parenting Education classes provide a vehicle for parents to learn child developmental stages, appropriate discipline, self-care for parents, etc. The classes act as an opportunity for parents to create social connection with other parents. In addition, some parenting classes have opportunities for parents to act in a leadership role.

Goal 20: Caseworker Visits

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

Timely caseworker visits for children in out of home care continue to trend steadily upward, reaching 94.7% for FFY 2017, thus demonstrating California’s positive progress towards meeting the federal benchmark of 95%. Timely caseworker visits in the residence for children placed in out-of-home care continues to increase and reached 79.0% in FFY 2017, which is far above the national benchmark of 50%.
Monthly Caseworker Visit Grant
For the FFY 2016-2017, counties continued to use the Monthly Casework Visit Grant for improving the quality of monthly caseworker visits with an emphasis on caseworker decision-making and caseworker recruitment, retention and training. Additional funds were provided and realigned to counties to aid them in achieving the federal requirements. This funding is associated with:

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

Goal 21: Educational Services

Educational services are provided to children under 18 years of age in foster care through the California Department of Education’s (CDE) Foster Youth Services Coordinating Program (FYSCP). The FYSCP provides educational case management services to foster youth students via local education agencies.
Due to the passage of AB 854 in 2015, county offices of education are required to enter into MOUs with their partnering child welfare agencies, for the purpose of drawing down federal Title IV-E dollars to support their FYSCPs. CDSS released guidance to the county child welfare agencies and many counties have since drafted MOUs, allowing them to draw down federal dollars to better support the needs of foster youth. The CDSS continues to provide ongoing technical assistance to county child welfare agencies as more continue to enter into MOUs.

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

The CDSS has developed a second MOU with the CDE to allow CDE to share education data of foster youth with the CDSS. This second MOU was finalized in 2017, provides CDSS with further information about foster youth’s educational status, such as grades, graduation rates, school placement changes, whether youth are receiving special education services and have individualized education plans and rates of expulsion or other forms of school discipline. It is anticipated that having additional education information about foster youth will enable CDSS and the child welfare agencies to better ensure that the educational rights of children are adhered to, such as school stability.

Due to the passage of the Every Student Succeeds Act (ESSA; 2015), there has been an ever increasing need for state and local child welfare agencies and their education partners to collaborate to serve the needs of youth in foster care. CDSS and the California Department of Education have issued guidance to local child welfare and education partners and both continue to offer technical assistance as well. County child welfare and education agencies throughout the state are currently working together to develop agreements to share transportation costs of foster youth, so that youth may attend their school of origin whenever it is in the best interests of the youth.

In 2017, CDSS developed a website intended to serve current and former foster youth, state and local child welfare agencies, state and local education agencies, as well as other partners who work with foster and probation youth in assisting them with their education related needs.
This website, the California Foster Youth Education Resource Hub, provides information and resources pertaining to foster youth and the interplay of education and child welfare systems. In order to promote the use of the website, CDSS designed Education Resource Hub promotion cards, which will be distributed to youth in care. The cards are small, wallet-sized cards and direct youth to the website, where they can find such needed resources as information about how to connect to educational services in middle and high school, finding financial aid for college, how to apply for college, and how to request verification of their time spent in foster care. The CDSS is currently in the process of releasing a notice in order to inform county agencies and other stakeholders about the education website and the Education Resource Hub promotion cards.

Goal 22: Physical and Mental Health

Schedule for Initial and Follow-up Health Screenings
On July 1, 2016, new periodicity schedules for health and dental exams were implemented for California children and youth in foster care. California foster youth must have an exam by the end of their age period. A child is considered out-of-compliance when the child leaves an age period without an exam. The new periodicity schedule for physical exams is outlined in Table 18a. The periodicity schedule outlined in Table 18a meets the federal requirement for reasonable standards of medical practice. Table 18b outlines the new periodicity schedule for dental exams.

Table 18a: Medical Exam Periodicity for All Children in Foster Care

<table>
<thead>
<tr>
<th>Age of Child</th>
<th>Interval Until Next Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 to 5 days</td>
<td>&lt;1 month</td>
</tr>
<tr>
<td>1 month</td>
<td>1 month</td>
</tr>
<tr>
<td>2 – 4 months</td>
<td>2 months</td>
</tr>
<tr>
<td>6 – 15 months</td>
<td>3 months</td>
</tr>
<tr>
<td>18 – 30 months</td>
<td>6 months</td>
</tr>
<tr>
<td>3 – 18 years</td>
<td>12 months</td>
</tr>
</tbody>
</table>

Table 18b: Dental Exam Periodicity for All Children in Foster Care

<table>
<thead>
<tr>
<th>Age of Child</th>
<th>Interval Until Next Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 18 years</td>
<td>Refer every 6 months</td>
</tr>
</tbody>
</table>

Through the state’s quality assurance system (described previously), California monitors and oversees county performance on the schedule of physical health and dental 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 38, the state’s average percentage of children who receive timely medical exams is 70%. Figure 38 also indicates the percentage of children receiving timely dental exams is 58.8%. Recent data indicates a slight decrease in percentages of children receiving timely medical and dental exams in 2017. 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.

**Figure 38: Timely Medical and Dental Exams, Agency: CW, Oct-Dec 2013-17, CWS/ CMS CSSR Q4, 2017**

In California, the Health Care Program for Children in Foster Care enhances health care services for children and youth in foster care through the use of Public Health Nurses (PHNs). Unfortunately, California counties continue struggling to hire and retain 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 decreased availability of PHN applicants mostly due to competition from higher paying hospital programs is a contributing factor regarding the increased vacancy rate and the reluctance of applicants to apply for open positions.

In response to the shortage of PHNs, the 2016/2017 state budget was augmented to allocate an ongoing annual increase of $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.
care. With these recently allocated funds, counties can hire additional PHNs to address some of the psychotropic medication oversight administrative activities, thus freeing up time for other PHNs, which could lead to improved outcomes for timeliness to medical and dental exams.

In 2017, the California Budget Act included an augmentation that added an ongoing annual increase of $3.85 million to the state budget in order to expand local foster care public health nursing programs by funding additional PHNs. These funds will enable counties to reduce the caseload of PHNs, allowing there to be a lower PHN to child ratio. By reducing caseload sizes, the coordination and oversight of healthcare services for children and youth in foster care is anticipated to improve along with the timeliness of medical and dental exams.

An additional factor related to delays in children receiving dental care is the lack of dental practitioners providing care to Medi-Cal beneficiaries. Under the Medi-Cal 2020 Waiver, $750 million was granted to expand access to dental health care for children in California. The purpose of this Dental Treatment program is to improve the dental health of children, focusing on high quality care and improving access to dental care for Medi-Cal children. Some Local Dental Pilot Programs (LDPP) began in January 2017. CDSS continues to work closely with DHCS and PHNs from the HCPCFC to identify additional factors contributing to the declining percentages and to develop strategies to improve outcomes in this area.

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 2017, CDSS continued to refine state protocols to enhance psychotropic medication safety by:
  - Ensuring appropriate drug and dosage;
  - Continuing the Medi-Cal Treatment Authorization Request (TAR) process for antipsychotics to ages 0-17;
  - Continuing to assist the Judicial Council with the implementation of new practices and procedures in the court authorization process;
  - Supporting efforts to use psychosocial interventions in lieu of medications;
  - Reducing inappropriate concurrent use of multiple psychotropic medicines;
Engaging medication prescribers in practice change via education and consultation;
Using data to analyze, monitor and oversee improvement in the safe use of psychotropic medication; and
Actively engaging foster youth in their care, through education and supportive materials.

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

Effective January 1, 2017, the CCR implements changes that include, but are not limited to, providing services and supports to children, youth, and their families in the context of a family-centered, child and family team (CFT) that share responsibility to assess, plan, intervene, monitor and refine services over time. This requirement applies to all children and youth residing in a group home with an existing case plan or children and youth who come into the child welfare foster care placement after January 1, 2017, including juvenile probation youth in foster care and nonminor dependents. CDSS will also have additional resources to provide increased coordination with, and provide technical assistance to, counties to develop or improve county mental and physical health services for children ages 0-5.

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

The juvenile courts are responsible for the direct, case specific, oversight of psychotropic medications for children in foster care. Judicial approval is mandated by California law prior to the administration of psychotropic medications to children and youth in foster care. Existing California law established processes and protections in regards to the administration of psychotropic medications for dependents of the court. The Psychotropic Medication Protocol, also referred to as the JV220 process, initiates the court authorization of psychotropic
medications for dependents of the court. Only a juvenile court judicial officer may make orders regarding administration, unless the court finds the parent or legal guardian is capable of making the decision at which the court will grant an order of judicial authority to the parent or legal guardian. The court-ordered authorization is based on a request from the child’s doctor, child welfare services staff, probation officer, or the child’s caregiver 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 and at any other time at the court’s discretion to monitor if the child or youth is to continue taking a previously prescribed psychotropic medication, at which time the court may renew or modify the order for authorization.

Recent legislation required the Judicial Council of California to amend and adopt rules of court and develop additional forms. On January 1, 2018, the Judicial Council of California released updated forms for the JV 220 process, including improvements to the process such as including more feedback from children and youth about their opinion of their prescribed medications. These updates also allow the child’s caregiver(s) to receive a copy of the order denying or granting the application within two court days of the order being granted. A caregiver and Court Appointed Special Advocate (CASA), if any, has the opportunity to provide input to the court about the medications being prescribed, and also the opportunity to assist a child or youth in providing their input to the court about the medication(s) being prescribed to them. 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. CDSS continues to provide technical assistance to county child welfare agencies and other respective parties regarding the Judicial Council forms and the JV 220 process.

In 2017-2018, 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 several years. The project workgroups, which are 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:

- A 2018 Version of the “Guidelines for Use of Psychotropic Medication with Children and Youth in Foster Care”, which includes prescribing standards, monitoring parameters,
medication supports, and a prescriber algorithm tool for use by prescribers making
decision to prescribe psychotropic medication to youth in foster care;
• A Training Module to help train prescribers and others to more effectively understand
and utilize the “Guidelines for Use of Psychotropic Medication with Children and Youth
in Foster Care”;
• A Psychotropic Medication E-Learning, Classroom Curriculum and Toolkit
• A Psychotropic Medications Resource Guide for group home providers
• A Wellness Website which provides guidance to youth around decisions for use of
psychotropic medications in addition to many other elements to support their overall
well-being.
• A youth-friendly brochure outlining the Foster Youth Mental Health Bill of Rights and
Questions to Ask About Medications

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

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

These data will also provide client-level and county-aggregate reports that identify children on
three or more concurrent psychotropic medications, children on two or more concurrent
antipsychotic medications, children on one antipsychotic medication, and children five years old
or younger on a psychotropic medication. Additional indicators are in the process of being
developed.
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 few years, CDSS has issued guidance to counties regarding how to use the data to improve casework management practice and to establish better protocols for monitoring the use of psychotropic medications by the children in out-of-home care. It is anticipated that this higher level of oversight will lead to improved mental health service delivery and better outcomes for these youth.

In 2015, Measure 5a.1, “Use of Psychotropic Medication Among Youth in Foster Care,” and Measure 5a.2, “Use of Antipsychotic Medication Among Youth in Foster Care” were completed. In 2016, Measure 5c, “Use of Concurrent Psychotropic Medications” was completed. In 2017, Measure 5d “Ongoing Metabolic Monitoring for Youth in Foster Care on Antipsychotic Medication,” and Measure 5h “Metabolic Screening for Youth in Foster Care Newly on Antipsychotic Medication” were completed. Data regarding these measures is now posted on the California Child Welfare Indicators website. Additional outcome measures are currently under discussion by one of our QIP workgroups, and may be completed in 2018.

Tables 22, 23, 24, and 25 show the data for Measure 5a.1 stratified by placement type, ethnic group, gender and age. Measure 5a.1, “Use of Psychotropic Medication among Youth in Foster Care,” displays the number of children with a Medi-Cal paid claim for psychotropic medication, the number of children in foster care in the period, and the derived percentage of children in foster care at some time during a 12-month period with a paid claim for medication and a concurrent placement in foster care. This measure allows California to more accurately track the use of psychotropic medications by youth in foster care.
Table 19: Use of Psychotropic Medications among Children in Foster Care by Placement Type, SFY 2016-17

<table>
<thead>
<tr>
<th>Agency by Placement Type</th>
<th>Children in Foster Care on Psychotropic Medication during the 12-month period</th>
<th>Children in Foster Care during the 12-month period</th>
<th>Percent of Children on Psychotropic Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>County Welfare Department</td>
<td>7,899</td>
<td>86.0</td>
<td>71,620</td>
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<tr>
<td>Congregate Care</td>
<td>2,632</td>
<td>33.3</td>
<td>4,994</td>
</tr>
<tr>
<td>Foster Family Agency</td>
<td>1,737</td>
<td>22.0</td>
<td>18,658</td>
</tr>
<tr>
<td>Relative/NREFM Home</td>
<td>1,533</td>
<td>19.4</td>
<td>23,486</td>
</tr>
<tr>
<td>Foster Family Home</td>
<td>814</td>
<td>10.3</td>
<td>5,710</td>
</tr>
<tr>
<td>Guardian Home (Dependent)</td>
<td>331</td>
<td>4.2</td>
<td>1,354</td>
</tr>
<tr>
<td>Pre-Adopt</td>
<td>284</td>
<td>3.6</td>
<td>8,348</td>
</tr>
<tr>
<td>Small Family Home</td>
<td>80</td>
<td>0.9</td>
<td>179</td>
</tr>
<tr>
<td>RFA Relative</td>
<td>145</td>
<td>1.8</td>
<td>4,749</td>
</tr>
<tr>
<td>RFA Non-Relative</td>
<td>139</td>
<td>1.8</td>
<td>1,828</td>
</tr>
<tr>
<td>Other Placement(^1)</td>
<td>75</td>
<td>0.9</td>
<td>1,343</td>
</tr>
<tr>
<td>Data Not Entered/Unknown</td>
<td>129</td>
<td>1.6</td>
<td>971</td>
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<tr>
<td>County Probation Department</td>
<td>1,283</td>
<td>14.0</td>
<td>4,267</td>
</tr>
<tr>
<td>Group Home</td>
<td>1,163</td>
<td>90.6</td>
<td>3,420</td>
</tr>
<tr>
<td>Data Not Entered/Unknown</td>
<td>65</td>
<td>5.1</td>
<td>309</td>
</tr>
<tr>
<td>Total</td>
<td>9,182</td>
<td>100.0</td>
<td>75,887</td>
</tr>
</tbody>
</table>

1. Court Specified, Tribe Specified, Supervised Independent Living Program (SILP), County Shelter/Receiving Home
2. Court Specified, Foster Family Home, County Shelter/Receiving Home, Guardian Home, SILP, Pre-adopt

Source: CWS/CMS 2017Q4and MIS/DSS as of November 2017
Please note: This measure represents preliminary data due to lag times in reporting from Medi-Cal pharmacy providers.
Table 20 Use of Psychotropic Medications among Children in Foster Care by Race/Ethnicity, SFY 2016-17

<table>
<thead>
<tr>
<th>Primary Ethnic Group</th>
<th>Children in Foster Care on Psychotropic Medication during the 12-month period (numerator)</th>
<th>Children in Foster Care during the 12-month period (denominator)</th>
<th>Percent of Children on Psychotropic Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Latino</td>
<td>3,805</td>
<td>41.4</td>
<td>38,680</td>
</tr>
<tr>
<td>White</td>
<td>2,514</td>
<td>27.4</td>
<td>17,199</td>
</tr>
<tr>
<td>Black</td>
<td>2,394</td>
<td>26.1</td>
<td>15,359</td>
</tr>
<tr>
<td>Asian/PI</td>
<td>162</td>
<td>1.8</td>
<td>1,485</td>
</tr>
<tr>
<td>Native American</td>
<td>114</td>
<td>1.2</td>
<td>1,000</td>
</tr>
<tr>
<td>Data Not Entered/Unknown</td>
<td>193</td>
<td>2.1</td>
<td>2,164</td>
</tr>
<tr>
<td>Total</td>
<td>9,182</td>
<td>100</td>
<td>75,887</td>
</tr>
</tbody>
</table>

Source: CWS/CMS 2017Q4and MIS/DSS as of November 2017
Please note: This measure represents preliminary data due to lag times in reporting from Medi-Cal pharmacy providers.

Table 21: Use of Psychotropic Medications among Children in Foster Care by Gender, SFY 2016-17

<table>
<thead>
<tr>
<th>Gender</th>
<th>Children in Foster Care on Psychotropic Medication during the 12-month period</th>
<th>Children in Foster Care during the 12-month period</th>
<th>Percent of Children on Psychotropic Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Female</td>
<td>3,677</td>
<td>40.0</td>
<td>36,479</td>
</tr>
<tr>
<td>Male</td>
<td>5,503</td>
<td>59.9</td>
<td>39,405</td>
</tr>
<tr>
<td>Data Not Entered</td>
<td>2</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>9,182</td>
<td>100</td>
<td>75,887</td>
</tr>
</tbody>
</table>

Source: CWS/CMS 2017Q4and MIS/DSS as of November 2017
Please note: This measure represents preliminary data due to lag times in reporting from Medi-Cal pharmacy providers.
### Table 22: Use of Psychotropic Medications among Children in Foster Care by Age Group, SFY 2016-17

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Children in Foster Care on Psychotropic Medication during the 12-month period</th>
<th>Children in Foster Care during the 12-month period</th>
<th>Percent of Children on Psychotropic Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>0-5 years</td>
<td>346</td>
<td>3.8</td>
<td>34,015</td>
</tr>
<tr>
<td>6-10 years</td>
<td>2,399</td>
<td>26.1</td>
<td>16,767</td>
</tr>
<tr>
<td>11-15 years</td>
<td>3,644</td>
<td>39.7</td>
<td>15,779</td>
</tr>
<tr>
<td>16-17 years</td>
<td>2,793</td>
<td>30.4</td>
<td>9,326</td>
</tr>
<tr>
<td>Data Not Entered</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9,182</strong></td>
<td><strong>100</strong></td>
<td><strong>75,887</strong></td>
</tr>
</tbody>
</table>

Source: CWS/CMS 2017Q4 and MIS/DSS as of November 2017
Please note: This measure represents preliminary data due to lag times in reporting from Medi-Cal pharmacy providers.

Table 23 shows the data for Measure 5a.2 stratified by age. Measure 5a.2, “Use of Antipsychotic Medication among Youth in Foster Care,” displays the number of children with a Medi-Cal paid claim for antipsychotic medication, the number of children in foster care in the period, and the derived percentage of children in foster care at some time during a 12-month period with a paid claim for medication and a concurrent placement in foster care. This measure allows California to more accurately track the use of antipsychotic medications by youth in foster care.

### Table 23: Use of Antipsychotic Medications among Children in Foster Care by Age, SFY 2016-17

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Children in Foster Care on Antipsychotic Medication during the 12-month period</th>
<th>Children in Foster Care during the 12-month period</th>
<th>Percent of Children on Antipsychotic Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>0-5 years</td>
<td>25</td>
<td>0.9</td>
<td>34,015</td>
</tr>
<tr>
<td>6-10 years</td>
<td>479</td>
<td>17.2</td>
<td>16,767</td>
</tr>
<tr>
<td>11-15 years</td>
<td>1,288</td>
<td>46.2</td>
<td>15,779</td>
</tr>
<tr>
<td>16-17 years</td>
<td>994</td>
<td>35.7</td>
<td>9,326</td>
</tr>
<tr>
<td>Data Not Entered</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,786</strong></td>
<td><strong>100.0</strong></td>
<td><strong>75,887</strong></td>
</tr>
</tbody>
</table>

Source: CWS/CMS 2017Q4 and MIS/DSS as of November 2017
Please note: This measure represents preliminary data due to lag times in reporting from Medi-Cal pharmacy providers.
Table 24 shows the data for Measure 5c, “Use of Multiple Concurrent Psychotropic Medications”, stratified by age. Measure 5c displays the number of children with two or more concurrent claims for psychotropic medications for at least 60 consecutive days during a 12-month period, the number of children in foster on 60 days or more of continuous psychotropic medication treatment, and the derived percentage. This measure allows California to more accurately track the use of concurrent psychotropic medications by youth in foster care.

Table 24: Use of Concurrent Psychotropic Medications among Children in Foster Care by Age Group, SFY 2016-17

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Children in Foster Care on 2+ Concurrent Psychotropic Medications, 60-75 days overlap</th>
<th>Children in Foster Care on at least one Psychotropic Medication for 60-75 days</th>
<th>Percent of Children on 2+ Concurrent Psychotropic Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>0-5 years</td>
<td>56</td>
<td>1.5</td>
<td>228</td>
</tr>
<tr>
<td>6-10 years</td>
<td>924</td>
<td>25.2</td>
<td>2,000</td>
</tr>
<tr>
<td>11-15 years</td>
<td>1,661</td>
<td>45.3</td>
<td>3,015</td>
</tr>
<tr>
<td>16-17 years</td>
<td>1,027</td>
<td>28.0</td>
<td>2,069</td>
</tr>
<tr>
<td>Data Not Entered</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>3,668</td>
<td>100.0</td>
<td>7,312</td>
</tr>
</tbody>
</table>

Source: CWS/CMS 2017Q4 and MIS/DSS as of November 2017
Please note: This measure represents preliminary data due to lag times in reporting from Medi-Cal pharmacy providers.

Figure 39 and Table 25 below display the rate of concurrent psychotropic medication paid claims and concurrent antipsychotic medication paid claims among youth in foster care over the past three years.
Figure 39: Concurrent Psychotropic and Antipsychotic Medication Paid Claims FFY 2015-17

![Bar chart showing concurrent psychotropic and antipsychotic medication claims for FFY 2015, 2016, and 2017.]

Table 25: Rates of Concurrent Psychotropic and Antipsychotic Medication Paid Claims among Children in Foster Care, FFY 2014-17, CWS/CMS CSSR Q4 2017

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Antipsychotic</th>
<th>Psychotropic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numerator</td>
<td>Denominator</td>
</tr>
<tr>
<td>FFY 2014-15</td>
<td>169</td>
<td>3,171</td>
</tr>
<tr>
<td>FFY 2015-16</td>
<td>81</td>
<td>2,584</td>
</tr>
<tr>
<td>FFY 2016-17</td>
<td>71</td>
<td>2,153</td>
</tr>
</tbody>
</table>

Figure 40 below shows the rates of psychotropic medication and antipsychotic medication of foster youth over the past five one-year time periods. Data shows that rates of psychotropic medication and antipsychotic medication usage rates have gone down since 2013.
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 home site visits/inspections were conducted during the summer of 2015. Youth and staff were interviewed and case records and documentation were reviewed. Results indicated that for the majority of the youth:

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

The following issues/trends were identified:

- A majority of youth reported that they themselves and/or other youth in these group homes would receive a negative consequence if they were non-compliant with medical advice to take medications as prescribed;
- Over half of the youth were taking more than one psychotropic medication concurrently;
- Many staff had little knowledge regarding the potential side effects of the medications the youth were taking in their facilities; and
- While the majority of the youth indicated they felt they could speak with their psychiatrist about problems/questions about their medications, several of the group homes had frequent staff, therapist and psychiatrist changes which impacted the youth’s ability to connect with someone to hear their medication-related issues.
The information gathered during the 2015 group home inspections was key in the implementation of recent legislation which added additional record keeping and documentation requirements related to psychotropic medications for group home facilities to maintain in the child’s file. As a result of this legislation, CDSS compiles specified information regarding the administration of psychotropic medications to children in foster care placed in group homes, based on data from DHCS and at least annually posts this information on its website. Additionally, CDSS, in consultation with the DHCS and stakeholders, established a methodology to identify group homes that have levels of psychotropic drug utilization warranting additional review. This methodology is now used to identify facilities warranting additional review and will be reviewed annually and updated as needed. In order to establish an effective methodology, the QI Project formed a workgroup which also served to inform regulation development related to the group home site inspections that began in November 2016.

The group home inspections were comprised of staff interviews, child interviews, and file reviews for 206 group homes identified to be within the 75th percentile relative to the home's Rate Classification Level for their utilization of psychotropic medication usage. CDSS utilized a cohort of licensing program analysts to conduct the inspections, some of whom participated in the pilot inspections the year prior. Once the analysts were identified, they received 8 hours of comprehensive, in-person training related to psychotropic medication as specified in statute, training on what their inspections were expected to entail, as well as training on what factors the legislation specifically required CDSS to inspect.

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

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

This year’s inspections began in November 2017 and continued through May 2018. CDSS identified 219 facilities for inspection using a new methodology. A group home that contained a child meeting the following conditions was inspected: group home containing at least one child on two or more concurrent antipsychotic medications, a group home that fell within the top 10 percent of group homes in each RCL with the highest psychotropic medication use, instead of the top 25 percent that was used in the year prior, and also consistent with previous years,
children 5 years old and under with at least one medication, and at least one child on three or more concurrent psychotropic medications.

Out of the 219 identified group homes, 690 children were interviewed and 558 group home staff members were interviewed. In addition to this year’s adopted methodology, CDSS also has the ability to explore other factors that became apparent during last year’s inspections that may possibly play a role in a facility’s inappropriate levels of utilization of psychotropic medication. Some of these factors to explore are the following:

• Year-to-year comparison of the SB 484 lists for 2016-2017 vs. 2017-2018 in order to identify which facilities are being inspected for the second year in a row and which ones are new to the list
• Comparison of the group homes that appear on the SB 484 list and as well as the list for Assembly Bill 388 (a bill of interest regarding frequent law enforcement contact in group homes) to see if there is any overlap
• Group homes that received Advisory Notes last year to see if they are still experiencing the same issues

At this time, results from this year’s inspections are still being compiled, and an analysis of the data is not yet available.

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

Ensuring children and youth receive services to meet their physical and mental health needs continues to be a priority for California. County child welfare agencies and county Mental Health Plans are jointly responsible for completion of the Child and Adolescent Needs and Strengths (CANS) as the functional assessment tool used in CFTs, and thus are expected to share completed CANS assessment information to avoid unnecessary duplication and over-assessment of children, youth, and nonminor dependents.

Additionally, functionality added to the CWS/CMS system in 2015 provided counties with the ability to record information about screens, referrals, and plan interventions for a child’s mental health and developmental health. All children who enter the child welfare system are expected to receive a screen for possible mental health needs, and referred for a full clinical assessment if a possible mental health need is identified. Counties are expected to complete these activities for all children, and record the information into CWS/CMS. The functionality also includes a place to record information on specific plan interventions, or services, provided to a child. This information is also expected to be recorded into CWS/CMS. CDSS issued ACL 17-
104 in December 2017, which provides guidance and instruction regarding documentation of
CFTs in the CWS/CMS. CWS/CMS. Documentation of the work surrounding and supporting CFTs
will help CDSS understand how the CFT process is helping children and families achieve positive
outcomes, and where opportunities for improvements may be made.

Prevention of Inappropriate Diagnosis

All of the aforementioned facets of healthcare oversight are indicative of the protocols
California has in place to ensure that children in foster care are not inappropriately diagnosed
with a mental illness, emotional or behavioral disorder, medically fragile condition or
developmental disability and that they are not placed in settings other than foster family homes
based on those diagnoses. Several programs are in place to ensure service needs are identified
and delivered. The foster care public health nursing program is a monitoring program that
ensures all foster youth have a public health nurse reviewing their healthcare documents and
providing feedback to caseworkers regarding medical needs, referrals, and services. PHNs are
able to alert caseworkers and caregivers to issues they believe need further attention such as a
diagnosis that may be questionable from their medical perspective. Additionally, upon entry
into care all foster youth must receive medical and mental health screenings to ensure health
and mental health conditions are identified/diagnosed and referrals for treatment are
conducted. (See Pathways to Wellbeing section for more information). CA law also requires
use of the Child & Adolescent Needs & Strengths Assessment (CANS) tool which includes a
Pediatric symptoms checklist to measure child and youth functioning. Child & Family Teams
(CFTs) meetings are also required to ensure the health and well-being of children are
addressed. In this venue, a child’s health and mental health diagnoses are reviewed and
evaluated as part of case planning.

The multiple components of The Continuum of Care Reform (CCR) aim to bring the services to
the child in home-based care rather than placing in a more restrictive setting. With the
implementation of STRTPs, placement in congregate care is short-term and treatment focused
and foster youth are not living in these residential settings if their needs and services can be
accommodated in a family-based setting. Prior to placement in an STRTP, a youth’s needs are
evaluated by CFTs and an Interagency Placement Committee must determine that a youth meet
medical necessity for specialty mental health services, are assessed as SED, or have behavioral
or treatment needs can only be met by level of care provided in a STRTP. Administrative
approval at the county is also required at regular intervals for a child to remain in an STRTP. All
of these required procedures result in close monitoring of a youth’s diagnostic information,
behavioral and mental health needs.

As previously described, when psychotropic medication treatment is recommended for a youth
in foster care, court authorization must be obtained (WIC 369.5 & 739.5) prior to the youth
taking medication and second review processes are in place where a psychiatrist will review all
of the prescribing physician’s documentation before the request for authorization in presented
to the court. This allows for oversight of the diagnosis. Recent legislation (SB 89 2017) requires
CDSS to enter into a contract with a psychiatrist or psychiatry group to provide this second review process to counties who do not have their own local process.

DHCS also has procedures and protocols that ensure that beneficiaries are appropriately evaluated for specialty mental health services (SMHS), and are provided with appropriate services. These procedures and protocols include analyzing performance measure data, and Mental Health Plan (MHP) monitoring and oversight, and they apply to all Medi-Cal beneficiaries receiving SMHS, including foster children.

Medical necessity requirements for SMHS are specified in regulation and include having a covered diagnosis, and meeting specific impairment and intervention criteria. DHCS does not have specific protocols or procedures that ensure that children in foster care are not inappropriately diagnosed with mental illness, or other behavioral or emotional disorders. However, the expectation is that diagnoses are accurate and conducted within the scope of practice of the professional determining the diagnosis. DHCS does not oversee specific clinical determinations, but it does conduct chart reviews which include reviewing medical necessity determination documentation. MHPs are required to conduct mental health assessments consistent with their contract requirements to determine medical necessity, which includes determining a diagnosis. There are also utilization management, utilization review, and quality management protocols and procedures at the MHP level that may encompass reviewing the appropriateness of diagnoses.

Pathways to Well-Being (PWB)
In the last several years, California’s child welfare and behavioral health systems have experienced systemic change in incremental and meaningful ways. Several State initiatives as well as the implementation of the Katie A. v. Bontá Settlement Agreement and the CCR have been catalysts for both systems to become more integrated and collaborative in order to meet the individualized needs of California’s children, youth, and families. Katie A. v. Bontá, et. al refers to a class action lawsuit filed in federal district court in 2002 concerning the availability of intensive mental health services to children in California who are either in foster care or at imminent risk of coming into care. A settlement agreement approved by the court in December 2011 required State child welfare (California Department of Social Services/CDSS) and mental health leaders (Department of Health Care Services/DHCS) to work together to establish a sustainable framework for the provision of an array of services that occur in community settings and in a coordinated manner.

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

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

Behavioral and Mental Health Services
The OCAP works closely with counties on the development of their prevention services plan including efforts to ensure children receive adequate services to meet their physical and mental health needs. County reported data captured through our online web-based reporting system, Efforts to Outcomes (ETO), illustrates the work county Child Welfare Agencies are engaging in to promote child well-being through the provision of Behavioral Health and Mental Health Services. Examples of these types of services may include anger management services, individual, couples, family and/or group therapy or counseling, Parent-Child Interaction Therapy (PCIT), play therapy, psychological or psychiatric assessment / screening, and/or other behavior and mental health services. During the SFY 2016-17, 32 counties reported serving more than 16,000 individuals and over 4,000 families through Behavior Health and Mental Health Services in California.

PWB Shared Management Structure (SMS)
To inform efforts to improve mental health service delivery to children in the Child Welfare System, CDSS is working collaboratively with the Department of Health Care Services to produce reports on Specialty Mental Health Services utilization on a quarterly basis. The Department of Health Care Services currently uses matched data from the CDSS Child Welfare Services/Case Management System (CWS/CMS) and the Department of Health Care Services’s Short-Doyle Medi-California claiming system. The Short-Doyle Claiming System and CWS/CMS are used to produce annual Performance Outcomes System reports summarizing Specialty Mental Health Services Medi-Cal claims data for children in the CWS. \(^{13}\) CDSS’s quarterly reports

\(^{13}\) SDMC data are extracted from the DHCS MIS/DSS. The most recent POS report includes data extracted on August 9, 2017, for State Fiscal Years (SFY) 2012-2013 through 2015-2016.
not only increase reporting frequency using the matched data, but also expand upon the Department of Health Care Service’s Performance Outcomes System reports to include additional relevant information (e.g., CDSS’ race/ethnicity data, more granular age groupings, psychotropic medication in conjunction with specialty mental health). The mental health services data in this report include only Specialty Mental Health Services paid claims. Thus utilization rates do not reflect mental health services received through other programs such as school based counseling, Mental Health Services Act programs, and other grant funded services.

This quarterly report provides SMHS utilization for:
1) Children with an open child welfare case; and
2) The subset of children with an open child welfare case in foster care (those who resided in out-of-home care during the time period).

Data in this report were extracted from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) data warehouse on November 14, 2017, and reflect Specialty Mental Health Services utilization for these two groups that occurred from April 1, 2016, through March 31, 2017. Throughout this report, “penetration rates,” defined as one or more days of Specialty Mental Health Services, and “engagement rates,” defined as five or more days of Specialty Mental Health Services, are provided to reflect Specialty Mental Health Services utilization for the various subgroups. These rates are calculated by obtaining the percent of the total number of children. We present both in tables and figures, but for the discussion focus on engagement rates when present.

Table 26 shows that during this period, 124,875 children had an open child welfare case. Of these children, 42.3 percent (52,779) had one or more days of Specialty Mental Health Services claims and 31.8 percent (39,735) had five or more days of Specialty Mental Health Services claims, which indicates that 75.3 percent of those with one or more days of Specialty Mental Health Services claims had five or more days of Specialty Mental Health Services claims. Of the 124,875 children with an open child welfare case, 82,655 were in foster care at some point during the reporting period. Of these children in foster care, 47.3 percent (39,121) had one or more days of Specialty Mental Health Services claims and 36.1 percent (29,873) had five or more days of Specialty Mental Health Services claims during their time in foster care, which indicates that 76.4 percent of those with one or more days of Specialty Mental Health Services claims had five or more days of Specialty Mental Health Services claims.

### Table 26: Children with Open Cases and Children in Foster Care, April 1, 2016-March 31, 2017

<table>
<thead>
<tr>
<th>Unique Count of Children</th>
<th>Children with 1+ Days of SMHS</th>
<th>Penetration Rate</th>
<th>Children with 5+ Days of SMHS</th>
<th>Engagement Rate</th>
</tr>
</thead>
</table>

14 The definitions for “penetration” and “engagement” were established by DHCS with feedback from subject matter experts who have contributed to the development of the DHCS POS.
According to claims data, 97.2 percent of the 52,779 children who received Specialty Mental Health Services received a Mental Health Services service type. A large percentage of children received Case Management services, as well (39.4 percent; see Table 27).

Table 27: Specialty Mental Health Service by Type for Children in an Open Child Welfare Case, April 1, 2016 to March 31, 2017

<table>
<thead>
<tr>
<th>SMHS Types3</th>
<th># of Children with One or More SMHS 4 (52,779)</th>
<th>% of Children with One or More SMHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health (MH) Services</td>
<td>51,282</td>
<td>97.2%</td>
</tr>
<tr>
<td>Case Management</td>
<td>20,811</td>
<td>39.4%</td>
</tr>
<tr>
<td>Medication Support</td>
<td>12,165</td>
<td>23.0%</td>
</tr>
<tr>
<td>Intensive Case Coordination (ICC)</td>
<td>11,309</td>
<td>21.4%</td>
</tr>
<tr>
<td>Intensive Home Based Services (IHBS)</td>
<td>8,206</td>
<td>15.5%</td>
</tr>
<tr>
<td>Crisis Intervention</td>
<td>3,531</td>
<td>6.7%</td>
</tr>
<tr>
<td>Therapeutic Behavioral Services (TBS)</td>
<td>2,675</td>
<td>5.1%</td>
</tr>
<tr>
<td>Inpatient</td>
<td>2,046</td>
<td>3.9%</td>
</tr>
<tr>
<td>Crisis Stabilization</td>
<td>1,867</td>
<td>3.5%</td>
</tr>
<tr>
<td>Day Rehabilitation</td>
<td>566</td>
<td>1.1%</td>
</tr>
<tr>
<td>Day Treatment</td>
<td>272</td>
<td>0.5%</td>
</tr>
<tr>
<td>Psychiatric Health Facility (PHF)</td>
<td>172</td>
<td>0.3%</td>
</tr>
<tr>
<td>Crisis Residential</td>
<td>38</td>
<td>0.1%</td>
</tr>
<tr>
<td>Adult Residential</td>
<td>12</td>
<td>0%</td>
</tr>
</tbody>
</table>

1 Data Source: CWS/CMS and MIS/DSS extracted on November 14, 2017.
2 Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.
3 For description of SMHS Types see the Medi-Cal SMHS Supplement Document.
4 Child count is unduplicated within each service type but may be duplicated across service types. A child may be counted in several different service types. Values of 10 or under are suppressed.

These figures present an analysis of Specialty Mental Health Services utilization by children with open child welfare cases, including focused analyses on children in foster care. The results suggest that a substantial percentage of children (42.3 percent) received at least one or more days of Specialty Mental Health Services, and the majority of these children (75.3 percent) received five or more days of Specialty Mental Health Services. Differences in service utilization
by demographic characteristics were minimal, however, a greater proportion of children ages 6-17 received Specialty Mental Health Services. Fewer very young children (5 and younger) and older youth (18 and older) received services.

Focusing on children in foster care, a greater proportion of children in group homes and shelters received services than children in other placements, and within group homes the highest utilization rates were found in the highest RCLs. Children in group homes also had claims for medication support services and crisis intervention/stabilization at much higher rates than other children in foster care, and much lower rates of intensive care coordination and intensive home based services. Further, the majority (87.1 percent) of children in foster care on psychotropic medication received at least one corresponding Specialty Mental Health Services, and 81.2 percent received five or more Specialty Mental Health Services. Almost all children (97 percent) with a paid claim for a psychotropic medication and Specialty Mental Health Service received a Specialty Mental Health Service within 30 days.

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

TFC providers will be change agents that provide individualized behavioral health care in a home based environment as an alternative to high-level care in institutional settings. To provide further information and guidance to counties, in December 2017, CDSS and DHCS jointly released All County Information Notice I-91-17/Mental Health and Substance Use Disorder Services Information Notice No. 17-069: Therapeutic Foster Care (TFC) Training Resource Toolkit.

CDSS, DHCS, and subject matter experts developed the Toolkit within the Therapeutic Foster Care (TFC) Expert workgroup, a subcommittee of the TFC Implementation Committee. The purpose of this TFC Training Resource Toolkit is to provide information and resources to assist TFC Agencies (Foster Family Agency or approved TFC provider) in their development of a TFC parent training program. This toolkit includes learning objectives for each of the identified TFC training topics. In addition, the toolkit provides information regarding available training resources that may be helpful to TFC Agencies as they develop their TFC parent training programs to meet the 40-hour pre-service and 24-hour ongoing TFC training requirements.

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

To date, since the last report:

- As reported in the 2018 APSR, the Community Team continued to discuss how to best move forward to meet the goals of the Community Team. Through a group consensus, recommendations were made to restructure the meetings with the goal of being more productive, data driven, and outcomes focused and it was also decided the group would meet on a quarterly basis. To date, the Community Team has met in July 2017, October 2017, January 2018, and April 2018.

- The Community Team commissioned an Integrated Training Guide (ITG) to fully comply with the Katie A. v. Bontá, et. al settlement. In accordance with California’s shared approach to integrated practice among the child welfare, behavioral health, and juvenile probation systems, the ITG, in concurrent release with the Integrated Core Practice Model Guide, will establish unified content and encourage integrated training delivery for parent, child, and youth serving agencies and their community based partners. As a joint effort between CDSS and the Department of Health Care Services, many stakeholders, including youth and parents, informed these guides. Building on the existing Pathways to Mental Health Services Core Practice Model Guide and California’s Child Welfare Core Practice Model, the ICPM is informed by core values and principles, and reflects CCR’s legislative enhancements expected from agencies serving California’s children, youth, nonminor dependents, and families. Additionally, the ITG reflects shared understandings about current and future integrated practice, and the training to support the multisystem approach to administering the various elements of the CCR and the ICPM. The goal is to release both the ITG and the ICPM in 2018 to assist and support CCR, Resource Family Approval, and Therapeutic Foster Care.

- At the January 2018 meeting, the Community Team discussed observed strengths of Katie A. implementation, including counties reporting improved cross-agency collaboration, an increased number of youth accessing Specialty Mental Health Services, and CFT implementation resulting in quicker family reunification and quicker screening of children. The Community Team also discussed observed challenges of Katie A. implementation, including information sharing challenges within CFTs, coordination of multiple services across agencies and departments, and confusion about CCR mandates such as presumptive transfer, Short-Term Residential Therapeutic Program certification, and billing codes.

- As reported in the 2018 APSR, the Community Team convened a Data Ad Hoc Committee, which began meeting in January of 2016 to further advise the CDSS and the DHCS data staff on critical elements of an effective, data-driven continuous quality improvement system for
integrated child welfare and mental health services. To inform efforts to improve mental health delivery to children in the Child Welfare System, the CDSS is working with the DHCS to produce reports on Specialty Mental Health Services utilization on a quarterly basis. Beginning in 2017, Mental Health Services Utilization reports for children and youth are presented to the Community Team.

- In a joint effort with the Department of Health Care Services (DHCS), CDSS has begun working on a Mental Health Screening and Referral Case Review Study. An analysis has been completed of CWS/CMS administrative data of all children in foster care between April 1, 2017 and June 30, 2017, identifying screenings and referrals these children received during the last 12 months from September 30, 2017. CDSS has shared the results of this analysis with counties, who have reported back that the data is incomplete. Counties have expressed a willingness to work with CDSS to look into these data quality issues, as well as any practice issues, and provide accurate data. To that end, case reviews will be targeting two populations: 1) children who did not receive a mental health screening; and 2) children whose screening resulted in a need for referral for services, but did not receive a referral (as documented in CWS/CMS). The sample size and case review methodology are currently being refined as CDSS and DHCS coordinate further with counties and internally across divisions.

Building upon CDSS’s Mental Health Screening and Referral Case Review Study, DHCS will use the mental health screenings and referrals that have been documented in CWS/CMS to determine which of the children/youth who had a positive mental health screening and were referred to Specialty Mental Health Services either were or were not provided with services in the Specialty Mental Health Services system, as evidenced by claim(s) in the Short Doyle / Medi-Cal System. Specifically, DHCS will be targeting two populations: 1) Children/youth who were screened and referred by child welfare, but did not receive Specialty Mental Health Services and 2) Children/youth who were screened and referred by child welfare who received only 1-4 services (penetration, but not engagement). DHCS will sample from each of these population groupings and work with counties to determine the reasons why children/youth were referred, but did not receive Specialty Mental Health Services and, for those who did ‘penetrate’ into the Specialty Mental Health Services system (i.e., had at least one service), why they did not ‘engage’ with the Specialty Mental Health Services system (i.e., had less than 5 services). DHCS is also working to determine the sample size and case review methodology.

- In September and October 2017, CDSS and DHCS initiated Learning Conversations with two counties, with the goal of engaging in a discussion about the delivery of child welfare and mental health services in the counties. Areas of focus included Child Welfare and Behavioral Health interagency collaboration, confidentiality and information sharing, and delivery of Intensive Care Coordination and Intensive Home Based Services. Additionally, based on county request, additional topics of discussion were presumptive transfer, fiscal resources, and the screening, referral, and assessment process. After the Learning
Conversation visits, CDSS and DHCS jointly issued Post-Learning Conversation reports to the counties, focusing on the county strengths and areas of potential improvement.

- CDSS and DHCS jointly released an All County Letter 17-77/Mental Health and Substance Use Disorder Services Information Notice 17-032 with guidance and information for implementing presumptive transfer for foster children placed out of county. Effective July 1, 2017, the responsibility for authorization, provision, and payment of Specialty Mental Health Services transfer to the county Mental Health Plan in the foster child’s county of residence in a county other than the county of original jurisdiction. Assembly Bill 1299 was enacted to establish presumptive transfer to provide children and youth in foster care who are placed outside their counties of original jurisdiction access to Specialty Mental Health Services in a timely manner, based upon their individual strengths and needs, and consistent with Early and Periodic Screening Diagnostic and Treatment requirements.

Policy guidance provided by DHCS and CDSS describes the process for foster children and youth placed out of their county of original jurisdiction to access Specialty Mental Health Services in a timely manner and will assist local programs serving foster youth in identifying the procedural steps necessary to implement presumptive transfer. DHCS and CDSS will continue to collaborate with stakeholders in the development of future All County Letters/Information Notices concerning procedural steps for expedited transfers, informing notices, and address other key elements as well as to identify practices, tools, and information to ensure that presumptive transfer is successfully implemented.

In 2018, CDSS and DHCS conducted a technical assistance webinar regarding presumptive transfer, accessible by counties and providers. Additional webinars are planned.

Currently, CDSS and DHCS are jointly writing an All County Letter/MHSUDS Information notice to provide further information and guidance regarding presumptive transfer. This letter will include flow charts and notification and waiver templates for counties.

- DHCS, in collaboration with CDSS, is conducting regional mental health convenings in 2018 to support counties in their implementation efforts and initiatives related to Specialty Mental Health Services for children and youth while providing a forum for counties to learn from each other and strengthen their work with cross-system partners. The goals for these convenings are to support counties in their continued implementation of efforts and initiatives related to specialty mental health services for children and youth; provide updates on Pathways to Well-Being (Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care); AB 1299—Presumptive Transfer, AB 501—Children’s Crisis Residential Treatment Programs; and efforts related to the CCR.

There will be a convening via webinar for providers.
• Provision of technical assistance via monthly conference calls with county child welfare and mental health agencies continues via the Integrated Practice Technical Assistance Call. The calls are facilitated by staff from CDSS and DHCS and include opportunities for counties and their community partners to share successes and strategies from their own service and system integration efforts.

The Integrated Core Practice Model (ICPM) and Integrated Training Guide (ITG)
The Integrated Core Practice Model (ICPM) and Integrated Training Guide (ITG) are set to be released in 2018. CDSS and DHCS will jointly release the two documents via an All County Information Notice/Mental Health and Substance Use Disorder Services Information Notice with the purpose to provide child welfare departments, juvenile probation departments, county Mental Health Plans, community/tribal partners, and other providers and stakeholders with the ICPM and the ITG. The ICPM offers, and provides, practical guidance and direction to support county child welfare, juvenile probation, county Mental Health Plans, and their partners in delivery of timely, effective, and collaborative services to children, youth, nonminor dependents, and families. The ITG provides information and resources to assist counties in developing best practices for implementing training programs and technical assistance that will improve, and sustain, the required highly integrative and family-centered teaming approaches.

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

The ICPM’s partner document, the ITG, provides recommended training content and process to support the multisystem approach to administering the various elements of the CCR and the ICPM. The ITG provides guidance for key areas of collaborative leadership, workforce development, the development of parent and youth leaders, and considerations for evaluating the effectiveness of training. The ITG outlines a series of training topics and guiding principles to assist leaders in producing coordinated, system-level change in their respective organizations. It establishes a flexible and adaptive training, coaching, and technical assistance framework to transform the workforce to better meet the needs of parents, caregivers, children, youth, and nonminor dependents. The content of the ITG is derived from several sources such as the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services, 3rd Edition, and the ICPM, which guides decision-making and service delivery.
The guides outline implementation of a strategic and practical framework to integrate initial and on-going engagement, assessment, service planning, delivery, coordination and care management, including monitoring and adapting services, and transitioning when care is completed. This framework is built on the adoption of System of Care and Wraparound values and principles that guided the Katie A. v. Bontá, et. al agreement as well as other key values and theories that inform human services work.

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

**Intensive Services Foster Care (ISFC)**

Another type of intensive treatment program for children/youth with severe emotional and behavioral disorder is the Intensive Services Foster Care (ISFC) program. ISFC is intended to serve children/youth who require intensive treatment and behavioral supports, as well as children/youth with specialized health care needs and including those served under Intensive Treatment Foster Care. An eligible child for Intensive Services Foster Care is a child or nonminor dependent in foster care who requires a higher level of care of supervision as determined by the Level of Care Rate Determination Protocol. In March 2018, CDSS released All County Letter 18-25 to inform and provide instructions to counties and providers implementing an Intensive Services Foster Care program.

The goal of the ISFC program is to ensure that youth in foster care receive the services they need in a home-based family care setting or to avoid, or exit, a short-term residential therapeutic program, group home, or out-of-state group home care. The program requires specially trained resource parents and professional and paraprofessional support. Consistent with CCR, the ISFC program provides core services and supports to a child or youth in foster care. These core services may include, but are not limited to, arranging access to mental health treatment, providing trauma informed care, and providing transitional support from foster placement to permanent home placement.

**Addressing Commercially Sexually Exploited Children**

*Supporting and Implementing Public Law 133-183*

Amendments to Title IV-E of the Social Security Act made by PL 113-183 and to CAPTA under PL 114-22 require states to collect data regarding the number of CSEC victims and at-risk youth...
identified. Counties utilize the CSEC Data Grid and the CSEC Special Project Code in CWS/CMS to capture this information, as per instructions provided by the state in All County Letters 16-49 (May 23, 2016) and 16-74 (September 21, 2016). There were 2,596 youth in open foster care cases between July 1, 2016 and June 30, 2017 who were identified as having engaged in, or at risk of engaging in, CSE activity; 2,283 youth were in child welfare cases and 313 youth were in probation cases. Of these 2,596 youth, 1,073 youth were identified as CSEC victims and 1,523 youth were identified as at risk for CSE.

In response to P.L. 113-183, California created statewide standards to locate youth missing from foster care. All Child Welfare agencies and Probation Departments were required to develop and implement specific protocols to expeditiously locate any child missing from foster care. County Child Welfare and Probation Departments are required to immediately, or no later than 24 hours from receipt of information, report to local law enforcement any known or suspected instance of commercial sexual exploitation of foster youth. Counties have used the following practices to address the needs of run-away youth:

- Every child 10 years and older receives a screening to assess for risk for CSEC involvement at the time of Detention, Disposition and every six-month court review hearing.
- At risk and identified victims of CSEC are assigned mental health clinicians to conduct outreach and linkage activities.
- Encrypted e-mail communication is sent to a coordinating task force if a youth appears to be at risk of exploitation.
- Youth that have demonstrated a pattern of run-away behavior are staffed by a multi-disciplinary team (MDT) or Child and Family Team (CFT).

The CDSS is continuing to partner with the Chief Probation Officers of California (CPOC) to identify the most efficient means of capturing CSEC data for foster care candidates (youth under probation supervision that are at risk for entry into foster care), given the limitations of the current CWS/CMS system, which does not have the capacity to support data entry for this population. The CDSS is working with CPOC to identify a short term solution for reporting on the number of children receiving child welfare services under probation supervision that are at risk or victims of CSEC and the services appropriate to their needs, while a long term solution for data collection is being developed in the new case management system, CWS-CARES.

**CSEC Program**

Counties participating in the state’s optional CSEC Program, established in 2015 through the passage of SB 855, have access to additional supports and funding to address the prevalence of CSEC within their jurisdiction. During state Fiscal Year (FY) 2017-18 the CSEC Program demonstrated extensive growth statewide as counties furthered their implementation stages and strengthened collaborative partnerships with agencies including, but not limited to, law enforcement and county offices of education. Counties that opted in for FY 2016-17 continued their participation in FY 2017-18, with the addition of Del Norte county. The 39 participating counties received a total allocation of $16.3 million for FY 2017-18. These counties are using
their funds to implement prevention campaigns and provide specialized CSEC services such as trauma informed mental health, specialized CSEC advocates and specialized courts. Additionally, the CDSS has learned of eight to ten more counties who expressed interest in opting-in for FY 18-19. The CDSS has been working with these counties to assess their readiness to opt-in. This includes helping counties to better understand their CSEC prevalence, develop partnerships for implementing a Steering Committee, and offering technical assistance around implementation barriers learned from the initial implementation counties. These barriers included addressing internal fiscal and contracting procedures that may disrupt timely execution of contracts for services and identifying appropriate trainings to ensure staff are equipped to engage with and support this population.

**Specialized CSEC Services**

CSEC Program opt-in counties have developed an array of services and supports according to the identified needs of the county and the children, youth, and families it serves. Many counties utilize specialized social workers with expertise in commercial sexual exploitation, prevention campaigns and specialized courts to better serve CSEC.

Counties are utilizing specialized CSEC social workers in a variety of ways to meet the service needs, geographical spread, and intensive engagement and case management required by children at risk or victims of CSEC and their families. The specialized staff are especially helpful given the tendency for CSEC to experience multiple placement changes in a short amount of time, frequently leaving placement without permission, substance use, pregnancy, and other complicating factors. Many of these social workers carry a reduced caseload, often counting one CSEC case as the equivalent of two non-CSEC cases. These workers often attend more in-depth CSEC trainings throughout California and across the nation to equip them with the specific expertise and advanced skills to effectively support this population. Prevention campaigns have also been a common expenditure among opt-in counties. Counties have partnered with other agencies, including county offices of education, rotary clubs and advocates, to bring awareness of commercial sexual exploitation to the community. Such campaigns have included school based curriculums, billboard ads, radio segments and demand reduction strategies among others. Some counties have reported seeing an increase in referrals relative to commercial sexual exploitation made to the child welfare hotline, presumably as a result of the communities’ increased awareness of exploitation as a form of child abuse.

In addition to direct services, some counties established or engaged existing dependency and/or delinquency courts with dedicated calendars to hear cases related to CSE. These courts hear the youth’s case on a more frequent basis than is statutorily required to build rapport and to ensure close monitoring. These courts make most decisions using a multidisciplinary body where parties (including the case carrying social worker, county counsel, child’s attorney, CSEC advocate, education advocate, department of mental health and department of public health) weigh in on placement and services while prioritizing the youth’s voice. These multidisciplinary teams are helping to educate judges in understanding triggers and trauma responses made by
youth during trying circumstances. Some counties have found that scheduling their MDTs to occur a few days prior to these calendar hearings helps ensure the treatment team is in agreement on the case plan and next steps in time to inform recommendations submitted to the court.

**Promising Practices**

There is currently no evidence based practice for serving CSEC. As such, the CDSS set out to provide guidance to counties on a harm reduction approach, recognizing it as a promising practice for serving CSEC. Currently, the CDSS is working with a multidisciplinary group of stakeholders to draft guidance on how specific practitioners can implement a harm reduction approach within the scope of their roles. These practitioners include child welfare social workers, probation officers, caregivers, law enforcement, mental health and health care professionals and educators. The CDSS will release a series of strategy based documents relevant to each role, as well as the importance of the systemic adoption of a harm reduction framework to support the recommended shifts in practice among front line workers across disciplines.

Similarly, perhaps the greatest challenge in serving CSEC is identifying and locating adequate and appropriate placement options. In December 2017, the CDSS published a Request for Information, soliciting responses on how providers would design and implement a placement and services model for CSEC, utilizing family based care, residential treatment and a drop in center modality. The CDSS received 16 responses to the RFI and anticipates publishing a Request for Proposal in mid-June 2018, for the implementation of a CSEC Placement and Services continuum that can be replicated statewide. The CDSS is utilizing this Proposal process as an extension of Continuum of Care Reform to ensure California is meeting the needs of this population.

**Training Efforts**

The majority of counties have trained their social workers on CSEC identification and awareness. Most counties have further incorporated CSEC training as part of the new staff induction process. The CDSS has partnered with the California Community Colleges Chancellor’s Office (CCCCO), the California Social Work Education Center (CalSWEC), and Survivor Speaks to develop and deliver CSEC related trainings. Per Welfare and Institution Code 16524.7 (4)(B), the CDSS in collaboration with the CCCCO provides statewide training on the commercial sexual exploitation (CSE) of children through the community college Foster and Kinship Care Education (FKCE) Program for resource families and Short-Term Residential Therapeutic Program staff. The CDSS and CCCCO are also in the midst of developing an online learning CSEC module, meant to serve as a prerequisite to more advanced CSEC 102 trainings for resource families. This e-learning module is not meant to replace an in-person 101 training experience, but instead enhance/support those learning objectives.
To meet the WIC 15601.25 (a)(4) training requirement for social workers, the CDSS has contracted with CalSWEC to offer a CSEC Awareness (CSEC 101) e-learning training, which is hosted on the CalSWEC’s website. The CDSS is partnering with CalSWEC to update CSEC 101 given the recent legislative changes (SB 1322 and AB 1227) in order to help provide training to child welfare and foster family agency staff on the topic of CSEC. Advanced CSEC training on engagement is provided through Survivors Speak’s CSEC 102 - Engagement Skills for Working with CSEC and Youth and Multidisciplinary Team (MDT) trainings to social workers, probation officers and MDT partners. In planning contract activities for State Fiscal Year 2018-19, the CDSS has extended the intended audience for this training to include resource families and their supports. This training curriculum aims to provide skills to engage CSE victims and to increase understanding of the MDT’s purpose, members’ roles and how to assist CSEC through the process of accessing needed services.

**Data Collection**

Through training, awareness campaigns, investigations and screening, counties are observing a consistent increase in the number of identified CSE victims and are working to provide immediate services to these children and their families, as appropriate to their needs. Child Welfare Services/Case Management System (CWS/CMS) data from July 1, 2016 through June 1, 2017 show a total of 1,073 CSEC victims and 1,523 children or youth have been documented as at risk for CSE.

Documentation and data sources for the CSEC Program include County Plans, county site visits, and the statewide CWS/CMS. In FY 2016-17, the CDSS required participating counties to submit County Plans with information relating to the prevalence of CSEC and implementation of the CSEC Program. To assist counties in developing their county plans, the CDSS in consultation with the County Welfare Directors Association developed a County Plan template, which was distributed to counties through ACL 17-71. Participating counties completed and submitted updated County Plans to the CDSS by September 1, 2017.

To support county implementation plans, the CDSS provided consultative technical assistance and conducted county site visits to gather qualitative data. The CDSS utilizes the CWS/CMS to collect quantitative data using the CSEC data grid. The CDSS noted continued data and reporting limitations after comparing the measurable variables in data from the CSW/CMS and in the County Plans. The total number of identified CSEC victims and youth at risk of CSE is reported higher in the County Plans and is greater than that of the number of victims reported in the CWS/CMS. Data from the county plans show inconsistencies in documentation, which may be due to data entry practices that differ among counties, as well as staff turnover, resulting in gaps in consistent data entry. The CDSS plans to continue mitigating this issue by identifying opportunities to assist counties in improving documentation and providing consultative technical assistance, while continuing to partner closely with our Child Welfare Digital Services team who is responsible for building California’s new CCWIS case management system- the Child Welfare Services, California Automated Response and Engagement System (CWS-CARES).
**Assessment/Identification**
As part of the policies and procedures mandated in PL 113-183, county social workers and probation officers are required to identify youth receiving child welfare services who are commercially sexually exploited or at risk of becoming victims of sex trafficking. These policies and procedures do not specify that counties must use one particular screening tool, but do provide a number of screening tools that have been proven useful for completing such a screening. These tools include but are not limited to, the WestCoast Children’s Clinic’s Commercially Sexually Exploited-Identification Tool (CSE-IT), the Vera Institute of Justice Trafficking Victim Identification Tool, the Covenant House Human Trafficking interview and Assessment Measure and the San Luis Obispo CSEC Screening Tool.

To identify CSEC, many California counties are currently using the CSE-IT, or a slightly modified version, to screen youth for CSE. The CSE-IT is intended to be utilized in screening youth age 10 and up within 30 days of their initial intake and every six months thereafter. The CSE-IT pilot program ended in May 2016 and West Coast Children’s Clinic validated and disseminated the CSE-IT as an evidence based tool in August 2016. Systems using the CSE-IT in California include child welfare, probation, mental health and public health. Since then, the WestCoast Children’s Clinic developed a version of the CSE-IT for use by child abuse hotline staff and has begun piloting its implementation within a small cohort of counties. Preliminary feedback from counties has shown that workers appreciate this condensed version of the CSE-IT, making it more user friendly and appropriate for hotline staff and potentially emergency response social workers.

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

The PACT Project is currently in its fourth year of implementation and has made great progress in broadening and developing the collaborative infrastructure in the ten pilot counties and developing and modifying the PACT Program Model to address child sexual exploitation. The RDA shared their evaluative findings in their *PACT Year 3 Evaluation: 2017 Annual Report* which noted the development of appropriate policies and service infrastructure takes time, while acknowledging high-level leadership support continues to be crucial for successful implementation and long-term sustainability. Further, increased collaboration is recommended to ensure all participants share the same vision and philosophy for serving this population. Another finding from the evaluation noted the gap in trainings available for resource families.
As a result, the CDSS has amended the training contract with Survivors Speak to extend the list of training participants to include resource families and their supports. As the project advances, counties will continue to update policies and procedures for serving CSEC while closely partnering with the CDSS to ensure lasting systemic change.

**Recent Systemic Change**

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

As a result, California has continued building cross systemic collaboration between law enforcement and child welfare agencies at the county level with ongoing technical assistance from the CDSS. The CDSS is also working to build closer partnerships with the California Department of Justice in an effort to author joint guidance for child welfare and law enforcement staff addressing CSEC. Increased communication and information sharing are essential in continuing to establish strong multidisciplinary efforts that will best support the vulnerable population of CSEC.

California enacted AB 1227 in January 2018, amending the W&IC section 16524.8 by adding the county office of education and sheriff’s department to the list of agencies whose representatives must be included on the team responsible for developing the county’s interagency protocol. Counties must include these entities when creating new, or updating existing, interagency protocols. Counties who developed a protocol prior to the inclusion of these agencies as required partners may, but are not required to, revise their protocols to reflect input by these entities. Additionally, AB 1227 amended paragraph (2) of subdivision (d) of W&IC section 16524.7 to require opt-in counties to specifically document their county’s collaboration with education entities in their annual county plans submitted to CDSS.
CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)

State of California
Department of Social Services

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

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

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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. AB 1625 was approved by the governor and filed with the Secretary of State on September 13, 2016. This legislation brings California into full conformity with federal guidelines regarding the definition and public disclosure of child near fatalities resulting from abuse and neglect. Further, this information was provided to counties in All County Letter 16-109 and All County Information Notice I-08-17. ACF released CDSS from this PIP in February 2017.

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 for the Citizen Review Panels (CRPs).

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

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

Progress toward CFSP 2015-2019 Prevention Strategies

Prevention Strategy 1
For children, who are not part of child welfare, develop a comprehensive system that achieves child safety and well-being for the state of California by connecting state organizations, county child welfare agencies and community based organizations.

**Objective:** By Year Five, the OCAP will have established a network of prevention beyond child welfare agencies that connect with prevention resources in the community, including:
- Shared indicators with First 5 Association and First 5 California; and
- Three common outcomes shared with at least three prevention networks.

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

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

**Identifying Non-Child Welfare Prevention Systems**

To implement this strategy, in SFY 2016-17 the OCAP took an aggressive approach of marketing and public relations backed with grant funding to support unity and connection between state organizations, county child welfare agencies, and community based organizations. The OCAP worked with the SH Cowell Foundation to deliver a dissemination tour of the manuscript, *Vehicles for Change: The Evolving Field, Volume II*. *Vehicles for Change, Volume II* is a document that validates the purpose and growth of the 500+ Family Resource Centers that exist in California, and it provided a path toward obtaining a stronger prevention family service field. Five regional convenings were held to distribute the manuscript, validate the field, and establish a call to action which includes effective collaboration. Attendees varied and representatives from state organizations, county child welfare agencies, and community based organizations were present. In addition, the OCAP continued its "Community in Unity" theme for all of its CAP Month activities, furthering the marketing message of providing seamless delivery of services and greater connection with one another in order to support children and families.

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

Through the *Innovative Partnerships* grant opportunity, which was awarded to six organizations, the OCAP develops and facilitates regional linkages between CAPCs and key
stakeholders in order to advance child abuse and neglect prevention efforts. The purpose of this grant opportunity is to develop regional collaborative networks of CAPCs and key stakeholders. These regional collaborative efforts are 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 funds five grants to develop community-wide collective impact projects in targeted areas of need throughout the state of California. Through these Community in Unity grants, grantees are responsible for developing collective impact programs which focus on mitigating poverty and/or substance abuse in their local communities.

**Stakeholder Collaboration**

In September 2013, the California Department of Public Health (CDPH) received a competitive five-year grant, Essentials for Childhood: Steps to Create Safe, Stable, Nurturing Relationships and Environments, from the Centers for Disease Control and Prevention (CDC). The program is in collaboration with the California Department of Social Services (CDSS), Office of Child Abuse Prevention. The initiative’s mission is to develop a common agenda across multiple agencies and stakeholders to align activities, programs, policies and funding so that all California children, youth and their families have safe, stable, nurturing relationships and environments.

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

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

Partners include the following:
- The California Endowment
- Prevent Child Abuse California
- CWC – Prevention and Early Intervention Committee/State Citizen Review Panel
- First Five California and First Five County Association
- California Department of Education
- CDPH Office of Health Equity (and Health in All Policies Task Force)
- ACEs Connection
- Defending Childhood Initiative – Department of Justice (DOJ)/Futures without Violence
- DOJ Bureau of Children’s Justice (new)
- Early Childhood Comprehensive Systems – CDPH Maternal, Child and Adolescent Health-West ED
- CDPH Home Visiting Program
- Health and Safety Workgroup – CCR&R
- Center for Youth Wellness – California ACEs Initiative

Developing Shared Indicators

In May 2017, the OCAP released ACIN 1-25-17, suggesting counties utilize the Protective Factors Survey (PFS). During site visits and quarterly contacts with county liaisons, the OCAP county consultants encourage counties to adopt the PFS as an evaluation tool for prevention programs. Additionally, the OCAP county consultants provide technical assistance to counties interested in implementation of the PFS. Finally, the OCAP county consultants connect county liaisons experienced with utilizing the PFS to counties interested in implementing the PFS. The First 5 Association is also leveraging its partners to administer the PFS to measure its impact on children and families. The OCAP and the First 5 Association hope to have a baseline measurement by the end of December, 2018 and will continue to work in unison to measure prevention efforts and their impact upon children and families.

In April 2016, the Essentials for Childhood Shared Data and Outcomes Workgroup began discussing highlighting data indicators on Kidsdata.org related to child and family wellbeing. The workgroup is currently in the early stages of working with Kidsdata.org, to identify existing indicators to create an Essentials-focused Dashboard in order to measure the impact of the Essentials work across sectors. Data measures being considered must provide a reasonable and causal link between the indicator and the outcome. The Essentials for Childhood Data workgroup members gave careful consideration to which indicators would be prioritized. At this stage in the project, Childhood Adversity and Resilience has been added to Kidsdata.org dashboard.
The potential Kidsdata.org dashboard indicators are divided into five sections:

- entire life course
- pregnancy and birth
- early childhood
- middle childhood
- adolescents

Workgroup members are in the process of confirming indicators for each of the above mentioned timeframes. Entire life course indicators include children in poverty, child abuse and neglect report and CalFresh participation. Pregnancy and birth indicators include teen birth, preterm births and infant mortality rate. Early childhood indicators include annual cost of childcare, children ages three to five not enrolled in preschool or kindergarten and children whose parents read books with them. Middle childhood indicators include students reporting depression-related feelings, and bullying and or harassment in the past year. Adolescent indicators include students completing high school and students reporting known community assets. The goal of this project is to be able to measure impact of the Essentials for Childhood Initiative’s Collective Impact approach to improving child wellbeing through a cross-sector approach.

Prevention Strategy 2

The OCAP will redesign its performance measurement system, internally and through the resulting system for prevention described above, so that there are targeted and shared outcomes. Partners to be included in that effort include:

- First 5 Association
- California First 5 Commission
- California Family Resource Association
- Child Abuse Prevention Center
- CSFR process: annual report
- CDPH’s Home Visitation Program

Objective: To publish shared prevention targeted outcomes with First 5 California and the CDPH.

As a result of focusing on a few prevention outcomes, the OCAP will contribute to building a common agenda for action, public awareness will be raised, and we will have a greater impact than if not coordinating the work.
Update

In an effort to improve our data driven decision making, the OCAP is working with the Essentials for Childhood Project in helping California become more trauma-informed. In 2016, Children Now published California's Children Report Card: A Survey of Kids' Wellbeing and A Roadmap to the Future. In this report card, California scored a D- for childhood trauma and resilience. The Essentials for Childhood Project group felt this should inform the direction of the work being undertaken. The Lucille Packard Foundation, as part of the Essentials for Childhood Project, added to the Kidsdata web site data by including county specific data on adverse childhood experiences. This new topic brings together three different sources of child adversity and resilience data with over 50 new indicators. In addition, ACEs Connection formed to connect and disseminate information on ACEs, growing momentum across the state in becoming trauma-informed and building resilience.

Along with this effort, the OCAP continues to work towards becoming a data driven organization. The OCAP continues to conduct monthly check in calls with grantees and county OCAP liaisons to monitor progress toward their goals and objectives. Additionally, quarterly and annual reports were standardized to collect consistent and accurate data from grantees. A tracking tool and a mapping project have been created to observe where money is being spent throughout the state and how funds are benefiting prevention efforts in each region of the state. The mapping project next steps are to determine the geographic location of OCAP funded direct service providers. This information will be used as a tool to provide improved technical assistance to counties. The OCAP county consultants provided revisions to the C-CFSR manual to improve the ability of counties to navigate the manual and comprehend the requirements to create quality county self-assessments and system improvement plans. The goal is to emphasize the value of prevention programs and coach the counties to meet needs and gaps in services provided to the counties. Part of these revisions, include a possible county-wide prevention plan as part of the system improvement plan.

The OCAP remains committed to utilizing the most current methodologies in the assessment of child abuse prevention efforts. To this end, the OCAP is conducting a Predictive Analytics project. The Predictive Analytics project includes researching, developing and evaluating the potential benefit of utilizing predictive risk modeling (and accompanying statistical code) as a strategy for preventing child maltreatment. The objective of the Predictive Analytics project is to identify methods for connecting existing data to support improved decision-making and informed intervention and prevention strategies for children and families who become known to the child welfare system. This research will identify whether and how administrative data available at the point of a referral to the hotline can improve initial screening decisions.

Prevention Strategy 3

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

1. Tying in to the overall CDSS CQI system;
2. Purchasing a stopgap system pending the completion of the New System;
3. Designing the data program, working with Dr. Emily Putnam-Hornstein;
4. Coordinating data collection with First 5 California, First 5 Association, Children’s Data network and possibly Maternal Child and Adolescent Health’s Home Visiting Programs so that common indicators are measured; and
5. Obtaining data from entities that are not governmental entities and may not have ties to a child welfare agency.

**Objective:** The OCAP will have in place some kind of data system that measures the impact of prevention efforts in the state.

**As a result of** these efforts,

- The CDSS will have data to cross match with child welfare records; and
- The quality of prevention data will improve and be more useful to measure the impact of abuse and neglect intervention and services.

**Update**

In pursuit of this strategy, the OCAP utilized ETO for the third year to collect prevention data. The ETO provides an institutional prevention program databank that can be assessed for data trends overtime. These trends are shared with the counties to inform their work. Additionally, the PND released an ACIN to the counties encouraging the use of the Protective Factors Survey as the default measurement tool for CBCAP funded activities.

**Prevention Strategy 4**

The OCAP will use the data to tell the story of abused and neglected children, and continuously monitor progress and effectiveness of services. Effectiveness includes in its definition intensive enough treatment and of sufficient duration. Activities are to include:

1. Partnering with Dr. Emily Putnam-Hornstein and the CDN to identify at-risk children through predictive analytics research;
2. The OCAP will study incidents of chronic neglect and use the information gathered to inform outreach efforts;
3. The OCAP will build in a training program to ensure expertise in effectiveness of services and interventions, best practices and implementation with fidelity;
4. The OCAP will work with counties on their prevention services arrays to identify and monitor best evidence programs and practices and monitor their effectiveness; and
5. The OCAP will redesign its public awareness program to address issues identified through data collection.
6. The OCAP will explore hiring an internal Research Project Specialist to monitor progress and effectiveness of services.

**Objective:** The OCAP will have a redesigned public awareness campaign program that is based on data, targets objectives and raises awareness of causes of child abuse and neglect. The OCAP will have an articulate program with training to support counties and community prevention providers to promote and implement effective services.

**As a result** of these activities;

- The OCAP staff will be knowledgeable of implementation science, and best practices and prevention programming;
- The OCAP staff will employ knowledge throughout the work of the Office with counties and community partners;
- Services will be more effective for families, and families will improve outcomes; and
- Funding will be more effectively utilized.

**Update**

The OCAP redesigned its communication strategy to more effectively promote messages related to reducing abusive head trauma, promoting safely surrendered baby and raising general awareness of child abuse and neglect. To achieve this, the OCAP created brochures and posters in multiple languages to disseminate consistent statewide messaging of abusive head trauma and safely surrendered baby awareness to the counties. The OCAP will remain a stakeholder and collaborate with the Department of Public Health, Department of Education and other state and community level partners to create a consistent public prevention message through the Essentials of Childhood initiative. A social media campaign around the Community in Unity theme has been created to share the OCAP’s vision of a collective impact approach to strengthening families and preventing child abuse and neglect. The campaign includes a newsletter, webpage, grant opportunity and an OCAP presence on Facebook and Twitter.

The OCAP staff has been trained in trauma informed care, adverse childhood experiences, brain development and program evaluation. The OCAP will identify themes and trends in data provided by ETO and the mapping project of the state after collecting multiple years of prevention data by utilizing ETO. This will lead the OCAP to determine the issues to be targeted in public awareness campaigns such as substance abuse or domestic violence.
The leadership of CDSS is committed to reduce child deaths due to abuse or neglect in California. Though the number has remained fairly consistent over the last five years with approximately 100 deaths each year, CDSS leadership feels one death is too many. The CDSS has looked deeply into the causes of these deaths and AHT and drowning have been identified as leading causes. The data also indicates that many times deaths involve a third party unrelated caregiver. To tackle this issue, the OCAP formed a Hospital Advisory Group and redesigned its communication strategy to more effectively promote messages related to reducing AHT, promoting SSB activities, and raising general awareness of child abuse and neglect. The OCAP also included in its AHT brochure information on how to choose an appropriate caregiver for your child. The OCAP created brochures and posters in multiple languages to disseminate consistent statewide messaging of AHT and SSB awareness to counties and SSB sites.

In addition, the OCAP is conducting chronic neglect research to identify patterns and trends to develop services and supports needed to prevent removal. This research will be used to inform outreach and public awareness strategies to prevent chronic neglect.

Prevention Strategy 5

With other prevention initiatives, build a collective impact effort, with a common agenda, language and outcomes to promote child wellbeing and prevent child maltreatment. The OCAP will contribute its own strategic objectives to this process and work with entities such as CDPH, the Office of Emergency Services (OES), the California Department of Developmental Services and others in an effort to coordinate activities and promote common objectives. Others partnerships include:

1. Safe, Stable, Nurturing Relationships and Environments
2. Early Childhood Coordinating Services
3. State Interagency Team home visiting workgroup
4. OCAP-funded projects
5. CRPs, including Prevention and Early Intervention committee of CWC
6. Family support standards
7. Other state systems: Mental health, AOD, and DV especially

Objective: The OCAP will partner through the following to build a common agenda and to integrate services so that they are more effective for families.

As a result of the OCAP’s participation in a common agenda to prevent child abuse and neglect, resources should be more effectively utilized, services will be better coordinated, and there will be increased public awareness.
**Update**

The OCAP issued an RFP and awarded a contract to fund new citizen review panels (CRPs). The new contract consists of three statewide CRPs with each CRP focusing on a different topic—Prevention, Children and Family Services, and Critical Incidents.

It takes many years to build the trust necessary to coordinate activities at a systems level. The OCAP in partnership with Essentials for Childhood, funded by the CDC and managed by CDPH, continues to work toward a common vision, mission and goals to strengthen families in California. This partnership is the focus of OCAP’s efforts to build a common agenda. An example of collective work is the focus on Adverse Childhood Experiences (ACES). The ACES study, conducted by the CDC and Kaiser Permanente’s Health Appraisal Clinic in San Diego, assesses associations between childhood maltreatment and later life health and well-being. Although the OCAP supports the use of ACES as an outstanding example of how to use data to tell the story and develop a common agenda, the ACES report does not provide solutions for organizations or families. The OCAP will be working with the ACES Connection to adapt materials to include the Five Protective Factors, so that prevention is closely connected to the statement of the problem. The vision, mission and goals of the Essentials project are as follows:

**Vision:** All California children, youth, and their families thrive in safe, stable, nurturing relationships and environments

**Mission:** To develop a common agenda across multiple agencies and stakeholders to align activities, programs, policies, and funding so that all California children, youth, and their families have safe, stable, nurturing relationships and environments

**Goals:** Identify, align and enhance the California Essentials for Childhood Initiative partners’ and their stakeholders’ efforts to:

1) Build upon families’ assets to strengthen their knowledge and skills to provide safe, stable and nurturing relationships and environments for their children.
2) Achieve the highest level of well-being for families and children, with special attention to those who have experienced socioeconomic disadvantage and historical injustice, including vulnerable communities and culturally, linguistically, and geographically isolated communities.
3) Prevent child maltreatment and other childhood traumas and implement trauma informed policies and practices throughout public and private organizations and systems.
4) Improve the quality of and expand the accessibility to programs and services supporting families and children.
5) Enhance the integration of systems and networks that support families and children to improve communication, services, accountability and outcomes.
6) Engage communities and strengthen their capacity to act and take leadership roles in creating safe and stable environments that support families and children.

7) Build public support and commitment (or ...”public commitment and political will...”) for policies and programs that promote safe, stable and nurturing relationships and environments for families and children.

8) Embed and incorporate families and children as priorities in public policies.

9) Increase the number and scope of private sector policies and practices that support families and children.

10) Improve and enhance data management systems that use common measurements to increase accountability for shared indicators and outcomes for families and children.

Stakeholder Collaboration Strategy

Planned for 2015-2020:

- Formalize an OCAP prevention advisory council with a common agenda;
- Formalize a funders advisory role to advise on bringing in more dollars to California communities for prevention; and
- Engage earlier with stakeholders to obtain feedback on reports, including the Annual Report and the Community-Based Child Abuse Prevention Report.

Objective: To formalize and articulate the OCAP stakeholder input process regarding prevention efforts.

Update

In pursuit of this objective, the OCAP has initiated twice annual Learning Conversations. These Learning Conversations are designed to encourage community-building by bringing together all OCAP-funded partners to share their accomplishments and to ask questions and gather ideas from other funded partners. Additionally, the OCAP has developed a Healthcare Advisory Group (HAG). The purpose of the HAG is to bring together stakeholders from the healthcare sector twice annually to discuss current health-related education initiatives and policies under development by the OCAP and to receive input.

The OCAP will continue participation in the Critical Incident Workgroup (CIW), a State Interagency Team with participation from community partners as well as county and state government representatives, working to reduce child abuse and neglect fatalities in the state of California. The CIW will focus on specific objectives in the coming year, such as developing and sharing best practices and recommendations for Child Death Review Teams and Child Welfare Services reviews; Identification of common trends and risk factors to build capacity and implement prevention strategies for communities and local agencies; and the creation of a data sharing framework between and among state, local and community partners.
The OCAP also obtained input from the scientific advisory panel with the California Evidence Based Clearinghouse, that resulted in better informing the OCAP’s planning around effectiveness of service and implementing with fidelity evidence based and evidence informed practices.

The programs, services, and activities outlined in the CAPTA components are linked to the following goals and objectives included in the CFSP plan:

**Safety Outcome**

Goal 1: Children are first, and foremost, protected from abuse and neglect; they are safely maintained in their homes whenever appropriately possible and provided services to protect them.

**Well-Being Outcome**

Goal 2: Children are safely maintained in their homes whenever possible and appropriate; families have enhanced capacity to provide for their children’s needs; children, youth, and families are active participants in the case planning process; and children receive adequate and appropriate services to meet their educational, physical, and mental health needs.

**Permanency**

Although a specific goal was not identified as part of the CAPTA plan, the CAPTA grant is used in combination with other funds such as PSSF and state funds from the State Children’s Trust Fund. These various funds are used to support county agencies, family resource centers, and other community-based organizations through allocations, grants, contracts, and interagency agreements to promote child abuse prevention and to provide early intervention and treatment services that serve children and families within their own communities whenever possible. These include families with open cases in the child welfare system.

California’s state-administered child welfare system is implemented at the local level by 58 counties, each governed by a county board of supervisors. Funding for child welfare services is a combination of federal, state, and county resources. The range of diversity among the counties is immense and there are many challenges inherent in the complexity of this system. However, the system’s major strength is the flexibility afforded to each county in determining how to best meet the needs of its own children and families. The state’s counties differ widely by population, economic base, and are a mixture of urban, rural, and suburban settings.

CWS in California spans the continuum of care from prevention and early intervention to treatment and aftercare; however a prevention and early intervention focused CWS system is crucial to achieving safety, permanency and well-being for California’s children. As the lead in prevention and early intervention efforts across California, the OCAP engages in multiple efforts to prevent child abuse and neglect including implementing the Strengthening Families
framework and the Community In Unity campaign among others. Through these efforts the OCAP provides training and technical assistance, funds some program evaluations, and disseminates educational material on prevention and early intervention programs, activities and research.

During the C-CFSR process, the OCAP provides oversight of the state and federal prevention and early intervention and treatment funds by requiring counties to submit five-year plans that address how prevention and early intervention activities are coordinated and how services will be provided. Counties are highly encouraged to utilize the funds to build the capacity of communities to strengthen families, keep children safe, and provide a continuum of quality family services, supports, and opportunities to maintain children in their own homes.

An indicator of some of the progress made in prevention and intervening early in the last few years is a decrease in the number of referrals of suspected abuse and/or neglect to county child welfare agencies. This is in spite of robust statutory requirements for mandated reporters and the availability of free online training to improve their understanding of reporting requirements.

Integrated Plan

As part of the integrated approach of the CSA and SIP, county child abuse prevention and early intervention partners, including a representative from the local CAPCs are invited participants in both the CSA and SIP planning meetings. Prevention partners are able to review the CSA and SIP to determine if the plan continues to meet local needs. Since each CAPC is designated by the County BOSs and their primary purpose is to coordinate the community’s efforts to prevent and respond to child abuse and neglect, their participation has been critical in ensuring local needs are being discussed and/or met. In addition to CAPC participation, representative from the following community groups and prevention partners have participated: County Children’s Trust Fund Commission/Council, County Mental Health, County Health, County Alcohol and Drug, Probation, Native American tribes, parents/consumers, resource families, caregivers, youth, Court-Appointed Special Advocates (CASA), domestic violence treatment providers, Early Childhood Education, faith-based community, Law Enforcement, Juvenile Court Bench Offices and private foundations. The integrated approach provides a forum for input from various partners, which in turn can better inform CWS program decisions and outcomes.

The development of the CSA requires each county to review the full scope of Child Welfare and Probation services, from prevention and early intervention throughout the continuum of care. Additionally, counties conduct a needs assessment providing an analysis on demographics, service provision, systemic factors, and unmet needs. Development of the SIP allows counties opportunities to specify their priority improvement goals and to establish programs for achieving improvement in those areas. The SIP also includes a coordinated plan for service provision for programs funded with prevention and early intervention funding, providing evidence that services are meeting identified, unmet needs. As a part of this process, California
counties also hold community meetings and focus groups in order to receive input from key stakeholders.

The OCAP county consultants work with counties as they assess their service needs during the CSA process and develop a plan for service provision through the SIP. This process allows OCAP county consultants an opportunity to provide critical training and technical assistance to county child welfare agencies as they coordinate with community partners. The OCAP consultants participate in the internal county preparation meetings and county stakeholder meetings to provide program expertise on prevention, early intervention and treatment services; encourage the development and implementation of evidence-based programs and practice; and assist counties in identifying programs and services that will support outcome measures and strategies. The consultants also guide counties as they look at how interagency collaborations and leveraging funding can impact their ability to achieve positive outcomes for children and families, review and interpret state and federal code in order to provide technical assistance to counties, and review and provide feedback on CSA and SIP reports.

Each California county receiving these funds must report annually on their participation rates for prevention, early intervention and treatment program/activities; changes of service providers and/or programs; CAPC and Parent Engagement activities; braiding of funds; collaboration and coordination efforts, and on their quality assurance process. Counties are asked to include in the Annual Report the programs and initiatives in which collaboration and coordination occur for the purpose of strengthening and supporting families to prevent child abuse and neglect, to intervene early in families who are at risk and to those programs and activities that allow children to remain safely at home. California counties collaborate and coordinate home visitation services, childcare services, Early Head Start programs, and CalWORKs programs, among others. This is only one indicator of how county CWS agencies view the importance of collaboration and the impact it has on these efforts. This captures only a small portion of the partnerships that exist at the local level.

Some challenges exist in measuring the effectiveness of prevention and early intervention programs and services. To help determine whether an effort is successful or necessary California counties conduct needs assessments, surveys and site visits, implement evidence-based programs, and analyze overall participation data for CWS.

**Child Fatalities/Near Fatalities**

The following information regarding child fatalities and near fatalities resulting from abuse and/or neglect is a summary of the information which can be found in California’s Child Fatality Annual Report for Calendar Year (CY) 2014 released September 2017, and the Child Fatality and Near Fatality FiveYear Report, set to be released in Summer 2018 which encompasses data and trends from 2010-2014.
Limited information regarding child fatalities from CY 2015 has been included as the California Department of Social Services (CDSS) staff is currently finalizing 2015 child fatality and near fatality reviews, and staff is currently reviewing 2016 child fatality and near fatality incidents. While the Child Fatality and Near Fatality Five Year Report will not include data from 2015 or 2016, additional data sets, such as mental health history, housing instability, domestic violence and substance abuse history for the families involved in child fatality incidents, will be included offering a comparison of child fatality and near fatality trends and information from CYs 2010 through 2014. The CDSS annual reports highlight trends in child and family demographics and causes of child fatalities and near fatalities. Also provided are implementation outcomes from prior year’s activities to address fatality findings and future plans to address findings from the review of CY 2014 child fatality and near fatality incidents, the most recent time period for which fatality incident analysis is available. For more information on child fatality and near fatality reporting and document disclosure in California, including annual child fatality and near fatality reports, please visit http://www.cdss.ca.gov/inforesources/Child-Fatality-and-Near-Fatality.

The purpose of the annual report is to meet the reporting mandates of the federal Child Abuse Prevention and Treatment Act (CAPTA), Senate Bill (SB) 39 (Chapter 468, Statutes of 2007), and Assembly Bill (AB) 1625 (Chapter 320, Statutes of 2016). The CAPTA requires a state to have provisions which allow for the public disclosure of the findings or information about a case of child abuse or neglect which has resulted in a child fatality or near fatality. AB 1625, enacted in September 2016, brings California into full compliance with federal requirements regarding near fatalities by adding Section 10850.45 and amending Section 10850.4 of the Welfare and Institutions Code (WIC). SB 39 and AB 1625 require county welfare departments or agencies to notify the CDSS of every child fatality and near fatality that occurred within its jurisdiction that was the result of child abuse and/or neglect. The determination that abuse and/or neglect led to the child’s death or near death can be made by the Coroner/Medical Examiner (in cases of fatalities only), Law Enforcement, and/or the child welfare services (CWS)/Probation agency. SB 39 and AB 1625 also require the CDSS to annually issue a report identifying the child fatalities and near fatalities and any systemic issues or patterns revealed by the notices submitted by the counties and any other relevant information in the Department’s possession.

Throughout the last few years, the CDSS has continued to refine its analysis of child fatality and near fatality incidents resulting from abuse and/or neglect to provide a more comprehensive look at these incidents including: characteristics of children who are more likely to be victims of fatalities and near fatalities; a more in-depth analysis of incidents which were evaluated out and which had prior child welfare services history (CWS); level of involvement these children and their families had with the CWS system prior to or at the time of these incidents; number of incidents involving children with CWS history beyond five years; demographic information regarding the primary individual(s) responsible (PIR) and secondary individual(s) responsible (SIR) for these incidents including their ages and/or relationships to the children; and the common causes of these child fatalities and near fatalities and a comparison to the victim’s age range. In addition, new to the 2014 annual report is a more in-depth analysis of the level of
involvement these children and their families had with the CWS system one year prior to and at the time of these incidents as well as analysis of family risk factors including domestic violence, substance use, mental health issues, and housing instability.

The CDSS will continue to refine its data collection and analysis efforts in the future to enable the Department to better understand these incidents, the children and families involved and the statewide systemic issues and trends which can be addressed at a statewide policy level.

Comparison of Child Fatality Data from CY 2008 through CY 2015

In the section below, child fatality data is presented through CY 2015, along with comparison to previous calendar year trends. As a result of the analysis of data through CY 2013, CDSS has recommended several activities to address the major findings identified. Outcomes of these activities are not yet available; however, as part of the continuous quality improvement process utilized within the department, data collection has been further refined allowing better targeting of recommended interventions and prevention strategies. In this sense, the outcome of the previous year’s analysis has allowed for improved identification of the level of CWS involvement, individuals responsible, areas of similarity between most recent prior ER referral and the fatality, CWS contact, and services provided.

As of May 1, 2017, via the Statement of Information and Findings (SOC 826) form, CWS agencies reported 115 child fatalities occurring in CY 2016, which were determined to be the result of abuse and/or neglect, with 109 children residing in the home of their parent or guardian and seven children residing in an out-of-home foster care placement.

The number of fatalities reported to CDSS has fluctuated between CYs 2008 and 2016, reaching a high in 2012 and decreasing through 2016 (see the table below). The number of fatalities of children in an out-of-home foster care placement declined between CYs 2008 and 2013, increasing in CY 2014 and again in CY 2015.

Table 28: Child Fatalities by Type of Type of Placement, CY 2008-16

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<tbody>
<tr>
<td>In-Home Fatalities</td>
<td>114</td>
<td>118</td>
<td>128</td>
<td>119</td>
<td>137</td>
<td>131</td>
<td>122</td>
<td>130</td>
<td>109</td>
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<tr>
<td>Out-of-Home Fatalities</td>
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<td>4</td>
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<td>2</td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>6</td>
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<tr>
<td>Total Fatalities</td>
<td>120</td>
<td>123</td>
<td>132</td>
<td>121</td>
<td>139</td>
<td>135</td>
<td>127</td>
<td>137</td>
<td>115</td>
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</table>

As of May 1, 2017, via the SOC 826 form, CWS agencies reported 93 child near-fatality occurrences in CY 2016, which were determined to be the result of abuse and/or neglect, with 88 children residing in the home of their parent or guardian and five children residing in an out-of-home foster care placement.
The number of near-fatalities reported has fluctuated between CYs 2008 and 2016, reaching a high in 2011 and decreasing through 2016 (see the table below). The number of near-fatalities of children in an out-of-home foster care placement has remained relatively consistent with slight increases in 2011, 2013, and 2016.

Table 29: Child Near Fatalities by Placement Type, CY 2008-16

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<tbody>
<tr>
<td>In-Home</td>
<td>89</td>
<td>86</td>
<td>117</td>
<td>131</td>
<td>129</td>
<td>114</td>
<td>104</td>
<td>81</td>
<td>88</td>
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<tr>
<td>Out-of-Home</td>
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<td>3</td>
<td>6</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Total Fatalities</td>
<td>92</td>
<td>86</td>
<td>120</td>
<td>137</td>
<td>131</td>
<td>119</td>
<td>106</td>
<td>84</td>
<td>93</td>
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Child fatality case reviews are in-progress for CY 2016, therefore the following section provides status of activities that the state has taken in response to findings from review of CY 2014 child fatality incidents. Strategies based on the cumulative review of child fatality and near fatality data form 2010-2014 are under development, and should be finalized in summer 2017.

Future Plans

The information gathered from the analysis of child fatality and near-fatality incidents informs the CDSS, county child welfare agencies, and stakeholders of risk factors impacting safety of children, as well as policies and actions that may mitigate those risks. Specifically, the analysis has identified the most vulnerable children, individuals responsible, allegations, and causes of fatality incidents, which can each be used to influence the CDSS’ direction in child abuse prevention as well as risk and safety management.

The sections below provide the activities that CDSS is pursuing as an outcome of the analysis of child fatalities and near-fatalities from 2014.

Current activities:

- Originally, the CDSS planned to work with CDPH to update mandated reporter trainings. However, the CDSS collaborated with an expert at Rady Children’s Hospital to update the Mandated Reporter training to include information regarding Sentinel Injuries. This information was finalized in spring of 2017. Additional information on identifying the signs of child trafficking and exploitation was added to the general mandated reporter training in summer 2016, a training specifically tailored to all school personnel was developed and launched in August 2016, and a new training for child care providers was launched September 1, 2017.
• CDSS updated SBS and Safe to Sleep materials to contain the most current information, inclusive of resources for parents (i.e. the Child help National Child Abuse Prevention Hotline, as well as other hotlines and websites). Brochures are downloadable and available in multiple languages. The CDSS is promoting available educational information through its website, social media and partnering agencies including the Essentials for Childhood Initiative, the California Family Resource Association, local Child Abuse Prevention Councils, county First 5 Commissions and the Strategies listserv reaching 14,000 child welfare and prevention partners.

• CDSS has finalized an educational brochure and poster for Abusive Head Trauma Prevention and updated the Safely Surrendered Baby outreach and education materials with feedback from a variety of stakeholders including: County Child Welfare liaisons, Family Resource Centers, Child Abuse Prevention Councils, CDSS Healthcare Advisory Group members, CDPH representatives, and a pregnant and parenting teen focus group. All materials have been revised and redesigned to reflect a strength-based approach to prevention and incorporate the feedback of these stakeholder groups, including the addition of QR Codes on brochures to enhance the accessibility of materials through the use of technology. These materials have been printed through the Office of State Publishing, and are available for dissemination upon request. The materials were also posted in a downloadable format to the CDSS’ website, shared through OCAPS’s quarterly newsletter, and shared with social services partners via social media.

• CDSS is funding the University of Southern California, Children’s Data Network (USC/CDN) through a research grant to explore the potential of Predictive Risk Modeling within the California Child Welfare System. CDSS finalized the Predictive Analytics Grant with USC/CDN in Summer 2016 and the project will be funded through June 2018. A data sharing Memorandum of Understanding (MOU) between USC/CDN and CDSS has been finalized and will allow for sharing of CWS/CMS data, SDM assessment tool data, and child fatality related data. This project will involve ongoing advisory panel meetings with a variety of stakeholders from across the state to monitor progress and identify any potential issues around disproportionality or racial disparities.

• In an effort to collaborate with the healthcare sector on prevention efforts related to child abuse prevention, CDSS identified key stakeholders and convened the Healthcare Advisory Group (HAG) in September 2016. The agenda for this meeting included discussion of Mandated Reporter Trainings, review of educational materials for Safely Surrendered Baby program and Abusive Head Trauma, and discussion of plans to further address child maltreatment fatalities. The first meeting was well attended and resulted in feedback on our prevention materials, including suggestions to enhance the accessibility of materials through the use of technology, and new partnerships with CDPH on the Text4Baby program, a service that sends out educational messages to expecting and new parents to promote positive health outcomes for families. CDSS will convene this group twice annually to continue collaboration and build partnerships with the healthcare sector. Potential agenda items for upcoming meetings include discussion of the recent Comprehensive Addiction and Recovery Act (CARA) legislation related to substance exposed newborns, and further discussion on safe sleep recommendations.
• CDSS is continuing to review the referrals preceding child fatality and near fatality cases and provided analysis in the Combined 2014 Child Fatality and Near Fatality Report. CDSS is also partnering with UCB/CCWIP and USC/CDN to develop more advanced analyses of fatality and near fatality cases.

• As a result of the review of 2012-2014 incidents with prior child welfare history, CDSS learned that counties differ in their practice of how nonparent perpetrators are entered into the system. Without proper documentation regarding these perpetrators of fatal abuse and neglect, future hotline screeners may not know this crucial piece of information if another allegation of abuse or neglect is made involving that same individual in the future.

• In response, CDSS released an All County Letter in on the appropriate investigation and documentation practice for documenting child maltreatment fatalities caused by non-parent perpetrators.

CDSS convened the Critical Incident Workgroup (CIW) – a multidisciplinary and interagency group aiming to reduce and prevent child fatalities and near fatalities caused by abuse and neglect. CDSS staff are working on a joint letter between the California Department of Justice (CDOJ), California Department of Public Health (CDPH) and CDSS to be distributed to law enforcement agencies and coroners’ offices regarding their role in California’s child fatality reporting system, particularly pertaining to maltreatment-related fatalities and near fatalities. CDSS staff are also working with the CIW to develop toolkits for local child death review teams and child welfare agencies, which would include resources such as child fatality and near fatality incident review instruments, common definitions, policies and procedures, and other guidance.

Additionally, via the CIW, CDSS staff in collaboration with DOJ and CDPH staff are in process of finalizing an Interagency Agreement (IAA) for the purpose of exchanging, matching, reconciling, and analyzing confidential and non-confidential data maintained by each agency related to child abuse or neglect related deaths, including data from Vital Statistics (death certificates) and Fatal Child Abuse and Neglect Surveillance (FCANS) system (local child death review team data) from CDPH, and Supplemental Homicide Records and the Child Abuse Central Index (CACI) from DOJ. The need to establish accurate information on the nature and extent of child abuse and neglect related fatalities is critical for the coordination and integration of state and local efforts to address fatal child abuse and neglect, and to create a body of information to support efforts to prevent child maltreatment-related deaths. In order to support and integrate state and local efforts to address and prevent child abuse and neglect related deaths, the CDSS, CDPH, and DOJ are committed to collective efforts to establish and enhance the accuracy of information available regarding child maltreatment deaths. The overall goal of this IAA is to improve the capacity of California to identify, analyze, and conduct research of fatal child maltreatment, and ultimately, to improve outcomes for children and families by strengthening available data to support state and local policies, practices, strategies, and services that may reduce child maltreatment deaths.
These activities, specifically the work in the CIW, meet the new requirements established under PPPSA.

**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 2017 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. ACL 17-107 provided guidance and included specific information on the development of Plans of Safe Care for drug-exposed infants.

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.

In September of 2017, the CWPPDB issued ACL 17-92, which informed counties of the requirements of the federal Child Abuse Prevention and Treatment Act (CAPTA) and the Comprehensive Addition Recovery Act of 2016 (CARA), Public Law 114-198. This ACL set forth the existing statewide policies and procedures that counties must follow to meet these federal requirements. In addition, the CWPPDB is drafting an ACL that will provide instructions to
counties describing any new data fields in the CWS/CMS that will be used to meet federal National Child Abuse and Neglect Data System reporting requirements under CARA.

All California county child welfare agencies utilize the Structured Decision Making (SDM) suite of assessment tools.

This means each child referred to child welfare should be assessed using the SDM Safety Assessment, which includes a specific checkbox for a drug or alcohol exposed infant. The marking of any checkbox on the form triggers the need for a safety plan, which considers both the family’s needs and strengths and can include a variety of interventions, from drug treatment and testing, to use of other family members to ensure safety, or to the removal of the child if necessary. Once a Safety Plan is implemented, the social worker assigned to the family is responsible for monitoring the plan to ensure it is being followed and to determine if a case should be opened for ongoing services, or if the referral can be closed as the situation has been stabilized.

Additionally, the OCAP currently collaborates with the California Department of Public Health through the Essentials for Childhood Initiative to address the issue of child maltreatment as a public health issue. This collaboration is a natural vehicle for further prevention work targeting substance exposed newborns. The Essentials Project focuses on raising awareness and is committed to promoting safe, stable, nurturing relationships and environments; creating the context for healthy children and families through social norms change, programs and policies; and using data to inform actions.

The OCAP also facilitates a Healthcare Advisory Group to address cases involving substance exposed newborns, which includes discussions of prevention and intervention best practices. Members of this group include doctors, nurses and other staff in the healthcare and public health fields.

The OCAP and CDSS could benefit from TA of how to collaborate with the medical community to facilitate the development of partnerships with community-based organizations to connect women of child bearing age to basic needs and supports.

**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

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.

**Lead4Tomorrow**

The Family Hui program, delivered by Lead4Tomorrow, engages parents and provides them with opportunities to participate in state and local policymaking. Parents who participate in Family Hui receive training on Adverse Childhood Experiences (ACEs) and develop a network of other families to provide mutual support. The program also helps parents to develop leadership skills and engage with their communities. Family Hui participants have attended leadership training seminars and attended child welfare policymaking meetings. Lead4Tomorrow has also provided resources on how to involve parent leaders in a trauma-informed manner. The Family Hui program helps enhance social connections and support for at-risk families. It builds protective factors and lowers the risk for child abuse and neglect. Parent leaders also provide vital feedback to the child welfare system on how to improve and become more trauma-informed.

**Strategies 2.0**

CAPTA funds are used to support the Strategies 2.0 program, a new three agency collaborative beginning in the 2016-17 State Fiscal Year. The new collaborative consists of The Child Abuse Prevention Center of Sacramento, San Diego State University- School of Social Work- Social Policy Institute, and Children’s Bureau of Southern California. Collectively they are 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. Strategies 2.0 is a vital component of the informal prevention network, and has for years built the capacity of hundreds of organizations to support families to prevent abuse.

Strategies 2.0 remained the OCAP’s primary vehicle for delivering trainings to community based organizations in Fiscal Year (FY) 2016-17. The four guiding principles for Strategies 2.0 trainings provided in FY 2016-17 were:
- Trainings will build the capacity of organizations to better understand and implement the Strengthening Families Framework;
- Focus on special topics which will assist with recognizing and implementing practices that prevent child abuse and neglect;
- Build the capacity of family support agency staff or leadership capacity, including, but not limited to, accountability, outcomes and implementing evidence-based practice and;
- Promote family engagement.
Table 30: In FY 2016-17, Strategies 2.0 Training Outputs Achieved, FY 2016-17:

<table>
<thead>
<tr>
<th>Trainings Delivered Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Webinar</td>
</tr>
<tr>
<td>9 (12%)</td>
</tr>
<tr>
<td>Classroom</td>
</tr>
<tr>
<td>64 (88%)</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>73 (100%)</td>
</tr>
</tbody>
</table>

Table 31: Training Types Offered by Strategies 2.0 for FY 2016-17

<table>
<thead>
<tr>
<th>Training Types</th>
<th>Number Delivered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthening Families</td>
<td>22 (30%)</td>
</tr>
<tr>
<td>Special Topics for Child Abuse and Neglect Prevention</td>
<td>4 (5%)</td>
</tr>
<tr>
<td>Staff Leadership and Capacity Building</td>
<td>41 (57%)</td>
</tr>
<tr>
<td>Parental Resilience</td>
<td>6 (8%)</td>
</tr>
<tr>
<td>Total</td>
<td>73 (100%)</td>
</tr>
</tbody>
</table>

Thirty 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 41: Percentage Breakdown Types of Trainings Delivered

Types of Trainings Delivered

- Strengthening Families
- Special Topics for Child Abuse and Neglect Prevention
- Staff Leadership and Capacity Building
- Family Engagement

19% 14% 19% 53%

In their first year as a collaborative, Strategies 2.0 served trainees from 47 counties in California. Trainees came from a variety of professional backgrounds, and included participants from child welfare agencies, community-based organizations, state agencies, for-profit organizations, educators, law enforcement, healthcare and Native American tribal organizations.
Training Outcomes

Strategies 2.0 achieved the following evaluation rating scores (using a rating scale of one to five, with five representing the highest satisfaction rating) regarding the in-person and web-based trainings provided for State Fiscal Year 2016-17:

Table 32: Evaluation Ratings of Strategies Trainings, by topic, State Fiscal Year (July 2016-June 2017)

<table>
<thead>
<tr>
<th>Strategies 2.0 In-Person Training Topics</th>
<th>Average Final Rating Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Culturally Proficient Professional</td>
<td>4.1</td>
</tr>
<tr>
<td>Case Management Essential</td>
<td>4.7</td>
</tr>
<tr>
<td>Home Visiting Essentials</td>
<td>4.5</td>
</tr>
<tr>
<td>Facilitating Change Talk</td>
<td>4.6</td>
</tr>
<tr>
<td>An Introduction to the Protective Factors</td>
<td>4.5</td>
</tr>
</tbody>
</table>

Training Feedback Received

To be reflexive to the needs of counties, and community based partners, Strategies 2.0 is tasked with developing custom trainings on a variety of topics in order to develop, operate, expand and enhance community-based child abuse prevention and neglect activities.

Technical Assistance

In addition to training, Strategies 2.0 provided individualized TA in support of 12 child abuse and neglect prevention projects across California. The 12 technical assistance projects focused on major topical areas including:

- Collaborative partnerships
- Network development
- Strengthening Families Framework
- Trauma-informed care
- Program assessment and evaluation

Table 33: Technical Assistance Project Types Provided, State Fiscal Year (July 2016-June 2017)

<table>
<thead>
<tr>
<th>Type of TA Projects</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Technical Assistance</td>
<td>12</td>
</tr>
</tbody>
</table>
Technical Assistance Outcomes

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 2017, 418 programs were listed on the CEBC web site. Of the programs that were submitted for rating, approximately 32% were rated. Almost 68% were not able to be rated because the CEBC found they had not been rigorously evaluated and/or did not meet other CEBC rating criteria. In FY 2016-17, they have had a slight increase in visitors for most months in comparison to the previous year. The graph below shows in FY 2016-17, the CEBC averaged 24,633 visitors per month. The CEBC has continued to promote the website at conferences and on social media. They have also started to provide implementation resources on the CEBC, which increases the usefulness of the site.
The CEBC website has continued to undergo updates to make it more user friendly. The CEBC has continued to use both Twitter and Facebook and their number of posts and followers dramatically increased over FY 2016-2017.

During SFY 2016-17 the California Evidence-Based Clearinghouse (CEBC) hosted and executed several webinars, presentations and trainings on implementing evidence-based and evidence-informed programs.

CEBC staff updated online materials for selecting and implementing evidence-based programs. The CEBC also developed and posted new implementation resources to help users understand different types of research evidence.
Staff started to provide technical assistance to users via email and telephone and a number of agencies have utilized these services to select and implement an evidence-based program.

Fifty-six new programs were added to the CEBC website and two new topic areas were added: Kinship Caregiver Support Programs and Child Welfare Workforce Development and Support Programs.

In addition to expanding the CEBC’s library of evidence-based and evidence-informed programs and practices, CEBC staff presented or hosted the following webinars:

- Utilizing the CEBC to Address Adolescent & Adult Substance Abuse
- Using the California Evidence-Based Clearinghouse to Select the Right Evidence-Based Practice
- Using the California Evidence-Based Clearinghouse to Understand and Implement Practices that Meet the Diverse Needs of Children and Families
- California’s Continuum of Care Reform: Using the Evidence-Based Clearinghouse to Identify & Support New Core Service Programs

CEBC staff wrote or co-wrote the following articles and submitted them to journals:

- “Selecting and Implementing Family-Centered Evidence Based Practices in Child Welfare”
- “Using the California Evidence-Based Clearinghouse for Child Welfare as a Tool for Teaching Evidence Based Practice”

**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.

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

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15 For additional information visit: https://www.childwelfare.gov/pubs/issue-briefs/differential-response/
of training and technical assistance (TA). As previously stated, Strategies 2.0 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 2.0 provided training and TA to all California counties. Strategies 2.0 buttressed their training and TA with outreach through the use of newsletters, social media and the Strategies web site.

Training:

The FY 2016-17 saw Strategies 2.0 complete a total of 78 trainings to more than 2,800 participants. Trainings included those scheduled in the Strategies 2.0 training catalogue for the general public and customized according to agencies’ requests and needs. Highlights of customized trainings offered by Strategies in FY 2016-17 to embed systemic change included:

<table>
<thead>
<tr>
<th>Training</th>
<th>Training Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management Essentials</td>
<td>Learn the key elements for building strong families and communities. Case management is not simply providing direct services. For long-lasting change, staff must work collaboratively with their clients.</td>
</tr>
<tr>
<td>Home Visiting Essentials</td>
<td>Explore the activities of a home visitor and some strengths-based strategies for engaging families and communicating effectively. Learn about documentation, mandated reporting, professional boundaries, time management, and the three stages of home visiting.</td>
</tr>
<tr>
<td>An Introduction to the Protective Factors</td>
<td>Learn family-strengthening strategies that can be incorporated into your day-to-day work with families and identify how the presence of the Protective Factors are directly linked to the reduction of child abuse and neglect.</td>
</tr>
<tr>
<td>Facilitating Change Talk</td>
<td>Learn about Stages of Change and strategies for eliciting change talk. You will have the opportunity to practice communication skills and techniques that you can begin using immediately!</td>
</tr>
<tr>
<td>Culturally Proficient Professional</td>
<td>Actively engage in self-reflection while recognizing and challenging your ideas, biases, and beliefs about culture. By the end, you will have identified personal strategies to practice cultural proficiency when partnering with children, families, and community organizations.</td>
</tr>
</tbody>
</table>
**Technical Assistance**

The OCAP awarded many first time grants during FY 2016-17. In an effort to support grantees towards a successful grant term, the OCAP utilized the Strategies 2.0 team to provide consultation and TA to the 11 new Community in Unity and Innovative Partnership Grantees.

Below is a chart providing highlights of each TA project:

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Project Location</th>
<th>Type of Consultation</th>
<th>Brief Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASA of Mendocino and Lake County</td>
<td>Del Norte, Humbolt, Mendocino, and Lake counties</td>
<td>Group</td>
<td>Aided in assessing the strengths and needs of the region, as well as provided training.</td>
</tr>
<tr>
<td>Central California Coalition of CAPC</td>
<td>San Joaquin, Fresno, and Kern counties</td>
<td>Group</td>
<td>Focused on prevention strategies to address the needs of at-risk infants, children, and families impacted by poverty. FY 2016-17 focused on poverty as a major contributing factor of child abuse and neglect.</td>
</tr>
<tr>
<td>Colusa County CAPC</td>
<td>Colusa County</td>
<td>Group</td>
<td>Supported and strengthened the existing network of counties in northern California to form a CAPC Council.</td>
</tr>
<tr>
<td>Greater Bay Area CAPC Coalition</td>
<td>Greater Bay Area</td>
<td>Group</td>
<td>Supported Coalition in research and implementation the five protective factors in a ten-county region. Each of the participating counties will update and strengthen their community education programs using the Five Protective Factors.</td>
</tr>
<tr>
<td>Health Care Foundation of Ventura County</td>
<td>City of Santa Paula, Ventura County</td>
<td>Group</td>
<td>Supported the Santa Paula Community in Unity Project’s goal that community members effectively participate, contribute, and co-lead the activities of the</td>
</tr>
<tr>
<td>Project Name</td>
<td>Location(s)</td>
<td>Group</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------------------------------------------------------</td>
<td>------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Coastal Tri-Counties CAPC Coalition</td>
<td>San Luis Obispo, Santa Barbara, and Ventura</td>
<td>Group</td>
<td>Expanded the capacity of the Coastal Tri-Counties Child Abuse Prevention Coalition to improve access to parent education resources designed to strengthen parental resilience in Santa Barbara, San Luis Obispo, and Ventura Counties.</td>
</tr>
<tr>
<td>SBCC Thrive LA</td>
<td>Los Angeles County</td>
<td>Group</td>
<td>Aimed to increase the presence of the Five Protective Factors within Los Angeles County by expanding their Preschool Without Walls program, increasing constituent engagement and knowledge through workshops and eight SPA specific Facebook pages, and develop leadership skills within community representatives.</td>
</tr>
<tr>
<td>Safe and Sound</td>
<td>San Francisco</td>
<td>Group</td>
<td>Provided consultation regarding the collective impact initiative and their efforts to unite public and private partners.</td>
</tr>
<tr>
<td>Sierra-Sacramento Region- CAPC Coalition</td>
<td>Sacramento</td>
<td>Group</td>
<td>Efforts focused on assessing the strengths and needs of the region while promoting the Strengthening Families framework.</td>
</tr>
<tr>
<td>UpValley Centers of Napa Valley</td>
<td>Napa County, Calistoga</td>
<td>Group</td>
<td>UpValley is the backbone agency for an existing birth to college collective impact initiative. The focus is to reduce substance abuse among youth and adults,</td>
</tr>
</tbody>
</table>
### 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 moderator 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.

The Office of Child Abuse Prevention has awarded a contract to Big Picture Research and Consulting who will facilitate California’s three (3) CRPs to evaluate the Child Welfare System (CWS) at the state and local level. Big Picture Research and Consulting will plan, guide, and

<table>
<thead>
<tr>
<th>WE CAN Coalition</th>
<th>Orange County</th>
<th>Group</th>
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<tr>
<td>increase financial sustainability among families in the community and implement collective impact partnerships to support sustainable changes.</td>
<td>The WE CAN Coalition has broad representation from over 60 organizations and more than 100 programs and partnerships are represented. Strategies’ staff is providing technical assistance regarding the strategic development and implementation of the Coalition’s growth, scope of work and execution of projects.</td>
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</table>
manage each CRP function in accordance with federal guidelines (42 U.S.C. Section 5106a(b)) and in alignment with the strategic plan of the CDSS’ Office of Child Abuse Prevention. Big Picture Research and Consulting will ensure that each CRP contributes to an annual report that includes the findings and recommendations of each CRP to the Office of Child Abuse Prevention and to the public. The California Department of Social Services will utilize the annual report to address whether or how the state will incorporate the recommendations of the CRPs to make measurable progress in improving the state child welfare services system.

The CRPs are focusing on Prevention, Children and Family Services and Critical Incidents. Each CRP has 12-15 members. CRP members will be a mix of community members and professionals.

California previously maintained two county-based CRPs located in San Mateo County and Ventura County and a statewide CRP through the Prevention and Early Intervention (PEI) Subcommittee of the California Child Welfare Council (CWC). Each CRP received $25,000 annually. Historically, the Office of Child Abuse Prevention (OCAP) has provided individual grants to each of the CRPs. In 2015, the California Department of Social Services Legal Division sent a memo to the OCAP which stated that because the grants fulfill the state’s statutory obligation to establish a minimum of three CRPs in order to receive CAPTA funding, the state is receiving a reciprocal benefit directly from these agreements and they should therefore be issued as contracts. The Legal Division’s memo clearly stated that it was imperative for the OCAP to shift these grant agreements to contracts for fiscal year (SFY 16/17), which was extended an additional year when the OCAP showed that it was taking steps to release a Request for Proposals (RFP) for bid, with a contract start-date of July 1, 2017.

During SFY 2017-18 each panel will engage in meaningful activities to assure the well-being, safety, and permanence of children and families in their communities and throughout the state. Recommendations are currently being finalized by each group and will be complete in July 2018.

**Critical Incident CRP**

A Critical Incident Workgroup (CIW) is currently functioning. Its specific role is to support CDSS’ Critical Incident Oversight and Support Unit, advising generally around reporting, disclosure and facilitating collaboration between State agencies, County partners, and local Child Death Review Teams. The proposed Critical Incident-focused CRP will be a beneficial partner to the CIW, as the CRP can research what is happening on the ground level with service providers and what programs and services are needed statewide to address high priority needs. The CRP will provide the CIW with potential future action items, in addition to its objective of providing recommendations to improve the child welfare system around the topic of Critical Incidents as a whole.
Children and Family Services CRP

Existing committees of the Child Welfare Council focused on children in care will review policy and trends which may affect that population. The Children and Family Services CRP will focus on ground-level practices affecting children in care. Recommendations made by existing committees will inform the CFS CRP as they decide which intervention practices should be given priority.

Prevention CRP

The Prevention CRP will review policy and trends which may affect the welfare of children and families at risk of abuse and neglect. This can include policy related to education, health (physical, mental and behavioral), as well as other areas identified as impacting at-risk children and families. Based on the current policies this group will provide recommendations for ground-level work to improve the welfare of children and families or possible policy changes.

Training and Technical Assistance

The OCAP will work closely with the selected facilitator to ensure that the CRPs are meeting their obligations. The OCAP wants the CRPs to provide a more comprehensive evaluation of state and local child protective services agencies. The OCAP provided a list of potential topics for each of the panels to consider as they conducted their evaluations. The CRPs are required to conduct an application process for CRP members, set term-limits for chairpersons, and the adoption of by-laws to aid group structure. The CRPs will be strongly encouraged to conduct their evaluations in a data-informed capacity, and the facilitator is expected to not only facilitate, but to provide research and data for the panels.

INDIAN CHILD WELFARE ACT (ICWA)

The Department recognizes the need to consult, collaborate and coordinate with all federally-recognized tribes within their jurisdiction on all aspects of the development and oversight of the 2015-2019 CFSP. Federal law and regulations also separately identify several key child welfare issues about which the state must consult and coordinate with tribes and then report on the outcome of these discussions. These issues include state compliance with the Indian Child Welfare Act (ICWA); the arrangements for providing services in relation to permanency planning for tribal children, whether in the care of the state or tribe; and the provision of independent living services under the Chafee Foster Care Independence Program (CFCIP).

CDSS has noted in previous APSRs that this area continues to be in need of improvement. Protecting American Indian/Alaska Native (AI/AN) children, strengthening their families, and meeting the goals of ICWA requires a complex system of child welfare services that involves many different entities, including law enforcement, the courts, social services agencies and
tribal nations. To improve consultation efforts with California tribes, CDSS and tribes began work on a formal government-to-government Tribal Consultation Policy (TCP). With the TCP fully developed and implemented, it will be one of several vehicles by which the CDSS will consult and collaborate with tribes on the implementation and assessment of the CFSP in the future. California has the foundations of making a meaningful contribution to the success of the ICWA, but additional resources are critical for continued success.

Consultation and Coordination Between State and Tribes

Office of Tribal Affairs

The Office of Tribal Affairs (OTA) was instituted by the CDSS in 2017 to fulfill legal and regulatory mandates involving both compliance with ICWA and engagement with Indian tribes in California. The OTA has the primary responsibility of building better government-to-government relationships with California Indian Tribes, Counties and Tribal Governments, as well as working with Native American stakeholders as outlined in Governor’s Executive Order B-10-11 and Welfare and Institutions Code 16500.9. Fostering of these relationships necessitates an investment of time and extended travel throughout the state which is particularly challenging given the presence of 109 federally recognized tribes in California. In the context of CDSS, tribal issues are Department-wide, spanning multiple program areas. OTA serves as an advisor to leadership throughout the CDSS to use best practice strategies when working with tribal governments in consideration of policy decisions and regulations that impact tribes, as well as using appropriate protocols and cultural competency.

The OTA enhances efficiency and responsiveness by implementing a mechanism that creates a centralized, coordinated process to address policy as well as program development, while disseminating tribal work throughout the Department. The CDSS believes this approach supports and enhances the full spectrum of tribal engagement in a manner that is sustainable and responsive to diverse tribal interests and needs. Other OTA mandated functions include acting as a clearinghouse for tribal information and addressing CDSS staff and social worker training needs.

The concept of the OTA, which was developed in response to conversations with ICWA subject matter experts, involves a centralized executive-led policy approach to tribal affairs, with the CDSS Director serving as the CDSS Tribal Liaison, facilitated by an OTA Director and two analyst positions. In addition to enhancing communication, this staffing approach ensures accountability by centralizing oversight, both of counties implementing child welfare programs, but also throughout all divisions within the CDSS. As tribes assert their authority over child welfare, a singular approach focused on ICWA alone is no longer adequate. There is a need to integrate and institutionalize tribal activity throughout the CDSS to engage the full range of resources and expertise. CDSS’s Office of Tribal Affairs will also work to improve the process by which Annual Progress and Services Reports are exchanged between the Department of Social Services and federally recognized tribes in an effort to provide longer review periods.
The role of the OTA Director includes:

- Planning, leadership, coordination and oversight of tribal affairs.
- Implementing a responsive, coordinated and sustainable process to assure consistent and integrated policy, program and practice for statewide application of ICWA.
- Working with a diverse population of state, county and federal stakeholders to ensure effective communication and feedback processes with tribes and Native stakeholders.
- Assisting the Tribal Liaison (the CDSS Director) within the capacity of tribal affairs.
- Working with the CDSS Division's branch and bureau leadership to establish priorities, initiatives and tribal outreach efforts.
- Providing oversight, such as technical assistance and tracking of federal IV-E and IV-B related activities as well as monitoring corrective action plans.
- Coordinating and monitoring implementation of the CDSS Tribal Consultation Policy.

**Tribal Consultation Policy (TCP)**

The purpose of the TCP policy is to guide consultations between the CDSS and the 109 sovereign federally recognized Indian Tribes in California on policies and procedures that affect Tribes in California, in recognition of statutory mandates and Federal and State Executive Directives to establish formal government-to-government consultations. The CDSS recognizes that Tribal cultures are unique, with their own distinct history and traditions. The CDSS understands that tribes are interested in CDSS policies and programs that may affect the Tribe, their members and the Native American population in California.

The TCP is anticipated to promote positive, achievable durable outcomes. In doing so, the policy calls for the establishment of workgroups and taskforces approved through tribal consultation. These workgroups and taskforces are intended to provide subject matter expertise on particular technical, legal, regulatory or policy issues. The consultation policy is not intended to preclude collaborative efforts between CDSS and Indian Tribes or Indian organizations outside of the processes described in the policy. was finalized and effective June 6, 2017.

**Consultation Efforts**

Expansive geographical and cultural differences among the 109 federally recognized tribes in California create challenges to the facilitation of consultation, however, the CDSS Director offered all federally recognized tribes in the state the opportunity to consult on a one-on-one basis with the OTA Director on his behalf. To date, the OTA Director has visited over thirty tribes throughout the state to engage in formal consultation on issues ranging from government-to-government work and initiatives with tribes, effective ways to work collaboratively on complex issues, the development of the CDSS Tribal Engagement Strategy, as well as input into the foundation of CDSS OTA. These consultations provided tribes the opportunity to discuss CDSS program information that directly impacts tribes, a summary of efforts made by the Department to work toward compliance with the ICWA, and an overview of
initiatives underway in the CDSS and OTA. To date, the OTA Director has visited over 30 tribes throughout the state which allowed for the gathering of data and feedback to report back to all Department leaders. Once the consultation concludes this fall and all feedback has been received, a summary will be posted to the CDSS website.

Additional consultations have included regulatory updates of the Division 31: 100: Intake within the Manual of policies and Procedures and Tribal Customary Adoptions (TCA). The purpose of the TCA consultation was to consult with tribal leaders prior to promulgating regulations for addressing the conflict between California adoption laws and tribal cultural practices and laws regarding the termination of parental rights. The TCA process allows for an Indian child to achieve permanency through adoption without the termination of parental rights. The purpose of the Division 31-100: Intake consultation was to invite tribal feedback and comment on Intake provisions within the Manual of Policies and Procedures, Division 31 regulations. These regulations provide legally-binding federal guidance on how to implement ICWA.

The CDSS will also periodically consult with the Governor’s Tribal Advisor to determine whether to hold a Tribal Consultation Summit meeting with tribal leaders to provide general updates on CDSS activities even if there are no currently pending matters that are in the consultation process. At these convenings, the CDSS will have participants who have decision-making authority. The 2018 Consultation Summit is scheduled for September 20th and will potentially include topics such as the Tribal Engagement Strategy, the Foster Youth Bill of Rights, human trafficking initiatives, clarification on Tribally Approved Homes and Resource Family Approval, SB 1460 and Tribal Title IV-E implementation and agreements.

Stakeholder Engagement: Tribal Engagement Strategy, Tribal Advisory Committee and the Annual ICWA Conference, ICWA Consortiums, Tribal Organizations

CDSS stakeholder engagement activities serve as forums to bring together state, county, tribal, and American Indian community resources to help identify and address opportunities and key areas of concern that affect the wellbeing on Indians and tribes in California. The feedback and recommendations received through such activities inform the parties on issues relevant to American Indians and tribes and supports the CDSS’ formal consultation with federally recognized tribes in California. Through engagement with tribes and counties, the OTA develops recommendations and/or provides expertise on particular technical, legal, regulatory or policy issues related to child welfare and ICWA. The feedback and recommendations received through such activities inform the parties on issues relevant to American Indians and tribes in California.

Tribal Engagement Strategy

One such method of capturing and promoting stakeholder engagement is in the creation of the Tribal Engagement Strategy (TES). The first phase of the TES included direct government-to-government consultations through one-on-one meetings with Tribal Leaders, their social
service staff and the OTA Director for the purpose of discussing effective ways to work with tribes on issues that have direct impacts on tribes. These meetings captured tribal feedback on the design of an engagement strategy to effectively address tribal matters. The second phase will be developed through strategic planning sessions with the CDSS, counties and tribes. The strategic plan will support the CDSS commitment to consultation, collaboration, and coordination with tribes.

**Annual California Statewide ICWA Conference**
The CDSS continues to support the Annual Statewide ICWA Conference by providing financial sponsorship, participating in sessions, and assisting with the development of the conference agenda. The conference venue alternates between northern, central and southern California, and is typically sponsored and organized by a volunteer host tribe or group of tribes in the selected area. The conference is conducted over two and one-half days and is attended by approximately 200 individuals consisting of state, tribal and county representatives, professionals from child welfare and child maltreatment prevention programs and agencies, law enforcement, judiciary, and foster/adoption agencies. The 2018 conference will be held in June at the Graton Rancheria in Rohnert Park, California. Key conference agenda items include:

- Title IV-E funding opportunities for tribes
- California’s Child Welfare CSEC Program and Tribal Engagement Efforts
- Tribal Customary Adoptions
- Tribal TANF and ICWA
- Resource Family Approval, Tribally Approved Homes and Tribal Criminal Background Checks
- CDSS 101 which is intended to demystify CDSS processes to help facilitate engagement opportunities for tribes and stakeholders.

**Tribal Court-State Court Forum (the Forum) – see also, Collaboration with Courts section at beginning of report**
The Judicial Council of California (JCC) operates the Forum, which is a coalition of tribal court and state court judges in California who come together as equal partners to address areas of mutual concern. These concerns often relate to the recognition and enforcement of court orders that cross jurisdictional lines, the determination of jurisdiction for cases that might appear in either court system, and the sharing of services between jurisdictions. The forum is convened for the express purpose of improving the working relationship between its members and enabling the state and tribal courts to issue and enforce their respective orders to the fullest extent allowed by law. The OTA director was appointed to the Forum in November 2017 as a member. Key agenda items for the 2018 meeting included a report on joint jurisdictional courts, tribal collaborations with local law enforcement to facilitate cross-jurisdictional protection of victims of domestic violence, trafficking in tribal communities, an update on the ICWA Task Force Report and an introduction of the CDSS Office of Tribal Affairs.
ICWA Compliance and Data Monitoring

*Through the Judicial Council of California’s (JCC’s) Tribal Court-State Court Forum*

In March of 2017, California ICWA Compliance Task Force Report was presented to the California Attorney General’s Bureau of Children’s Justice by the California ICWA Task Force. This report documents ICWA compliance concerns from the perspective of tribes and contains compliance-related recommendations, including the collection of data. It also generated an interagency collaborative effort consisting of CDSS program staff, the Judicial Council of California (JCC) and the California Tribal Families Coalition, a successor to the Task Force, to address the recommendations. Working with stakeholders, considerable foundational work has been undertaken on a Department Roadmap that will lay the foundation for improved consistency in ICWA compliance and statewide quality data. Response to the Task Force Report Recommendations includes:

- **Recommendation 1: Remediation of Tribal inequity in California Courts:**
  - (1) **Tribal Access to Records** - Tribes should be guaranteed access to paperwork, pleadings and minutes. The Child Welfare Policy and Program Development Bureau is currently developing an All County Welfare Directors Letter to provide guidance to counties on the need for collaboration with tribes on whom they may release records to when a tribe is involved in a child welfare case. The letter will encourage counties not to charge fees to tribes. Additionally, the JCC completed a revision of California Rules of Court, rule 5.552 to clarify the rights of tribes to have rights to the Juvenile Court files without the need to file a motion.
  - (2) **Appointment of Counsel or Resources to Retain Counsel for Tribes** - Currently there is no funding available at CDSS for this purpose. If CTFC secures legislature appropriation, the JCC could help with pilot designs and evaluate their project and facilitation. In response, the CTFC has sponsored legislation, AB 3076, to provide legal counsel for tribes in dependency cases where the ICWA applies.
  - (3) **Waiver of Pro Hac Vice** - CTFC has sponsored AB 3047 will waive the fee currently required for out-of-state tribal attorneys to utilize California’s “pro hac vice” process, which allows these attorneys to represent their client on a specific case. The fee waiver would only be permitted when the attorney is representing a tribe during a child custody proceeding where the ICWA applies. Waiving the fee will help ensure that tribes are rightfully represented in these important cases. Additionally, the Tribal Court- State Court Forum, has proposed an amendment to the California Rules of Court, 9.40 to exempt out-of-state attorneys representing tribes in cases governed by ICWA.

- **Recommendation 2: CDSS Must Exercise Oversight Authority**
  - The Department is currently in the process of modifying its California Child and Family Services Review (C-CFSR) to improve child welfare outcomes for children and their families in California. In its update, Department will include the development of ICWA measures for incorporation into the County oversight
process and is working with counties to include tribal stakeholders in focus groups as part of the County Self-Assessment process.

- To enhance county implementation of ICWA, the CDSS is currently in process of amending Division 31: 100 Intake of the Manual of Policies and Procedures to integrate ICWA (including higher standards of California law) throughout Division 31. A Tribal Consultation on this regulatory update was held on Nov. 9, 2017. This meeting was intended to solicit tribal input by tribal leaders or their designees prior to the submission of the Division 31 regulation package to CDSS’ Office of Regulation Development. Subsequent consultative workgroups convened through March, 2018.

- In addition to the Division 31: 100, consultation on Tribal Customary Adoptions (TCA) convened on November 9, 2017. CDSS anticipates completion of the TCA regulations with to occur within the next legislative cycle.

- CDSS has completed preliminary analysis of the following major federal regulations implicating tribes and ICWA, with attention to inconsistency with state law:
  - BIA Regulations. At a high level, CA law is significantly consistent with the new ICWA regulations, but implementation throughout the state is inconsistent. The state is currently engaged in collaborative efforts with California Tribes and our federal partners in order to ensure CA law and practice conform to federal regulations via AB 3176.
  - CCWIS Regulations. Includes required ICWA data elements and imposes data quality and completeness standards that require uniformity.
  - AFCARS Regulations. Includes a host of new ICWA data elements. Ambiguity will require policy guidance to drive uniformity throughout the state. In April of 2018, California submitted a letter to the ACF in support the proposed rulemaking change that extends the effective date for initiation of reporting on ICWA AFCARS, however, the state has taken the position that in the interim, California is committed to increased collection of ICWA data. To facilitate implementation of the ICWA AFCARS, which reach across all CFSD divisions and span the child welfare process, CDSS has developed a two-pronged approach. First is top-down Coordinated Oversight in which the OTA Director participate at the CFSD Division level to identify/clarify processes for decision making; monitor implementation; identify and clarify approaches to issues; and suggest and, as appropriate, participate in workgroups. The second part of this approach includes bottom-up development work. This includes the OTA Tribal Consultant will work with the CWDS data quality team to analyze ICWA AFCARS, identify issues and ambiguities that may require policy guidance, and make recommendations.

- Recommendation 3: CDSS should establish an office of Native American Affairs
  - Following a vetting of the concept with California Tribes, CDSS hired a Director for the Office of Tribal Affairs. The OTA implements a two-pronged approach
that both creates a centralized, coordinated process to address policy and program development, while disseminating tribal work throughout CDSS to engage the full range of department resources and expertise.

- **Recommendation #4: Legislatively Mandated Workgroups**
  - CDSS includes a tribal representation seat in various workgroups and advisory bodies (such as PIAC and the Oversight Committee for CWDS), although tribes have not historically been in a position to make the commitment to participate.
  - Through formal government-to-government consultation efforts beginning in December of 2017 and running through May 2018, the Department has shared lists of current CDSS workgroups to solicit tribal participation within these workgroups to capture the voices of California Tribes.
  - In addition to consultation, the OTA Director has reached out to several Indian organizations and stakeholders to solicit participation in Department workgroups to include the California Rural Indian Health Board, the Judicial Council of California, the California Tribal Families Coalition, the Bay Area ICWA Symposium and the SERVE: Indigenous Community Social Workers for Change.

- **Recommendation 5: Amend Foster Care Bill of Rights to address ICWA & Cal-ICWA**
  - AB 1067 requires CDSS to convene a workgroup regarding the rights of minors and non-minors in foster care. The workgroup must include The Office of the State Foster Care Ombudsman (FCO), and DOJ among others. The CDSS effort is being led by the FCO who has initiated preparatory work and identified ICWA and rights of indigenous children for inclusion in the recommendations. FCO projects active engagement with stakeholders and Tribes commencing in the early fall.

- **Recommendation #6: Judicial Competency:**
  - This recommendation is out of the CDSS purview, however, through OTA led meetings with the CDSS, the JCC has assisted in drafting a response to the Task Force Recommendation. The JCC states that in the Welfare and Institutions Code 304.7 the legislature has established mandatory subjects of education for judicial officers sitting in a juvenile assignment. ICWA is not among those listed subjects. Mandatory education requirements impose a financial burden on local courts by requiring judicial officers to take time away from the bench. Currently Rule 10.462 (c)(4) mandates that each judicial officer in a new primary assignment is required to complete new primary assignment orientation within six months of beginning a new assignment. The Center for Judicial Education and Research “CJER” is responsible for identifying content for these courses. Although not specifically mandated in the rule, primary assignment orientation for juvenile dependency assignments does include Indian Child Welfare Act content. Staff of the Tribal/State Programs Unit work closely with staff in CJER on content and materials. In addition, ICWA content is regularly taught at the Juvenile Law Institute, the Cow County Institute—aimed at judicial officers in rural courts—and other venues for educating of judicial officers.
• Recommendation #7: ICWA Competency for Advocates, Party Representatives and Social Workers
  o CDSS supports the JCC Tribal/State Programs Unit through multi-year contract support, including the website with ICWA job aids and resources.
  o CDSS has revised the Common Core curriculum, incorporating a significantly increased emphasis on ICWA, and is taking a similar approach to the Supervisor Core now under development.
  o Response from the JCC states that while although the Council will not mandate educational requirements through Rules of Court, staff of the Tribal State Programs Unit are working to improve ICWA trainings to these groups. JCC has recently updated the Dependency Quick Guide for California (commonly known as the DOG book) to included ICWA content throughout. In addition, staff will be working with the California Court Appointed Special Advocates Association to update their ICWA resources and curriculum and offer our services in training.

• Recommendation 8: CDSS Tribal Consultation Policy
  o The CHHS Tribal Consultation Policy is finalized and became effective on June 6, 2017.
  o Through interaction with the JCC Tribal Court/State Court Forum, CDSS engages with subject matter experts on tribal jurisdictional issues, at times as stakeholders, but also via referral through the consultation process.

• Recommendation 9: Tribal Title IV-E Unit within CDSS
  o Piloting the two pronged approach adopted for the OTA, FCARB facilitates work with the two tribal IV-E Agreement tribes. Because of how IV-E issues spread across CDSS bureaus, the pilot suggests a single “unit” is not workable. FCARB will engage with OTA and CDSS leadership on how to most effectively coordinate and implement the full scope of tribal IV-E activity.
  o Current CDSS efforts include working with the Yurok Tribe to operationalize their IV-E agreement and assisting them with developing their social service model. Operationalization identifies tribal and county leads of contact, a framework for approach and program development and resource allocation.
  o CDSS is currently working on trailer bill language that is intended to allow for the state to advance federal reimbursement tied to federally eligible placements for tribes that are interested in implementing their own IV-E programs. This would allow for tribes to budget for staffing, training and program development costs necessary to bring a fully functioning IV-E program online.
  o The CDSS Office of Tribal Affairs will facilitate a tribe/county oversight group to articulate a coordinated implementation plan that will elaborate on how issues will be addressed by the various agencies.

• Recommendation 10: Data Collection
  o CDSS is actively engaged in development of a New System to replace the legacy CWS-CMS system. The New System is being developed with a user centered Agile approach. It will be Comprehensive Child Welfare Information Systems (CCWIS) and Adoption and Foster Care Analysis and Reporting System (AFCARS)
compliant and will include reporting on ICWA AFCARS data elements consistent with the regulatory mandate requiring reporting.

- CWDS engages with IV-E Agreement Tribes through regional user group representatives and a IV-E Agreement Tribe participates in the Courts Core County Group. CWDS looks forward to consulting with all CA Tribes to increase engagement with the new system development process.

- **Recommendation 11: Proportional Distribution of Federal Funding to Tribes, as Occurs in Other States**
  - More information and clarification is needed to inform a response. CDSS anticipates consultation with CA Tribes on funding issues.

- **Recommendation 12: Prioritize Implementation of Legislation**
  - CDSS prioritizes implementation of legislation. Across substantive areas, development of regulations may take time due to competing priorities and resource limitations.
  - CDSS is currently prioritizing work to identify ICWA policy and practice changes that may be required by regulatory developments, including federal ICWA regulations, revised CDSS Division 31: 100 Intake, CCWIS and AFCARS, for which the CDSS will develop work plans in collaboration with stakeholders and with CA Tribes via the consultation process.

- **Recommendation #13: Sanctions**
  - This is out of the purview of the CDSS.

- **Recommendation 14: Development of Culturally-Based Placement for High-Need Youth**
  - CDSS is currently undertaking the following activities:
    - Foster Parent Retention, Recruitment and Support (FPRRS) Funds are dedicated to identifying and recruiting potential foster caregivers, increasing relative placements, and eliminating barriers which cause caregivers to leave the system. Counties have provided plans and updates on how the FPRRS funds have been spent and how the county plans to spend the funds. Several counties, including Del Norte and Mendocino are specifically targeting recruitment, in various ways, of culturally appropriate placements of tribal youth.
    - In June of 2017, the National Resource Center (NRC) for Diligent Recruitment provided training and technical assistance regarding recruitment and retention of Resource Families in Rural and Tribal Communities. These trainings are interactive sessions with states and tribes and provide sustainable gains for each session, including formation of new partnerships, identification of new solutions, and specific strategies and plans for their implementation. Counties and tribes that participated include: Del Norte, El Dorado, Humboldt, Lassen, Mendocino plus tribal partners, Placer, Shasta, Karuk Tribe, Pinoleville Pomo Nation, Pit River Tribe, and Redding Rancheria.

- **Recommendation 15: Enforce and Implement the Judicial Council Strategic Plan and Operational Plan**
This recommendation is out of the CDSS purview, however, the JCC has assisted in drafting a response to this Task Force Recommendation. In general, the Judicial Council has engaged tribes and tribal representatives in various ways in furtherance of these goals. Efforts include:

- Conducting a series of roundtables on Tribal issues
- Conducting the Native American Community Justice Project
- Establishing the Tribal Court/State Court Forum as an advisory body to the Judicial Council of California
- Establishing the Tribal/State Programs Unit

**Recommendation #16: Consolidated Courts**

This recommendation is out of the CDSS purview, however, the JCC has assisted in drafting a response to this Task Force Recommendation which states that due to the unique needs and resources available to each court, organization of dockets and calendars is within the discretion of the local courts. Currently, the Superior Court of California, Los Angeles County has a dedicated ICWA Court. Staff of the Tribal State/Programs Unit are developing a “best practices” resource for state courts to improve ICWA compliance. This will include discussion of the effectiveness of using consolidated courts such as the ICWA Court in Los Angeles County or consolidated calendars or attempting to calendar cases involving the same tribe together.

**Recommendation 17: Concurrent Jurisdiction Court**

- CDSS provides contract support to the JCC’s Tribal/State Programs, including funding the annual in-person meeting of the Forum. In 2017 the CDSS sought and was granted a seat as a regular participant in the Forum to stay abreast and collaborate on such efforts.
- CDSS has identified tribal jurisdictional issues as an area requiring attention and plans to scope out issues and formulate related work plans, which may require involvement of not only tribes, but federal partners.

In addition, the JCC has responded to this recommendation by stating that Tribal/State Program staff have worked closely with the Shingle Springs Tribal Court and the El Dorado County Superior Court to develop the first concurrent jurisdiction court currently operating in California. Staff assisted in the application for grant funding and technical assistance; and the development of initial documents and agreements. Furthermore, staff are available to provide technical assistance in development of such concurrent or joint jurisdiction courts. **Recommendation 18: Ombudsperson – ICWA Training**

- Through the efforts of the OTA Tribal Consultant, CDSS is currently providing training on ICWA and Tribal Affairs to better equip the department to facilitate implementation of ICWA and to effectively engage with tribes in various capacities, including cross-jurisdictional and inter-governmental collaborations. These efforts have included the Office of the Foster Care Ombudsperson, but have extended beyond to other branches and bureaus within the CFSD.

**Recommendation 19: Contract with Culturally-Appropriate Service Providers**
On June 6, 2017, the CDSS is finalized its Tribal Consultation Policy which sets forth a process for engaging with tribes to facilitate implementation of collaborative innovations to, among other things, maximize resources available to Indian children and families. As outlined through the Tribal Consultation Policy, tribes can request consultation on funding and strategies to maximize services for Indian children.

- Recommendation 20: ICWA Units in Agencies

In California, child welfare programs are governed by a federal regulatory scheme and implemented and administered by the State of California through a State supervised/county administered system that is further regulated by state statutes, regulations, CDSS ACL/ACIN guidance, and local county processes. The approach to administration at both the federal and state level is to require adherence to basic regulatory mandates while allowing flexibility for local jurisdictions to accommodate their unique demographics. In this system and given the diversity among counties, mandating ICWA units is not feasible, but is encouraged where appropriate.

ICWA Initiative with JCC Tribal/State Programs Unit

Created in 2005, the ICWA Initiative has been a successful partnership between CDSS and the JCC. Funding for the ICWA was renewed for another three years beginning July 2016. The contract with the JCC promotes further collaboration with tribes, tribal courts, the DOJ and other organizations to identify, recommend, and implement statewide solutions to identified ICWA compliance issues. Educational resources related to ICWA and/or child welfare and the juvenile court system and ICWA job aids were prepared and technical assistance provided to local courts, attorneys, child welfare agencies, and probation departments regarding ICWA compliance.

Through the Tribal/State Programs Unit, the JCC has established the following programs and services including:

1. A clearinghouse of resources
2. Tribal Court-State Court Forum activities
3. Comprehensive ICWA services
4. Education
5. Legal and court technical assistance

Indian Child Welfare Act Services

With funding from the CDSS for the ICWA Initiative, the JCC continues to work with courts and agencies to comply with ICWA by providing education, technical assistance, and resources statewide. Educational offerings include regional trainings and local collaborative workshops addressing the following ten topics: 1) When ICWA applies; 2) Exclusive versus concurrent jurisdiction; 3) determination of tribal membership or eligibility for membership; 4) notice to tribes; 5) tribal participation and intervention; 6) active efforts, including culturally appropriate services; 7) cultural case planning; 8) placement preferences; 9) qualified expert witnesses; and
10) permanency planning for Indian children, including Tribal Customary Adoption (TCA).

*Responsibility for CWS and Protections of Indian Children*
As a requirement of Public Law 280, California shares jurisdiction for public safety with the federally-recognized tribes in California. The Washoe Tribe of Nevada and California is the only tribe in California which currently exercises exclusive jurisdiction over child welfare proceedings involving Indian children who reside or are domiciled on the tribe’s reservation, or are wards of the tribal court, regardless of domicile or residence. With regard to services, those children are still citizens of the county/state and, as such, they have access to the same benefits as any other child in the county/state. For all other California tribes, the responsibility for CWS depends on whether the tribe or the county has jurisdiction of the child. Pursuant to PL 280, county CWS agencies share responsibility for emergency response services for any child in their geographic service area whether or not a tribe has a social services department.

The majority of Indian children are typically served under county jurisdiction when there is a report of abuse or neglect or the children enter foster care and services are provided to the child and family. Many tribes have established extensive social service departments and take primary responsibility for the care and custody of tribal children in their defined service areas. In situations where the county does respond to an emergency allegation and subsequently provides services to the Indian child, many tribes and counties collaborate on components of the case review. In an effort to promote ICWA compliance with regard to placement preferences and the right of tribes to intervene on behalf of a tribal child, CDSS continues to provide technical assistance to tribes and counties in the development of local MOUs. In some counties, the tribes and county have established such MOUs as well as local round table groups who meet to address tribal concerns regarding involvement in the decision making process for ICWA children. Although when under county jurisdiction, the county is responsible for the majority of services provided to an Indian child, when available and appropriate, tribes will provide those services directly through their own tribal resources.
Sources of Data and Goals for ICWA Compliance in the Next Five Years

Figure 43: Point in Time Placements of Native American Children, October 1, 2013-17, Agency: All, CWS/CMS CSSR Q4, 2017

The figure above includes all Native American children who have an open placement episode in the CWS/CMS on October 1, 2013 through October 1, 2017 by type of placement. The graph demonstrates that the total percentage of Native American children in Kinship placements has remained steady at about 34 percent between 2013 and 2017. The overall data illustrates the state’s continued commitment to prioritizing kin placements above all other placements as well as following placement preferences as outlined in the ICWA. There continues to be a downward trend from Group Home placements from 6.8 percent in 2013 to 5.8 percent in 2017. 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 2013 to 2017. Nevertheless, percentages for Group Home placements have declined from 2013 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 2017 identified 1.4 percent (850 of the 60,266) 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.

The Department is committed to enhancing data collection relating to Indian children and implementation of the ICWA, consistent with a host of federal and state initiatives. In 2016 the ACF issued the final rule on the CCWIS, as well as the final rule imposing scores of new ICWA data elements into mandated AFCARS reporting. In 2016 the Department of Interior issued a final rule revising ICWA regulations. These federal initiatives lay the ground work for the transformation of ICWA data. In addition, in 2017 a California Tribal Task Force Report on ICWA Compliance was presented to the state. This report included recommendations relating to ICWA data and generated an interagency collaborative effort to address the recommendations. Working with stakeholders, considerable foundational work has been undertaken that will lay the foundation for improved data collection, consistency and quality. 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. The Department is modifying its C-CFSR manual and has explored development of ICWA measures for incorporation into the County oversight process.

California supported extension of the effective date for commencement of reporting on the ICWA AFCARS. While California is committed to increased collection of ICWA data, an Advanced Notice of Proposed Rule Making issued by ACF suggests there may be modifications to the AFCARS final rule that could impact efforts going forward. While this complicates Department efforts, the Department is committed to moving forward and has budgeted for a full time position to assist with policy development and to inform the development of the new CCWIS system to ensure enhancements that will allow the system to capture ICWA compliance data.

Notification of Indian Parents and Tribes of State Proceedings
The state has given direction to county CWS agencies, through the Manual of Policies and Procedures (MPP) Division 31 Regulations and through All County Letters, to assess for Native American ancestry or tribal affiliation of all children who encounter CWS. The CWS agencies are further directed to immediately send formal notice to the identified tribe of the child’s current status and of upcoming court proceedings so that the tribe has the opportunity to verify the child’s tribal affiliation (or eligibility for enrollment in the tribe). This notification also allows the tribe to attend court proceedings and intervene on behalf of the Indian child.

California Rule of Court 5.481(b) further mandates that ICWA compliance notice must be sent in every case type falling under ICWA when there is reason to know an Indian child may be the subject of the proceeding. Mandatory Judicial Council form ICWA-030 mandates all of the information which must be contained in the ICWA notice.
Through consultation and collaboration with tribes, the state has identified that the official list of federally recognized tribes, maintained by the BIA, is only updated on an annual basis and therefore, is frequently out of date and does not contain correct addresses for tribes. In an effort to address this issue, CDSS developed a separate list of tribal addresses which it updates on a more frequent basis and is posted on the CDSS ICWA webpage for use by counties and tribes. Although the CDSS list is broadly used by most counties, due to limited resources, CDSS is only able to update this list twice a year. In addition, to ensure compliance with the federal ICWA, CDSS has made it clear that the Department’s list is for convenience and that the addresses maintained by the BIA must be used to avoid the possibility of ICWA court cases overturned due to incorrect noticing.

**Figure 44: ICWA Eligible Point in Time Placements, Point in Time October 1, 2013-17, Agency: All, CWS/CMS CSSR Q4, 2017**

<table>
<thead>
<tr>
<th>Oct. 1, 2013</th>
<th>0%</th>
<th>10%</th>
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<th>30%</th>
<th>40%</th>
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<tbody>
<tr>
<td>38.8</td>
<td>3.5</td>
<td>34.4</td>
<td>11</td>
<td>8.5</td>
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<td></td>
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<td></td>
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<tr>
<td>Oct. 1, 2014</td>
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<td>20%</td>
<td>30%</td>
<td>40%</td>
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<td>90%</td>
<td>100%</td>
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<tr>
<td>41.5</td>
<td>4.5</td>
<td>32.5</td>
<td>8.8</td>
<td>7.9</td>
<td>4.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Oct. 1, 2015</td>
<td>0%</td>
<td>10%</td>
<td>20%</td>
<td>30%</td>
<td>40%</td>
<td>50%</td>
<td>60%</td>
<td>70%</td>
<td>80%</td>
<td>90%</td>
<td>100%</td>
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<tr>
<td>40</td>
<td>3.9</td>
<td>32.9</td>
<td>10.4</td>
<td>7.3</td>
<td>5.5</td>
<td></td>
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<tr>
<td>Oct. 1, 2016</td>
<td>0%</td>
<td>10%</td>
<td>20%</td>
<td>30%</td>
<td>40%</td>
<td>50%</td>
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<td>90%</td>
<td>100%</td>
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<tr>
<td>42.1</td>
<td>5</td>
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<td></td>
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<tr>
<td>Oct. 1, 2017</td>
<td>0%</td>
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<td>20%</td>
<td>30%</td>
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</tr>
</tbody>
</table>

Data from the CWS/CMS indicate that over the last five-year period (October 2013 to October 2017) 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 38.8 percent in 2013 to 39.9 percent in 2017. While placements with relatives have increased overall, there has been a slight decrease in relative placement from 2016 to 2017, declining from 42.1 percent in 2016 to 39.9 percent in 2017. The number of placements in non-relative, non-Indian homes has decreased from 34.4 percent in 2013 to 32.9 percent in 2017. 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 MPP Division 31 Regulations for ICWA and continuing the training, and technical assistance for ICWA placement preferences. In October 2016, the CDSS completed revisions to integrate ICWA elements throughout the MPP Division 31 Regulations. Since the release of BIA regulations effective December 2016, the CDSS is currently working to update Division 31 Regulations to include implementation of the new federal requirements, such as, the Comprehensive Child Welfare Information Systems (CCWIS) and the Adoption and Foster Care Analysis and Reporting System (AFCARS). As part of tribal consultation, the CDSS engaged Indian tribes’ participation in multiple workgroups between January 2018 and March 2018 to gather tribal insights, concerns, and feedback on the proposed revisions to the Division 31 Regulations. The workgroups with tribes have resulted in a more impactful and comprehensive regulations package that better encourage and support collaboration between the Department and tribes.

The Adoption and Foster Care Analysis and Reporting System (AFCARS)

CDSS is actively engaged in development of a New System to replace the legacy CWS-CMS system used for child welfare case management. The case management new system, which will be known as the Child Welfare Services – California Automated Response and Engagement System (CWS-CARES) is being developed with a user centered agile approach. It will be CCWIS and AFCARS compliant and will include reporting on ICWA AFCARS data elements consistent with the regulatory mandate requiring reporting commencing 2021.

Child Welfare Data Analysis Bureau (CWDAB) engages with IV-E Agreement Tribes through regional user group representatives and a IV-E Agreement Tribe participates in the Courts Core County Group. The CDSS looks forward to consulting with all California Tribes to increase engagement with the CWS-CARES development process.

Active Efforts to Prevent the Breakup of the Indian Family

Three strategies have been established to include active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption: increased training, improved communication via tribal collaboration and CDSS staff support with technical assistance for tribes, counties and the public. Analysis regarding compliance with active efforts requirements in the ICWA is limited in that such information is documented in case files and court orders and not captured in CWS/CMS data.

The CDSS will continue work to improve ICWA compliance on active efforts through the provision of training, revision of the MPP Division 31 Regulations and technical assistance for both child welfare and court staff. The issuance of policy directives, improving standardized curriculum and the creation of desk aids are other strategies used to address active efforts compliance. The CDSS, in collaboration with the ICWA workgroup and Child Welfare Directors Association (CWDA), is incorporating the elements from the BIA Regulations 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 BIA Regulations elements such that the requirements of the ICWA are readily accessible to social workers as they are working with an Indian family.

**CFCIP Updates related to ICWA** – see CFCIP section above

**Plan for Ongoing Coordination and Collaboration**

**CDSS Technical Assistance**
Along with the technical assistance provided through the interagency agreement with the JCC, CDSS staff provides ongoing technical assistance to tribes, parents, family members of children in tribal or state jurisdiction, attorneys, adoption agencies, foster family agencies, as well as the general public. Much of this technical assistance is provided via phone call conversation. CDSS encourages ICWA compliance to all callers and provides best practice and guidance on ICWA issues or concerns. Staff responds to and/or direct the inquiries to the appropriate contacts and resources as needed. Technical assistance is provided on a broad range of ICWA-related topics, including but not limited to the following:

**California Tribal Families Coalition**
As a successor to the California ICWA Compliance Task Force, the California Tribal Families Coalition (CTFC) was formed to carry out the recommendations of ICWA Compliance Task Force. The Task Force Report was originally presented to the California Attorney General in March of 2017. The report contains many recommendations aimed at various entities and institutions involved in ICWA compliance. Since October 3, 2017, the CDSS has met regularly with the CTFC to discuss the CDSS response to these recommendations.

For a thorough description of CDSS and CTFC collaboration, please see the *Through the Roadmap for Response to the California ICWA Compliance Task Force* of the ICWA Compliance and Data Monitoring section. Collaboration with the CTFC is continuous and ongoing.

**Tribal Advisory Committee**
The Tribal Advisory Committee (TAC) will replace the ICWA Workgroup and serve as the new forum for tribes, counties, stakeholders and the CDSS to engage with each other on tribal matters. Key CDSS staff persons will serve as subject matter experts and serve as resources to the TAC. The development of the TAC is currently being vetted through consultation with federally recognized tribes throughout the state and will serve as a mechanism for engagement on tribal issues. The TAC does not replace consultation, it will support it by allowing stakeholders to collaborate with the CDSS and tribes to identify child welfare needs and discuss collaborative approaches to address these issues. The purpose of the TAC will be to help identify priorities and exchange views, information or advice regarding the management or implementation of CDSS programs and initiatives that affect tribes. As issues arise within the
TAC that constitute a need for a formal Tribal Consultation, these issues will be forwarded to the OTA to initiate the formal Tribal Consultation Process.

**Communication and Training**

Through consultation with tribes and discussion and collaboration with counties, it is evident that inconsistent data entry practices occur with the statewide CWS/CMS. Based on current data, ICWA eligible children represent one to two percent of the overall cases in the state. Based on consultation with tribes, it is believed that the actual percentage of cases involving American Indian and Alaska Native children is double or triple what is currently reflected in the CWS/CMS. It is believed this discrepancy occurs when a child’s ethnicity or race is not entered or identified correctly in CWS/CMS or when ICWA eligibility is determined and the case record is not updated accordingly.

Through the development of the new statewide CMS, more accurate data on Indian children should be achievable with this new system. In the interim, CDSS is exploring targeted ICWA data entry training options for county social workers as well as possible All County Information Notices to give additional direction to counties on how to more accurately input ICWA data. In addition, some tribal social services directors joined California Social Work Education Center (CalSWEC) to provide insight and direction to this committee on training needs necessary to address ICWA compliance issues at the county-level.

The Department is also actively developing processes to ensure the two tribes that have signed Tribal Title IV-E agreements with the state have the adequate training resources to implement and sustain their child welfare programs. Such training will include CWS/CMS new user training through the Regional Training Academies and CalSWEC. In addition the CDSS has obtained access to CORE social worker training for the two Tribal Title IV-E Tribes, which will ensure these tribes receive the same type of social worker training as is required for county social workers.

The CDSS will continue to participate in county-tribe roundtable and taskforce meetings to stay abreast of ICWA-related issues and concerns that arise at the local level. It is the goal of the CDSS to coordinate with and support the counties and tribes in the development of efficient policies and solutions to ICWA-related issues and concerns.
CHAFEE REPORT

Chafee Foster Care Independence Program and Education and Training

Program Contact Person:
Anthony Bennett, Manager
Transition Age Youth Policy Unit

Address
California Department of Social Services
744 P Street, M.S. 8-13-78
Sacramento, California 95814

Telephone No.: (916) 651-9974

The following document is arranged in accordance with the provisions of the U.S. Department of Health and Human Services, Administration on Children, Youth and Families Program Instruction ACYF-CB-PI-17-05 requirements.
Part 1: Program Overview

Throughout the State, California’s county administered Independent Living Programs provide services to help youth transition to independence. CDSS addresses youth needs by providing services in the core areas of education, career development, health and safety, daily living skills, financial resources and housing. Additionally, CDSS establishes regulations, policies, and procedures to assist the development of these programs within the counties and also provide technical assistance to counties in the provision of the care ILP services.

In 2012, California opted into the Extended Foster Care services program to better address the needs and services of those youth transitioning into adulthood (up through 21st birthday). As a result of the 2018 enactment of Public Law 115-123, the Family First Prevention Services Act (FFPSA), extended eligibility of the ETV program to youth up until their 26th birthday. California plans to opt into this amendment and extend ETV vouchers to youth up until their 26th birthday. There will be a five-year limit on the total length of time a youth can receive an ETV voucher, as in no event may a youth participate in the program for more than 5 years (whether or not the years are consecutive). The maximum annual amount of the voucher ($5,000) and its purpose (to apply toward the cost of attendance at an institution of higher education) remain unchanged. No more than 30 percent of Chafee funds may be used for room and board for youth ages 18 – 21.

To assist the aging youth population, California implemented the development of three transitional housing programs – Transitional Housing Placement Program (THPP) who are 16 to 18 years of age and currently in foster care, including those supervised by probation. California has the Transitional Housing Program-Plus (THP-Plus) for young adults who exited from foster care (including those supervised by probation) on or after their 18th birthday and are not yet 24 years of age (25 in counties that have opted to extend services per SB 1252). These are youth whose dependency jurisdiction, delinquency jurisdiction, or transition jurisdiction was terminated by the court pursuant to section 391, 607.2, or 452, respectively, of the Welfare and Institutions Code (WIC). Additionally, the Transitional Housing Placement-Plus Foster Care (THP+FC) is for Non-Minor Dependents (NMDs) who are in foster care, including those supervised by probation, ages 18 to 21. which have been included in this framework. After six years of implementing transitional housing programs, California is increasing efforts to analyze outcome data as well as acquiring qualitative data that will be used to increase efforts to better serve youth. As CDSS continues to analyze data outcomes, the CDSS and county stakeholders are implementing new strategies to improve outcomes. As the CDSS makes additional changes with policies and implementation youth, service providers and community partners will be informed of expansions or changes in policies and services through the All County Letter process, technical assistance through the TAY mailbox, Workgroups and Conferences.

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, 15568 youth were eligible for ILP services on January 1, 2018. This data does not include other categories of youth who are eligible for the ILP, including youth who exited to a Kinship Guardianship or were adopted after age 16, or entered a non-related legal guardianship in juvenile court after the age of eight. The past four years have demonstrated a decrease of youth, ages 16-21 in foster care, which is consistent to past years’ analysis of the trend to establish permanency for this age group.

**Figure 45: Point-in-Time Placements for Youth Ages 16-21 Years, Jan. 1, 2014 - Jan. 1 2018, Agency: All, CWS/CMS CSSR Q4 2017**

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 2016 beginning October 1, 2015 through September 30, 2017. This data is input into the CCWIS by the counties. Please see NYTD section Part 5 for findings.

- Also through NYTD, CDSS collects data from surveys of current or former foster youth in specific cohorts established at 17 years of age and surveyed again at ages 19 and 21. FFY 2015 focused on surveying the 19 year olds of the second cohort. CDSS met the required minimum goals for surveying youth in the in-care and out-of-care categories.

- CDSS collects data on the status of youth at the time they exit from foster care, referred to as “Exit Outcomes.” The Exit Outcomes for Youth Aging out of Foster Care Quarterly
Statistical Report (SOC 405E) has been updated to the SOC 405X and SOC 405XP for child welfare and probation respectively which collects data on youth who exit foster care during that quarter and includes information on outcomes, such as high school completion, enrollment in college, employment, housing, health care, permanent connections, and financial information. This report is publicly available on the CDSS website and includes data relevant to the extension of benefits beyond age 18. The revisions to this form were completed in FFY 2015 and released in the spring of 2015 in an All County Letter. The data for this report expands upon the information from the previous SOC 405E.

Based on data extracted from CWS/CMS, for youth who were between the ages of 15 and 21 at the time the service was received for FFY 2017 of the 21,181 eligible youth in care, 72.2 percent received at least one of 62,855 independent living services listed in Table 34. The percentage of independent living services received increased from 70.9 percent to 72.2 percent, while the number of clients in placement has decreased by 6.9 percent. This shows that although there are less youth in placements, the youth in care are receiving more services. Table 34 data indicates the statewide sum of services provided to all youth between the ages of 15 and 20. The data indicates the majority of youth received Consumer Skills/Home Management, Education/Academic Support and Transportation/Other Services. Table 34 provides the number of youth receiving by age throughout the state. As evidenced by Table 34, 18 year olds participate in the highest number of services. This data may indicate that 18 year olds increase services as they prepare to transition into adulthood.

The Exit Outcome data presented in Table 34 indicates the statewide percentages of youth who aged out of foster care in FFYs 2014 through 2017, 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 ages 20 and 21. Outcomes such as permanency, education, and educational services that are listed in this chart are described with explanations throughout this section. One of the changes that occurred with the implementation of extended foster care is that youth must exit foster care or extend in foster care at age 18. In prior years, youth were able to stay in foster care until they graduated high school or turned 19. With the new extension of foster care, youth must either extend in foster care or exit foster care at age 18. The exit outcomes for youth indicate an increase in the number of youth exiting foster care with a high school diploma. As youth have more options to be supported while accomplishing educational goals, the rate of high school diplomas increased. Youth are able to re-enter foster care multiple times between the ages of 18-21. Percentages of youth with a permanent connection have also shown an increase in in FFY2017. This shows that those who have remained in EFC were able to take advantage of the assistance and establish a permanent connection. This is also evidenced by NYTD data brief which shows high percentages of permanent connections amongst the 17, 19, and 21 survey participants. Youth are remaining in care longer and are engaged with
permanent supportive connections.

Table 34: Exit Outcomes Data for Youth who Aged Out of Foster Care (SOC 405E, Ages 18, 19 and other exits), FFY 2013-17

<table>
<thead>
<tr>
<th></th>
<th>FFY 2014</th>
<th>FFY 2015</th>
<th>FFY 2015</th>
<th>FFY 2016</th>
<th>FFY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18 &amp; 19 YR Old NMD</td>
<td>20 &amp; 21 YR Old NMD</td>
<td>18-21 YR OLD NMD</td>
<td>18-21 YR OLD NMD</td>
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</tr>
<tr>
<td><strong>Permanency</strong></td>
<td></td>
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</tr>
<tr>
<td>Permanent connection with at least one adult they can go to for support, advice and guidance</td>
<td>80%</td>
<td>80%</td>
<td>72%</td>
<td>92%</td>
<td>93%</td>
</tr>
<tr>
<td><strong>Housing</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arranged to live free of rent with someone</td>
<td>39%</td>
<td>31%</td>
<td>11%</td>
<td>24%</td>
<td>24%</td>
</tr>
<tr>
<td>Arranged to rent alone or with others</td>
<td>25%</td>
<td>28%</td>
<td>47%</td>
<td>42%</td>
<td>43%</td>
</tr>
<tr>
<td>Arranged to live in supportive transitional housing</td>
<td>12%</td>
<td>12%</td>
<td>9%</td>
<td>12%</td>
<td>14%</td>
</tr>
<tr>
<td>Arranged to live in subsidized housing</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
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<td>2%</td>
</tr>
<tr>
<td>No housing arranged</td>
<td>5%</td>
<td>3%</td>
<td>2%</td>
<td>4%</td>
<td>4%</td>
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<tr>
<td><strong>Education</strong></td>
<td></td>
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</tr>
<tr>
<td>Received High School Diploma</td>
<td>58%</td>
<td>54%</td>
<td>57%</td>
<td>64%</td>
<td>65%</td>
</tr>
<tr>
<td>Enrolled in a program to complete High School education</td>
<td>24%</td>
<td>20%</td>
<td>6%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Dropped out of High School</td>
<td>19%</td>
<td>13%</td>
<td>7%</td>
<td>13%</td>
<td>14%</td>
</tr>
<tr>
<td>Received GED</td>
<td>7%</td>
<td>6%</td>
<td>6%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Enrolled in College</td>
<td>20%</td>
<td>19%</td>
<td>31%</td>
<td>26%</td>
<td>25%</td>
</tr>
<tr>
<td>Plan to Enroll in College</td>
<td>17%</td>
<td>17%</td>
<td>16%</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>Enrolled in Vocational Education</td>
<td>4%</td>
<td>4%</td>
<td>5%</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Employment</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed Part-Time</td>
<td>14%</td>
<td>20%</td>
<td>25%</td>
<td>26%</td>
<td>28%</td>
</tr>
<tr>
<td>Employed Full-Time</td>
<td>8%</td>
<td>11%</td>
<td>25%</td>
<td>20%</td>
<td>21%</td>
</tr>
<tr>
<td><strong>Financial Assistance/Resources</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied for Food Stamps</td>
<td>22%</td>
<td>18%</td>
<td>26%</td>
<td>25%</td>
<td>24%</td>
</tr>
</tbody>
</table>
Data collection from the SOC 405X (Child Welfare) and SOC 405XP (Probation) consisted of data from the 3rd and 4th quarters of FFY 2017. Since FFY 2016 the new form combines the exits of 18-21 year olds. This data is listed in the far right column of Table 34.

Table 35 (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 2014 to 2017. Approximately 62,855 services were provided to eligible youth in FFY 2017, a decrease of delivered services in FFY 2016. This is due to the decrease of youth in care, but a higher percentage of youth are receiving ILP services. The percentage of 16-18 year old youth who received at least one ILP service has increased. The 16 year old population saw increase to 54.2 %, while the percentage of services for 17 year olds rose to 79.2 %, and 18 year olds to 84.3 %. The numbers for 19 year olds and 20 year olds receiving at least one ILP service were documented as 84.9% and 86.6% respectively. This shows that the majority of youth within these age groups are receiving some form of ILP support. In addition, these numbers reveal the increased utilization of independent living services as youth continue to extend foster care. The percentage of youth in placement receiving an independent living service has increased from 70% in FFY2016 to 72.2% in FFY2017. This 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. Essentially, ILP services offered from each category continue to be consistently high, indicating the positive effects of CDSS and county collaboration in regards to the ILP services offered to youth.
### Table 35: Number of ILP Services by Categories Provided during FFY 2013-17

**Data Reported in CWS/CMS for Foster Youth and Former Foster Youth Ages 15 – 20**

<table>
<thead>
<tr>
<th>ILP Service Types</th>
<th>FFY 2013</th>
<th>FFY 2014 **</th>
<th>FFY 2015**</th>
<th>FFY 2016</th>
<th>FFY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Services Provided</strong></td>
<td>63,153</td>
<td>68,906</td>
<td>72,499</td>
<td>68,454</td>
<td>62,855</td>
</tr>
<tr>
<td>Consumer Skills/Home Management</td>
<td>10,050</td>
<td>10,771</td>
<td>10,925</td>
<td>10,286</td>
<td>9,263</td>
</tr>
<tr>
<td>Education/Academic Support</td>
<td>8,527</td>
<td>8,991</td>
<td>9,663</td>
<td>9,340</td>
<td>8,696</td>
</tr>
<tr>
<td>Needs Assessment</td>
<td>5,193</td>
<td>6,309</td>
<td>6,761</td>
<td>5,935</td>
<td>5,860</td>
</tr>
<tr>
<td>Transportation/Other Financial Assistance</td>
<td>6,685</td>
<td>7,724</td>
<td>7,474</td>
<td>7,525</td>
<td>7,294</td>
</tr>
<tr>
<td>Interpersonal/Social Skills/Parenting Skills</td>
<td>4,958</td>
<td>5,082</td>
<td>5,041</td>
<td>4,791</td>
<td>4,237</td>
</tr>
<tr>
<td>Career/Job Guidance</td>
<td>4,906</td>
<td>5,155</td>
<td>5,677</td>
<td>5,027</td>
<td>4,593</td>
</tr>
<tr>
<td>Post-Secondary Education</td>
<td>4,810</td>
<td>5,096</td>
<td>5,374</td>
<td>4,877</td>
<td>4,292</td>
</tr>
<tr>
<td>Health care</td>
<td>3,998</td>
<td>4,490</td>
<td>4,987</td>
<td>4,293</td>
<td>4,125</td>
</tr>
<tr>
<td>Employment/Vocational Training</td>
<td>4,182</td>
<td>4,465</td>
<td>4,995</td>
<td>5,008</td>
<td>4,715</td>
</tr>
<tr>
<td>Money/Financial Management</td>
<td>3,232</td>
<td>3,826</td>
<td>4,323</td>
<td>3,972</td>
<td>3,430</td>
</tr>
<tr>
<td>Education Financial Assistance</td>
<td>2,670</td>
<td>2,655</td>
<td>2,632</td>
<td>2,756</td>
<td>2,399</td>
</tr>
<tr>
<td>Mentoring</td>
<td>2,702</td>
<td>2,794</td>
<td>2,941</td>
<td>2,939</td>
<td>2,532</td>
</tr>
<tr>
<td>Supervised independent Living/Transitional Housing*</td>
<td>1,326</td>
<td>1,371</td>
<td>1,519</td>
<td>1,523</td>
<td>1,298</td>
</tr>
<tr>
<td>Room &amp; Board Financial Assistance</td>
<td>285</td>
<td>177</td>
<td>187</td>
<td>182</td>
<td>121</td>
</tr>
</tbody>
</table>

*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 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 2017 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 counties to 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 shows a slight increase from FFY2016 as 54.2% of youth age 16 received ILP services, 18 year olds saw an increase to 84.2% receiving services in comparison to FFY2016. 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 46: ILP Delivered Services by Age in FFY 2016 and FFY 2017, CWS/CMS CSSR Q4 2017**

<table>
<thead>
<tr>
<th>Age</th>
<th>Year 2016</th>
<th>Year 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>5</td>
<td>6.5</td>
</tr>
<tr>
<td>16</td>
<td>53.3</td>
<td>54.2</td>
</tr>
<tr>
<td>17</td>
<td>75.1</td>
<td>79.1</td>
</tr>
<tr>
<td>18</td>
<td>81.9</td>
<td>84.3</td>
</tr>
<tr>
<td>19</td>
<td>87.2</td>
<td>84.9</td>
</tr>
</tbody>
</table>
Part 2: Specific Accomplishments in Achieving the Purposes of the ILP Program

The information presented below describes the state’s accomplishments in achieving the purposes of the Chafee Independence Act:

1. Help youth make the transition to self-sufficiency:
   In accordance with MPP Division 31-525.8, the ILP is designed to offer core services that will enable foster youth 16 years of age and older, to develop the core living skills that assist the youth in the successful transition to adult living. Core services are provided based on identified individual needs and goals as documented in the Transitional Independent Living Plan (TILP) including, but not limited to:

   ✓ Education.
   ✓ Career development.
   ✓ Assistance and referral to promote health (including mental health) and safety.
   ✓ Referral to available mentors and mentoring programs.
   ✓ Daily living skills.
   ✓ Financial resources, such as CalWORKs, CalFRESH, and Medi-Cal.
   ✓ Housing information including: federal, state, and local housing programs.
   ✓ Developing permanent connections to a supportive adult.

ILP Services are available to youth in foster care between the ages of 16 and 18, eligible extended foster youth (age 18-21), and former foster youth between the ages of 18 and 21. Some counties choose to provide ILP services to youth beginning at age 14, using county funds.

Table 35 above illustrates that the three most frequent services provided to youth in FFY 2017 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 Program for Minors (formerly known as 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 Staffed 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 36 (below) shows that there were 20 counties with THPP programs in FFY 2017. This reverses a decrease that was seen over the last few years, starting in FFY 2014. The previous decrease was thought to have resulted from housing providers that formerly ran THPPs switching to operating THP+FC programs which were in demand as a result of more youth remaining in care until age 21. Some counties have also reported that the increased focus on permanency for older youth had decreased the need for THPPs. Counties also reported that they didn’t have many youth who were ready for the level of independence required for THPP.

However, the CDSS has seen an increased interest over the last couple of years in placing youth in THP for Minors. Many counties are moving more youth out of group homes as a result of the CCR and looking for other placement options. In addition, counties have noted a lack of readiness for extended foster care for some youth. Placing youth in THP for Minors is a way to help prepare them for the more independent living they will experience in EFC. In the future, the efforts of the CCR may decrease the need for THPP as with additional services, youth will be more likely to find permanency with a resource family. On July 1, 2017, there were 69 youth in THPP in California.

Even with the increase in counties utilizing THP for Minors, only 34% of the counties offer this program. Several barriers to offering THPP have been reported by counties, with the most common as a lack of certified providers, a lack of affordable or appropriate housing, and the high cost of housing. Other barriers identified are: a lack of transportation (rural counties note a lack of public transportation and long distances between housing and services), a lack of trained staff, the inability of programs to meet the requirement of having an employee living on site, and an inability to meet the county match for funding. Some medium- and smaller-size counties report not having enough ongoing referrals to a THPP to support a program, and several small counties have no youth appropriate for a THPP in a given year. CDSS continued to address these areas with counties and providers within the framework of the CWDA TAY Subcommittee.
Table 36: County Participation in Transitional Housing Placement Program, FFY 2012-16

<table>
<thead>
<tr>
<th>Federal Fiscal Year</th>
<th>Participating Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>29</td>
</tr>
<tr>
<td>2014</td>
<td>19</td>
</tr>
<tr>
<td>2015</td>
<td>18</td>
</tr>
<tr>
<td>2016</td>
<td>17</td>
</tr>
<tr>
<td>2017</td>
<td>20</td>
</tr>
</tbody>
</table>

Implementation of Fostering Connections’ Requirement for a 90-day Transition Plan

Public Law 110-351 requires the development of transition plans with youth 90 days prior to youth’s exit out of care at 18 years or older. In the transition plan, social workers and probation officers must: 1) address core life skills such as housing, education, health insurance, support services, obtaining a mentor, and workforce and employment services, 2) provide youth with information about health insurance options, a power of attorney for health care, and the opportunity to execute the option of designating a health care power of attorney, and 3) provide youth with the Advanced Health Directive form upon reaching the age of majority, as only adults in California are legally able to execute an Advanced Health Directive designating a power of attorney. A form was developed and counties were provided the form and instructions through ACL 09-87. The ACL clarified to counties that the completion of this form applies to any youth who exits foster care at or after age 18. A mechanism has been included in CWS/CMS to track if and when the form is completed.

Legislation was passed in 2016, going into effect on January 1, 2017, that directs the required information on health insurance options to include verification that the youth is enrolled in Medi-Cal (if eligible) and a list of the steps that have been or will be taken to ensure that the youth is successfully transitioned into the Medi-Cal program for former foster youth with no interruption in coverage and no new application required. Counties consistently use the 90 day transition plan to address the medical proxy/power of attorney. Several counties have the probation officer or social worker follow up with the youth during their 1:1. Counties are documenting this in CWS/CMS.

Table 37 below shows the count of 90-day Transition Plans completed for emancipated youth for FFY 2014-17. With many more youth choosing to extend in foster care, the overall number of transition plans for youth who emancipate at 18 years and < two months had decreased while more plans have been completed for the EFC population.

In FFY 2017, there were 4,335 youth who emancipated from foster care in California. Of these, the majority (86%, 3,738) emancipated later than 60 days beyond their 18th birthday. The updated numbers for FFY 2016 and FFY 2015 are consistent with this trend. There were 1,552 youth with completed 90-day transition plans in FFY 2017. Fully 95% (1,468) of these youth were age 18 to 21. This count represents a slight decline from the number of 90-day transition plans reported for FFY 2016.
Table 37: 90-day Transition Plans Completed for Emancipated Youth for FFY 2014-17

<table>
<thead>
<tr>
<th>Emancipated Youth¹</th>
<th>FFY 2015</th>
<th>FFY 2016</th>
<th>FFY 2017</th>
<th>Youth Age 18 Years &gt; 60 Days²</th>
<th>FFY 2015</th>
<th>FFY 2016</th>
<th>FFY 2017</th>
<th>TOTAL: Youth Age 17 to 21 Years³</th>
<th>FFY 2015</th>
<th>FFY 2016</th>
<th>FFY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count of Emancipated Youth</td>
<td>618</td>
<td>671</td>
<td>597</td>
<td>3,611</td>
<td>3,663</td>
<td>3,738</td>
<td>4,229</td>
<td>4,334</td>
<td>4,335</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data Source: CCWIP, Q4 2017

<table>
<thead>
<tr>
<th>90-Day Transition Plans⁴</th>
<th>FFY 2015</th>
<th>FFY 2016</th>
<th>FFY 2017</th>
<th>Youth Age 17 Years</th>
<th>FFY 2015</th>
<th>FFY 2016</th>
<th>FFY 2017</th>
<th>Youth Age 18 Years to 21 Years</th>
<th>FFY 2015</th>
<th>FFY 2016</th>
<th>FFY 2017</th>
<th>TOTAL: Youth Age 17 to 21 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count of Transition Plans</td>
<td>99</td>
<td>99</td>
<td>84</td>
<td>1,517</td>
<td>1,472</td>
<td>1,468</td>
<td>1,716</td>
<td>1,571</td>
<td>1,552</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data Source: CWS/CMS

¹ Age calculated at the end date of the placement episode.
² Includes CCWIP age categories: 17 Years, 18 Years+60 Days
³ Includes CCWIP age categories: 18 Years+ >60 Days, 19, 20, 21 Years
⁴ Age calculated at the end date of the transition plan.

**Note:** The FFY numbers of emancipated youth in this report come from CCWIP (UCB website). Numbers for emancipated youth are much higher this time than what was previously provided, due to a change in the CCWIP methodology for counting emancipated youth. The methodology now includes several exit types previously categorized as “Other.” Some examples include: ‘NMD Eligible for Reentry’ and ‘NMD Age Limit Exit’. We updated the previous FFY numbers in this report, to reflect this methodology change, as it is much more accurate.

**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. As of March 31, 2017, there were 19,675 persons enrolled in the Medi-Cal to 26 program out of 27,937 eligible former foster youth. This is up from March 31, 2016 when 15,589 persons were enrolled out of 28,905 eligible former foster youth. Due to difficulties exercising the data sharing agreement between the CDSS and the Department of Health Care Services (DHCS), this data was obtained from DHCS’ Open Data Portal and may include youth who exited foster care in another state.
CDSS collaborates with the 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. The DHCS also maintains extensive webpages devoted to this program, providing resources to youth and those working with youth to assist them in obtaining Medi-Cal coverage through the Medi-Cal to 26 program.

A sub-committee with representatives from CDSS, the Youth Engagement Project (YEP), and the advocacy organization Children Now has been tasked with reaching out to exiting and former foster youth to determine what information they are receiving about this program and what barriers they may be encountering in enrolling in and utilizing their extended Medi-Cal coverage so that these difficulties can be alleviated. Surveys were developed to capture this information. The first set of surveys, for current foster youth approaching their exit from foster care, was sent to a sample of 1500 foster youth, utilizing a methodology that attempted to ensure a representative sample based on demographics such as county size and male/female ratios. The results of the survey are still being analyzed but seem to show that many youth have received appropriate information about the Medi-Cal to 26 program but there is still a significant proportion of youth who don’t have adequate understanding of this program. The second set of surveys, for former foster youth who exited foster care on or after January 1, 2014, will be sent out in May, 2018. Ideas for follow-up to the survey include employing focus groups to gather more specific information and guidance and training for youth and county staff to increase familiarity with and enrollment in the Medi-Cal to 26 program.

CDSS participated on a panel presentation with DHCS, a former foster youth and the advocacy group Children Now in December, 2015, on Medi-Cal coverage for former foster youth at an institute on transitional housing programs and on another panel in June, 2016 at a Wrap-Around services institute to provide training to a wide audience of youth and those who work with foster youth.

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 Innovation and Opportunity Act (WIOA) Employment Development Department (EDD) career centers, known as the America’s Job Center of CaliforniaSM (AJCCs) for employment assistance. The WIOA centers are located in each county and provide employment services to residents.

   The ILP data on delivered services by category (Table 35) shows the following numbers of youth received employment/vocational training: 4,465 in FFY 2014, 4,995 in FFY 2015, 5,008 in FFY 2016, and 4,715 in FFY 2017. Participation in career/job guidance programs was 5,155 in FFY 2014, 5,677 in FFY 2015, 5,027 in FFY 2016, and 4,593 in FFY 2017. Enrollment in Post-Secondary Education rates were 5,096 in FFY 2014, 5,374 in FFY 2015, 4,877 in FFY 2016, and 4,292 in FFY 2017.

   The numbers of youth in each category indicate an increase through the years of FFY 2014-2016, but there is a decrease in the number of youth in FFY 2017 due to the decrease of total number of clients in placement. The CDSS is conducting Independent Living Program county site visits that entails meeting with Independent Living Program coordinators, providers, community organizations, and recognize successes and develop recommendations on how to improve independent living services for foster youth to encourage independence and successfully transition into adulthood. The CDSS created a webinar that was delivered to counties in April 2017 for continued assistance to help define Independent Living Services. The webinar provided definitions of independent living services categories, which includes career/job guidance, education, post-secondary education, and employment/vocational training.

   In the realm of career and job guidance, there are increasing rates amongst youth within all age groups that participate in services that assist in areas of career exploration and planning, linking skills, interests, and abilities to employment/vocational goals, job placement and support, and job coaching and support in the workplace. From FFY 2015 to FFY 2017, approximately 20 percent of the total population of youth ages 16-20 participate in career job guidance, in which 10% of youth partake in services at age 16 and continue to utilize these services up until age 21.

   Exit Outcomes data (Table 36) shows that between FFY 16 and FFY 17, there was:
   - A one percent in the number of youth dropping out of high school.
   - A decrease in enrollments represented by 26 percent of youth in FFY 2016 to 25 percent of youth in FFY 2017 ages 18-21 in college enrollment.
   - A slight decrease of one percent in youth enrolled in a vocational program (five percent).
• A two percent increase in youth employed part-time at ages 18-21, and one percent increase in full-time employment.

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. As 65 percent of youth ages 18-21 reported having received a high school diploma or a GED (3 percent), but 25 percent enrolled in college efforts to engage the youth who are interested in higher education have shown successful as half of those who finished high school were enrolled in college at the time of exit. Yet, the numbers of youth who do not finish high school have remained constant from the FFY 2014 with a slight decrease indicating a need for more remedial educational services to assist youth in finishing high school.

Although there is an indication that 14 percent of youth dropped out of high school, there are increasing rates of youth that are availing of education services to assist with high school completion or a general equivalency degree (GED). These services include academic support in areas such as assistance with homework, study skills, and accessibility to educational resources. Over a three-year period from FFY 2015-FFY 2017, youth participation rates have increased by age group, including a one percent increase for youth ages 16 to 17 and a five percent increase with youth ages 18. For the 19-21 year olds, although there are decreases in percentages, the total number of youth indicate that over forty percent continue to seek educational services to assist with academic support services over the last three fiscal years.

Overall, 49 percent of youth exiting out of foster care in FFY 2017 were employed. This is a three percent increase over FFY 2016. Although there is a one percent decrease in college enrollment, part-time and full time employment rates indicate that youth are staying in school by planning to enroll in college (13 percent) and have enrolled in college (25 percent) and vocational education (5 percent). The percentage of youth that have received a high school diploma (65 percent) and a GED (3 percent) indicate that there are youth that continue to value the importance of education and persist in their goals. 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.

The continued supports and services in providing guidance would be beneficial for foster youth to help them achieve their educational and employment goals. Additional research and examination of the data will be helpful in developing a comprehensive strategy to remove the barriers to higher employment rates for youth emancipating from the foster care system. For more information on youth and employment, please see Section 5 of this chapter.

3. Help youth prepare for and enter postsecondary training and educational institutions: California assists current and former foster youth in attaining post-secondary educational and training goals by utilizing ILP funding and the Emancipated Foster Youth Stipend. ILP
coordinators, social workers and probation officers encourage foster youth to apply for scholarships and grants through the local college financial aid offices and educational scholarships offered by the ILP. The ILP also provides training to youth on applying for college and financial aid and are referred to college and university programs that specialize in assisting this population.

Table 37 shows that over 12,000 educational services were provided to current and former foster youth ages 15-20 during FFY 2017. Additionally, nearly 2,399 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 2017 Exit Outcomes Data (Table 36 under Part I: Program Overview reveals that 65 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 remain unchanged for the percent of youth and 18-21 year olds at 14 percent.

A correlation could exist between the percent of youth that received a high school diploma and percent of youth enrolled in a program to complete a high school diploma because as more youth participate in the EFC to complete high school, the data may reveal fewer youth who may need or utilize programs that assist in completing a high school education. The data indicates a need for more educational services to youth beginning at an earlier age to increase the number of youth receiving the high school diploma or GED. Additionally, starting the outreach process regarding post-secondary education opportunities and available assistance at an earlier age may help to increase success at the high school level as more foster youth plan to/do attend a post-secondary educational institution.

The data indicates that from FYFY 2015 to FFY 2017, there are increasing rates of over 20 percent in the various age groups of youth from 16-21 that participate in services to assist with Post-Secondary Education, including test preparation, tutoring financial aid assistance, and other services to assist youth when entering and completing post-secondary education. Additionally, there are increasing rates of over 11 percent in youth ages 16-21 from FYFY 2015 to FFY 2017 that participate in financial assistance with education, including education and training allowances, tuition assistance, scholarships, and support services.

There are several barriers to improving educational outcomes for California’s foster youth. These obstacles may include inadequate academic preparation for college, a lack of information about the matriculation process, insufficient access to financial aid and housing, and not enough support to help foster youth stay in college. To assist youth in overcoming these barriers there are several academic support programs available throughout the state. The Guardian Scholars, offered in some counties, is a comprehensive program that provides a
scholarship equivalent to the full cost of attendance and additional supportive services. Under the direction of the Foundation for California Community Colleges, The Board of Governors Fee Waiver omits the cost of enrollment fees for current and former foster youth attending community colleges. The Foster Youth Success Initiative (FYSI) is a concerted effort to improve access to student services and resources and academic support, retention, academic performance, completion of units, programs and degree and transfer rates to baccalaureate. As a part of the FYSI, foster youth attending public colleges and universities are entitled to priority registration, and all community colleges have a designated Foster Youth Liaison. These liaisons assist foster youth in accessing financial aid, scholarships, student services and resources. These efforts have been successful in increasing the number of youth who are enrolled in college at the time of exit at age 20 and 21 as 31 percent.

The Chafee Education and Training Voucher Program provides financial support to foster youth seeking postsecondary education or training. Chafee grants are used for education-related purposes such as tuition, tutoring, books, supplies, transportation, rent and childcare. More detailed information is provided in Sections 5 and 6.

4. Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults

Mentors and passionate adults offer advocacy, guidance and social development to youth discovering the ramifications needed to transition into a healthy adulthood. The collaborative efforts between CDSS, state agencies, advocacy groups and community-based organizations create an atmosphere of commitment that offers youth guidance towards the vision of planning for their future.

The SOC 405 E Exit Outcomes Data (Table 36) in FFY 2016 showed that 92 percent of the youth who aged-out of foster care at ages 18, 19, 20 and 21 reported a permanent connection with at least one adult they could go to for emotional support, advice, and guidance, as compared to FFY 2015. In 2015, 80 percent of those who aged out at 18 and 19 years of age identified a permanent connection, and for those who aged out at 20 and 21 years of age, only 72 percent identified a permanent connection in FFY 2015. While the data was not broken into the two ages group in for 2016 as it was in 2015, the overall increase shows an increasing emphasis on the importance of establishing permanent connections. This cohort is the first one to go through the full extended foster care program (the three years up until turning 21), so it may be that the permanency emphasized in the ILP services, as well as the continued presence of a social worker relates to this large percentage increase.

Permanency and youth having permanent connections is a focus on every ILP core service from education to housing.
5. Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing and then making the transition into adulthood.

Transitional Housing Program Plus (THP-Plus)

THP-Plus is a transitional housing opportunity for young adults who exited foster care at age 18 or older and are not yet 24 years of age (age 25 in counties that have opted to extend services per 2014 state legislation). The goal of the program is to provide a safe living environment and supportive services to help these young adults develop the life skills needed for successful independent living. Counties that elect to participate in the program provide supervised independent living and supportive services. The program is available for 24 cumulative months (36 months for counties that have opted to extend services). Youth live in an apartment-like setting, and at the end of the program, the youth can take over the lease.

On September 29, 2014, California enacted legislation that gives each county the option of extending THP-Plus services to age 25 and up to 36 cumulative months. In order for a youth to receive services beyond his/her 24th birthday or for more than 24 months, he/she must either be completing secondary education (or an equivalent program) or be enrolled in an institution that provides postsecondary education (includes vocational education), in addition to meeting the eligibility and participation requirements of THP-Plus. The extension of THP-Plus gives counties and youth the opportunity to utilize beds that are unused if eligible youth have maxed out on their months of participation in the program. As of April 2018, 25 of the 58 counties have opted to extend services.

Data from CDSS’ ILP Annual Narrative survey show that the total number of youth served in THP-Plus increased from 1,646 in FFY 2015-2016 to 2,903 in FFY 2016-2017, an increase of approximately 76.3 percent. Additionally, the proportion of youth between the ages of 18 and 21 served decreased slightly to around 13 percent of the total population in FFY 2016-2017 compared to about 15 percent in the previous FFY, as reported by John Burton Advocates for Youth (formerly John Burton Foundation) in its 2016-2017 annual report on THP-Plus (and THP-Plus Foster Care). This is probably reflective of the population being a year older, with the majority of new 18-year-olds opting for extended foster care rather than THP-Plus. These data are represented in Table 38 below.

Table 38: THP-Plus Participants by Age Group, FFY 2016-2017

<table>
<thead>
<tr>
<th>Age Group</th>
<th>FFY 2015-2016</th>
<th>% of Total</th>
<th>FFY 2016-2017</th>
<th>% of Total</th>
<th>Change from FFY 15/16 to FFY 16/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1,646</td>
<td>100</td>
<td>2,903</td>
<td>100</td>
<td>++76.3%</td>
</tr>
<tr>
<td>Aged 18-21</td>
<td>247</td>
<td>15</td>
<td>377</td>
<td>13</td>
<td>+52.6%</td>
</tr>
<tr>
<td>21 and Older</td>
<td>1,399</td>
<td>85</td>
<td>2,526</td>
<td>87</td>
<td>+80.5%</td>
</tr>
</tbody>
</table>
Transitional Housing Placement + Foster Care (THP+FC)

In September 2012, as part 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 Staffed Site, where they live in an apartment, a single family home, or a condominium rented or leased by the THP+FC provider with an adult employee of the provider living onsite; and a Remote Site, which is similar to a single site but without an adult living onsite. Placement in a THP+FC program is made in the same manner as with any other foster care placement decision: based on a needs assessment and identifying placement options available to meet those needs.

There are operational THP+FC programs in all of the largest counties in California and in many medium and smaller counties as well. Currently, 45 counties (78 percent) certify THP+FC providers, a slight increase from FFY 2016 when 43 counties (74 percent) certified providers and consistent with prior years. 24 counties had Host Family models, 30 counties had Single Site models and 34 counties had Remote Site models for THP+FC. Some medium and small-size counties have reported encountering barriers to implementing THP+FC programs, such as a lack of housing, lack of providers, cost of housing, lack of housing near services, funding difficulties, lack of transportation, lack of employment opportunities and lack of child care near housing. Many larger counties also cite lack of affordable housing as a reason for a shortage of THP+FC placements even when providers are present in the county. It is common practice for counties that don’t have THP+FC providers to utilize THP+FC programs in other counties for their NMDs.

Table 39: Transitional Housing Providers Plus Foster Care program, FFY 2014-16

<table>
<thead>
<tr>
<th>Federal Fiscal Year</th>
<th>Participating Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>45</td>
</tr>
<tr>
<td>2016</td>
<td>43</td>
</tr>
<tr>
<td>2017</td>
<td>45</td>
</tr>
</tbody>
</table>

As of January 1, 2018, there were 1,848 NMDs residing in THP+FC, according to data from the California Child Welfare Indicators Project. This is up from 1,684 NMDs in January 2016, and 22.3 percent of NMDs lived in THP+FC as of January 1, 2017, an increase of nine percent from January 1, 2016. More youth continue to prefer placement in a SILP (39.3 percent of youth were in SILPs in this review period) over transitional housing. However, counties and other stakeholders indicate that many youth placed in a SILP are not ready for this level of independence. Counties report that they are placing more NMDs in THP+FC as they have seen a need among their youth for the higher degree of support and services offered in these
programs. THP+FC programs offer a good transition from the foster care or congregate care settings youth were placed in as minors to the more fully independent SILPs. LA County has developed a policy that all youth will successfully reside in a THP+FC placement prior to being approved for a SILP.

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.

In many counties, there are waiting lists for THP+FC so there is a need for more such housing. CDSS has also been made aware that there are youth who have difficulty functioning in THP+FC due to high mental health needs, substance abuse, domestic violence, CSEC victimization or difficult behavior. As a result, some housing providers have teamed up with EPSDT providers to offer more treatment options to youth. Some providers are also connecting with Community service providers, such as domestic violence shelters, to offer education and services to vulnerable NMDs. Additionally, with California’s high housing prices and shortage of affordable housing, providers struggle to find suitable housing for foster youth.

The focus of an Extended Foster Care Steering Committee meeting, held in February 2015, was on the THP+FC program and included participants from CDSS and county representatives, advocates and program provider staff. Attendees identified many barriers and best practices of THP+FC programs such as inconsistencies in the licensing process; the reimbursement rate insufficient to meet youths’ needs for mental health and education; programs not adequately supporting youth with mental health and substance abuse issues; youth unable to maintain eligibility for extended foster care due to substance abuse; lack of appropriate housing for youth with criminal backgrounds, mental health and substance abuse issues or the converse – providers accept these youth creating safety risks for other program participants, and supporting parenting youth. Best practices were generated for county representatives to share with their staff: partnerships with behavioral health services; collaboration with WIA; monthly meetings with the county; co-location of county staff at provider offices; partnering with Cal Works to provide trainings and supports; providers who are trained in and committed to trauma-informed practices; providers offering evidence-based parenting programs; a step-ladder approach to help youth transition to independence; pregnancy prevention and nurse-home visitation programs embedded in housing programs; and peer counseling and support.

Counties and THP+FC providers continue to advocate for a tiered rate for THP+FC placements with programs offering specialized services to vulnerable or higher need populations, such as parenting or probation youth, receiving a higher rate than currently offered. The CDSS is considering this request.
Foster Youth Credit Reports

Process
CDSS has a process that includes submitting batched credit inquiries to the three major credit reporting agencies (CRAs) on a quarterly basis for foster youth aged 14 through 17 from “opt-in” county child welfare agencies and probation departments, which represent the overwhelming majority of the state’s 58 county agencies. If an inquiry indicates that a youth has a credit report on file with a given CRA, the county then requests a credit report on behalf of the foster youth from that CRA. In contrast, “opt-out” county agencies request credit reports on behalf of all foster youth aged 14 through 17 under their respective jurisdictions, the timing of which depends on each youth’s birthdate. The number of counties not participating in CDSS’ batch process has varied since the credit reports mandate was implemented at the state level.

Los Angeles County, one of the counties that does not participate in CDSS' batch process, continues to operate the same credit report data transmission system that it 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 age 18 through 20, the social worker or probation officer assistance to 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 themselves. 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 for FFY 2017, CDSS submitted 12,040 batched credit inquiries to each of the CRAs for foster youth aged 14 through 17 for the time period...
from October 1, 2016, through September 30, 2017. This resulted in 2,783 instances of a youth having at least one credit report on file. During this time period, counties obtained credit reports on behalf of 954 of these youth, and 131 of those credit histories were cleared of any inaccuracies during this time frame. There are some concerns that this data may underestimate the number of credit reports requested and cleared as many counties are not entering this data in CWS/CMS in a timely manner.

Of the handful of opt-out counties, only Los Angeles County requested credit reports on behalf of its foster youth aged 14 through 17, as the other counties are from rural areas that either have no foster youth or none within that age range. Los Angeles County accounts for about one-third of the state’s foster youth. For the period October 1, 2016, through September 30, 2017, Los Angeles County requested credit reports on behalf of 1,695 of its foster youth aged 14 through 17. Of these youth, 501 had a credit history on file with a CRA. 384 youth had their credit reports cleared of any inaccuracies during this time frame.

For FFY 2017, out of 6,986 NMDs, it was reported that 101 NMDs requested their credit reports, while 59 refused to do so. Of the 101 who made the requests, 54 had a credit history on file with a CRA, and 4 of these NMDs had their credit histories cleared of any inaccuracies.

**Assistance for chronically homeless youth**

In 2004, California voters passed the Mental Health Services Act (MHSA), which provides increased funding, personnel, and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults, and families. The Act addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that will effectively support this system. In 2006, Executive Order S-07-06 created, in part, a new supportive housing program jointly administered by the former Department of Mental Health and the California Housing Finance Agency. In 2007, $400 million in MHSA funds were made available to finance the capital costs associated with development, acquisition, construction, and/or rehabilitation of permanent supportive housing for homeless individuals with mental illness and their families.

In 2005, Governor Schwarzenegger launched an initiative with a ten-year plan to address chronic homelessness in California. In a 2006 conference attended by federal, state, and local governments and nonprofit and private representatives developed the following five goals that serve as the basis for the ten-year plan:

1. Prioritize the prevention and significant reduction of chronic homelessness.
2. Increase availability of affordable housing for the chronically homeless or those at risk of being chronically homeless.
3. Identify those at risk of chronic homelessness early on and create policies for prevention.
4. Increase availability and accessibility of supportive services for the chronically homeless and those at risk.

5. Promote financial stability of the chronically homeless population and those at risk.

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 2009, the John Burton Foundation (now known as the John Burton Advocates for Youth) initiated the Homeless Youth Capacity Building Project (HYCBP). HYCBP provides support to small- and medium-sized nonprofit organizations that serve homeless youth. Support provided to eligible organizations at no cost includes the following:

- Regional training/webinars on capacity-building topics
- Updates on available funding and policy changes
- Resources on capacity-building and research tools
- One-on-one technical assistance
- A Professional Management Training Series (limited)

Child Welfare and Probation departments are collaborating to address the mental health needs of these young adults. While many counties use the Child Protective Services Emergency Hotline as the gateway for young adult to reenter foster care, Probation youth may unfortunately experience a court delays for re-entry due to eligibility requirements.

In September 2011, legislation was signed into law with provisions to end chronic homelessness for transition age youth. This legislation removes barriers for individuals that may not have otherwise met the definition of “chronic” homelessness. Prior to this change, homeless transition age youth may not have met the definition of chronic homelessness because of their age but still faced barriers to housing stability and required supportive services. This law allows homeless youth and homeless families (including youth with children and pregnant and parenting teens) to meet the definition and receive supportive housing if they choose not to extend in foster care.

On January 1, 2012, Assembly Bill (AB 12), known as the California Fostering Connections to Success Act, or the extended foster care (EFC) program, went into effect. This new legislation made it possible for eligible youth to remain in foster care up to the age of 21, as Non-Minor Dependents (NMD’s). In addition, it allowed eligible youth to petition the Court for re-entry into foster care. When aging out of the foster care system, youth face significant challenges in meeting their need for housing, and EFC decreases the risk of youth becoming homeless. Furthermore, this legislation created two (2) new foster care placement options for NMD’s, the Supervised Independent Living Placement (SILP), and Transitional Housing Program Plus Foster Care (THP +FC). These
placements are intended to support NMD’s as they prepare to live independently and achieve self-sufficiency. During FFY 2017 49 Counties self-reported in the 2017 ILP Narrative Survey having had some type of THP+FC. Counties are making efforts to inform the youth about the types of housing available through social media, TDM’s and at ILP classes/meetings.

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 remain a struggle. The rising cost of rent has limited the housing options available for young adults. Several counties are moving towards new creative options that will assist in locating safe and stable housing options for young adults. Several counties are also looking to adjust their fair market housing to increase financial supports that can locate additional housing options. Several other counties provide their youth with referrals and information on emergency housing available in the community. They also provide hotel vouchers for homeless youth in an effort to provide them with a safe place to sleep. Other counties like Kern, Stanislaus and Mariposa have centers which offer a safe place for youth to spend the day while providing them with access to food, clothing, shower and laundry facilities as well as community resources. San Benito County is currently working on developing a shelter that will be open year round. In addition, Stanislaus County has formed a collaborative resource group to include staff from Mental Health, Child Welfare, and other community partners that gather monthly to address homelessness and housing needs of foster youth who are currently receiving AB12 services and are about to exit the program.

Santa Cruz County received a Federal Youth Homelessness Demonstration Program Grant through which they created an advisory board made up of current and former foster youth who have experienced homelessness. The Board is currently reviewing projects including Host Homes, Transitional Housing, Rapid Rehousing, a Drop In Center, and a Homeless Crisis Response Team. San Francisco has partnered with the Department of Homelessness and Supportive Housing (HSH) to develop a youth program component to address housing related issues, including supportive housing developments for young adults and homeless foster youth.

Riverside County partnered with the Department of Behavioral Health to launch the Transitional Age Youth (TAY) drop-in centers in the Desert, Hemet/San Jacinto, and Riverside area. Two of the three drop in centers opened during FFY 2017. The drop-in centers aim to enhance the integration of care for TAY and their families. Riverside County also partnered with INSPIRE, a privately funded non-profit transitional housing organization to serve former foster youth who do not qualify for EFC services and are at risk of homelessness. They will work with youth to provide them with stable housing and supportive services to become self-sufficient. Riverside County continues to partner with local homeless shelters to assist youth in accessing a safe shelter and provide them with preventative services. They continue to partner with Operation Safe house, which provides local youth with a link to local youth shelters. They
also launched a downloadable phone app, “What’s up”, to provide anonymous text communication between a youth and a licensed mental health provisional. Youth struggling with substance abuse issues, difficult family situations, depression, bullying, suicidal ideation, homelessness or any other issues are able to reach out for support through the app while maintaining their anonymity if they choose to do so.

Youth were surveyed as part of this year’s National Youth in Transition Database (NYTD) and data in regards to homeless youth is captured in this year’s NYTD report. For further information, please see the NYTD section.

**Runaway and Homeless Youth**

California counties continue to collaborate and coordinate services with numerous providers, including transitional living programs (TLP) funded under Part B of the Juvenile Justice Delinquency Prevention Act of 1974, to meet the needs of current and former foster care recipients. Coordinating services with other county or federal housing programs provide housing options for other youth that may not necessary meet the ILP eligibility. In California, County programs use Runaway and Homeless Youth (RHY) grants to collaborate with transitional housing programs, community programs and educational services to provide youth with emergency shelter, healthcare, clothing and food. In an effort to better address the needs of youth, some California counties have dedicated units or liaisons focused on locating, placing and stabilizing youth through developing rapport and offering alternative service plans for runaway youth. These counties have increased their efforts to care and address the needs of these youth by the development of county specific programs that offer these youth increased individual attention.

In Santa Clara County, the Bill Wilson Center (BWC) has an ongoing history of providing transitional housing (THPP, THP +FC, and THP Plus) to current and former youth, as well as those youths who were never in foster care. Santa Clara County and BWC staff have created and delivered a joint presentation to share the daily operations, along with resources and outcomes of the program to other state agencies.

San Bernardino County ILP and Aftercare Providers inform youth and young adults of the various agencies that provide community shelters and housing to homeless young adults, including the House of Miracles, the TAY Center and Young Visionaries. Youth are also provided with written materials regarding organizations that provide clothing, food, housing and counseling. San Bernardino County ILP and Aftercare Providers also assist homeless former foster youth with finding stable housing by making referrals to local transitional housing programs (THP-Plus, Inspire and Safe House) and to local shelters. On a case-by-case basis, Aftercare also provides rental assistance and hotel vouchers.
In San Diego County, the HOME Program includes specialized THP for youth who are pregnant/parenting and youth who have a disabling diagnosis. Referrals are provided by County Staff, ILP program, THP-Plus contract providers, or the youth can refer.

In San Francisco County, a strength based model is used to capture the needs of runaway youth. Youth are referred to a one-stop program and provided with a review of their circumstances. Youth are referred to programs that can better address their individual needs.

Several Counties across California self-reported in the FFY 2017 ILP Narrative Survey a strong collaboration with the homeless shelters in their community as a means of providing shelter for their homeless youth. Counties also report that ILP and probation staff stay in contact with youth as they prepare to transition and attempt to problem solve through any issues that the youth encounters, in particular homelessness. Counties also address the issue of homelessness during a youth’s 90-day transition meeting, and attempt to develop a housing plan and/or provide the youth with housing resources that are available. Glenn County supports homeless youth by helping them apply for homeless assistance, developing safety plans that include identifying a safe place to stay. Staff at Inyo county works with youth to explain the different options available to the youth and discuss a transition plan, which focuses on supporting the youth to secure stable housing and developing the skills to become self-sufficient. Humboldt County office of Education holds trainings for foster youth regarding renter’s rights. Madera County has a family finding social worker to assist the youth in making connection to identify family who may be a connection as well as a possible placement.

**Pregnancy Prevention**

Due to the passage of recent legislation, California has continued its efforts to improve data collection of pregnant and parenting foster youth. The California Department of Social Services (CDSS) now has a process in place for data entry and collection regarding the youth and Non-Minor Dependents (NMDs) in foster care that are pregnant or parenting. CDSS continues to work on improving the data collection process to ensure accurate pregnancy and parenting data. Several issues with the data have been identified. It appears as though the number of foster youth reported as pregnant has been under reported in years past, and also when a youth is reported as pregnant on the CWS/CMS application, the information is often not updated or end-dated once the pregnancy results in a birth, miscarriage or termination. CDSS has been messaging county agencies the importance of proper data entry and collection. As the data becomes more accurate, CDSS plans to use this data to inform program about what the needs are for supporting pregnant and parenting youth in care and also to know where geographically the biggest need is for supports and services.

Existing law provides that all minors and NMDs in foster care have certain reproductive and sexual health care and related rights. These rights include, but are not limited to, the right to have access to age-appropriate, medically accurate information about reproductive and sexual healthcare, the prevention of unplanned pregnancies, and the prevention and treatment of sexually transmitted infections (STIs). CDSS has shared information about the reproductive and
sexual health care rights of foster youth to county child welfare agencies, probation
departments and other relevant parties through updating state licensing regulations, updating
the information on the Foster Care Ombudsperson website, developing a youth friendly
brochure along with California’s Plan for the Prevention of Unintended Pregnancy for Youth and
NMDs in Foster Care, and providing information at workgroups.

Due to the passage of California Senate Bill 89 (Statutes of 2017), CDSS is required to develop a
sexual health training module to help train county child welfare workers, probation officers,
resource families, judicial staff, and other relevant parties to better understand the sensitive
and confidential nature surrounding the healthy sexual development of minors and NMDs in
foster care and their associated rights. Additionally, county child welfare agencies have new
case plan documentation requirements for foster youth, 10 years old or older, and NMDs to
verify the youth/NMD’s receipt of Comprehensive Sexual Health Education in compliance with
the California Healthy Youth Act. County child welfare agencies are also required to document
case plans annually for foster youth, 10 years old or older, and NMDs that they have been
informed of their right to access, to confidentiality, and to consent to sexual and reproductive
health care services and information.

CDSS originally convened the Healthy Sexual Development (HSD) workgroup in 2016, which
includes stakeholders from throughout the state. The HSD workgroup has developed multiple
materials regarding pregnancy prevention and reproductive health for foster youth, NMDs and
the parties who work with them. These materials include a statewide plan for the prevention
of unplanned pregnancy for foster youth and NMDs, a guide for county case managers working
with foster youth and reproductive health issues, a webpage with resources for youth,
caregivers, and case managers, a youth-friendly brochure outlining the reproductive rights of
foster youth, and a document for caregivers to understand their responsibilities in working with
the youth in their care. The statewide plan was publicly released on September 30, 2016 and
informs county agencies and foster care providers of their duties and responsibilities in
delivering unintended pregnancy prevention services and information to foster youth and
NMDs. CDSS continues to collaborate with the HSD workgroup in implementing new legislation
related to the prevention of unintended pregnancy of California’s foster youth.

**LGBTQ Youth**

LGBTQ youth need continued support and advocacy within the Child Welfare System. Forty-five
of the 58 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.
Counties have begun making strides towards finding alternate ways of supporting and connecting with foster youth who identify as LGBTQ by partnering with community organizations that are able to provide training, counseling as well as a safe and friendly place for these youth, their families and allies. Contra Costa partners with the Rainbow Community Center, which helps promote wellbeing, acceptance and equality among the LGBTQ community. Through this partnership, youth residing in Contra Costa are given substantial support by being encouraged to foster long lasting connections while offering them a safe space to express their feelings and needs. Contra Costa also employs youth mentors, who are former foster youth and who identify as LGBTQ. These mentors are able to offer unique support to youth who are struggling with their sexual orientation or identity while also facing the struggles of being in foster care.

Los Angeles has partnered with RISE, a non-profit, who serves the LGBTQ foster youth community by providing a safe place, counseling and referrals to other agencies, as well as, supporting them in finding durable connections in an effort to achieving permanency. Aspiranet, in Stanislaus County, provides ILP services to current and former foster youth. The center places a heavy focus on LGBTQ youth experiencing challenges and offers community resources to mentoring, and counseling.

Counties have also made strides towards educating staff and community members on current needs and practices that afflict this community. In an effort to better educate new resource parents, Sacramento County developed a video with LGBTQ who share their stories along with their challenges and needs. This video is used as a recruitment and educational tool. Other counties have begun to be mindful of the importance of referring to a youth by their preferred name and gender identity in conversation as well as Court reports.

**P.L 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014**

On September 30, 2016, CDSS released All County Letter 16-85, providing policies and procedures to counties to meet the sex trafficking requirements of P.L. 113-183, the Preventing Sex Trafficking and Strengthening Families Act of 2014. The policies and procedures include requirements for social workers and probation officers working with children receiving child welfare services to identify, document, and determine appropriate services for those children who are at risk or victims of sex trafficking. Social workers and probation officers are also required to receive relevant training in order to complete those activities. In addition, the All County Letter defines “children receiving child welfare services” to include “…youth (up to age 21) who are receiving services under the Chafee Foster Care Independence Program.” Prior to P.L. 113-183, in collaboration with county stakeholders, CDSS developed a county opt-in program that provided $5 million for State Fiscal Year 2014-15 and provides $14 million annually thereafter in state funding for counties to conduct Commercially and Sexually Exploited Children (CSEC) prevention and intervention services and activities. This opt-in program requires counties to have an interagency protocol, with case management conducted by a multi-disciplinary team, to respond to the complex needs of trafficking victims. This state funded county opt-in CSEC program is funded separately from the required federal provisions. CDSS initially provided counties who opted into the state CSEC Program with an Interagency Protocol Framework in April 2015 to assist counties in meeting the requirements for the CSEC Program. This framework was updated to include the sex trafficking provisions of P.L. 113-183.
and provided to counties via All County Information Notice I-83-16 on November 23, 2016. In addition, on December 1, 2016, CDSS released County Fiscal Letter 16/17-38 to notify county child welfare and probation departments of their fiscal allocations for completing the required sex trafficking provisions of P.L. 113-183. Furthermore, CDSS is contracted with multiple vendors to provide relevant training for social workers and probation officers regarding the identification, documentation and determination of appropriate services for children at risk or a victim of sex trafficking. California also continues to provide training on awareness and identification of sex trafficking victims to foster caregivers and group home staff.

This information was input by TAY, but received from CSEC staff.

**The Chafee Allocation for Room and Board**
In accordance with the federal John H. Chafee Foster Care Independence Act of 1999, a county may spend up to 30 percent of its ILP allocation for the room and board needs of eligible youth. The age of eligibility is from 18 years of age through the youth’s 21st birthday. Allowable expenditures for the 30 percent housing allocation may include the following variety of costs emancipated youth incur:

- Food purchases
- Payment of rental deposits and/or utility deposits
- Payment of rent and/or utility bills
- Emergency assistance - the determination of which is a county’s interpretation
- Moving expenses
- Furniture and/or household items
- Costs incurred through roommate network agencies

The 2017 FFY ILP Annual Narrative Report indicates that Counties provided $218,486,318 in services to 1,594 emancipated foster youth under the Chafee Room and Board allowance. This data is based on information that was self-reported by 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. 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. As a result of the expanded use of these funds and the growing needs experienced by youth in extended foster care, counties are continuing to develop flexible use of these funds.

**Employment**

Data from the California Employment Development Department (EDD), displayed in Table 40 below, reflects the number of current and former foster youth who have entered and exited the Workforce Investment Act funded career programs located in local America’s Job Centers of California (AJCCs) (formerly known as One Stop Centers) or county employment career centers.

<table>
<thead>
<tr>
<th>Current and former foster youth</th>
<th>FFY 2012</th>
<th>FFY 2013</th>
<th>FFY 2014</th>
<th>FFY 2015</th>
<th>FFY 2016</th>
<th>FFY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled in WIOA America’s Job Center</td>
<td>875</td>
<td>963</td>
<td>916</td>
<td>897</td>
<td>--</td>
<td>732</td>
</tr>
<tr>
<td>Exited from WIOA America’s Job Center</td>
<td>909</td>
<td>950</td>
<td>982</td>
<td>1,065</td>
<td>--</td>
<td>250</td>
</tr>
</tbody>
</table>

The Workforce Innovation and Opportunities Act was signed into law on June 22, 2014, and it superseded the Workforce Investment Act (WIA) of 1998. There has only been one WIOA outcomes report issued due to the transition from WIA to WIOA. At this juncture the data for FFY 2016 remains unavailable.

The five years of data in the table above do not explain why the youth are either remaining enrolled or why they exited the programs. There has been a drop in the numbers of youth entering and exiting the Workforce Investment Act program since FFY 2011. This may reflect the increase in options for employment training developed as a result of the implementation of extended foster care. One of the eligibility criteria for the EFC program is to be enrolled in a program that removes barriers to employment. Many THP+FC programs offer employment training to help foster youth obtain the skills they need to become successfully employed.
Enrolled means youth between ages 14-21 served with WIA formula dollars that identified and demonstrated their eligibility as current or former low-income foster youth. These youths were enrolled into intensive training services. Exited means the youth have left the program (completed the training program, found employment, or are no longer actively involved). Some foster youth may be enrolled for more than one fiscal year and these exits may be reflected in the data of the following year.

Foster youth are served through the AJCCs and receive universal or core services, which are mainly individual or group services in career development, job search, job referral, and other related services. It is also important to note that youth who enroll in the AJCCs are self-reporting as former or current foster youth.

6. Make vouchers available for education and training, including postsecondary education to youth who have aged out of foster care. As previously stated, the California Chafee Education and Training Vouchers (ETV) Program provides resources specifically to meet the educational and training needs of youth who were in foster care after the age of 16.

**ETV Grants**

California administers the ETV program through an interagency agreement with the California Student Aid Commission (CSAC), which distributes vouchers to eligible youth. The ETV program provides federal and state financial resources specifically to meet the educational and training needs of youth who were in foster care between the ages of 16 and 18. Eligible youth may be awarded a grant up to $5,000 per school year. The awards are intended to supplement, not supplant, any grant funds that the student may otherwise be entitled to receive. The total grant funding may not exceed the student’s cost of attendance. Any unused/unclaimed grant money is returned and redistributed to other eligible foster youth.

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 41: Chafee ETV Awards (Commission)

<table>
<thead>
<tr>
<th></th>
<th>Award Year 2014-2015</th>
<th></th>
<th>Award Year 2015-2016</th>
<th></th>
<th>Award Year 2016-2017</th>
<th></th>
<th>Award Year 2017-2018</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Awards</td>
<td>Average Award Amount</td>
<td>Number of Awards</td>
<td>Average Award Amount</td>
<td>Number of Awards</td>
<td>Average Award Amount</td>
<td>Number of Awards</td>
<td>Average Award Amount</td>
</tr>
<tr>
<td>New Awards</td>
<td>164</td>
<td>$2,428</td>
<td>154</td>
<td>$2,389</td>
<td>878</td>
<td>$2,363</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>Renewal Awards</td>
<td>2,577</td>
<td>$4,276</td>
<td>2,489</td>
<td>$4,358</td>
<td>2,392</td>
<td>$4,598</td>
<td>3,022</td>
<td>$4,026</td>
</tr>
<tr>
<td>Total Awards</td>
<td>2,741</td>
<td>$4,166</td>
<td>2,643</td>
<td>$4,244</td>
<td>3,270</td>
<td>$3,998</td>
<td>3,022</td>
<td>$4,026</td>
</tr>
</tbody>
</table>

Currently, during AY 2017-2018 there have been 3,022 awards disbursed. The passage of AB 2506 has increased the number of students receiving awards. Some barriers to the number of students receiving the Chafee grant and the amount that students are receiving appear to be minimizing. Ongoing efforts are continually being made between the Commission, CDSS and stakeholders to identify challenges and solutions to address the issue of ensuring ETV funds are fully expended and the most youth are served with those funds.

The Chafee Grant ETV Program stakeholders continue to convene several times throughout the year to discuss the Chafee Grant Program and to identify and attempt to resolve any issues, barriers or challenges for youth applying for the grant. In FFY 2012/13 stakeholders conducted an analysis of the data regarding the application and disbursement processing procedures to determine the most effective way to ensure the most youth are served with the available funding. The analysis revealed that college financial aid offices are frequently unable to provide a Needs Analysis Report (NAR) to the Commission in a timely manner, rendering the application incomplete, and as such, this is the primary cause for delayed processing and late issuance of awards to potential students. A decision was made to eliminate the requirement for the needs analysis report as the required information can be obtained from the Free Application for Federal Student Aid (FASFA). The Commission no longer requires the NAR. This has improved the disbursement process by allowing schools to more easily report Chafee funds received and disbursed and the distribution of awards more efficient.

Another identified process improvement currently being addressed involves the delays that result in uncashed awards and the prolonged timeframe for the return of unprocessed checks to the State before the funds can be redistributed to students. The delays can occur for variety of reasons, such as the school holding onto the funds for lengthy periods of time, delays associated with students choosing to attend different schools, no longer meeting eligibility requirements, changing residences etc. Additionally, funds are disbursed with paper checks, which contribute to delay processing in situations where checks go uncashed.
and have to be returned and re-disbursed. The Commission also experiences disbursement challenges due to lack of accessibility to the youth’s school enrollment files. A new Chafee payment roster requires schools to certify eligibility and request payments on a per term basis, which has resulted in more money being disbursed to students and less grant funds coming back.

The Commission, CDSS and stakeholders have made efforts to identify solutions to the application processing and disbursement challenges. Potential solutions have been discussed and are in various stages of implementation. A process change currently being implemented is an electronic payment system to allow for timely distribution of awards to students and their respective schools.

Another step implemented to address application challenges was the creation of a CDSS foster youth verification form. This alleviates challenges the applicants and the Commission can experience when attempting to confirm Chafee ETV eligibility. While this verification form can be used for many different purposes, it has created another, more direct contact point in order to expedite getting the eligibility officially verified.

The Commission and CDSS are also working on ways to work in concert with schools to gain access to youth enrollment files which will assist in more timely distribution of ETV funds to students. CDSS will provide additional resources to the Commission as needed to work with the schools and the Chafee Grant Program Liaisons in order to resolve issues related to disbursed funds that have not been cashed timely in a more proactive fashion. There will be ongoing communication and collaboration with the schools and stakeholders to continue to discuss ways to increase outreach efforts to reach all qualified students and make improvements that support as many youth as possible in meeting their educational goals.

Declining federal allocation and state budget challenges have and will likely continue to affect progress in this area. The EFC Program provides additional supports to young adults remaining in foster care. Youth enrolled in the EFC program live in one of a variety of placements and receive supportive services to assist them in achieving successful independence. In addition, involvement in the EFC program allows them to maximize their educational funding for tuition and books since their housing costs are covered. Some youth who do not receive a Chafee grant, whether eligible or ineligible, are encouraged to seek additional financial aid through a Pell Grant, Cal-Grant, etc. Youth attending a community college may be eligible for a tuition fee waiver known as the Board of Governor waiver.

Ongoing efforts with the Commission and CSAC include quarterly administrative meetings and frequent contacts to ensure that the management of the Chafee ETV Program continues to succeed. The Commission and CDSS have persisted in efforts of outreach to various organizations and agencies throughout the state of California to better reach the youth and disseminate the necessary information on the Chafee ETV Grant. The Commission and CDSS
extend outreach efforts which includes providing information on Chafee ETV at various events, including Cash for College, financial aid conferences, county agencies, at FYSI Statewide Meetings, Regional Meetings, and Independent Living Program events. The CDSS distributes Chafee information in a variety of means, through outreach and providing information on the CDSS website and is in the process of creating educational resource cards to provide to foster youth that contain information for CDSS educational services and provide a direct link to the CDSS website. These cards will be disseminated throughout California through county agencies, ILP Coordinators, and other agencies that work with foster youth to assist with providing information about various services that they may avail from.

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

Youth who are/were in a Kin-GAP guardianship established at any age, youth who are/were in a non-related legal guardianship established in juvenile court at the age of 8 or older and youth who were adopted after turning age 16 are eligible for ILP services in California. These populations participate in the same ILP services and receive the same benefits as other eligible youth. Some are also eligible for extended foster care payments to the age of 21. Based on CWS/CMS exit data from FFY 2017, the following number of youth who achieved permanency through guardianship or adoption were eligible for ILP benefits and services: 464 who were adopted at age 16 or older; 5,849 who exited to a Kin-GAP guardianship; and 4,076 youth who exited after their eighth birthday to a non-related legal guardianship.

8. **Ensure children who are likely to remain in foster care until 18 years of age have regular, ongoing opportunities to engage in age or developmentally-appropriate activities.**

*Reasonable and Prudent Parent Standard*

As part of the Preventing Sex Trafficking and Strengthening Families Act (P.L.) 113-83 a new eighth purpose was added to the CFCIP to ensure that children who are likely to remain in foster care until age 18 have ongoing opportunities to engage in “age or developmentally-appropriate” activities. State legislation (SB 794) aligned the state law with the new addition. The law requires for this eighth new program purpose that Title IV-E agencies amend their standards for foster care to permit caregivers to use the reasonable and prudent parent standard. This standard is also applicable to young adults participating in extended foster care.

In 2003, California law established the prudent parent standard to ensure every foster youth has the ability to participate in age-appropriate extracurricular, enrichment and social activities. California law subsequently modified the provisions of the standard since then. In order to conform California’s reasonable prudent parent standard to existing federal law, SB 794 further amended the standards and defined the term “age or developmentally appropriate.” The ability to engage in age and developmentally appropriate activities applies to all
children/youth/young adults in foster care, including those placed in a group home setting. Group homes and other community care facilities which provide care and supervision to children and operate with staff, except licensed foster family homes and certified family homes, are required to designate at least one onsite staff member to apply the reasonable and prudent parent standard to decisions involving the participation of a child placed in the facility in age or developmentally appropriate activities. SB 794 also requires caregivers to receive training on the standard, which includes knowledge and skills relating to the reasonable and prudent parent standard for the participation of the child in appropriate activities, including knowledge and skills relating to the developmental stages of the cognitive, emotional, physical, and behavioral capacities of a child. All County Letter 16-31 provides counties with information on the new provisions of the standard and provides guidance in applying the standard. The CDSS Community Care Licensing Division has developed a guide on the prudent parent standard and is developing new regulations. Ongoing guidance is provided to counties on ensuring that this standard is followed in the best interest of foster youth. CDSS is currently drafting an ACIN with a set of FAQs to provide further guidance to counties.

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 Foundation for California Community Colleges

The collaboration between CDSS and the Foundation for California Community Colleges (FCCC) is to promote statewide educational training on life skills and college and career preparation to current and transitioning foster and probation youth aged 16 to 21 years. In addition, adult care providers including foster parents, kinship caregivers, group home staff, and foster family agencies receive educational training in conjunction with these youth. Under a contract with CDSS, the FCCC provides programming designed to:

- Increase youth access to community college based vocational training and work experience. Offering either high school and/or college credit for participation in FCCC ILP program.
- Engage youth in real-life, experiential independent living skills activities, including financial literacy, career development and educational preparedness.
- Provide youth with academic advocacy and support services to increase persistence rates within the California community college system.
- Introduce and assist youth to access campus and community based services including financial aid resources.
• Assist youth with priority enrollment and matriculation services in California community colleges.

• Facilitate youth focus groups and roundtables, integrating youth feedback into program improvement strategies.

• Provide training and materials to 113 community college faculty and staff to increase awareness and support to current and former foster youth preparing to enter the California community college system.

• Collaborate with community colleges’ Chancellor’s Office, Student Services Division, to increase service capacity throughout the community college system.

• Work in tandem with the California Colleges Pathways project to ensure that community college staff receive appropriate training, to support foster youth on their campuses.

The Foundation, through its partnership with CDSS, oversees multiple efforts to support current and former foster youth as they transition from the K-12 educational system into post-secondary education/training or to career pathways. One of these efforts includes the Youth Empowerment Strategies for Success-Independent Living Program (YESS-ILP). During the 2016-2017 program period, the YESS-ILP maintained and saw a slight increase in the number of current and former youth receiving services (see bar graph below). Statistical information regarding participants and services are listed below:

• Provided services to 2,043 participants,

• Provided 2,009 training hours, of which 1,153 or 57.4% were experiential and hands-on learning activities.

• Provided 4,121 hours of one-on-one educational advisory services to 774 participants.

• 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.

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 continues to work with youth in preparing for their exit from secure confinement. After establishing foster youth history, the coordinators help youth connect with their former county of jurisdiction so youth can participate in the ILP if they are eligible. DJJ coordinators monitor youths’ re-entry by connecting with the youth and their families and referring them to services. Counties receive a Juvenile Re-entry Grant provided by the county probation department in the county in which the youth plans to locate. The grant is a way to pay for rent and a deposit for housing as many of these youth are not eligible for EFC or county transitional housing programs. The re-entry coordinator provides monitoring and services for youth returning to their oversight from a locked facility.

The CDSS assists the coordinators in verification of foster care history for former foster youth. The Foster Care Ombudsperson’s Office is available to conduct orientations upon request at the DJJ facilities with youth who are preparing to be released. The orientations provide information
on the programs the youth are eligible to participate in to increase their ability to become self-sufficient and lead successful, productive lives.

Current and Former Foster Youth Involvement

The CDSS has made an ongoing effort since 1992 to include the input of current and former foster youth. The CDSS has worked to increase the capacity of foster youth participating in Departmental initiatives such as the ongoing strengthening of the Extended Foster Care program, creating education resources aimed at increasing participation in post-secondary education, and the extension of Medi-Cal to 26. The CDSS provides funding and in-kind support to and regularly meets with the California Youth Connection (CYC), the Foster Care Ombudsperson Office (FCO), and the Youth Engagement Project (YEP) to seek input and insight from former foster youth who work in the office as student assistants.

The CDSS has engaged and solicited involvement from foster youth in the following ways:

• Youth have continued to participate in workgroups as part of the CCR effort to ensure youth had a voice in the system change process. Youth sat on all of the committees and provided insight to the state staff, legislation, county directors and advocates, and stakeholders 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 2017.

• 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 Collaboration efforts between CYC and YEP has increase the participation efforts of the youths ability to be key members amongst panels for conferences. Youth have been at the forefront towards assisting the department with assessing youth needs, implementing practice, and assisting both local and state partners with how to better help youth transition to adulthood.

- The State Youth Council came to a close in 2012 and lessons learned from that effort informed the development of the Youth Engagement Project (YEP). The YEP includes current and former foster youth or ambassadors from seven counties partnering with staff/management from the County, State and the CYC to build capacity for youth-adult partnerships. Ambassadors work with local counties to identify local projects aimed at engaging foster youth and improving service delivery. The ambassadors also partner with state staff to identify strengths and barriers for youth engagement and provide feedback on policies and initiatives requiring youth input. The YEP Coordinator and ambassadors and youth participated in several workgroups and committee meetings including the Healthy Sexual Development Workgroup, a workgroup designed to aid in the process of updating the assessment forms for an Extended Foster Care placement, and the formerly called Extended Foster Care Steering Committee meetings hosted at CDSS. As a collaborative effort, the Extended Foster Care Steering Committee members responded to the needs expressed by youth, counties and providers and begin planning for first annual Transition Aged Youth Conference. Youth played a significant role with the planning and overall structure of the conference. The ambassadors also worked with CDSS to develop a protocol that is used at the state and with the counties when making requests for youth participation on workgroups or when making requests for youth feedback and input of policy. The YEP Coordinator and ambassadors have been meeting with several CDSS branches to discuss authentic youth engagement. Additionally, a new YEP leadership team was organized that includes representatives from CYC, the Child and Family Policy Institute of California (CFCIP) and CDSS, with the intention of strengthening and expanding the program to increase youth engagement opportunities across the state.

- Executive staff from the Department had met with CYC quarterly to hear concerns and solicit feedback on a variety of issues. As a result of these meetings and efforts to increase collaboration, these meetings will occur more frequently in order to better address the evolving needs of both programs CYC has developed an internship program for several counties where CYC youth are working on their post-secondary education while working on a variety of projects including training for foster parents, engaging mental health departments and recruitment of tribal youth.

- In July, CYC kicked off the “Lost Childhoods” Exhibition Opening. Originally created in 2006 by current and former foster youth as an adjunct to the Y.O.U.T.H. Training Project’s (YTP) youth-led training for child welfare supervisors, the Foster Youth Museum utilizes artifacts,
art, photography, and digital media donated or created by youth to provide an intimate look into the experiences of foster youth. The museum contained items chosen or informed by youth, including a wide range of representations— for example, a pair of shoes worn by a youth in juvenile hall, and letters handwritten by a youth and an incarcerated parent. Organized in dramatic contiguous displays, FYM guides the viewer on a journey from “Lost Childhoods” to “Foster Youth Empowerment.” Each display is contextualized through an informational display card that, in some cases, includes a narrative about the experience of the youth who contributed it.

- CYC youth and YEP Ambassadors provide input on flyers, youth surveys and outreach to reach more youth eligible for the Extended Medi-Cal for Former Foster Youth.

- In celebration of National Foster Care Month, the State Capitol honored foster youth in May, for their involvement and advocacy in state policy initiatives. In addition, foster youth participate in “shadow” day where they are able to shadow a representative and/or their staff for the day to learn how legislation is created and passed and how they can be part of that process.

- Foster Youth from across the State had the opportunity to shadow legislators for the day and view the legislative process first-hand during the annual CYC Day at the Capitol.

- Foster Youth participate in the Community Team as members of the Pathways to Well-Being Shared Management Structure.

- Foster youth advocacy and network groups such as the Youth Law Center, Foster Youth Alliance, and Alliance for Children’s Rights are closely involved in several CDSS initiatives, including The Healthy Sexual Development Workgroup, which focused on the sexual development and reproductive rights for children and young adults in foster care.

- Twice yearly, CDSS distributes a newsletter to approximately 18,000 current and former foster youth outlining Chafee programs housing and other benefits. Youth of the Foster Care Ombudsperson 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.
• Youth participated in CDSS’s first Annual TAY Conference Planning Committee. Youth were involved in setting up the day’s agenda and helped select presenters for the breakout learning sessions.

• At the National Conference of State Legislatures Request to Present on California CalYOUTH, a youth ambassador participated as a panelist to report the perspective of young person who personally experienced foster care. Participation at this conference assisted lawmakers towards understanding how they can develop more effective policy affecting young people transitioning out of foster care.

Youth also provide outreach and recruitment for ILP services informing ILP eligible youth, ILP active youth, and their families about the ILP program. Youth also participate in internship opportunities with local newsletters and media outlets, creating a webcast via YouTube and investigating and reporting events and issues that are important to transitioning youth.

Part 3: Coordinating Services with other Federal and State Programs and Indian Tribes

California Indian Tribes
California has 109 federally recognized tribes and approximately 81 tribes seeking federal recognition within its borders. Even so, most American Indian people living in California come from tribes outside the state, making the task of consultation and collaboration, in this county-administered child welfare system, complex. CDSS requires each of the counties to submit an ILP Annual Report and Plan to report the methods used to ensure that all youth have equitable access to services. This report includes: how youth are made aware of ILP services/programs offered in their county; the number of tribal youth who are eligible for services; the number of tribal youth who are participating in ILP services; and the methods the counties are using to collaborate with tribal representatives to ensure that tribal youth receive culturally appropriate services.

Consultation and Coordination with Tribes on CFCIP programs
As the state with the highest number of Indian tribes, CDSS utilizes its ICWA Workgroup (described further in the ICWA chapter) as the primary means of coordinating and seeking feedback from tribes. A tribal consultation policy (TCP) has also been developed to ensure that tribes are offered an official avenue for providing meaningful feedback on CDSS policies (further information on the TCP can be found in the ICWA chapter).

CDSS has been working to inform Indian tribes throughout the state about ILP eligibility and services for tribal youth. The ICWA Workgroup brings tribal leaders, county child welfare agencies and state policy and program staff together to work on issues pertinent to Indian children. Information about the Independent Living Program and other transition services for transition age youth has been shared verbally and in writing at the ICWA Workgroup meetings. An email was sent to all of California’s Indian tribes asking for feedback regarding their
knowledge of the ILP and the entitlement of tribal youth to access county ILPs; whether their youth are participating in county ILPs; and what, if any, barriers they have encountered in accessing ILP benefits and services for their youth. Information obtained from this feedback was used in the development of an All County Letter about ILP eligibility and services for tribal youth which was issued in April, 2016. Additionally, a presentation on ILP and other transition age youth (TAY) services for tribal youth was conducted at the annual ICWA Conference in June, 2016.

In early 2016, The CDSS provided technical assistance to the Yurok tribe, which has a Title IV-E agreement with the state of California, in the development of their Indian Child Welfare Policies and Procedures Manual. The Transition Age Youth unit assisted the tribe with their policies and procedures for transition planning and the Chafee ILP and ETV programs.

Additionally, counties work with the tribes in their individual jurisdictions to consult and obtain input on their ILP programs, to coordinate the programs, and to ensure that youth have access to culturally appropriate services and resources. Many counties have dedicated social workers and supervisors that work with the ICWA population to ensure a level of expertise for these cases. Other counties report having specialized units or liaisons that consult directly with tribes. Tribal mentors for youth are also utilized in some counties. One county has a pilot Family Wellness Court that includes a tribal representative to make sure that a youth’s cultural needs are met. Some counties fund youth’s participation in tribal events including providing transportation.

Some counties with a large representation of tribes within their jurisdictions report having tribal round tables, alliances, or consortiums that are comprised of tribal representatives, county and tribal social workers, probation officers, and court personnel. These constituents meet regularly to discuss ICWA, tribal needs and services, including ILP, and improved collaboration and communication. Collaboration with tribal TANF programs and tribal health organizations is also common. In many counties, tribal representatives are invited to family team meetings (FMTs), team decision-making meetings (TDMs), Child and Family Team meetings (CFTs), and transition conferences so they can advocate for the youth and help ensure the youth is provided with culturally appropriate services. Some of the larger counties have prominent tribal organizations such as Tribal STAR in San Diego and Orange counties and the Bay Area Collaboration of American Indian Resources (BACAIR) for the San Francisco Bay Area counties. These organizations provide training and curriculum for county ILPs that are relevant for the tribal population and counties publicize ILP activities and events in their newsletters.

Counties that were involved in the CAPP project (discussed in the Permanency Section) are using new strategies, such as employing cultural coaches and tribal community partners to provide culturally appropriate services to the Indian youth.
For FY 2019, the CDSS plans to hold its second annual Transition Age Youth Conference. There is a plan to include providing transition services to tribal youth as a topic of at least one workshop and to recruit tribal leaders to serve as presenters. Guidance and technical assistance will also be provided to tribal members with regards to TAY programs and services.

Equal Access to and Availability of Benefits and Services for Indian Youth
California counties provide ILP benefits and services to Indian youth on the same basis as any other youth in the state. Most of the ICWA eligible youth in California are under county jurisdiction and participate on a voluntary basis in the county ILP. The CDSS has notified counties through the CWDA TAYSubcommittee and an ACL that all tribal youth under the jurisdiction of a tribe and in out of home foster care are eligible for services provided by the counties’ ILP. In FFY 2017, out of 377 tribal youth eligible for the ILP, 267 tribal youth participated in an ILP, 71% of the eligible tribal population. This represents an 11% increase in participation over FY 2016. According to data from the ILP Narrative, counties reported that there were 368 tribal youth eligible for ILP services under county jurisdiction with 266 of those youth participating in an ILP; five tribal youth under tribal jurisdiction (transferred from county jurisdiction) with one participating in a county ILP; and four tribal youth under tribal jurisdiction (that never were under county jurisdiction) that did not participate in the ILP. All of the youth who were reported to be under tribal jurisdiction were in the county of Lassen. It should be noted that the CDSS does not have access to data on youth who are under tribal jurisdiction but had never been under county jurisdiction so the number of those youth may be underreported.

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 anticipated that the ACL and information about transition age youth services that has been provided at the ICWA workgroup and ICWA conference, as well as at CWDA subcommittee meetings, may help increase participation rates among native youth under tribal jurisdiction, however the number of these youth is very small as indicated above and there is one tribe in the state that has chosen to provide their own ILP services to their youth. The above data noting an 11% increase in ILP participation from FY 2016 to FY 2017 for tribal youth indicates that this has occurred.

Counties report that ILP benefits and services are available to Indian youth in California on the same basis as to other children in the state. Youth, including tribal youth, are informed of ILP activities through discussions with the social worker and probation officer, ILP pamphlets, notices, newsletters, monthly calendars of workshops/activities, website information, ILP orientations, annual ILP events and through other community groups. Counties work with local tribal communities to ensure that all tribal youth have been identified and inform tribal
representatives of ILP activities and events. Many counties work closely with tribal liaisons and tribal organizations to ensure that tribal youth receive culturally appropriate services.

In addition, the statewide standards for the ILP are a mechanism that provides guidance to counties on fair and equitable provision of services to current and former foster youth, including tribal youth. Counties use a variety of methods to ensure that services are available to all youth, such as: providing transportation or bus passes, regionalizing activities, assessing local compliance with the Americans with Disabilities Act, mailing or emailing information on a monthly basis to all eligible youth and their caregivers and having direct contact with the youth. Often, smaller counties are able to provide one-on-one services to youth to ensure that all of their needs are being met. Some counties invite local tribal representatives to their monthly meetings. In turn, some tribes publicize ILP activities in their tribal newsletters. Counties collaborate with local tribes as well as other organizations such as: AmeriCorps, Job Corps, Tribal STAR, Gathering Interdisciplinary Trainings, US Armed Forces, regional occupational programs, public transportation agencies, employment development, family service agencies, tribal social services and health services, local community colleges and universities, financial institutions, and CYC to meet the needs of tribal youth.

In previous years, engagement with tribes on ILP issues was strong and included the issuance of an ACL. Going forward, ILP will be an area addresses withing the TAC and TES.

**CFCIP Benefits and Services Available to Indian Youth**

Benefits and services available to tribal youth through CFCIP are the same as those provided to other youth in the state, including the development of a Transitional Independent Living Plan (TILP) to outline youths’ needs and goals; skills learning focusing on daily living skills, money management, decision making skills, safety skills, building self-esteem, and accessing medical services; assistance with achieving educational goals; aide in obtaining employment or gaining skills for employment readiness; help locating housing; and non-core services such as arranging for driver’s training classes and paying for driver’s licenses. Indian youth who have emancipated are also eligible to receive benefits from the Emancipated Youth Stipend to provide assistance with housing and other independent living.

**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 completed a Title IV-E agreement with the state. These Tribes have not pursued agreements to administer a CFCIP or ETV program at this time although the Yurok Tribe has expressed interest in developing an ILP. CDSS has offered assistance to the Yurok Tribe in developing the capacity
to administer an ILP with an appropriate portion of California’s Chafee ILP allocation to be allotted to the tribe once the program is developed. The Tolowa Dee-Ni Nation (formerly known as the Smith River Tribe) enacted an agreement with the federal government to become a Title IV-E Tribe but have not established a Chafee ILP.

The Pala tribe has chosen to provide their own independent living services rather than utilize a county ILP as the tribe feels that they can better meet the needs of their youth.

Two other tribes receive Title IV-B funding, the Tule River Tribe and the Washoe Tribe of Nevada and California. The CDSS has provided a presentation to these Tribes on the transition services available to tribal youth.

Tribal Concerns Regarding Accessing Chafee Services
During collaborations with tribes, the most frequent response has been a lack of awareness of the ability to access county ILP services as well as a lack of knowledge about the services available to tribal youth. CDSS sought tribal participation on a subcommittee of the ICWA Workgroup to develop a formal policy outlining eligibility and tribal access to ILP services. No tribes chose to participate. The ACL on ILP services for tribal youth was sent to the tribal leaders 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 in 2016, which many tribal representatives attended. This information will continue to be made available at the ICWA workgroup meetings and training will be offered to any tribe upon request. The CDSS also plans to offer topics relating to serving transition age tribal youth at the 2019 TAY Conference.

The CDSS will continue to monitor how many tribal youth are participating in county IL programs through the annual ILP narrative. The department will also provide technical assistance to counties regarding making their ILPs accessible to tribal youth and assist tribes in helping their youth gain access to county IL programs.

Part 4: Training

The most significant training related to transition-age youth is associated with the implementation of the EFC Program. Substantial efforts have gone into reaching out to potentially eligible youth and to ensure youth are aware of new benefits. Beyond outreach, significant efforts were made to train the child welfare community on the extended benefits and the paradigm shift necessary to effectively serve young adults in foster care. This effort included developing curricula for specific topics (eligibility, higher education, court processes, youth engagement, etc.) as well as addressing different audiences (caseworkers, caregivers, providers, bench officers, etc.). These training and informing efforts were the result of collaboration across many sectors of the child welfare community – CDSS, counties (child
welfare and probation), advocates, the JCC, CalSWEC, the child welfare Regional Training Academies, youth organizations, philanthropy, etc. The training and informing materials were made available through in-person training and presentations, webinars, short videos, websites, and a Facebook page. Additional information is available at www.after18ca.org. CDSS also released an All County Letter on the vast array of training resources available for the EFC program.

The CDSS has continued to collaborate with the organizations and community partners mentioned above to provide training for social workers, caregivers, and youth in FFY 2014, as the policy around extended foster care is still evolving. 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, the CDSS had attended the County Welfare Director’s ILP and transitional housing subcommittee meetings to provide additional clarification and technical assistance to counties.

In 2017, the County Welfare Director’s ILP and transitional housing subcommittee’s ceased and formed one meeting, the Transitional Age Youth Subcommittee, which links issues experienced in extended foster care back to barriers within the independent living skills programs. The CDSS continues to collaborate with these partners in order to be at the forefront for improved outcomes for youth.

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.

In 2017, the CDSS began efforts to learn more about the local issues developing throughout the state. Piloted site visits to ten small, medium and large counties in rural and suburban communities kicked off the start of integrating the qualitative data currently gathered from CDSS’s ILP narrative survey with the quantitative data gathered from interviews with county representatives and youth to better drive practice. The CDSS will continue to enhance these site visits in 2018 and the data gathered will be merged into one report to provide additional guidance to improve collaboration efforts throughout the state.

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 2017, 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 2017 counties offered the survey to the 17 year olds of the third cohort. An All County Letter (ACL 16-81) was released to provide instructions to counties on surveying the 17 year old population. A webinar also was presented in October 2016 to provide guidance on implementing the survey process. Later, a second webinar focused on ILP services and best practices was offered in April 2017. For FFY 2017 surveying the 17 year old population of the third cohort, the NYTD Compliance Report showed a participation of 1,212 out of 1,832 youth for the first review period and 1,139 out of 1,786 youth in the second review period. The reasons why youth did not participate was due to being unable to locate the youth to offer the survey and secondly, the youth declining to take the survey.

Technical assistance is provided on an ongoing basis to counties through an established NYTD mailbox, NYTD hotline, presentations to the county ILP Coordinators at their monthly CWDA meeting, Probation Officers and Managers at their monthly Probation Advisory Committee (PAC), and regular technical assistance emails about performance and tools, i.e. best practices’ documents. Collaboration between the CDSS policy and data bureaus is ongoing at data, policy, and steering committee meetings as well as solving problems with the survey process. An updated consent form regarding data sharing of the NYTD survey was made available and applied to the third cohort beginning October 2016.

CDSS planned for FFY 2018, to survey the 21 year olds of the second cohort. In order to achieve successful implementation of this survey, the state will continue to educate counties about NYTD through activities such as: releasing an ACL, offering Webinars to help counties incorporate shared best practices in policies and procedures, and provide monthly presentations at the CWDA ILP meetings, and the Probation Advisory Committee meetings. A webinar was provided in FFY 2017 to refresh training on the Independent Living Services with
the goal of increasing the 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 42 below includes data for the first and second review periods for the FFY 2017 NYTD survey and Federal determinations or categories given for youth participating or not participating in the survey. Youth in foster care who turned 17 in FFY 2017 were surveyed during the review period in which the birthday falls.

Table 42: NYTD County Compliance Report for FFY 2017: Survey Outcome Status FFY 2017

<table>
<thead>
<tr>
<th>Survey Outcome Status</th>
<th>FFY 2017</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1st Report Period</td>
<td>2nd Report Period</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
<td>Number</td>
</tr>
<tr>
<td>Youth Participated</td>
<td>1212</td>
<td>68</td>
<td>1139</td>
</tr>
<tr>
<td>Valid Non-Participation Reasons:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth Declined</td>
<td>97</td>
<td>5</td>
<td>77</td>
</tr>
<tr>
<td>Youth Incapacitated</td>
<td>15</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>Youth Incarcerated</td>
<td>30</td>
<td>0</td>
<td>34</td>
</tr>
<tr>
<td>Runaway</td>
<td>186</td>
<td>10</td>
<td>151</td>
</tr>
<tr>
<td>Deceased</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unable to Locate</td>
<td>292</td>
<td>16</td>
<td>168</td>
</tr>
<tr>
<td>Survey outcome not reported (youth with late birthdays)</td>
<td>0</td>
<td>0</td>
<td>206</td>
</tr>
<tr>
<td>All</td>
<td>1832</td>
<td>100</td>
<td>1786</td>
</tr>
</tbody>
</table>

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 43 below shows data for the number of youth who received independent living services
and whether the youth was in foster care or after care, and whether child welfare or probation youth. The decrease of services in After Care ILP services from FFY 2013 to FFY 2016 reflects the trend of youth electing to stay in foster care past their 18th birthdate as indicated by the increase in services provided in both Child Welfare and Probation.

Table 43: NYTD County Compliance Report for FFY 2017: Number of youth who received an independent living service by responsible agency type in FFY 2017.

<table>
<thead>
<tr>
<th>Case Responsible Agency</th>
<th>1st Report Period</th>
<th>2nd Report Period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>In care: Child welfare department</td>
<td>11789</td>
<td>73</td>
</tr>
<tr>
<td>In care: Probation</td>
<td>3318</td>
<td>21</td>
</tr>
<tr>
<td>In care: Other (Kin-GAP, mental health, out of state agency, state adoption district office, private adoption agency, and Indian child welfare)</td>
<td>196</td>
<td>1</td>
</tr>
<tr>
<td>Aftercare: Child welfare department</td>
<td>508</td>
<td>3</td>
</tr>
<tr>
<td>Aftercare: Probation</td>
<td>292</td>
<td>2</td>
</tr>
<tr>
<td>Aftercare: Other (Kin-GAP, mental health, out of state agency, state adoption district office, private adoption agency, and Indian child welfare)</td>
<td>83</td>
<td>1</td>
</tr>
<tr>
<td>Either current/prior case was not found, or case responsible agency was missing</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All</td>
<td>16186</td>
<td>100</td>
</tr>
</tbody>
</table>

National Youth in Transition Database Review and Results

A report titled, “NATIONAL YOUTH IN TRANSITION (NYTD) SURVEY SUMMARY BRIEF, CALIFORNIA 2015 - Outcomes for the First NYTD Database Cohort, Youth Ages 17, 19 and 21” includes a thorough analysis of California’s First NYTD Cohort. The report includes NYTD outcome findings for youth from the first cohort, at ages 17, 19 and 21, and includes comparisons by gender, ethnicity/race, and in-care and out-of-care. Comparisons are also made to National NYTD data and the CalYOUTH study which also looks at outcomes for youth in foster care in California. The report was made available on the CDSS NYTD Webpage. The NYTD data brief indicated a number of outcomes regarding the first cohort. The information showed that there was an increase in types of employment, part time or full time, and employment skills training. The increases within this category shows that access to ILP services help youth obtain higher rates of financial self-sufficiency. In addition, the data brief reveals that this population maintained a high percentage rate of permanent connections. This illustrates that ILP services help support and expand permanent connections amongst the youth surveyed. Finally, the data brief demonstrates the high percentages of youth that are obtaining a high school diploma or attending an education program. These increased education numbers reveal...
the support offered by foster care encourages youth to set and accomplish educational goals. Furthermore, the NYTD data brief illustrated areas in which the youth surveyed continue to struggle with. For example, homelessness remains an issue for this population. Although, the NYTD data percentages shows that those who remained in foster care or extended foster care have the support necessary to avoid homelessness. High risk outcomes are another area where youth have experienced challenges. These risk outcomes include pregnancy, substance abuse, and incarceration. This indicates that these youth may require more support and ILP services to avoid these risks. Overall, the NYTD data brief has highlighted areas where ILP services have assisted foster youth, while also pointing out areas where the services may be improved.

In response to the Children’s Bureau intent to implement NYTD reviews following the dissemination of ACYF-CB-PI-17-01, CDSS has taken a number of steps to begin informing relevant groups of the impending review. The NYTD review is a planned topic of discussion for a number of meetings including: the monthly CWDA meeting, Probation Officers and Managers at their monthly Probation Advisory Committee (PAC), the Transition Age Youth Subcommittee, as well as other meetings. These sessions will allow us to inform county workers and others of the NYTD data review and explain our preparation plans. In addition, the NYTD data review will be included on all future webinars, so that those administering the survey can be made aware of the preparation process as well. These preparation announcements will also be part of technical assistance reminders during each NYTD review period. Internally, the Transition Age Youth Policy Unit along with the CDSS data bureau initiated communication regarding our cross-collaboration methods, in order to be fully prepared for our NYTD review. In short, CDSS is using a variety of approaches to inform all relevant groups about the NYTD review.

CDSS has also taken an active role in including all relevant groups in the collection methodology and analysis of NYTD data. The significance of NYTD data, as well as best practices are communicated through the following: technical assistance emails, NYTD webinars, ACLs, as well as meetings reaching different groups that are involved with the NYTD process. These communication tools have allowed CDSS to not only assist and improve NYTD collection within counties, but it has encouraged discussion concerning the analysis and meaning of the data amongst these various groups. Improving NYTD data and outcomes are also part of the Independent Living Program (ILP) Annual Survey. Through the collection of ILP county data we are able to better understand the approach counties use to administer the survey. As a result, CDSS and the counties effectively communicate about the ways in which NYTD practices may be improved. These communication channels have expanded as the Transition Age Youth Policy Unit within CDSS has elected to conduct county ILP site visits. The ILP visits have provided CDSS staff the opportunity to meet with county personnel in person and discuss NYTD methodology. Essentially, CDSS employs a number of methods to encourage all relevant parties to be part of the collection and analysis of NYTD data.

Improved NYTD data collection is a continuous goal for CDSS. There are a variety of methods used to get the most accurate and timely NYTD data. Safemeasures and a file sharing site are
online tools utilized to assist counties in maintaining lists of youth eligible to complete the NYTD survey. In addition, the NYTD survey is made accessible via a hyperlink on the official CDSS webpage, along with all relevant documentation. The accessibility of these online tools has allowed CDSS to have a better dialogue with counties and ensure that the appropriate youth have access to the survey. Also the CDSS data bureau, along with assistance from the Transition Age Youth Policy Unit, provides ongoing technical assistance to counties and other relevant groups. The technical assistance also helps CDSS to obtain the most accurate NYTD data. Through cross-collaboration both internally and externally CDSS is always attempting to improve the ways it collects data.
TITLE IV-E CALIFORNIA WELL-BEING PROJECT

Background

California began operating a flexible funding child welfare demonstration project on July 1, 2007, with Alameda and Los Angeles Counties, and continued under three short-term bridge extensions through September 30, 2014. On September 29, 2014, the Administration for Children and Families (ACF) approved a five-year extension and expansion of the project, now known as the Title IV-E California Well-Being Project (Project). The Project extension began on October 1, 2014, and concludes on September 30, 2019. Under the expansion, the Project is implemented through partnerships with Alameda, Butte, Lake, Los Angeles, Sacramento, San Diego, San Francisco, Santa Clara, and Sonoma County child welfare and probation departments. Butte and Lake County, however, elected to opt out of the Project effective July 1, 2017 and September 30, 2017 respectively. The Project provides participating counties the flexibility to invest existing resources more effectively and will examine whether flexibility in the use of Title IV-E funds prevents foster care placement and improves outcomes for children.

As core service interventions, participating county child welfare agencies implemented Safety Organized Practice/Core Practice Model (SOP/CPM) and participating juvenile probation departments implemented Wraparound. The SOP/CPM is implemented as a family-centered practice that will contribute to the improvement of safety, permanency and well-being outcomes for children, youth and families. The Wraparound model is an intensive, individualized care planning and management process. In addition to the Project-wide interventions, each county may implement up to two additional child welfare and two probation interventions, at local discretion, with services they feel will improve the safety, permanency, and well-being of children in their respective counties. The Project’s target population includes children and youth ages zero to 17, inclusive, who currently are in out-of-home placement or who are at risk of entering or re-entering foster care.

Support Activities and Technical Assistance

Project county child welfare agencies developed extensive SOP/CPM training and coaching partnerships with their respective Regional Training Academy (RTA), while juvenile probation departments continued their Wraparound training partnerships with the Resource Center for Family-Focused Practice (RCFFP). The California Department of Social Services (CDSS), in partnership with the RTA and RCFFP, continued to provide opportunities for child welfare and juvenile probation representatives to engage in an on-going series of collaborative convenings. The quarterly SOP/CPM and Wraparound Collaborative series focus on implementation and critical developments as well as cross-agency communication and collaboration. The SOP/CPM and Wraparound Collaborative series provide a platform for the formation of learning communities amongst Project counties, promoting information sharing as child welfare and juvenile probation teams engage in in-depth discussions regarding policy, best practice,
training, implementation and coaching. The CDSS also partnered with the RTA and Casey Family Programs (CFP) in developing the SOP Title IV-E Waiver Executive Series (SOP Executive Series) for child welfare. The SOP Executive Series includes facilitated sessions addressing SOP integration into current work and initiatives such as CCR, Pathways to Well-Being (formerly Katie A) and other county individualized initiatives. The CDSS is also developing an Executive Series for probation. The goal is to provide executive leadership in participating child welfare and probation agencies with opportunities to engage in collaborative conversations and opportunities to share and hear from other executive leadership.

The CDSS conducted onsite fiscal reviews of Project counties utilizing enhanced protocols and procedures, and will continue to review all Project counties on an annual basis. These onsite visits include reviewing county procedures and claiming documents to ensure proper claiming of Project funds and providing further training and technical assistance as needed. In addition, the CDSS collects quarterly fiscal data and conducts quarterly fiscal conference calls to provide fiscal updates and further technical assistance to the participating counties.

The CDSS also conducted onsite programmatic reviews of Project counties. The goal behind the visits is to facilitate collaborative and constructive dialogue about programmatic matters of the Project. The reviews also consisted of conducting Social Worker and Probation Officer focus groups to gain insight on their perspective around SOP and Wraparound services under the Project as well as case file reviews to better understand the process and tools that are currently being captured through the Project county’s intervention practices. In addition, the quarterly individual county and quarterly all county programmatic call efforts continued to include participating child welfare and probation department representatives as well as stakeholders.

The Project’s Terms and Conditions requires the CDSS to submit a semi-annual progress report summarizing activities and accomplishments for the reporting period. The CDSS further developed the semi-annual report template and disseminated it to Project counties. The most recent semi-annual report was submitted to the ACF in December 2017, capturing Project accomplishments, challenges and intervention outcomes during the reporting period of April 1, 2017 through September 30, 2017.

During the period of July 1, 2016, through June 30, 2017, the CDSS cross-division implementation team engaged the participating county child welfare and probation departments in a variety of communication, implementation, technical assistance and evaluation activities.

The Project’s on-going external communication efforts continued. The quarterly probation call, facilitated by the Chief Probation Officers of California, is an ongoing effort. The CDSS continued to partner with Casey Family Programs and held quarterly county-specific and collective calls to discuss Project implementation activities. The CDSS, in partnership with i.e. communications,
continues to publish the Project newsletters and most recently finalized a Wraparound overview video:

http://www.cdss.ca.gov/inforesources/Foster-Care/Title-IV-E-California-Well-Being-Project/Project-Communications.

The CDSS convenes annual waiver meetings with participants to support implementation and evaluation efforts. The most recent Annual Title IV-E Waiver meeting was held on November 14 through 15, 2017. Discussions included updates regarding federal, state and county initiatives and their intersections with Project implementation. Facilitated panels regarding county fiscal strategies, SOP and Wraparound implementation successes, challenges and next steps were discussed.

Internal communication efforts continued to include cross-division (program, research and fiscal) Project team meetings and county specific implementation updates.

Evaluation

The State is conducting an evaluation of the Project to determine whether and how the Project’s funding flexibility affects county child welfare and youth probation systems, and to measure the Project’s success in meeting its stated goals for improved safety, permanency, and well-being outcomes for children. The evaluation consists of three components: A process evaluation, an outcome evaluation, and a cost analysis. The Evaluation Steering Committee has continued to meet on a monthly basis, with individual county agencies on a quarterly basis and with the CDSS on a weekly basis to discuss Project data outcome and fidelity measures. The Parent and Guardian Survey was administered in all counties on November 1, 2016, in order to capture client satisfaction and family engagement in the Project. Findings from the completed surveys were presented in the Evaluation Interim Report delivered in June 2017, which captures additional information including qualitative and fidelity data provided by participating agencies.

The Evaluation Team has finalized Data Sharing Agreement contracts with the 18 county agencies, which outline usage and security expectations for county data in the statewide evaluation. The NCCD began to compile data from the participating agencies. Other ongoing efforts for effective maintenance of the Project progress have consisted of discussions and collaboration between the Evaluation Team and Project partners in accessing and reviewing data in order to support counties with effective fidelity and well-being outcome measures.

Project-Wide Intervention Critical Elements

SOP/CPM
The SOP/CPM is implemented as a family-centered practice that will contribute to the improvement of safety, permanency and well-being outcomes for children, youth and families.
Critical elements of SOP/CPM include the engagement of families through relationship, promoting safety through assessment and a safety driven service, support planning and implementation, monitoring and adapting, transition and aftercare planning. The SOP/CPM model incorporates cultural awareness, trauma-informed lens, and focus on trauma philosophies throughout its strength-based approach practice to improve the coordination of services and collaboration of mental health and child welfare system.

**Wraparound**
The Wraparound model is an intensive, individualized care planning and management process. Outcomes of Wraparound are anticipated to produce long-term successes for youth in stable home-like placement environments, to improve youth and caregiver mental health, and improve functioning in community participation, increase assets, resilience and quality of life improvement. The Wraparound model involves a family-centered, strength-based, needs-driven planning process for supportive youth and family services. Specific elements of Wraparound include case teaming, family and youth engagement, individualized strength-based case planning, and transition planning.

**Optional County Interventions**
The Project core service interventions of SOP/CPM and Wraparound model are intended to improve the well-being of children, youth and families in all the participating counties. Additional optional interventions facilitated by the 18 agencies are also structured to meet the needs of vulnerable populations within each respective county. Each county was able to identify up to two child welfare and up to two probation interventions, at local discretion.
The following interventions are implemented by the counties.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Intervention Name</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child Welfare</strong></td>
<td>Commercially Sexually Exploited Children—Alameda County</td>
<td>Creates a process for developing advocates, increasing intensive foster care placements and caregivers through screenings to identify youth. Develops training and tools to support services to youth.</td>
</tr>
<tr>
<td></td>
<td>Enhanced Prevention and Aftercare – Los Angeles County</td>
<td>Provides service strategies to strengthen families in areas that are related to protective factors in programs, such as: Supporting Father Involvement, SafeCare and Parents as Teachers.</td>
</tr>
<tr>
<td></td>
<td>Triple P (Positive Parent Program) – Alameda County</td>
<td>Provides parent education to promote healthy development for children and to manage behavioral problems for parents and children.</td>
</tr>
<tr>
<td></td>
<td>Family Wraparound – Lake County and San Francisco County</td>
<td>Wraparound services are provided as an alternative to group home placement. The Wraparound model involves a family-centered, strengths-based, needs-driven planning process for creating individualized services and supports for children, youth and families. Specific components of the Wraparound model are engagement and team preparation, initial case planning, implementation and transition.</td>
</tr>
<tr>
<td></td>
<td>Family Visit Coaching – San Diego County</td>
<td>Helps parents articulate their children’s needs to be met in visits. Prepares parents for their children’s reactions. Helps parents plan to give their children their full attention at each visit. Appreciates the parent’s strengths in caring, meeting each child’s needs.</td>
</tr>
<tr>
<td></td>
<td>Family Finding and Kinship Support – Sacramento County</td>
<td>A structured model to build permanent, caring relationships for the youth, who otherwise would not have a permanent family, by helping adults make realistic decisions on how to be involved in a youth's life. Provides supportive services to relative caregivers and children placed in their care.</td>
</tr>
<tr>
<td>Program</td>
<td>Description</td>
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<tr>
<td>Housing Assistance &amp; Permanency Program—Sonoma County</td>
<td>Supports families in attaining and maintaining housing stability and permanency which aligns with the Project goals of improving the array of services to families. Increases the possibility of not placing the child out-of-home and improving family well-being.</td>
<td></td>
</tr>
<tr>
<td>Parent Orientation &amp; Parent Mentor Program – Sonoma County</td>
<td>Assists parents in the Court Family Maintenance (FM) and Family Reunification (FR) programs toward early engagement in their case plans as well as providing them knowledge of the child welfare, foster care, and dependency court processes and the roles of persons involved therein.</td>
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</tr>
<tr>
<td>Partnerships for Families (PFF) – Los Angeles County</td>
<td>Program is designed to prevent child abuse by addressing gaps in the current child welfare system. Voluntary prevention services developed by PFF are offered to pregnant women and families with children five and younger who are at high risk for child maltreatment. Each of Los Angeles County's Service Planning Areas are served by PFF, which collaborates with other organizations to improve outcomes at the agency, family and community levels.</td>
<td></td>
</tr>
<tr>
<td>Permanent Connection – San Diego County</td>
<td>Helps families to establish a lifetime network of support for children and youth who are disconnected from their loved ones or at risk of disconnection through placement outside of their home and community.</td>
<td></td>
</tr>
<tr>
<td>Prevention Initiative – Sacramento County</td>
<td>Goals of this intervention are: a) 90 percent of parents will improve their parenting knowledge and skills; b) 90 percent of parents with a history of CPS referrals will have no new referrals for child abuse or neglect; c) 90 percent of parents with no history of CPS referrals will have no new referrals for child abuse or neglect; d) children are safe and healthy in their homes; e) parents are nurturing and self-sufficient</td>
<td></td>
</tr>
<tr>
<td><strong>Probation</strong></td>
<td><strong>Collaborative Court – Alameda County</strong></td>
<td>Focuses on providing an alternative disposition for youth with high mental health needs; emphasizes family engagement and teaming.</td>
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<tr>
<td><strong>Functional Family Probation – Los Angeles County</strong></td>
<td></td>
<td>A family focused case management approach for the family and youth to manage crisis, provide services and offer strength based supervision.</td>
</tr>
<tr>
<td><strong>Functional Family Therapy – Los Angeles County and Sacramento County</strong></td>
<td></td>
<td>Engages youth and family in recognizing negative behavior and relational patterns by providing skills training in problem solving, parenting, and conflict management.</td>
</tr>
<tr>
<td><strong>Multi-Disciplinary Family Therapy – Alameda Probation</strong></td>
<td></td>
<td>An integrated, comprehensive, family-centered treatment for teen and young adults with problems and disorders, which simultaneously addresses substance use, delinquency, antisocial and aggressive behaviors, mental health disorders, school and family problems, and prevents out-of-home placement through a variety of therapeutic and behavioral supports for adolescents, parents, families and communities.</td>
</tr>
<tr>
<td><strong>Multi-System Therapy - Sacramento County</strong></td>
<td></td>
<td>A family and home based treatment that strives to change how youth function in their natural settings - home, school and neighborhood - in ways that promote positive social behavior.</td>
</tr>
<tr>
<td><strong>Parent Partners – San Francisco County</strong></td>
<td></td>
<td>Provides peer support groups to parents who have successfully achieved family stabilization in order to provide individualized coaching and encouragement to parents with children in out of home care.</td>
</tr>
</tbody>
</table>

**Outcome Measure Descriptions**

**AB 636 [C-CFSR California Outcomes and Accountability System State Measure]**

- Entry Rates
- 4B Least Restrictive (Entries First Placement)
- 4B Least Restrictive (PIT Placement)
- 4E (1&2) ICWA Placement Preferences

**CFSR3 [Federal Child & Family Services Review Round 3 Measure]**

- 3-S2 Recurrence of maltreatment
- 3-P1 Permanency in 12 months for children entering foster care
- 3-P2 Permanency in 12 months for children in foster care 12-23 months
- 3-P3 Permanency in 12 months for children in foster care 24 months or more
- 3-P4 Re-entry to foster care
- 3-P5 Placement stability
CHILD AND FAMILY SERVICES TRAINING PLAN

California’s state-supervised, county-administered child welfare services system 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; from no formal staff development organizations to very sophisticated staff development departments. Meeting the evolving and diversified training needs for these programs requires 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 the California Social Work Education Center (CalSWEC), the Regional Training Academies (RTAs), and the University Consortium for Children and Families (UCCF) in conjunction with stakeholders representing county child welfare agencies, CDSS, youth, Parent Partners, Court Appointed Special Advocates (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 oversight of foundational content by the Content Development Oversight Group (CDOG - a subcommittee of CalSWEC), vetting of content via surveys and focus groups, 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.

Pre-service training is governed through the California university system, providing Bachelor of Social Work (BSW) and Master of Social Work (MSW) programs to social work students. CalSWEC,
through the Title IV-E Stipend Project, builds social worker capacity through a statewide program of financial aid for social work students committed to employment in California’s county child welfare system. The stipend is granted to students who commit to a number of years of employment equal to the period for which they receive aid. This project educates BSW and MSW students in preparation for county child welfare services agencies. Priority is given to current county employees and members of underrepresented ethnic minority groups. There are twenty schools of Social Work that participate in this project to increase the complements of BSW’s and MSW’s as child welfare workers in California by providing appropriate programs statewide.

Staff and supervisor trainings are delivered regionally, and are organized and delivered by the following RTAs:

**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, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Inyo, Lake, Lassen, Mendocino, Modoc, Mono, Nevada, Placer, Plumas, Sacramento, 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, administered through the 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 the 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: Fresno, Kern, Kings, Madera, Mariposa, Merced, San Joaquin, San Luis Obispo, Santa Barbara, Stanislaus, Tulare, and Ventura.

**Public Child Welfare Training Academy (PCTWA)** - Based at the 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, eLearning and CC 3.0 support.

**Los Angeles County Department of Children and Family Services** - The Los Angeles County Department of Children and Family Services (DCFS) is unique in that alongside the Department’s Training Section, the county contracts with one entity - the University of California, Los Angeles.
(UCLA) - to provide comprehensive training to the County's child welfare professionals. Under the Department’s training contract, UCLA subcontracts with two additional universities who provide training at the DCFS University (DCFSU). These are the University of Southern California (USC) and California State University, Long Beach (CSULB). Additionally, UCLA subcontracts with six universities to provide a Los Angeles County-specific Masters in Social Work (MSW) stipend program that requires participants to work in Los Angeles County after graduation.

Two additional contracts that provide Statewide training to Social workers as well as Probation placement officers include:

The Resource Center for Family Focused Practice (RCFFP) - As part of the Center for Human Services at UC Davis Extension, the Resource Center for Family-Focused Practice serves the multidisciplinary human services needs of organizations with an emphasis on family-centered practice. The Resource Center provides research, custom and standardized training, technical support, symposia, and support services statewide with the goal of integrating practice approaches to improve outcomes for children and families.

Chief Probation Officers of California (CPOC)
CPOC develops fundamental CCR courses for probation officers working on the implementation and delivery of CCR services pursuant to AB 403. These training activities help to ensure that probation officers serving juvenile probation foster youth are adequately trained and provided with the most up-to-date curriculum to address the needs of these youth. CPOC offers in depth training on child and family teams, resource family approval, foster parent recruitment, retention and support, short term residential treatment programs, and appropriate aftercare services for probation foster youth.

Initial Staff Training

Regulations

During the 2003 Children and Family Services Review (CFSR) Program Improvement Plan (PIP), California included the mandate for standardized training in child welfare. The CDSS, in cooperation with the Statewide Training Education Committee (STEC), 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)

**Common Core 3.0**

California is moving toward the full implementation of a Child Welfare Integrated Core Practice Model (ICPM) and a transformed system for working with children and families. The ICPM 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 Integrated Core Practice Model serves as an umbrella to better define improvement initiatives and practice changes underway in the state.

The Common Core 3.0 (CC 3.0) curriculum has been structured to mirror the established ICPM 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.

The CC 3.0 was created as a single standardized curriculum that is mandated statewide to ensure all new child welfare social workers are getting the foundational training necessary for competence in the field. The CC 3.0 has standardized content and is delivered as written to ensure that the proper training reaches all of California’s new social workers. The blocks are designed to build on each other with common themes integrated throughout. Concepts of fairness and equity/cultural humility, engagement, teaming, trauma-informed practice, ICWA, and strength based practice have been interwoven throughout the blocks to reinforce best practices to support children and families.

The CC 3.0 provides a more comprehensive picture of child welfare practice for new social workers. It was created with a strategic blend of learning modalities. This includes using eLearning courses to deliver basic knowledge elements thus maximizing classroom time for skill building and providing new social workers with opportunities to enhance skills learned in the classroom through application of concepts in the field.

Each block contains two levels of curriculum. Blocks begin with 100 level eLearning, classroom, and field activities, followed by 200-level classroom and eLearning content. The CC 3.0 integrates tools such as Child Welfare Services/Case Management System (CWS/CMS) and Structured Decision Making (SDM) into the curricula and field activities. This integration ensures social workers are given the opportunity to practice tools in the classroom that will be used in the field.
They will then have the opportunity to reinforce the skills learned in the classroom by working with their field advisor to practice the skills outside of the classroom.

Training Program Evaluation

The CDSS is currently in the process of conducting a full-scale evaluation of the statewide training programs. The Macro-Evaluation Team, comprised of representatives from the CDSS, RTAs, the University Consortium for Children and Families (UCCF) in Los Angeles, and the Los Angeles Department of Children and Family Services (LADCFS), works to develop and implement evaluation tools that assess the quality of statewide curriculum materials, using the Training Evaluation Framework as a guide.

The Training Evaluation Framework suggests assessment at seven levels of evaluation, which together are designed to build a “chain of evidence” for training effectiveness. This approach is a slight modification of the Kirkpatrick four-level training evaluation model. The seven-level model includes the following evaluation efforts:

- 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 of specific agency goals or client outcomes

We have identified the following list as the strengths of using this model:

- It allows for a standardized process of systematic review
- Data is collected through rigorous methodology and evaluation design
- We can evaluate each of the various current approaches to delivery of training separately
- Curriculum writers and trainers have access to data that focuses on specific aspects of training, allowing for targeted revisions of material and methods of delivery
- A long-term and ongoing large scale investigation will ultimately help identify the overall effectiveness of training and, importantly, its impact on child welfare outcomes

Thus far, our efforts to investigate the effectiveness of the training programs consist of two different forms of evaluation – self-report (including a perceived knowledge-gain assessment for each eLearning module, and a question about perceived usefulness of trainings provided by the
RTAs, overall) and objective evaluations (including either embedded evaluations or pre- and post-course exams for the classroom courses).

A self-reported retrospective pretest (Davis, 2003) was used to assess perceived knowledge gain from each of the 22 Common Core eLearning modules. At the end of each module, participants were asked to rate their knowledge about course content after taking the course compared with their knowledge prior to the course – responses were recorded on a 10-point scale. Figure 48 below illustrates the reported amount of increase in knowledge (from before course to after course) that occurred as result of the eLearning portion of the training (all eLearning modules featured a knowledge-gain, ranging from .77 to 2.51 point increases).

In a perceived usefulness survey, respondents are asked to indicate the degree to which the training is perceived as useful in practice, using a 5-point scale ranging from very useful (1) to very useless (5). Overall, staff seem to perceive the trainings as applicable in the field. 86 percent of respondents reported that the training is “useful to very useful” in preparing staff to work in their county child welfare roles (see Figure 49).
The objective evaluations include embedded evaluations in three courses: Structured Decision Making, Child Maltreatment Identification, and Writing Behavioral Objectives, and pre- and post-course exams in another three courses: ICWA & Working with Native American Families, Trauma Informed Practice, and Legal Procedures & Responsibilities. The in-class embedded evaluations require participants to read vignettes simulating scenarios that might occur in the field, then answer several questions pertaining to how one should respond to each scenario. Figure 50 below summarizes average performance on the embedded evaluations.

The pre/post exams were administered as such: Participants took a test on course content prior to participating in the course in order to establish a baseline score (or amount of prior knowledge about course topic). After completing the course, they took the same test.
again. For each individual, their exam change score (from pretest to posttest) was calculated, indicating whether learning occurred as a result of the training. All three courses featured an improvement in scores (see Table 44).

<table>
<thead>
<tr>
<th>Table 44</th>
<th>Pre/Post Exams - Difference Scores for Three Classroom Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course</td>
<td>M Pre-test</td>
</tr>
<tr>
<td>ICWA &amp; Working with Native American Families</td>
<td>59%</td>
</tr>
<tr>
<td>Legal Procedures &amp; Responsibilities</td>
<td>64%</td>
</tr>
<tr>
<td>Trauma Informed Practice</td>
<td>57%</td>
</tr>
</tbody>
</table>

Additional tools include evaluation of the field training activities (focusing on assessment and case planning) and end of block evaluations to test learning outcomes in each of the defined content blocks. These evaluations aim to explore trainees’ knowledge retention, skill level, and preparedness to excel in the field.

The final component of the Common Core Evaluation Plan is the 6-month follow-up survey. This survey will be distributed to workers via email 6 months after they have completed the final course (the 200-level Transitions course). Trainees will self-report the effectiveness of their training experience and satisfaction with Common Core 3.0. The goal for the follow-up surveys is that they indicate whether staff and supervisors are receiving the amount and quality of information and tools they need in order to successfully meet the demands of their respective positions.

**Reporting**

Tied to our broader evaluation efforts, is county reporting. Each year, every county is required to complete an Annual Training Plan (ATP) survey. The survey includes questions regarding staff demographics, staff completion of mandatory training regulations in the previous fiscal year (FY), and satisfaction with RTA training. These surveys, in addition to providing the information needed to complete our Cost Allocation Plan (CAP) fiscal policy reporting, also help CDSS and the RTAs evaluate training needs in each county, and throughout the state.

As a proactive effort, a 2015 in-depth survey analysis led to revisions intended to improve county response rate and increased accuracy of responses, and to better address issues of compliance with and reporting of mandated training. We also take measures to redress noncompliance. When a county has staff out of training compliance, they are required to submit a Plan of
Correction (POC) detailing which courses were missed by each of the staff, their reason for missing the scheduled course, and their scheduled make-up plan.

Survey data indicate that for FY 16/17, 78.68 percent of staff – across all training programs (Common Core, Supervisor Core, and ongoing trainings) and across all 58 counties – completed required trainings within the established timeframe (see Figure 51).

In looking at each of the Core trainings individually, in FY 16/17, 70 percent of staff completed Common Core and 75 percent of new supervisors completed Supervisor Core within the established timeframe. CDSS is committed to supporting full county compliance with mandated Core trainings. As such, as a first step, the training survey includes inquiries about why staff are out of compliance. This is useful information, as it helps us assess and consider how best to plan and structure trainings moving forward in order to maximize attendance. It is important to note that the current version of the survey allows for non-response, resulting in missing data. In light of this year’s data return, we will revise this aspect of the survey for next year’s data collection phase – an online “forced-response” survey question will yield a more complete picture of the roadblocks for training completion.

For those who did indicate a reason in FY 16/17, the most commonly reported challenges with attending Common Core trainings include: Personal absences, workload or coverage issues, and poor tracking (see Figure 52), and the most commonly reported challenges with attending Supervisor Core trainings include: Course availability or location, workload or coverage issues, and personal absences (see Figure 53).
Current Changes/Improvements

CDSS, in partnership with the RTA’s and CalSWEC is currently embarking on the third phase of Common Core 3.0 (CC 3.0) implementation. Over the past year representatives from across the state have observed the delivery of the entire CC 3.0. This group has aligned their notes with the evaluation data and the feedback received from trainers across the state and are working with CDOG to create a plan for a revision and sequencing of CC 3.0. Once completed, Phase IV of the CC 3.0 implementation will begin. In Phase IV, CDSS and CDOG will begin a quality assurance process by observing classes for fidelity and have a continuous feedback for quarterly revision and updates.
Probation

Regulations

The Probation Department has broad responsibilities in the California juvenile justice system. Probation officers are sworn peace officers who have powers of arrest and search and seizure. In addition, Probation Departments in California have the dual responsibility of first ensuring the safety of the community and to serve the needs of the youth and their families.

As a result of the California Department of Social Services (CDSS) 2002 Federal Child and Family Services Review (CFSR) and the subsequent Program Improvement Plan (PIP), 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).

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 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. A certificate of completion is awarded upon successful completion of all three modules.

MODULE 1: Community and Youth Safety - 3 days
Juvenile probation officers who provide supervision and services to wards in out-of-home placement carry both dual responsibility and dual accountability. 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 - 3 days
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 - 3 days
Providing permanency and reclaiming a positive, contributing citizen for the community remain the greatest responsibilities for juvenile probation officers. After this module, juvenile probation officers will be equipped to establish permanency for the wards for whom they are responsible.

Current Changes/Improvements

The Probation Placement Core and Probation Placement Supervisors Core curriculums undergo regular updates in order to ensure they remain relevant and inclusive of new laws and regulations. RCFFP’s goal is to integrate practice with legal requirements. After major revisions were completed in FY 15/16, this year’s (FY 16/17) revisions consisted of streamlining the curriculum to reduce redundancy and to update resource documents.

Training Program Evaluation

The nine-day core training for juvenile probation placement officers does not have a pre/post testing process currently in place. Juvenile probation placement officers are typically 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, participants’ academic focus is not as intensive or specific to families and individuals working through placement, as it typically is for students of social work. Therefore, it is assumed that the training provided through Core is new and/or contextually different for this population. An evaluation plan specifically designed to explore the nuances particular to probation staff is currently being considered.
**Reporting**

In 2016, as a result of analyses of the ATP survey data, and evidence that this information was useful, the CDSS extended that requirement to all county child welfare probation placement departments as well. County probation placement departments must now submit a similar survey to report on their own mandated training compliance. Survey data indicate that for FY 16/17, 99 percent of staff – across both training programs (Probation Core and Supervisor Core) and across all 58 counties – completed required trainings within the established timeframe (see Figure 54).

![Figure 54: FY 16/17 Statewide Training Compliance Rates (Probation)](image)

**Ongoing 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.

Ongoing trainings are organized and delivered regionally by the RTAs. Although the State does have a few statewide ongoing trainings available (i.e., Resource Family Approval, CSEC, and Psychotropic Medications), ongoing training varies across the state. The counties have the option to choose where their staff take ongoing training and which classes they take. Because the topics for ongoing training vary so widely the state does not, at this point, have a clear method of evaluation. As part of our 2017 Program Improvement Plan, CDSS is researching options for a more standardized method of delivery for at least a portion of the ongoing training and have required our contractors to collect data from the classes that they deliver using the Statewide
Satisfaction Survey. This first step will allow us to report satisfaction and usefulness of the ongoing training that is provided by the RTAs.

The Resource Center for family focused Practice and CPOC also provide tailored services and ongoing training (including technical assistance) to support juvenile probation placement officers and supervisors. These comprehensive trainings provide staff and supervisors the knowledge and skills they need in order to fulfill their responsibilities as child welfare workers. The trainings further build upon the topics of our Core program to enable a deeper understanding of the initiatives and best practice in serving families, youth, and the community. These “deeper dives” focus on working with youth in placement, and are specifically geared toward those working in juvenile probation who must meet the safety and well-being needs of the youth and the community at large.

**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 number of hours needed, we do not mandate the topics covered. This flexibility allows each county to customize the training they see necessary for their staff each year, and allows the RTAs to accommodate a wide range of topics requested from the counties.

**Reporting**

As with Common Core and Supervisor Core compliance requirements, counties are required to track and report training completion rates for yearly ongoing staff trainings. As indicated in Figure 54 above, 99 percent of staff completed their required annual training in FY 16/17. The most commonly reported challenges with meeting compliance requirements for these trainings include workload or coverage issues and poor tracking (see Figure 55).
The required POCs, detailing which courses were missed by each of the staff, their reason for missing the scheduled course, and their scheduled make-up plan, were submitted to CDSS. As mentioned above, moving forward, we are working to revise these surveys to online “forced-response”-style questions in an effort to capture more complete data.

While the RTAs offer a wide range of specialized advanced ongoing training topics customized to individual county needs, we find that there are several topics that are consistently covered throughout the state, each highlighting California’s evolving flexibility to train child welfare staff on the most recent and pressing issues relevant to the field. In FY 16/17, common training topics provided by the state included:

**Federal Case Review**

Offered for both line social workers and supervisors, the 4-day training reviews the Federal Case Review Tool, which is used to:

- Ensure the child welfare conformity with federal child welfare requirements;
• Determine what is actually happening to children and families as they are engaged in child welfare services;
• 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)

Child and Family Teaming

Rooted in the fundamental principle that child welfare services are most effective when delivered in a strengths-based, child/youth- and family-centered, individualized, collaborative, culturally reflective way, the Child and Family Team (CFT) is an integral component of each child’s case plan. The CFT is a group – assembled specifically around the needs of the child – that participates in a trauma-informed planning process that includes the child/youth, family members, a skilled and trained facilitator, professionals, natural community supports, and other individuals identified by the family who are invested in the child/youth and the family’s success. The individuals on the team work together – centering the voice, needs, and strengths of the child/youth and the family – to identify specific strategies for achieving the family’s goals.

To support counties with implementation of CFTs, CDSS offers no-cost regional CFT trainings, including the following:

• Child and Family Team Overview
• Skills Building
• Facilitation
• Skills and Practice for Child and Family Teaming in Action
• Child and Family Teaming Facilitation
• Child and Family Teaming Technical Assistance
• Child and Family Teaming Ancillary Classes
Safety Organized Practice (SOP)

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. 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.

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 Integrated 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

Coaching

Coaching is recognized as a key learning strategy for professional development as well as overall program implementation. The RTA’s offer a variety of Coaching courses that instruct on how to integrate the best skills, theories and abilities of coaching into a solid evidence-based supervision strategy. Coaching provides an avenue for supervisors to work holistically with social workers; focusing on their learning potential and areas for growth. Courses examine coaching skills, enhance understanding of coaching, how organizations can support coaching, as well as common coaching dilemmas and challenges, and provide an opportunity to practice coaching skills. Courses include:

- Coaching Institute for Child Welfare Practitioners and Supervisors
- Coaching Strengths-Needs Based Practice: Workshop for Staff
- The Qualities of an Effective Team
- The Art of Coaching in Child Welfare
- Safety Organized Practice (SOP) Coaching
- Building Coaching Capacity for Field Advisors

Interstate Compact on the Placement of Children (ICPC)

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.

Family Resource and Support T/TA- Strategies 2.0, 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 2.0 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 2.0 is a new three agency collaborative beginning in the 2016-17 State Fiscal Year. The new collaborative consists of The Child Abuse Prevention Center of Sacramento, San Diego State University- School of Social Work- Social Policy Institute, and Children’s Bureau of Southern California.
**Approximate Number of Days/Hours of Training Activity**
Length of training varies depending on training topic, ranging from one hour webinars to week long trainings, and training series. Technical Assistance can be very deep, or brief, and is determined by need of client.

**Training Audience**
The target audience includes staff from family resource centers/family support programs, community organizations, and public/private agencies. Among organizations are some of those that provide Differential Response services to child welfare organizations.

**Total Cost Estimate**
$2,500,000 for this reporting period

**Transitional or Regular FFP Rate**
Not applicable. Activities are supported by CBCAP and CAPTA funds.

**Description of how training meets goals/objectives of CFSP**
Training/technical assistance will assist in ensuring the safety of children, promoting the accurate assessment of child and family needs, supporting the participation of the child and family in case planning, and improving the quality and availability of relevant services.

**Emergency Child Care Bridge Program for Foster Children (Bridge Program)**

The Bridge Program addresses one of the primary barriers for potential families seeking to take in a foster child: lack of access to child care immediately following the removal of a child. The program aims to increase the number of foster children successfully placed in home-based family care settings, increase capacity of child care programs to meet the needs of foster children in their care, and maximize funding to support the child care needs of eligible families.

The Bridge Program is an optional program available to county Child Welfare Departments. Program implementation began January 2018 and is underway in 42 California counties. Pending budget approval, $31 million has been allocated in fiscal year 2018-19 to continue providing Bridge Program services for counties choosing to participate.

The Bridge Program is comprised of three major components:

- **Emergency child care voucher**: A time-limited child care voucher or payment to help pay for child care costs for foster children and for foster youth who are parents.

- **Child care navigator**: The local child care Resource & Referral (R&R) Programs will provide a child care navigator to eligible families. The navigator will assist with finding a child care provider, securing a subsidized child care placement if eligible, and developing a plan for long-term child care.
Trauma-informed Care Training (TIC) and coaching: Child care providers participating in the Bridge Program will receive access to TIC training through the local R&R Program. The curriculum is developed by the California Child Care Resource and Referral Network (Network) to support them in providing nurturing and safe environments for children. The curriculum is currently under development and will be available early in FY 2018-19. In addition to TIC, child care providers will receive access to coaching to assist them in applying what they learned in the training and developing strategies for working with children in foster care.

Child Protective Service Workforce Data

Data on California’s Child Protective Service Workforce comes from CalSWEC who is contracted to conduct a workforce study for the state once every three years. The following data comes from surveys conducted from 2016 to April 2017 in the following counties: Contra Costa, Madera, Ventura, Orange, Napa, Glen, Siskiyou, Lassen, Trinity, and Yolo counties. There were a total of 502 respondents.

Gender
- 82% Female, 17% Male, 1% Unknown

Age
- 20-30: 17%
- 31 – 40: 31%
- 41 – 50: 27%
- 50+: 21%
- Unknown: 4%

Job Responsibilities
- Supervisors: 17%
- Line Workers: 83%

Race/Ethnicity
- Hispanic: 37.1%
- White: 27.4%
- African American: 19.8%
- Asian: 6.5%
- Unknown: 5%
- Other: 2%
- Pacific Islander: .5%
- Native American: .5%

Highest Education Level
- MSW: 23%
- BSW: 9%
- Other: 21%
- Unknown: 47%
### Caseload Ratios for Counties Participating in the Title IV-E Well Being Project

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<tr>
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<th>SB 2030 Minimum</th>
<th>SB 2030 Optimum Standards&lt;sup&gt;1&lt;/sup&gt;</th>
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<th>Santa Clara</th>
<th>San Diego</th>
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<td>13.0</td>
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<td><strong>Cases per Social Worker</strong></td>
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County data was extracted in January 2018 using Safe Measures and reflects any open case and assigned caseworker at that time.

As a result of the implementation of the Extended Foster Care program, a new service category of Supportive Transitions (ST) was created. Since that Service component was not established when the SB 2030 study was published, those cases in ST have been redistributed to the PP service component.

<sup>2</sup> Sonoma county reports having an extended ER Supervisor vacancy that created a backlog of Evaluate Out referrals that artificially inflated this number as compared to previous years.

Gold reflects cases per service component that are below the SB 2030 Optimum Caseload Standards.

Brown reflects cases per service component that are below SB 2030 Minimum Caseload Standards.

### Indian Child Welfare Act (ICWA)

California tribes may attend training seminars, hosted by the Regional Training Academies (RTAs). Currently, there is funding for the Northern RTA to develop culturally-appropriate curriculum and provide training to the two tribes in California with Title IV-E agreements (Karuk and Yurok). The ICWA Workgroup assisted with the development of the CORE 3.0 training curriculum, which is used to train new social workers. This involvement has helped to ensure that ICWA is interwoven throughout the entire training series and that content is culturally appropriate. The CDSS continues to conduct focused training regarding ICWA requirements and cultural considerations of Native American children for both county staff and tribal case workers. Additionally, CDSS continues to support the annual California ICWA Conference to enhance the relationship between tribes and federal, state and local governments. The most recent CORE 3.0 training was released February 2017 and offers ICWA CORE courses with both online and in-person classes.
EMERGENCY AND DISASTER PREPAREDNESS PLAN

Background

The Children’s Services Operations and Evaluation Branch (CSOEB) Annex is to be used in conjunction with California Department of Social Services (CDSS) Mass Care and Shelter (MCS) Plan in large-scale, multi-county, interregional emergencies and disasters. The basic MCS Plan and the CSOEB Annex will provide the structure, policies, procedures, and forms for CDSS Disaster Operation Center (DOC) activation.

The CSOEB serves a population that includes Child Welfare Services (CWS) children, Probation children, non-minor dependents, including non-minor dependents residing in foster care, out-of-county placements, children placed in or out of California through the Interstate Compact on the Placement of Children (ICPC), and out-of-state non-minor dependents under the care or supervision of the state. Since many of these children reside in multiple jurisdictional areas, which are supervised by local child welfare agencies and CDSS, specific planning for this population is necessary. The CSOEB Annex details necessary response information for declared national disasters and national security emergencies.

Under the federal guidelines of the Child and Family Services Improvement Act of 2006, Public Law (PL) 109-288:

Section 6 (a) (16) provide that, not later than one year after the date of the enactment of this paragraph, the State shall have in place procedures providing for how the State programs assisted under this subpart, subpart two of this part, or Part E would respond to a disaster, in accordance with criteria established by the Secretary which should include how a State would:

A. Identify, locate, and continue availability of services for children under State care or supervision who are displaced or adversely affected by a disaster;\(^16\)
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;

\(^{16}\) 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.
E. Preserve essential program records; and
F. Coordinate services and share information with other states and counties. Include a description of the process utilized by the county to ensure that information regarding children placed pursuant to the ICPC occurs with both the sending state and the CDSS.\textsuperscript{18}

**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 2017 Quarter 4 Extract (California Child Welfare Indicators Project (CCWIP), University of California at Berkeley)
Children in foster Care:

- Ages Under 1 – 10 years: 34,131
- Ages 11 – 21: 28,513

**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.

\textsuperscript{18} CSOEB has modified Criteria F to include ICPC information shared with the CDSS and sending state.
- 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 and counties, and include a description of the process utilized by the county to ensure that information regarding children placed pursuant to the ICPC occurs with both the sending state and the CDSS.
Annex
This plan is composed of the following sections:

Basic Annex
Primary information relating to plan assumptions, plan goals, training and exercises, maintenance of the plan, elements for preparedness, response, recovery and mitigation phases of emergency management for dependent, non-minor dependent, and probationary children under the care or supervision of the state.

Purpose
The purpose of this Annex is to establish an effective process for activating and operating an emergency and disaster preparedness plan, in cooperation with state and local government for dependent, non-minor dependent and probationary children under the care or supervision of the state. It describes the responsibilities and actions required for the effective operation of locating and monitoring dependent, non-minor dependent and probationary children under the care or supervision of CDSS.

Authorities and References
The elements for preparedness, response, recovery and mitigation phases of emergency management for dependent, non-minor dependent and probationary children will be conducted as outlined in this document and in accordance with state law, the State Emergency Plan, the California Services Act, CDSS Administrative Order, and the State Mass Care and Shelter Plan.

Preparedness Elements
Emphasis on preparedness for dependent, non-minor dependent and probationary children:

- Define dependent, non-minor dependent and probationary children.
- Establish local emergency preparedness guidelines.
- Ensure local emergency preparedness guidelines are followed.
- Define the state agencies and their role in providing support to local agencies for dependent, non-minor dependent and probationary children.

Emergency Management Phases
Emergency management activities during peacetime and national security emergencies are often associated with the four emergency management phases as indicated; however, not every disaster necessarily includes all indicated phases.

This section describes the appropriate emergency management phase response for identifying and locating dependent, non-minor dependent and probationary children under the care or supervision of the state.
• Preparedness Phase (including increased readiness)
• Response (including Pre-emergency, Emergency Response, and Sustained Emergency)
• Recovery
• Mitigation

Phase 1 – Preparedness

The preparedness phase involves activities taken in advance of an emergency. These activities develop operational capabilities and effective response to a disaster. These actions include mitigation, emergency/disaster planning, training, exercises, and public education. Those entities identified in this plan as having either a primary or support mission relative to response and recovery should prepare operating procedures and checklists detailing personal assignments, policies, notification rosters, and resource lists.

During this phase, the CSOEB of CDSS will:

• Request and review Child Welfare Disaster Response Plans from all 58 county child welfare services agencies and the six CDSS Regional and Field Offices; updating as necessary, the name, telephone numbers, pager numbers, addresses, and other contact information.
• CDSS will place all Child Welfare Disaster Response Plans from all 58 county child welfare services agencies on the Department website (http://www.cdss.ca.gov/inforesources/Data-Portal/State-Plans/CWS-Disaster-Response-Plans).
• 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 identifying and locating dependent, non-minor dependent and probationary children under the care or supervision of the state.
• Initiate contact, coordinate services, and share information with supporting agencies, organizations, and other states involved with assisting in identifying and locating dependent, non-minor dependent and probationary children (County Child Welfare Agencies, CWDA, and ASB’s Regional and Field Offices).
• Contact International Business Machines (IBM), the controller and preservationist of the essential program records for a mock report of dependent, non-minor dependent and probationary children.

**Phase 2 – Response**

**Pre-Emergency**
When a large-scale disaster is inevitable, actions are precautionary and emphasize protection of life. Typical response actions may include:

• Alert and notify CSOEB staff for possible deployment.
• Notify other personnel regarding possible deployment.
• Retrieve essential program records from IBM.
• Send essential program records/report which contains the identifying information of dependent, non-minor dependent and probationary children to the county disaster representative of affected county. In the event the receiving county is not able to receive the report, it will be sent to the disaster representative of the adjoining county.
• Remain in communication with caseworkers, and other essential child welfare personnel potentially affected by the disaster.
• Coordinate services and share information with local government agencies, ASB’s Regional and Field Offices, and other states.

Emergency Response

During this phase, emphasis is placed on saving lives and property, control of the situation, and minimizing effects of the disaster. Immediate response is accomplished within the affected area by local government agencies and segments of the public and private non-governmental sector. The CDSS will coordinate with supporting agencies the activation of personnel for availability to respond to the needs of dependent, non-minor dependent and probationary children under the care or supervision of the state. Response may include:

• Alert and notify CSOEB staff for deployment.
• Notify other personnel regarding deployment.
• Coordinate services and share information with local government and other states.
• Maintain a log of trained personnel assignments, personal information (i.e. name, organization, personal emergency information, site location, shift hours, future schedules, staffing changes that may have occurred, etc.).
• Identify, locate, and continue availability of services for children and non-minor dependents under state care or supervision who are displaced or adversely affected by a disaster, including children and non-minor dependents from other states.
• Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those areas.
• Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster (i.e. telephone, cellular, e-mail, etc.).

Phase 3 – Recovery

During the recovery phase, procedures for the CSOEB will include:

• Continue to communicate with caseworkers and other essential child welfare personnel who have been displaced because of the disaster and provide services in those areas.
• Continue to respond to new child welfare cases in areas adversely affected by the disaster, and provide services in those areas.
• Review and update the county Child Welfare Disaster Response Plans.
• Compile and summarize information from supporting agencies.
Phase 4 – Mitigation

Mitigation efforts occur both before and following disaster events. Post-disaster mitigation is part of the recovery process. Eliminating or reducing the impact of hazards, which exist with the state and are a threat to life and property are part of the mitigation efforts. Mitigating these hazards, both before and after a disaster is particularly important when evaluating the impact on dependent, non-minor dependent and probationary children under the care or supervision of the state. Mitigation tools include:

- Maintain cooperative community relations between state, local, public, and private organizations.
- Identify, locate, and continue availability of services for children, non-minor dependents, and probationary children under state care or supervision who are displaced or adversely affected by a disaster, including children and non-minor dependents from other states.
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those areas.
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.

Table 49: Response Organization/Structure in a Catastrophic Event

<table>
<thead>
<tr>
<th>Level</th>
<th>Source</th>
<th>Agency/Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local</td>
<td>County Coordinator</td>
<td>Local Government, public &amp; private Organizations</td>
</tr>
<tr>
<td>Operational Level</td>
<td>County Coordinator</td>
<td>County Government</td>
</tr>
<tr>
<td>Regional Operations</td>
<td>CDSS Regional and Field Offices</td>
<td>CDSS</td>
</tr>
<tr>
<td>State Operations</td>
<td>CDSS Agency Liaison</td>
<td>CDSS</td>
</tr>
</tbody>
</table>

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)

2017-2018 Disasters

Below are counties that were declared an emergency proclamation on September 7, 2017.

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>CHILDREN DISPLACED</th>
<th>STAFF DISPLACED</th>
<th>REQUESTED SERVICES FROM CDSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madera</td>
<td>There were 0 children displaced.</td>
<td>There were 0 staff members displaced</td>
<td>No services were needed.</td>
</tr>
<tr>
<td>Mariposa</td>
<td>There were 8 children displaced.</td>
<td>There were 0 staff members displaced</td>
<td>No services were needed.</td>
</tr>
<tr>
<td>Tulare</td>
<td>There were 0 children displaced.</td>
<td>There were 0 staff members displaced</td>
<td>No services were needed.</td>
</tr>
</tbody>
</table>

Below is the county that was declared an emergency proclamation on September 9, 2017.

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>CHILDREN DISPLACED</th>
<th>STAFF DISPLACED</th>
<th>REQUESTED SERVICES FROM CDSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nevada</td>
<td>There were 3 children displaced.</td>
<td>There were 0 staff members displaced</td>
<td>No services were needed.</td>
</tr>
</tbody>
</table>
Below are counties that were declared an emergency proclamation on October 9, 2017.

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>CHILDREN DISPLACED</th>
<th>STAFF DISPLACED</th>
<th>REQUESTED SERVICES FROM CDSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Butte</td>
<td>There were 2 children displaced.</td>
<td>There was 1 staff member displaced</td>
<td>No services were needed.</td>
</tr>
<tr>
<td>Calaveras</td>
<td>There were 8 children displaced.</td>
<td>There were 0 staff members displaced</td>
<td>No services were needed.</td>
</tr>
<tr>
<td>Lake</td>
<td>There were 0 children displaced.</td>
<td>There were 0 staff members displaced</td>
<td>No services were needed.</td>
</tr>
<tr>
<td>Mendocino</td>
<td>There were 2 children displaced.</td>
<td>There were 3 staff members displaced</td>
<td>No services were needed.</td>
</tr>
<tr>
<td>Napa</td>
<td>There were 14 children displaced.</td>
<td>There was 1 staff member displaced</td>
<td>No services were needed.</td>
</tr>
<tr>
<td>Orange</td>
<td>There were 15 children displaced.</td>
<td>There were 23 staff members displaced</td>
<td>No services were needed.</td>
</tr>
<tr>
<td>Solano</td>
<td>There were 1 children displaced.</td>
<td>There were 3 staff members displaced</td>
<td>No services were needed.</td>
</tr>
<tr>
<td>Sonoma</td>
<td>There were 176 children displaced.</td>
<td>The number of staff members displaced is unknown.</td>
<td>No services were needed.</td>
</tr>
<tr>
<td>Yuba</td>
<td>There were 14 children displaced.</td>
<td>There were 3 staff members displaced</td>
<td>No services were needed.</td>
</tr>
</tbody>
</table>
Below are counties that were declared an emergency proclamation on December 5, 2017.

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>CHILDREN DISPLACED</th>
<th>STAFF DISPLACED</th>
<th>REQUESTED SERVICES FROM CDSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles</td>
<td>There were 43 children displaced.</td>
<td>There was 1 staff member displaced.</td>
<td>It would be so helpful if there was a Statewide Directory with all child welfare and Probation contact people and their cell phone numbers to reach in the event of an emergency and need to request assistance. We would also like the same information for our State Emergency contact.</td>
</tr>
<tr>
<td>Ventura</td>
<td>There were 61 children displaced.</td>
<td>There were 2 staff members displaced.</td>
<td>No services were needed.</td>
</tr>
</tbody>
</table>

Below are counties that were declared an emergency proclamation on December 7, 2017.

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>CHILDREN DISPLACED</th>
<th>STAFF DISPLACED</th>
<th>REQUESTED SERVICES FROM CDSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Diego</td>
<td>There were 50 children displaced.</td>
<td>There were 10 staff members displaced.</td>
<td>Requested the up to date monthly print out from CWS/CMS of list of placements that comes from CDSS. Provided SafeMeasures Disaster Map instructions (which the county was already aware of).</td>
</tr>
<tr>
<td>Santa Barbara</td>
<td>There was 1 child displaced.</td>
<td>There was 1 staff member displaced.</td>
<td>Administrative assistance in navigating how best to document/code the temporary housing arrangements made as a result of evacuation.</td>
</tr>
</tbody>
</table>
Below is the county that was declared an emergency proclamation on January 23, 2018.

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>CHILDREN DISPLACED</th>
<th>STAFF DISPLACED</th>
<th>REQUESTED SERVICES FROM CDSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Santa Cruz</td>
<td>There were 0 children displaced.</td>
<td>There were 0 staff members displaced.</td>
<td>No services were needed.</td>
</tr>
</tbody>
</table>

References

- 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
- All County Information Notice Number I-50-17
- Child Welfare Services Disaster Response Plan Template AD 525
Health Care Oversight and Coordination Plan Update

Medical Exam Periodicity

On July 1, 2016, a newly required schedule periodic health and dental exams was implemented for California children and youth in foster care. California foster youth must have an exam by the end of their age period. A child is considered out-of-compliance when the child leaves an age period without an exam. The new schedule for physical exams is outlined in Table 46. The Periodicity Schedule outlined in the table below meets the federal requirement for reasonable standards of medical practice.

Table 46: Medical Exam Periodicity for All Children in Foster Care

<table>
<thead>
<tr>
<th>Age of Child</th>
<th>Interval Until Next Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 to 5 days</td>
<td>&lt;1 month</td>
</tr>
<tr>
<td>1 month</td>
<td>1 month</td>
</tr>
<tr>
<td>2 – 4 months</td>
<td>2 months</td>
</tr>
<tr>
<td>6 – 15 months</td>
<td>3 months</td>
</tr>
<tr>
<td>18 – 30 months</td>
<td>6 months</td>
</tr>
<tr>
<td>3 – 18 years</td>
<td>12 months</td>
</tr>
</tbody>
</table>

Oversight of Prescription Medicines, including Psychotropic Medications

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

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

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

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

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

In 2015, Measure 5a.1, “Use of Psychotropic Medication Among Youth in Foster Care,” and Measure 5a.2, “Use of Antipsychotic Medication Among Youth in Foster Care” were completed. In 2016, Measure 5c, “Use of Concurrent Psychotropic Medications” was completed Data regarding these measures is now posted on the California Child Welfare Indicators website. As previously stated, four additional outcome measures are under development and are likely to be completed by early 2018.
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 three statewide CRPs in California. The CRPs are focusing on Prevention, Children and Family Services, and Critical Incidents. Each CRP has 12-15 members. CRP members are a mix of community members and professionals.

Prevention
This CRP focuses on policies related to education, health (physical, mental and behavioral), as well as other areas identified as impacting at-risk children and families.

Children and Family Services
The Children and Family Services CRP focuses on ground-level practices affecting children in care.
Critical Incidents
Its specific role is to support CDSS’ Critical Incident Oversight and Support Unit, advising generally around reporting, disclosure and facilitating collaboration between State agencies, County partners, and local Child Death Review Teams.

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

The newly formed statewide CRPs are complying with all federal CAPTA requirements and will be providing recommendations to the California Department of Social Services. Each CRP is supported by a facilitator who plans, guides and manages quarterly meetings. The facilitator is also responsible for ensuring the meeting minutes are created and for meeting all reporting requirements. CRPs are independent bodies of volunteer community members that may consist of former recipients of social services, foster parents, child welfare service 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 responsibilities of the CRPs involve evaluating child welfare policies, practices, and procedures, assessing systemic barriers and making recommendations to improve and remove barriers. CRPs focus on matters throughout the continuum of the child welfare system. Their focus areas must be rooted in data, analyzing trends and providing valuable insights that inform those working within the system. CRPs have the ability to make recommendations that will improve the lives of children and families throughout California.

This compiled CRP annual report includes rosters for the new statewide CRPs. The OCAP will receive reports and recommendations for the newly formed CRPs in July 2018.

**Prevention CRP Members Roster**

Robin Baker  
Chief Operations Officer, McKinleyville Family Resource Center, Humboldt County

Barbara Besana  

Victor Bonanno  
WD Analyst Supervisor, Sacramento Employment and Training Agency (SETA), Sacramento County

Sheila Boxley  
President & CEO, Child Abuse Prevention Center, Sacramento County

Melissa Comstock  
Family Huii Peer Leader, Yolo County

Baljit Gill  
Deputy Director of Social Services, Mariposa County Human Services Department

Michele Grupe, CFRE  
Executive Director, Cope Family Center, Napa County

Deborah Holmes  
Chief Program Officer, Child Abuse Listening Mediation, Santa Barbara

Christine Mariano, MSW  
School Social Worker & Lecturer, Los Angeles County
Alex Morales
Child Welfare League of America, Chair Board of Directors

Lisa Morrell Korb

Angelica Oberleithner
Program Director, Social Policy Institute, San Diego State University

Marni Parsons
Vice President of Student and Family Services, Bright Star Schools, Los Angeles County

Jose Ramos
Director of Prevention Department, Children’s Bureau of Southern California, Los Angeles County

Lori Schumacher
Program Director, Center for Human Services, Stanislaus County

Sharmil Shah, Psy.D
Chief of Program Operations, State of California-Mental Health Services Oversight & Accountability Commission, Sacramento County

**Critical Incident CRP Members Roster**

Angelica Anchondo

Stephanie Biegler

Robin Bowen
Executive Director, Child Parent Institute, Sonoma County

David M. Dunning
Social Worker IV, Child Protective Services, El Dorado County

Sheryn Hildebrand
Executive Director, CASA of Mendocino and Lake Counties

Tamara N. Hunter, MSW
Executive Director, Commission for Children and Families, Los Angeles County

Cathy Long-Page
Coordinator, CSCC/CDRT/LCCPC, San Joaquin County
Jared Martin, MA  
Implementation & Training Specialist, Rady Children’s Hospital-San Diego: Chadwick Center for Children & Families (California Evidence-Based Clearinghouse), San Diego

Deborah Moriarty, MSW, LCSW  
San Diego County

Frank B. Ohnesorgen  
Superintendent, Pond Union Elementary School District, Kern County

Carl Pascoe-Bickel

Jessica Payne  
CEO and Director of Research, Mockingbird Analytics, Los Angeles County

Kimberly Pierce, MSW  
Emergency Response, El Dorado County CPS

Children and Family Services CRP Roster

Tammy Andersen  
Health Program Specialist, Sutter County

Delona King  
Supervising Probation Officer, San Diego County Probation Department

Rosemary Martins

Dave Mason  
Lead parent partner west contra Costa county, Child Abuse Prevention Council

Lauren Mendez  
Youth Engagement Project Ambassador, Child and Family Policy Institute, Stanislaus County
Karen Moberly
Family Advocate

Michael Moncrieff

Carolyn Phillips
Social Worker IV, El Dorado County HHSA, Child Protective Services, El Dorado County

Jody Rodgers
Parent Mentor/child parent institute, Sonoma County

Mike Rogel
Director, Jeff Seymour Family Center, Los Angeles

Bruce Rubenstein
Independent Consultant/Child Welfare Advocate, Los Angeles

Arturo M. Salazar, MRAS, MSW, ACSW
Tribal Court Director with the Shingle Springs Band of Miwok Indians, El Dorado County

Bernadette Soares
Consumer Assistance Worker-Parent Partner, Merced County

Anneli Stone, MPA
W.M. Keck Foundation, Los Angeles County

Morgan Todoroff
Staff Services Analyst, El Dorado County Health and Human Services Agency

Amber Twitchell
Associate Director, On The Move, Napa & Sonoma Counties
BACKGROUND AND PURPOSE

Originally enacted in January 1974, the Child Abuse Prevention and Treatment Act (CAPTA) is a key piece of federal legislation addressing child abuse and neglect. CAPTA has been reauthorized several times through the years. With each reauthorization CAPTA has evolved responding to the evolution of child welfare nationally. The CAPTA reauthorization of 1996 established Citizen Review Panels (CRPs) as a requirement for all states receiving a CAPTA state grant. In December 2010, CAPTA was amended and reauthorized, shifting the focus to safety to address concerns over child fatalities in open cases, children languishing in care, children being returned home to unsafe environments and from a desire to increase accountability in the child protective services (CPS) system.

To be eligible for a CAPTA state grant, a state must comply with specific federal requirements and guidelines related to its child welfare policies, practices and laws. Under CAPTA, states are required to establish and maintain a minimum of three CRPs to increase system transparency and accountability and to provide opportunities for community members to play an integral role in ensuring that states meet their goals of protecting children from child abuse and neglect.

PROGRAM STRUCTURE

The California Department of Social Services’ (CDSS) Office of Child Abuse Prevention (OCAP) administers the three CRPs in California. There are two local panels in San Mateo County and Ventura County and a statewide panel that operates through the Prevention and Early Intervention Subcommittee of the Child Welfare Council (PEI-CRP).

HOW CALIFORNIA’S CHILDREN ARE FARING

Since 2004 the total number of children in California has been on the decline. However, the percentage of births to unmarried women has risen from 33 percent in 2004 to 38.8 percent in 2015, echoing national trends. One fourth (25 percent) of California’s almost 9.2 million children live in Los Angeles County and Latino children make up the largest racial/ethnic group among the state’s population (52 percent).
OVERVIEW OF CURRENT ACTIVITIES AT THE STATE OVERSIGHT LEVEL

The OCAP staff, in conjunction with the CRPs, is concentrating on building stronger panels that are focused on actionable and meaningful local and statewide recommendations to enhance the child protective service systems.

The following are OCAP’s activities/goals:

- Continue to engage in meaningful activities to strengthen families and ensure the well-being, safety and permanence of children in local communities and throughout the state.

- Support ongoing networking within the three California panels and with panels in other states to contribute to the national conversation and share in the transfer of learning.

- Encourage participation in training and technical assistance opportunities provided at a national level. Panels are encouraged to visit and use the resources available at the national CRP website www.uky.edu/SocialWork/crp.

- Encourage panels to review the Program Improvement Plan (PIP) developed in response to California’s Children and Family Services Review (CFSR). Promote involvement in implementation and monitoring components of the plan impacting their communities.

- Explore ways to integrate the Strengthening Families Protective Factors framework into the work of the CRPs to strengthen California families and to keep children safe from abuse and neglect.

PANEL INFORMATION

San Mateo County

San Mateo County is located on a 60-mile peninsula immediately south of San Francisco, bordered on the east by San Francisco Bay, and on the west by the Pacific Ocean. The area encompasses 455 square miles and contains 20 incorporated cities.

The approximate population of San Mateo County is 764,797 with 21.5% being children under the age of 18. In 2016, the county child protection agency received 4,204 child abuse allegations of which 329 were substantiated cases. Of that number, 171 entered care. ‡
Ventura County

The County of Ventura is situated on 42 miles of coastline. The Los Padres National Forest and agriculture occupy half of the county’s 1.2 million acres. Geographically, Ventura County is approximately 50 miles northwest of Los Angeles. Ventura County has a strong economic base that includes major industries such as biotechnology, agriculture, advanced technologies, oil production, military testing and development, and tourism.

The approximate overall population of Ventura County is 849,738 with 23.8% being children under the age of 18. In 2016, the county child protection agency received 11,791 child abuse allegations of which 1,209 were substantiated cases. Of that number, 451 entered care.‡

The Prevention and Early Intervention Citizen Review Panel (PEI-CRP)

The statewide CRP completed all federal CAPTA requirements and obligations during this reporting period the second full cycle since the Prevention and Early Intervention Committee of the Child Welfare Council incorporated the responsibilities of a Citizen Review Panel. A report of its activities, findings, and recommendations to the California Department of Social Services was forwarded to the CDSS Director, presented to the Child Welfare Council, and posted online for review and public comment.

This compiled CRP annual report includes submitted reports, recommendations, and responses from CDSS and CRP rosters for San Mateo County, Ventura County and the PEI-CRP.

Annual Report & Recommendations
(2015-16 Program Year)
(November-October)

County: San Mateo County

Contact Person for this Report:

Name: Patricia Brown
Phone: 650-823-5952 (c)
Email: brownpcrc@gmail.com

Date Submitted to Office of Child Abuse Prevention: November 21, 2015

Persons at the local County level who received the report:

- Iliana Rodriguez, Director, Human Services Agency
- Dr. Loc Nguyen, Director, Children and Family Services (Child Welfare Services), a division of the Human Services Agency
- Jenell Thompson, Children and Family Services
- John Keene, Chief Probation Officer
- Vielka McCarthy, Director, Juvenile Probation

1. County Profile (OCAP will provide current data from current annual report)
   General Demographics
   Ethnic make-up of county
   Household income

2. Panel Activities

Panel structure and development

I. Membership (Workplan Goal #1)

Have there been any changes in membership or Panel composition during the reporting period?

- Shanthi Karemcheti, John Ragosta, Paul Chang and Lauren Szyper have all resigned from the Panel this year due to changes in job responsibilities.
- Michael Brosnan, Human Trafficking Coordinator, SMC Sheriff’s Office and Adriana Taylor, CASA of San Mateo County, joined the Panel. The Panel is in the process of recruiting a new differential response representative.

All prospective members receive the SMCRP Operational Guidelines and they are referred to the CRP website (www.smcrp.org) for more background information. Before they are asked to submit an application for membership, potential Panel members are invited to attend a regular CRP meeting to observe the work of the Panel and meet current members. Visitors sign a Confidentiality Agreement at the
beginning of the meeting. Following the visit, if there is continuing interest, the potential member completes an application form and submits it, along with a relevant resume, to the Panel. New members are elected by majority vote of the existing membership.

**SMCRP Membership Roster**
**November 2016**

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baumel, Jan</td>
<td>Licensed Educational Psychologist and Retired Special Educator, Community Member</td>
</tr>
<tr>
<td>Brosnan, Michael (Bros)</td>
<td>Human Trafficking Program Coordinator SMC Sheriff’s Office</td>
</tr>
<tr>
<td>Cherniss, David</td>
<td>Juvenile Mediation Program</td>
</tr>
<tr>
<td>DeMarco, Toni</td>
<td>Clinical Services Manager</td>
</tr>
<tr>
<td></td>
<td>Behavioral Health and Recovery Serv.</td>
</tr>
<tr>
<td>Loewy, Ben (Chair)</td>
<td>Administrator, SM Co. Office of Education</td>
</tr>
<tr>
<td>Manthorne, Cori</td>
<td>CORA (Community Overcoming Relationship Abuse)</td>
</tr>
<tr>
<td>McCallum, Jamila</td>
<td>Edgewood Center</td>
</tr>
<tr>
<td>Miller, Bonnie</td>
<td>Private Defenders Office, San Mateo County</td>
</tr>
<tr>
<td>Monaghan, Ryan</td>
<td>Lieutenant, San Mateo Police Department</td>
</tr>
<tr>
<td>Plotnikoff, Bernie</td>
<td>Community Member</td>
</tr>
<tr>
<td>Ruth, Kibbie</td>
<td>Minister for Social Justice</td>
</tr>
<tr>
<td></td>
<td>Congregational Church of San Mateo</td>
</tr>
<tr>
<td>Stewart, Ginny</td>
<td>Licensed Clinical Social Worker, Community Member</td>
</tr>
<tr>
<td>Taylor, Adriana</td>
<td>CASA of San Mateo County</td>
</tr>
</tbody>
</table>

13 Members

II. Panel Training

**Please elaborate on the on-going orientation / training of new CRP members.**

Individuals who are interested in joining the Citizen Review Panel are provided with basic information about the role of the Panel in written form and referred to the Panel’s website: www.SMCRP.org. The website was updated this year.
CRP’s orientation process calls for incoming members of the Panel to talk with the Chair or facilitator for an orientation session at the beginning of their term. One key responsibility of the CRP facilitator is to ensure an inclusive process in CRP meetings so that all members of the Panel and guests are able to participate comfortably and effectively. This means making sure that acronyms are defined, there are frequent checks for understanding and new members are provided with the opportunity to ask for clarification of any topic under discussion.

Once new members join the Panel, they are encouraged to participate actively and to raise questions as needed. It has been SMCRP’s experience that new members add distinct expertise and perspectives to the Panel’s conversations. The regular presence of a liaison from Children and Family Services and the Probation Department has been very helpful for ensuring accurate understanding of the complex child welfare system in San Mateo County.

In addition, please describe any training activities the CRP has engaged in this past year as a means of ongoing panel development.

SMCRP members receive information and updates about the child welfare system from the Children and Family Services (CFS) Director and the Juvenile Probation Liaison at each regular meeting. During the course of the year, representatives of various public and private providers in the child welfare system make informational presentations to the Panel at its regular monthly meeting. In addition, Panel members have a regular agenda item, “Panel Member Updates” to encourage individuals to share information with other members about the child welfare-related work they are doing.

Child welfare related articles and reports are provided to members regularly and, when appropriate, the articles are discussed as part of the meeting agenda.

On a monthly basis, CRP receives and discusses the Children and Family Services Dashboard. This is an internal CFS document that provides a quick overview of data in key interest areas related to children and family services. These monthly reviews of data have provided the Panel with an understanding of the indicators used by CFS to monitor its own programs and services. Panel members are encouraged to direct questions about the Dashboard data to the CFS Director, who attends CRP meetings.

Report on SMCRP WORKPLAN 2015-16

Workplan Goal #1: Please discuss any activities the Panel has engaged in specific to the recruitment of panel members to reflect community demographics and support creating or maintaining a diverse panel.

On an annual basis, SMCRP reviews its membership and the national criteria for CRP representation. The goal is for CRP members to represent a broad array of backgrounds and perspectives. Currently, CRP’s membership comes from diverse backgrounds and areas of expertise. As needs for specific perspectives are identified, current SMCRP members brainstorm ways to reach out to representatives in those areas. The Panel is working on recruiting a provider of differential response services.
The Panel continues to seek members who are parents and/or youth who have been part of the child welfare system, but most other gaps have been filled. Currently, Panel membership stands at 13 members, near the top of the membership range established in the CRP’s Operational Guidelines.

**Workplan**

**Goal #2**

**Develop a work plan that will guide the panel’s review activities of the state and local Child Welfare System.**

Each year in its annual report and recommendations, SMCRP identifies areas of focus within the child welfare system. At the same time, the Panel outlines specific activities/evaluation methods it will use in order to track progress and evaluate outcomes related to its recommendations for change at both the state and local levels. This schedule is documented on an annual meeting calendar that guides agenda development throughout the year.

**Description of the review activities and any technical assistance provided (example = case review, focus group, data review).**

SMCRP meets monthly for two hours during the program year. At each of these meetings informational reports and monitoring activities are on the agenda. These activities include review of written materials and reports, presentations by CWS representatives and sharing of information by CRP members. CFS, Behavioral Health and Recovery Services and Probation have made staff members available to report to the Panel on specific recommendation areas such as Pathways to Wellbeing or areas of interest such as child sexual exploitation.

SMCRP has not received technical assistance from sources outside of San Mateo County during the past year.

**SMCRP recommendations for 2015-16**

SMCRP worked with the following recommendations this past year:

1. **CRP recommends that Children and Family Services (CFS) and other divisions of the child welfare system involved in the "Pathways to Wellbeing Program", including Behavioral Health and Recovery Services (BHRS), evaluate the effectiveness of mental health services for children and report to CRP semi-annually on the following:**
   
   a) Identification of those in need of service
   b) Delivery of services to those identified
   c) Timeliness of provision of services
   d) Utilization of innovative/promising new therapeutic methods, e.g., Neurosequential Model of Therapeutics
2) CRP recommends that CFS continue its efforts to place children in the child welfare system within San Mateo County in accordance with statewide requirements of Continuum of Care Reform (CCR) that goes into effect in 2017.

Regular updates to CRP should include the following:

a) Current number of foster homes in San Mateo County in various demographics.
b) Trends in increase or decrease of available foster homes within San Mateo County.
c) Strategies for recruiting homes that can meet the needs of targeted populations.
d) Services provided to support foster families.

In addition to monitoring its two formal recommendations, SMCRP researched the following issues of concern:

1) The impact of domestic violence on children and training for first responders on trauma informed care.

2) Disproportionate representation within the child welfare system.

3) Commercially sexually exploited children in San Mateo County, including the work of the County’s multi-disciplinary team that is addressing CSEC and the status of two CSEC homes located in San Mateo County.

Findings regarding Annual Report Recommendations
In CRP meetings in September and October 2016, the Panel reflected on the information it has gathered during the past year relative to its 2015-16 recommendations. The following chart contains the Panel’s findings:

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CRP recommends that Children and Family Services (CFS) and other divisions of the child welfare system involved in the &quot;Pathways to Wellbeing Program&quot;, 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:</td>
<td>CRP received two reports from the Pathways to Wellbeing Steering Committee (February 22, 2016 and October 17, 2016). CRP finds that the Pathways to Wellbeing Program in San Mateo County is complying with (and in some cases exceeding) established requirements and is utilizing innovative methods to do so. A stumbling block to effective monitoring and evaluation of this program is the lack of a shared database. The Steering Committee is taking steps to remedy this situation.</td>
</tr>
<tr>
<td>a) Identification of those in need of service</td>
<td></td>
</tr>
<tr>
<td>b) Delivery of services to those identified</td>
<td></td>
</tr>
<tr>
<td>c) Timeliness of provision of services</td>
<td></td>
</tr>
</tbody>
</table>
d) Utilization of innovative/promising new therapeutic methods, e.g. Neurosequential Model of Therapeutics  

In the upcoming year, the Steering Committee will be supplementing its quantitative evaluation approach with a qualitative evaluation aimed at ensuring the quality of therapeutic services.

2. CRP recommends that CFS continue its efforts to place children in the child welfare system within San Mateo County in accordance with state-wide requirements of Continuum of Care Reform (CCR) which goes into effect in 2017.

Regular updates to CRP should include the following:

a) Current number of foster homes in San Mateo County in various demographics.

b) Trends in increase or decrease of available foster homes within San Mateo County.

c) Strategies for recruiting homes that can meet the needs of targeted populations.

d) Services provided to support foster families.

CFS leadership (Loc Nguyen, Jenell Thompson and Natasha Bourbannaise) have been providing ongoing information about preparation to launch CCR reform in January 2017.

CRP has a clear understanding of the recruiting needs and challenges as efforts are made to increase the number of in-county resource homes.

More information is needed about the effectiveness of the contract with Star Vista to target key audiences for recruiting foster care providers.

The CFS monthly dashboard provides data about the trends related to foster homes in San Mateo County.

At the March 2016 CRP meeting, CRP received information about the supports provided by CFS to resource families.

Issues of Concern

A. The impact of domestic violence on children and training for first responders on trauma informed care.

In April 2016, the Executive Director of Communities Overcoming Relationship Abuse (CORA) provided CRP with information about the status of collaborative work with law enforcement agencies in situations where children are in a domestic violence setting.

B. Disproportionate representation within the child welfare system.

CRP receives monthly data reports that contain information on the representation of the various population groups in the child welfare system. The issue of disproportionate representation continues as a concern.

C. Commercially sexually exploited children in San Mateo County, including the work of the County’s multi-disciplinary team that is addressing CSEC and the status of CRP received regular updates on efforts to address the issue of CSEC starting in April 2016. There are a number of efforts in the county to address this issue.
two CSEC homes located in San Mateo County.

SMCRP Recommendations for 2016-17

1. Continue to implement Pathways to Wellbeing through a collaborative process involving Children and Family Services, Behavioral Health and Recovery Services and other providers, employing evidence-based and innovative models of service delivery. Address the problem of accessing accurate data in a timely and efficient manner and continue to provide needed services to youth who are leaving the system.

2. Implement Continuum of Care Reform with attention to the effectiveness of foster home recruiting strategies, the impact of relative placements and efforts to reduce the number of children placed out of county.

SMCRP will explore and monitor the following areas of interest:

1. The impacts of domestic violence as one Adverse Childhood Experience (ACE) – explore the numbers of affected children in SM County, evidence of polyvictimization, training available to first responders and any prevention strategies that are in use.

2. Request bi-annual updates on efforts to address Commercially Sexually Exploited Children in San Mateo County.

3. Monitor the status of disproportionate representation in the child welfare system using the monthly CFS Dashboard and other sources that are available.

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

SMCRP will provide the Director of the San Mateo County Human Services Agency (HSA), the Director of Children and Family Services (CFS) and the Chief Probation Officer with a complete copy of the Annual Report and Recommendations at the time the report is submitted to the State Office of Child Abuse Prevention (OCAP) in November. The report will also be posted on the SMCRP website (www.smcrp.org) and shared with the local Child Abuse Prevention Council, known as the Children’s Collaborative Action Team (CCAT).

This year, SMCRP has launched a new e-newsletter that will be published on a quarterly basis and sent to key stakeholders in San Mateo County. In the Winter Issue of this newsletter, the recommendations for 2017 will be highlighted. Any comments that result from this process will be presented to SMCRP for consideration.

Future Directions
SMCRP will continue to meet monthly to monitor its recommendations and the delivery of child welfare services in San Mateo County. Time in each meeting will be allocated to reports and presentations relevant to the Panel’s stated interests. In addition, there will be an opportunity for new issues/
concerns to be identified and explored. While local funding for child welfare services has improved, SMCRP recognizes the continuing fiscal constraints that child welfare organizations are experiencing. The Panel will continue to look for ways to promote and support productive collaboration that leverages resources to achieve shared goals.

Panel self-evaluation activities (Workplan Goal #4)

For many years, SMCRP has conducted an annual self-review, using a locally developed evaluation form. This process takes place in August and September as the annual report is being developed. Panel members review the compiled results of the evaluation and discuss any concerns. The compiled results of this year’s self-assessment (and results from prior years) are below:

San Mateo County Citizen Review Panel
Annual Panel Self-Evaluation
August 2016

10 responses/12 panel members

Actual Scores

| Scale = 1 (disagree) to 5 (agree) |
|-----------------|---|---|---|---|
| 1. CRP members take their role seriously and conscientiously prepare for each meeting. | 1 | 2 | 3 | 4 | 5 |
| | | | | | 1 | 3 | 6 |
| 2. CRP members place a high priority on regular meeting attendance. | 1 | 2 | 3 | 4 | 5 |
| | | | | | 3 | 6 | 1 |
| 3. CRP is working to address priority issues relating to the safety and welfare of children involved with the child welfare system in San Mateo County. | 1 | 2 | 3 | 4 | 5 |
| | | | | | 3 | 7 |
| 4. CRP members feel informed enough to Participate in the discussion of agenda items. | 1 | 2 | 3 | 4 | 5 |
| | | | | | 3 | 3 | 4 |
| 5. CRP receives the technical assistance it needs to do its job well. | 1 | 2 | 3 | 4 | 5 |
| | | | | | 1 | 2 | 2 | 5 |
| 6. CRP receives the information it needs from Children and Family Services in an understandable format and in a timely manner. | 1 | 2 | 3 | 4 | 5 |
| | | | | | 2 | 3 | 5 |
| 7. CRP receives the facilitation support it needs | 1 | 2 | 3 | 4 | 5 |
to do its work in an efficient and inclusive manner.  

8. CRP members feel satisfied with the contribution they are making to improving the safety and well-being of children in this community

<table>
<thead>
<tr>
<th>What is working well</th>
<th>What could be improved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support by facilitator</td>
<td>Could have been more focused on our recommendations during the year</td>
</tr>
<tr>
<td>Reports from CFS and Probation</td>
<td>The recommendations themselves could have been clearer and more measurable</td>
</tr>
<tr>
<td>Passion of Panel members</td>
<td>More use of “hard data”</td>
</tr>
<tr>
<td>The mix of long term and newer members on</td>
<td></td>
</tr>
<tr>
<td>the Panel</td>
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</tr>
</tbody>
</table>

PUBLIC INPUT (Work plan Goal # 4)

SMCRP received very little direct public input during this reporting period. There were a few website queries, but the content was case-specific and the messages were referred to Children and Family Services for follow-up.

The SMCRP continues to take the following approach to seeking public input after this annual report is developed and published:

- Children’s Collaborative Action Team (CCAT) – members of SMCRP attend CCAT meetings and monitor for new issues of concern identified by this group.
• Provide interested groups within the child welfare system and in the community with presentations about CRP’s work.

• Explore use of social media strategies to publicize the work of CRP and the child welfare system in San Mateo County.

5. Attachments

❖ Updated roster of Citizen Review Panel Members, including their affiliations (Attachment A)

❖ San Mateo County Children and Family Services Response to CRP Recommendations 2015-16 (Attachment B)
### Roster and Terms as of November 2016

The following table reflects the status of current CRP members.

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baumel, Jan</td>
<td>Licensed Educational Psychologist and Retired Special Educator, Community Member</td>
<td>Fourth term – 8/15-9/18</td>
</tr>
<tr>
<td>Brosnan, Michael</td>
<td>Human Trafficking Program Coordinator SMC Sheriff’s Office</td>
<td>First term – 5/16 – 5/19</td>
</tr>
<tr>
<td>Cherniss, David</td>
<td>Juvenile Mediation Program</td>
<td>Fourth term – 8/15-9/18</td>
</tr>
<tr>
<td>DeMarco, Toni</td>
<td>Behavioral Health and Recovery Services</td>
<td>Second term - 10/16-9/19</td>
</tr>
<tr>
<td>Loewy, Ben</td>
<td>Administrator, SM County Office of Education</td>
<td>Fourth term – 8/15-9/18</td>
</tr>
<tr>
<td>Manthorne, Cori</td>
<td>Community Overcoming Relationship Abuse (CORA), Director of Programs</td>
<td>First term 9/13-9/16, Second term 9/16-9/19</td>
</tr>
<tr>
<td>McCallum, Jamila</td>
<td>Edgewood Center</td>
<td>Fourth term – 8/15-9/18</td>
</tr>
<tr>
<td>Miller, Bonnie</td>
<td>Private Defenders Office</td>
<td>Fourth term – 9/16-9/19</td>
</tr>
<tr>
<td>Monaghan, Ryan</td>
<td>Lieutenant, San Mateo Police Department</td>
<td>Second term – 9/16-9/19</td>
</tr>
<tr>
<td>Plotnikoff, Bernie</td>
<td>Retired Child Abuse Prevention professional, Community member</td>
<td>Fourth term – 8/15-9/18</td>
</tr>
<tr>
<td>Ragosta, John</td>
<td>Administrator, Advocates for Children</td>
<td>Resigned 7/18/16</td>
</tr>
<tr>
<td>Ruth, Kibbe</td>
<td>Clergy representative</td>
<td>First term – 10/15-8/18</td>
</tr>
<tr>
<td>Stewart, Ginny</td>
<td>Licensed Clinical Social Worker, Community Member</td>
<td>Third term – 9/14-9/17</td>
</tr>
<tr>
<td>Taylor, Adriana</td>
<td>CASA of San Mateo County</td>
<td>First term – 9/16-9/19</td>
</tr>
</tbody>
</table>
San Mateo County Human Services Agency

CHILDREN & FAMILY SERVICES (CFS)

Response to
Citizen Review Panel (CRP)
Recommendations for 2015-2016

Recommendation #1

1. CRP recommends that Children and Family Services (CFS) and other divisions of the child welfare system involved in the "Pathways to Wellbeing Program", including Behavioral Health and Recovery Services (BHRS), evaluate the effectiveness of mental health services for children and report to CRP semi-annually on the following:
   1. Identification of those in need of service
   2. Delivery of services to those identified
   3. Timeliness of provision of services
   4. Utilization of innovative/promising new therapeutic methods, e.g. Neurosequential Model of Therapeutics

Identification of those in need of service

All children that become part of an OPEN child welfare case will be screened for mental health needs utilizing the Mental Health Screening Tool (MHST). The initial MHST is administered by the SW initiating the opening of the case; in most cases, this would be the Emergency Response SW. Subsequent MHSTs are then completed by the case carrying SW during the life of the case.

*Medical Necessity (see attachment)

According to information provided by BHRS, eligibility for services under Medi-Cal reimbursement requires, the service meet 3 criteria for medical necessity: diagnostic, impairment and intervention related.

Delivery of services to those identified

The MHST is to be administered within two (2) business days of the case opening (i.e., initial detention / voluntary case determination), and is administered to all 0 to 20 year old children and youth upon opening a child welfare case.

There is a separate tool for ages 0-5 years and 6 to 20 years (see attached)

Timeliness of provision of services

The MHST is also administered:
- After a psychiatric hospitalization of 24 hours or more;
- Within five (5) months of most recently completed MHST and/or for court reviews;
- In group home placement levels 10 or above; and/or
- After two (2) placement changes.
If the MHST indicates a need for a mental health services referral, the Social Worker submits a referral packet to the PTW Coordinator. The PTW Coordinator reviews the referral packet, ensures all necessary paperwork and documentation is attached, and submits the packet to BHRS. Once all referral documents are submitted, BHRS triages and directs the referrals to the appropriate mental health provider for an assessment.

Mental health assessments are completed within 60 days to determine eligibility. Depending upon the assessment findings, provision of services are then made accordingly.

Delivery of services to those identified

The MHST is to be administered within two (2) business days of the case opening (i.e., initial detention / voluntary case determination), and is administered to all 0 to 20 year old children and youth upon opening a child welfare case.

There is a separate tool for ages 0-5 years and 6 to 20 years (see attached).

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MHST indicates a need for a mental health services referral, the Social Worker submits a referral packet to the PTW Coordinator. The PTW Coordinator reviews the referral packet, ensures all necessary paperwork and documentation is attached, and submits the packet to BHRS. Once all referral documents are submitted, BHRS triages and directs the referrals to the appropriate mental health provider for an assessment.

Assessments are completed within 60 days to determine eligibility. Depending upon the assessment findings, provision of services are then made accordingly.

Utilization of innovative/promising new therapeutic methods, e.g. Neurosequential Model of Therapeutics

A specific therapeutic model used would be based on the specific clinician. Many of the BHRS staff do use a trauma-informed model and some are also trained in the use of NMT.
CRP recommends that CFS continue its efforts to place children in the child welfare system within San Mateo County in accordance with state-wide requirements of Continuum of Care Reform (CCR) which goes into effect in 2017.

Regular updates to CRP should include the following:

a) Current number of foster homes in San Mateo County in various demographics.
b) Trends in increase or decrease of available foster homes within San Mateo County.
c) Strategies for recruiting homes that can meet the needs of targeted populations.
d) Services provided to support foster families.
Current number of foster homes in San Mateo County in various demographics.

According to the most recent InfoView report there are 84 foster homes. The demographics are as follows:

- A little over 50% of the homes are foster / adopt homes as opposed to foster only
- The majority of the homes are located in Pacifica (17%), San Mateo (17%) and San Carlos (12%)

Trends in increase or decrease of available foster homes within San Mateo County.

- 10 foster family licenses were closed between January 2016 and April 2016
  - Reasons for closure included retirement, health challenges, international adoption, pregnancies, and divorce
- 4 applications were approved between January 2016 and April 2016
- New-Families receive correspondence from Licensing while participating in Resource Parent Training (RPT). These families are contacted again once they have completed RPT. The goal of these contacts is to offer the family the assistance of a Licensing Social Worker should they have questions or need help completing application materials.

Strategies for recruiting homes that can meet needs of targeted populations

In 2015, the Agency went into a two year contract/partnership with StarVista for the purpose of providing foster and adoptive homes for children in the Child Welfare system by recruiting in county resource (foster) family homes in San Mateo County community.

StarVista has:

- developed new outreach strategies and marketing materials;
- partnerships with community groups on recruitment efforts;
- joint recruitments efforts with surrounding counties;
- targeted recruitment of homes for sibling sets, teenagers, AB 12 Non-Minor Dependents and youth with challenging behaviors.

Services provided to support foster families

The Agency provides support services to the foster families in several ways.

- Monthly support group meeting for families who are raising teenagers;
- Monthly support group meeting for foster families who provide care for children with medical issues, and
- Monthly support group for newly licensed foster homes.
- Mentor program where experienced foster parents are paired to mentor newly licensed foster parent.
- Two (2) annual foster parent recognition events.
- Child care assistance and referrals for employed foster parents
- A foster parent ombudsperson and a foster parent advocate.
In addition to monitoring its two formal recommendations, SMCRP will continue to explore and discuss the following issues of concern:

**The impact of domestic violence on children and training for first responders on trauma informed care.**

Training was conducted on June 15th, 2016 – Violence and Trauma: The Impact of Childhood Development, Behavior and Learning

The training defines trauma, identify triggers, signs and symptoms, and recognize trauma driven behaviors from a neuro-physiological point of reference. The training allowed participants to examine ways to handle challenging behaviors and promote inner calming. An additional training is scheduled for July 21st, 2016.

**Disproportionate representation within the child welfare system.**

In 2010 the agency began a pilot to look at disproportionality within the San Mateo County Child Welfare system. Based on the results of the pilot we have rolled out, agency wide, a practice that threads throughout fairness, and equity. Our agency is committed to advocating for fairness and equity for the children and families we serve.

**Commercially sexually exploited children in San Mateo County, including the work of the County’s multi-disciplinary team that is addressing CSEC.**

Various steering committees exist within the County that addresses the needed response for CSEC youth in this County.

The County of San Mateo Blue Ribbon Commission on Foster Care Subcommittee on Human Trafficking (BRC-HT) has met bimonthly and consists of members and leadership from Children and Family Services, and community-based organizations who aim to develop a collaborative community response plan for CSEC.

In addition, the Children and Youth System of Care (CYSOC) Committee is a collaborative group, consisting of County agencies aimed at identifying and addressing children and families with the highest risks and needs within the County. CYSOC consists of leadership from the Human Services Agency Children and Family Services, the County’s mental health program Behavioral Health and Recovery Services (BHRS), Probation, and the County Office of Education who meet bi-weekly to identify and structure approaches to respond to vulnerable County populations, including CSEC.

A combination of leadership from both of these committees act as our County Steering Committee that include leadership from Child Welfare, Probation, BHRS, Public Health and the Court.

On a monthly basis, we have a MDT Group that meets to conduct case reviews, discuss promising practices and gaps in services. Members of this group include staff from the aforementioned departments as well as CASA, RTS, Differential Response partners and other CBOs.
The status of two CSEC homes serving San Mateo County.

This is not an item that the Agency can speak to as they are privately owned and run facilities.
Ventura County Citizens Review Panel
2015-2016 Annual Recommendations Report

County: Ventura

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

Date Submitted to OCAP: November 21, 2016

Local County Representative:
Judy Webber, Deputy Director, Children and Family Services Department
County of Ventura Human Services Agency

CRP Meeting Minutes:
August 26, 2015, September 30, 2015, November 9, 2015, January 27, 2016, and June 1, 2016

1. County Profile (OCAP will provide current data from current annual report)

2. Panel Activities

| GOAL 1. Carry out CRP functions in accordance with federal and CDSS OCAP guidelines. |
| A CRP panel will be established with membership comprised of volunteers with broad representation and expertise in the prevention and treatment of child abuse and neglect; who will also uphold confidentiality requirements; and submit reports in keeping with federal guidelines. |

1.1 During SFY 2016-2017, the Ventura County Citizen Review Panel represented public and community-based-organizations with connections to the child welfare system or families that may be involved in the system. A foster youth ambassador and former child welfare parent also participated. Twenty-eight members represented nonprofit social service agencies, education and early childhood programs, and county departments to include Ventura County School District, Ventura County Behavioral Health, Ventura County Probation Agency, and the Ventura County Human Services Agency. The local child welfare lead agency, Ventura County Human Services Agency, Children and Family Services (CFS), assisted with data presentations to support the CRP activities. The average CRP meeting attendance ranged from 17-27 members, representing a 78% participation rate.
**Status: Goal Met**

1.2 All members (100% compliance) were oriented to the CRP objectives and the federally-required confidentiality requirements. The confidentiality requirements were reviewed with the CRP membership during the 8/24/2015 meeting. In addition, all new members participated in a CRP orientation, including confidentiality agreements review. Participants for all meetings were required to read and initial their understanding and consent of the confidentiality agreement as part of the registration process.

**Status: Goal Met**

1.3 CRP quarterly meeting minutes were filed with the CDSS Office of Child Abuse Prevention, as required.

**Status: Goal Met**

GOAL 2. Partner with the Interagency Planning Expansion Review Committee (IPERC) to monitor group homes and residential care outcomes related to children in the foster care system in order to decrease the percent of children who emancipate or turn age 18 during the 12-month period who have been in care 3 years or more at emancipation reaching age of maturity.

In partnership with IPERC, monitor CFS outcomes to decrease the percent of children in care and the length of time children are in care prior to emancipation at the age of 18.

2.1 For the past several years, the Ventura County CRP partnered on developing a group home monitoring system with the Interagency Planning Expansion Review Committee (IPERC), a consortium of public agencies and group home providers. This year, per SOW, the CRP partnership focused on reviewing recommendations for a monitoring system. AB 403, Continuum of Care Reform (CCR), was enacted this year. This legislation will substantially impact group homes to include quality of services and staffing. Most of the CRP/IPERC group home monitoring activities previously recommended are now or will be embedded as part of CCR implementation activities. The CRP will review the CCR implementation activities on an ongoing basis. IPERC will continue to meet as an information and capacity building forum for group home providers. An IPERC representative agency will continue to be a CRP panel member.

Before the adoption of AB 403, CFS proposed using an adaptation of the Youth Thrive Framework to solicit the perspective of foster care youth. Youth Thrive was developed by the Center for the Study of Social Policy and encourages building protective factors to buffer the effect of trauma. Is unknown to what degree CCR activities will incorporate the youth’s perspective. The CRP recommends that CCR activities be monitored to ensure engagement of youth in ways that support resiliency and self-determination.
Presentations on group home services were conducted by representatives of the Ventura County Office of Education, Ventura County Special Education Local Plan Area, Ventura County Probation Agency, and Ventura County Behavioral Health. Key challenges considered include:

- Need for identification and engagement of education surrogates to represent the family at IEP meetings.
- Impact of transportation cost considerations that may emerge with transportation of foster children to their school of origin. Under the Foster Youth School Program, transportation cost to transport foster youth to home schools is no longer a covered service.
- Increase in the number of foster youth committing crimes, despite significant reduction in juvenile probation cases; 2,400 cases in 2012 as compared to 887 cases in 2015.
- Slow implementation of Katie A. requirements to provide mental health screening for all children entered into care. All children entered into care are referred for a mental health screening. In 2015, 100 children entering the child welfare system were screened for mental health concerns (60 newly detained and 40 previously detained).

Per the SOW, the CRP discussed local implementation of CCR in depth during the 8/26/2015, 9/30/2015, and 9/1/2016 meetings, with updates presented as part of the 11/9/2015 and 1/27/2016 meetings. In addition, the CRP facilitator attended IPERC meetings and participated in CFS group home quality monitoring meetings for coordination purposes.

**Status: Goal Met**

2.2 The CRP reviewed the 2015 time-in-care data during the 8/26/2015 and 6/1/2016 meetings (semi-annual) as required by the SOW. Most indicators show improvement or improving trends to include:

- Declining trend (31.6% to 29%) for first placement in group homes
- Over an 11% increase in kinship care first-entries (19.3% to 31%)
- Approximately a 5% increase in permanency for foster care youth in placement 12-23 months (45.6% to 50.5%)
- Over a 10% increase in permanency rates for children in care over 24 months (29.8% to 40.6%)
- Reduction of the number of children in long-term foster care (3 years+) from 23 children to 14 children

In 2015, Ventura County reported declining numbers of children reunified with parents within the first 12 months (from 38% to 33.1%). Ventura County CFS personnel report that reunification trends are influenced by a focus on permanency versus reunification. Ventura County has higher numbers of children in guardianship as a way to achieve permanency (5-7% above the target). During 2015, the Emergency Shelter was closed with placements now
made primarily with kinship or resource families. Also concerning is the rising trend for child re-entry into the child welfare system (3.6% increase in 2015).

**Status: Goal Met**

**Recommendations:**

1. The Ventura County CRP monitor data, trends, and CCR implementation for children in care, with specific focus on 1) time and stability of placement(s), 2) probation trends including crimes committed by foster youth, 3) reentry into care trends, and 4) access to mental health screenings.

2. The Ventura County CFS monitor trends and recommend strategies to examine practices so that an educational surrogate, if needed, is available for foster youth with special education needs.

3. CDSS explore the use of resiliency-based frameworks to gather the perspectives of foster youth in group homes. This information can inform local and statewide CCR practices.

**GOAL 3.** Review, advise, and monitor recommended child welfare data variables, strategies, and outcomes used to monitor child welfare outcomes as part of Ventura County’s CFS reporting process. Ensure a family-strengthening approach is incorporated as part of CFS reporting language and family engagement strategies. Ensure child welfare benchmarks reported to the public are useful, accessible, and incorporate a strengths-based approach.

3.1 Review and advise on child welfare variables used to track and report child safety, permanence, child wellbeing and a strengths-based approach on the to-be-developed CFS Scorecard.

3.2 Review and advise on strategies to improve CFS family engagement using protective factors.

3.3 Identify and monitor child welfare outcomes identified for tracking. Make recommendations for systems improvement as indicated.

3.4 Review and advise on public access and usefulness of CFS public reports for the community. Make recommendations for systems improvement as indicated.

3.1 This fiscal year, the CRP continued to review and monitor the data reporting tool in development by CFS. The *Children and Family Services Principles and Outcomes Dashboard* (aka Dashboard) takes the place of the prior data collection prototype called CFS Scorecard. The CRP reviewed a final version of the Dashboard, designed to track key performance measures on a quarterly basis over one calendar year. Each performance measure was compared to 1) the prior year Ventura County performance and 2) a federal, state, or local comparison target variable. A visual inspection of the quarterly data was aided with icons indicating 1) meeting or exceeding
targets (check-mark), 2) below but trending near target (triangle), or 3) trending below target (octagon). Three of the 18 variables tracked were System Improvement Plan (SIP) Outcome measures (decreased rate of placement moves, increased unification in 12 months, and decreased reentry into foster care).

The CRP noted that the new list of performance measures provided robust information on aggregated placement stability, shelter usage, and permanency outcomes. Quality of care and child and family wellbeing appeared more challenging measures to track. It was discussed that child and family wellbeing may be context specific, therefore a data review at the case or neighborhood level might prove more useful.

**Status: Goal Met**

3.2 The CRP reviewed value statements that were developed by CFS staff to identify the agency’s foundational principles. The CRP members concurred that the value statements clearly articulated a family centered and protective factor frame of reference. Performance variables identified on the Dashboard were also framed around these values. The value statements were:

- **Safe at Home**: We believe families can keep their children safe with support.
- **Caregiving**: We believe children should be cared for in a familiar, nurturing, and safe environment.
- **Child’s Experience**: We believe every child is entitled to thrive through stability (health, education, and placement), family connections, quality treatment, and a voice in planning.
- **Parental Support for Reunification**: We believe, through partnership and support, parents can grow and change in order to safely parent their children.
- **Permanency**: We believe all children deserve a sense of belonging, and permanent and unconditional commitment in a lifelong family.

**Status: Goal Met**

3.3. The CRP reviewed the 2015 child welfare performance data presented on the Dashboard. Of the 18 performance measures identified, 15 had data for all four quarters. Ten of the 15 measures (66%) showed improvement over the course of the year and/or at year-end (‘meeting target’ or ‘below but near target’). Several of the performance measures were ranked in the ‘trending below target’ range. In discussions, the reason for poorer performance on these variables appeared related to challenges with reunification (see 2.2). Other under-performing measures included ‘increased % of siblings placed together’ and increased % of children placed within 10 miles of home of origin. The CRP will continue to monitor all Dashboard performance measures.

The Dashboard aggregates outcomes for all children. In addition to the Dashboard measures, the CRP recommended continued monitoring of the child welfare outcomes for those children disproportionally represented in the system to include Latino children and children birth-to-five years of age.

**Status: Goal Met**
3.4. It is recommended that the Dashboard visual display be simplified, especially if the information will be made available to the public. CRP recommendations included inclusion of the total number of children in the child welfare system (in addition to percentages), tracking of Latino and young children, numbering the performance variables for discussion purposes, simplifying the ‘comparison target’ descriptors, and creating a visual distinction between cells that identify targets versus quarterly data.

The CRP disseminated information to the public via the Child Abuse Prevention Council (CAPC) representative, the Partnership for Safe Families and Communities. The CRP also recommended that CFS consider making the Dashboard available for public review.

**Status: Goal Met**

**Recommendations:**

4. Ventura County CFS continue to use and refine the *Children & Family Service Principles and Outcomes Dashboard*. The Ventura County CFS should consider the visual display, data additions, and clarification recommendations made by the CRP to refine the Dashboard and visual display of data.

5. Ventura County CFS visually display and track trends for those populations disproportionately represented in the Ventura County child welfare system, to include Latino children and children birth to 5 years of age. This information will be monitored by the Ventura County CRP.

6. Ventura County CFS facilitate posting of the CRP 2015-2016 Annual Report on the website of the Ventura County Partnership for Safe Families and Communities (regional Child Abuse Prevention Council) and on the Ventura County Human Services Agency website. All comments regarding the report will be reviewed by the CRP and will be taken into consideration when determining future activities and recommendations.

7. CDSS explore the development of a data Dashboard template to describe trends and outcomes for key child welfare performance measures in other California counties per Ventura County’s example. Child welfare value statements should be included.
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It is with appreciation that the Ventura County Department of Children & Family Services (CFS) reviews the 2015-2016 Ventura County Citizen's Review Panel (CRP) Annual Recommendations Report. We know and understand the time and focus community members have contributed to our shared goal of improving the child welfare system. Dedicated community partnerships strengthen the work of preventing and ameliorating child abuse and neglect.

In 2015-2016, the CRP activities focused on meeting the CRP federally mandated requirements (Goal 1), monitoring the time in care (Goal 2), and providing citizen review of a monitoring tool that tracks child welfare trends and outcomes (Goal 3).

Ventura County Department of Children & Family Services response to the seven CRP recommendations (FFY 2015-2016) is as follows:

**Recommendation 1:** The Ventura County CRP monitor data, trends, and CCR implementation for children in care, with specific focus on 1) time and stability of placement(s), 2) probation trends including crimes committed by foster youth, 3) reentry into care trends, and 4) access to mental health screenings.

**Response:** Ventura County CFS shares the CRP interest in reviewing progress on time and stability of placements for children in care. We are encouraged by the rising trends in permanency placements, despite slightly lower trends in reunification. We share an interest in tracking the small rise in 2015 rates for crimes committed by foster youth and reentry into the system after reunification. We strongly support efforts to provide timely and needed mental health screenings for children in care. We will work with the CRP to provide CFS data for review on these issues and welcome suggestions. We will also encourage other county agencies, to include Ventura County Probation Agency and Ventura County Behavioral Health, to continue to partner as members of the Panel and to provide the necessary data to review trends and practices.

**Recommendation 2:** The Ventura County CFS monitor trends and recommend strategies to examine practices so that an educational surrogate, if needed, is available for foster youth with special education needs.

**Response:** Ventura County CFS is dedicated to supporting the educational needs of children in care, including special education services. It was disappointing to hear the reports from the Ventura County Special Education Local Plan Area (SELPA)
representative about the lack of availability of a representative (educational surrogate) to meet with the school district and sign special education paperwork on behalf of foster children. This delays the child's access to much need educational supports. Per the SELPA representative, children from outside Ventura County, but placed in Ventura County group homes, are most likely to be without an educational surrogate. Ventura County CFS expects local group homes, resource families, and kinship families to support the child's special education needs. During the next year, we will reinforce this expectation and examine any barriers to service as an educational surrogate. We will also examine the designation of educational surrogates for Ventura County children placed out of county.

**Recommendation 3:** COSS to explore the use of resiliency-based frameworks to gather the perspectives of foster youth in group homes. This information can inform local and statewide CCR practices.

**Response:** Consideration of the perspectives of children in care about their own needs and choices can critically impact the child's developmental trajectory. Ventura County CFS was enthusiastic about the use of the Youth Thrive model to solicit youth input in ways that promoted protective factors. Ventura County CFS will work to ensure that children and youth are fully engaged under CCR. In addition, we support the recommendation that COSS find ways to explicitly seek and use youth input about their needs and care as part of CCR activities.

**Recommendation 4:** Ventura County CFS will continue to use and refine the *Children & Family Service Principles and Outcomes Dashboard*. Ventura County CFS should consider the visual display, data additions, and clarification recommendations made by the CRP to refine the Dashboard and visual display of data.

**Response:** Ventura County CFS is pleased that the CRP members found the *Children & Family Services Principles and Outcomes Dashboard* to be of use to track and understand performance measure and outcomes. This tool has been carefully developed and included input from CFS staff to ensure usefulness. We are encouraged that the value statements resonated with the community members. It was our intent that the statements would both guide staff and inform the community about our foundational principles. We understand that the Dashboard can be difficult to read. Communicating enough information to be meaningful and accurate without overwhelming a novice reader can be a vexing problem. We appreciate the input the community members provided to clarify the visual representation of data. We will work to streamline and refine the tool over the next year. We look forward to receiving ongoing CRP input as the tool adapts to data reporting needs.

**Recommendation 5:** Ventura County CFS visually display and track trends for those populations disproportionally represented in the Ventura County child welfare system, to include Latino children and children birth to 5 years of age. This information will be monitored by the Ventura County CRP.

**Response:** CRP discussions consistently examined the need to review those child populations disproportionally represented in the child welfare system, specifically Latinos and young children. Ventura County CFS shares this concern. Of note, recent GIS mapping reveals that nearly 49% of the 2015 child welfare entries were in a small
geographic 'hot spot' in the city of Oxnard. The 'hot spot' population, as well as the children entering care, include a high percentage of Latinos. Ventura County CFS will make these data available to the CRP. We encourage CRP discussions that propose examining child welfare populations in culturally response ways at the neighborhood level. We concur that a neighbor examination of areas such as the Oxnard 'hot spot' may yield interesting trends and uncover strategies to address the needs of Latino families in the 'hot spot' and county-wide. Ventura County CFS encourages continued CRP focus on the entry and needs of young children in the child welfare system. We have partnered with Ventura County First 5 to map the location of young children entering the child welfare system contrasted with local VC First 5 funded resources. We will share these data with the CRP and will collaborate in the review and exploration of ways to prevent and address child welfare disproportionality.

**Recommendation 6:** Ventura County CFS facilitate posting of the CRP 2015-2016 Annual Report on the website of the Ventura County Partnership for Safe Families and Communities (regional Child Abuse Prevention Council) and on the Ventura County Human Services Agency website. All comments regarding the report will be reviewed by the CRP and will be taken into consideration when determining future activities and recommendations.

**Response:** We will work with the Ventura County Child Abuse Prevention Council, the Partnership for Safe Families and Communities, to post the 2015-2016 CRP Annual Recommendations Report. We will relay any suggestions or input to the CRP membership for consideration.

**Recommendation 7:** COSS explore the development of a data Dashboard template to describe trends and outcomes for key child welfare performance measures in other California counties per Ventura County's example. Child welfare value statements should be included.

**Response:** We are aware of a strong interest in other counties to use Dashboard types of tools to visually display child welfare data. We are willing to share our experiences and products as needed to assist COSS in their promotion of child welfare system improvement tools.

In closing, we again thank that Panel and look forward to our ongoing collaboration.

Sincerely,

Ventura County Human Services
Agency Department of Children and
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Submitted to OCAP: November 22, 2016
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*Updated 6/1/2016*

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<table>
<thead>
<tr>
<th>NAME, JOB TITLE &amp; AGENCY</th>
<th>CONTACT INFORMATION</th>
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<tbody>
<tr>
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The Prevention and Early Intervention Committee of the California Child Welfare Council identifies and promotes services and systems that prevent the need for families to enter the child welfare system and assists them in achieving family and child well-being. Concurrently it also fulfills the responsibilities of a Citizen Review Panel, mandated under federal law, and serves in a statewide capacity as one of California’s three Citizen Review Panels. At the heart of that responsibility is the charge to review the child welfare system and make recommendations for improvement. Over the past period of performance, the Prevention Early Intervention Citizen Review Panel (PEI-CRP) identified a need to establish a statewide prevention framework that can be utilized to guide a consistent approach to prevention across all California counties.

2016/2017 Recommendations

1. The PEI-CRP recommends that the core elements identified in the Child Welfare Prevention Toolkit (Framework) be widely disseminated and used to inform ongoing improvements in California’s child welfare system. This includes use as a guide for program design, service delivery, evaluation of effectiveness, and funding decisions at both the State and County levels among Child Welfare and partner agencies and providers.
2. Ultimately, to reduce the incidence of child abuse and neglect and promote child, family and community health and well-being, we recommend that a long-term, collaborative investment in effective prevention practice be implemented throughout the State of California. Building upon CDSS leadership in Continuum of Care Reform and Strategies 2.0, we suggest that OCAP add to the scope of work for the Strategies contract, training and technical assistance to counties for the implementation of the Child Welfare Prevention Toolkit.

For example, there could be an initial two-step process for implementing the Framework in two or three counties. Phase I (6 months) would serve to engage local key stakeholders in planning a strategic, implementation plan. After review by CDSS and/or the PEI-CRP committee, Phase II (12 months) would be to implement the plan with goals of demonstrating improved County stakeholder collaboration, reduce out of home placements by 10%, improve family/youth satisfaction with child welfare services by 10% and reduce average length of family involvement with child welfare services by 10%. During Phase II, approximately six months, a committee of CDSS staff and PEI CRP members will monitor the efforts and decide if and how to spread the lessons learned to other Counties through Strategies 2.0 and other partners.

To advance these recommendations, the PEI-CRP developed the **Child Welfare Prevention Toolkit**, comprised of the Child Welfare Prevention Framework and Child Welfare Prevention Resource Guide. The **Framework** consolidates core elements of child welfare prevention practice that can be consistently and uniformly utilized by State and County Child Welfare and their partner agencies and providers to guide the design, delivery and evaluation of programming and services, as well as funding decisions. The **Resource Guide** is a compendium of resources that reinforces the Prevention Framework, including specific best practice examples for each of the core elements. The Resource Guide will also contain cross-walk resources, as well as web links and publications from which users of the framework can access and benefit.

**Development of the California Child Welfare Prevention Framework**

The Child Welfare Prevention Framework is based on work completed within the strategic focus of the PEI-CRP. In addition to the seminal work of identifying core elements within Differential Response, the PEI-CRP expanded the core elements to incorporate insights from other prevention approaches, as cited below. When the Framework was nearing completion, it was
further aligned to the Administration for Children and Families’ (ACF) efforts to build a national prevention framework, led by the work of Dr. Deborah Daro, Chapin Hall.

**Review, Analysis, and Crosswalk of Current Prevention Practice**

Because of its commitment to uniformity in practice, the PEI-CRP studied six approaches and philosophies of prevention practice that are in current use across the country and are generally recognized to have significant positive impact on the prevention of child abuse and neglect, as well as family preservation and reunification. These approaches and philosophies include:

- California’s Differential Response Framework
- Strengthening Families™ Framework
- California Standards of Quality for Family Strengthening
- CDC’s Essentials for Childhood Initiative
- California Child Welfare Core Practice Model and
- New Jersey Standards for Prevention

*Please see the Child Welfare Prevention Resource Guide for links and citations.*

Analysis was conducted and a matrix (or cross-walk) was developed to identify key and common elements, as well as those essential elements unique to each model of practice. The PEI-CRP then identified key elements that would ideally be considered in all child welfare prevention practice, as well as possible gaps. These core elements are the basis for the Child Welfare Prevention Toolkit and are specifically laid out in the Prevention Framework.

**Alignment with the National Prevention Planning Tool**

The Office of Child Abuse and Neglect, Children’s Bureau, together with the Walton Foundation, the South Carolina Trust, and Colorado Office of Early Childhood, is in the process of developing an innovative planning framework that blends multiple strategies together in an effort to achieve a collective impact on child welfare prevention outcomes. The work is pending publication in *Child Abuse Prevention: A Planning Framework for Action*. Daro, D., Jarpe-Ratner, E., Karter, C., Crane, K., Bellamy, J., and Seay, Kristine. (Forthcoming). Chicago: Chapin Hall at the University of Chicago.

Dr. Deborah Daro (Senior Research Fellow at Chapin Hall, University of Chicago) has been leading the work and initially collaborated with child welfare prevention partners in Colorado and South Carolina to test the planning tool. Subsequently she was available to advise the PEI-
CRP as the overlap in efforts became clear. As a part of this review and alignment, the PEI-CRP adopted the core beliefs, overarching outcomes, strategies, and foundational principles cited below, the majority of those being consistent with the work conducted for the national framework.

**Child Welfare Prevention Core Beliefs**

- The ultimate goal for any community is to have safe, stable and nurturing families.
- All children and youth deserve to be safe from abuse and neglect, and to thrive in pursuit of school, job, family and community goals.
- Strategies are most effective when they engage children, families, and communities and all members of that community are valued, respected and have a voice.
- All entities that participate in prevention are more successful when they work closely together, understand each other’s roles, share information and training, and view the system as starting with prevention and early intervention, continuing through permanency and after-care.
- From a systems perspective, robust prevention practice in child welfare leads to better long-term outcomes for children and families and generates significant savings and cost avoidance in terms of both human and financial costs.

**Overarching Outcomes**

- Child and Caregiver Well-Being and Achievement
- Consistent High Quality Caregiving
- Safe, Supportive Neighborhoods

**Strategies for Change**

- Individualized services/Front line practice
- Organizational/Practice change
- Agency Collaboration/Community Capacity Building
- Policy/Funding Structural Reforms

**Foundational Principles**

<table>
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<tr>
<th>Family Centeredness</th>
<th>Strengths Focus</th>
<th>Participant Voice</th>
<th>Cultural and Linguistic Competency</th>
<th>Program monitoring, integrity &amp; CQI</th>
<th>Integration &amp; Collaboration</th>
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<tr>
<td>• Identifies and acknowledges the strengths of the family and the community.</td>
<td>• Accommodates the family as defined by the family.</td>
<td>• Community/target population engaged in design and delivery.</td>
<td>• Culturally responsive and sensitive</td>
<td>• Program effectiveness: Evidence-based or informed.</td>
<td></td>
</tr>
<tr>
<td>• Enhances or increases protective factors.</td>
<td>• Involves all family members.</td>
<td>• Mechanism for engaging community/target population input.</td>
<td>Linguistically competent and sensitive.</td>
<td>Monitored to ensure:</td>
<td></td>
</tr>
<tr>
<td>• Increases parental resilience.</td>
<td>• Intergenerational support.</td>
<td>• Encourages and supports families to identify their own needs and plan for services.</td>
<td>Provided within the community.</td>
<td>• Fidelity to model.</td>
<td></td>
</tr>
<tr>
<td>• Enhances well-being of all family members.</td>
<td>• Accessibility and available.</td>
<td>• Staff composition reflects the ethnic, linguistic and cultural aspects of the community.</td>
<td>• Program effectiveness.</td>
<td>• Quality of practice.</td>
<td></td>
</tr>
<tr>
<td>• Supports empowerment of parents.</td>
<td>• Provides linkage/access to resources identified as needed by family.</td>
<td>On-going Training on cultural and linguistic competency is incorporated.</td>
<td>• Impact on families.</td>
<td>• Impact on families.</td>
<td></td>
</tr>
<tr>
<td>• Increases potential knowledge of effective parenting, child development, and nurturing.</td>
<td></td>
<td></td>
<td>• Cost effectiveness.</td>
<td>• Funding plan is consistent and adequate to achieve defined outcomes and takes into account sustainability.</td>
<td></td>
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<td>• Enhances social connections.</td>
<td></td>
<td></td>
<td></td>
<td>Staffing: hiring and capacity building plan is consistent with design and supports outcome achievement.</td>
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- Maximizes available community resources.
- Includes mechanisms for communication and data sharing.
- Utilizes partnerships effectively.
- Demonstrates that resources and services are shared and/or integrated.
- Maximizes resources through cost saving partnerships, co-location and shared staffing.
- Ensures supportive public.
Intended Audiences for the Child Welfare Prevention Toolkit

The Child Welfare Prevention Framework, and accompanying resource guide can be used for the following intended audiences:

- **State and Local Child Welfare Agencies and other Public Agencies** as recommendations to support the mission of ensuring child and family well-being.
- **Policymakers and State Budget Committees** as a lens through which to set priorities, evaluate, invest in and implement child and family strengthening approaches that enhances child safety, permanence and well-being.
- **Providers** as a guide to effective, high quality and evidence based practices and approaches.
- **Families/Community Members** as confirmation of California’s commitment and reminder of mutual commitment to see all children raised in healthy, safe families and communities.

END NOTE

Our shared commitment is that across all California counties, programs, policies and systems work together to not only facilitate prevention of child abuse and neglect, but also the ongoing promotion of health and well-being for all children and families. Preventing child abuse and neglect, and promoting the well-being of children, families, and communities, are shared responsibilities. It is hoped that the Child Welfare Prevention Framework will serve as an effective working tool to inspire deeper and more meaningful action in keeping with the values of the Child Welfare Council, statewide standards and initiatives, and the federal standards under the Child Abuse Prevention and Treatment Act. A multifaceted and multi-level approach is needed to achieve the over-arching outcomes described herein. To this end, the Committee has provided the California Child Welfare Prevention Toolkit to inform and support implementation of the practices we are recommending.
April 25, 2017

Dr. Kathryn Icenhower, Ph.D
California Child Welfare Council
Chair, Prevention and Early Intervention-Statewide
Citizen Review Panel
SHIELDS for Families, Inc.
11601 S. Western
Los Angeles, CA 90047

Dear Dr. Icenhower:

The Child Welfare Council subcommittee on Prevention and Early Intervention-Citizen Review Panel (PEI-CRP) report for federal fiscal year 2015-16 has been received and accepted by the California Department of Social Services (CDSS).

The CDSS would like to take this opportunity to express our sincere gratitude to the PEI-CRP for the time and energy dedicated to improving policies and systems for children and families. The annual report demonstrates a thoughtful attempt to meet the challenges of reviewing policy and practice through multiple lenses to ensure the well-being, safety, and permanence of children and families in California.

The CDSS acknowledges the following PEI-CRP recommendations, and provides responses:

Resourcing Prevention

1. Renew call to action for federal child welfare finance reform.

   **CDSS Response:** CDSS has been in continual communication with the federal government regarding finance reform and will continue to be actively involved in these discussions. CDSS is supportive of federal finance reform when the reforms do not result in reduced overall federal funding for the essential programs of Child Welfare Services, Foster Care and Adoptions. The net result of the most recent proposal for finance reform would have significantly reduced California’s funding for these critical programs and at the same time would have disrupted the state’s Continuum of Care Reform efforts. As such we have recommended changes to the proposed legislation. We will continue to seek finance reform that will be beneficial to the entire program including the prevention/early intervention field.
As you know, in addition to funding provided through Titles IV-B and IV-E of the Social Security Act, California receives other federal resources that can be used for child maltreatment prevention including Temporary Assistance for Needy Families, Social Security Block Grant and through Medicaid. In addition, California has state prevention funding allocated through First 5 and the Mental Health Services Act (MHSA). The Committee may want to consider making future recommendations regarding the effective use of the constellation of all funds available for prevention and early intervention.

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

**CDSS Response:** CDSS is supportive of analysis that effectively describes the cost/benefit of child abuse prevention work. Articulating the effective long-term savings of prevention would be tremendously beneficial to the field.

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

**CDSS Response:** CDSS will gladly provide a briefing on all available outcome data, evidence-based programs and practices and the associated costs. As the CRP prepares its upcoming agendas, please contact the OCAP CRP coordinator to schedule these briefings.

As you may know, the CFSR’s seven outcome measures and seven systemic factors focus largely (but not entirely) on the out-of-home care system. With regard to prevention and early intervention, CDSS has been promoting the use of evidence-based practices and programs as well as promising practices with performance measures to better ensure desired outcomes are achieved. All twenty-three OCAP grants released within the last year required performance measures and evaluation as a condition of receiving funding.

With the recent implementation of the Efforts to Outcomes data collection system, counties now have a cloud-based system to input and submit their annual report information to CDSS. CDSS can provide the PEI-CRP with a summary of OCAP funds used to support evidence-based programming, the types of programs funded and the outcomes the counties have reported. To promote consistency of data collection within the field of prevention, CDSS is encouraging the use of the Five Protective Factors survey as an evaluation tool. In addition, CDSS is hiring a Research Program Specialist II to perform additional work with our partner agencies on consistent and meaningful data collection and analysis.
Statewide Prevention Framework

4. Support the PEI-CRP in continuing to develop a proposed statewide Prevention Framework that specifies core elements of prevention practice needed to promote uniformity.

**CDSS Response:** CDSS believes that a statewide Prevention Framework could be a useful resource for the prevention field and supports this work as it reaches finalization.

5. Given the sizable investment in Strengthening Families, Differential Response and other prevention programs by the State, the PEI-CRP requests a briefing on their efficacy (and associated costs) as an evidence-based prevention practice in California and as defined in other jurisdictions.

**CDSS Response:** OCAP would be pleased to discuss these efforts with the CRP as requested. Please contact the OCAP CRP coordinator to schedule such briefings at an upcoming CRP meeting. CDSS will gladly share information gathered over the last year regarding the OCAP's investment in Differential Response, including a literature review and other existing research. OCAP continues to work to establish the efficacy of Differential Response through upcoming evaluation efforts.

With regard to Strengthening Families, OCAP provides grants to partners who promote the Strengthening Families framework. Further, OCAP is working to establish the Five Protective Factors survey as an evaluation tool for consistent data collection across the State.

More generally, OCAP plans to increase evaluation with all grantees and counties in the coming year and has included in its 2015-2020 Strategic Plan a goal to advance the use of prevention data and performance measures to maximize effectiveness of prevention efforts.

We are excited to work with the PEI-CRP on these important issues and are happy to further discuss our responses. Should you have any questions or comments, please contact contact Marja Sainio, OCAP CRP Coordinator, at (916) 651-9128 or Marja.Sainio@dss.ca.gov.

Sincerely,

WILL LIGHTBOURNE
Director