

**CALIFORNIA'S TITLE IV-B CHILD AND
FAMILY SERVICES PLAN**

**APSR: ANNUAL PROGRESS AND SERVICES
REPORT**



JUNE 29, 2012

APPROVED

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THE CHILD AND FAMILY SERVICES PLAN (CFSP) 2009 - 2014

The submission of the 2012 Annual Progress and Services Report (APSR) highlights progress made since the June 30, 2011 APSR, and is the third year of the five-year Child and Family Services Plan¹ for Federal Fiscal Years² (FFYs) 2010 through 2014. Since the development of the CFSP in 2009, the California Department of Social Services (CDSS) and its partner agencies have continued to struggle with a fiscal crisis that began with the State Fiscal Year³ (FY) 2009-10 budget that included an \$80 million reduction to local assistance for child welfare services, the reduction was maintained in FYs 2011 and 2012. Further, the FY 2012 budget called for a vast and historic realignment of government services in California (Realignment). The budget realigned the state general fund share and programmatic responsibility for many child welfare services from the state to the county level. Much of the discussion that follows in this report will be framed under the context of this fiscal restructuring. Programs, contracts, and other state processes that have been realigned are noted as such throughout this document.

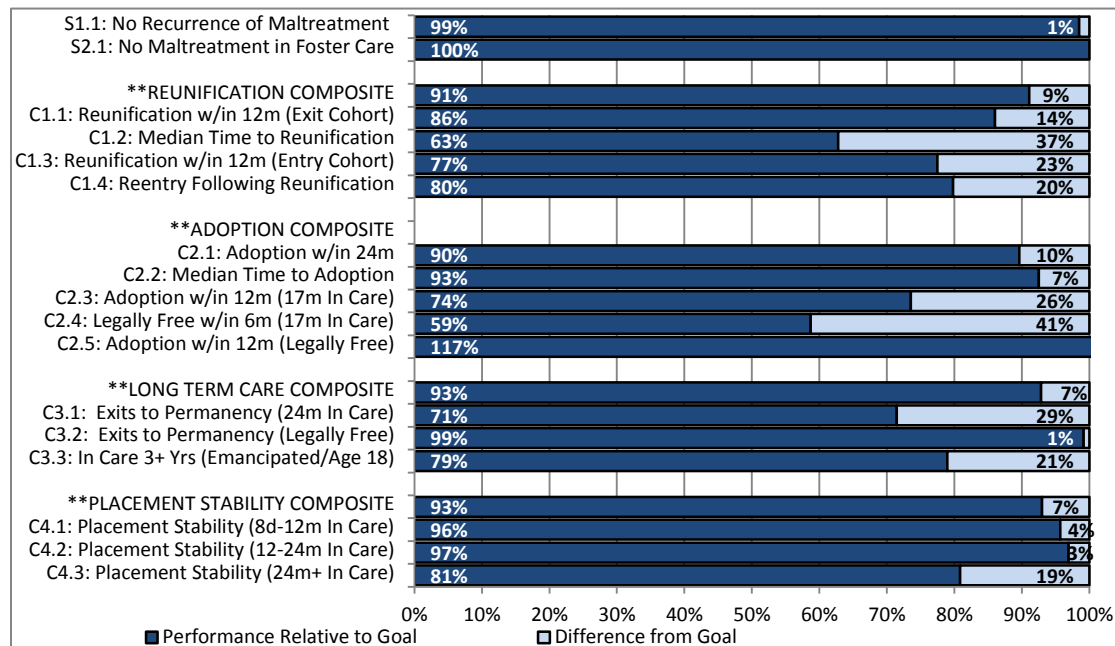
As well, since the implementation of the CFSP, several new programs, initiatives, and legislation have transformed the landscape of child welfare. Some of these include the Federal Kinship Guardianship Assistance Program, the extension of foster care to age 21 and the extended benefits for the Adoption Assistance Program through the implementation of the Fostering Connections to Success Act (PL 110-351). Additionally, both Child Abuse Prevention and Treatment Act (CAPTA) through Public Law (PL) 111-320 and Title IV-B through PL 112-34 have been reauthorized. These new reauthorizations produced new requirements for reporting in the APSR, such requirements are noted and addressed throughout this report.

The figure below illustrates California's current performance relative to the federal goal. Figure 1 standardizes all measures by dividing the current performance over the federal goal; the 75th percentile was used as the goal for individual measures without established targets. As shown in the figure below, all four permanency composite measures and both safety measures are within ten percent of achieving the target.

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 State Fiscal Year represents July 1 through June 30 for the indicated year.

Figure 1: Current Performance Relative to Federal Goal/Standard

REALIGNMENT

The Budget Act of 2011 included a major realignment of public safety programs from the state to local governments. Realignment shifts program and fiscal responsibility to the local level thereby allowing local flexibility to best determine how the needs of the community can be met. The passage of Assembly Bill (AB) 118 (Chapter 40, Statutes of 2011) and ABX1 16 (Chapter 13, Statutes of 2011) shifts funding for Adoption Services, Child Abuse Prevention, Foster Care, Child Welfare Services, and Adult Protective Services. AB 118 and ABX1 16 established the Health and Human Services Account within the Local Revenue Fund 2011, which contains program subaccounts for CDSS and the Department of Alcohol and Drug Programs (ADP). The 2012-13 Governor's Budget proposes the elimination of the state departments of ADP and the Department of Mental Health (DMH) and shifts the community-based programs to the counties, the Medi-Cal programs to the Department of Health Care Services, the licensing functions to CDSS and other programs to the Department of Public Health or CDSS.

Realignment also allowed for 28 counties that have not previously provided agency adoption services the options of: 1) contracting with CDSS to continue to provide adoption services; 2) directly providing agency adoption services; 3) contracting with another county to provide adoption services; or 4) forming a consortium of counties to provide adoption services.

Eight counties (Kings, Madera, Mariposa, Tehama, Humboldt, Napa, Lake, and Calaveras) will complete the transition of the agency adoption program to the county level by June 30, 2012. Butte County will complete transition of the program by January 1, 2013. Two counties (Sonoma and Yuba) will complete transition of the program effective July 1, 2013.

The CDSS will continue to serve as the single state agency for Title IV-B and Title IV-E federal purposes. The CDSS continues to maintain data collection for oversight, serves as the fiscal and

program reporting entity to the federal government, retains licensing and certification responsibility, and maintains minimum state and federal audit requirements. Senate Bill 1013 (Chapter 35, Statutes of 2012) outlines the states responsibility to monitor and provide oversight for programs under Realignment⁴.

CHILD WELFARE SERVICES IN CALIFORNIA

California's Child Welfare Services System (CWS) is the mechanism to assure the health, safety, and well-being of children at risk of abuse and/or neglect. To the extent possible, CWS agencies work to provide services to both children in out-of-home placements as well as those who are at risk of being removed from their homes in order to safely and permanently remain in the home with family members. Described below is an overview of California's system.

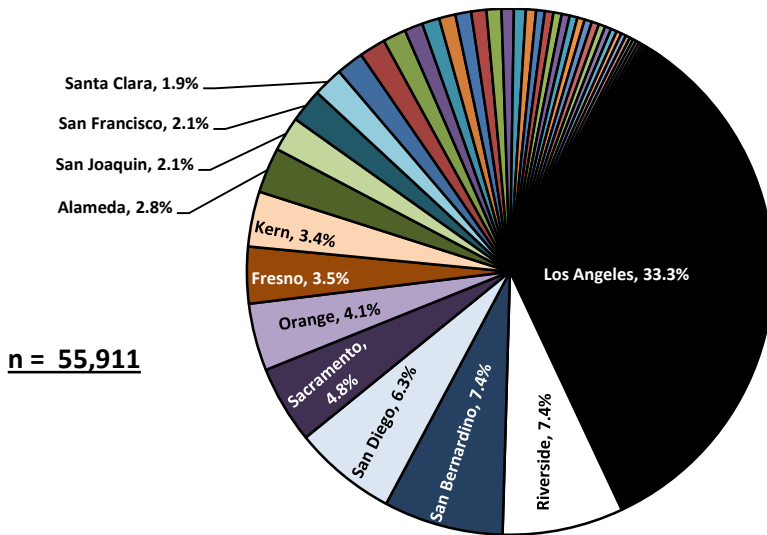
CHILD WELFARE OVERVIEW

As the most populous state in the country with nearly 9.5 million children, one of the most linguistically diverse regions in the world with the largest minority population in the country, including 109 federally recognized Indian tribes and an estimated 78 tribes that are seeking federal recognition, California undoubtedly has a complicated Child Welfare System; however, the strength of this system can be found within its 58 counties. Each of the counties is governed by a board of supervisors and each are responsible for administering a vast array of child welfare services and programs to meet the needs of their local communities. The counties organize and operate their own program of child protection based on local needs while complying with state and federal regulations. Therefore, counties are the primary governmental entities that interact with children and families when addressing issues of child abuse and neglect.

The 58 counties are a reflection of the complexity of California's CWS system. The population ranges from 2.5 million children in metropolitan Los Angeles County to 256 children in rural Alpine County. The twelve counties listed below account for nearly 80 percent of the total out-of-home placements on October 1, 2011, while the twenty small counties account for less than 2 percent.

⁴ <http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml;jsessionid=3a8a6ed1d62ce54ad309deca8c56>

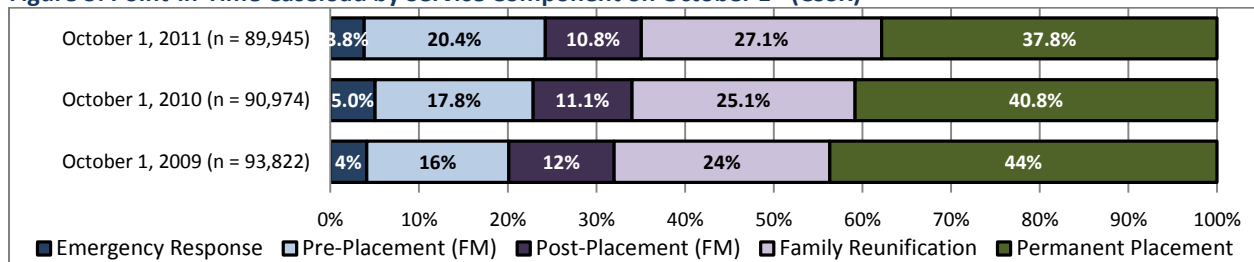
Figure 2: Distribution of Out-of-Home Placements (CSSR)



SERVICE COMPONENTS

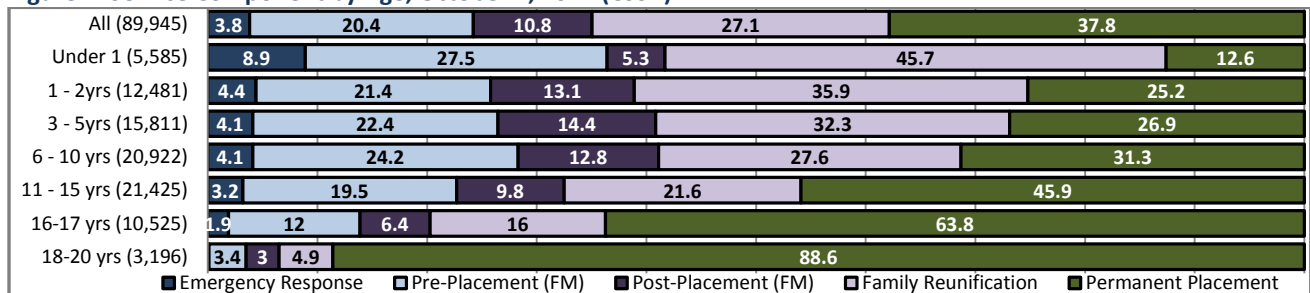
As illustrated below, there is a decreasing trend in the proportion of cases receiving Permanent Placement services and an increasing proportion of cases receiving Pre-Placement and Family Reunification services. This trend highlights the state’s continued commitment to increasing timely permanency and safely maintaining children in their homes.

Figure 3: Point-in-Time Caseload by Service Component on October 1st (CSSR)



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

Figure 4: Service Component by Age, October 1, 2011 (CSSR)



Although there are variations in how counties operate, the process is generally the same and is guided by four major components of the CWS system.

- *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 with a substantiated referral confirming the presence of abuse or neglect, an inconclusive is assigned when evidence is questionable or insufficient, and unfounded allegations do not meet the definition of maltreatment.

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 *Family Maintenance (FM)* services provided. FM 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 that includes services appropriate to each family's unique needs.
- Alternatively, children may be placed in foster care if there are serious safety threats and are provided *Family Reunification (FR)* services. FR 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 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.
- If reunification failed or the court determines that reunification is not possible, the agency is responsible for assuring permanence for dependent children by promoting timely adoption, guardianship, or alternative permanent placement. *Permanent Placement (PP)* services offer alternative family structures for children who cannot remain safely at home. Permanent Placement includes pre-adoption, non-related legal guardianship (non-court dependents), relative guardianship, and independent living in addition to services for the recruitment of potential adoptive parents; establishing financial assistance to adoptive parents and

guardians to aid in the support of special needs children; and adoption services, including tribal customary adoptions.

This summary of the child welfare system hopefully provides enough background to understand how various sections of this report are related to California's system.

PRINCIPAL DATA SOURCES

The information below is intended to provide the reader with a background on California's principal data sources that are used throughout the report, and are used by the state, counties, and partners in case planning and management, policy development, or required federal and state reporting.

- *Child Welfare Services/Case Management System (CWS/CMS)* is California's version of the federal SACWIS. The CWS/CMS is a personal computer-based, Windows application that links 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 termination of services.

The CWS/CMS is one of the largest Windows-based systems. The application allows caseworkers to open and track cases through the components of the CWS/CMS program. The system assists caseworkers in recording client demographics, contacts, services delivered, and placement information and assists case workers to record and update assessments, create and maintain case plans, and manage the placement of children in the appropriate 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.

- *Child Welfare Data Analysis Bureau (CWDAB)* within CDSS' Administration Division, in addition to the NCANDS, AFCARS, NYTD and FMCV federal reports, provides 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, Department of Education, Department of Public Health, Department of Developmental Services, and the Legislature.
- *CFSR Data Profiles* are produced from California's AFCARS data files and provided to the state by the Children's Bureau after the semi-annual AFCARS submissions. These reports are considered the official data for determining whether the state is in substantial conformity with the CFSR national standards on safety and permanency, as well as determining the state's performance on achieving the CFSR PIP target goals. AFCARS data are reported twice a year every 6 months on a Federal fiscal year 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* - The California Child Welfare Performance Indicators Project is a collaborative venture between the University of California at Berkeley and CDSS/CWDAB. The project aggregates California's administrative child welfare and foster care data into customizable tables that

are refreshed quarterly and made openly 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 ad hoc tabulations. This project provides policymakers, child welfare workers, and the public with direct access to information on California's entire child welfare system.⁵ Data extracted from University of California at Berkeley are noted on the charts in this report as CSSR.

- *SafeMeasures*⁶ is a web-based database maintained by the Children's Research Center (CRC) in Wisconsin that extracts data from CWS/CMS to report statewide and individual county data related to state and federal outcomes. Unlike data from the CSSR, data extracted from SafeMeasures® are real-time. This database also contains data for counties using Structured Decision Making (SDM) as their safety assessment tool.
- California is also a subscribing member of the *Multistate Foster Care Data Archive (MFCD)*⁷ housed at Chapin Hall at the University of Chicago. Using the state's administrative data, Chapin Hall standardizes California's data to conform to data from other states and applies their own statistical models to 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.

AGENCY STRUCTURE

Under the umbrella of the state Health and Human Services Agency, 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 ensure 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, CAPTA, and the Chafee Foster Care Independence Program (CFCIP) and Education Training Vouchers (ETV) programs for older and/or former foster care youth. Furthermore, CDSS is responsible for developing the state's CFSP, California's blueprint for CWS⁸. Due to its complexity and this high degree of collaboration, 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, researchers, child advocates, the Legislature, higher education institutions and private foundations to maximize families' opportunities for success.

⁵ http://cssr.berkeley.edu/cwscmsreports/Performance_Indicators_Handout.pdf

⁶ <http://www.nccdglobal.org/analytics/safemeasures>

⁷ <https://fcda.chapinhall.org/www/start.php?PUID=&SID=>

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

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

- The Child Protection and Family Support Branch (CPFS) oversees emergency response, pre-placement and in-home services policy components, including safety and risk assessments, differential response, and Indian Child Welfare Act (ICWA) compliance; the Title IV-E Child Welfare Waiver Demonstration projects, statewide training and staff development activities of public child welfare service workers; and community-based services, including the Office of Child Abuse Prevention (OCAP), and intervention and treatment services funded under CAPTA, Community Based Child Abuse Prevention (CBCAP), Child Abuse Prevention, Intervention and Treatment (CAPIT) and the Promoting Safe and Stable Families (PSSF) Act.
- The Children Services Operations and Evaluation Branch (CSOE) implements the CWS system improvements; California's Child and Family Services Review (C-CFSR); adoption assistance program policy; 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); reviews of child fatalities/near fatalities which are reported via statements of findings and information submitted by counties; State Adoption District Offices and reviews, maintains, manages and ensures the confidentiality of all California adoption records and provides post-adoption services.
- The Child and Youth Permanency Branch (CYP) supervises delivery of services to children removed from their homes and placed into foster, kinship, adoptive or guardian families or reunified; 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-country agency adoptions; the Independent Living Program; Transitional Housing Program; and foster and adoptive parent training and recruitment.
- The Case Management System Support Branch (CMS Support) provides ongoing support, management and oversight of California's federally supported Statewide Automated Child Welfare Information System (SACWIS) known as the Child Welfare Services/Case Management System (CWS/CMS). The CMS Support Branch facilitates the development and implementation of statewide child welfare program regulatory and/or business process changes within the CWS/CMS. The Branch also has a role in managing the CWS/CMS data collection processes, outcome measurement and reporting requirements. Additionally, the CMS Support Branch facilitates technological upgrades, statewide system training and business process improvements related to the CWS/CMS. These efforts are in collaboration with various, federal, state and county entities and are pursuant to state and federal funding requirements, policy rules and regulations. The CMS Support Branch aids in ensuring the ongoing maintenance and operation of a cost efficient, effective user friendly statewide automation system.
- 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 to which they are entitled; sets group home and foster family

agency rates; develops, interprets and implements policies and regulations governing payments systems required to support out-of-home care resources and services; conducts on site group home and non-profit corporation rate audits and reviews Financial Audit Reports.

- The Office of the California Foster Care Ombudsman was established through Senate Bill (SB) 933 as an autonomous entity within CDSS to provide children and youth in foster care with an objective place to express their complaint and resolve issues regarding placement, care, and services without fear of retribution; provides children and youth in foster care with information on their personal rights; responds to complaints from anyone with concerns about the foster care system; makes appropriate referrals; maintains a toll-free number for any individual to voice their concerns or complaints; conducts trainings and presentations to child welfare professionals and community partners and partners with many public and private agencies to increase awareness of concerns and complaints.

Other organizations within CDSS that support CFSD's work for overseeing the CWS system include:

- The Child Welfare Data Analysis Bureau (CWDAB), within the Research Services Branch, supports the provision and improvement of Child Welfare Services in California by providing data for policy development, budget planning and measurement of program success against state and federally-mandated standards. The CWDAB uses data from the CWS/CMS, related surveys, and administrative sources. The CWDAB is also responsible for development and submission of federally-mandated data reports, e.g., National Child Abuse and Neglect Data System (NCANDS), Adoption Foster Care Analysis and Reporting System (AFCARS), National Youth in Transition Database (NYTD), and the Federal Monthly Caseworker Visits (FMCV).

STAKEHOLDER COLLABORATION

To achieve its mission, CDSS collaborates with the state's 58 county child welfare agencies and juvenile probation departments, the County Welfare Directors Association (CWDA), the Chief Probation Officers of California (CPOC), federal, state and local government, the Legislature, the Judicial Branch, tribal representatives, philanthropic organizations and other stakeholders to provide supervision, fiscal and regulatory guidance, training and develop policies, procedures and programs in accordance with prescribed federal and state statutes governing child welfare.

Collaboration is the invaluable foundation to California's continuous progress to affect positive outcomes for vulnerable children, youth, and families entrusted to our care. The CDSS' level of commitment to multi-level partnerships distinguishes California's approach to child welfare practice and reform. The CWDA and the counties are the state's primary partners with whom consistent collaboration occurs to discuss ever-changing mandates and processes governing child welfare services throughout the continuum of care.

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 additional state and local agencies, community-based and philanthropic organizations, the courts, community service providers, tribal representatives, interagency

teams, workgroups, commissions and other advocacy groups. Stakeholders and partners are involved in the implementation the Foster Connections After 18 (After 18)⁹ program that implemented the provision of The Fostering Connections and Increasing Adoptions Act of 2008 which gives states the option to extend foster care beyond the age of 18, California Partners for Permanence (CAPP) to reduce long-term foster care, initiative to reform group homes, the development of the CFSP, and the annual development and update of the APSR. For the 2012 APSR, counties, tribal nations, and stakeholders were provided with draft copies of the report for review and comment on May 18, 2011. The CDSS received feedback on June 15, 2012; to the extent possible, revisions and comments from stakeholders are addressed and incorporated throughout this document.

Several of these collaborations are detailed below. Further details regarding California's collaboration with Native American tribes and tribal representatives are discussed, in detail, in the ICWA chapter of this document.

The **CALIFORNIA CHILD WELFARE COUNCIL (CWC)** was established through legislation known as the Child Welfare Leadership and Performance Accountability Act of 2006, signed by Governor Schwarzenegger. Starting in 2011, the council is co-chaired by the current Secretary of HHS, Diana Dooley, and State Supreme Court Justice Vance Raye. The CWC comprises a 53-member advisory body from the legislative, judicial and executive branches as well as stakeholders, youths, and nonprofit agencies. In 2011, the committees continued to focus in the areas of Permanency, Child Development and Successful Youth Transitions, and Data Linkage and Information Sharing, and presented recommendations to the full CWC for consideration in improving child and youth outcomes.

- The *Permanency Committee* focused on one priority recommendation: a statewide commitment to increase the number of children who have positive permanency outcomes through the implementation of Family Finding and Engagement (FFE) in all 58 California counties. FFE is a demonstrated model for identifying, engaging and sustaining permanent connections for children and youth in care and transitioning those youth to permanency.

Positive permanency outcomes are defined as an increase in the number of children reunified with their parents, if possible. In cases where reunification is not possible, positive permanency outcomes refers to an alternative permanent plan with meaningful, enduring connections with family members and other significant adults who will support them throughout their lives, including adoption and guardianship.

The Committee's current focus in collaboration with the state, local county child welfare, probation departments, and the court system, is to develop a FFE toolkit to facilitate statewide FFE implementation.

Most recently, the committee discussed the new parent partner program that is being developed in Imperial County. The need for authentic parent voices "at the table" was underscored with an emphasis on shared leadership. The Committee also did follow up work on the survey of best practices in reunification. Next steps include a summary of services

⁹ AB 12, Chapter 559, Statutes of 2010.

categorized as “supportive,” “Linking,” “Access-easing,” or “Assessment”. Qualitative interviews will be conducted with counties looking at service use and how it relates to reunification rates.

- *The Out-of-County Mental Health Services Workgroup* produced relevant findings as a result of the collaborative work between CWDA, California Mental Health Directors Association, State Mental Health, Department of Health Care Services, and CDSS to provide medically necessary mental health services to children and youth in foster care. Key recommendations include: 1) promoting equal access to medically necessary mental health services for all children and youth in foster care regardless of where they live; 2) the use of effective screening and assessment tools to identify children who need mental health services; 3) an assessment of the current situation regarding equal access to mental health services for children in foster care residing within their county of jurisdiction compared to children in foster care living out of their county of jurisdiction; 4) an assessment of the processes to address fiscal and structural considerations related to equal access to medically necessary mental health services.

A data match between child welfare and Medi-Cal on mental health services was conducted in order to develop criteria that can identify children in foster care who are at high risk for needing mental health services and therefore should be prioritized for screening and assessment. A collaborative team for each foster child who is being assessed for mental health services was recommended. The team would include any current or prospective mental health providers, the child welfare social worker, the child (as appropriate, e.g. age 10 or older and developmentally capable), the birth parents, and other persons who would be involved in supporting the child’s mental health services plan.

The workgroup also discussed best practices for screening and assessment processes. The workgroup suggested tools that were already being used by several counties, such as the Mental Health Screening Tool developed by the California Institute of Mental Health and the Child and Adolescent Needs and Strengths.

The Workgroup saw that programmatic strategies of the collaborative team and screening/assessment should move forward and be integrated with the implementation of the Katie A. settlement.

- *Child Development and Successful Youth Transitions Committee* continued to focus on its recommendations related to successful youth transitions and equal access to mental health services. Most recently, the committee reflected on the Out-of-County Mental Health Services Workgroup report to the full council. The group validated the conclusions and recommendations to use the Katie A. settlement agreement, a mandate for the provision of mental health services for children in care or at imminent risk of removal, and Realignment to ensure policies and processes are in place for children in foster care to have access to medically necessary mental health services. The committee also heard an update on implementation of the After 18 Program, and considered a report on young children in foster care. The Committee is now establishing a work plan focused on commercially sexually exploited children, and will also look at new topics for committee consideration.

- *Data Linkage and Information Sharing Committee* 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.

In 2011-12, the committee updated its policy statement from December 2009 to add data standardization and interoperability language. The Committee also continued efforts of maintaining and expanding its inventory of best practices web site, including adding new resources and reorganizing the site for more efficient usability. They also continued efforts of expanding the Health Information Exchange (HIE) for Children in Foster Care Use Case for Immunizations to include all aspects of health information and continued its efforts towards advancing the California HIE federal goal of Personal Health Records for Children in Foster Care. The committee engaged in many collaborative activities with the Stewards of Change, the State Interagency Team, local Blue Ribbon Commissions and various state departments.

CALIFORNIA'S COLLABORATION WITH THE COURTS is vital to achieving desired outcomes for CWS. The CDSS maintains many collaborative efforts with the AOC, the staff agency of the Judicial Council, which has policy-making authority over the state court system. Coordination with the Center for Families, Children and the Courts, a division of AOC and the Family and Juvenile Law Advisory Committee of the Judicial Council include several project and program areas:

- Local Training and Beyond the Bench – CDSS both supports and participates in the development of AOC training for local court and child welfare professionals. Through a state permanency grant and use of federal court improvement program funds, the AOC provided training at the state and local level to child welfare professionals on implementing the After 18 Program, and other topics including parentage and paternity, confidentiality and consents (education and health information sharing), disproportionality, engaging fathers, incarcerated parents and their children, unintended bias, substance abuse, tribal engagement, concurrent planning and special immigrant juvenile status (PIP Section 2.6). The CDSS also collaborates in defining the education agenda for Beyond the Bench, an annual statewide conference that trains over 1,000 judges and child welfare professionals. At the December 2011 Beyond the Bench, several day long tracks were provided in each of the three days of the conference on the After 18 Program, information sharing, and other key topics.
- The Court Improvement Program - Collaboration on the CFSR PIP was a major focus of the AOC program during FY 2010-11. AOC collaboration with CDSS and other stakeholders on providing activities to implement California's PIP, included:
 - a. Training to local commissions in supervised visitation (five trainings) and family finding and engagement (4 trainings) (PIP section 1.3);

- b. Development of family finding and engagement court pilots (PIP section 2.1);
 - c. AOC clearinghouse of culturally appropriate services for Indian children and families (PIP section 4.9); and
 - d. Develop curriculum on mental health, domestic violence, substance abuse, and education for juvenile court system and implement distance learning on these topics (PIP section 5.4).
- The AOC continued to provide custom reports from the UC Berkeley Center for Social Services Research 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 have been made available to all local Blue Ribbon Commissions and are available on the CalDOG website.
 - The California Blue Ribbon Commission on Children in Foster Care (commission or BRC) was established in March 2006, by former Chief Justice Ronald M. George. The commission was charged with providing recommendations to the Judicial Council of California on the ways in which the courts and their partners can improve safety, permanency, well-being, and fairness for children and families in the child welfare system. In April 2011, Chief Justice Tani Cantil-Sakauye appointed Associate Justice Richard D. Huffman, Court of Appeal, Fourth Appellate District, Division One, to replace Justice Carlos Moreno as chair of the Blue Ribbon Commission after Justice Moreno retired from the California Supreme Court. Justice Huffman had been an active member of the commission since its inception. Director Will Lightbourne has been a commissioner since the beginning of the commission.

The commission continued its work on implementation activities. There was significant progress on implementation through the After 18 Program.

The ongoing formation and strengthening of local BRCs has been very successful. During 2011, Justice Huffman visited several counties, including Imperial, Orange, Santa Barbara, San Joaquin, and Sacramento to provide support and technical assistance for these efforts. At local meetings, Justice Huffman stresses the importance of collaboration among the county child welfare agency and the local court. Many local commissions have developed work plans which involve joint projects between the county and local court in family finding and engagement programs, court appointed special advocate programs and information sharing agreements. Other counties have requested site visits by Justice Huffman and other commission members.

Data and information exchange efforts are also key to implementing the BRC recommendations. In October 2011, the commission cosponsored a foster care symposium focused on data exchange in health, mental health, substance abuse, and education. Leaders and advocates from across California convened in Sacramento to talk about data linkage opportunities and information-sharing challenges for children in foster care. The CDSS speakers included Director Will Lightbourne, Deputy Director Greg Rose, and Assistant Deputy Director, Kevin Gaines. Capitalizing on special facilitation methods used by the Stewards of Change, a nationally recognized group with expertise in interoperability, attendees began the process of developing a vision and road map for strengthening

information sharing for children in foster care. The symposium was funded by the federal Department of Health and Human Services Juvenile Dependency Court Improvement Program and the Stuart Foundation.

The commission has continued its ongoing quarterly distribution of the *Foster Care Reform Update: A Briefing for County and Statewide Collaboration*¹⁰, a resource intended as a vehicle for the cross-pollination of information, ideas, and inspiration for local and statewide implementation efforts.

The commission met telephonically in November 2011 to evaluate its progress in implementing the recommendations and to plan its priorities for the coming year. After reviewing the work of the last two and a half years, the commissioners affirmed their commitment to seeing their initial action plan through to its full implementation. They voted to approve new recommendations encouraging the reunification of families, specifically urging incentives for successful family reunification and access to post-permanency services for newly reunified families. Commissioners participated in the Leadership Forum scheduled in conjunction with the annual Beyond the Bench conference on December 14, 2011.

The commission presented an implementation progress report to the Judicial Council on December 13, 2011.

Chaired by CDSS, the **STATE INTERAGENCY TEAM (SIT)** Children, Youth and Families brings together representatives from various departments with California's Health and Human Services Agency with representatives from Education, Public Health, Health Care Services, Mental Health, Alcohol and Drug Programs, Corrections and Rehabilitation, Developmental Services, and Employment Development, as well as the Emergency Management Agency, the California Children and Families Commission, the Workforce Investment Board and the AOC. 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: 1) building community capacity to promote positive outcomes for vulnerable families and children; 2) maximizing funds for the shared populations, programs and services; 3) removing systemic and regulatory barriers; 4) ensuring policies, accountability systems and planning are outcome-based; 5) promoting evidence-based practice that engages and builds on the strengths of families, youth and children; and 5) sharing information and data.

The SIT's work plan for 2011-12 objectives include: 1) decreasing racial disproportionality and disparity; 2) strengthening domestic violence services for non-offending families; 3) improving educational outcomes for children in care; and 4) improving the quality, efficiency, and effectiveness of home visiting through interagency collaboration.

¹⁰<http://www.courts.ca.gov/4185.htm>

The SIT workgroups are described below:

- The *Workgroup to Eliminate Disparities (WGED)* continues to meet on a monthly basis to develop recommendations to the SIT for policy, practice and cross system changes to reduce the disproportionate representation of children of color in the CWS, as well as to improve outcomes for children and families of color across the state of California.

Specific 2011 accomplishments and continuing work include:

The final California Disproportionality (CDP) Project Report was released in July 2011¹¹ and will be used to influence WGED recommendations to the SIT. The report includes recommended policy, practice and regulatory changes, and provides a full analysis of the twenty-two month project findings. Training materials developed by the CDP to provide guidance to counties in enhancing their efforts to address disproportionality and disparity (D&D) in child welfare will be made available to the Regional Training Academies for integration into existing and future curriculum for new and continuing education for social workers.

- Developed a D&D Training/Resource list that can be shared among state agencies and departments (distribution plan pending).
 - Continued cross-system sharing of information and training on data collection and upcoming projects related to D&D.
 - Still under development is the Interagency Collaboration Project to provide a forum for sharing department efforts to address D&D, identify common issues, seek solutions and strengthen individual department and interagency D&D activities.
 - Developed and adopted a Racial Impact Statement (RIS), which is a mechanism whereby the state may ensure that the leadership, guidance, and recommendations facilitating state and local system improvements consider the potential impact on culturally, linguistically, racially and ethnically diverse populations. Departments participating on the workgroup are encouraged to include a RIS when promulgating support, guidance, and leadership in service delivery.
- Led by the AOC, the *Domestic Violence (DV) Workgroup* aims to strengthen services for non-offending families. The workgroup is currently presenting and disseminating the DV Leadership Report of findings and recommendations for policy and practice improvements based on an analysis of the survey and interviews of local public and private DV providers, and recommendations to key stakeholder. A copy of the recommendations is available online¹². In the summer of 2012 and in partnership with CDSS and Children’s Research Center of the National Council on Crime and Delinquency, an analysis will be produced based on a Structured Decision Making tool on DV to address connections between domestic violence, substance abuse and mental health in families coming to the attention of child welfare.

¹¹ http://www.childsworld.ca.gov/res/pdf/CA_Disprop_FinalRpt.pdf

¹² <http://www.cpedv.org/Calendar%20Documents/DV%20Report>

- The SIT recently approved (February 2012) the creation of a new workgroup, *Improving Educational Outcomes for Children in Care (IEOCC) Workgroup* that is led by the California Department of Education and the National Center for Youth Law.
- Led by the Department of Public Health, the primary function of the SIT *California Home Visiting Program (CHVP) Workgroup* is to provide insight into strategies to support the planning and implementation of the Affordable Care Act. The Work Group's focus areas include: program implementation, training and technical assistance, continuous quality improvement, 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 address home visiting in the context of early childhood systems integration and partnerships. The first meeting was held in February.
- Co-occurrence *Domestic Violence and Child Maltreatment Workgroup* – As reported in the 2011 APSR, this workgroup was discontinued and a final report was produced in December 2010.
- The Fetal Alcohol Spectrum Disorders Workgroup was discontinued as the workgroup accomplished its goals in 2010 and will no longer be included in the APSR.

THE CHILD WELFARE CO-INVESTMENT PARTNERSHIP is a public-private partnership, which continues to focus on priority improvement areas to identify and support programs, policies and practice that improve and sustain the safety, permanency and well-being of California's children, youths and families. The Partnership includes five philanthropic organizations, the state's AOC, CWDA and CDSS. This collaboration sets annual priorities for strategic investment, in consultation with its Advisory Committee. In 2012, the Partnership is undergoing a transition and will restructure staffing and organizational functions to more closely align with the original vision. The intent is to move from day-to-day involvement in operational, programmatic activities to high-level policy discussions that guide strategic decisions for leveraging resources to improve child welfare outcomes. The Partners will continue to identify opportunities for co-investment to support individual activities and programs that improve outcomes for children and youth in foster care.

In refocusing its efforts, the Partnership has refined its mission and is reorganizing its structure to align with this renewed focus. It will also establish a high-level policy/strategy group whose primary purpose is to identify and leverage investment opportunities to improve child welfare outcomes. In order to reorient its project involvement, the Partnership will be reducing their day-to-day direct involvement with projects and instead seek out opportunities for coordinated investments and make funding decisions to support efforts on a project-by-project basis. Current consultants and staff have created and are implementing a transition plan to redirect and/or conclude their involvement in co-invested projects and activities in which they are currently engaged. As part of the Partnership's reorganization and restructuring, a coordinator position will be created to assist in the identification of potential investment opportunities and provide support to the Partners. An Executive Committee was also created to provide regular

guidance and support through the transition and to the new coordinator. Lastly, a range of fiscal sponsors is being considered as an organizational home.

COLLABORATION WITH TRIBES – The CDSS’ ICWA Workgroup, formed in July 2002, continues to expand its membership and now consists of 100 tribal ICWA workers/advocates, 61 county child welfare and probation representatives, 24 CDSS staff, 32 state/university representatives, and other interested parties.

- The ICWA Workgroup continues to meet bi-monthly to identify ICWA issues and develop recommendations and solutions for tribes, counties and the state in order to achieve greater understanding and compliance of the ICWA. The agenda for the ICWA Workgroup meetings is set in accordance with issues and topics which emerge from discussions in the workgroup, or in discussions that occur as CDSS staff consult with tribal and county representatives throughout the state.

Although CDSS has utilized the ICWA Workgroup as the primary means of consulting and collaborating with tribes on issues related to child welfare, California is committed to improving its process for engagement with all Indian nations who serve at risk and vulnerable children and their families within its borders. Last year, the state learned that utilizing this workgroup as the primary process for engaging and soliciting tribal feedback is not appropriate in all occasions. There have been instances when CDSS has sought feedback from workgroup participants in an area beyond what their tribal leadership has approved or that are best addressed at the local levels between the county CWS and tribal agencies. The CDSS will engage tribal leaders to assist with establishing an improved dissemination process for broader outreach to all 109 federally recognized California tribes. In the short term, 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, efforts are underway to create regional county liaisons to increase and broaden tribal connections to county child welfare agencies. The department has been working on methods for increasing outreach, communication, and consultation with tribes that do not participate as part of the workgroup.

The CDSS values its relationships with tribal nations, and remains committed to improving consultation and collaboration, consistent with the governor’s Executive Order B-10-11. One effort to accomplish this goal is a request for technical assistance that has been prepared and will be submitted to the National Child Welfare Resource Center for Tribes and the National Child Resource Center for Organizational Improvement, which is funded by the Children’s Bureau of the U.S. Department of Health and Human Services. The department believes this technical assistance will yield increased understanding and capacity by CDSS for broader and more meaningful consultation and collaboration with tribal governments. In addition, it will assist in achieving sustainable, systematic change that results in greater safety, permanency and well-being for children, youth, and families. Further, the purpose and framework for the ICWA Workgroup will be clarified and future work with the tribes, through the workgroup, will be improved, as we develop a formal plan and structure for communication with all federally-recognized tribes in California.

An ICWA Workgroup Subcommittee was established in 2011 to assist in tribal community engagement and input for the implementation of AB 2418 (Ch. 468, Statutes of 2010), a foster care bill which extends the provision of ICWA for dependent youth age 18-21; and input for the implementation of the After 18 Program. Successful implementation requires that CDSS make a fundamental shift in its practice, and look to a new level of collaboration between the co-sponsors of the After 18 Program, the counties, and other stakeholders, particularly California's Indian nations. Accordingly, CDSS has convened informational forums at tribal government offices throughout California for the purpose of describing the new program, and to solicit tribal input on the potential impacts on Indian youth and families. Additional convenings will continue to be scheduled as needed.

- New ICWA curricula¹³ and an online toolkit were developed by CalSWEC and Tribal STAR. The training curricula, which includes desk aids and tools reviewed by the ICWA Workgroup, was posted online in March 2012. The toolkit was a product of collaboration with the American Indian Enhancement Team on the Casey Disproportionality Project.
- The Family Development Matrix (FDM) Project is a family engagement tool that also documents prevention and early intervention services and tracks progress and outcomes for services provided by community based organizations. It has been offered for use to tribes and tribal service providers who have begun to use it to assist in providing active efforts. The FDM is in the process of adapting the program to better meet the needs of the tribal community.

¹³1) basic ICWA: Let the Spirit Lead...ICWA: In the Best Interest of the Indian Child; 2) advanced ICWA: The Other Side of ICWA: A Cultural Journey to Fairness and Equity, and 3) Active Efforts and Expert Witness curriculum

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 which report on California's progress toward the goals and objectives designed to improve and address the outcomes and systemic factors identified in the CFSP; including analyses of the relevant Outcome and Composite Measures identified in the federal Child and Family Services Review (CFSR) and the corresponding Program Improvement Plan (PIP) and narrative discussion of how current programs address efforts to improve California's overall system. The analyses of the Outcomes and Composite Measures provide a more accurate, data supported depiction of specific CWS program and services over the past year.

In addition, the state's quality assurance system, known as the California-Children and Family Services Review or C-CFSR, establishes an outcomes-based review system. As will be discussed in the succeeding section, in an effort towards continuous quality improvement, the C-CFSR is currently being redesigned from a three-year to a five-year cycle. The system is patterned after the federal CFSR, Case Reviews, County Self-Assessments (CSAs) and System Improvement Plans (SIPs) to assess, monitor, and track county CWS performance and improvements. The Outcomes and Accountability (OA) Bureau works collaboratively with counties throughout the Case Review, CSA, and SIP processes. Additionally, the OA Bureau monitors county performance on outcome measures and status of the implementation of SIP strategies with calls or site visits scheduled quarterly. County SIPs and SIP updates are posted online¹⁴. Additionally, there are plans to post CSAs in the near future.

CALIFORNIA'S PROGRAM IMPROVEMENT PLANS

At the beginning of the five-year CFSP, California was engaged in five active PIPs; however, in this third year of the plan, the state only maintains the AFCARS Assessment Review Improvement Plan and the new CAPTA PIP, with the CFSR PIP currently in the non-overlapping data period through September 30, 2012. As the state is no longer in non-compliance, this 2011 APSR will be the final reporting of the Adoption Assistance Program PIP. The Caseworker Visits PIP and the Title IV-E Foster Care Review's final reporting were included in 2011 APSR.

- California concluded the *CFSR PIP* with the submission of the eighth and final quarterly report on June 30, 2012. The state successfully completed all of the action steps; however, the state has not met one remaining National Data Standard: Permanency Outcome 1 Composite 4: Stability in Foster Care. California is continuing to work diligently to demonstrate achievement towards the remaining PIP goal by September 2012. In addition to continuously monitoring performance, CDSS has also been engaging in a multi-faceted strategy (described in more detail beginning on page 107) during the non-overlapping data period beginning since the conclusion of the PIP in July 2011 to show improvement towards

¹⁴ <http://www.childsworld.ca.gov/PG1419.htm>

stability in placement. More detailed information is described in the Permanency Chapter of this report. The approach is fourfold:

1. Closely examining performance on the existing federal measures and composite across the 12 largest counties as the sum of their caseloads account for over 80 percent of the total child welfare population in the state;
 2. examining county performance through case and demographic variables;
 3. examining county performance over time and identifying counties that have been stable, improving, or notably declining;
 4. based on the results of county analyses, assemble practices that counties have identified in their AB 636 documents as having contributed to their improvement over a short period of time.
- Title IV-E Adoption Assistance Program Review (AAP) PIP - The ACF reviewed California's Title IV-E Plan and concluded that the AAP is inconsistent with federal law. As a result of the federal review, California submitted a request to amend its Title IV-E state plan to the Administration on Child, Youth and Families (ACYF) in 2007. The request was in response to the following program instructions (PI): ACYF-CB-PI-06-06 regarding changes made to the Social Security Act (SSA) by the Deficit Reduction Act of 2005 (DRA); ACYF-CB-PI-07-02 regarding changes made to the SSA by the Fair Access Foster Care Act of 2005; the Safe and Timely Interstate Placement of Foster Children Act of 2006, the Adam Walsh Child Protection and Safety Act of 2006; and ACYF-CB-PI-07-04 regarding the changes made by the Tax Relief and Health Care Act of 2006.

In May 2008, ACF notified the state of the areas of non-compliance with AAP Federal requirements and requested the state to submit a PIP. As a result of inquiries and discussions among CDSS staff and Region IX staff, the AAP PIP was approved in June 2009 and was originally scheduled to be completed by December 2010. The AAP PIP includes amendments to AAP statutes, regulations, policies, and procedures to bring the state into compliance with federal requirements related to AAP Eligibility; AAP Agreements and Payment Amounts; AAP Reassessments; and Nonrecurring Adoption Expenses. Pending completion of the PIP, an All-County Letter (ACL) was released September 29, 2009 that provided interim direction in the following areas: AAP Eligibility; AAP Agreements and Payment Amounts; AAP Reassessments; and Nonrecurring Adoption Expenses. All proposed statute language was achieved via AB X4 4 (Chapter 4, Statutes of 2009) effective July 28, 2009 and SB 597 (Chapter 339, Statutes of 2009) effective January 1, 2010.

The final deliverable of California's AAP PIP was the revision of the Title 22 California Code of Regulations specific to AAP. The revised regulations were finalized and submitted to the Office of Administrative Law for publication on September 29, 2011 and became effective on December 10, 2011, thereby satisfying the final agreed upon deliverable and the completion of California's AAP PIP. As the state is no longer in non-compliance, this 2012 APSR will be the final reporting to the AAP PIP.

- On December 20, 2010, the *CAPTA Reauthorization Act of 2010*, PL 111-320 was signed into law and reauthorizes and amends the CAPTA. Grants to states for child abuse or neglect prevention and treatment were reauthorized with no increase in the amount of existing authorizations through federal fiscal year 2015, but the law adds to the existing requirements of the program.

A new requirement under CAPTA at section 106(d)(10) requires that each state include data on the number of child protective services personnel; including average caseloads, education and training requirements, demographic information, and workload requirements. Although some information is collected on the state's child welfare workforce, not all the required information is collected for all staff.

In order to fully meet the requirements of CAPTA, the CDSS indicate it would:

- Complete an assessment to determine what is available through various sources and what is not currently collected.
- By January 2012, the assessment of data yet to be collected will be completed.
- The next step will be to call one of the National Resource Centers to determine what other states are doing to collect this data, which will be done by February 2012.
- By May 2012, possible methods to collect the information will be identified. It will also be determined by this time if on site assistance by a National Resource Center will be needed. If so, discussions with Region IX staff about a technical assistance request will be initiated.
- A request for technical assistance, if needed, will be submitted by June 30, 2012.
- After an analysis of the results of the assessment, identifying various possible methods as to how the information might be collected, etc., a plan will then be drafted to collect the information by July 30, 2012.

The CDSS has completed the following steps as required above:

- Complete an assessment to determine what is available through various sources and what is not currently collected.
- ✓ CDSS has determined that California's SACWIS system currently does not collect any demographic data on social workers. California's SACWIS system was not designed to collect the demographic information on social workers.

The CDSS looked at various data collection sources and determined that there is no current system that collects all the necessary information as required by CAPTA.

CDSS is currently able to obtain the data regarding caseloads that is now required. However, it does not currently collect complete information on the education, qualifications and training of personnel, and demographic information of all CPS workers. This information is collected at the local level, but is not currently required to be reported to the state. CDSS does receive some information via a training report

completed every two to three years by the California Social Work Education Center, but this report does not contain all of the information now required by CAPTA, and pertains only to a portion of CPS workers. For example, only workers with an MSW and that have attended training through one of the training academies are counted.

- By January 2012, the assessment of data yet to be collected will be completed.
 - ✓ In January of 2012, the CDSS determined that the following data will still need to be collected to meet this requirement: demographic information and education requirements and it will need to update a current survey system or create a new one.
- The next step will be to call one of the National Resource Centers to determine what other states are doing to collect this data, which will be done by February 2012.
 - ✓ The CDSS contacted the National Child Welfare Resource Center for Organizational Improvement (NRCOI) and requested any information from other states that had determined a method of collecting this data. In early March, the NRCOI sent out a message on their Listserv to other states. Oklahoma, New Mexico, Florida, Washington, DC and Iowa responded. All but one of the states that responded was able to collect the required data in their SACWIS system. One state obtained demographic data through the use of a survey of their workforce.

The CDSS was disappointed that more states did not respond as noted above. Only one state collected workforce data through a system other than their SACWIS system. The information provided was not as useful as we had hoped.

- A request for technical assistance, if needed, will be submitted by June 30, 2012.
 - ✓ The CDSS does not see a need for technical assistance to develop a survey process as it has the expertise in-house to create a suitable survey. It is the intention of the CDSS to collect the required data through the annual training plan survey sent to the counties. This proposal would need to be presented to the Child Welfare Director's Association (CWDA) for feedback to determine the best way to collect the required data. This has been discussed with CWDA at the Children's Operations meeting in February 2012, but a final decision has not been made. If this is determined not to be the best method of collecting the data, there may be the need to develop an additional survey. Regardless of the method chosen, the survey request would be sent to the counties through an All-County Information Notice.

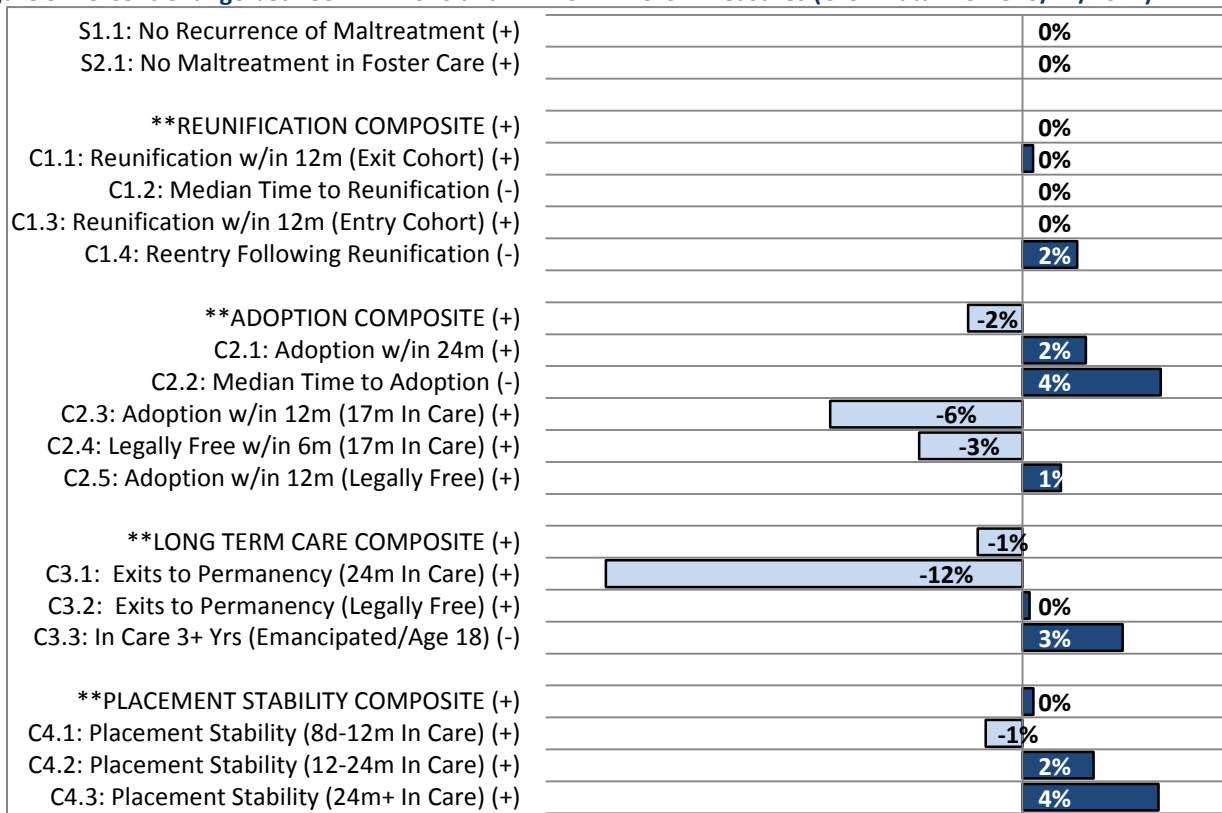
IMPROVEMENT OVER TIME

The figure below illustrates California's performance on the CFSR measures over the course of the prior two FFYs, 2010 and 2011. Figure 5 is a calculation of percent change between two fiscal years and demonstrates which direction, positive or negative, each measure is moving. The "(+)" or "(-)" symbols adjacent to the measure descriptions indicates the direction of the desired change. Calculations were standardized such that if the percent change has the same sign (+ or -) as the directional goal, it is entered as a positive number; if the signs are different, it is entered as a negative number.

As shown below, although performance has remained unchanged in safety, reunification, and placement stability composites, California has decreased slightly in the adoption and long-term care composite measures. A discussion of these measures is included in the Safety and Permanency Chapters of this document.

Among other factors that will be described in the Permanency Chapter, the slight decreasing performance in the adoption composite can be likely attributed to the 13 percent change decrease in performance for timely adoption for children in care for at least 17 months. The long-term care composite score decrease can be likely attributed to the 12 percent change decrease in performance for children exiting to permanency after being in care for at least 24 months. These two measures across different composites both address the need to provide timely permanency for children in long-term care. California's participation in the Presidential Initiative to reduce long-term aims to mitigate these issues.

Figure 5: Percent Change between FFY 2010 and FFY 2011 in CFSR Measures (CFSR Data Profile: 3/21/2012)



CALIFORNIA'S QUALITY ASSURANCE SYSTEM: CALIFORNIA-CHILDREN AND FAMILY SERVICES REVIEW

The Outcomes and Accountability System was formed as a result of the passage of the Child Welfare System Improvement and Accountability Act (AB 636, Chapter 678, Statutes of 2001) in 2001 and the federal CFSR. Assembly Bill 636 was designed to improve outcomes for children in the child welfare system while holding county and state agencies accountable for the outcomes achieved. The system is housed in the Children's Services Outcomes and Accountability Bureau (CSOAB) under the CSOE Branch.

In California, the statewide accountability system is referred to as the California Children and Family Services Review or C-CFSR. It went into effect January 1, 2004, and is an enhanced version of the CFSR, the federal oversight system mandated by Congress and used to monitor states' performance.

The purpose of the C-CFSR is to significantly strengthen the accountability system used in California to monitor and assess the quality of services provided on behalf of maltreated children. As such, the C-CFSR operates on a philosophy of continuous quality improvement, interagency partnerships, community involvement, and public reporting of program outcomes. The C-CFSR is comprised of county child welfare system reviews and maximizes compliance with federal regulations for the receipt of federal Title IV-E and Title IV-B funds.

Over the past eight years of implementation of the C-CFSR, counties, stakeholders and state staff have suggested changes to the system to better serve the children and families of California and to achieve more positive outcomes towards reaching federal standards. A statewide workgroup has met for over one year to incorporate changes to the review process to better serve these goals and to improve California's compliance with the federal oversight process. The changes were heavily influenced by the proposed changes to the CFSR. Revisions to the process include 1) a longer cycle, 2) inclusion of a case review system into the County Self-Assessment, and a 3) Yearly System Improvement Plan (SIP) Progress Reports in place of SIP updates.

The C-CFSR process has moved from a three-year to a five-year cycle to allow for sufficient time for counties to plan, implement, and evaluate strategies and outcomes. The five-year cycle will allow counties to conduct a more thorough assessment of needs, and a more realistic timeframe in which to address those needs. In addition, counties will be expected to evaluate the effectiveness of strategies and action steps in improving the designated program/outcome area.

Revisions to the process have been approved and are now being implemented. As part of the current redesign efforts for the C-CFSR, process guides are being completely revised. The Peer Quality Case Review Process Guide will be replaced by the County Self-Assessment (CSA)/Peer Review guide and the System Improvement Process Guide will be entirely revised. These guides will assist the counties in completing each step along the path of the process and will be a comprehensive handbook to understanding the changes in the reporting process. Although the OCAP plan was previously integrated into the C-CFSR, the revision of the system will ensure that this integration is further strengthened through the joint development of the new CSA and SIP guides.

The C-CFSR includes: 1) Incorporating a Peer/Case Review into the CSA process, 2) County SIPs, 3) Outcome and Accountability County Data Reports, 4) State Technical Assistance and Monitoring

with quarterly meetings between CDSS consultants and county representatives, and 5) Yearly SIP Progress Reports.

Over the last three SFYs, the number of counties engaged in this process is listed below:

| | FY 2009-10 | FY 2010-11 | FY 2011-12 |
|--------------|------------|------------|------------|
| CSAs | 12 | 20 | 7 |
| PQCRs | 22 | 16 | 12 |
| SIPs | 16 | 23 | 13 |

- Utilizing the CSA/Peer-Case Review: Counties will continue to conduct a thorough analysis of the entire continuum of care, and requires each county to review the full scope of Child Welfare and Probation services, from prevention through permanency and aftercare. Additionally, counties conduct a thorough needs assessment providing an analysis on demographics, service provision, systemic factors, unmet needs and child maltreatment issues most prevalent including those populations at greatest risk of maltreatment. The revised CSA Guide will require counties to conduct a thorough analysis of referral and entry data in order to help identify some of the most prevalent child maltreatment issues. Counties will discuss variances and trends that may exist regionally, by demographic category or as a result of a newly implemented program. The process will guide the counties in identifying and describing the general population, child welfare and probation placement populations, populations at greatest risk of maltreatment and outline conditions within the county that may be related to child maltreatment issues most prevalent in the counties.

Child Welfare and Probation agencies are directed to hold focus groups, stakeholder meetings and/or community forums to determine how local program operations and other systemic factors affect measured outcomes. The importance of the participation of local entities such as foster youth, probation youth, courts, care providers, Native American tribes, mental health providers, parents/consumers, etc., is ensured by inviting their active participation in this integrated development process. The approach is underscored by the partnership of state Outcomes and Accountability and OCAP. In the past, CSOAB staff took an increasingly active role in planning and providing technical assistance in this part of the process. In the enhanced and expanded CSA, the CSOAB and OCAP staff will take a more active role in providing technical assistance, attending and facilitating these meetings and focus groups in order to more fully be aware of county concerns and needs across the spectrum of services. Instead of completing two separate processes (CSA and PQCR); counties will incorporate a Peer/Case Review process into the CSA. The purpose of the Peer Review will continue to be a mechanism for understanding social worker and probation officer practices and to exchange promising practices between counties. Through this intensive examination of county welfare practices in one measure needing improvement the counties will glean information on how to improve services and practices. In addition, the Peer/Case Review process will be utilized to obtain information CDSS needs to fulfill federal quality assurance requirements and complete federal reports. The expertise of peer social workers and probation officers from other counties will continue to help to shed light on the strengths and challenges of child welfare services. Counties underperforming in a measure identified in a federal corrective action plan will focus on that measure for their Peer Review. Standardized interview questions have been developed for all of the federal and state outcome measures and will be used for peer reviews in all counties. Counties have begun to test these new tools in the peer review process and their feedback is

being used to further fine-tune the instruments so they will provide more useful information and more sound quality assurance.

In addition, CSOAB staff will conduct on-line case reviews of children in-home and in out-of-home placement during the CSA planning and development period utilizing a standardized case review tool, with separate standardized case review tools for child welfare and probation agencies. The County Case Review Tool was designed to assess child welfare and probation practices, including the application of federal and state policies and procedures, and the use of the evidence-based practices, to gain an understanding of the relationship between these and the successes and/or barriers to improving the C-CFSR outcomes. The aggregate information obtained during the case review will be used for the CSA analyses and to complement the qualitative information obtained from interviews and focus groups during the CSA process, as well as help inform the state's required federal reporting. A case review summary report will be provided to the county prior to the CSA draft due date, with county representatives and CSOAB staff meeting together to review the summary report and/or data. Sample size will be dependent upon the size of the county and the number of children in care. In order to ensure that cases have been open long enough for various services to be provided, the randomized sample will be drawn from children who entered care during a six month period approximately two and one half years prior to when the CSA is due. The CDSS will conduct on-site case reviews to provide qualitative information and to assist counties during the CSA process. One report will be submitted to CDSS reflecting the findings of the CSA/Peer/Case Review, eliminating the current PQCR report as a separate document. Online case reviews to measure well-being items that were presented in the 2011 APSR were conducted for the purpose of completing the CFSR PIP. The case reviews were discontinued when the PIP ended in July 2011. With the newly redesigned C-CFSR, it is anticipated that the new online case review process that accompany the County Self Assessments will be launched at the beginning of 2013.

- The SIPs are the operational agreements between the county and state outlining how the county will improve its system of care for children, youth, and families, and how the county plans to expend the CAPIT/CBCAP/PSSF funds and forms an important part of the system for reporting on progress toward meeting agreed upon improvement goals using the C-CFSR outcomes and indicators. Development of the SIP allows counties to specify their priority improvement goals and to establish a planned process for achieving improvement in those areas. The SIP also includes a coordinated plan for service provision for CAPIT/CBCAP/PSSF programs, providing evidence that services are meeting a priority identified need. Counties are expected to use the CSA to inform priority service provision and strategies for outcome improvement developed in the SIP. OCAP consultants review CSA and SIP reports to ensure that counties develop a unified plan focusing on services to families that span the continuum of care from prevention and early intervention through permanency based on priority identified need. Much of the information provided in this report is garnered from the counties' CSAs and SIP reports and are noted as such throughout the document.

Upon completion of the CSA process, counties will collaborate with the state to determine two-to-four outcome measures to prioritize during the next five years. CSOAB consultants will provide technical assistance to counties to develop specific, measurable and achievable target improvement goals and strategies for prioritized outcomes. Additional federally mandated quality assurance processes not completed during the CSA and peer review will be done during the SIP planning process. While the SIP includes a coordinated plan for service provision for

CAPIT/CBCAP/PSSF programs which provides evidence that services are meeting a priority identified need, counties will continue to provide the OCAP the Annual Report on the use of prevention and early intervention in a separate document.

- State Technical Assistance and Monitoring with quarterly meetings between CSOAB consultants and county representatives will continue with renewed commitment to providing consistent and continuous quality improvement as part of the state's quality assurance process. The purpose of the quarterly meetings is to provide information regarding promising practices, discuss quarterly data reports and county data trends, receive updates on SIP progress and provide technical assistance with the C-CFSR process. At least one of these meetings will occur on-site each year.
- The state continues in partnership with the University of California at Berkeley Center for Social Services Research Child Dynamic Report System which produces the official data reports that counties receive on a quarterly basis.
- Yearly SIP Progress Reports will be submitted to the state from each county detailing the current status of the implementation of SIP strategies. These reports will replace the current yearly SIP Update. The new Yearly Progress Report will include descriptions of stakeholder participation, obstacles and barriers to future implementation, promising practices and other outcome measures not meeting state or national standards. The Progress Report was developed in consultation with counties who desired a yearly report that more accurately described current performance, county partnerships, successes/promising practices and challenges, as well as the status of strategies and action steps. In addition, the report allows counties to discuss other outcome measures that may not be meeting standards, and to add additional improvement goals as needed. Counties are also directed to discuss how county efforts are contributing to the achievement of the CFSR PIP (if applicable).

The table below outlines topic areas addressed in FY 2010-11 by county child welfare and probation departments. It illustrates that for county child welfare agencies, the issues of placement stability are of most interest, while county probation departments are most interested in issues of youth transitioning into adulthood and providing aftercare services.

Table 1: Peer Review Topic Areas in FY 2010-11

| Peer Review Topic | Number of County Child Welfare Agencies | Number of County Probation Departments |
|-------------------------------------|---|--|
| Transition to Adulthood - Aftercare | | 6 |
| Placement Stability | 6 | 1 |
| Least restrictive Placement | 1 | 4 |
| Reentry Following Reunification | 2 | |
| No Recurrence of Maltreatment | 2 | |
| Timely Adoptions | 2 | |
| Exits to Permanency | 1 | 2 |
| Timely Response (10 Day) | 1 | |
| Reunification within 12 Months | | 1 |
| In Care 3 Years or Longer | | 1 |
| Total | 15 | 15 |

SAFETY

OUTCOME 1: CHILDREN ARE, FIRST AND FOREMOST, PROTECTED FROM ABUSE AND NEGLECT

| | |
|--|----|
| 01 - PREVENTION AND EARLY INTERVENTION | 30 |
| 02 - MALTREATMENT RECURRENCE | 40 |
| 03 - ABSENCE OF ABUSE/NEGLECT IN FOSTER CARE | 45 |
| 04 - TIMELY RESPONSE | 48 |

OUTCOME 2: CHILDREN ARE, SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE

| | |
|--|----|
| 05 - SERVICES TO PREVENT REMOVAL | 52 |
| 06 - MANAGING RISK & SAFETY | 57 |

INTRODUCTION

Keeping children safe from abuse and neglect is the principal priority for California’s child welfare system. Child welfare agencies in the state must ensure that children who have been found to be victims of maltreatment are protected from further abuse whether they remain at home or are placed in an out-of-home setting. For children at risk for being removed from their homes, the child welfare agency must appropriately consider providing services 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.

The *Promoting Safe and Stable Families (PSSF) Program* contributes to the overall vision of safety, permanency and well-being for California’s children. With the legislative intent of enabling each state to operate a coordinated program of family preservation services, community-based family support services, timely reunification services and adoption promotion and support services, PSSF affords California an opportunity to affect the broader goals of safety, permanency and well-being for children across the state. Service provisions under the four components of PSSF can often influence multiple outcome areas. Although the correlation between Family Support funded services and safety outcomes is very clear, Family Support funded services may also indirectly influence permanency and well-being outcomes. Similarly, the Time-Limited Family Reunification component was clearly designed to impact the permanency outcome of reunification, though it may also less directly affect safety and well-being outcomes.

In addition to the PSSF Program impact on safety, permanency and well-being outcomes, California counties leverage and braid multiple funding sources in order to improve outcomes for children across the state. Data and service examples will be provided throughout this report to show the impact each component of PSSF has on the broader safety, permanency and well-being goals.

California allocates 90 percent of the PSSF grant directly to counties for service provision. This allows each county the flexibility to meet the individual needs of their communities. All 58 California counties receive PSSF funding. In FY 2010-11, California achieved state compliance with the requirement to spend a minimum 20 percent per category on a statewide basis.

| | |
|-----------------------------------|--------|
| Family Preservation | 24.05% |
| Family Support | 30.43% |
| Adoption Promotion and Support | 22.86% |
| Time-Limited Family Reunification | 22.66% |

This mandate requires county service provision span the entire continuum of CWS. With the integration of CAPIT, CBCAP, and PSSF plan into the CSA and SIP components of the C-CFSR, California counties are able to develop a coordinated plan, including PSSF, focusing on services to families that span the continuum of care from prevention and early intervention through permanency.

Each California County receiving funding for the CAPIT/CBCAP/PSSF programs must report annually on their participation rates for prevention, early intervention and treatment services/programs/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 which includes data on service or program effectiveness. Through these annual updates, the OCAP is able to assess the success of PSSF on the broader safety, permanency and well-being goals across California.

1 Prevention and Early Intervention: Ensure that the state is appropriately preventing and intervening early in the abuse and neglect of children

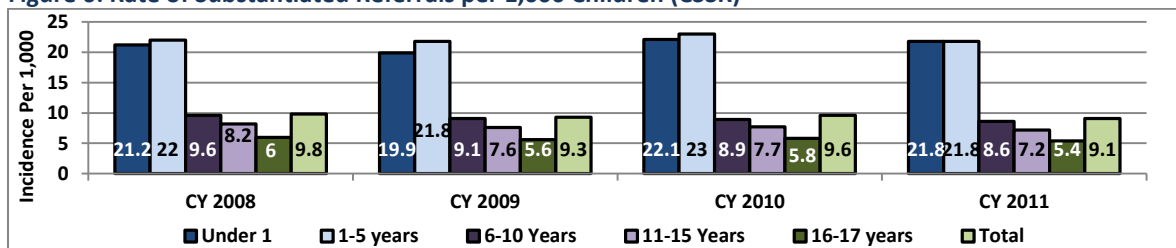
Child Welfare Services in California span the continuum of care from prevention and early intervention to treatment and aftercare, however a prevention and early intervention focused CWS system is crucial to achieving safety, permanency and well-being for California's children. As the CDSS lead in prevention and early intervention efforts across California, the OCAP engages in multiple efforts to prevent child abuse and neglect including the Strengthening Families Initiative, the Family Development Matrix Project, the Safe Kids California Project, the Linkages Project and Supporting Father Involvement. Through these efforts the OCAP provides training and technical assistance, and disseminates educational material on prevention and early intervention programs, activities and research.

As discussed previously, OCAP also provides oversight of the state for CAPIT as well as the 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 during a three-year period. Counties are highly encouraged to utilize prevention and early intervention funds to build the capacity of communities to strengthen families, keep children safe, and provide a continuum of quality family services, supports, and opportunities. The CAPTA chapter of this report provides additional information into California's child abuse prevention programs.

INDICATORS OF PROGRESS

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 referrals in California has decreased by nearly 15 percent from Calendar Year (CY) 2007 at 10.7 per 1,000 to 9.6 per 1,000 in CY 2010. The largest rate of decrease was among infants under one year old, decreasing by nearly 19 percent over the three year period at 24.6 per 1,000 in CY 2007 to 20 per 1,000 in CY 2009.

Figure 6: Rate of Substantiated Referrals per 1,000 Children (CSSR)



FACTORS AFFECTING PROGRESS

While the specific reason California has improved in the prevention and early intervention of child abuse and neglect cannot be determined, some factors that may have likely contributed:

- ✓ Increase in prevention focused service provision as a result of Child Welfare Redesign
 - ✓ Integration of CAPIT/CBCAP/PSSF three year plan into C-CFSR process
 - ✓ Counties efforts to assess the effectiveness of prevention efforts
 - ✓ Promoting Safe and Stable Families – Family Preservation
 - ✓ Promoting Safe and Stable Families – Family Support
 - ✓ Differential Response
- Over time, California counties have shifted to *prevention focused service provision*, indicating progress in the statewide effort to prevent child abuse and neglect. The statewide shift to prevention focused service provision began in 2000 when CDSS launched an effort to develop a comprehensive plan for reform for the child welfare system. A Child Welfare Services Stakeholders' Group was appointed to examine the program and develop a plan for broad-based reform of California's child welfare system – referred to as the "Redesign". The Redesign was the first in the nation undertaken as a state initiative, rather than as a forced response to a court order. The Stakeholders group began its work in August 2000 and released recommendations and an implementation plan in June 2003.

The Stakeholders Group was tasked with: 1) identifying and building on effective child welfare practices used in the state and elsewhere, and 2) recommending comprehensive, integrated system changes to improve outcomes for children and families. In seeking continuous improvement in the CWS, Stakeholders from the CWS and many fields including prevention, identified major shifts from the old system to the new. These shifts included accepting as a primary value the principle that preventing child abuse and neglect, intervening early, and supporting families are critical components within the CWS continuum of care. The practice of prevention, woven into all aspects of the Redesign, builds a proactive system that seeks to avert tragedy before it occurs. Some prevention strategies are to:

1. Formalize the roles of Child Welfare Services and partner agencies at the state, local, and neighborhood levels in prevention across the continuum of services and supports.
2. Establish a collaborative prevention model based on public-private partnerships at the state, local, and neighborhood levels with shared investment in outcomes and accountability.
3. Engage community residents, especially parents and other caregivers, in all partnership and prevention activities.

As a result of the Child Welfare Redesign, prevention strategies have resulted in stronger and more effective collaborations. At the local level, the C-CFSR process requires that local stakeholders, including parents and caregivers be invited to community meetings and focus groups to provide input. This collaboration and partnering has led to improved identification of areas needing improvement, particularly within the service array, and has paved paths for increased leveraging of resources.

Also at the local level, the Los Angeles Magnolia Place Community Initiative unites over 40 non-profit community organizations in an effort to create sustainable change for families and build neighborhood resiliency. Embedding the Strengthening Families Framework, this model

approach moves beyond the prevention of child maltreatment to a holistic, community approach of strengthening families. Individuals within neighborhoods become protective factors, reaching out to neighbors that become the protective factor for their own family.

- With the *integration of the OCAP plan into the C-CFSR*, county child abuse prevention partners, including a representative from the local Child Abuse Prevention Councils (CAPCs), participate in the CSA and SIP development process. Community partners including prevention and early intervention partners, review the CSA and SIP to determine if the plan continues to meet local needs. Since each CAPC is designated by the County Board of Supervisors (BOS) to coordinate the community's efforts to prevent and respond to child abuse, 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, domestic violence providers, Early Childhood Education, faith-based community, Law Enforcement, Juvenile Court Bench Offices and private foundations. California counties also hold community meetings and focus groups in order to receive input from key stakeholders. This integrated approach has allowed input from various partners which in turn impacts CWS program decisions and outcomes. Revisions to the C-CFSR process were previously described in the Quality Assurance System section of this report.

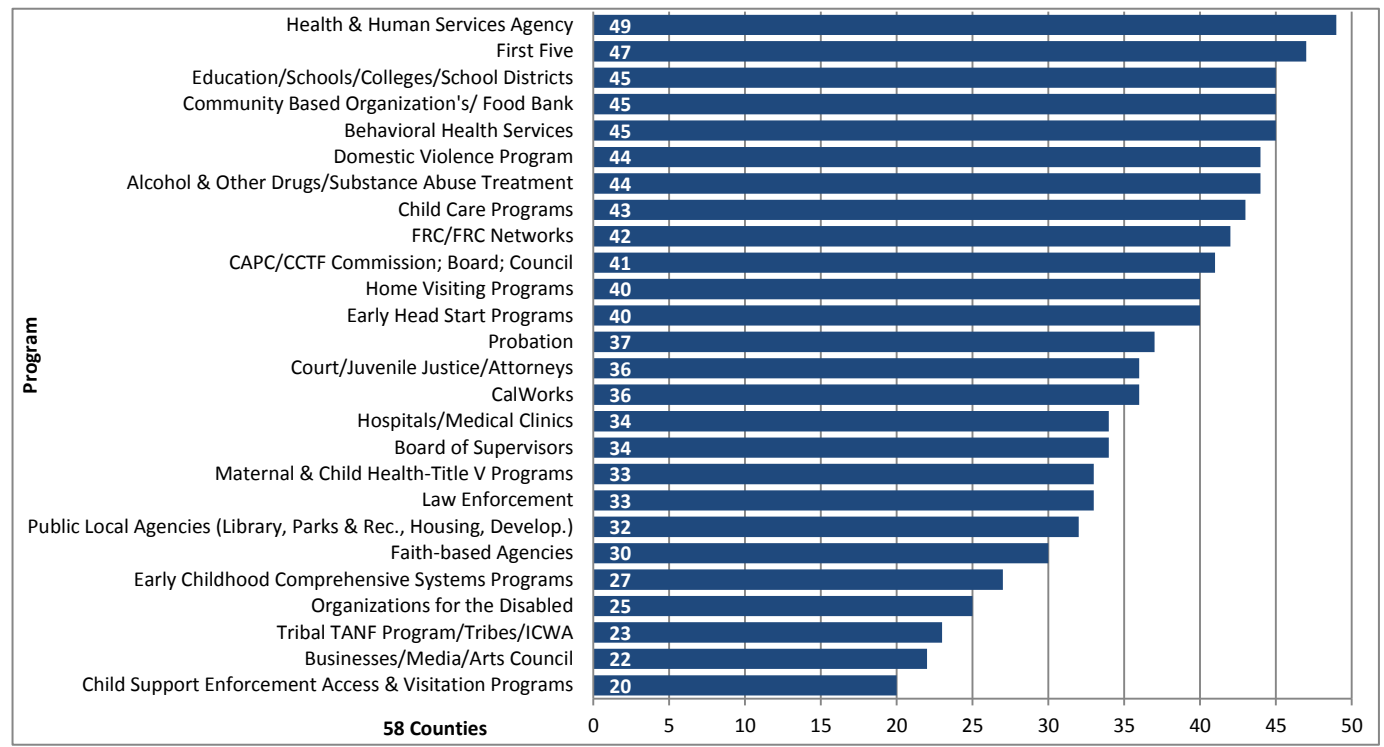
As of May 2012, 47 counties have submitted integrated CSAs and SIPs that have been approved by their BOS and another 8 counties are currently participating in the integrated C-CFSR process. The OCAP consultants work closely with counties as they assess their service needs during the CSA process and develop a plan for service provision through the SIP. This process allows OCAP 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 allowable under the CAPIT/CBCAP/PSSF programs 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, as well as review and provide feedback on CSA and SIP reports.

California engages in many efforts to support safety outcomes for children including collaboration and coordination for the purpose of strengthening and supporting families as well as services funded through the Family Preservation and Family Support components of the PSSF programs.

The OCAP asks counties to include in the Annual Report, the programs and initiatives where collaboration and coordination occur for the purpose of strengthening and supporting families for the prevention of child abuse and neglect. As seen in the table below, California counties collaborate and coordinate their First Five Commissions, school districts and education services, community based organizations, behavioral health services, domestic violence programs, alcohol

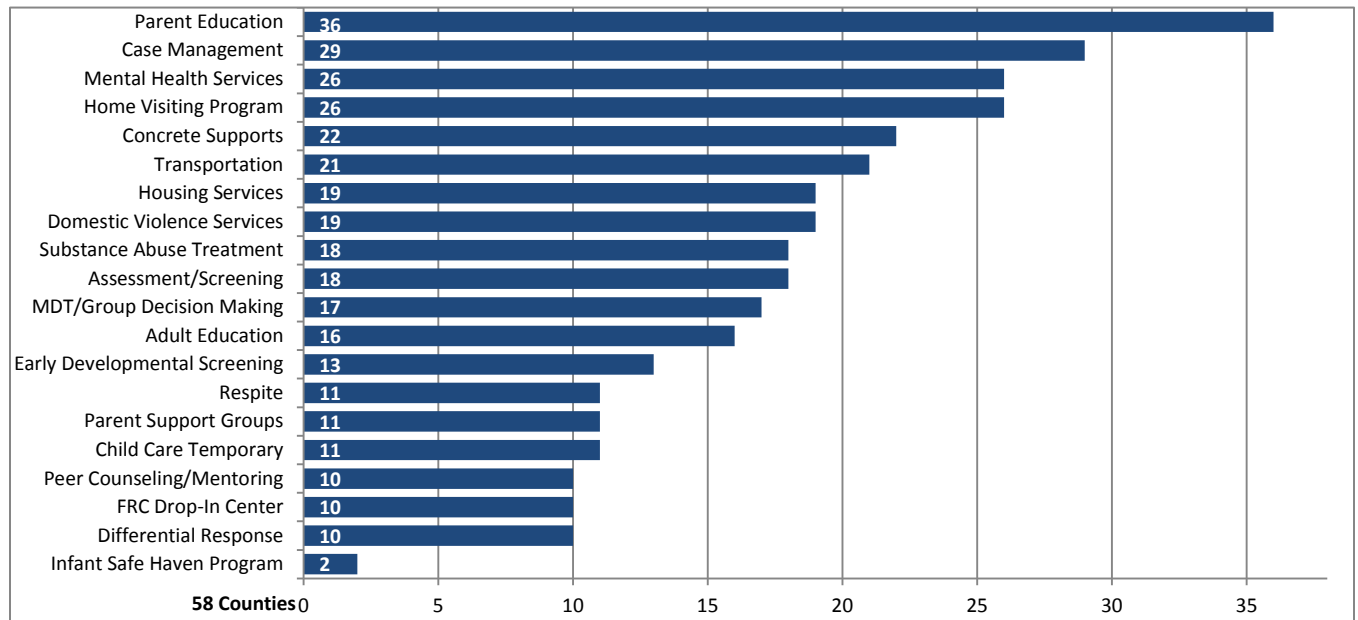
and substance abuse programs, child care services, Family Resource Centers (FRC), CAPCs, home visiting programs and Early Head Start programs. This indicates that County CWS agencies understand the influence of collaboration on prevention and early intervention.

Figure 7: Collaboration and Coordination of Services in California FY 2010-11 (OCAP Annual Report)



Family Preservation and Family Support are critical components of California's CWS system. As noted in Table 1, California spends a greater percent of PSSF funding on the Family Preservation and Family Support components. Many programs funded with these two components promote prevention and early intervention within the child welfare continuum of services which aligns with the broader goal of safety. Through the OCAP Annual Report, counties reported a total of 483,134 recipients of Family Support and Family Preservation services during FY 2010-11. Total recipient count includes children, parents/caregivers, and families. For each service category, recipient is counted once as either child, parent/caregiver, or family.

- *Family Preservation* - As indicated in the figure below, parent education, case management, mental health services and home visiting programs were reported to be utilized most often across California during FY 2010-11. Statewide, a total of 16,615 recipients engaged in parenting education services, while 73,360 recipients participated in case management services. Furthermore, a total of 13,632 recipients obtained mental health services while a total of 52,210 recipients engaged in home visiting programs with Family Preservation dollars.

Figure 8: Family Preservation Services Across California FY 2010-11 (OCAP Annual Report)

**All 58 counties are represented in the figure above.

Additional Family Preservation services provided across California in FY 2010-11 include concrete supports, transportation, housing services, domestic violence services, substance abuse treatment and assessment and screening. Below are county specific examples of Family Preservation services provided during FY 2010-11.

Sacramento County funds the Informal Supervision program with Family Preservation funds. Informal Supervision is a voluntary, intensive family preservation program aiming to reduce risk to children and strengthen the family unit. Intensive case management services are targeted to families with children under five years old as this age group has been identified as the population at greatest risk of maltreatment in the county. This program will also be described in the Services for Young Children section of the report starting on page 76. A subset of IS participants are families with alcohol or other substance abuse issues who dually participate in Sacramento County's Voluntary Drug Court Program, recently recognized by SAMSHA as an outstanding program. During FY 2010-11, court intervention was requested on 16 children, while 63 children were diverted from the dependency court system.

As a way to mitigate county child welfare participation rates and maintain children safely in their own homes, *Shasta County* provided SafeCare® to families with open court ordered or voluntary Family Maintenance cases and open Family Reunification cases in immediate progression toward reunification. SafeCare® is an evidence-based, home visiting program that includes parent-training curriculum for parents who are at-risk of or have been reported for child maltreatment. As many counties braid funds in order to increase service delivery, it is important to note that Shasta County also utilizes Family Support funds to provide SafeCare® to families at-risk of child maltreatment, referred via their Differential Response system.

San Mateo County funds Puente de la Costa Sur (Puente) with Family Preservation dollars. Puente provides basic emergency and support services including food, transportation, housing assistance and counseling to a primarily Spanish-speaking population in underserved communities along the Coast. To determine the impact of Puente's services, San Mateo County

Human Services Agency conducts site visits, client surveys and parent testimonials. As of the fourth quarter for FY 2010-11, 60 percent of youth attending four or more family counseling sessions reported improved family functioning.

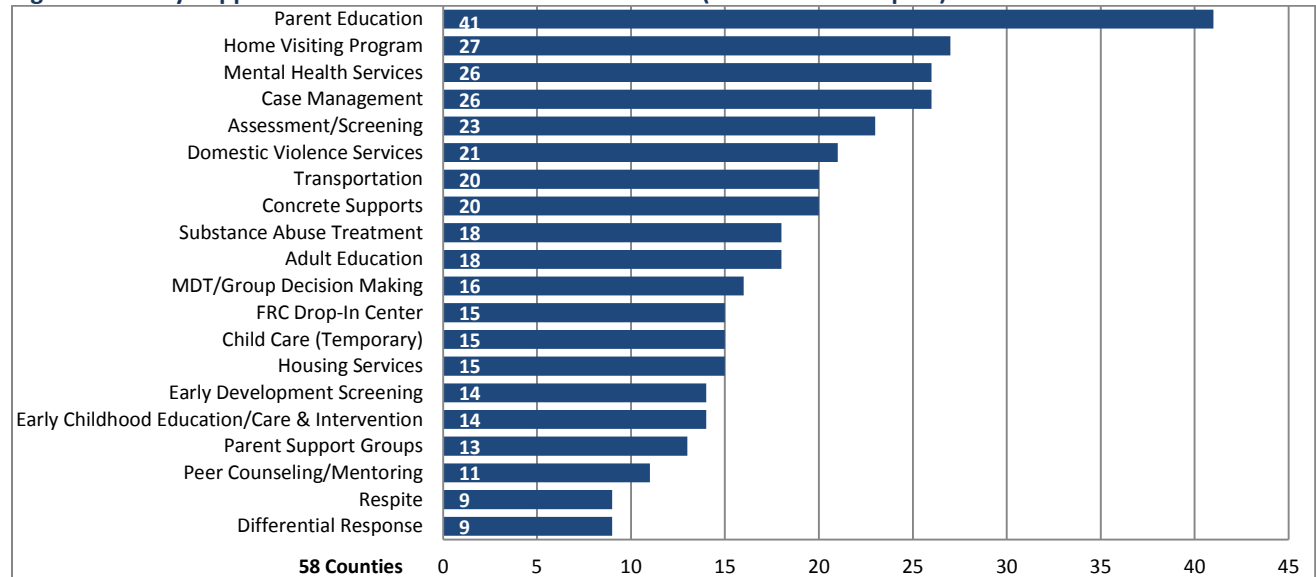
The evidence-based Triple P-Positive Parenting Program is provided in *Sonoma County* with the support of Family Preservation funds. Aiming to prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills, and confidence of parents, Triple P ranks as a ‘Well-Supported’ and effective practice model. During FY 2010-11, 31 Sonoma County families participated in Triple P. Within six months of service completion, only four families returned to the Child Welfare Agency with a substantiated child abuse allegation.

Trinity County utilized Family Preservation dollars to provide respite care for two medically fragile infant siblings placed in a prospective adoptive home with their older sibling. Given the infants medical needs, respite care afforded the caregivers an opportunity to make scheduling adjustments in order to accommodate the children’s needs thus preserving the sibling set in the prospective adoptive home.

Families in crisis or at risk of entering the CWS system need additional supports and services. Participation in programs and services listed above are keeping children safe, preserving families, and contributing to California’s overall goal of safety.

- **Family Support** - As illustrated in Figure 9 below, parent education, home visiting, mental health services and case management services were reported to be utilized most often across California during FY 2010-11. Statewide, a total of 20,804 recipients engaged in parent education services while 16,033 recipients participated in home visiting programs with Family Support dollars. Furthermore, a total 4,978 recipients obtained mental health services while 16,073 recipients utilized case management services with Family Support dollars.

Figure 9: Family Support Services Across California FY 2010-11 (OCAP Annual Report)



**All 58 counties are represented in the figure above

Additional Family Support services provided across California in FY 2010-11 include assessment/screening, domestic violence services, transportation, concrete supports and

substance abuse treatment. Below are county specific examples of Family Support services provided during FY 2010-11:

The Cabrillo Unified School District in *San Mateo County* provides intake assessment and counseling services for school aged children and their families who are struggling or in crisis and unable to access other counseling services. A mental health clinician provides counseling services to improve family members' functioning within the family, community, school and helps to develop positive parenting and child rearing competency. To measure the impact of services, San Mateo County Human Services Agency utilizes surveys, outcome evaluations and parent testimonials. As of the fourth quarter for FY 2010-11, 73.5 percent of clients reported improved family functioning and child rearing competency while 60 percent of teachers and administrators reported improved communication between the school and families.

Los Angeles County provides community-based Family Support services via thirteen contracted agencies to families in the community as well as those with open CWS cases. Family Support services include case management, emergency concrete supports, parent education and linkages to alcohol and substance abuse treatment, childcare, domestic violence services, health care services, housing services, mental health services, Regional Center services and special education services. The Family Support program is meeting the goal of keeping families together and decreasing re-entry by evaluating the number of clients served and the percent that re-enter the department within 12 months of service termination. Less than three percent of families served via Family Support reentered during FY 2010-11.

Residential treatment and recovery programs are provided at the Stanislaus Recovery Center in *Stanislaus County*. Substance abuse has been identified as a contributor to the abuse and neglect of children and is a contributing factor to most child welfare cases in Stanislaus County. Specializing in treating individuals who have relapsed and/or have been resistant to other treatment, services include: parent education and support, case management, information and referral, day treatment, intensive outpatient and relapse prevention. During FY 2010-11, 85 percent of participants graduated from residential treatment while 78 percent completed the co-occurring residential treatment program. The day treatment program had a 77 percent success rate and the co-occurring day treatment program had an 80 percent success rate. In addition, 63 percent of intensive outpatient participants graduated.

In *Orange County*, the Child Guidance Center at Minnie Street FRC provides individual counseling services for families in crisis outside the child welfare system. The Minnie Street FRC saw an increasing number of families in crisis requesting not only basic needs and crisis intervention, but also counseling services. Minnie Street FRC was able to leverage with Medi-Cal providers to meet the growing need. Effectiveness was measured using a family intake form, the Individual Counseling Assessment (ICA) and the Mental Health Indicators Checklist (MHCA), both of which measure mental health, family and social indicators. During FY 2010-11, the tools were aligned with the Strengthening Families Five Protective Factors. Of the 43 recipients of counseling services during FY 2010-11, the MHCA showed a 17 percent improvement in financial stability, 18 percent improvement in social support and 20 percent improvement in self-esteem. Clients using the ICA self-reported having greater satisfaction with their relationships and increased support from family.

As highlighted in the examples above, California recognizes the critical importance of providing community based services which promote safety and well-being while increasing the strength

and stability of families. Community-based efforts can also be seen by the use of Differential Response programs in more than half of California counties, some of which are supported with PSSF funds.

- *Differential Response* has been used as a model to promote the safety of children in California by allowing social workers to link families in crisis with community services. Utilizing both the Family Preservation and Family Support components of PSSF, among other funds, California counties are afforded an opportunity to prevent child maltreatment among families at highest risk and maintain children in their homes when safe and appropriate. The program is based on the premise that if services are offered earlier, families can reduce risks and subsequent referral to the child welfare system. Under the DR approach, child safety is the highest priority as more children and families can receive the support they need to keep children safely in their homes. DR has three referral paths, which are assigned by the social worker based on information taken from the initial call or report, intake or hotline:
 - A Path 1 Community Response is selected when a family is referred to CWS for child maltreatment but the hotline/pre-contact assessment indicates the allegations do not meet statutory definitions of child abuse or neglect. However, there are indications that the family is experiencing problems. Families are linked to voluntary services such as counseling, parenting classes or other supportive options to strengthen the family.
 - A Path 2 Child Welfare Services and Agency Partners Joint Response involve families in which the allegations meet statutory definitions of child abuse or neglect at low to moderate risk. The assessments indicate that with targeted services a family is likely to make needed progress to improve child safety and mitigate risk. This response emphasizes teamwork between CWS and interagency or community partners thereby providing a multidisciplinary approach in working with families.
 - A Path 3 Child Welfare Services Response is most similar to the child welfare system's traditional response in that an initial assessment indicates the child is not safe. With the family's agreement whenever possible, actions must be taken to protect the child and court orders and law enforcement may be involved.

Below are county specific examples of differential response programs funded with Family Preservation and/or Family Support dollars. As described in the following section, more than 42 counties use some form of DR.

Tulare County utilizes both Family Preservation and Family Support to help fund their Differential Response program. DR begins with a multi-disciplinary meeting where case managers are assigned to families referred with allegations of general neglect and who reside in the rural, underserved communities within the county. Given the isolation and limited access to resources for these families, DR allows Tulare County an opportunity to offer supports and resources including health care, child care, transportation, legal services, food and a clothes pantry.

The Differential Response Community Parent Partners (CPP) provide SafeCare® via the *Shasta County* Child Abuse Prevention Coordinating Council in Shasta County. The CPP provide in home parent training to families at risk for child maltreatment. SafeCare® provider staff participated in field training with fidelity monitoring evaluated by the Safe Kids California Project and National SafeCare® Training and Research teams.

Riverside County's John F. Kennedy Foundation provides DR services to isolated families in the desert region whose referrals did not require court intervention at the conclusion of investigation. As the most rural community in Riverside County, access to supports and resources are widely unavailable. With minimal public transportation and a majority of Spanish speaking families, DR allows Riverside County an opportunity to remove barriers to service acquisition. DR family support specialists are bilingual, bicultural and provide services in the home with linkages to over 300 community providers. During FY 2010-11, the DR program engaged and retained 30 percent of referred families.

These Differential Response programs and other Family Support programs across California contribute to the prevention and early intervention of child abuse and neglect as well as the overall goal of safety for children in California.

LIMITATIONS

As indicated earlier, the OCAP consultants work closely with counties through the CSA and SIP planning process and the OCAP Annual Report. Through these processes, OCAP consultants provide oversight, monitoring and technical assistance over the PSSF Program. As a state administered, county run child welfare system, service provision across California is based on county specific need. California counties continue to struggle with a lack of resources and reduced funding and therefore must prioritize a long list of needed services. While a broad array of services are provided at the county level, based on specific needs, there continue to be gaps in services. Anecdotal reports indicate counties continue to experience the following service gaps:

- Alcohol and substance abuse treatment: residential, dual-diagnosis, transitional housing, treatment for minors and aftercare services
- Mental health services: culturally appropriate, low or no cost, family focused, adoption specific and county-wide
- Housing: affordable and transitional

Counties continue to reduce their breadth of service provision, usually due to limited resources. While some prevention focused family resource centers have had to limit the availability of services to families with children under age five due to reductions in funding, others have been forced to cut staff positions as well as programs. During the CSA process, counties conduct a thorough needs assessment. CWS, Probation, CAPCs and other community partners identify all unmet and continued needs. Given the current economic climate, counties continue to be forced to prioritize their services, ultimately limiting the program impact.

Additionally, with the passage of P.L. 112-34, new allowable service categories will be included in the OCAP Annual Report. Participation rates under these service categories are provided in the APSR to highlight program impact, track service trends, service needs and contribution to outcome improvement. The ability to make comparisons over time will be hindered because service comparisons will have changed over time.

FUTURE PLANS

- ✓ Reauthorization of Title IV-B

With the reauthorization of Title IV-B programs via Public Law (P.L.) 112-34, the Child and Family Services Improvement and Innovation Act, the PSSF Program has been authorized through 2016. Passage of P.L. 112-34 also amended several definitions for PSSF, specifically Family Support and Time-Limited Family Reunification. Allowable services now include services to enhance child

development including mentoring under Family Support and peer-to-peer mentoring and support groups for parents as well as services and activities to facilitate access to and visitation of children with parents and siblings under Time-Limited Family Reunification. These amendments will allow California counties additional opportunities to support priority identified needs to improve outcomes for children. Revised CSA and SIP Guides, to be released this year, will reflect the PSSF amendments noted above. In addition, the OCAP will update the PSSF Fact Sheet indicating the new allowable services. Program Fact Sheets are available online¹⁵ and are attached to the All-County Letter (ACIN) for the OCAP Annual Report.

2 Maltreatment Recurrence: Ensure that the state is reducing recurrence of child abuse and/or neglect

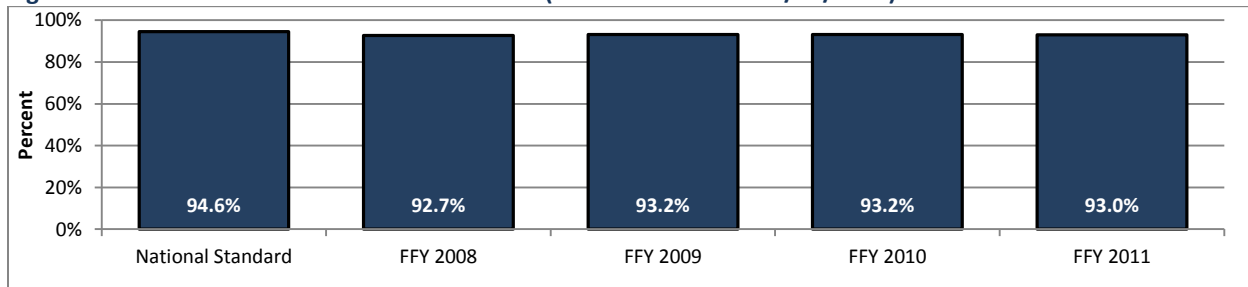
A primary objective of the state child welfare system is to ensure that children who have been found to be victims of abuse or neglect are protected from further abuse or neglect, whether they remain in their own homes or are placed by the child welfare agency in a foster care setting. The following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

INDICATORS OF PROGRESS

Repeat Maltreatment was rated as an area needing improvement for 17 percent of the 24 applicable cases reviewed during the onsite CFSR review in 2008.

The following figure is the proportion of children that did not have another substantiated report within a six-month period and who were victims of substantiated child abuse and/or neglect during the first 6 months of the reporting period. The overall percentage for the state has remained in the 92-93 percent range since FFY 2008 as illustrated in the figure below.

Figure 10: Absence of Maltreatment Recurrence (CFSR Data Profile: 03/21/2012)



The percentage of children who did not have another substantiated child abuse or neglect referral within six months increased about .5 percent between FFY 2008 and FFY 2009, leveling off at the same rate in FFY 2010.

Since FFY 1999 when 89.9 percent of children did not suffer subsequent maltreatment within a six-month period, the data shows a steady increase in this measure. Grouping the data by age ranges shows that there are only minute variances in the rate of recurrence of maltreatment for children by age group. Although the Federal standard of 94.6 percent or higher has not yet been met, the data show that California continues to move in positive direction.

¹⁵ <http://www.dss.cahwnet.gov/cfsweb/PG2287.htm>

FACTORS AFFECTING PROGRESS

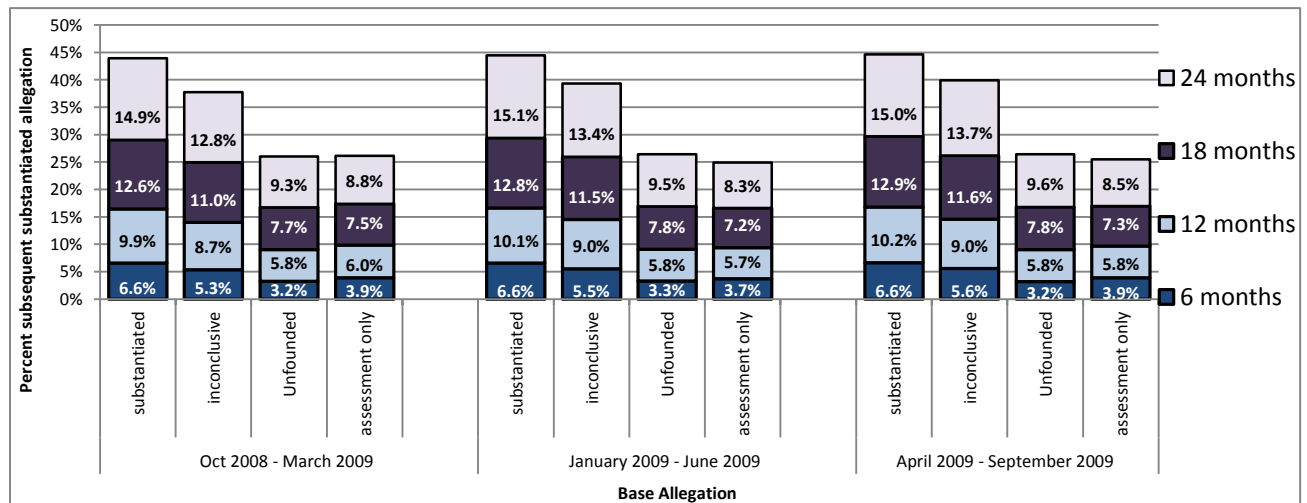
While there is no identifiable single factor responsible for avoiding repeat maltreatment, several efforts contribute to maintaining strong progress. Some improvements that have likely contributed to the successful interventions with children and families are:

- ✓ Additional measures on recurrence of maltreatment
- ✓ Differential Response
- ✓ Standardized Safety Assessment System
- ✓ Comprehensive Assessment Tools
- ✓ Structure Decision Making tools

The safety measure reflects the percentage of children who were subjects of a child maltreatment allegation within a six-month period for whom there were additional substantiated maltreatment allegations during the subsequent 6, 12, 18 and 24 month time periods. The allegations are available by disposition types. The denominator is the count of children with a specified disposition type on the first allegation reported during the 6 month base period; the numerator is the count of the children in the denominator who had at least one additional allegation in the six, 12, 18 or 24-month period following the initial allegation.

Although there are many factors that contribute to recurrence of maltreatment such as family and child characteristics that are beyond the control of the child welfare agency, successful prevention of maltreatment recurrence may also include assessing the extent to which initial allegations are assigned appropriate dispositions, including whether or not to open a referral, in order for children and their families to be provided with suitable services.

Figure 11: Recurrence of Substantiated Allegation by First Allegation within a six-month period (CSSR)



Based on the figure above and consistent with existing research, across all points of time (6, 12, 18, and 24 months) the likelihood of repeat maltreatment is greatest for children with prior substantiated referrals and prior inconclusive referrals. These data on prior allegation history may provide child welfare agencies with information necessary to direct resources to families at greatest risk.

Across all disposition types, the likelihood of repeat maltreatment increases with time and with the greatest risk at 24 months after the initial allegation. These findings may be attributed to the

increased time and opportunity for repeat abuse as well as provide evidence for critical periods of intervention.

Over the three data periods above, there have been little fluctuations in the figures, which may be credited to the state's long standing and consistent use of safety assessment tools.

- *Differential Response* has contributed to a reduction in the recurrence of maltreatment by providing earlier and more comprehensive intervention services by both CWS and community-based partners. Families and children are provided voluntary services to remediate issues before they become more serious. DR is a strategy that allows a California CWS agency to respond in a more flexible manner to reports of child abuse or neglect. DR affords a customized approach based on an assessment of safety, risk, and protective capacity and which recognizes each family's unique strengths and needs, and addresses these in an individualized manner rather than with a one-size-fits-all approach. The hallmark of DR is both its flexibility and its level of family engagement, which act as an umbrella for the various responses and services. As DR provides earlier and more meaningful responses to emerging signs of family problems, child welfare agencies can utilize resources to help families before difficulties escalate and child removal is required. County examples of DR were provided in the previous section.
- *The Standardized Safety Assessment System*: In ACL 09-31, CDSS issued guidance to the 58 counties in California on the importance of using standardized safety assessments throughout the life of an open child welfare case. The Structured Decision Making (SDM) –system and the Comprehensive Assessment Tool (CAT) provide a quantitative measure of safety, risk, and other factors critical in determining whether a child is safe in his or her home or needs to be placed until such time as those safety and risk issues are addressed.
- The Comprehensive Assessment Tool, currently used in four counties, ensures that the core safety, risk and protective factors serve as the criteria for the assessment decisions conducted at multiple points of the case. The system includes five assessment tools, factors for risk, and training and technical assistance over a secure website. These counties receive quarterly management and implementation reports to assess the utility and effects of the tools in practice in the counties. The five tools are:
 - Response Determination
 - Emergency Response
 - Placement Assessment
 - Continuing Services
 - Case Closure

Based on data from SafeMeasures® across the four counties (San Bernardino, Santa Clara, Napa, and Contra Costa) currently using CAT, 97 percent of Response Determination Assessments were completed for the 4,043 referrals received during the month of March 2011, approximately 78 percent of which were completed within the same day the referral was received. Of these 4,043 referrals, approximately 55 percent of Emergency Response Assessments were completed, while 27.5 percent of the referrals were evaluated out with no ER investigation determined necessary.

The contract to fund CAT expired on December 31, 2010, and a zero-dollar agreement is in place through December 31, 2012 to allow counties to comply with data collection and outcome reports. Currently no state or federal funding is used for any activities associated with the CAT in California, with the exception of the administrative costs associated with maintaining and extracting data from CWS/CMS. Prior to the expiration of the contract, all counties using CAT for

their assessments were given the option to transition to the use of the SDM system; four counties opted to make the change and four counties opted to stay with CAT and contract directly with the vendor.

- The *Structured Decision Making* model is an evidence-based system of assessments for decision making in social services, currently in use in 54 counties. The SDM model in child protective services is designed to enhance child safety, well-being, and permanency. The model's goals are to reduce subsequent harm to children (including re-referrals, re-substantiations, injuries, and foster placement) and, for children in out-of-home care, to reduce time to permanency. The SDM model introduces structure to the critical decision points in the life of a case. Use of the SDM system increases consistency and validity of caseworkers' decisions, helping agencies to target resources to families most at risk. Using the aggregated SDM data assists agency administrators in monitoring, planning, and budgeting. The SDM system has the following six tools; the data that follow represent events that occurred between January 1, 2011 and December 31, 2011 for 53 counties.
 - The *screening and response priority tools* help workers decide which calls of suspected child abuse or neglect should be investigated, and if investigated, how quickly a response is warranted.
 - There were 312,641 CWS referrals during this period. Of these referrals, 212,220 (67.9 percent) were accepted for investigation and 100,421 (32.1 percent) were evaluated out.
 - Response priority procedures were completed for 198,236 (93.4 percent) of 212,220 referrals.
 - The *safety assessment* gauges the chances of immediate serious harm to a child. A completed safety assessment results in a decision to keep the child in his/her home, sometimes with the presence of safety interventions, or to protectively place the child.
 - Workers completed a safety assessment in 173,484 (86.3 percent) of 201,053 investigations requiring one.
 - The *risk assessment* informs a worker's evaluation of the longer-term risk of child maltreatment. The risk assessment is based on actuarial research and results in a valid determination of the likelihood of future harm. This enables workers to make informed and supported decisions about which families are most in need of ongoing service intervention.
 - A family risk assessment was completed in 73,436 (91.8 percent) of 79,960 substantiated and inconclusive investigations.
 - A family risk assessment was completed for 78,671 (69.3 percent) of 113,499 unfounded investigations.
 - The *family and child strengths and needs assessments* provide a guide to assessing areas of need for each child and for caregivers in the family. These needs help shape service plans for the family. Caregiver and child strengths are also evaluated, and can be used to assist in service plan development.
 - Workers completed strengths and needs assessments for 34,934 caregivers.
 - Workers completed strengths and needs assessments for 64,399 children.

- The *risk reassessment* is completed by the worker at regular intervals during a case to evaluate the family's current level of risk and informs the decision of whether to close the case or to continue services.
 - Workers completed in-home risk reassessments for 18,150 families.
- The *reunification* assessment is completed for children in out-of-home care who have a goal of reunification, and supports decision making about permanency planning. The reunification assessment provides a framework for workers to evaluate safety in the household, visitation between caregivers and children, and the current level of risk in the household. The reunification assessment informs decisions to return a child home, maintain a child in out-of-home care, or create a new permanency goal. The reunification assessment is completed at regular intervals during the life of an out-of-home care case until the case is closed.
 - Reunification reassessment results were reported for 22,198 children.

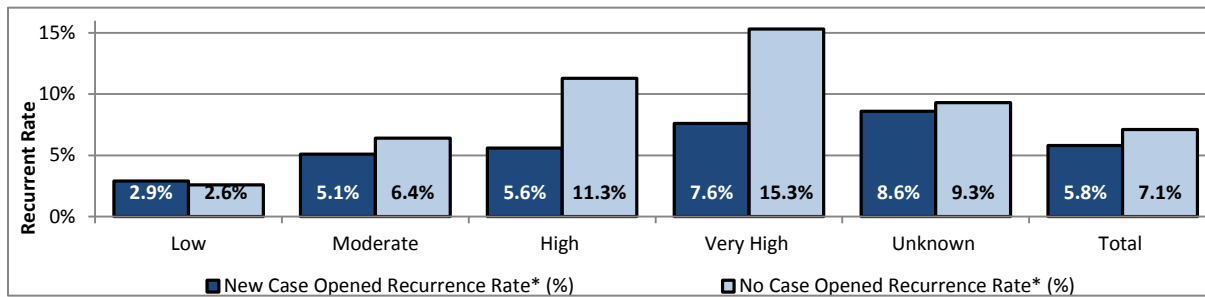
The table below, from CY 2011 SDM Annual Report prepared by the SDM vendor, Children's Research Center (CRC), released in April 2011, is inclusive of all children for whom maltreatment was substantiated between January 1 and June 30, 2010. The data reflects all assessments completed on these cases; the recurrence rate represents the percentage of children who had another substantiated referral within six months of the January through June incident. Recurrence rates are displayed by risk level and case promotion decision so California SDM counties can compare recurrence rates for children at different risk levels who had a case opened following the first substantiation of maltreatment with children who did not have a case opened following the first substantiation.

Of the 30,903 children with a substantiated allegation between January 1 and June 30, 2011,¹⁶ 6.5 percent were again victims of another substantiated allegation within six months of the first substantiation. Recurrence rates were higher for children in families at higher risk levels based on risk assessment results, particularly among cases in which the first substantiated referral between January and June 2011 was not opened for services¹⁷.

¹⁶ SDM System in Child Welfare Services, in Combined California Counties, Report Period January 1- December 31, 2011, page 54. The children in this cohort include those who were in the family home (i.e., not in placement) at the time of the initial referral. In order to select out children who were in placement, CRC removed those who were in placement at the time of the referral as well as those who were removed from the home within 10 days of the referral date and remained in placement for six months or more.

¹⁷ CRC also removed from this analysis children who were already in an open case at the time of the January – June referral. Note: Recurrence rate is new substantiation within six months. Children in existing open cases were removed from the analysis.

Figure 12: New Substantiated Allegation of Maltreatment by Risk Level and Case Promotion Decision for Children on Referrals With Substantiated Allegations Between January 1 and June 30, 2011 Six-month Follow-up (2011 SDM Annual Report)



FUTURE PLANS

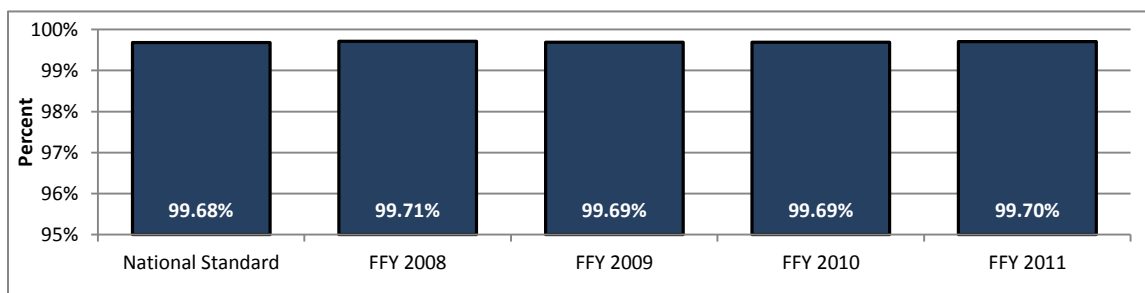
CRC will create three additional advanced SDM curriculum modules: 1) Interviewing for risk assessment; 2) Using reunification assessment; 3) Using risk assessment. These are currently in development and should be completed in 2011-2012. SDM and risk assessment training will continue to be a primary focus in Module Three of the Core Social Worker training statewide for those who are newly hired. Additionally, CDSS is hoping to implement further risk assessment trainings for supervisors, contingent upon available resources.

3 Absence of Abuse in Foster Care: Ensure that the state is reducing the incidence of child abuse and/or neglect in foster care

INDICATORS OF PROGRESS

The measure below reflects the percentage of children who were not victims of a substantiated maltreatment report by a foster parent or facility staff while in out-of-home care. As illustrated in the figure below, over the last three FFYs, approximately 99.7 percent of children were not victims of a substantiated maltreatment report while in out-of-home care. California has remained above the national standard since FFY 2007.

Figure 13: Absence of Abuse or Neglect in Foster Care (CFSR Data Profile: 12/27/2011)



The population discussed in this narrative is limited to children who are dependents and are in out-of-home placements. California continues to remain above the national median of 99.5 and above the 75th percentile of 99.3.

FACTORS AFFECTING PROGRESS

An analysis of the data by demographic factors such as age, gender and race/ethnicity reveals little differences between groups. There are less than 300 hundred children over the 12-month period who were abused/neglected in foster care. As well, there are few variations across the 58

California counties, with the smallest proportion at 98.75 percent with no recurrence of abuse in foster care. The little variation and movement on this measure may attribute to the fact that children in foster care are in controlled and protected environments with many requirements for protections in place, including consistent contact with social workers and caregiver licensing and approval processes. However, even though the federal standard has been met, California continues to seek to maintain continued improvement to this measure.

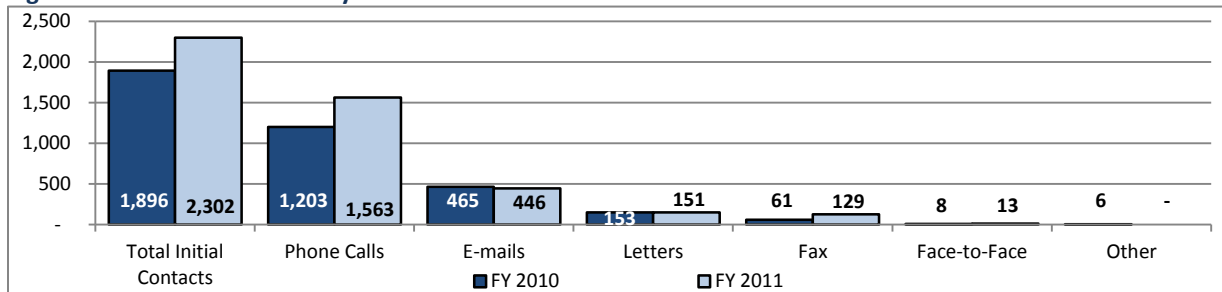
Some of the factors to California's success in this measure may be attributed to:

- ✓ The Office of the California Foster Care Ombudsman
 - ✓ Safety Assessment tools, Substitute Care Provider Tool
- Allegations of maltreatment in foster care are made for a variety of reasons. It is most important to identify those instances in which the child is in danger or at risk of harm. Responses to and investigations of these allegations should be conducted with skill and objectivity to ensure the child's safety, prevent unnecessary disruption to the child, foster family, and birthparents, and minimize trauma to all parties. Using sound administrative and casework practices, professionals learn how to prevent such incidents, whenever possible, and competently respond and investigate those situations in which allegations of abuse and neglect in foster families occur. One of the state's most valuable assets in assuring the safety of children and youth in foster care is the *Office of the California Foster Care Ombudsman (Ombudsman)*.

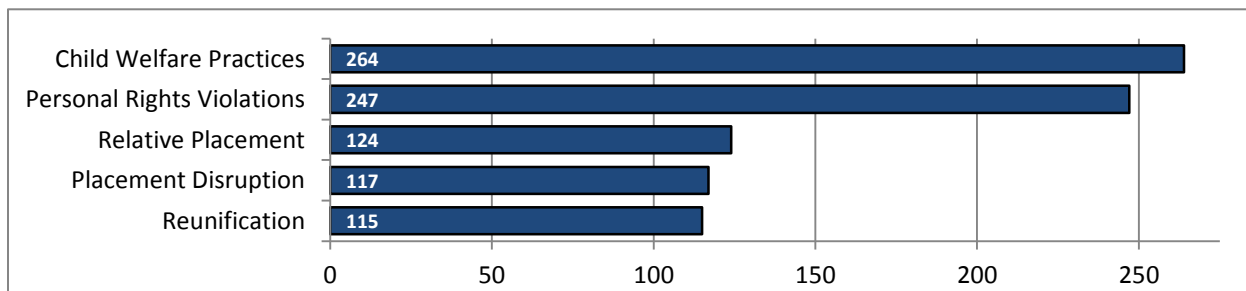
California Welfare and Institutions Code (WIC) sections 16160-16167 designate the Ombudsman as the autonomous entity within CDSS for providing children who are placed in foster care with a means to resolve issues related to their care, placement, or services.

The Ombudsman provides a direct toll free phone number and other contact venues to receive complaints and informational inquiries from foster youth, parents, family members, community members, attorneys, Court Appointed Special Advocates (CASAs) and others; they have the statutory authority to investigate and refer when complaints are received.

The Office also has statutory responsibility through AB 899 to conduct public outreach functions such as requested presentations to groups, collateral informational materials and publications that inform foster youth and other members of the public of the rights of children and youth in foster care. Social workers are mandated by the bill to explain the rights to every child and youth in foster care, in age-appropriate language, at least every six months, and that licensed foster homes housing six or more children and youth are required to post the posters issued by the Ombudsman Office describing their rights within easy and regular access for the children and youth living there. As illustrated in the figure below, during FY 2010-2011, the Ombudsman received 2,302 initial contacts, of which, 1,563 were calls, 446 were e-mails, 151 were letters, 129 were fax, 13 were face-to-face. Each contact is an opportunity for the Ombudsman to respond to the concerns impacting the foster care population and to gather information to identify recurring issues in California's foster care system. The Ombudsman serves as an additional resource to assure the safety of children and youth in the California foster care system.

Figure 14: Contacts received by the Ombudsman's Office

Of the 2,302 initial contact in FY 2011, 47.8 percent were complaints (n= 1,101), while 44.4 percent were requests for information (n = 1,011). The figure below illustrates the most frequent complaint issues

Figure 15: Most Frequent Complaint Issues Received by the Ombudsman's Office

Of the 247 personal rights violation complaints received, 40 percent were related to living in a safe environment or being treated with respect, 14 percent were related to freedom from abuse, 10 percent were about receiving adequate food and clothing, while other personal rights complaints were about: 1) receiving medical dental, vision and mental health services, 2) attending school and participating in other activities, or 3) receiving an allowance; 6, 5, and 4 percent, respectively.

- Assessment tools provide social workers a means of determining the level and type of support needed in a placement when a substitute care provider (SCP) is also being considered. Several California counties are testing the effectiveness of a *Substitute Care Provider Module* that is now available as part of the SDM system, although usage is limited until a validation study is conducted. This module was designed for use when determining whether or not any safety threats exist in a potential placement in a foster, relative, non-relative extended family member, foster family Agency, or small family home. The level of support recommended for an SCP is based on the probability of maltreatment or disruption, and the identification of specific child needs compared to the SCP's ability to meet those needs. The tools provide a systematic and consistent assessment when a social worker is placing a child with a particular SCP, or when reassessing that placement. The module was designed to consider the capacity of the SCP to provide a safe, appropriate environment for the dependent child.

FUTURE PLANS

- ✓ Investigation of Registered Sex Offenders in CWS
- ✓ SDM Substitute Provider Module
- In order to enhance protections for children in care, there has been interest in matching information from the California Department of Justice's sex offender registry with the Licensing

Information System (LIS) and CWS/CMS. Such matches determine if registered sex offenders were living in homes licensed or certified by the state or counties to care for children.

The department has been working to develop a recurring process for such matches and how best to investigate them. In late December 2011, a close collaboration with the Department of Justice helped to create a successful first download of the necessary data. Staff now regularly perform matches against the LIS database and the CWS/ CMS systems. The department is also developing procedures for how information regarding registered sex offenders is distributed, processed, and maintained statewide. Counties are assisting in the development and refinement of the process, in order to perform these matches in the most efficient manner.

- Planned enhancements will be made to the Substitute Care Provider Module's data-collection system to improve the ability for colleagues (i.e. placement and licensing) to work on the same records. This upgrade is in response to a barrier counties have experienced while using the SCP module. In addition, definitions will be updated to improve the effectiveness of the SCP module.

The SCP Module is currently being used in a pilot setting in four California counties: San Francisco, San Diego, Riverside and San Luis Obispo. The goal is to eliminate systemic issues that may cause children to be re-traumatized. The well-being of children is priority and the module is used to identify gaps between the child's needs and the caregiver's abilities.

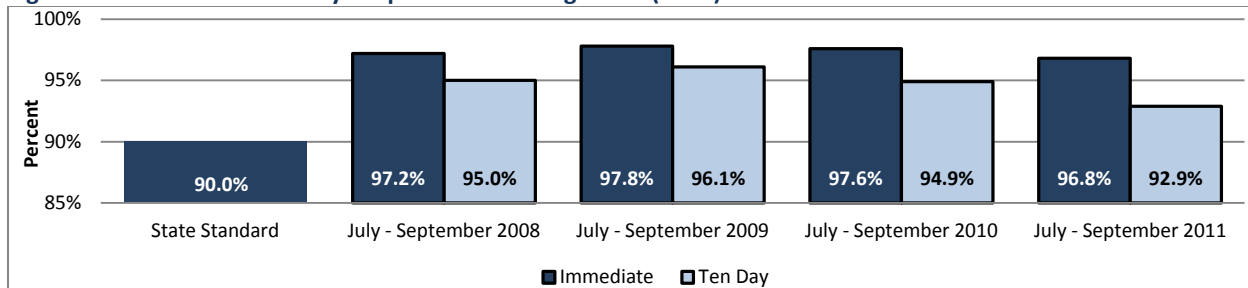
Trainings and webinars are being conducted to demonstrate the usage and benefits of the SCP module. Best practices are shared in the webinars so other counties are able to see what is working well. There are enhancements that are necessary to improve the use of the module including technological upgrades, cross-unit communication and collaboration within county offices, and the ability and resources to provide identified supports to families. It is anticipated that the barriers to increased county usage will be resolved in 6-12 months.

4 Timely Response: Ensure that investigations of maltreatment are initiated within state policy timeframes

INDICATORS OF PROGRESS

Timely investigations of maltreatment was rated as an area needing improvement for 14 percent of the 36 applicable cases during the 2008 CFSR onsite review.

Figure 16: Measure 2B: Timely Response to Investigations (CSSR)



These reports count both the number of child abuse and neglect referrals that require, and then receive, an in-person investigation within the time frame specified by the referral response type. California has performed well above the state goal of 90 percent for all counties, with immediate responses hovering around 97 percent between 2008 through 2011. In the same time period, the

ten-day responses maintained around 93.5-95 percent in 2008 and 2011, with a peak in 2009 at above 96 percent.

FACTORS AFFECTING PROGRESS

The WIC code mandates the requirements and timeframes for initiations of an investigation abuse or neglect while the ACIN I-86-06 outlines timeframes for investigations per the Manual of Policies and Procedures (MPP). If the referral is identified as requiring a ten-day response, the response must have been attempted or completed by the end of the tenth calendar day after the referral is received (the day the referral is received is counted as day one). Additionally, if a referral is identified as requiring an immediate response, the response must be initiated or completed by midnight of the day following the receipt of the referral. Each county develops their own protocol insofar as it contains the required elements of state regulations; one county in the state has a five-day investigation policy. The consultants for the C-CFSR provide oversight to ensure each county is meeting the state standards for timely investigations.

Each county welfare agency operates and maintains a 24-hour response system to determine whether an in-person investigation is appropriate, and whether the risk is imminent and requires 24-hour immediate response, or whether the investigation can be initiated within ten days. The MPP mandates a risk assessment in order to determine the priority of initiating investigations of abuse or neglect as follows:

- Initiating investigations are prioritized by the level of risk assessed by initial emergency response social worker. Based upon the level of risk, the social worker determines whether an immediate response is necessary or if an investigation can occur within ten days from receiving the referral.
- Each county may develop their own protocol as long as it contains the required elements; only one county in the state has a more stringent policy than the ten-day timeframe. The county has a five-day policy for investigating referrals.
- All referrals from law enforcement agencies must be investigated.
- No response is required to a cross-report from a law enforcement agency if the law enforcement agency has investigated and determined that there is no indication of abuse or neglect by a member of the child's household.

Even though the counties have continued to exceed the state standard, California is committed to continuous quality improvement, and counties have persistently prioritized safety the face of severe budget cuts. Factors that may contribute to progress include:

- ✓ AB 636 outcomes and accountability practice
 - ✓ Demographic factors
 - ✓ SafeMeasures® data availability
 - ✓ Statewide safety assessment tools
 - ✓ SDM Hotline tool
 - ✓ Differential Response
 - ✓ CAT completion rates
- Overall, the state is performing well ensuring that children are visited within policy timeframes. This may be a result of *the Outcomes and Accountability Bureau's oversight and compliance review procedures*. Counties performing below the state average on both state measure 2B

(described in Figure 16) and 2C, the state's measures of monthly caseworker visits with children in care, are identified as requiring consultation and collaboration between state consultants and local county staff. During the consultation discussions, county staff is required to identify factors that may contribute to the county's underperformance and the necessary steps the county will take to improve performance.

- *Demographic factors* - Further analysis of the state 2B measure reveals few variations in data for an immediate response investigation for children ages zero to 17 years. Children ages 16-17 year olds are the least likely to receive a timely visit at 94.8 percent while children three-to-five years of age are more than likely to receive a timely visit at 97.5 percent. The data reveals that Native American children are least likely to receive an immediate visit at 92.6 percent (although this represents only ten children over 12 months), while Hispanic and Asian youth are most likely to receive an immediate visit at 97.3 and 97.6 percent, respectively. There are also few variations in data for a ten-day response investigation for children categorized by race/ethnicity. Infants are more likely to receive a ten-day response investigation than other age groups. These findings may be attributed to the practice of prioritizing ten-day investigations for infants who are considered to be among the most vulnerable population. These practices are further described the Services for Young Children section of this report.
- California's high success rate can also be attributed to the use of the *statewide safety assessment tools* across all 58 counties. Overall, these tools promote a uniform practice of intake assessments by increasing consistency and accuracy in emergency response among child welfare staff within and across the state. These tools guide the social worker in determining the appropriate response to the referral. Additionally, assessment protocols increase the efficiency of child protection operation by making the best use of available resources by consistently addressing the most emergent needs.
- *SafeMeasures*[®] provides child welfare agency management with data to assist with program administration, planning, evaluation, and budgeting. Real time data is posted online for the 54 counties who are using SDM and is utilized by counties and state consultants for quality assurance. Managers in each county can view the status of each referral for individual staff members to ensure cases are being investigated within policy timeframes.
- *SDM Hotline Screening Tools* are completed for all incoming referrals, including those that are evaluated out prior to screening. Additionally, CRC provides the state with detailed annual reports (county-specific and statewide) on the use of the tools. The report is used internally to inform revisions and improvements to the tools at annual meetings with CRC, the state, and counties. Data from these reports are incorporated throughout the report.
- The screening is a three-step process that includes the following components:
 - A *screening decision* helps intake workers determine whether to evaluate a referral for an investigation or screen the referral out based on a set of criteria;
 - *Response priority* procedures determine how quickly an ER worker should contact the family once a referral is accepted for investigation; and
 - *Differential Response*, in most counties, guides worker decisions regarding response and primary case management for families under investigation as well as community service options for those who are evaluated out.

Based on data from SafeMeasures®, for the 54 counties using SDM, in October 2011, the SDM hotline tool had a 95.9 percent completion rate for the 26,783 hotline calls received.

- *CAT Response Determination Tool* - Based on data received from Social Policy and Health Economics Research and Evaluation (SPHERE), through July 2011 there were five counties using CAT, although one county transitioned to SDM the following month. Four counties remain as of August 2011, at that time, 28,740 Response Determination tools were received for Quarter 3 reporting period, of which approximately 23.9 percent were *evaluated out and* 75.1 percent were screened in.
- *Differential Response* assists families whose referrals were assessed as not meeting the legal definition of child abuse or neglect by providing services based on family strengths and needs. This focus on early intervention and community partnerships strengthens families and reduces the likelihood of future referrals, in turn, decreasing the number of referrals requiring social worker response, thus allowing for faster response times. Currently, 42 California counties have implemented DR to some degree; e.g., counties vary in their implementation of the program in that some counties have all three paths of the program while some have only implemented two of the three paths. The Child Welfare Improvement Activities: Differential Response Guidelines and Resources for Implementation (DR guidelines) continues to be a resource tool for DR counties or those considering implementing DR.

LIMITATIONS

The differences in data collection between SDM and CAT create some inconsistency in reporting, as does the absence of four counties in the SafeMeasures data.

FUTURE PLANS

Continuous improvements in the design and content of the SDM assessment tools and the related training for county users provide for modifications to better address identified needs in case management. Several important advancements are in place or planned:

- To increase the capability of workers to actively use SDM assessment definitions while in the field, a mobile definition site has been created which can be accessed via a smartphone.
- CRC and the Regional Training Academy at UC Davis will continue to work with counties to integrate solution-focused, family-centered practice approaches with the SDM system. This includes supporting Fresno County in their rollout of the CAPP model to reduce long-term foster care. CRC is working with CalSWEC to improve the advanced SDM curriculum in order to develop a comprehensive, in-depth module that incorporates the use of the SDM tools with social worker practice in a manner that increases family engagement to ensure that children are safe, and that their family and systems of care provide a safe environment free from abuse.
- In order to determine whether the current curriculum is adequate, the CDSS is developing a survey that will be distributed to SDM training staff and to county staff who receive the training. The current SDM training package has not been updated the 14 years since its implementation. Based on survey results, the Children's Research Center will work with CalSWEC and the training academies to update SDM related curriculum.
- CRC will provide a supplemental report based on 2011 annual data that uses SDM data to examine the overlap of domestic violence in child welfare.

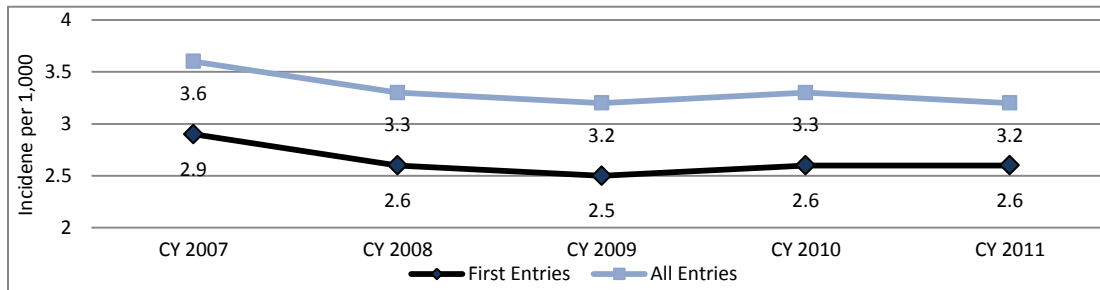
- It is anticipated that the Substitute Care Provider assessment tool will gain broader use in FY 2011-12. A plan for promoting broader use was described previously on page 48.

5 Services to Prevent Removal: Ensure that the agency is providing services to children and their families to prevent removal

INDICATORS OF PROGRESS

Services to prevent removal was rated as an area needing improvement for 21 percent of the 39 applicable cases reviewed during the 2008 onsite CFSR review.

Figure 17: Entries into Care per 1,000



The entry rates above were computed by dividing the unduplicated state count of children, infants through 17 years, entering foster care by the state child population and then multiplying by 1,000 for each calendar year above. The entry rate for children with first entries was computed based on the count of unique children for whom this is the first ever entry to foster care, while the all entries rate was calculated based on an unduplicated child count of all children entering foster care during the time period. California's rate of entry into foster care overall has remained relatively unchanged over the last three years. Between CY 2000 through 2007, the state has hovered around 3 entries per 1,000 children; entries began to decline in 2008 to the current rate.

A further exploration of the entries into care by age and race/ethnicity reveals that infants, Blacks, and Native Americans are at greatest risk for entering into out-of-home placement. The entry rates below are computed by dividing the unduplicated state count of children, infants through 17 years, entering foster care by the state child population and then multiplying by 1,000 for each calendar year. These data highlight 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 initiatives such as CAPP, (discussed in more detail in the Permanency Chapter of this report).

FACTORS AFFECTING PROGRESS

CDSS has continued to collaborate with other department agencies, stakeholders, and community-based service providers and organizations to ensure that children and their families receive the appropriate in-home services to prevent removal when appropriate. The agency makes every effort to develop a coordinated and unified plan that addresses the needs of children and their families. Some strategies include:

- ✓ Linkages
- ✓ Wraparound
- ✓ Team Decision Making
- ✓ Differential Response

- ✓ Participatory Case Planning
- ✓ Social Worker Visits

Figure 18: CY 2010 Entries by Age Group (CSSR)

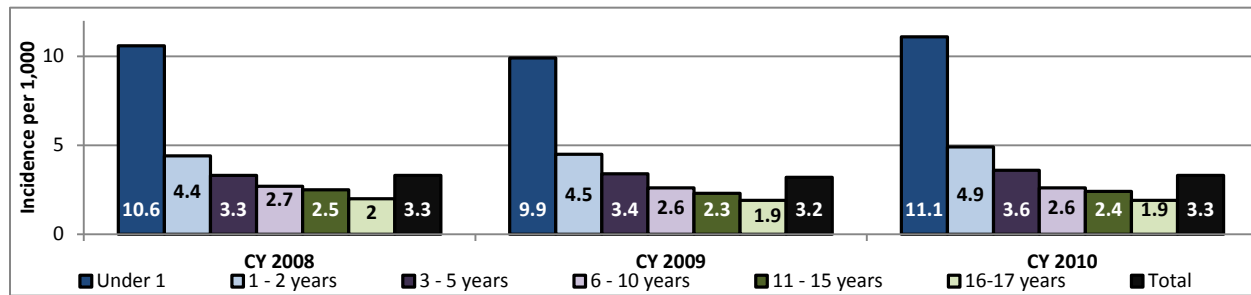
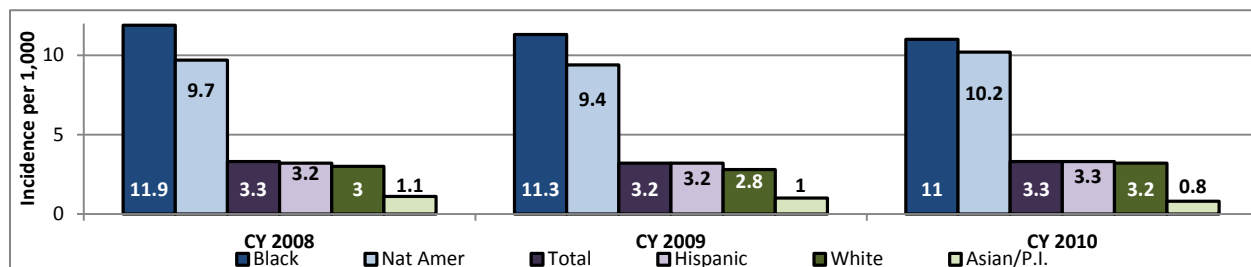


Figure 19: CY 2010 Entries by Race (CSSR)



- The *Linkages Project* (Linkages)¹⁸ is a strategic effort by California to improve coordination between CalWORKs and Child Welfare through development of system change efforts that support collaborative case management practices at the local level. Implemented in 2000, Linkages was developed and directed by the California Center for Research on Women and Children, in partnership CDSS. The Stuart Foundation provided funding for the initial four-year initiative to develop a coordinated services approach between CalWORKs and CWS programs. In California, most counties include a significant number of children and families involved in both the CalWORKs and Child Welfare Services systems. Parents or caretakers must navigate between two different systems, which often have conflicting requirements and timeframes. Linkages improves the services coordination and case planning, prevents duplication of efforts, and maximizes funding and resources to better serve clients accessing both systems.

As part of the federal grant, a formal statewide evaluation of the Linkages demonstration project was conducted by Harder + Co. The evaluation team designed and conducted a longitudinal prospective study using surveys with county staff, case studies in three counties, and analysis of secondary indicator data collected by Linkages counties serving TANF and child welfare clients. Also during this grant period, an on-line toolkit¹⁹ was created that serves as the main sustainability tool for expanding the Linkages practice in the existing Linkages counties, and is available for counties and other states interested in duplicating the practice.

The federal grant funding Linkages ended on September 30, 2011. However, a request to ACF to carry over unused federal funds was approved, extending funding through September 30, 2012. The CDSS is continuing to contract with the Child and Family Policy Institute of California (CFPIC) to support the Linkages practice with the goal of embedding it as part of practice statewide. There are currently nineteen counties that submitted letters from their Agency Directors stating

¹⁸ http://www.cfpic.org/linkages/linkages_001.htm

¹⁹ <http://www.cfpic.org/toolkit/>

their commitment to continue working with the statewide project. Each county provided information regarding their county goals, their Linkages best practices, and the technical assistance needed to assist them with their goals.

Building on lessons learned throughout the course of the Linkages Project, obtaining accurate data was identified a significant barrier. In order to successfully implement Linkages, embed it in practice and sustain it, having a data system that assists in identifying mutual clients, in tracking and evaluating outcomes is crucial. Currently it is difficult to run data matches, except by using ad hoc reports, but the reports are not able to use current, "real time" data that is desirable for day to day operation. Finding options to bridge these two data systems and identify common clients has been a goal for quite some time.

At the state level, work is being done to obtain aggregate data to help identify and better understand the needs of the CalWORKs and Child Welfare populations that overlap. A similar effort was completed in 2002 by the CDSS Research and Development Division, which resulted in "The Child Welfare System and CalWORKs: Overlap in California Populations." Meetings have taken place with CDSS staff from the CalWORKs Eligibility Bureau, CalWORKs Employment Bureau, Performance Monitoring and Research Bureau, Child Welfare Data Analysis Bureau and the Office of Child Abuse Prevention, along with CFPIC staff and Linkages county staff to produce a similar report with current, updated information.

- While the *Wraparound* program has been linked to many positive outcomes, the program is foremost intended to prevent the placement of children into group home care or support children with stepping down to a lower level of care. The program supports child welfare, mental health and probation agencies in partnership with families to provide intensive services to children and families with complex needs. Wraparound shifts focus from the traditional service-driven, deficit-based approach to a needs-driven, strengths-based approach.

California Wraparound has grown and developed from the initial pilot phase to become a more systemic practice element of child welfare, probation and mental health services across the state. California Wraparound is widely recognized as a promising practice. Wraparound promotes the engagement of children and families in a team-driven process. This engagement with families is an essential factor in achieving positive outcomes. When families are actively engaged in services, they are more likely to follow through with these services and safety plans because they reflect their own input. This engagement may also improve the nature of the relationship between child welfare and probation staff and families, so that these formal support systems are viewed as a resource and not an adversary.

The Child Protection and Family Support Branch, Integrated Services Unit (ISU) has administrative authority for the California Wraparound Program pursuant to WIC code, section 18250-18258 (SB 163, Chapter 759, Statutes of 1997). As outlined in the CFSP, the CFSR PIP goal for Wraparound was to increase the available slots to children by 3,545. For the FY 2010-11, California continues to exceed this goal and currently has 4,372 available slots.

The number of children being served with the Wraparound program is based on the county and/or providers capacity to serve the target population. Based on the legislation, the Wraparound program has a specific target population: 1) Wards or dependents who are at risk of placement in a group home with an RCL of ten or higher, 2) a child who would be voluntarily placed in out-of-home care, 3) a child who is currently placed in a group home with a RCL of ten

or higher, and/or 4) a child who is receiving AAP and is currently or at risk of placement in out-of-home care in a group home with an RCL of 10 or higher. Most recently CDSS is working on legislation to include Non-Minor Dependents as part of the target population in support of increasing connections through the Extended Foster Care program. However, counties are not limited to providing Wraparound to other target populations if they have sufficient capacity and funding.

Over the past years as Wraparound has grown, California has seen a steady decline in group home care rates. Based on data from the CSSR Quarter 3 2011 extract (July 2010-June 2011), 5,069 children were placed in a group home, a decrease of 791 children from the previous year. In addition to this decrease, the CSSR data shows a continuous decline in group home care each year. Many important initiatives have played an integral role in the decrease of GH placement, and based on anecdotal feedback from participating California counties, Wraparound continues to be integral in this effort as well.

For FY 2011-12, the Wraparound plan for Imperial County has been approved. Imperial has received the mandatory Wraparound Implementation training and will begin to serve children and families this year. Yuba County continues to work on finalizing their Wraparound planning development process.

The ISU has been actively working with the University of Washington and the Wraparound Evaluation and Research Team in collaboration with the National Wraparound Initiative to develop a team monitoring system that can assess the fidelity and identify outcomes for the California Wraparound program statewide. It is the hope that this program would support counties with identifying gaps in services, tracking the outcomes of individual children and families, and further assist the state with accessing aggregate data outcomes on the well-being of children who are being served in a California Wraparound program. This endeavor is currently under review with the state-level contracting process.

To support growth and sustainability of the California Wraparound Program, ISU Wraparound Consultants provide technical assistance for all Wraparound counties and interested counties. Consultants provide fiscal and program technical assistance through site visits, quarterly monitoring, participation at regional meetings and on-going assistance as needed. Quarterly monitoring is provided by the assigned Wraparound Consultant via conference calls between the Wraparound Counties' interested parties (provider, parent partners, social workers, probation officers, education, etc.).

As part of these discussions with the counties, many themes have emerged in some of the programs. Counties report that Wraparound emphasizes a cross-systems understanding between many disciplines including child welfare, probation and mental health. For instance, when asking counties the question, "What's working in your program," a large percentage of the counties mentioned their increasingly solid collaboration with other departments, providers and the community, and counties. Counties also shared ideas regarding honoring the family's cultural identity, helping the family find community supports, and identifying activities and events that cater to that family's culture and value system.

Information collected from these calls is compiled, studied and will be an important part of the on-going work for ISU in providing counties with operational information with regards to their day-to-day wraparound program.

- *Team Decision Making*: A unified plan often involves a team decision making meeting which requires that the family, community and the child welfare agency collaborate to make decisions about the child's safety and placement. TDMs include a facilitated process that assists in identifying the child and their families' strengths and needs.
- *Differential Response* at initial intake is utilized in approximately 42 counties as a method to connect families with services to prevent situations of neglect and abuse that require removal. Path One cases are referred for voluntary family services to keep issues from escalating into a situation which may require the intervention of the child welfare services agency. Path Two cases may also use the development of safety plans and agreements made in consultation with the family which are agreed to and implemented in order to prevent the child being removed from the home.
- *Family Participation in Case Planning* is a case planning process that actively engages families in defining their strengths and identifying resources that will address the problems which resulted in the disruption of their family. These processes are discussed further in the Well Being section. Within the 54 SDM counties, social workers often use the Strengths and Needs Assessment tool in SDM to engage families in creating safety plans which prevent child removal from the home. Strategies are discussed and agreed to when a safety plan is implemented using the metrics in the safety assessment tools. Another family engagement system is being reviewed and tested in several California counties in conjunction with the use of the SDM tool, using structured tools for workers to engage families. The goal is to work toward a model for practice that uses reliable and valid decision support tools in a practice context of family engagement, participation, network-building, and including the voice of the child.
- *Social Worker Visits* will be discussed in more depth in the Well Being section of this report, but is identified as a factor contributing to maintaining children in the home as social workers are required to visit each child with an approved case plan who remains in the home to assess the safety and risk level as well as the family's progress with services.

FUTURE PLANS

- ✓ Differential Response
- ✓ Linkages
- ✓ Wraparound
- Contingent upon available resources, CDSS continues to encourage counties to implement *Differential Response* statewide and provides the assessment tools necessary to prevent child removal from their homes. The CDSS is currently training social workers and supervisors in the use of family engagement techniques, and is watching the development and integration of new methods, such as a solutions-based approach to family engagement, when completing risk assessments that focuses on family strengths and protective capacity, to provide better outcomes in assessing safety and risk factors for children.

Options to help counties better obtain the data for Linkages are being explored by CDSS, CFPIC and counties. In addition several webinars will take place in the next six months to focus on the data match issue and to share best practices in this area with counties that have developed some databases to assist counties at the local level to do mutual client identification and to track these cases to evaluate outcomes.

The project has continued to support the California counties' implementation of Linkages through conferences. An annual statewide conference of county child welfare and CalWORKs staff to commemorate a decade of the Linkages Practices was held in July 2011. It was a great celebration of the achievements and best practices of Linkages to date. The next convening will be held in Sacramento in July of 2012. Other supports to the county include: monthly webinars, technical assistance calls and a Quarterly Newsletters.

State and CFPIC staff currently comprise the Linkages Oversight Committee, which monitors the implementation process and outcome evaluation as well as addresses relevant policy and ongoing sustainability issues of Linkages. This committee meets approximately once per month.

- To further the efforts of sustaining the *Wraparound* program, the Integrated Services Unit convened the Statewide Wraparound Advisory Committee in February of 2012. This Committee is comprised of child welfare, probation, mental health, education, parent partners, providers and community-based organizations. The purpose of this committee is to help advise and assist the state level policies designed to strengthen the ability of local governments to implement, administer, and sustain effective California Wraparound Programs. Their mission will involve alerting state agencies and other policy groups regarding issues, questions and trends in order to promote the success and long-term sustainability of high-fidelity Wraparound throughout California.

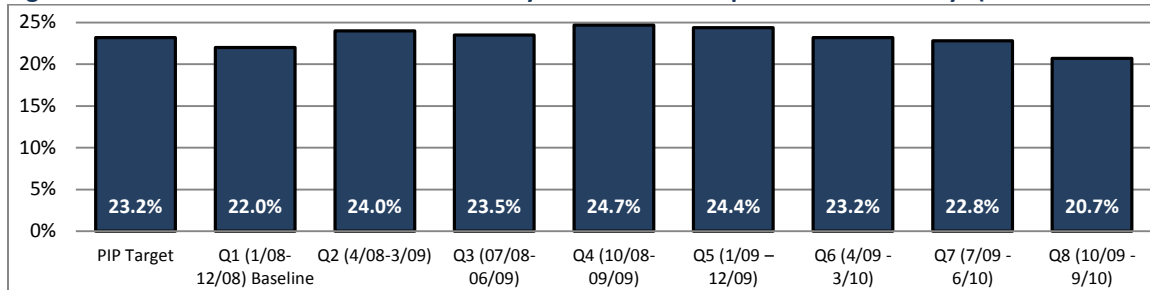
Specific areas this group will address include but are not limited to the development of advanced wraparound trainings, state and federal legislation changes, implementation of litigation-related activities such as the Katie A. settlement agreement, and other systemic changes that will impact California Wraparound. This collaborative process will foster policy decisions that reflect the principles of Wraparound. While there are many changes and challenges currently facing California, there are also opportunities to strengthen partnerships and develop new ways to do business.

CDSS continues to co-sponsor with the Resource Center for Family-Focused Practice, UC Davis, California Wraparound Institute. The institute will be convened June 13-15 of 2012, in Anaheim. It is open to all those interested in the Wraparound process. The Institute provides an opportunity to profit from the experience of others involved in the field of Wraparound.

6 Managing Risk and Safety: Ensure that the agency is managing risk and safety for children in-home and in foster care

INDICATORS OF PROGRESS

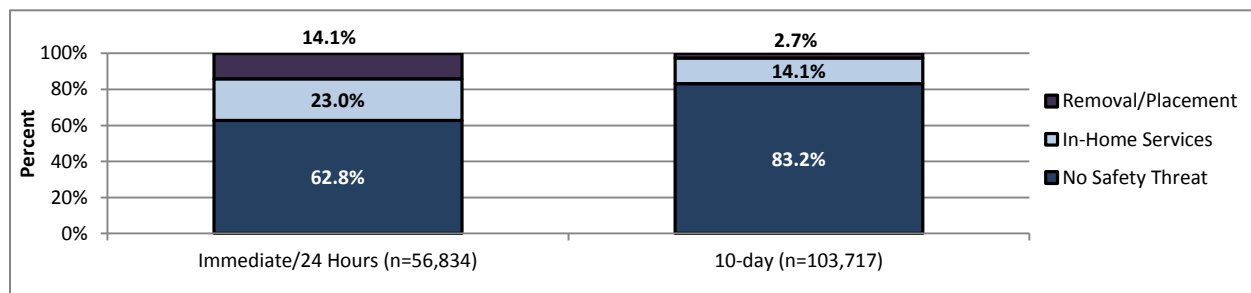
In the 2008 CFSR on-site review, Managing Risk and Safety was rated as an area needing improvement for 22 percent of the 65 applicable cases reviewed. As part of the corresponding PIP, a measure, a data baseline, and a target were established in FFY 2008 which calculates the proportion of CWS family maintenance and family reunification cases closed in a given quarter where a safety assessment was completed within 65 days prior to case closing for 54 of the 58 counties using SDM. The target was achieved in PIP Quarter 2.

Figure 20: FM and FR Cases Closed with a Safety Assessment Completed within 65 Days (CFSR PIP Measure)

FACTORS AFFECTING PROGRESS

The CDSS continues to support the statewide safety assessment system and continuous quality improvements to the tools and the use of the tools throughout the life of a case. Other factors identified are:

- ✓ The evolution of SDM tools and the indicated risk level using the risk assessment tools
 - ✓ Availability of real time data in SafeMeasures®
 - ✓ Child fatalities and near fatalities monitoring
 - ✓ Improvements to curriculum at the RTAs
- The use of the *SDM tools* has increased the reliability of keeping children in a safe environment. The safety assessment helps ensure a comprehensive evaluation of immediate danger and identifies steps to control threats to child safety. The combination of assessment tools in SDM (described previously) assists social workers throughout the life of a case to determine the most appropriate course of action. Data on SDM in CY 2011 showed a correlation between response priority level at referral intake, and safety assessment result, such that referrals that were assigned a higher priority tended to be those in which safety threats necessitating safety intervention or removal/placement were subsequently identified. Specifically, as illustrated in the figure below, of the 56,471 investigations assigned an immediate response; a corresponding 14.1 percent resulted in removal, as opposed to only 2.7 percent of ten-day response level cases that resulted in removal.²⁰

Figure 21: SDM Response Priority Level by SDM Safety Assessment Result (SDM 2011 Annual Report)

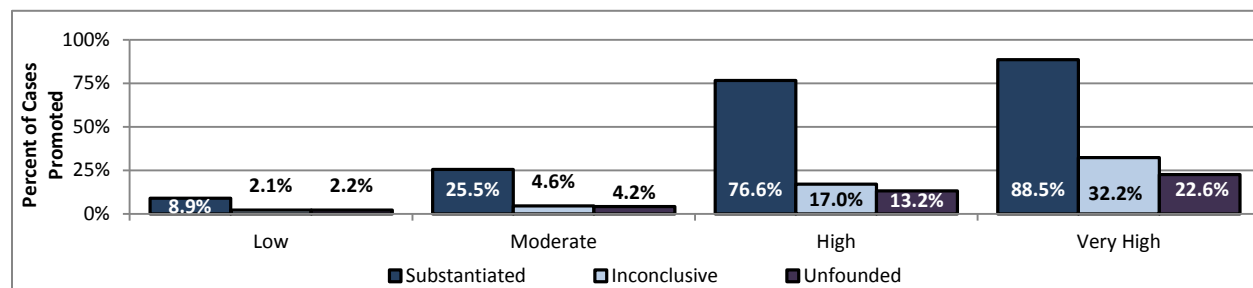
The Safety Assessment tool also assesses for child vulnerabilities, identified safety threats, protective capacities and safety interventions.

- The availability of *real time data on SDM* (web-based assessment tools) for participating counties allows managers at county child welfare agencies to prioritize resources into the high and very high risk cases. SDM counties are provided with case promotion recommendations

²⁰ SDM System: Case Management in Child Welfare Services; Combined California Counties, April 2012 Report for CY 2011, page 18.

based on the family's risk level, which was assessed using the risk assessment tool. In substantiated and inconclusive allegations, SDM guidelines recommend promoting a case for all families rated as high and very high risk levels, while low and moderate risk referrals can be referred to community services as appropriate. Guidelines recommend that remaining unresolved safety threats at the end of an investigation be promoted from a referral to a case regardless of risk level. These risk levels are used to guide the frequency and intensity of contacts and services and provides evidence that risk is effectively managed. Data from the CRC on SDM in CY 2011 showed a higher proportion of cases promoted among referrals determined to be very high or high risk levels and substantiated disposition. Cases for high and very high risk families were opened for services at a higher rate than low or moderate risk families, especially among families substantiated for child abuse or neglect.

Figure 22: Case Promotion rates by Investigation Disposition and Final SDM Family Risk Level (SDM 2011 Annual Report)²¹



- *Improvements to curriculum at the RTAs* - As annual refinements and improvements are made to the SDM safety assessment tools, corresponding training updates are made to the core curriculum and advanced training modules; new social workers are trained in the RTA settings to use the SDM tools effectively throughout the life of the case; supervisor training is regularly updated to reflect new and improved tools, as well as for safety and policy overrides.
- *Fatalities and Near Fatalities*

The availability of data regarding child *fatalities and near fatalities* resulting from abuse and/or neglect continues to help inform CDSS and the counties of patterns and trends associated with these critical incidents.

The following information provided regarding 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/Near Fatality Annual Report for Calendar Year (CY) 2010. The information represents a compilation of aggregate data obtained from CWS/CMS for those child fatalities and near fatalities resulting from abuse and/or neglect that occurred during CY 2010 and were reported by counties via the Statement of Findings and Information SOC 826 form. It is important to remember that the data compiled only represents those child fatalities and near fatalities for which all of the following occurred: 1) the CWS agency became aware of the fatality or near fatality, 2) the fatality or near fatality was determined to be the result of abuse or neglect, and 3) the fatality or near fatality was reported to the CDSS via the SOC 826 form.

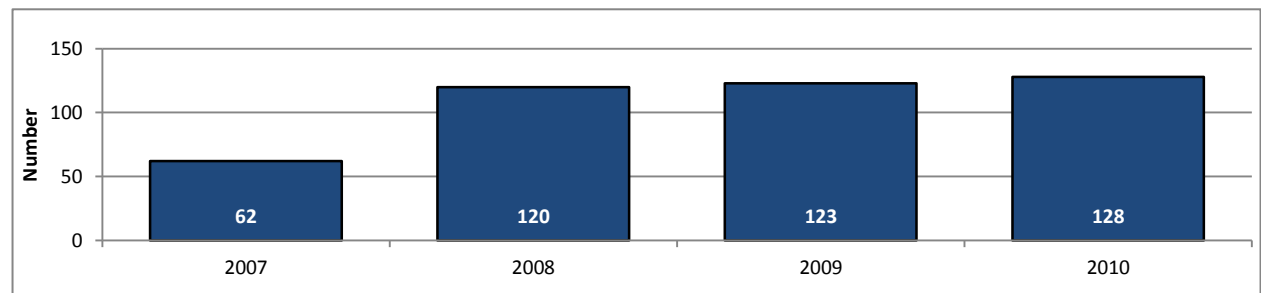
²¹ SDM System: Case Management in Child Welfare Services; Combined California Counties, April 2012 Report for CY 2011, page 33.

Data from the CWS/CMS was used to produce this year's annual analysis as it is California's primary source of case specific information for children known to California's Child Welfare System who have died as the result of abuse and/or neglect. While the CDSS recognizes that there may be other sources of information available which could provide information on child deaths, CDSS has utilized information from CWS/CMS to produce this year's analysis on child deaths/near deaths resulting from abuse and/or neglect as it is the most current data available and provides relevant information regarding their involvement, if any, with CWS agencies. Additionally, SB 39 (Chapter 468, Statutes of 2007), requires that CDSS produce an annual report based on the SOC 826 forms for fatalities submitted by counties. However, it is important to note that the data collected from CWS/CMS depends on the amount and quality of information inputted into CWS/CMS by the county CWS agency. Also, incidents may be electronically "sealed"²² in CWS/CMS and inaccessible to CDSS to collect aggregate information. Furthermore, it may be worthy to note that California does not currently have a state Child Death Review Council (council) to collect or review information from local county councils about child deaths within their jurisdictions that were a result of abuse and/or neglect.

Additionally, since the release of CY 2009 Child Fatality/Near Fatality Annual report, CDSS conducted a webinar with county partners in an attempt to better understand the findings of that report. Where data elements/trends are consistent between the CY 2009 and CY 2010 reports, information gathered from this webinar has been incorporated into the CY 2010 report in order to provide a better understanding as to why such patterns may exist. Additionally, the CY 2010 report contains a more in-depth analysis of families with child welfare history.

Fatalities - In CY 2010, 128 child fatalities that were determined to be the result of abuse and/or neglect were reported to CDSS. This analysis only contains information of 127 incidents as one incident reported was sealed and not accessible by CDSS to obtain information about the incident. Of the 127 incidents, 124 of the children resided with their parent/guardian at the time of the incident and three resided in an out-of-home placement or foster care. The number of fatalities reported has remained fairly consistent between CY 2008 and CY 2010 as depicted in the figure below.

Figure 23: Count of Fatalities by Calendar Year²³



The demographic characteristics of the reported 127 fatalities are as follows: 51 percent were male; 83 percent were children four years old or younger; and 44 percent were Hispanic, 23

²² Counties have the capability to electronically seal cases, limiting accessibility to the case in CWS/CMS.

²³ Figure 17 includes 128 fatalities in CY 2010; however, these analyses only represent 127 incidents as one case was sealed and CDSS was unable to access case information. Also, the CY 2007 numbers reflect incidents reported to the state that were found to be the result of abuse/neglect, prior to Senate Bill 39 reporting requirements. As such, readers should be cautioned in making any comparison of numbers between CY 2007 and other years as reporting requirements varied

percent were Black, and 23 percent were White. Data demonstrates that there is a disproportionate number of deaths among Black children given that they are only six percent of the general child population but 23 percent of the deaths reported.

Fifty-one percent of the families for the reported 127 child fatality incidents had no prior CWS history in the five years prior to the incident which has remained relatively consistent since CY 2008. Of the 62 families that were previously known to a CWS agency, 41 were not current clients at the time of the fatality, 11 had an open ER Referral at the time of the fatality, seven were living in the home of the parent or guardian with an open child welfare case at the time of the fatality, and three were in out-of-home placement at the time of the fatality. In the 62 families where there was CWS history, 66 percent of the families had CWS involvement within the year prior to the incident occurring. Sixty-one percent of the 62 families with CWS history had an allegation of neglect for the referral prior to the fatality incident. Additionally, while the families with prior history had some type of CWS involvement, 65 percent of the prior referrals either did not meet the criteria for further investigation by the CWS agency, or were deemed unfounded or inconclusive upon investigation.

Of the total fatality incidents, 52 percent were neglect allegations compared with 41 percent reported in the CY 2009 report, which indicates a shift from abuse being the most reported allegation in the CY 2008 report. Upon discussion with county partners after the CY 2009 report was released with similar findings, some possible reasons for this increase of neglect cases may have included instances where the child sustained injury (blunt force trauma) as a result of a perpetrator's negligence; or if the parent is not the perpetrator who inflicted the injury, allegations of neglect may have been substantiated against the parent for failure to protect the child.

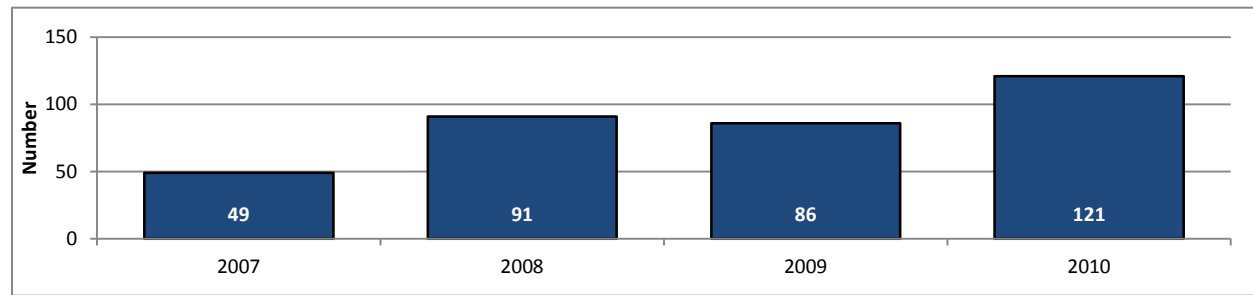
Blunt force trauma was identified as the primary cause of death for 23 percent of the incidents which has been consistent since the release of the CY 2008 report. While blunt force trauma was the major cause of the reported fatalities in CY 2010, there was a five percent increase from CY 2008 in the number of reported drownings as the cause of fatality.

The parent/guardian was identified as the alleged perpetrator in 74 percent of the fatality incidents reported and in 66 percent of the incidents where the alleged perpetrator was known, he/she was age 30 or under. Female perpetrators were reported for 57 percent of the incidents. The trends for perpetrator remain fairly consistent between CY 2008 and CY 2010 with it being a parent/guardian 30 years of age or younger, with only the gender of the perpetrator changing. Male perpetrators were reported more in CY 2008, but female perpetrators were reported more in both CY 2009 and CY 2010. The number of male perpetrators has continued to decline, while female perpetrators have steadily increased.

Near Fatalities - In CY 2010, 121 near fatalities that were determined to be the result of abuse and/or neglect were reported to CDSS, of which 119 resided with their parent/guardian at the time of the incident, and two resided in an out-of-home placement or foster care. A near fatality is defined as a severe childhood injury or condition caused by abuse or neglect which results in

the child receiving critical care for at least 24 hours following the child's admission to a critical care unit(s). The number of near fatalities reported by year can be found in the figure below²⁴.

Figure 24: Count of Near Fatalities by Year



The demographic characteristics of the 121 near fatalities are as follows: 58 percent were male; 92 percent were children four years old or younger; and 33 percent were Hispanic, 31 percent were White, and 23 percent were Black. These data demonstrate that there is a disproportionate number of near fatalities among Black children given that they are only six percent of the general child population but 23 percent of the near fatalities reported.

Fifty percent of the families for the reported 121 near fatalities had no prior CWS history in the five years prior to the incident which has remained relatively consistent since CY 2008. Of the 60 families that were previously known to a CWS agency, 45 were not current clients at the time of the near fatality, seven had an open ER referral at the time of the near fatality, six were living in the home of the parent/guardian with an open child welfare case at the time of the near fatality, and two were in out-of-home placement at the time of the near fatality. In the 60 families where there was CWS history, 70 percent of the families had CWS involvement within the year prior to the near fatality incident occurring. Fifty-eight percent of the 60 families where there was CWS history had an allegation of neglect for the referral prior to the near fatality incident. However, while the families with CWS history had some type of CWS involvement, 67 percent of the prior referrals either did not meet the criteria for further investigation by the CWS agency or were deemed unfounded or inconclusive upon investigation.

Of the total reported near fatality incidents, 39 percent were neglect allegations, which was not a significant change from the 36 percent reported in the CY 2009 report where neglect was also the most reported allegation. However, this indicates a shift from abuse being the most reported allegation in the CY 2008 report. Upon discussion with county partners after the CY 2009 report was released with similar findings, some possible reasons for this increase of neglect cases may include instances where the child sustained injury (blunt force trauma) as a result of a perpetrator's negligence; or if the parent is not the perpetrator who inflicted the injury, allegations of neglect may be substantiated against the parent for failure to protect the child.

Blunt force trauma was identified as the primary cause of the near fatality for 45 percent of the incidents which has remained consistent since the release of the CY 2008 report. While blunt force trauma remains the most reported cause of near fatalities since CY 2008, there was a decrease of 14 percent of blunt force trauma and an increase of eight percent of Shaken Baby Syndrome as the cause between CY 2009 and 2010.

²⁴ The CY 2007 numbers reflect incidents reported to the state that were found to be the result of abuse/neglect, prior to new reporting requirements implemented in CY 2008. As such, readers should be cautioned in making any comparison of numbers between CY 2007 and other years as reporting requirements varied.

The parent/guardian was identified as the alleged perpetrator in 80 percent of the near fatality incidents reported, and in 63 percent of the incidents where the alleged perpetrator is known, he/she was age 30 or under. Female perpetrators were reported for 64 percent of the incidents. The trends for perpetrator remain fairly consistent between CY 2008 and CY 2010, a female parent/guardian 30 years of age or younger. However, there was an almost 20 percent increase in female perpetrators in CY 2010.

Fatalities/Near Fatalities Conclusion - The data continues to demonstrate that the most vulnerable population subject to child fatalities and near fatalities resulting from abuse and/or neglect remains (from the CY 2008 and 2009 annual reports) our youngest population, children four years old and younger. The data also continues to show that, roughly half of the incidents reported include families that do not have CWS history within the last five years. Additionally, the data shows that allegations of neglect played a greater contributing factor to these fatalities and near fatalities than did allegations of abuse. With respect to the perpetrators of these incidents, the data shows that in a large percentage of these cases, the alleged perpetrator was known to the child, and was 30 years of age or younger at the time of the incident. Lastly, the data continues to highlight that the number one cause of these fatalities and near fatalities remains blunt force trauma.

NCANDS Data - The CDSS currently uses data for submission to the National Child Abuse and Neglect Data System (NCANDS) which is derived from notifications (SOC 826 forms) submitted to the CDSS from county CWS agencies when it has been determined that a child has died as the result of abuse and/or neglect, as required by SB 39 (Chapter 468, Statutes of 2007). It is important to note that those determinations can be made by the coroner/medical examiner, law enforcement, and or the county CWS/probation agency and as such, the SB 39 data reflects determinations made by multiple agencies.

Prior to CY 2011, the CDSS used data reconciled by the California Department of Public Health (CDPH) for submission to the NCANDS. Under the California Penal Code, the CDPH is required to collect and maintain child death information from five sources: local county Child Death Review Teams, Child Abuse Central Index, Vital Statistics, Department of Justice, and the CWS/CMS. The data that was used for prior NCANDS submissions was based on a reconciliation audit conducted by CDPH in 2008 for child deaths occurring in CY 2005, and that same data period was submitted to NCANDS for multiple years. With the enactment of SB 39, which required that county child welfare agencies submit notifications to the CDSS when child fatalities are determined to be the result of abuse and/or neglect, the CDSS determined that the information provided through this data source would provide more current information regarding child maltreatment deaths in California than the reconciliation audit conducted by CDPH. As a result, for the FFY 2010 NCANDS data submission, the CDSS changed the data source for the NCANDS submission to the SB 39 data. The reason for the change was that it provided the most current data available regarding these deaths resulting from abuse and/or neglect and it was the most representative of the cases found in CWS/CMS of the population under the CDSS' jurisdiction. While SB 39 data was used in the FFY 2010 NCANDS submission, the data was derived from CY 2008 fatalities. However, the SB 39 data remains the most current statewide data available regarding these fatality incidents.

Over the next year, the CDSS will continue to look at how it might utilize other information sources to help inform the data gathered from the SOC 826 reporting under SB 39 such as the

CDPH, which continues to conduct the reconciliation audit of child death cases in California. The reconciliation audit conducted by CDPH could allow the CDSS to compare our SOC 826 fatality statistics with the CDPH data described above, to verify actual numbers reported, etc. Currently, the CDPH is conducting a reconciliation audit of fatality data for CY 2008. We are hopeful that once the reconciliation audit data is for a more current time period similar to our SB 39 data reporting cycle, the CDSS will be able to use that data to help inform our NCANDS submission. The CDSS will continue to collaborate with the CDPH towards that goal.

FUTURE PLANS

Plans for Analysis and Annual Report of Child Fatalities

Implications of Data for Child Welfare Practice/Policy- The information learned from the analysis of child fatalities and near fatalities can help to inform management of risk and safety of children. Specifically, the analysis has identified the most common victims, perpetrators, allegations, and causes of death. The Child Fatality and Near Fatality Annual Report for 2010 indicated that the most common victims were four years old and younger. The Department is currently facilitating prevention and early intervention for this age group by managing funding and oversight for Child Abuse Early Intervention and Treatment, whose service priority is prevention programs provided through nonprofit agencies, including, where appropriate, programs that identify and provide services to isolated families, particularly those with children five years of age or younger.

To address safety concerns for newborns, the CDSS has worked with limited resources to promote the Safely Surrendered Baby (SSB) Law, implemented in 2001 to prevent the dangerous and potentially fatal abandonment of infants. Most recently, CDSS implemented a toll-free hotline for SSB Law information, updated outreach publications in multiple languages that are available to counties and the public, and updated useful information and materials available on the state's SSB Law website at www.babysafe.ca.gov. Information on the SSB program is included in the CAPTA Chapter of this report.

The report also indicated that the most common perpetrators in child fatalities and near fatalities were 30 years of age or younger. The Department is currently fostering outreach and community support for this demographic group by managing funding and oversight for Community-Based Child Abuse Prevention Program (CBCAP), which provides priority funding for effective community-based programs serving low-income communities and those serving young parents or parents with young children, including community-based child abuse and neglect prevention programs.

The CDSS will also be researching how the report's findings may be incorporated into existing prevention efforts and safety identification methodologies. In 2009, CDSS issued ACL 09-31 to emphasize the importance of thoroughly assessing the safety and risk factors that may be present in each child abuse and/or neglect referral investigated by a county CWS agency. The safety assessment systems, SDM, used by 54 counties, and CAT, used by four counties, are valuable tools for social workers and supervisors in determining safety factors for children and families. Identifying safety factors during an investigation is a key element in reducing the likelihood of child fatalities when the child/family is known to the CWS agency. The CDSS will continue to encourage thorough use of the tools, in conjunction with social worker practice in a

manner that increases family engagement to ensure that children are safe, and that their family and systems of care provide a safe environment free from abuse.

The CDSS is also drafting an ACL that will address social worker visits with children prior to closing a referral. One of the goals with this ACL will be to ensure that children are being assessed regularly during an investigation in order to identify potential safety factors.

The CDSS also regularly convenes an internal team whose purpose is to revise regulations and procedures regarding the reporting and disclosure of child fatalities. The CDSS has been utilizing input from county CWS agencies and stakeholders in order to improve the procedures for public access to information regarding child fatalities that were the result abuse and/or neglect. Public access to such information is essential to future child abuse and neglect prevention efforts. The CDSS also plans to release two All County Letters in the summer of 2012 regarding frequently asked questions about child fatality and near fatality reporting, disclosure, and data entry requirements.

Plans for Future Analysis and Annual Report of Child Fatalities - As each year passes the availability to offer greater analysis to areas of the report improves. Next calendar year the report will offer further analysis about children who were residing in foster care or had open CWS cases at the time of the critical incident. Additionally, there will be continued collaboration and information sharing with county partners to discuss their perspective on the findings and trends in data collected on fatality and near fatality incidents.

For additional information, including the California Child Fatality/Near Fatality Annual Reports for CY's 2008-2010 please visit the Child Fatality and Near Fatality Information website.²⁵

Plans for SDM

- The Children's Research Center continuing to provide SDM training through the regional training academies for supervisors and more senior staff statewide, contingent upon resources to do so.
- To increase the capability of workers to actively use SDM assessment definitions while in the field, a mobile definition site has been created which can be accessed via a smartphone.
- The Children's Research Center will work with CalSWEC and the RTAs to update SDM-related curriculum.
- The Children's Research Center will develop a report using SDM data to examine domestic violence in families in child welfare, with the goal of adding this analysis to future annual reports.

²⁵ <http://www.childsworld.ca.gov/PG2370.htm>

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INTRODUCTION

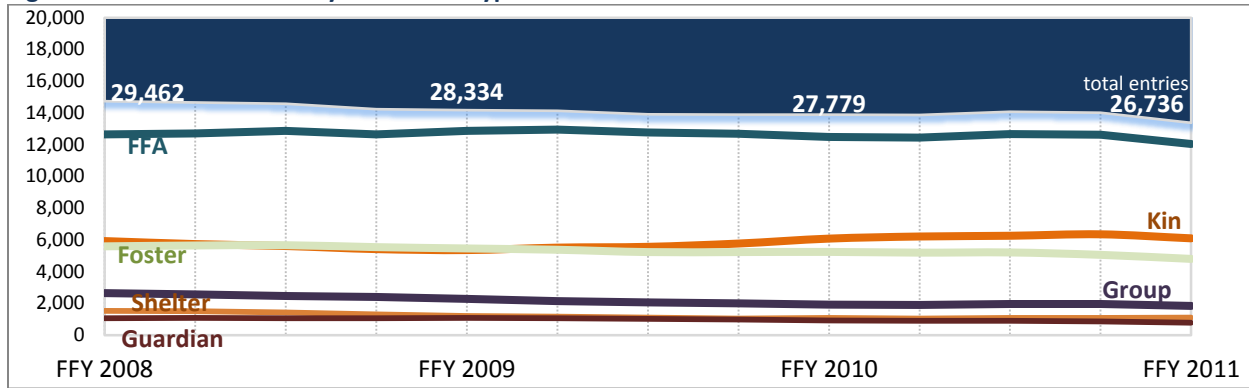
Ensuring permanency for California’s children in care requires CWS statewide to ensure that children have permanence and stability in their living situations as well as continuity in their family relationships and connections. Permanency is best achieved when children can remain safely in their homes. When children cannot remain or return home safely, efforts to achieve adoption or guardianship are made. Additionally, children in care will experience greater permanency while in foster care if strong familial connections are maintained and fewer placement changes occur.

Federal outcome measures help to determine whether children in out-of-home care have permanency and stability in their living situations. Several factors contribute to outcome data, which also contribute to progress in achieving permanency for California’s children. To provide context for the analyses that follow, the figures below illustrate the proportion of children entering care, those in out-of-home care on a given day, and children exiting care by placement type.

ENTRIES INTO CARE BY PLACEMENT TYPE

As shown in the figure below, California continues to make steady improvements both in reducing the number of entries into care and in increasing permanency options for children who require out of home care. In the short period between FFY 2008 and FFY 2011, the state has reduced entries into care by nearly 10 percent, from 29,400 to 26,700 in FFY 2011. Of these entries, the number placed with relatives continues to increase (6.5 percent in four years), while the number entering into shelters and group homes decrease. In the following section, the state will describe its efforts and activities towards improving outcomes for children placed in-out-of-home care.

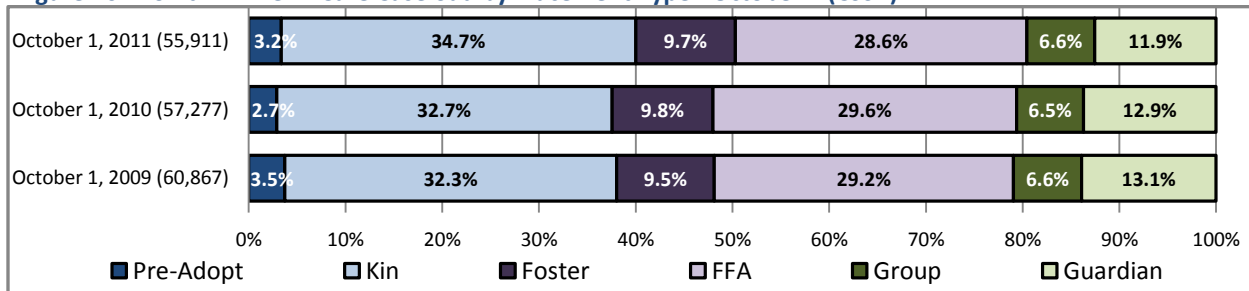
Figure 25: Entries into Care by Placement Type



POINT IN TIME CASELOAD BY PLACEMENT TYPE

The state continues to make steady progress in reducing the number of children in out-of-home care at any given point in time. In the short period between October 1, 2009 and October 1, 2011, California reduced its foster care population by eight percent (approximately 5,000 children) and increased the proportion of children placed with relatives by seven percentage points.

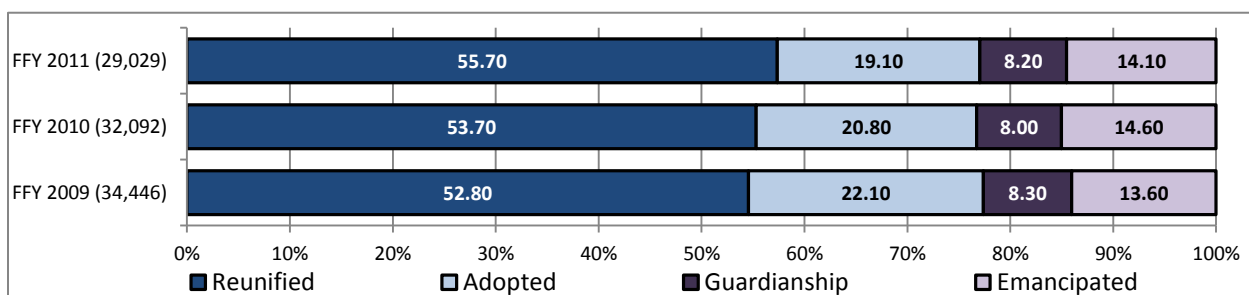
Figure 26 : Point in Time In-Care Caseload by Placement Type - October 1 (CSSR)



EXITS BY PLACEMENT TYPE

Over the last three years, the total number of children exiting foster care has exceeded the total number of those entering care, resulting in a net decrease in the total number of children in care at any given point in time.

Figure 27: Exits by Placement Type (CSSR)



Four key efforts are underway which are aimed at changing the landscape of the foster care system to further improve permanency and well-being outcomes.

PROGRAMS AND INITIATIVES

- ✓ Fostering Connections After 18
 - ✓ California Partners for Permanency
 - ✓ Congregate Care Reform
 - ✓ Residentially-Based Services Program
- *Extension of Foster Care to Age 21* - CDSS is in the process of implementing AB 12 (Chapter 559, Statutes of 2010) which allows for the extension of foster care up to age 21. The extension has come to be called the Foster Connections After 18 Program (After 18). AB 12 was California's legislation that implemented the provision of The Fostering Connections and Increasing Adoptions Act of 2008 which gave states the option to extend foster care beyond the age of 18. Originally, AB 12 authorized the foster care extension up to age 20, but Senate Bill 1013 (Chapter 35, Statutes of 2012) increased the age limit up to 21 for youth in foster care starting in CY 2012, effective July 1, 2012.

On March 1, 2011, CDSS submitted a revision to the state plan establishing eligibility and other requirements for the title IV-E Guardianship Assistance Program. The ACF approved the state plan revision on November 29, 2011 with an effective date of January 1, 2011. On December 20, 2011, CDSS submitted a revision to eligibility and other requirements for the extension of foster care to age 21. The ACF approved the state plan April 11, 2012 with an effective date of January 1, 2012.

The After 18 Program began on January 1, 2012, allowing foster youth over the age of 18 to remain in care as non-minor dependents up to the age of 21, provided they meet one of the five criteria outlined in the Fostering Connections Act. In addition to simply extending benefits, the After 18 Program represents a paradigm shift such that providing services to a growing adult who is voluntarily remaining in foster care has to be different than taking care of a child. This shift needs to occur, not only with the caseworker, but also with attorneys, providers, caregivers, courts, and others. The new policy, while challenging, is not as difficult as the practice changes that are required across the system.

The 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 20 for youth entering those arrangements at age 16 and older. Thus, youth are not forced to make a choice between having a permanent family and extended support.

The CDSS has convened multiple workgroups to develop implementation processes for extended foster care. A Steering Committee comprised of nine sponsors of the bill and a variety of other stakeholders, including youth representatives, has been developed to ensure the vision of the After 18 Program is achieved in the full implementation of the extension of foster care. A Coordinating Leadership Team comprised of CWDA, CDSS, and representatives from AOC and the Chief Probation Officers of California is charged with vetting any implementation issues that arise in the development of the program and ensure that the policies are aligned with the vision of the After 18 Program in a way that can be operationalized in the field.

In addition to the Steering Committee and Coordinating Leadership Team, four main implementation workgroups were created: 1) Program Criteria/Development, 2)

Eligibility/Rates, 3) Fiscal/Administration, and 4) Youth Engagement/ Outreach and Training. The groups met frequently from February 2011 – August 2011 to operationalize the five program eligibility criteria, the re-entry process, develop forms such as the mutual agreement, placement agreements, case plan processes, and policies for maintaining eligibility.

ACF Program Instruction ACYF-CB-PI-10-11 encourages states to develop a new title IV-E eligible placement specifically for non-minor dependents referred to as a Supervised Independent Living Setting (SILS). The federal guidance also provides states with the discretion to develop a range of SILSs. Recognizing that some young adults may need more support than others to be successful in living independently, California has opted to create two levels of SILSs: Transitional Housing Program Plus-Foster Care (THP-Plus-FC) and a Supervised Independent Living Placement (SILP). The THP-Plus- FC program will be similar to the existing Transitional Housing Placement Program for minors with a rate structure that was developed through the work group process. This option will provide more frequent services than the SILP which is a flexible option for youth assessed ready for a higher level of independence than traditional foster care settings allow, such as a dorm or an apartment.

Four ACLs were released prior to January 1, 2012 to instruct counties on the processes for allowing youth to remain in foster care beyond age 18. The Coordinating Leadership Team and the Steering continued to meet after the workgroups finished to address new issues identified as counties began preparing for implementation. The CDSS will continue to work with counties to refine the policy for the regulations based on questions and feedback counties provide on any barriers or issues experienced during implementation. The CDSS will continue to use the SOC 405E Exit Outcomes data report to measure outcomes for youth emancipating at age 18 and above until the report is revised to separately capture outcomes for youth exiting at age 18 versus the young adults exiting after participating in the After 18 Program. Although no official data are available yet, anecdotal reports by counties indicate a high level of participation by youth.

- The goal of *California Partners for Permanency (CAPP)* in its five years of federal funding is to improve permanency outcomes for African-American and American Indian children in or entering foster care, or remaining in long-term foster care by implementing a Child and Family Practice Model. Inherent in the definition of a “practice model” is the recognition that systemic and organizational change will be critical in supporting the practice transformation that will lead to desired outcomes. The recognition of the important interplay between practice and system change for the target population is the reason why CAPP chose a practice model as its intervention. Under the auspices of the grant through CDSS, the four participating counties (Fresno, Humboldt, Los Angeles, and Santa Clara) will implement the practice model, with a long-term goal of rolling the model out to more counties.

Through analyses of existing literature, findings from primary research conducted during the planning process, and discussions with a diverse group of stakeholders throughout the state, CAPP has designed a Child and Family Practice Model to address key barriers to permanency for the target population. Current child welfare system²⁶ practice:

²⁶ CAPP’s definition of the child welfare system includes the child welfare agency and the partners with which that system currently works to serve its clients, including the courts, mental health, probation, education, private providers, etc.

- does not adequately understand, engage, or value the strengths and resources of African American and American Indian families, communities, and Tribes due to mutual mistrust (at both the individual and system levels) and a lack of understanding of the differences in the lived experience of each population; and
- has not consistently partnered with communities and Tribes to address the underlying grief, trauma, and loss African-American and American Indian children are more likely to experience in their lives and to identify, develop, fund, and make available culturally-based and trauma-informed support services.

CAPP believes a practice model is the right intervention to address the permanency barriers for African-American and American Indian children and youth because it includes all of the necessary components for change: 1) theoretical framework; 2) guiding values and principles; 3) frontline practices, and 4) standards for organizational and system capacity.²⁷

CAPP submitted its implementation plan to the Children’s Bureau in July 2011 and was approved in September 2011.

Organizational and systems change at the local level, supported by a strengthened and coordinated statewide infrastructure, is a key component of the practice model necessary to reduce the existing disparities. CAPP is utilizing a methodology called Institutional Analysis (IA). This method, applied by the Center for the Study of Social Policy (CSSP) in Washington DC, is a qualitative assessment that seeks to understand and address organizational and structural contributors to poor outcomes for children and families involved in the child welfare, juvenile justice and other systems. The IA process acknowledges that there are many complex challenges faced by some African American and Native American families that also contribute to the racial disparities in the child welfare system. The CAPP is using the IA to examine how system interventions currently contribute to negative outcomes for African American and Native American children and families. The IA will help identify problematic features that are unique to each system, as well as features that cut across a number of the counties.

Once the IAs’ are compiled and cross systems issues identified, potential strategies for addressing these issues will be developed. By combining changes in the front line practices with systems changes, CAPP expects to see the following long term outcomes:

- Fewer Children in Foster Care
- Decrease in Disparity in Achieving Permanency Outcomes
- Decrease in Dependency Guardianship Rate
- Decrease in Non-Permanent Exit
- Decrease in Re-entry Rates
- Increase in Placement with relative or Tribe
- Increase in Rate/Timeliness of Permanency Exits (Includes Guardianship, Adoption, Reunification)

Since submitting the implementation plan, there has been more intense engagement with the African-American community and American Indian Tribal representatives through a cross-site

²⁷ *Practice Model Guidance, Positioning Public Child Welfare Guidance, Strengthening Families in the 21st Century, American Public Human Services Association (2010) and Successful Adoption and Implementation of a Comprehensive Casework Practice Model in a Public Child Welfare Agency: Application of the Getting to Outcomes Model, Anita P. Barbee, et al. (2010).*

process of building. The focus of these meetings was to build partnership and trust while working together to identify the core practice elements or Practice Behaviors for the CAPP practice model, such as behaviors that represent the culturally competent behaviors that should always occur between child welfare and families, communities, and Tribes.

After the first year of planning, it became clear that engagement needed improvement. In an effort to increase CAPP's on-going engagement efforts, CAPP established the Engagement Liaison position in December 2011. The position will focus intensively on engagement with families, caregivers, communities and Tribes, and coordinate local, state, and cross-site engagement efforts with on-going CAPP implementation activities.

Fresno County is the first county to begin implementation, and began usability testing of the Practice Model in March. Usability testing involves determining how the practice model that was conceptually developed operates in practice. Fresno County's "CAPPERS" (implementing social workers) have bi-monthly meetings and daily check-in opportunities with their Core Implementation Team. Supervisors are taking an interest in exploring their function as coaches and Core Implementation Team members are creating additional opportunities for coaching and observing busy workers by "running alongside of them with coffee and donuts" to go out in the field together. Observations are not only being used to inform training and coaching, but also to identify things that clearly distinguish between the practice model done competently versus inadequate or subpar practice. The usability testing process will inform the development of proximal measures for CAPP. Fresno County's usability testing experience is regularly being shared across all CAPP sites in calls/meetings to assist other sites in their preparation and readiness for implementation, and to discuss and build consensus among implementing counties regarding priority outputs, fidelity measures and proximal measures to be tracked.

Los Angeles began initial implementation in May 2012. Santa Clara County is scheduled for August and Humboldt in the fall.

A CAPP Shared Learning Convening will be planned and held on August 21st and 22nd. The convening will focus on *Usability Testings and Implementation Lessons Learned* and support cross-site learning and sharing around various aspects of implementation. There will be approximately 150 invitees, including current CAPP cross-site team members; CAPP implementation teams and involve staff and partners; local, regional, and state CAPP leadership, staff and partners; as well as leadership from CWDA and a number of other California counties.

- **Congregate Care Reform** - Group home placements are considered institutional placements, or "congregate care," serving foster children who require higher levels of care and supervision. The children are placed in congregate care by local child welfare agencies, probation agencies, and mental health agencies. Unfortunately and too often, children remain in congregate care placements for extended lengths of time, sometimes emancipating directly from congregate care to independent living with poor outcomes (unemployment, homelessness, incarceration). Given the high cost of these placements (group home rates were increased by 32 percent last year), there is interest in re-examining not only the role of congregate care for foster children but the continuum of placement options. Several short-term and long-term strategies have been developed by a workgroup of CDSS staff and county staff (through the CWDA) and the Alliance for Child and Family Services that are intended to reduce placements and/or length of stays in congregate care settings, and increase opportunities for foster children to receive timely and appropriate services within community settings. Initiatives are also in process to improve

Intensive Treatment Foster Care (ITFC) and Multi-Dimensional Treatment Foster Care (MTFC), to implement the Katie A. settlement (further described in the Well Being section), and to implement the After 18 Program. Integration of these foster care reform efforts into a cohesive strategy for reforming the broader foster care system has been established as a priority of the Department. The Department is exploring options to move forward to further develop these strategies within the current environment of severely reduced resources and budget constraints.

- The *Residentially-Based Services Reform Project* was established by AB 1453 (Soto, Chapter 466, Statutes of 2007) in response to growing frustration with the shortcomings of the existing foster care group home system. This law authorized a multi-year pilot demonstration project aimed at eventually transforming California's current system of long-term, congregate, group home care into a system of RBS programs. These programs would reduce the length of time in group care and improve permanency outcomes for youth by combining short-term, intensive, residential treatment interventions with community-based services aimed at reconnecting foster children to their families and communities.

The RBS Reform Project continues to be operational in all four demonstration counties (Los Angeles, Sacramento, San Francisco, and San Bernardino). Below is an update on the status of the supports and activities associated with the project:

- County foster care claims validated; fiscal audits of RBS providers reviewed – CDSS conducted claim validations for two of the RBS counties and found issues with the claim validation process, specifically the process that was developed to conduct the claim validation proved to not work out the way it was intended. CDSS is in the process of re-examining this process. Review of fiscal audits of the RBS providers will occur in the next state fiscal year.
- Ongoing collection of evaluation data – CDSS continues to collect evaluation data on client outcomes, satisfaction and financial costs associated with the RBS project. Because RBS models are built on a 24-month service delivery, it is best to provide specific information on the client outcomes, satisfaction and financial costs after the county demonstration sites have operated for the full 24-months. CDSS expects to have this information from the counties in 2013 County Annual Reports (CARs). For more information regarding some qualitative findings on youth and family perceptions of the RBS program, please refer to the RBS Qualitative Report produced by Casey Family Programs and Walter R. McDonald and Associates (WRMA) on the RBS Reform Coalition website²⁸.
- County annual reports from each demonstration site submitted and analyzed – CDSS received and analyzed county annual reports for the three demonstration sites (San Bernardino, Los Angeles, and Sacramento) operating during calendar year 2010.
- Annual project progress report produced by evaluation contractor so long as philanthropy is willing to continue funding the independent evaluation contract – CDSS received the first annual project progress report from the evaluation contractor in 2011 for youth receiving RBS through calendar year 2010. Due to a small sample size of youth receiving RBS in 2010, the data contained in the report is considered preliminary and are insufficient to draw definitive conclusions.

²⁸ http://www.childsworld.ca.gov/res/pdf/CDSS_Summary-RB_Site_Performance_2011.pdf

- Cost containment reviews have been suspended due to realignment.
- Site monitoring conducted and technical assistance provided as appropriate – CDSS conducted site reviews in all four of the demonstration counties in 2011. Site review findings indicate that all sites are operating in substantial conformance with the program described in the individual county Memorandum of Understanding with CDSS.

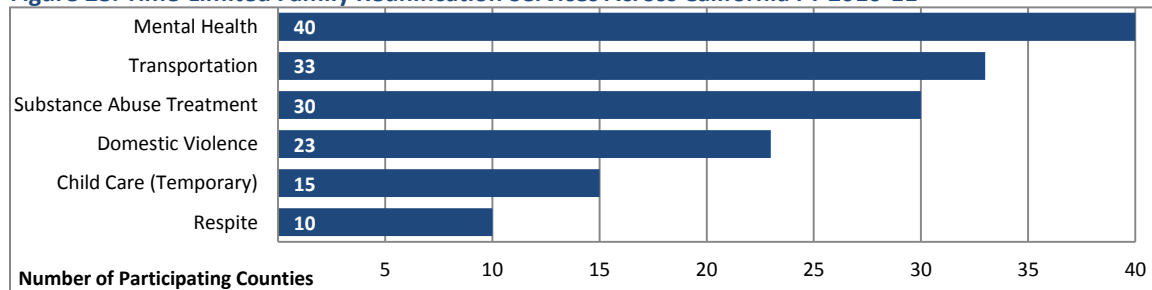
7 PERMANENCY FOCUSED SERVICES IN PSSF

California engages in many efforts to support permanency outcomes for children including programs and services provided through the Time-Limited Family Reunification (TLFR) and Adoption Promotion and Support (APS) components of PSSF. The OCAP tracks these efforts through review of the county SIPs and OCAP Annual Reports. Through the OCAP Annual Report, counties reported a total of *127,164 recipients* of permanency focused services during FY 2010-11. As noted in the Safety Section, total recipient count includes children, parents/caregivers, and families. For each service category, recipient is counted once as either child, parent/caregiver, or family.

While Family Preservation and Family Support funded programs and services were discussed at length in the Safety Section, it is important to note that these programs and services also impact permanency efforts across California. Just as improvement in one outcome measure can impact another outcome measure, services provided at the beginning of a family's involvement in the child welfare system can impact a foster child's length of time in foster care.

- *Time-Limited Family Reunification* - Through the TLFR component of PSSF, California counties provide supportive services to families with the goal of reunifying children safely and permanently. Statewide, there were a total of 37,675 recipients of TLFR supported services during FY 2010-11. As indicated in the figure below, mental health services, transportation and substance abuse treatment were reported to be utilized most often across California during FY 2010-11. A total of 15,532 recipients engaged in mental health services while 15,680 recipients utilized transportation assistance and 3,320 recipients participated in substance abuse treatment with TLFR dollars. The overall number of participants receiving TLFR funded services is low comparative to Family Preservation and Family Support (as discussed in the Safety Section), however many California counties leverage their PSSF funding for greater program impact.

Figure 28: Time-Limited Family Reunification Services Across California FY 2010-11

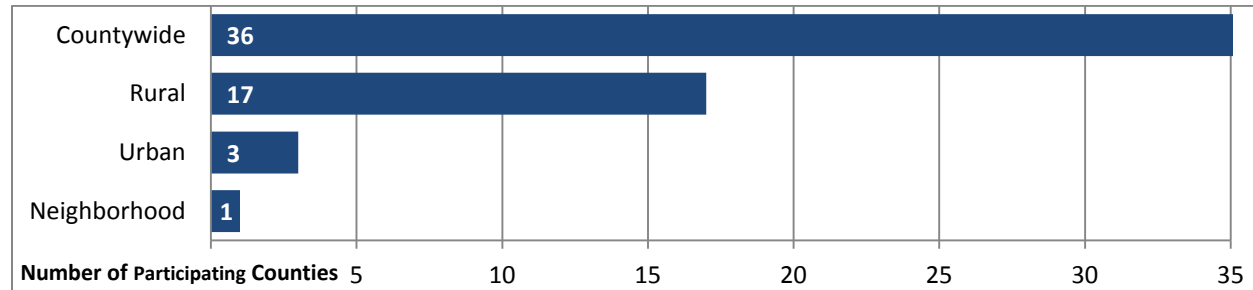


**All 58 counties are represented in the figure above.

In an effort to support families in timely reunification, over half of California counties utilized TLFR funding to provide transportation services. Supporting the transportation needs of families is critical in California as many counties across the state are small, rural and lack access to mass

transit systems. Additionally, California counties understand the necessity for providing access to TLFR services county-wide. Critical services which aim to reunify children and families safely and timely are provided county-wide, often via Family Resource Centers or home visiting programs. As indicated in the figure below, 36 counties provided TLFR services county-wide during FY 2010-11.

Figure 29: Time-Limited Family Reunification Services by Geography across California FY 2010-11



Below are county specific examples of TLFR services provided during FY 2010-11.

Riverside County contracts with Mental Health Systems, Inc. (MHS) to provide Family Preservation Court (FPC) services. FPC is an intensive, comprehensive, court-supervised, substance abuse treatment program designed to assist parents in eliminating drug and/or alcohol dependency. Aiming to safely reunify children, FPC offers substance abuse treatment, evidence-based parenting and relapse prevention courses, parent and family reunification support groups, drug testing and housing vouchers.

The Child Abuse Prevention Council of *Contra Costa County* funds life-trained paraprofessional Parent Partners who have successfully navigated the child welfare system. The Parent Partner serves as a mentor for parents, helping them navigate the child welfare system while teaching and improving the parent's ability to locate and access services in their community. Parent Partners develop supportive relationships, drawing on family strengths and resources, in order to facilitate the timely reunification and permanency for children placed in out of home care. Contra Costa County leverages funding sources to provide a coordinated service delivery system aiming to improve the safety, permanency and well-being outcomes for children and families. Contra Costa County's combined efforts indicate improvement during FY 2010-11 where family reunification rates have increased from 45.1 percent to 52.2 percent.

Santa Cruz County utilizes TLFR to help fund therapeutic, supervised visitation through the Parents Center. Visitation staff possess knowledge and background in child abuse indicators, mental health and substance abuse issues, child welfare case planning, objectives of supervised visits and are trained in the Triple P Parenting curriculum. Their primary goal is to assist in family reunification via supervised visitation services and ensure the physical safety, emotional health and well-being of children. Parents participate in Triple P Parenting classes as part of their CWS case plan and then have an opportunity to receive feedback and support on implementing the strategies learned during supervised visits with their children. In addition, case carrying CWS social workers are being trained in Triple P curriculum. Seventy-seven families received 3,548 hours of therapeutic supervised visitation during FY 2010-11.

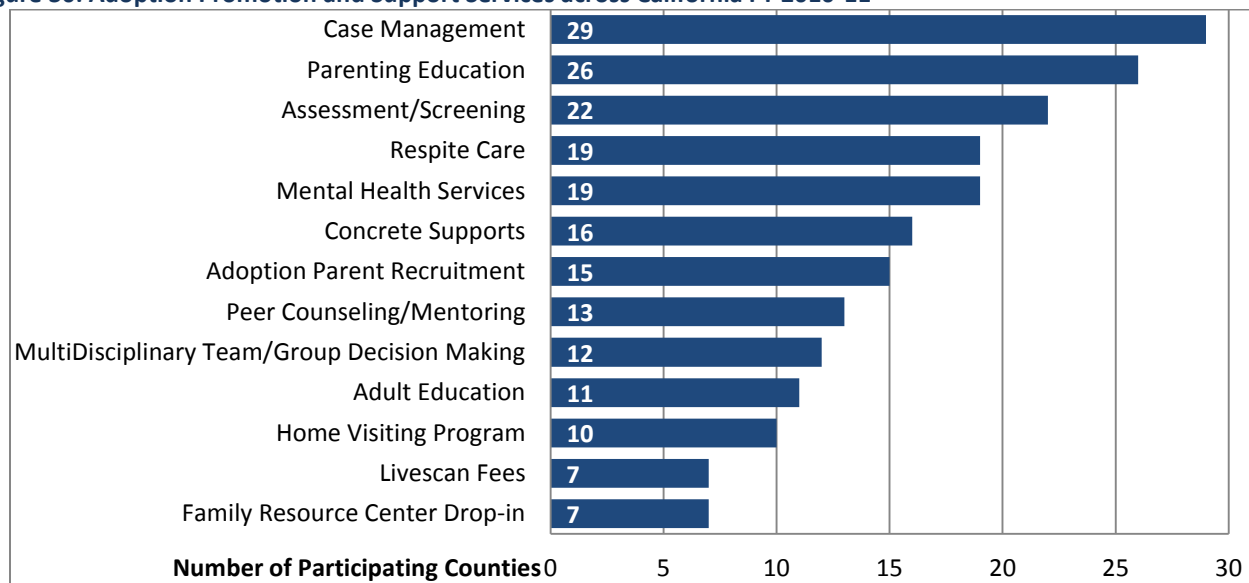
Aspira Foster and Family Services provide the Pro-Family Program with TLFR funds in *Stanislaus County*. The Pro-Family Program provides intensive family reunification services with the aim of reunifying families safely and timely. Program components include family-centered service

planning, short-term paraprofessional mentoring, transportation, housing assistance, parent education and home visitation. During FY 2010-11, of all families referred to the Pro-Family Program, 80 percent participated in services and 70 percent remained in the program beyond 30 days. Six months following completion of services, 100 percent of families remained reunified. One year following completion of services, 80 percent of families remained reunified.

When parents are unable to address the issues which lead to CWS intervention, and when the best interest of the child has been considered, counties provide adoption focused services. Permanency may be achieved through adoption or guardianship or through another planned, permanent living arrangement. California counties utilize APS services and programs to promote adoption as a form of permanency for foster children statewide.

- *Adoption Promotion and Support* - Through APS, California counties provide services aimed at promoting adoption for foster children when appropriate while expediting the process and supporting the family. Statewide, there were a total of 89,489 recipients of APS services during FY 2010-11. As indicated in the figure below, case management, parent education and assessment/screening were reported to be utilized most often across California in FY 2010-11. Statewide, a total of 26,222 recipients engaged in case management services while 2,248 recipients accessed parenting education and 5,094 recipients participated in assessment and screening services with APS dollars. As well, CDSS has contracts to provide post-adoption services for the 28 counties served by the Adoption District Offices.

Figure 30: Adoption Promotion and Support Services across California FY 2010-11



**All 58 counties are represented in the figure above

Below are county specific examples of services provided during FY 2010-11.

Los Angeles County contracts with eight agencies across its eight regions to provide the Adoption Promotion and Support Services (APSS) Program. The APSS works with children and families involved in the adoption process and is one of the many departmental strategies being used to decrease the number of children in foster care. APSS also helps to ensure the stability of adoptive placements so children don't re-enter out of home care. The contracted agencies provide support to children and adoptive families to nurture lifetime commitments, to ensure

permanency for children, to expedite the adoption process and to reduce disruption of adoption. Services include: individual, group and family therapy; Adoptive Parent Mentor Program; support groups; linkages to childcare, health care, mental health services, developmental services, Regional Center services, special educational services, income support and transportation services. In order to track progress towards the goal of increased permanency for youth, APSS currently utilizes a web-based data collection system. To evaluate the APSS outcomes and progress of current open cases, outcome survey data from April 2010 to April 2011 was pulled. The analysis of the impact of APSS services was based upon a comparison of the beginning status code of a child when initiating APSS services with the ending status code when terminating APSS services. The outcome data represents sample of 542 referred children. The beginning status of the 542 children shows that many APSS referrals are for children who are placed in prospective adoptive homes and/or are in finalized homes. APSS received referrals regarding 230 children already placed in adoptive homes and 108 children in finalized adoptive homes. 204 children were in other placements, primarily children in need of adoptive homes who reside in foster care homes. The ending status of the 542 children documents significant progress and support for all referred families.

| Status | |
|---------------------|------------|
| Stabilized | 61% |
| Finalized adoptions | 13% |
| Progress | 9% |
| Slowed | 7% |
| Legal Guardianship | 6% |
| Unknown | 5% |
| Total Count | 542 |

Tulare County funds Aspiranet to provide the REACH Program, providing pre and post adoption services. Families are supported by a number of services including: crisis intervention, case management, counseling, support groups, resource lending library and website. Working to increase community-based services to strengthen and stabilize families, the REACH program has led to a reduction in re-entry of adoptive youth. During FY 2010-11, a total of 101 families were served.

San Diego Youth Services provides APS services in *San Diego County* to support the adoption of children during the home study process through post-finalization. Adoption support services and activities are provided by professionals and peers designed to target and support the vulnerable adoptive children and families at risk towards the goal of a permanent living situation. Services include therapy, peer support and family advisory groups, social skills groups for youth, Mentor Tutor Program, respite services and training. During FY 2010-11, adoption support services were provided to 1444 families. 59 percent of parents reported their child had an increase in positive behavior. Of the children participating in mentoring, 92 percent had improved grades. Over 100 parents a month received clinical services and over 2,100 therapy hours were provided during the reporting year.

8 Services for Young Children Zero- to Five-Years Old

Title IV-B funding for programs was reauthorized by Congress and PL 112-34, the Child and Family Services Improvement and Innovation Act, was signed into law by the President on September 30, 2011. Among other requirements, the new law requires the state to include additional information

in the APSR regarding services provided to young children. California has long had policies and programs that prioritize services and care for young children, with the understanding that young children enter care at proportionally higher rates than older children, young children are most vulnerable to the effects of maltreatment, and both maltreatment and involvement in child welfare's impact on development can have life-long implications.

Examples of these policies and programs include:

- ✓ Accelerated Timeframe for Reunification
 - ✓ Assessment tools
 - ✓ Prevention and Early Intervention Services
 - ✓ Parent Partner Program
 - ✓ Family/Child Visitation
 - ✓ Concurrent Planning
 - ✓ Foster parent to child ratios
- Recognizing that children age three years and younger are at a crucial stage in their development, state law requires an *accelerated timeline for family reunification* when these young children enter foster care. WIC Sections 361.5 and 361.21(e) requires that reasonable efforts to return the child to his or her family occur within six months for children three years or younger and 12 months for older children. This requirement conveys the urgency of the situation to those involved in the case plan and recognizes the need for a permanent family.
 - The state's approach is evident in the various *SDM and CAT assessment tools* that are used by the counties, such as the response priority, and risk and safety tools. In these tools, age and developmental status are taken into consideration and receive additional weight when determining response and service levels.
 - When assessments determine that permanency can be maintained through the support of *prevention and early intervention services*, local agreements and contracts often ensure that this vulnerable age group receives priority consideration for receiving services. Examples include the following:
 - First Steps in Merced County is a multi-disciplinary team that works to provide comprehensive assessments to parents of infants and engage them in services to maintain permanency and prevent removal.
 - In Sacramento County, the Birth and Beyond Program strives to safely maintain permanency by providing in-home focused services to address the physical health and developmental needs of children under the age of six.
 - In Sonoma County, a program funded by the First Five Commission provides in-home services to new first time parents and their infants.
 - To further support permanency, many California counties have implemented a *Parent Partner program*. This program introduces a parent mentor to parents new to the foster care system who can provide parent-to-parent support from someone who has experienced the system and understands first-hand the importance of early engagement and the consequences when parents do not engage. Napa, Sacramento, Shasta, Alameda and Yolo are just a few of the counties who utilize this approach.

- Another approach that supports permanency includes *family/child visitation*. Counties recognize the importance of maintaining the family bond during the reunification period and often increase the visitation rate for young children to further promote permanency. The SDM Reunification Reassessment tool provides a framework for assessing the quality of visitation and determining the frequency of visitation.
- Along with the accelerated reunification timeline is the requirement for *concurrent planning*. At the same time concentrated efforts are made to engage the parent from whom young child was removed, a concurrent plan is developed that identifies an alternate permanent family if sufficient progress by the parent is not made. Counties across California have implemented many kinship programs to identify and support relatives for this purpose. Recognizing the importance of concurrent planning in obtaining a permanent family, more and more California counties are choosing to begin their concurrent planning at the earliest possible time in the life of the case. Placer, Sutter, San Benito, Glenn, Fresno, Modoc and Stanislaus are just a few examples of the California counties that have modified their concurrent planning practices to emphasize the urgency of finding permanent families at the earliest possible point, especially for the very young child.
- When out-of-home placement requires placement in a foster home, California limits the number of infants age 0-24 months that can be placed in a single home to two children. This further supports the development of young children by providing an environment that supports more individual attention; see California Code of Regulations Section 89410(b).

SERVICES TO IMPROVE PERMANENCY AND ADDRESS THE DEVELOPMENTAL NEEDS

Appropriate and timely screenings and assessments can help ensure that all children are appropriately and adequately matched with families and placements to meet their educational, physical and mental health needs. Improved identification of child priority needs and subsequent service provision can lead to reduced movement in care and improved likelihood and permanency of reunification. The CDSS is engaged in several efforts that can be portals of entry to improving the outcomes for young children consistent with the federal guidance.

The services described above are only a few examples of some of the targeted services available for children zero-to five-year olds. California's structure as a county-administered system of services enables that children are adequately provided services based on their local capacity. State-level initiatives such as the California First 5 Commission and the Early Start program, and the interest of zero-to-five topics in the Child Welfare Council subcommittee's work plan highlights California's commitment and recognition that early childhood and care are a critical stage in development and deserves added attention.

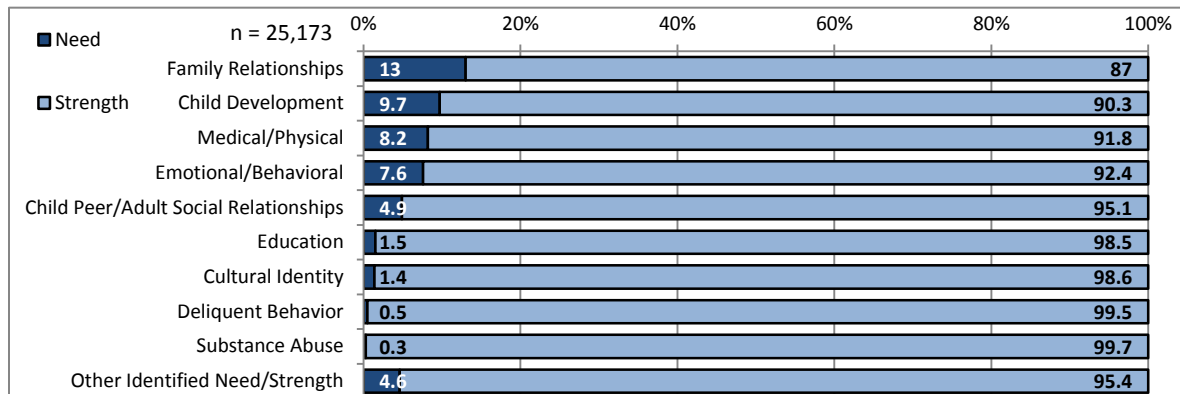
Some of these services include:

- ✓ Early Start
- ✓ Screening and Assessments
- ✓ SDM tools
- ✓ Team Meetings
- ✓ Parenting Classes
- ✓ Dependency Drug Courts
- ✓ Educational Services

- As required by CAPTA, children under two are referred to early intervention services through *Early Start* which is administered by Department of Developmental Services (DDS), CDE and the Regional Centers. Recently the DDS Early Start Program engaged CDSS to develop a State Interagency Agreement by December 2012 outlining the steps to connect early intervention services to their early identification of children with developmental needs that is suggested by Office of Special Education Programs.
- To support this goal, counties screen for *developmental and mental health issues when children first enter care and perform assessments for child strengths and needs continually thereafter*. To perform these assessments and screenings, many counties have moved to utilizing the support of Public Health Nurses, described further in the Well Being section, who employ a variety of tools and strategies such as the Denver II and the Ages and Stages Questionnaire. In some counties (Los Angeles, San Diego and Sacramento), more expansive health and development screening programs have been implemented through additional funding sources such as local First 5 Commissions.
 - San Diego County reports that they further enhanced their developmental screening program three years ago by including: a six month re-screening of children who had no concern at the initial screening, comprehensive developmental and behavioral assessments when needed, follow up and case management for children who have concerns, participation of developmental specialists in team decision making meetings, developmental/behavioral coaching for kin and foster caregivers, and daily on-site training and coaching for residential care workers at their emergency shelter. The county also creates an Individual Care Plan for each child screened with recommendations for caregivers and social workers regarding activities and services that will support each child's unique developmental needs.
 - Sacramento County reports that they implemented the Health Exams, Assessments, Referrals and Treatment Services "(HEARTS) for Kids" program in 2010 dependent children zero-to-five years old. The program provides medical and dental screenings, home visitations, screenings and continuation of services by PHNs, home visitations by Early Intervention Mental Health Clinicians (EI) who work with the child and caregiver to address bonding and behavioral issues. The EI work closely with the PHN and administer a socio-emotional assessment and a second developmental assessment for children with identified developmental concerns.
- Case plans are also developed with special attention to the needs of young children. SDM counties are required to use the *Family Needs and Strengths Assessment tool* when developing a case plan. The SDM tool kit also includes a Physical and Cognitive Developmental Milestones Chart as a quick reference for social workers. All of the SDM tools, including definitions and reference guides, are immediately available for social workers through the internet.
- Through the SDM Child Strengths and Needs Assessment tool (CSNA), workers also systematically assess each child in the family in order to identify priority child strengths and needs. The assessment includes attention to the child's current level of development such as advanced, age appropriate, limited, or severely limited, and provides the social worker with a Physical and Cognitive Developmental Milestones matrix to assist the worker when making this determination. The CSNA weights the strengths and needs for each child and serves as a guide for developing a focused case plan that addresses the identified needs while taking into account

the identified strengths. Of the completed 64,399 child CSNAs between January 1 and December 31, 2011, 39.1 percent were for children zero to four years of age.

Figure 31: SDM Child Strengths and Needs Assessment Results by Age Group: Ages 0 - 4



- Counties also utilize a variety of *team meetings*. These meetings help ensure that all critical information regarding the young child is assessed and conveyed to the caregiver.
- Evidence-based *parenting classes* provided by local Child Abuse Prevention Councils are available throughout the state, and in many communities are taught at neighborhood resource centers. Providing training in the neighborhood encourages child welfare parents to become familiar with their neighborhood service center and the array of services that are available to them. Developing networks of support can promote and sustain permanency for families.
- *Dependency Drug Courts* that include intensive drug and alcohol services that support expedited reunification timelines have been implemented in 30 California counties.
 - In Santa Clara, the juvenile court partnership has been expanded to include a Family Wellness Court²⁹ that provides a comprehensive focus including interventions for young children with developmental delays. Some criteria for inclusion into the program include a parent who has given birth to an infant that has been exposed to methamphetamine or other substance abuse during the pregnancy, or a parent who has a child under the age of three that was either born drug exposed or has been raised in a substance abuse afflicted environment with documented abuse and/or neglect
 - As described previously in the Early Intervention/Prevention section of this report, Sacramento County's Intensive Supervision program provides intensive case management services that are targeted to families with children under five years old. A subset of Intensive Supervision program participants are families with alcohol or other substance abuse issues who dually participate in Early Intervention Family Drug Court (EIFDC). The EIFDC program enhances interventions with families at the earliest point possible where moms or babies testing positive for drugs at birth or where parental substance abuse greatly impacts the health and safety of children ages 0-5. The compliance rate for the program averages around 77.57 percent during the most recent reporting period between October 2011 through April 2012.
- Many counties report that their CWS agencies have partnerships with local Head Start programs to improve *educational services* to young children. For example, San Diego County recently

²⁹ http://www.sccgov.org/ssa/opp2/09_courtrelated/9-3.3.html#fwc_team

established an agreement with the largest provider of Head Start services in the county to provide streamlined enrollment for foster children. The Head Start agency, Neighborhood House Association (NHA), established a coordinator who will handle all CWS referrals to ensure that they receive top priority. They will facilitate enrollment by identifying available early childhood education slots and when slots are full, will explore other program options. If the child experiences a placement change, NHA will facilitate a transition of services to the new location.

TRAINING

- All social workers with a BSW or MSW *receive courses on child development* as a part of the completion of their degree. Once employed by a county welfare agency, a newly hired social worker must receive standardized training on child development in a child welfare context through the Common Core Curricula within 12 months of hire. Some learning objectives in the training include³⁰:
 - Knowledge of developmental theories and their application to child welfare
 - The ability to explain and provide examples of the processes and milestones of normal development of infants, toddlers, preschoolers, school-age children, and adolescents across the physical, cognitive, social, emotional, and sexual domains, as well as the ability to identify delays in milestones and processes.
 - The ability to explain and provide examples of the effects of cultural variations on the manifestation and timing of developmental skills and stages, and the parent-child interactions on early brain development
 - Trainees are also expected to explain how physical and emotional trauma and neglect affect brain function and development, and to recognize the symptoms of PTSD in children and adolescents, and be able to articulate when a mental health referral is useful or necessary.
 - Other objectives include the ability for the trainee to identify delays and consequences of substance use, symptoms associated with failure to thrive, characteristics of Attention Deficit Hyperactivity Disorder and autism, and the ability to articulate when and why medical assessments, interventions, and treatments are necessary.
- The UC Davis Resource Center for Family Focused Practice (RCFFP) – is a statewide training entity responsible for promoting family focused practice. As mentioned above the *Early Start* is California response to young children with or at risk of a developmental disability. The RCFFP provides 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 will be utilized 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, PEDS expanding promoting the use of trauma informed screening tools.

The Statewide Education and Training Committee is currently undergoing a review and revision of its Core curricula to ensure it is consistent with the changing landscape and needs of the child welfare system. Some revision areas will include but not limited to understanding trauma, promoting evidence-based and evidence-informed, child development, understanding the needs of emerging adults, and how to better engage families.

³⁰ http://calswec.berkeley.edu/CALSWEC/CCCCA_CD_v1_0.html

- The Katie A settlement requires an integrated curriculum to promote a core practice model with mental health and child welfare, discussed in more detail in the Well-Being Section.
- Some *counties also report that they provide their own training to support this population*. San Diego County reports that their First 5 Commission supported the establishment of a cadre of social workers trained in early childhood development for three years, FY 2009-10 through FY 2011-12. All social workers with FR cases for children under the age of six, and all newly hired social workers, participated in a four-hour orientation to early childhood issues provided by Rady Children’s Hospital Developmental Screening and Enhancement Program. Workers also received an additional two hours of training on developmental-related community resources. The county reports that this additional training assisted line staff in recognizing developmental concerns and seeking appropriate services. In addition, to support an increased focus on early childhood, San Diego implemented quality assurance case reviews to determine if information on children’s developmental needs was being included in court reports, as required.
- For caregivers, age appropriate parent *training is offered and provided for foster parents, substitute care providers, and parents* (as a part of their case plan). These trainings provide caregivers with knowledge of developmentally-appropriate physical care and environment (e.g., feeding, diapering, home safety); typical child development and behavior; fostering children’s positive emotional development (e.g., self-esteem, providing stimulating environment).

The services and resources help ensure that early identification of issues/concern related to substance abuse and HIV are detected through extensive core curriculum training by professionals such as pediatricians, nutritionists, early childhood development specialists, drug and alcohol recovery specialists, county health departments, and medical and social workers. Resource families gain knowledge, skills and support to better address the specialized care and needs of drug exposed, HIV positive and medically fragile children and their families. There are varied services and resources available in each county.

Although the information provided above is gleaned from a variety of available sources, it does not encompass the breadth of services and approaches across the state’s varied and diverse system of 58 counties. Through the redesign of the C-CFSR, information for these new federal reporting requirements, such as services to young children, will be a required component in each county’s CSA. An average of 12 counties submits a CSA to the state’s quality assurance system per calendar year.

TRACKING YOUNG CHILDREN IN CARE

California has a variety of publically or privately available data systems that can track child and case-level information, service delivery, outcomes in the aggregate, and tabulations by a host of demographic variables such as age, race, or gender. Some of these systems include:

- ✓ Child Welfare Services/Case Management System
 - ✓ Child Welfare Performance Indicators Project
 - ✓ SafeMeasures
 - ✓ Multistate Foster Care Data Archive
 - ✓ County Practices
- The state’s primary system for tracking any child in the system, including young children, is through the *Child Welfare Services/Case Management System*, California’s version of the federal

SACWIS. The CWS/CMS is a personal computer-based, Windows application that links all 58 counties and the state to a common database that is used to provide information to the other databases described below, and collects data for the purposes of state, county, and federal reporting.

- The CWS/CMS is an automated online client management database that tracks each case from initial contact through the termination of services. The system assists caseworkers in recording client demographics, contacts, services delivered, and placement information, and assists caseworkers to record and update assessments, create and maintain case plans, and manage the placement of children in the appropriate foster homes or facilities.
- The CDSS has also engaged in a collaborative venture between UC Berkeley and the Stuart Foundation on the California *Child Welfare Performance Indicators Project (CSSR)*. The project aggregates California's administrative child welfare and foster care data into customizable tables that are refreshed quarterly and made openly available on a public website³¹. 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 ad hoc tabulations. This project provides policymakers, child welfare workers, and the public with direct access to information on California's entire child welfare system.³²
- County and state staff are also able to track these young children through *SafeMeasures*³³, a web-based database maintained by the Children's Research Center in Wisconsin. *SafeMeasures* extracts data from CWS/CMS to report statewide and individual county data related to state and federal outcomes, SDM tools and measures, management of cases by case service component, and a host of other measures at the request of counties. These data can be tabulated by race, age, gender, or geography. Since, unlike CSSR, *SafeMeasures* data are based on real-time, child welfare workers and supervisors often use it to manage caseloads and identify priority needs.
- California is also a subscribing member of the *Multistate Foster Care Data Archive (MFCD)*³⁴ housed at Chapin Hall at the University of Chicago. Using the state's administrative data, Chapin Hall standardizes California's data to conform to data from other states and applies their own statistical models to 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.
- Some counties also state that they produce their own data reports specific to this population for agency and program level case management. For example, San Diego County reports that their data unit provides their enhanced screening program (described later) with a twice monthly report, generated from CWS/CMS, listing all children under the age of 6 that have entered the system or had a change of placement in order to ensure that all eligible children are screened.

³¹ http://cssr.berkeley.edu/ucb_childwelfare/

³² http://cssr.berkeley.edu/cwscmsreports/Performance_Indicators_Handout.pdf

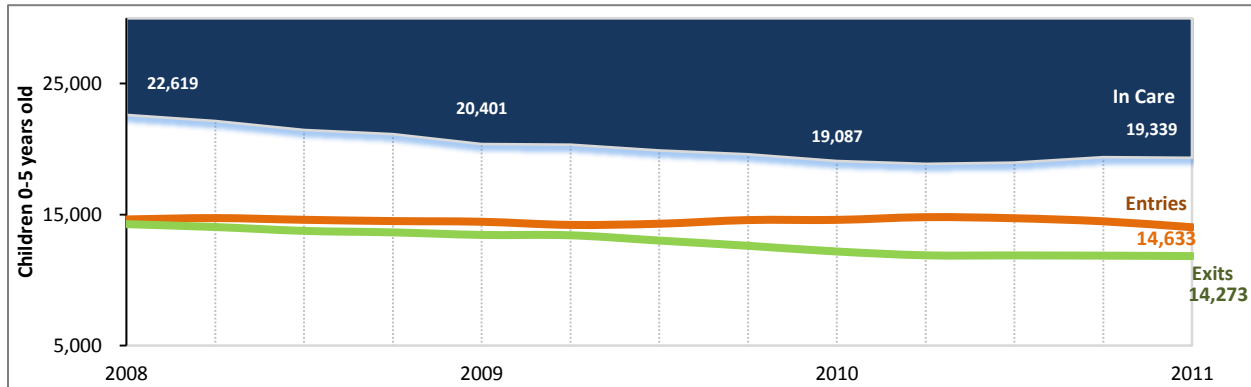
³³ <http://www.nccdglobal.org/analytics/safemeasures>

³⁴ <https://fcda.chapinhall.org/www/start.php?PUID=&SID=>

CHILDREN AWAITING A PERMANENT FAMILY

Figure 32 below illustrates the number of children zero to five years old who are still in care at a point in time (October 1), and the number of children who enter and exit between 2008 and 2011. Based on these data and the consistent and steady decline of children who remain in care, California anticipates that approximately 18,000 children ages zero to five years old will be without a permanent family in FFY 2012 and 2013.

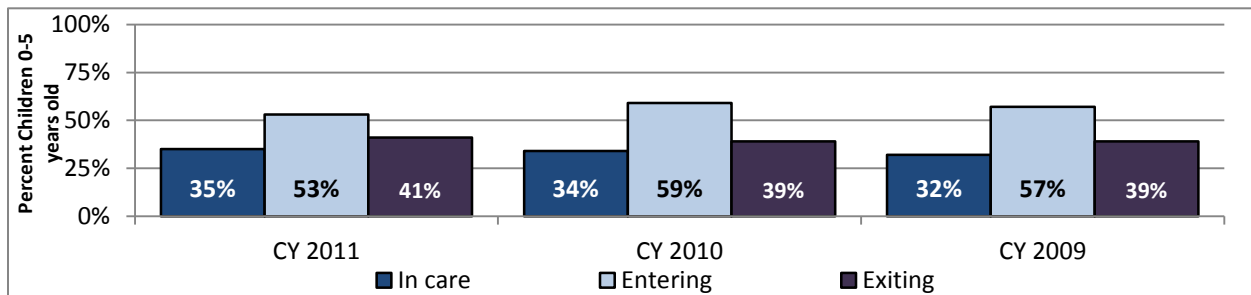
Figure 32: Entries, Exits, and Out-of-Home Placement Counts for Children 0-5 years old



DEMOGRAPHICS AND CHARACTERISTICS OF YOUNG CHILDREN

In California, although young children under six years old represent the majority of entries into care (53 percent in CY 2011), they represent only about one third of those remaining in care (35 percent in 2011) and those who exit out-of care (41 percent). Overall, these data suggest that California is making good progress serving and finding permanency for these young children.

Figure 33: Proportion of children 0-5 years old compared to total CW population who enter, exit, or remain in care



The availability of ad hoc tabulations by age and population characteristics from the aforementioned sources allows county and probation child agencies to track these approximately 18,000 young children. The figure below illustrates children zero to five who remain in care on January 1, 2012 by race, age, and placement type.

- *By Race* – Consistent with other age groups, Black and Native American young children are disproportionately represented in foster care.

Figure 34: In Care on January 1, 2012 Prevalence Rate per 1,000 by Age and Race (CSSR)

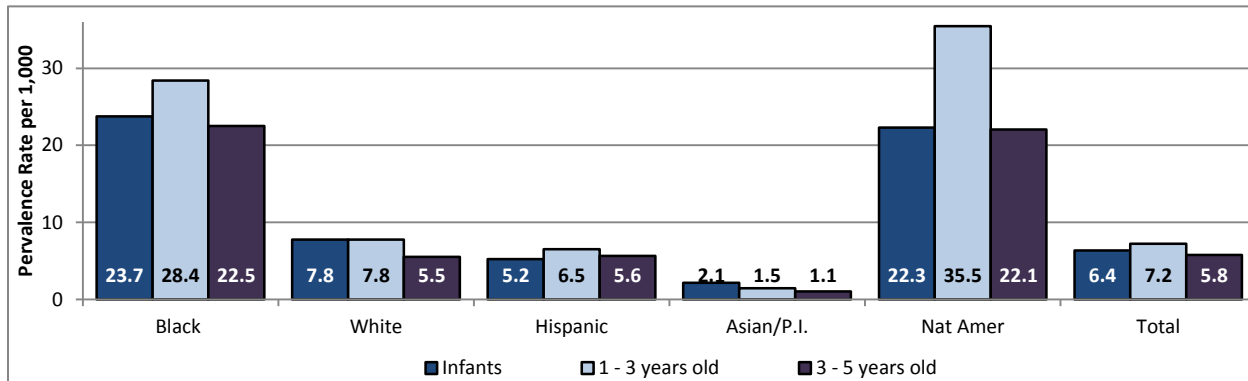
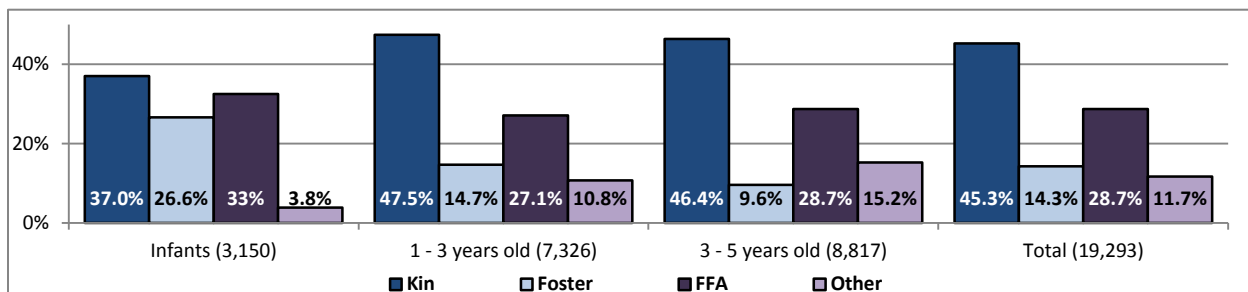


Table 3: Number of Young Children in Care on January 1, 2012 by Placement Type

| | Black | White | Hispanic | Asian/P.I. | Nat Amer | Missing | Total |
|------------------------|-------|-------|----------|------------|----------|---------|--------|
| Infants | 595 | 973 | 1,385 | 107 | 42 | 48 | 3,150 |
| 1 – 3 years old | 1,487 | 1,981 | 3,544 | 156 | 132 | 26 | 7,326 |
| 3 – 5 years old | 1,758 | 2,194 | 4,544 | 172 | 128 | 21 | 8,817 |
| Total | 3,840 | 5,148 | 9,473 | 435 | 302 | 95 | 19,293 |

- *By Age* - As illustrated in the figure below and consistent with other age groups, young children are proportionally more likely to be placed with relatives. Although relative placement is still the predominant placement for infants, they are more likely than any other age group to be placed in county foster family homes and foster family agencies.

Figure 35: In care on January 1, 2012 by Placement Type (CSSR)



9 Reunification: Ensure that the state is helping children in foster care reunify safely to their families when appropriate

After the child welfare agency has made reasonable efforts to prevent children's removal from their home, the first choice for permanence is to achieve reunification quickly and as safely as possible in order to minimize disruption to the family. Child welfare agencies implement multifaceted strategies that build on strengths and address concerns. Returning children home often requires intensive, family-centered services to support a safe and stable family. As will be described in succeeding sections, reunification is the most common permanency plan and most common exit from foster care; in FFY 2011, 56 percent of children exited into reunification.

However, reunification cannot be considered a successful outcome on its own. Success requires long-term safety and stability. Reoccurrence of abuse or neglect, and subsequent interaction with

the child welfare system through removal from the home are considered particularly unsuccessful outcomes. Re-entry will be discussed in Section 14 of this report.

INDICATORS OF PROGRESS

Reunification was rated as an area needing improvement in 42 percent of the 19 applicable cases reviewed during the 2008 CFSR onsite review.

The following composite score for Permanency Composite 1, Timeliness and Permanency of Reunification is comprised of four measures across two components: A) Timeliness of Reunification and B) Permanency of Reunification. The three measures below represent Component A, Timeliness of Reunification. Component B, Permanency of Reunification, accounts for 46 percent of the total composite score and will be discussed in the Re-Entry section of this document, beginning on page 116.

Figure 36: Permanency Composite 1 (CFSR Data Profile: 12/27/2011)

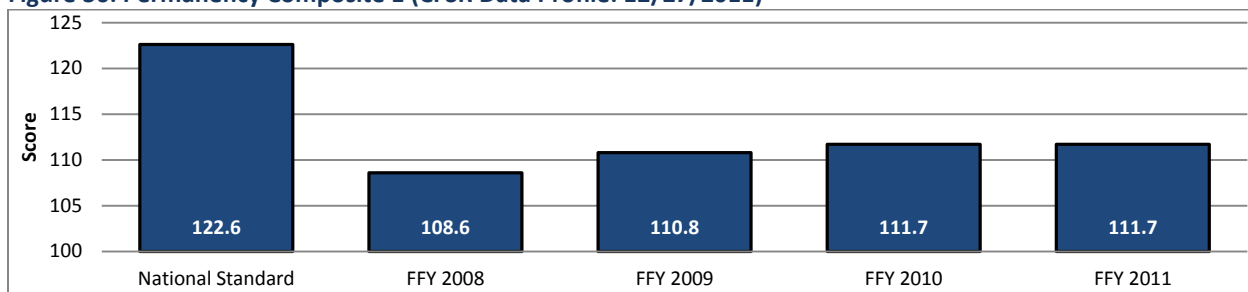
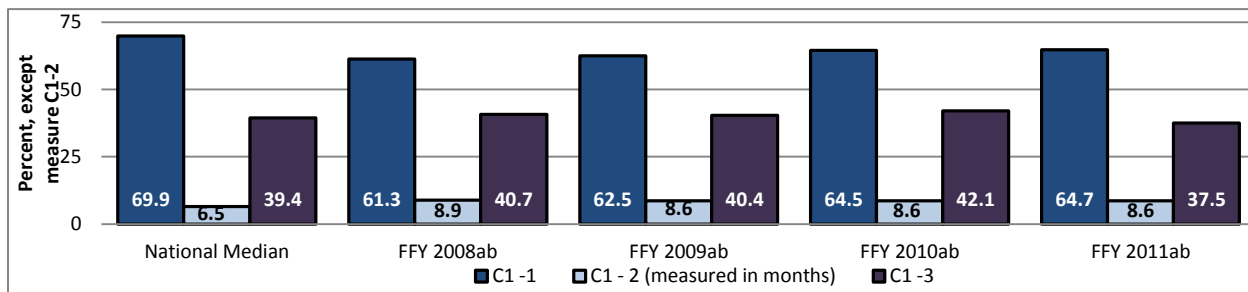


Figure 37: Permanency Composite 1: Component A: Timeliness of Reunification



While California has yet to achieve the national standard on the composite score, the state has made steady and marked progress, increasing by three percentage points from 108.6 to 111.7 between FFYs 2008 and 2011. In comparison to other states, California also continues to improve in ranking from 32 of 47 states to a ranking of 26 of 47 states in FFY 2011.

Please note that the data also includes probation youth but these data are limited to foster care children in the juvenile justice system that are supervised by probation who are Title IV-E eligible and for whom Title IV-E payments are made. Discharge from care to reunification is defined in these measures as reunification with parent or primary caretaker.

Component A: Timeliness of Reunification

C1 -1: Of the children who exited to reunification, who had been in out-of-home care for 8 days or longer, the percentage who were in care for 12 months or less was 64.7 percent for FFY 2011. Over the course of four years, California has made continuous improvement, increasing over 5.5 percentage points during the period.

Steady increases in the percentage of children exiting to reunification in less than 12 months can be seen beginning with data from FFY 1999 which shows that 49.4 percent of children in foster care reunified with their families in less than 12 months with the percentage of children increasing in subsequent years and finally peaking in FFY 2011 at 64.6 percent.

C1-2: Of the children who exited to reunification who had been in out-of-home care for eight days or longer, the median length of stay was 8.6 months for FFY 2011 (lower score is preferable). The length of stay in California is two months longer than the national median (6.5 months) and almost three months longer than 25th percentile (5.4 months).

The median length of stay of children remaining in reunification has declined steadily from FFY 2000, from a median of 13.2 months until FFY 2008, with a median of 8.9 months, with steady decreases in the last three FFYs.

C1-3: Of children who entered care for the first time in the six months prior to FFY 2011, and remained in care for eight days or longer, 37.5 percent discharged to reunification within 12 months of removal. Since the last AFCARS data profile in June 2011, the state seemed to have decreased the percent of children discharged to reunification by 4.6 points. With the exception of the most recent state data profile, performance on this measure has remained steadily around 40 percent between FFY 2008 and FFY 2010.

- *Reunification Outcomes by Placement Type*

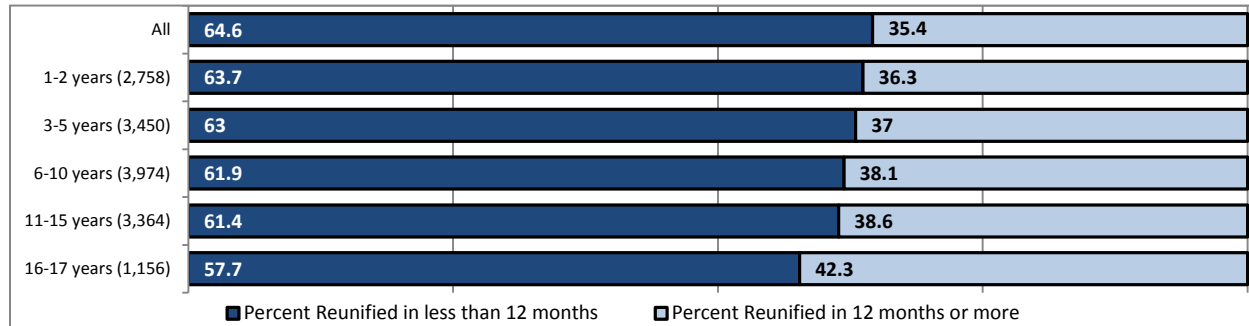
Generally, in all three measures of Timeliness to Reunification, county foster family homes have the shorter lengths of stay and are proportionally more likely to reunify than relative, guardian, and group home placements. Kinship placements are a more secure and stable placement option, as they provide a strong link to family. Guardianship placements are a viable permanency option, when the child feels they know their parent is unable to reunify, and provides a level of security for the child. Group Homes are less likely because children placed here require higher levels of care and parents of these children may need more time to get resources in place to support their kids.

Of the children discharged to reunification in FFY 2011, children placed in county foster family homes had the shortest length of stay.

Among children who entered between April 1, 2010 and September 30, 2010, those placed with relatives, group homes were less likely to discharge to reunification 12 months later.

- *Reunification Outcomes by Age Group*

For measure C1.1, of the children discharged to reunification in FFY 2011, there is a linear trend by age in the proportion of children reunified in less than two months, such that older children are proportionally less likely to reunify in 12 months than younger children.

Figure 38: C1.1 Percent Reunified in less than 12 months by Placement Type, FFY 2011 (CSSR)

- *Reunification Outcomes by Race/Ethnicity*

Hispanic children comprise the majority (53 percent) of the discharges to reunification in the FFY 2011. Consistent with other outcomes, Native American, Black and Hispanic children are proportionally less like to discharge to reunification in less than 12 months than White or Asian youth.

Among youth who discharged to reunification in FFY 2011, the Native American youth had the longest lengths of stay prior to reunification; Hispanic and Black youth have nearly equal lengths of stay with Hispanic youth having slightly longer stay than Black youth.

Of children who entered between July 2010 and December 31, 2010, except Asian children, there seems to be little differences between ethnic groups in the proportion who exit into reunification 12 months after entry.

FACTORS AFFECTING PROGRESS

California law requires that reasonable efforts to return the child to his or family occur for at least 12 months and 6 months for children three years or younger, 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 enacted 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, and such parent can show that they will be able to provide the child with a safe, stable living environment if returned their care and custody by the end of the additional six month provision of services.

In practice, successful and timely reunification requires appropriately and accurately identifying the needs and problems of the parents, and effective delivery of services and interventions to address them. For 54 counties using SDM, social workers use the FSNA tool (discussed further in the Well Being section, starting on page 139) to guide them in identifying areas that present the greatest barriers to reunification and highlight areas where additional or more intensive service interventions may be required to improve case outcomes. Social workers exercise clinical judgment in collaboration with the family and age appropriate youth in identifying the issues that must be addressed in order for reunification to occur. These issues are generally focused around addressing the safety and risk concerns that prompted the initial removal. Many counties incorporate various strategies (TDMs, FGDMs, Permanency Teaming, Icebreakers, Cultural Brokers,

parent mentors, etc.) to more effectively engage families and to identify extended family and community supports. Discussed further in the succeeding section, concurrent planning is established early in the process. Social workers have frequent contact with families, foster parents, and service providers to evaluate progress towards meeting reunification goals, and the court also reviews progress every six months and may order reunification with parents when safety concerns have been adequately addressed.

Additional factors that may have had an impact on this measure or may have an impact on this measure in future years include:

- ✓ Family to Family
 - ✓ TDM conferences
 - ✓ Dependency Drug Courts
- Child-level analysis from the Evaluation of the Anchor-Site Phase of the *Family to Family* Initiative (F2F) in 2010 revealed that the practice of F2F increased the likelihood of reunification within twelve months. This positive outcome may be attributed to the core strategies of F2F around the following: 1) Building community partnerships to ensure that families have community resources in place for successful and timely reunification; 2) TDM meetings increase the likelihood that parents and other family members are engaged and invested in developing and complying with case plans, as this will be the road map for reunification; and finally, 3) Self-evaluation as a strategy allowing parents to assess their readiness for reunification and identify services to improve the likelihood of reunification.
 - Improvements made to social worker and probation officer core *curriculum training* on concurrent planning, permanency, and kinship guardianship/adoption.
 - Increased focus on *TDM conferences* especially at the beginning of the child welfare case. TDM conferencing is a core practice in the F2F Initiative. The 11-County Pilot Project Evaluation Report noted that although the practice was implemented in all of the 11 counties, they differed on the point at which TDM was used during the life of case. However, results of the analysis revealed that TDMs are most cost effective when used at a time when a placement was at imminent risk of disruption or when an emergency placement had to be determined. Results also revealed that holding TDMs at the beginning of the child welfare case mitigated safety risks and helped prevent children from entering the system; it also supplied resources and information to families, thereby providing them with a better foundation to succeed in their reunification efforts. Additional efforts are being made to implement training on TDM practices in counties that have not been previously trained.

During the annualized data periods described on page 141, approximately 25 participating TDM counties held an average of 26,000 meetings.

- *Dependency Drug Courts (DDC)* monitors families who are involved with the child welfare system and for whom substance abuse is a significant issue. Since 2004, the CDSS has provided technical assistance and staff support the Judicial Council's Collaborative Justice Courts Advisory Committee and to local efforts to test and disseminate these practices. Currently, there are 51 DDCs located in 30 counties throughout the state.

The DDC oversees compliance with the law, protection and permanency planning for children and therapeutic interventions for individuals with substance abuse problems. In California and

in other states, dependency drug courts have been determined to have important positive effects on child welfare cases outcomes.

California has launched a collaborative statewide effort between the Judicial Council, CDSS and Alcohol and Drug Programs to take DDCs to scale and to develop a statewide data base that will track caseloads and outcome data regarding DDCs.

The AOC, CDSS, and the Department of Alcohol and Drug Programs (ADP) worked together to establish and implement the California FIRST (Families in Recovery Staying Together) Initiative. The project was designed to define the threshold combination and timing of interventions, supervision, and supports necessary in each of California's 58 counties to achieve the following outcomes for families that have substance abuse disorders as a primary barrier to reunification:

1. Earlier access to quality treatment;
2. Increased treatment completion rates;
3. Higher reunification rates; and
4. Reduced re-entry rates.

The project launched in 2009 with the environmental scan and culminates with a presentation of a cost analysis and budget proposal to the California Legislature for the 2012 session.

LIMITATIONS

Some limitations of these data include a lack of consideration for the special circumstances of some parents involved in the reunification process. California legislation (AB 2070) passed in 2008 increased the family reunification time frame for incarcerated parents, parents in drug rehabilitation, and mental health institutions. The intent of the legislation is to ensure that birth parents in these targeted populations receive the court mandated services in order to complete their family reunification case plans, have enough time to do so, and can show that they can provide a safe and healthy environment for their children once they are released from such facilities. Many times, court mandated family reunification services are difficult to obtain while parents are in these types of institutions. It is too soon to say how the newly implemented legislation will impact California's performance on Timeliness to Reunification in the future.

FUTURE PLANS

- Quality of Social Worker Visits – Characteristics of quality of case worker visits have been determined. In addition, specialized training is being developed in this area to social workers and probation officers.
- Improvements to core curriculum training to social workers and probation officers on case planning to improve timeliness of reunification.

Both of the above factors are described in more detail starting on page 143.

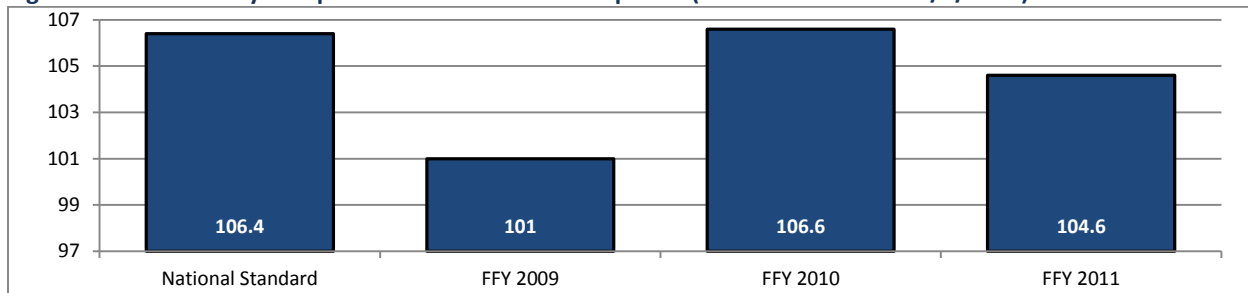
10 Adoption: Ensure that the state is reducing time in foster care to adoption

INDICATORS OF PROGRESS

In the CFSR onsite review in 2008, Timeliness of Adoption was assigned as an area needing improvement for six of the twelve of the applicable foster care cases reviewed. The following composite score for Permanency Composite 2, Timeliness of Adoption addresses the national Child

Welfare Outcome 5, Reduce Time in Foster Care to Adoption and is comprised of five measures across three components: A) Timeliness of Adoptions of Children Discharged from Foster Care, B) Progress Toward Adoption for Children in Foster Care for 17 Months or Longer, and C) Progress toward Adoption of Children who are Legally Free for Adoption.

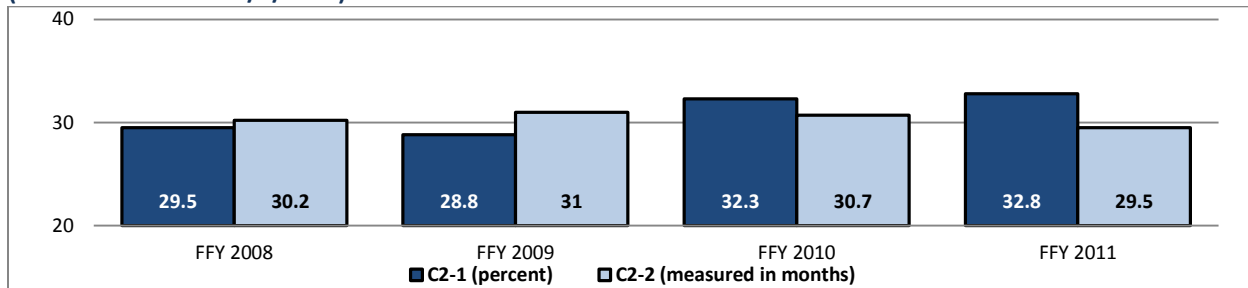
Figure 39: Permanency Composite 2: Timeliness of Adoptions (CFSR Data Profile: 12/7/2011)



Overall, California is improving on Timeliness to Adoption; increasing sharply at over five points from FFY 2008 to FFY 2011, representing a five percent change difference. Although California declined slightly between FFY 2010 and FFY 2011, the state exceeded the national standard for the first time in FFY 2010 at 106.6.

The following two measures address **Component A: Exits to Adoption of Children Discharged from Foster Care**.

Figure 40: Permanency Composite 2: Component A: Timeliness of Adoptions of Children Discharged from Foster Care (CFSR Data Profile: 12/7/2011)



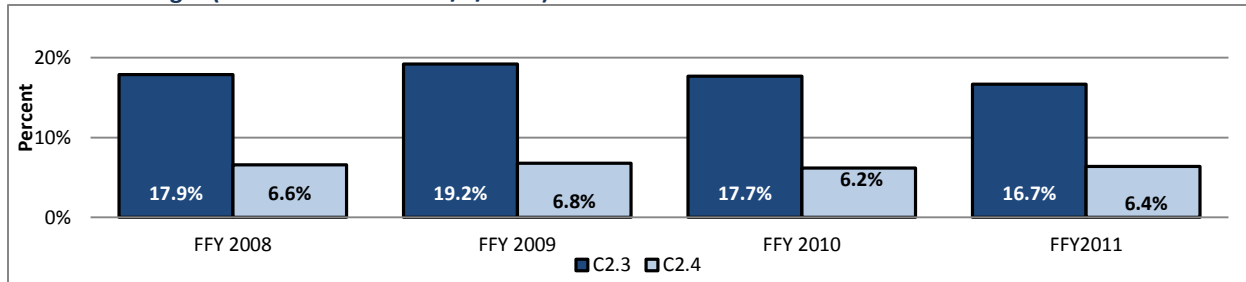
C2-1: Of all children who were discharged from foster care to a finalized adoption during FFY 2011, 32.8 percent were discharged in less than 24 months from the date of the latest removal.

California has shown steady improvement on this measure, representing an 11 percent change difference between FFY 2008 to FFY 2011.

C2-2: Of all the children who were discharged into finalized adoptions from foster care, their median length of stay while in care in FFY 2011 was 29.5 months. California is nearly 3 months less than the national median, and nearly 2.5 months longer than the 25th percentile. The median length of stay of foster children exiting to adoption has declined 20 percent since peaking at 39 months in FFY 2001, but has recently remained unchanged.

The following two measures address **Component B: Progress toward Adoption for Children in Foster Care for 17 Months or Longer**.

Figure 41: Permanency Composite 2: Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer (CFSR Data Profile: 12/7/2011)

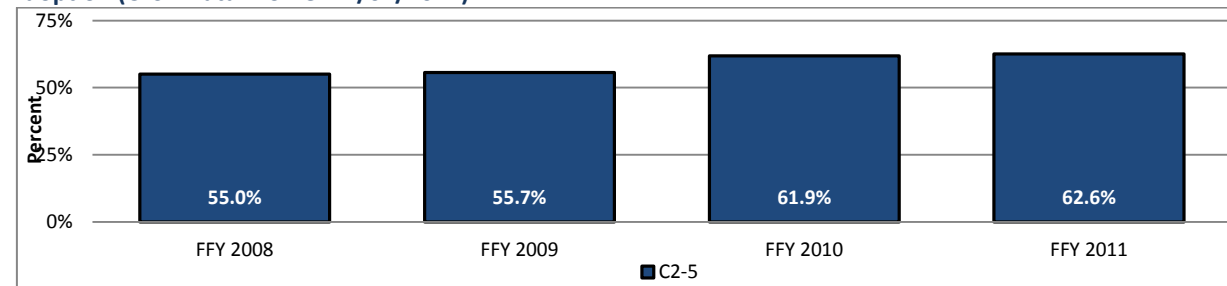


C2-3: Of all children in long-term foster care (defined as in care on the first day of FFY 2011 who were in foster care for 17 continuous months or longer), 16.7 percent were adopted within the year. Over the last decade, California has shown remarkable improvement, improving by over 145 percent change difference since FFY 1999 when the proportion of children counted in this category was 6.8 percent. More recently, this performance has slowed most likely due to budget impacts.

C2-4: Of all children in long-term foster care on the first day of FFY 2011, and who were not legally free for adoption on the day prior, 6.4 percent became legally free for adoption during the first six months of the year; defined as TPR reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first six months of the year had a discharge from foster care to reunification, living with a relative, or guardianship.

The following measure addresses **Component C: Progress toward Adoption of Children Who Are Legally Free for Adoption**

Figure 42: Permanency Composite 2: Component C: Progress toward Adoption of Children Who Are Legally Free for Adoption (CFSR Data Profile: 12/07/2011)



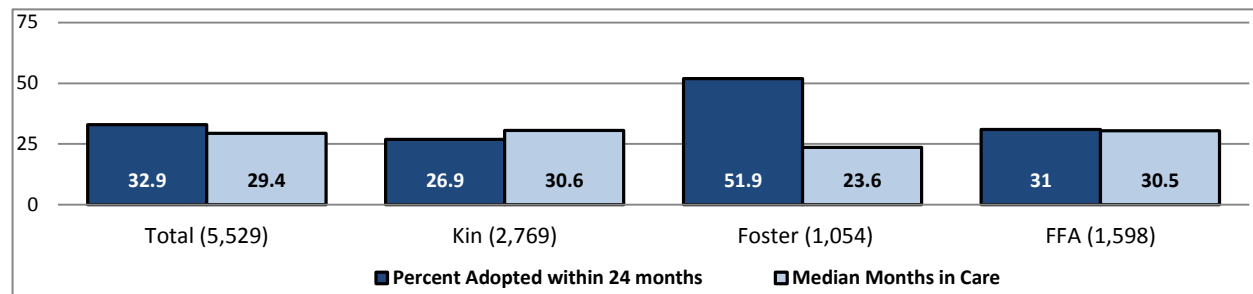
C2-5: Of all children who became legally free for adoption in the 12 month period prior to FFY 2011, 62.6 percent were discharged from foster care to a finalized adoption in less than 12 months of becoming legally free, defined as termination of parental rights as reported to AFCARS for both mother and father. California has been consistently moving in a positive direction since FFY 2008, and has been surpassing the 75th percentile of 53.7.

- **Adoption Measures by Placement Type**

Generally, in both measures for timeliness of adoptions (Measures C2.1 and C2.5), county foster family homes are more successful than relative placements and FFAs in exiting children into adoption at 24 months and 12 months. Among children in long-term foster care (Measures C2.3 and C2.4), FFAs are challenged with both legally preparing, and exiting youth into adoption in a timely manner.

Component A: Measures C2.1 and C2.2 – Exits to Adoption: Among children who exited to adoption, children placed in county foster family homes are nearly twice as likely to get an adoption finalized within 24 months and, on average, have the shortest lengths of stay; nearly 52 percent of the 1,054 children who were discharged to adoption were finalized within 24 months. On the other hand, while the greatest proportion of children who exited to adoption were placed with relatives (50 percent), only 27 percent were finalized within 24 months. The results for FFAs may be attributed to the idea that because FFAs are intended for children with higher levels of care, these children may have greater needs and fewer adoptive parents available who can meet those needs. For relatives caring for the child of a daughter or son, sister, brother, or cousin may fear the detrimental effects on family relationships of terminating parental rights (TPR). The conflicts created among family members by pursuing TPR may prove more harmful to a child and his/her relatives than remaining in long-term foster care with relatives.

Figure 43: Permanency Composite 2: Component A – Exits to Adoption by Placement Type (CSSR)



Component B: Measures C2.3 and C2.4 - Children in Long-Term Foster Care: Of the three placement types (Kin, Foster, and FFA) with the greatest proportion of children in long-term foster care, children placed in FFAs are least likely to exit children into adoption, perhaps for the reasons noted above.

The majority of the 15,582 children in long-term care who were not legally free for adoption before the start of the year were placed with relatives (4,335), or in FFAs (5,556). Of these children, FFAs were least likely to legally prepare children for adoption within six months. FFAs comprise over one-third of all placements and is 39 percent below relative placements in performance.

Component C: Progress toward Adoption of Children Who Are Legally Free - Of children who became legally free for adoption during FFY 2010, children placed with relatives and FFAs are less likely to be adopted within 12 months, while children placed in county foster family homes are the most likely.

- *Adoption Outcomes by Age Group*

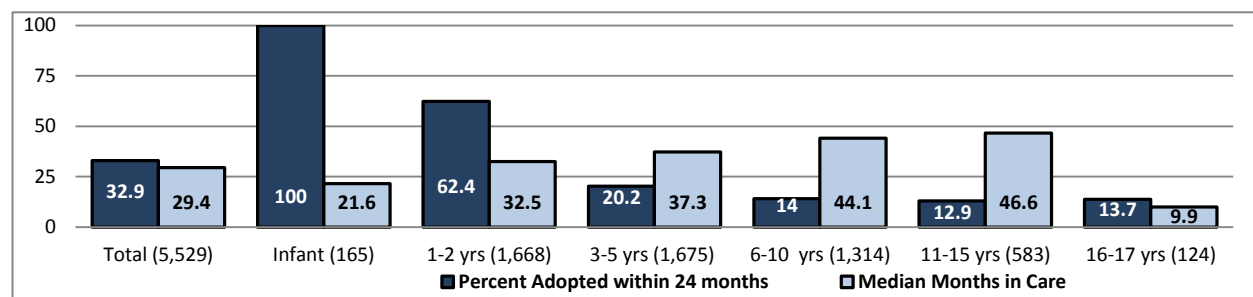
As illustrated in the analyses below, it is not surprising that age has a significant impact on the timeliness of adoption for youth. For youth in long term care, the number of youth who have been in care for at least 17 continuous months increase with age, as does the average lengths of stay. On the other hand, timeliness of adoptions decreases with age.

Based on data from CSSR, of the 5,529 who were discharged into finalized adoptions from foster care children in FFY 2011, the majority were ages one to five years old (3,343) and six to ten years old, (1,314). As illustrated in the figure below, with the exception of age groups at the

ends of the spectrum, as children get older, they have longer lengths of stay and are less likely to discharge into a finalized adoption within 24 months. Specifically, among children one to two years old, 62.4 percent were discharged in less than 24 months with an average length of stay in care of 32.5 months compared to 12.9 percent of children 11 to 15 years old with a median length of stay of 46.6 months.

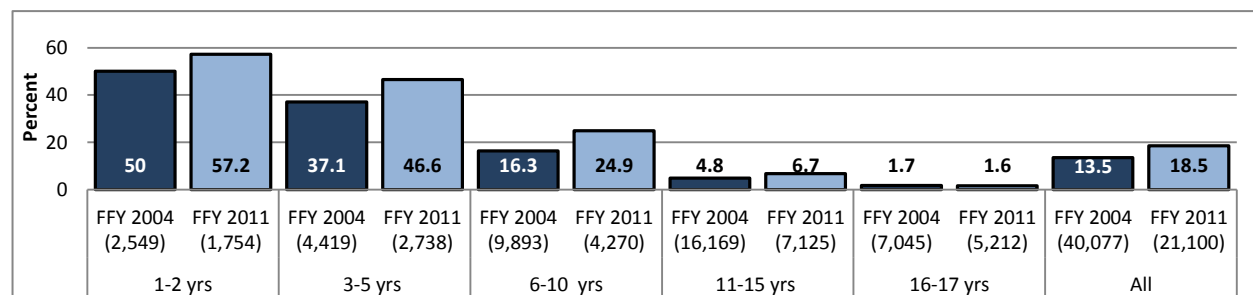
These results are consistent with national and historical trends for children in the child welfare system. Adoption of children during the developmental period of adolescence is naturally filled with challenges and barriers for both the adoptive parent and adolescents. Although there are programs (discussed later) aimed to improve adoption for older youth, such as Older Youth Adoptions, Older Youth Permanency through Family Builders, and the extension of AAP through the After 18 Program, adoption is only one permanency option; guardianship will be discussed in later section.

Figure 44: Permanency Composite 2: Component A – Exits to Adoption by Age Group (CSSR)



In all age categories below, the state has improved in both the number of youth in long-term foster care and adoption outcomes; overall, there are nearly half as many children in long term care in FFY 2011 as in FFY 2004 with improvement in age categories of youth three to ten years old in the proportion who exit into adoption.

Figure 45: C2.3 Adopted by the Last Day of the Year - by Age in FFYs 2004 and 2011(CSSR)



Among children in long term care who were not legally free at the beginning of the FFY, the proportion who become legally free within six months decreases notably with age.

Of youth who became legally free for adoption in FFY 2010, adolescent youth ages six to 15 years old are the groups least likely to be adopted within 12 months, while infants under one year old and toddlers one to two years old are most likely. With the exception of the small number of 16-17 year olds, the number of youth who are adopted within 12 months decreases with age. These data underscore the need to find permanency for young children. These efforts were previously described in the Services for Young Children section.

- *Adoption Measures by Race*

By all five measures of adoption, African American youth have poorer timeliness to adoption outcomes than other racial/ethnic groups. For children in long term foster care, Native American youth have similar outcomes as Black youth in the number who are adopted, as well as the expediency adoptions among for legally free youth.

Of 5,547 youth who were discharged into adoption from foster care, nearly 17 percent were Black, approximately 30 percent were White, 50 percent were Hispanic, about 3 percent were Asian, and less than one percent were Native American. When comparing these data to the 29,029 total exits in FFY 2011, nearly four percent fewer Black children and four percent more White children are discharged into a finalized adoption. Among children who exited into a finalized adoption, Black children had the longest average length of stay at 31.1 months, while White children had the shortest average length of stay at 26.9 months.

FACTORS AFFECTING PROGRESS

While it is not possible to determine the reasons for the steady improvements on these measures, California has made improvements that may have likely had an effect for specific groups of children in foster care.

California statutes mandate that a permanency hearing be held within twelve months after the child entered foster care, or immediately if reunification services are not ordered. Adoption must be considered at each review hearing following the termination of reunification services. At which point, TPR is initiated unless evidence suggests that such action would not be in the best interest of the child including maintaining or identifying a permanent placement with a relative or tribe. Consistent with federal law, TPR is also initiated when a child has been in care for 15 of the most recent 22 months, again unless this was found to be incompatible with the child's best interest including maintaining or identifying a permanent placement with a relative or tribe. When TPR has occurred and adoption is the goal, court hearings are regularly held to evaluate progress toward identifying an adoptive family, and legally finalizing the adoption after the family is identified.

Other factors include:

- ✓ Concurrent Planning
 - ✓ Older Youth Adoptions Program
 - ✓ Adoption Assistance Program
 - ✓ Private Adoptions Agency Reinvestment Program
 - ✓ Kinship Support Services Program
 - ✓ Adoption Incentive Funds
- *Concurrent planning* - Social workers/probation placement officers are required to develop simultaneous plans for children during reunification that include an alternate permanent plan in the event that reunification does not occur. Agencies are performing early searches for potential adoptive families, with priority placed on kinship adoption and guardianship. Through this practice, the likelihood of children being placed with a caregiver who may provide permanence through adoption or guardianship is increased. The model has been integrated to core training for social workers and to probation placement officers through the Resource Center for Family-Focused Practice and curriculum for social workers developed by the California Social Work Center (CalSWEC) and provided by the RTAs. In addition, training for juvenile court officers on concurrent planning and the importance of working with other child welfare

professionals in the development of concurrent planning case plans for foster care youth is provided in approximately half of the state's counties through the AOC.

- *Older Youth Adoptions Pilot Project (OYA)* was authorized by AB 1808 (statutes of 2006). The purpose of the pilot project was to provide pre-adoption and post-adoption services to ensure the successful adoption of children and youth who were in foster care 18 months or more, were at least nine years of age, and were placed in an unrelated foster home or in a group home. AB 1808 specified that Los Angeles and San Francisco Counties and CDSS District Office (DO) in Sacramento would be included in the OYA Pilot Project. Two additional counties, Alameda and Kern counties, were added to the OYA Pilot project through an application process. The end date for the pilot project was June 30, 2010. A summary of the outcomes and effective interventions is provided below, the data are current as of the project end date:

OYA outcomes:

- ✓ 944 youth received services through the pilot;
- ✓ 77 youth were adopted and 20 adoptions are pending;
- ✓ 86 youth were placed in legal guardianships;
- ✓ 49 youth reunified with their birth parents and 6 reunifications are pending (these reunification occurred after the original reunifications had been terminated);
- ✓ 78 youth were placed with a relative;
- ✓ 460 lifelong connections were made for youth who did not achieve one of permanent outcomes listed above.

The OYA pilots reported that the most effective interventions were:

- ✓ Focusing on a culture shift so that agency staff understand and prioritize permanency work for older youth;
- ✓ Family Finding and Engagement;
- ✓ Dedicated social workers who had a “whatever it takes” attitude to engage youth, assist with healing and recovery for the OYA youth, siblings, and biological families, and coordinate comprehensive services and recruitment;
- ✓ Specialized recruitment like media outreach, child specific recruitment, and community outreach through community events;
- ✓ Dedicated staff with lower caseloads providing specialized and intensive services addressing the specialized needs of this population; and
- ✓ Public-Private partnerships to leverage services and resources to support permanency work.

A synthesized report of the outcomes and effective strategies will be submitted to the Legislature and posted on CDSS website. A draft of the report is still under review.

- *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 Services³⁵ 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

³⁵ <http://aspe.hhs.gov/hsp/05/adoption-subsidies/>

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.

With the implementation of the After 18 Program on January 1, 2012, California extended AAP benefits beyond the age of 18 for eligible youth. Youth who entered adoption at age 16 and meet one of the five participation criteria may receive extended benefits up to age 19, effective January 1, 2012, up to age 20, effective January 1, 2013 and up to age 21, effective January 1, 2014. The three years of extended support through AAP assistance will provide adoptive parents additional aid in caring for their non-minor children as they prepare to become independent adults.

The implementation of the extended AAP program for youth who entered into an AAP agreement at 16 years or older has been through the release of an ACL and revisions to the AAP statutes, regulations and the AAP agreement.

ACL 11-86 dated, March 1, 2012 provides instructions regarding the extension of Kin-Gap program benefits and AAP to age 21, effective January 1, 2012. This ACL also provides instructions related to the notification of the provision of extended AAP benefits to adoptive parents. WIC section 16120(d)(3), the AAP regulations Section 35333(g)(A)1. a., and the AAP agreement (AD 4320) item #15 reflects the provision for the extension of AAP benefits for the child/youth whose initial AAP agreement was signed on or after their 16th birthday. In addition, the Adoptions Services Bureau (ASB) staff attend and/or participate quarterly in the following meetings: Public Agency Adoption Managers (PAAS), Southern County Adoption Managers (SCAM), CWDA and Adoption DO Managers.

The efforts that have been made to assure that 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 have been amended to reflect the specific AAP related changes of P.L. 110-351. The ASB staff attend and/or participate quarterly in the following meetings: PAAS, SCAM, CWDA-Adoption Subcommittee and CDSS DO Managers.

In FY 2010-11, there were a total of 5,686 adoption finalizations and a total of 5,550 of all finalized adoptions received AAP.

- The *Private Adoptions Agency Reimbursement Program* (PAARP) program 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. 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. Currently, children from all 58 counties are able to benefit from the program.

| | FY 2010 | FY 2011 |
|---|---------|---------|
| Eligible Private Adoption Agencies Signed up to Claim | 71 | 73 |
| Number of Claims Processed | 3,512 | 2,784 |

- The *Kinship Support Services Program*, discussed further in the Relative Placement section, provided permanency related services such as adoption and guardianship assistance and permanency planning to about eight percent of the participants in the program in FY 2009-10.
- The Legislature passed AB 665, Torrico (Chapter 250, Statutes of 2009) to ensure that the state will reinvest federal adoption incentive payments received through the implementation of the Fostering Connections Act into California's child welfare system. This was to provide legal permanency outcomes for older children nine years and above, including, but not limited to adoption, guardianship, and reunification of children whose reunification services were previously terminated. AB 665 aims to encourage counties to place emphasis on permanency for older children such as adoption, guardianship and a second chance reunification for youth who previously had reunification services terminated.

The \$1.5 million in federal *Adoption Incentive funds* allocated in FFY 2008-09 was appropriated to 42 counties and seven CDSS Adoption DOs in FY 2010-11 through the issuance of County Fiscal Letter (CFL) 10-11-19. The DOs provide adoption services to the remaining 16 counties. The counties and DOs used the Incentive Adoption funds for:

- Post adoption services to avert adoption disruptions.
- Preparing youth for permanency by resolving barriers to adoption.
- Intensive family finding to locate relatives willing to make lifelong commitments to youth, including adoption and guardianship.
- Support to ensure successful permanency options for older foster youth.
- Many other services and support to ensure successful permanency options for older foster youth.
- Recruitment of adoptive parents who are committed to keeping sibling groups together.
- Reunification with family members whose services were previously terminated.

The allocation was based on caseload growth from 2008 to 2009. The caseload growth included: adoptions, Kin-GAP, other guardianship, and second chance reunification.

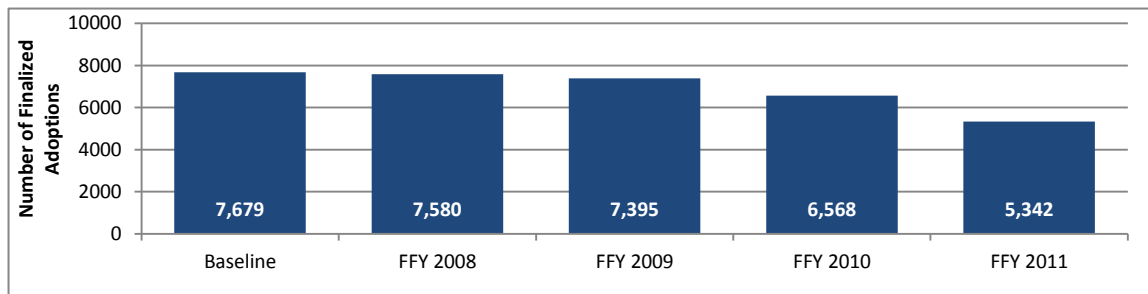
Since 2009, California has not met the requirement to receive Adoption Incentive funds. In FFY 2008, California finalized 7,580 adoptions resulting in an incentive payment of \$1,504.944 as this figure exceeds the 2007 baseline by 99 adoptions.

However, California did not exceed a baseline number of adoptions to qualify for federal adoption incentive funds in FFY 2009, 2010 and 2011. The following information is reported by AFCARS as to the number of older children finalized adoptions, the number of special needs finalized adoptions and the number of overall finalized foster care adoptions that exceed the baseline or the previous highest year from FFY 2008. The number of finalized adoptions shown below is inclusive to all specified adoptions.

As illustrated in the figure below, California has declined steadily in the number of finalized adoptions; declining by over 34 percent between 2008 and 2011. Some factors that may have contributed to this decline that are outlined below:

- Decreases in the number of children in care available for adoption. Although the number of children adopted declined, the proportion of these children relative to number of children in out-of-home care has remained the same at about ten percent.
- Prior to the enactment of AB 298 in 2008, a child could be removed from a relative's home if they were unwilling to adopt; the child would then be placed in an adoptive home. AB 298 mitigated relatives' struggle with adoption and allowed for guardianship as a less difficult permanency option by allowing a relative who is committed to providing permanency the option of legal guardianship as a permanency plan.
- Based on anecdotal information, counties may be increasing their focus on providing front-end services and keeping children in the home. Consequently, children placed in out-of-home care may have more challenging placement needs and fewer available adoptive parents who can meet those needs.
- Additionally, the decline in finalized adoptions occurred during the same time as \$80 million reduction for child welfare services. Among other difficulties, this reduction produced significant challenges on workforce staff—adoption caseloads increased while resources decreased.

Figure 46: Number of Finalized Adoptions (AFCARS)



LIMITATIONS

One limitation in this particular measurement is that it focuses only on one permanency option, adoption. However, the past several years has shown a shift toward the focus of other permanency options for foster care children, particularly older youth, including, but not limited to, adoption. These older youth may not want to be adopted but would prefer another permanent placement or plan that does not involve TPR. Many of these youth have either maintained connections to their birth families or have been reunited with their birth families and want to maintain their identity and connection to these individuals and are old enough to make that choice. Others in this population have already identified an individual or family that they can maintain a permanent connection throughout the rest of their stay in foster care and into adulthood. Other permanency options for youth include guardianship with non-relatives or with non-related extended family members (NRFEMS), kinship guardianship, making a permanency connection with another adult, and in some cases, reunification with a birth parent after parental rights have been terminated or after a prolonged stay in foster care. The low percentage of older foster children or youth being adopted that were in care for 17 continuous months (or longer on the first day of the year, who were then adopted within 12 months) is not a reflection of how many of these children exited out of the child welfare system through other permanency options.

FUTURE PLANS

- ✓ Tribal Customary Adoptions
 - ✓ Plans for AAP
- The CDSS, working with California tribes, continues to provide technical assistance to county child welfare adoption agencies, private adoption agencies and CDSS Adoption District Offices on the implementation of AB 1325, which passed in 2009 and became effective on July 1, 2010. AB 1325 provides an additional permanency option in the form of *Tribal Customary Adoption (TCA)* for ICWA eligible dependent children in the state. TPR has been a process contrary to cultural tradition of many tribes. As such, TCA allows for an ICWA-eligible child to be adopted with the permission of the child's tribe by a relative of the child or a member of the child's tribe without TPR, while still being eligible to receive adoption assistance payments. A report prepared by the AOC will be provided prior to the sunset provision date of this bill in the year 2014. On March 24, 2010, CDSS issued ACIN I-10-17 to counties, private adoption agencies, CDSS Adoption District Offices and Tribal Title IV-E eligible tribes on TCA. Additional instructions were provided to counties in ACL 10-47 issues on October 27, 2010. Regulations will be forthcoming.
 - *Plans for Documenting AAP savings and expenses* - The state has the ability to identify the savings and related expenses as a result of the new applicable child criteria; however, the state is not able to provide the data related to how the savings were spent. As a result of P.L 112-34, CDSS, the Adoption Services Bureau is in the process of developing a reporting system for the counties to document any savings, how the savings were spent, and to ensure the savings were spent on child welfare related services specific to the Titles IV-B and IV-E state plans.

INTER-COUNTRY ADOPTIONS

- Although *Inter-country Adoptions* are unrelated to the state's adoption outcomes, it is provided as a requirement to this report.

Instructions related to implementation of the Hague Convention was issued to all California inter-country adoption agencies in ACL 09-10.

Historically, due to limitations of the statewide CWS/CMS application California has been unable to obtain data on children who were adopted from other countries who enter state custody as a result of the disruption or dissolution of such an adoption. However, changes to CWS/CMS in February 2012 through the release of version 6.5 allowed the system-user to enter into the application whether a child welfare case is a result of a disrupted or dissolved inter-country adoption. It is hopeful that the additional information requested, such as the agencies who handled the placement or the adoption, the plans for the child, and the reasons for the disruption or dissolution, can be obtained by reviewing the cases that have been identified. The CDSS will issue instructions concurrently to counties on the program and policy aspects of the change in the application so that data will be entered in a consistent and appropriate manner. The ability to use these data for reporting purposes will not be fully realized until the 2013 APSR, at the earliest.

In June 2011, through an informal survey, DOs reported that in the last year, there were approximately two known adoption cases which fell under the auspices of Family Code 8903 (failed international adoptions).

In one of the two cases, two children from Russia were adopted. The Fresno County District Office accepted consents and the children were placed in a Tulare County prospective adoptive placement. The children were later removed for serious behavior problems. One child is currently placed in Tulare County CWS, while the other child was placed with a family they previously lived with in Maryland. Reasons for the dissolution of the adoption are unknown; however, Tulare County cited severe behavioral problems with one of the children.

In the second case, a child from East India was adopted. The adoptive parents were given legal guardianship while the adoption was being completed. The primary provider for the adoption was an out-of-state agency, while the secondary provider was Family Connections Christian Adoptions and San Diego County CWS. The prospective adoptive parent cited severe behavioral problems as the reason for the dissolution of the adoption and the child was later placed in San Diego County's receiving home.

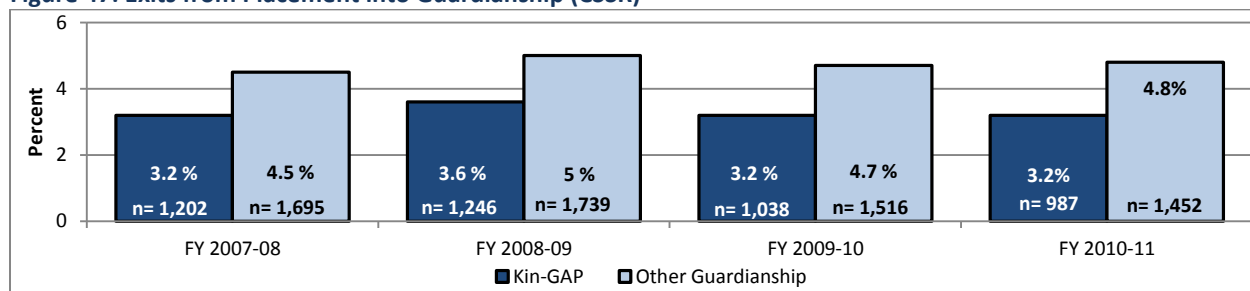
11 Guardianship: Strengthen and provide for additional permanency options through federal participation in Kin-GAP

Subsidized relative guardianship is an important permanency option that provides children with a permanent home, while providing caregivers the resources and legal authority to keep children in a stable and safe home. Subsidized relative guardianship is nearly as secure as adoption, without necessarily terminating parental rights, and serves as a viable alternative to prevent children from growing up in foster care. Prior to guardianship, children in care had two permanency options, reunification and adoption, with long-term care as a third and least desirable option.

As such, to address those barriers to permanency, California implemented a state-only funded Kin-GAP Program in 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 CDSS' county reporting form CA 237 KG, nearly 10,819 cases received Kin-GAP with federal participation at the end of October 2011.

The data below illustrate that annual exits from out-of-home placement into Kin-GAP or other guardianship has remained fairly stable at nine percent between FYs 2007-08 and 2010-11. As the capacity to accurately capture the Kin-GAP cases is a somewhat recent addition to CWS/CMS, an unknown proportion of these exits are reported in the analysis as "Other Guardianship."

Figure 47: Exits from Placement into Guardianship (CSSR)



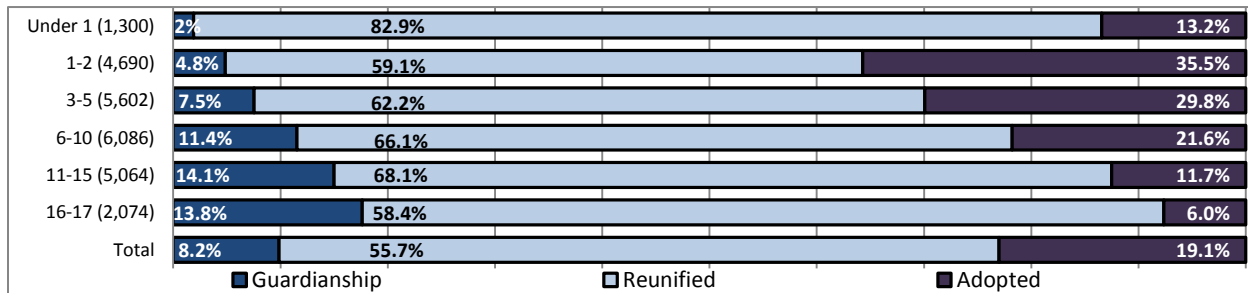
CDSS cautions that a simple examination of participation rates in California's decade-long Kin-GAP Program does not fully appreciate the success of the program. Webster, et al at UC Berkeley CSSR³⁶, compared exits to permanency prior to Kin-GAP, with exits on and after program implementation in 2000. The data showed a net permanency gain after program enactment. The

³⁶ http://www.cssr.berkeley.edu/cwscmsreports/ppts/kingap_nawrs2006.ppt

same analysis also showed a reduced proportion of re-entries into care and fewer subsequent maltreatment allegations. Similar analysis from Illinois also illustrated positive net permanency gains for children with subsidized guardianship as a permanency option.

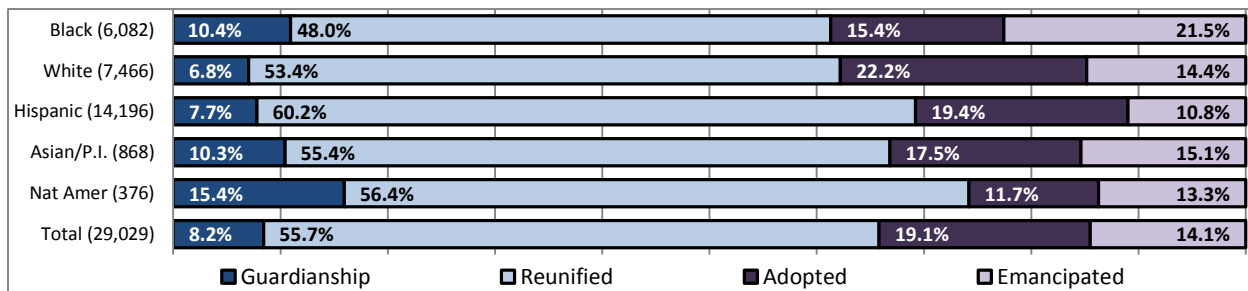
Further examination of the data reveals that although guardianship accounts for a relatively small proportion of total exits out of care (8.2 percent in FFY 2011), it provides additional permanency options for older youth who are unable to reunify or be adopted. As illustrated in the figure below, although the proportion of youth who are adopted decreases with age, youth exiting into guardianship increases.

Figure 48: Exits by Age Group, FFY 2011



The effect of guardianship as a permanency option is further demonstrated when the data are examined by race. As described in 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 proportionally more likely to exit into guardianship than other groups, thereby supporting the assumption of a net permanency gain. Prior to the implementation of subsidized guardianship, these youth may likely have exited care through emancipation and never have achieved permanency.

Figure 49: Exits by Race/Ethnicity, FFY 2011 (CSSR)



Through federal participation, California can realize significant savings in grant amounts, incorporate aspects of the federal program that will streamline and simplify eligibility determinations and provide fiscal incentives to transition a court-dependent child from foster care to permanency with a relative caregiver via the new federally funded program. California's new program allows guardians to renegotiate a new rate if the child's needs or relative's circumstances change. Additionally, dependent children placed out of state with relatives may now receive Kin-GAP benefits as well as allow existing guardians to move out of state without losing benefits. Through the more effective program that now exists with addition of the federal options, California can focus efforts in strengthening and building upon its existing permanency options.

In addition, 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 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 new state funded Kin-GAP Program.

In summary, the new Kin-GAP Program has two components – a federally funded component when the child is eligible for Title IV-E foster care and a new state funded component when the child is not eligible for Title IV-E foster care.

The resulting improvements to the program became effective January 1, 2011, and include the following:

- Receiving Federal Financial Participation (FFP) through Title IV-E for foster children placed with an approved relative guardian who are Title IV-E eligible, and providing for a parallel state funded Kin-GAP Program for foster children placed with an approved relative who are not Title IV-E eligible;
- Reducing the length of time that a court-dependent child must reside in the approved home of the prospective relative guardian while under the jurisdiction of the juvenile court or a voluntary placement agreement from 12 consecutive months to six consecutive months;
- Providing for continued eligibility for Kin-GAP regardless of the state of residence of the relative guardian and child;
- Requiring the county child welfare agency, probation department, or Title IV-E agreement tribe to enter into a binding written agreement with the relative guardian;
- Allowing the county child welfare agency, probation department, or Title IV-E agreement tribe and the relative guardian to renegotiate the payment amount based on the changing needs of the child and the circumstances of the relative;
- Allowing entry into the Kin-GAP Program under a voluntary placement agreement with an approved relative that resulted in a guardianship being established in juvenile court under WICC section 360, and
- Extending Kin-GAP benefits to age 21 for a youth who has a documented physical or mental disability that warrants the continuation of assistance.
- Reimbursing relative caregivers up to \$2,000 for nonrecurring costs related to establishing guardianship.

The CDSS issued an ACL 11-15 on January 31, 2011, and ACL 11-15E on June 8, 2012 instructing counties about the new provisions of the program. Following the issuance of the ACL, CDSS is currently engaged in the following activities:

- ✓ Providing TA to counties on the recently issued ACLs concerning both Kin-GAP and Extended Kin-GAP
- ✓ Developing a FAQ form for counties
- ✓ Clean-up legislation to ensure conformity
- ✓ Developing regulations

The state submitted a Title IV-E Plan to the Children’s Bureau Regional Office to receive approval for operating the federal Title IV-E subsidized guardianship program; the plan is currently pending approval.

The After 18 Program also allowed extension of Kin-GAP benefits to age 21, upon meeting certain specified criteria. The CDSS issued ACL 11-86 on March 1, 2012 providing instructions to counties about the extension program.

The extension of Kin-GAP benefits are effective:

- January 1, 2012, up to age 19 (this means between 18- and 19-years old);
- January 1, 2013, up to age 20 (this means between 18- and 20-years old); and
- Extension of Kin-GAP benefits up to age 21, for youth who do not have a documented mental or physical disability, is effective January 1, 2014, contingent upon legislative appropriation.

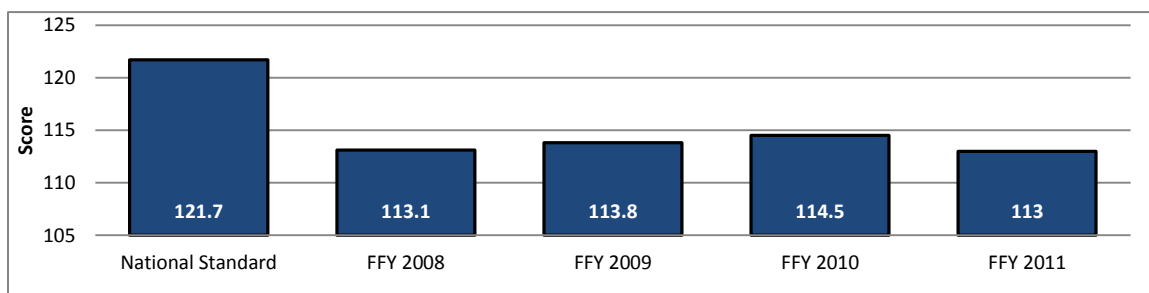
12 Other Planned Permanent Living Arrangement: Ensure that the state is establishing planned permanent living arrangements for children in foster care who do not have the goal of reunification, adoption, guardianship, or permanent placement with relatives, and that the state is providing services consistent with this goal.

Under the Adoption and Safe Families Act (ASFA), the child welfare agency must find permanent placements for all children in foster care; including Other Planned Permanent Living Arrangement (OPPLA) when other suitable permanency options cannot be established. OPPLA is the last and least preferable option and only considered after the agency has undertaken reasonable efforts to exhaust other possibilities; neither long-term foster care nor emancipation are considered permanency options. OPPLA was rated as an area needing improvement for 55 percent of the 11 applicable cases reviewed during the 2008 CFSR onsite review.

INDICATORS OF PROGRESS

Permanency Composite 3, Permanency for Children and Youth in Foster Care for Long Periods of Time, is comprised of three measures across two components: A) Achieving Permanency for Children in Foster Care for Long Periods of Time, and B) Growing up in Foster Care. The Composite score is intended to measure how well the state is achieving permanency for children in foster care for extended time periods.

Figure 50: Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time (CFSR Data Profile: 12/7/2011)

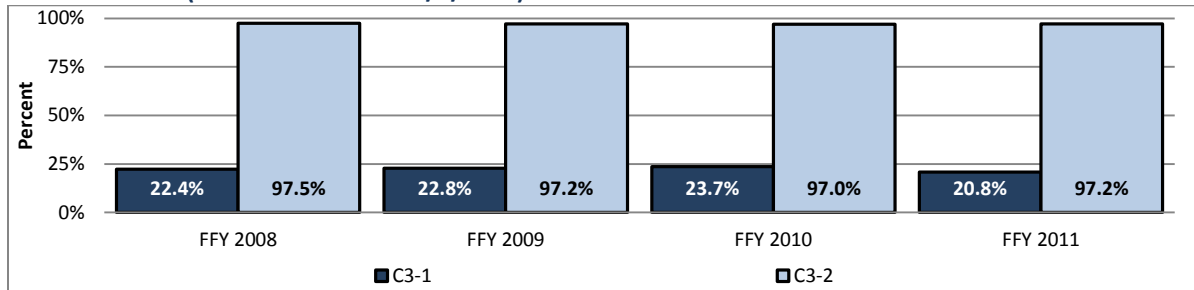


Although California is still below the national standard of 121.7, overall the state has made significant improvements for children in care for long periods of time. The composite score

increased significantly between 2007 at 107.1 to 113.1 in 2008, and peaking in 2010 at 114.5 and leveling off again in 2011 at 113. In the short period between 2007 and 2010, the state improved performance by seven percentage points. An examination of the individual components suggests that the area of greatest improvement has been in the area of exits to permanency prior to 18th birthday (C3-1).

The following two measures address **Component A: Achieving Permanency for Children in Long Periods of Time**

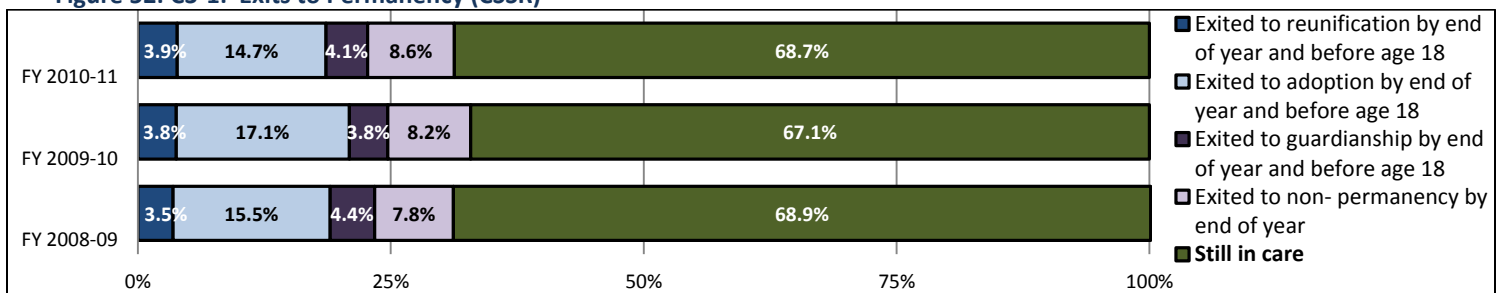
Figure 51: Permanency Composite 3: Component A: Achieving Permanency for Children in Foster Care for Long Periods of Time (CFSR Data Profile: 12/7/2011)



C3-1: Of all the children in foster care for 24 months or longer on the first day of the year, 21 percent were discharged to a permanent home by the end of FFY 2011, and before they turned 18 years old. A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with a relative). The measure peaked in FFY 2010 at 23.7 percent. Children who were in care for 24 months at the beginning of the year who exited and reentered during the same were excluded from this measure.

The figure below is a distribution on the types of exits for children in long-term care. Most notable from this figure are the steady decreases in the percent of children still in care from nearly 70 percent in 2008 to just below 69 percent in 2011. There have also been increases in children exiting to adoption from about 15 percent in 2008 to 17 percent in 2010. In FY 2010-11, the state has decreased in performance on this measure such that the proportion of youth still in care and those exiting to non-permanency has increased slightly from the prior year, while the proportion of youth exiting to adoption has decreased.

Figure 52: C3-1: Exits to Permanency (CSSR)

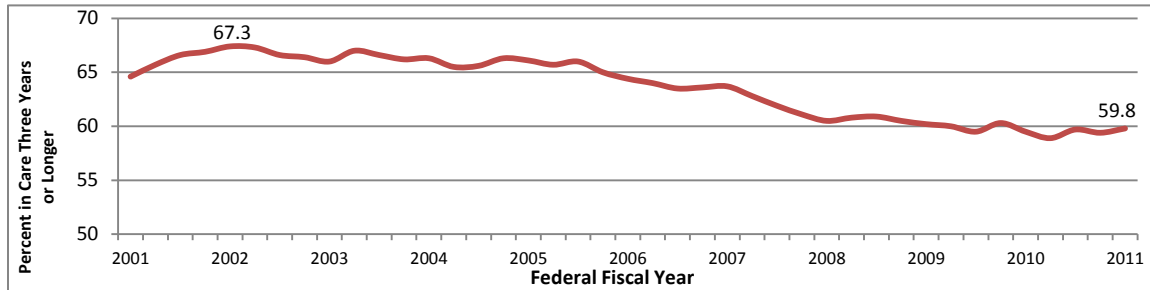


C3-2: Of all the children discharged from foster care during 2011 who were legally free for adoption at the time of discharge, 97.2 percent were discharged prior to their 18th birthday and were discharged to reunification with a parent or primary caretaker, or discharged to adoption or guardianship. This figure has remained relatively unchanged over the previous three years. California is 0.3 percent above the national median, and 0.9 percent below the 75th percentile.

The following measure addresses Component B: Growing up in Foster Care.

C3-3: Of all the children who were discharged to emancipation or turned 18 while in care, 47.5 percent were in foster care for three years or longer in FFY 2011. Performance for children who emancipated and who were in foster care for three years or more peaked in FFY 2002 at 67.3 percent, and has declined steadily through FFY 2011 at 59.8 percent, see Figure 53 below. In this measure fewer children who emancipate after having been in care for more than three years is preferable. Therefore, California has improved performance by about 11 percent during that period. California has consistently been moving in a positive direction in all four data periods above.

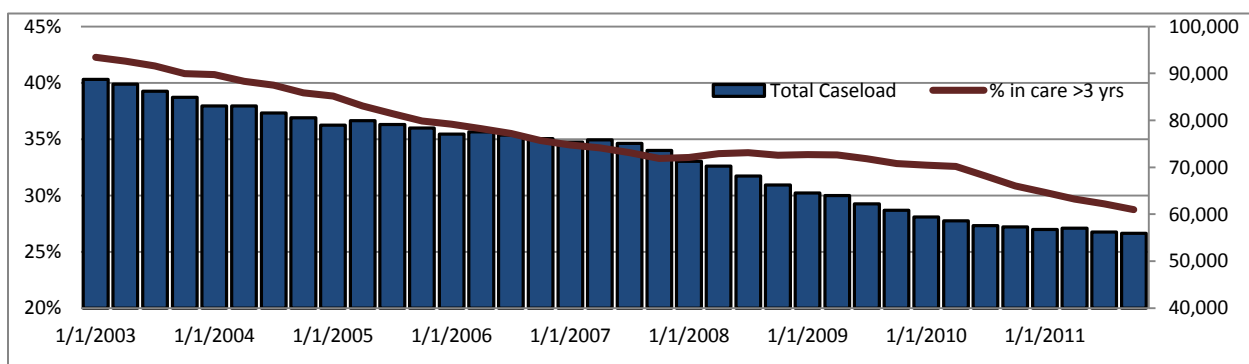
Figure 53: Emancipated or age 18 in care during the year: In care 3 years or longer (CSSR)



The state's improved efforts in finding younger children permanent homes, as discussed in the Services For Young Children section, when in foster care for two years or more, appears to have made an impact in reducing the number of children who are foster care for three years or more and emancipate from care.

The figure below illustrates the proportion of children in care for at least three years relative to the total in-care case load for each year on October 1. While caseloads are decreasing overtime, there have also been steady decreases in the proportion of children growing up in foster care. California's focus on increasing permanency options is exemplified in the reduction of children in care for long periods of time.

Figure 54: Proportion of Children in Care at Least Three Years Relative to Total Caseload (CSSR)



FACTORS AFFECTING PROGRESS

After the court terminates reunification services, the court orders a selection and implementation hearing to determine a permanent plan; the hearing can be bypassed only if there exists compelling reasons that neither adoption or guardianship are suitable plans. Permanency options are reconsidered at each status review hearing for children in long-term foster care.

While it is not possible to attribute improvements to any single effort, improving permanence for all children has been a focus in California for some time. Some of the activities California has been working on to improve in the area include:

- ✓ Family to Family
 - ✓ Older Youth Adoptions
 - ✓ Kinship Support Services Program
 - ✓ Additional funding for adoption and family engagement activities
- Family to Family principles stress permanence for all children and is based on the principle that families their communities are involved in placement decisions.
 - Older Youth Adoptions was discussed in detail in the adoption section, focused on providing services to children who were in care for at least 18 months and at least nine years old.
 - The state's Independent Living Program (ILP) and the Education Training Vouchers (ETV) programs, discussed in detail in the Chafee chapter, provide services and address the needs of youth transitioning out of the system by offering supportive services and financial help to assist older youth in maintaining stable living arrangements.
 - The additional funding in adoption (discussed in the adoption section) is intended to encourage potential families in adopting former foster children, including older youth. Additional funding in conjunction to the CFSR PIP was made available to counties to increase family finding and engagement efforts.

FUTURE PLANS

- ✓ Federal Kin-GAP Implementation
- The Kin-GAP program was established to enhance family preservation and stability by placing foster children in long-term placements with relative caregivers. The implementation of the federal program will further strengthen permanency options for youth. Data from the CSSR presented in 2006 on the characteristics of children in Kin-GAP showed that the median age of recipients was ten years old, and the median time in care was four years³⁷.

13 Placement Stability: Ensure that the state is minimizing placement changes for children in foster care.

Placement stability was rated as an area needing improvement for 23 percent of the 39 applicable cases reviewed during the 2008 CFSR 2 on-site review. To make the necessary improvements, the state immediately implemented a multifaceted strategy in its PIP to address the placement stability deficit. While the state improved from a baseline score of 92.5 to its current score of 94.4, it still has not met the PIP goal of 95.3 Permanency Composite 4 is the only measure that California has not achieved as part of the CSFR PIP

The state is currently in a 12 month non-overlapping data period ending September 2012. In the event the target for improvement in placement stability is not met, ACF will commence withholding an estimated \$4.9 million from the state. During the non-overlapping period, the state continues to demonstrate improvement in achieving the placement stability goal. Some methods being used to improve placement stability include: 1) use of additional data and measures to help gauge the state's progress toward the target improvement goal, 2) utilization of available resources both at

³⁷ www.cssr.berkeley.edu/cwscmsreports/ppts/kingap_nawrs2006.ppt

the state- and county-levels to ensure placement changes for children in care are minimized, 3) examining the 12 largest counties' performance in an effort to determine best indicators of good practices, and 4) by disseminating the results an analysis of practices from those 12 counties through an ACIN. The ACIN will increase awareness and provide guidance in assisting other counties in replicating these good practices for improvements in placement stability.

INDICATORS OF PROGRESS

The following three measures comprise the composite score for Permanency Composite 4, Placement Stability.

Figure 55: Permanency Composite 4 Measures 1-3 (CFSR Data Profile: March 2012)

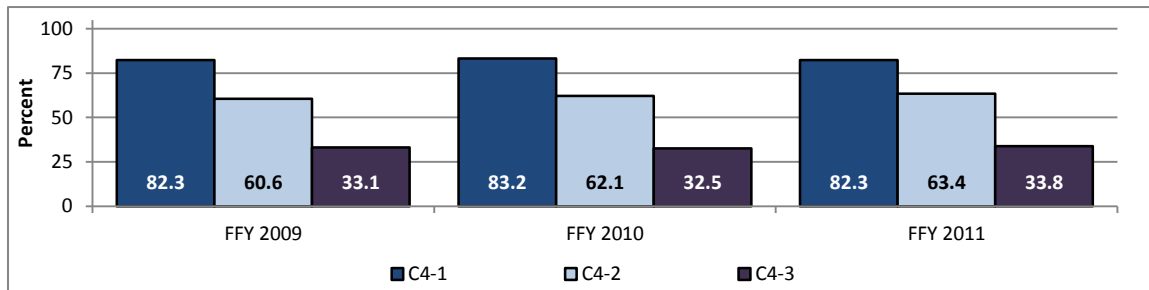
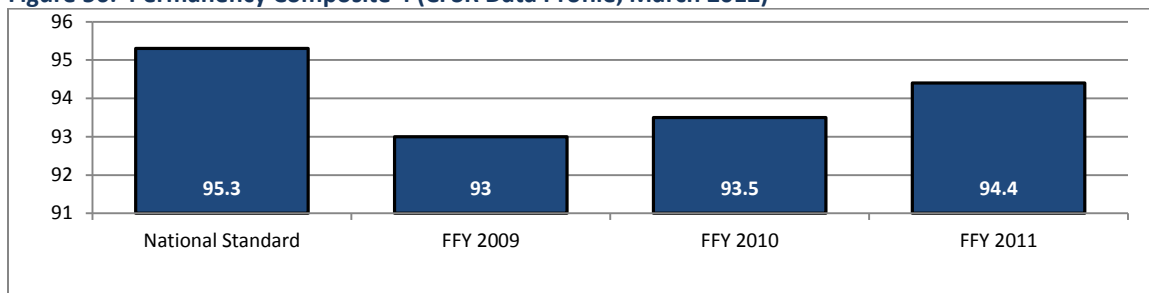


Figure 56: Permanency Composite 4 (CFSR Data Profile, March 2012)



Although California has not achieved the PIP target, the state's performance in minimizing placement changes continues to improve, from 92.5 at baseline to the current score of 94.4. The state is less than 1 point away from meeting its target.

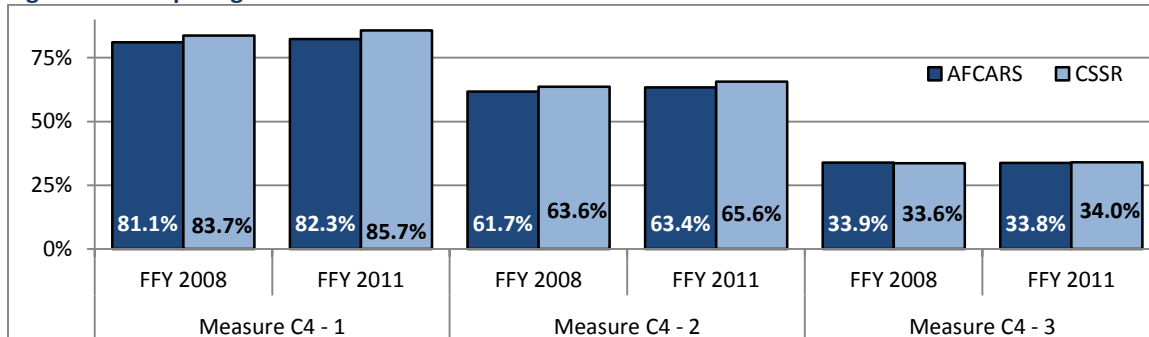
As the state and its partners³⁸ have made unsuccessful attempts at replicating the composite score and permanency measures C4.1, C4.2, and C4.3, California uses data from CSSR to monitor the statewide progress. These data are readily available on a public website, tabulations by a host of case- and child-level factors are available, and the data are updated more frequently than the State Data Profile. The use of CSSR data also allows for timely implementation of strategies to intervene in reducing placement disruptions as observation of change over smaller periods of time are available.

However, as illustrated in Figure 57, the figures vary slightly. These small variations can make a considerable difference in the overall composite score as the state is less than one point away from meeting its target. Figure 58 illustrates the variations in the way that data is measured. California has been unable to successfully replicate the federal measure and therefore relies heavily on its CSSR data. Counties use the CSSR data to gauge improvements and are used for making

³⁸Schuerman, J. & Needell, B. (2009). The Child and Family Services Review Composite Scores: Accountability off the Track. Chicago: Chapin Hall at the University of Chicago http://www.chapinhall.org/sites/default/files/Schuerman_Needell_12_15.pdf

determinations about where to focus efforts. In the absence of AFCARS data, counties utilize the CSSR data as their official data as it is easily accessible and updated frequently, unlike the AFCARS data; therefore it is the best proxy data for gauging where the state is in improving its outcomes. The slight differences in the data are particularly important when the state is close to meeting the placement stability measure.

Figure 57: Comparing AFCARS and CSSR Data



Further examination of CSSR data shows that California has been fairly successful and consistent in achieving placement stability for children in foster care for less than 12 months; however, the percentage of children who have placement stability declines noticeably the longer the children remain in foster care³⁹.

FACTORS AFFECTING PROGRESS

It is essential that an examination of the foster care population allow for stratification of children and cases based on the differing experiences in foster care. Data stratified by children's various foster care experiences often results in a more complete picture of the reasons and types of placement moves that allows for a more focused approach in mitigating the number of unnecessary placement disruptions. Admission type is one of those characteristics, whether children are entering for the first time (First Entry) or children had prior placement episodes (Other Entry). The CSSR developed a measure titled *Placement Stability-Entry Cohort* that calculates the percentage of children with two or fewer placements for all children who were in care for some length of time at a given moment in time. It also differentiates between children entering for the first time (First Entry) versus children with prior placement episodes (Other Entry). The calculations in figures that follow indicate the percent of children with two or fewer placements who entered foster care during January to June each year, and who are still in foster care after 12, 18, 24, 30, 36, 48, or 60 months.⁴⁰

Figure 58 below illustrates that on average, when comparing First Entries to Other Entries over the same timeframes (2005 to 2011) for children who have been in care for either 3 or 6 months that have two or fewer placement disruptions, there is nearly a ten percent change indicating fewer children in Other Entries. Consequently, children in the First Entry have better placement stability as moves are minimized.

³⁹ Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Simon, V., Hamilton, D., Lou, C., Peng, C., Moore, M., King, B., Henry, C., & Nuttbrock, A. (2012). Child Welfare Services Reports for California. Retrieved 5/21/2012, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

⁴⁰ The number of available elapsed time periods for follow-up varies according to how long ago a child entered care. As a result, data for children who entered between January through June 2011 only have data available for 6 months, while children between January through June 2005 have data available for up to 60 months.

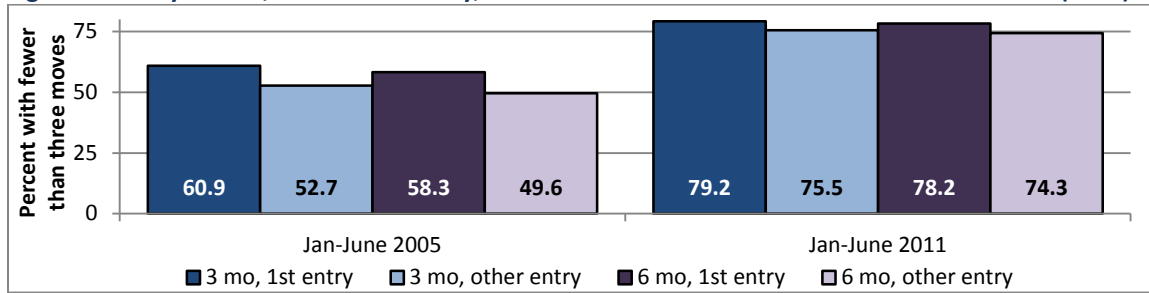
Figure 58: Entry Cohort, 1st vs Other Entry, Two or Fewer Placements for 3 or 6 months in Care (CSSR)

Figure 59 below illustrates that on average, when comparing First Entries to Other Entries over the same timeframes (2005-2010) for children who have been in care for either 12 or 18 months that have two or fewer placement disruptions, there is nearly a twenty percent change indicating fewer children in the Other Entries. Consequently, children in the First Entry have better placement stability as moves are minimized.

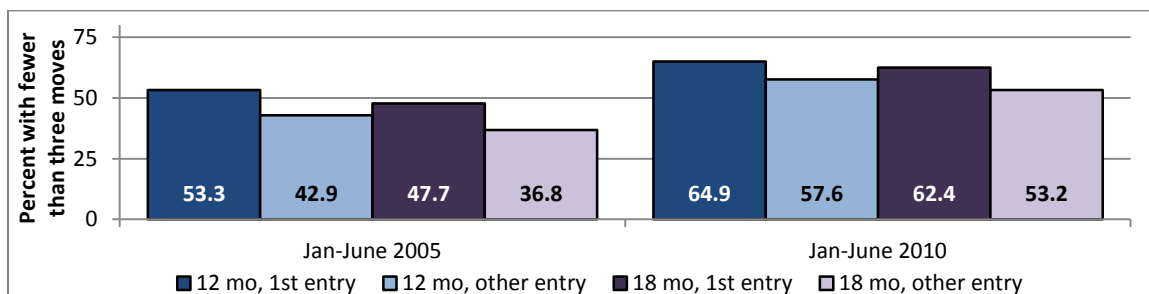
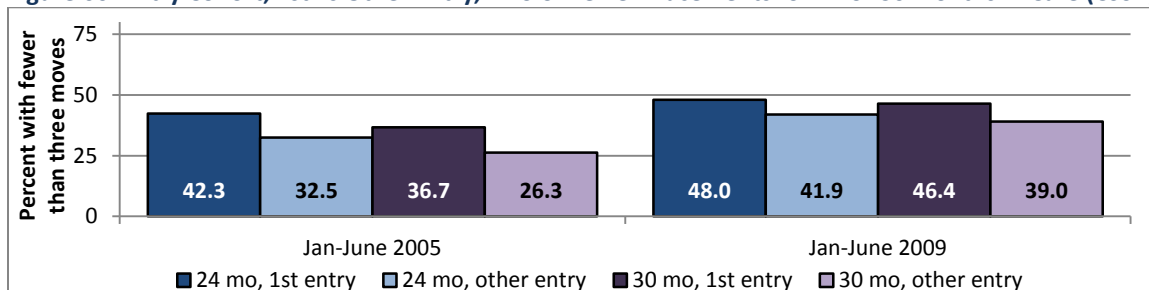
Figure 59: Entry Cohort, 1st vs Other Entry, Two or Fewer Placements for 12 or 18 months in Care (CSSR)

Figure 60 illustrates that on average, when comparing First Entries to Other Entries over the same timeframes (2005 to 2009) for children who have been in care for either 24 or 30 months that have two or fewer placement disruptions, there is a twenty-four percent change indicating fewer children in the Other Entries. Consequently, children in the First Entry have better placement stability as moves are minimized.

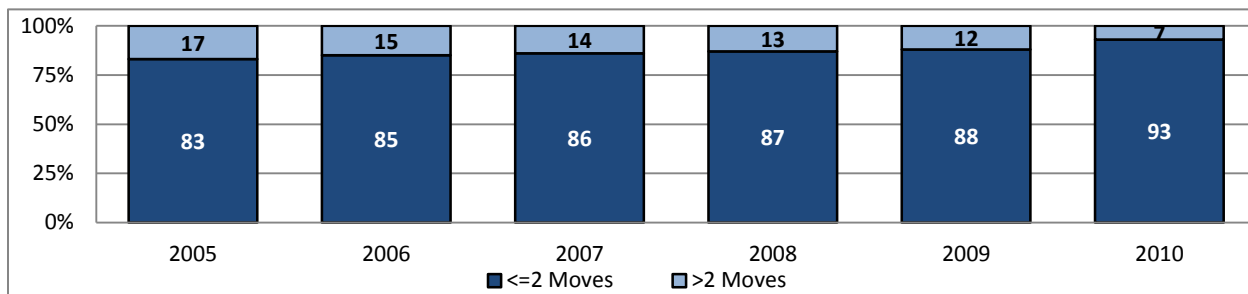
Figure 60: Entry Cohort, 1st vs Other Entry, Two or Fewer Placements for 24 or 30 months in Care (CSSR)

For the *Placement Stability-Entry Cohort* calculations, the general pattern appears to be that there are fewer children who remain in their first or second placement the longer they are in care, but that the overall proportions across all lengths of stay improve over time. Notably, there are significantly greater proportions of children who entered for the first time and who remain in their first or second placement for varying lengths of stay versus children with prior placement episodes. Taken together, these data represent a significant shift to provide services and appropriate placement for children as they enter foster care. Eventually, these children will be the driver for changes in the Federal performance indicators as the children who previously entered and

experienced greater numbers of placement disruptions will exit foster care and no longer depress the indicator of the state's performance.

An examination of newly available data from the Multistate Foster Care Data Archive created by Chapin Hall at the University of Chicago is another factor that confirms the CSSR data indicating that California is making progress for children more recently entering care. Figure 61 below illustrates that for children in their First Entry, with all spells that started in a particular calendar year cohort, the proportion of children with less than two placement disruptions improved over time. For children in the 2005 entry cohort, 67 percent had less than two placement disruptions, for the same year for re-entries the number was 62 percent. In comparing the two types of entries, once again, first admissions have better placement stability with nearly a nine percent change between the two types. Likewise, for children in the 2010 entry cohort, 79 percent had less than two placement disruptions, for the same year for re-entries the number was 75 percent. This translates into more than a five percent change in favor of entries.

Figure 61: Percent of Placement Disruptions 2005 to 2010 (FCDA)



County Practices

The state examined performance in its 12 largest counties for indicators of good practices, and is in the process of disseminating the results of the analysis to all counties via an All County Information Notice to increase awareness and provide guidance in assisting other counties in replicating these practices for improving placement stability. Within the twelve largest counties, the state focused its analyses on the six counties that demonstrated the most percent change difference over three years in placement stability. After completing the analyses of these counties, common themes emerged around: *Core Strategies, Training and Supports, Worker and Agency Characteristics, Coordination and Community, Innovative Processes and Program Pilots, and Placement Selection*. Identification of best practices within each theme for improving placement stability are detailed below.

The county strategies below were based on the plan of analyses outlined in the PIP, in which the state looked at county data to determine best practices. The state completed its analyses of counties by Quarter 10 and disseminated Placement Stability Best Practices to counties on June 8, 2012 via an ACIN (# I-31-12). In addition, as part of the C-CFSR Redesign, the state included language that counties should align their SIPs with the state's PIP goals. The CDSS continues to monitor the data and work with counties through its C-CFSR system to reduce negative placement disruptions. As counties come on board with their new C-CFSR documents, the state will be better able to understand to what extent these practices are occurring and affecting placement stability.

Core Strategies

- By far the two most effective and common methods identified by counties as good practices for improvement in placement stability are Family to Family Interventions and Team Decision Making (TDM) meetings. These two interventions ensure that community and family support systems are in place at the onset of a child welfare case. They also ensure that safety plans are in place for the family. When TDMs are completed at placement change they ensure that the placement of children is in the least restrictive and most appropriate setting, they reduce unnecessary placement moves for children, and assist families with needed support to successfully reunify.
- Implementation of early family finding practices to locate appropriate and capable family members at case initiation. Research finds that children placed with kin experience fewer moves.
- Improved recruitment and support of resource families. Some studies suggest that without adequate preparation, training, and support for foster parents, children will experience disruptions in their placement. Foster parents who have a variety of social supports, such as from extended family members, their child welfare agency and through parent partnering are more likely to provide a stable placement for the child.
- Increased and improved use of Wraparound services. Wraparound is a team-based planning procedure that offers individualized and organized family-driven care. Wraparound is intended to meet the multifaceted needs of children who are involved with a number of child and family-assisting systems (mental health, child welfare, juvenile justice, special education, etc.). These children are also often at risk of placement in institutional settings, and may experience emotional, behavioral, and/or mental health problems. Wraparound necessitates that families, providers, and significant members of the family's social support network work in partnership to construct a practical plan that responds to the precise needs of the child and family. One study comparing Wraparound to standard practice foster care indicated that children in Wraparound had significantly fewer placement changes.

Training and Supports

- Inform caregivers of permanency options and impact on services and payments leading to increased knowledge and better decision making. Provision of refresher training to staff on financial aspects and services available to caregivers and children through guardianship, KinGAP, and the Adoption Assistance Program (AAP).

Worker and Agency Characteristics

- Evidence suggests a link between worker stability and decreased risk for placement disruption. One study cited "system or policy" related issues accounted for 70% of the reasons for children being moved and that the fewer workers that a child has is related to an increased probability that the child will be reunified with their parents. In part this relationship between caseworker turnover and placement disruption is attributed to both foster children and the foster parents receiving less contact and support.

Coordination and Community

- Increased and improved coordination of services with other agencies. Some counties who improved in placement stability attributed their improvement, in part, to increased and more efficient access of services from other agencies. Caseworkers and families receive coordinated services from CalWORKs, workforce development agencies, Family Resource Centers, and child care services to provide caregivers with services and support to care for their children; these supports in turn increase the likelihood of reunification for birth parents, thereby reducing time in care and opportunity for placement disruptions. As well, foster families have access to services and supports they need to provide appropriate care for children and access to resources that may aptly prepare them for placement.
- Use of Court Appointed Special Advocates (CASA). CASA volunteers work to make certain that a child's right to a safe, permanent home is acted upon by the court in a sensitive and appropriate manner. CASA volunteers deal with only one or two children at a time allowing them time to research each case thoroughly. The information they gather helps the judge form a more complete picture of a child's life and helps CASA volunteers make a fully informed recommendation for a child's placement. They aid permanency planning efforts and assist children in finding safe and nurturing homes.
- Partnerships with local school districts to provide Multi-Systemic Therapy, an evidenced-based intervention for foster care and probation children. Multi-Systemic Therapy (MST) is an intensive family and community-based treatment program that concentrates on the complete life of chronic and violent juvenile offenders (their homes and families, schools and teachers, neighborhoods and friends, etc.). MST has been proven to work and produce positive results with the toughest kids. MST blends some of the best clinical treatments (cognitive behavioral therapy, behavior management training, family therapies and community psychology) to reach and make positive change in this population. Evidence indicates that MST has been highly effective in keeping kids in their home, and reducing out-of-home placements.

Innovative Processes and Program Pilots

- The implementation of Keeping Foster and Kin Parents Supported and Trained (KEEP) project, a parent training intervention program. The objective of KEEP is to give parents effective tools for dealing with their child's externalizing and other behavioral and emotional problems and to support them in the implementation of those tools. Findings indicate that the KEEP intervention continues to be effective at reducing child behavior problems over the course of the intervention. Foster parents found the format of the intervention to be conducive to learning new parenting strategies and forming positive and supportive relationships with other foster parents.
- Placement Stabilization Clinicians placed throughout the regions to provide additional support service to foster, kinship and Non-Relative Extended Family Members (NREFM) caregivers. These clinicians provide short-term mental health crisis intervention to caregivers and children when a caregiver has notified the social worker of a need.
- Implementation of after-hours response through a Relative Assessment Unit (RAU). Responding social workers specialize in relative and non-related extended family member

(NREFM) home assessments. This has also assisted in ensuring that children are rapidly placed in relative/NREFM homes.

Way Station support groups made up of foster parents, placement units in specific regions and community partners developed quarterly respite nights. Way Station support groups not only offer assistance and encouragement to foster parents, they also assist with brief care for foster children in placement and in placement transition.

- Elimination of emergency shelters, receiving homes and the use of foster homes as emergency placements has helped to reduce unnecessary placement changes. Education and training for placement staff has been put in place to successfully support these practices.

Placement Selection

- Centralization of placement process by utilizing a central placement unit that serves to identify the best and least restrictive placement options to improve stability of out-of-home placements.
 - Development and maintenance of a placement matching database
 - Development and implementation of procedures for matching, tracking and monitoring placements; and tracking placement disruptions.
- Improved identification of a child's needs and the ability of the foster family to meet those needs. Taking into consideration the foster children's emotional and developmental needs and the ability of the caregiver to meet those needs will reduce the likelihood of placement change and increase placement stability.

Comparing Placement Stability Nationally

Not only is the federal measure on Placement Stability at the forefront of unresolved issues in California, nationwide attention from researchers and child welfare administrators have pointed out methodological flaws in the measure. These flaws create barriers in achieving improvement in this area⁴¹. In addition, The Child Welfare Outcomes 2004-2007 Report indicates the majority of states had difficulty achieving improvement in this area. Uniform with the national pattern, California is generally more successful in minimizing the number of placement changes for children in care for less than 12 months. While this is worthy, the state recognizes that there is an ongoing need for improvement for children in care for longer periods of time. Another issue with the federal measure on placement stability is the disregard for negative vs. positive moves. Changing placement to move a child with relatives or a sibling or stepping a child down from a higher level group home is a positive placement disruption, as the measure stands today this is not factored into the formula.

Moreover, placement stability is being measured inconsistently across child welfare systems (Noonan, Rubin, Mekonnen et al., 2009)⁴². At the national level, placement stability is reported by the Adoption and Foster Care Analysis and Reporting System (AFCARS), responsible for tracking the percentage of children in foster care who experience three or more placements over a twelve-

⁴¹ Schuerman, J. R. & Needell, B. (2009). *The Child and Family Services Review Composite Scores: A Critique of Method*. Chicago: Chapin Hall at the University of Chicago

⁴² Noonan, K., Rubin, D., Mekonnen, R., Zlotnik, S. & O'Reilly, A. (2009). *Securing child safety, well-being, and permanency through placement stability in foster care. Evidence to Action, 1*

month period. On the other hand, the array of definitions used by states to gauge placement disruptions makes the ability to compare child welfare systems using AFCARS data problematic (Unrau, 2007)⁴³. In a survey of all 50 states, definitions of placement varied by the length and type of placement setting. States vary in which populations they include in their foster care caseloads, such as mentally ill and developmentally disabled children or children in juvenile corrections systems⁴⁴. A number of states count changes in placement from foster care to hospitals or juvenile justice sites, while other states do not. Furthermore, some states count a placement disruption every time a child changes homes, while other states only count a placement change if a child changes foster care agencies (regardless of the number of homes the child has lived in within that agency). Differences in counting methods restrict the validity of comparative analyses across child welfare systems.

The methodology used to create the placement stability composite score is another factor affecting progress. The composite is confusing and its structure makes it tough for child welfare stakeholders and staff to easily understand. The composite utilizes a complicated statistical method called principal components analysis (PCA). PCA is an advanced statistical tool and without the needed data analysis software and research resources, what steps counties need to take to improve their score are not always clear. This causes delays in implementing necessary and timely actions. The composite also does not easily facilitate understanding of how one measure influences another and makes it difficult to gauge how the state's system is operating. At the moment, the state is yet unable to replicate the composite.

LIMITATIONS

Child welfare agencies currently do not have the ability to demonstrate placement stability in a subsequent placement for those children that have already experienced two placement disruptions. For that reason, this child population will continue to adversely affect the composite score. As it stands, there is no course of action that child welfare can take to counteract the placement count, even when a subsequent placement proves to be stable over a long period of time. The placement stability counter cannot be reset nor is credit given for demonstrating stability in a subsequent placement even when the move is a positive move.

FUTURE PLANS

The C-CFSR redesign is being structured so that both Probation and Child Welfare Services within counties take a conscientious approach in closely aligning their SIPs, CSAs and other C-CFSR documents with the state's PIP goals. With that in mind, counties will consider in particular assessing current and potential interventions to increase performance on permanency outcomes. By prioritizing permanency outcomes, counties will ensure that areas deemed as "needing improvement" by the Children's Bureau Federal Agency are being addressed adequately and completely by all 58 counties. The redesign of the C-CFSR also remains flexible in that counties can design their plans based on local needs and available resources.

⁴³ Unrau YA. Research on placement moves: Seeking the perspective of foster children. *Children and Youth Services Review*. 2007;29:122-37

⁴⁴ The Children's Bureau website, http://www.acf.hhs.gov/programs/cb/pubs/cwo05/state_data/, contains the Child Welfare Outcomes 2002–2005: Report to Congress. This includes comments by some states regarding their submissions of data (presumably for FFY 2005). A number of states comment on the uniqueness of their definitions of data elements and changes in how they have handled data over time, and warn of problems in comparisons both between states and over time.

California remains steadfast in its commitment to ensuring that children have permanency and stability in their living situations. The CDSS continues to collaborate closely with its county partners in evaluating the action steps that should be taken in order to continue improving performance in this area, and in measuring the effects the action steps have had on children in care.

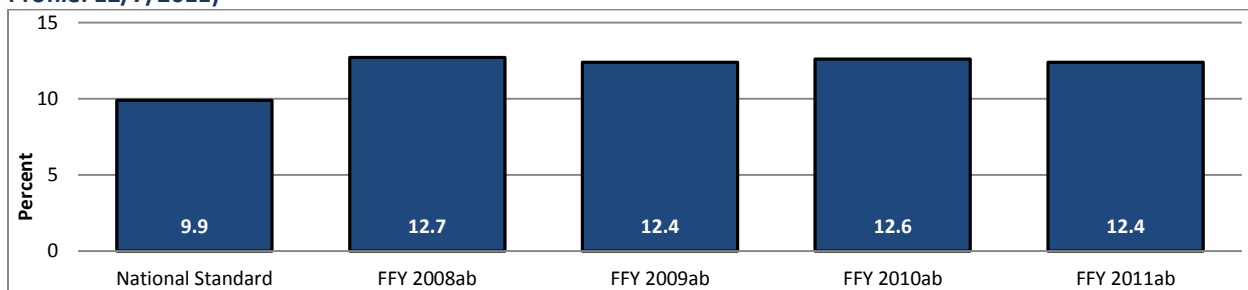
14 Re-Entry: Ensure that the state is preventing multiple entries of children in foster care.

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

Reentry following reunification was rated a strength in all applicable cases reviewed (n = 11) during the 2008 CFSR on-site review.

Figure 62: Measure C1-4: Re-entries to Foster Care in Less Than 12 Months Following Reunification (CFSR Data Profile: 12/7/2011)



Reentry measure C1.4 in the above table computes the percentage of children reentering foster care within 12 months of a reunification discharge for children with placement episodes lasting eight days or more. The denominator is the total number of children who exited foster care and were reunified with their parents in a 12 month period; the numerator is the count of these reunified children who then reentered care within 365 days of the reunification discharge date. Discharge to reunification is defined as a discharge to parent(s) or primary caretaker(s). If a child is discharged to reunification more than once during the specified year, the first discharge to reunification is considered. These data exclude probation cases. The data show that although California has not met the national standard, the state is performing well above the national median (15 percent). The proportion of reentries over the course of three years has remained fairly steady at around 12.5 percent.

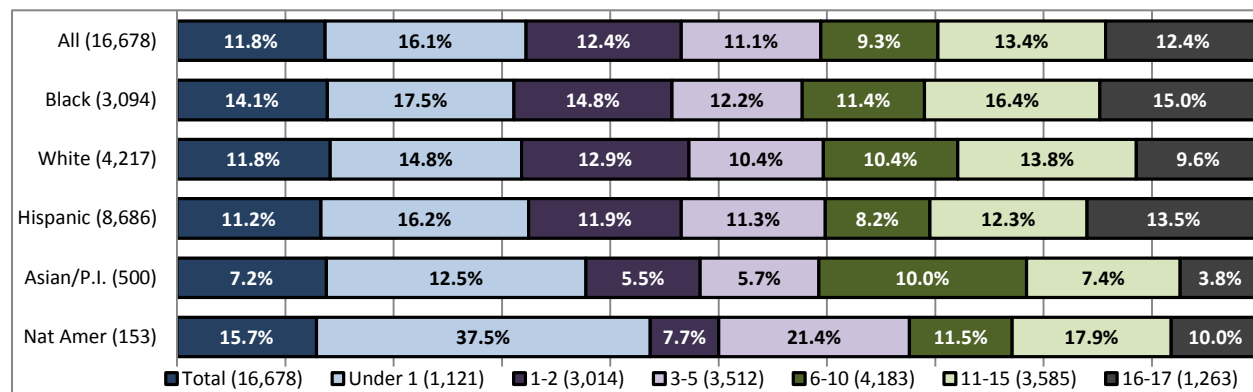
- *Reentries by Placement Type, and Race and Ethnicity*

A further review of these data by placement type, age, and race for FFY 2011 reveals that relative placements reenter at the lowest proportion at 9.4 percent and children in group home placements reenter at over double the rate at 18.9 percent. The data further underscore California's focus on prioritizing kin placements above all other placements.

These findings are also consistent with other reviews of the literature,⁴⁵ which found that children who were severely emotionally disturbed are more likely to reenter care, and emotionally disturbed children are more likely to be placed in congregate care settings. These findings highlight the need for the congregate care reform activities in which the state is currently engaged. These activities are further described in the introduction of this permanency chapter. The results for group homes do not vary (one percent difference) between children with prior placement episodes and those who entered care for the first time.

As shown in the figure below, infants are more likely than other age groups, regardless of race, to reenter care, averaging 16.1 percent across all race groups. Additionally, Black and Native American children, regardless of age, are more likely to reenter care than White, Hispanic, or Asian youth. These findings are consistent with studies in the literature, and with general trends in the overall foster care populations; they are not limited to those children who reenter.

Figure 63: Reentry with 12 months Age Group and Race/Ethnicity, FFY 2011 (CSSR)



FACTORS AFFECTING PROGRESS

Following family maintenance, family reunification is second on the list of case plan priorities for child welfare, and is balanced against the safety needs of the children and parents' capacity to meet those needs. At the status review hearing, held six months after the dispositional hearing and the permanency hearing, the court is required to order the child returned to the physical custody of the parent unless the court finds significant evidence that a return would pose a "substantial risk or detriment to the safety, protection, or physical or emotional well-being of the child." Once a child returns home, families are provided in home support services to ensure that the child is stabilized at home.

Some of California's practices that may contribute to progress towards reentry following reunification may be attributed to the following:

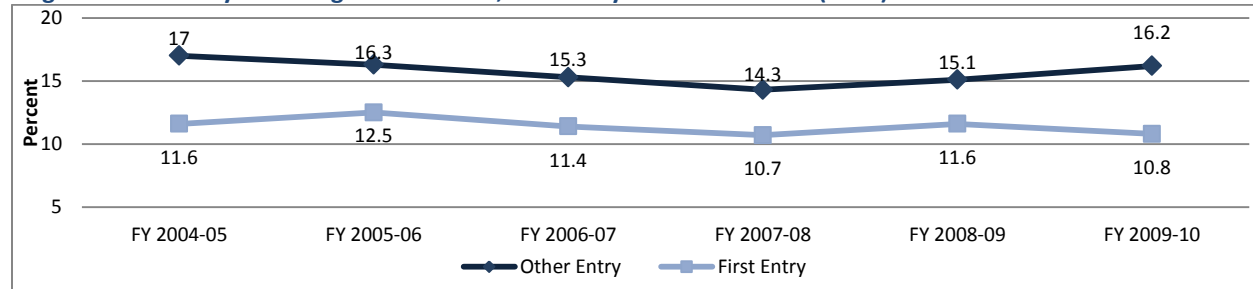
- ✓ Reentries by First Vs. Other Entry Cohorts
- ✓ Trial Home Visits
- ✓ Reassessment Tool and Reunification Reassessment Tool
- ✓ Visitation Evaluation Tool in SDM
- ✓ TDMs
- ✓ Voluntary Family Maintenance (VFM)

⁴⁵ Kimberlin, Anthony, & Austin, 2008; Northern California Training Academy, 2008

- *Reentries First vs. Other Entry Cohorts*

The national standard for children exiting foster care is a reentry rate of less than 9.9 percent. The data over time, illustrated in the figure below, show that while California has not met the national standard, children who are more recently entering care (First Entry) will reenter, on average, 30 percent less than those with prior entries (Other Entry). The difference between the two groups peaked at 40 percent in FY 2009-10. These data underscore the state's focus on preventing (discussed in the CAPTA chapter of this document) placement in out-of-home care in the first place as children with a history of contact with child welfare are at-risk for subsequent contact.

Figure 64: Re-Entry following Reunification, First Entry vs. Other Entries (CSSR)



- California law does not authorize the use of *trial home visits* to transition children to the custody of their parents following removal. This is based on the argument that it is inconsistent to grant a visitation order for a trial home visit if the court already found the presence of substantial risk of physical harm to the child while under the parent's care. Trial home visits were disallowed by the appellate courts in 2000, 1998, and 1997. Instead, as part of the family reunification process, a county agency must provide visitation between the parent and the child, increasing the number of contacts with parents children, and service providers to help assure successful reunification and prevent reentry. These visitations may be as frequent as possible, may be supervised or not, and may occur at day or night hours and over the weekend. Social workers evaluate a parent's compliance with the visitation plan as a part of the reunification assessment tool described below.
- Prior to returning a child home, social workers are required to perform a *safety and risk assessment*. For 54 counties in California using SDM, social workers use the Reassessment Tool for In-Home Cases, or the Reunification Reassessment Tool prior to case closure. At a minimum, each ongoing case is reviewed in conjunction with each judicial review (discussed previously and in the Permanency Goal section) to assess progress toward objectives and long-term goals, which should include the reduction of risk and needs. These tools determine whether the case should remain open (the child is not reunified) or closed (reunification may be possible). 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, such as prior history with child welfare, the caregiver's own prior history, the child's physical and mental characteristics, current and previous history of drug and alcohol abuse, the caregiver's adult relationships, the caregiver's physical and mental health, and an assessment of the caregiver's progress and commitment to the case plan. 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.

In making recommendations for reunification, social workers complete a reunification reassessment tool that assesses risk level based on the presence of safety threats, an assessment of the caregivers' protective capacities, a documentation of the resolution of previous threats if threats are no longer present, and an assessment of 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. Successful use of the tool should help workers improve reunification decisions and ultimately reduce reentry into care.

Although risk is family-based, reunification efforts are conducted for each child. Based on the most recent reunification risk reassessment for CY 2011, 41.8 percent of the children were at a risk level considered appropriate for reunification (e.g., low [5.8 percent] or moderate [36.0 percent] risk)⁴⁶.

- In conjunction with the reunification reassessment tool, social workers also assess parents' compliance with visitation requirements using the *Visitation Evaluation Tool in SDM*. 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 (or failed reunification). Acceptable frequency is defined as a parent visiting totally (regularly or rescheduled prior to date) or routinely (occasional visit missed but makes rescheduled visits). Acceptable quality must be judged "strong" or "adequate." Strong face-to-face visits include consistent assumption of parental role, demonstrated knowledge of the child's development, and appropriate reaction to the child's verbal/nonverbal behaviors. Adequate face-to-face visits include the parent undertaking the roles above on a routine basis.

Table 4 from CY 2010 from CRC illustrates initial visitation evaluation results for visits occurring between a parent and child for 21,546 children for whom reunification reassessments were conducted during the period. Parents of 14,144 (65.6 percent) children initially met visitation requirements at an acceptable level (i.e., totally or routinely complied with the plan and had strong or adequate face-to-face visits). After overrides, parents of 14,337 (66.5 percent) children met visitation requirements at an acceptable level (not shown).

Table 4: Most Recent SDM® Reunification Reassessment Initial Visitation Plan Evaluation Results for Visits between Parent and Child

| Visitation Frequency | Quality of Face-to-face Visits between Parent and Child | | | | | | | | | | Total | |
|------------------------|---|-------------|--------------|-------------|---------|------|-------------|-----|---------------|------|--------|-----|
| | Strong | | Adequate | | Limited | | Destructive | | No Visitation | | | |
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Totally | 3,990 | 52.7 | 3,294 | 43.5 | 246 | 3.3 | 32 | .4 | 6 | 0.1 | 7,568 | 100 |
| Routinely | 738 | 9.1 | 6,364 | 78.5 | 932 | 11.5 | 57 | 0.7 | 14 | 0.2 | 8,108 | 100 |
| Sporadically | 94 | 2.9 | 1,584 | 49.4 | 1,379 | 43.0 | 105 | 3.3 | 42 | 1.3 | 3,204 | 100 |
| Rarely or Never | 15 | 0.5 | 266 | 8.0 | 745 | 22.5 | 174 | 5.2 | 2,118 | 63.8 | 3,318 | 100 |
| Total | 4,837 | 21.8 | 11,508 | 51.8 | 3,305 | 14.9 | 368 | 1.7 | 2,180 | 9.8 | 22,198 | 100 |

Bolded cells indicate acceptable visitation.

⁴⁶ Children's Research Center, SDM Combined California Counties Annual Report, April 2011, for data in CY 2011, page 47.

- As a principal of *TDMs and FDMs*, families are engaged and aware of the processes that may lead to reunification, and as there are multiple participants in this process, it ensures that families have sufficient resources in their communities to support them.
- *Voluntary Family Maintenance (VFM)* program is designed to provide services for those families who have been identified as being at risk for out-of-home placement. The participants are families whose level of safe functioning and willingness to voluntarily receive services enables counties to delay and/or forego the filing of a petition to the court for protective custody. Existing petitions can also be dismissed if the family is a strong candidate for VFM. Providing families with resources that focus on dependency prevention increase the opportunity to prevent multiple entries of children in foster care.

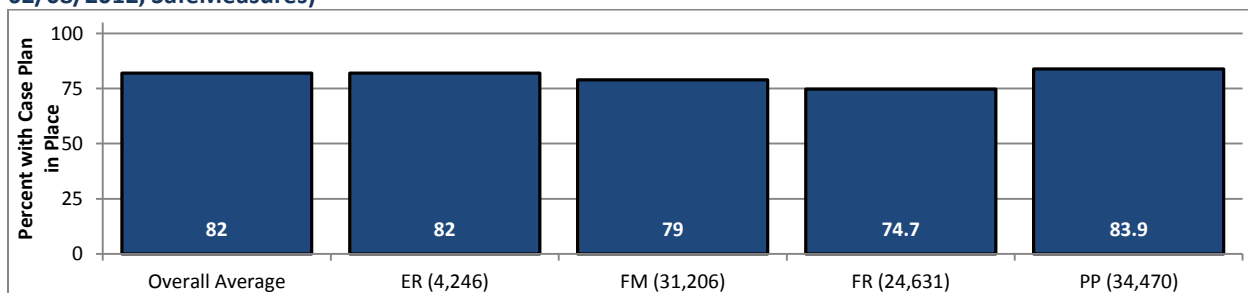
15 Permanency Goal: Ensure that the state is determining the appropriate permanency goals for children on a timely basis when they enter foster care.

Determining appropriate permanency goals is a critical outcome towards ensuring that children have permanent homes or lifelong connections with caring adults. Defining these goals requires appropriately assessing the child circumstances, such as the child's age, current placement, special needs, or their time in placement.

INDICATOR OF PROGRESS

Determining permanency goals for children was rated as an area needing improvement in the 2008 CFSR on-site review for 41 percent of the reviewed cases. As part of the initial PIP in 2002, California law was amended to allow an additional 30 days (for a maximum of 60 days) to develop a case plan. The additional time was intended to allow for better youth and parent engagement in the development of the plan and thereby improving the likelihood of achieving reunification. As a result of the 2008 federal on-site review and the corresponding PIP, CDSS developed the measure illustrated in the graph below. The measure is defined as the percent of children with a case plan goal within 60 days of entry into foster care, over the number of first time entries in care for 60 days or more during the time period. Within two years, California has made substantial strides towards improving this outcome by meeting the CFSR PIP in Quarter Four (April 1, 2010 – June 30, 2010), and further exceeding the target by nearly two percent in PIP Quarter Six.

Figure 65: Percent of Approved Case Plans by Service Component for All Open Cases during October 2011, (retrieved 02/08/2012, SafeMeasures)



FACTORS AFFECTING PROGRESS

The appropriate specific goal will depend upon the circumstances of the child's situation. For example, for a child in an identified group home placement, the goal could be placement with a foster family or placement with a relative. Children who are unable to exit care may remain in

planned permanent living arrangement with relatives or non-relatives or in a higher level of care (e.g., group homes) should they have such needs. Regardless, for children who remain in long term foster care, statute requires that the court reconsider adoption, guardianship, and reunification at status review hearings. Children who remain in care also receive services to assist in their transitioning to adulthood through the Independent Living Program.

Unless the court finds that certain, specified exceptional circumstances exist; reunification is the initial permanency goal for all children removed from their homes. If family reunification is not ordered because exceptional circumstances exist or because efforts have failed, then the court establishes one of the other permanency options as the primary case plan goal.

With the implementation of *concurrent planning* over the past decade, any case with a primary case plan goal of family reunification must also specify a permanency alternative (e.g., adoption or guardianship) and the services necessary to achieve it if reunification is unsuccessful. County SIPs indicate that counties are continuing to implement practices and system changes that support concurrent planning.

Other factors that may affect progress towards this outcome include:

- ✓ Family to Family
 - ✓ Family Engagement
 - ✓ Court Involvement
 - ✓ Judicial Review and Technical Assistance Program
 - ✓ Administrative Office of the Courts Training of Legal Counsel, Social Workers and CASA Workers
- Although *Family to Family* has an evolving presence in California, the principles of F2F help guide families in identifying appropriate permanency goals. These efforts require parents to actively engage in the child welfare process with the goals of achieving more effective case plans and placements while increasing the likelihood of reunification. Some examples include Team Decision Making meetings, Family Group Decision Making meetings, Family Team Conferencing as a part of Wraparound principles, parent partners/mentors, and ice-break meetings. Such meetings bring together as many participants as possible in order to create an atmosphere that encourages parental involvement and parental support.
 - As a principle in California, *social workers discuss progress towards reunification* with parents throughout the life of the case. This information on parents' progress is provided to the court at the six-month review hearings; if reunification is not achieved within 12 months, and a permanency hearing is held. The court determines whether there is substantial likelihood the child can be reunified if parents are provided another six months of services. If the court finds that not possible, services are terminated and the plan established through concurrent planning is ordered.
 - The Judicial Review and Technical Assistance (JRTA) program (detailed on page 264) provides ongoing training to courts, child welfare agencies, and probation about the requirement of establishing a timely permanency goal for each child. To address the judicial coordination of concurrent planning activities, the Administrative Office of the Courts provides ongoing training and technical assistance to dependency courts and stakeholders regarding reunification, tribal engagement, concurrent planning, and participatory case planning.

LIMITATIONS

Research has shown that effective concurrent planning takes time, and to give this time, caseworkers need manageable caseloads. California is currently facing an unprecedented state budget crisis. This may potentially impact the state funded caseloads at the level workers need in order to successfully practice concurrent planning.

FUTURE PLANS

- Training for Probation Officers is a critical step in assuring that permanency goals are appropriately established in a timely manner because like social workers, Probation Officers also perform many of the same functions with the children on their caseloads. The continued training of Probation Officers in Family Finding establishes another possibility for permanency or a close contact for wards after their probation is terminated.
- California continues to administer the core curriculum training for newly hired social workers on the importance of establishing permanency goals. Social workers are instructed to work with the family to set the least intrusive case plan goal possible and prioritized in the following order:
 1. Family Maintenance services;
 2. Family Reunification services following two tracks—
 - a) Reunification with birth parents, and
 - b) The concurrent planning track, which identifies alternative permanency placements and services necessary to achieve legal permanence should family reunification fail;
 3. Permanent placement services as the only goal when there are no feasible means of maintaining or reuniting the child with his/her parent(s) or guardian(s), with the following order of priority: adoption, guardianship, and as a last resort, other planned permanent living arrangement. Parents must be offered an opportunity to participate in the permanency plans of their children if they fail to reunify with their children. This includes working with viable relatives that are willing to accept legal permanency of their children in the form of adoption and guardianship and the option of voluntarily relinquishing their children for adoption purposes. In addition, prior to TPR, the practice of counties of providing mediation services to determine post adoption contact between birth parents and adoptive parents can also eliminate the need for protracted court hearings related to TPR . Permanency Planning Mediation services are provided by the state through contract with the Consortium for Children and some counties also provide their own mediation services through the provision of their own mediators or family court mediators.

16 Proximity of Placement: Ensure that the state is placing foster children close to their birth parents or their own communities or counties

INDICATOR OF PROGRESS

Proximity of placement was rated a strength in 96 percent of the cases reviewed during the 2008 CFSR on-site review. Reviewers determined that the agency made concerted efforts to ensure that children were placed in foster care placements that were in close proximity to their parents or relatives, or that were necessary to meet special needs.

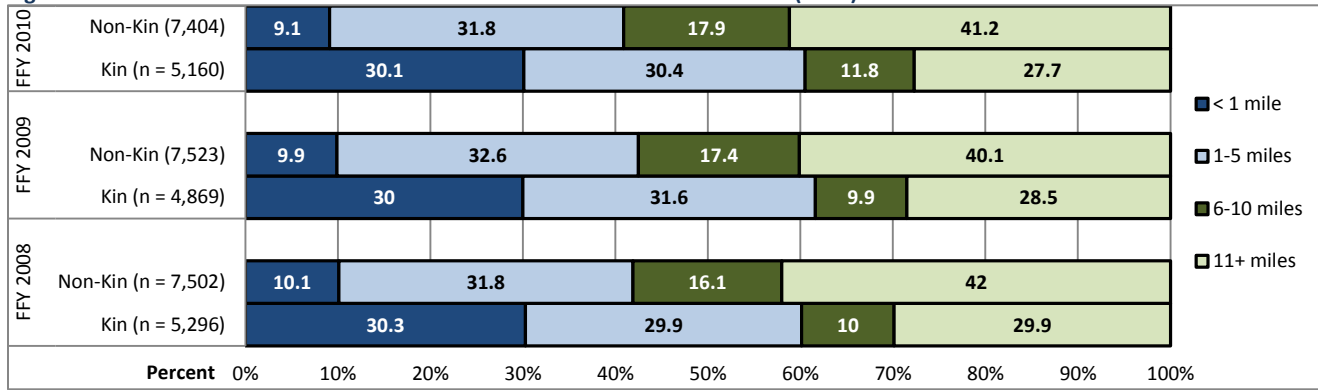
Figure 66: Distance from Removal Address to Placement Address at 12 months (CSSR)

Figure 66 above 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 FFYs 2008 through 2010. 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 these data, the most notable difference for placement between kin and non-kin seem to be the ends of the distribution, closest (less than one mile) and furthest (greater than 11 miles) distances. Placements within one through five miles generally remain unchanged between placement types over time. Kin placements across the two fiscal years ensured that the majority of placements (59.3 percent in 2008, and 60.5 percent in 2010) occurred within five miles of the removal address.

FACTORS AFFECTING PROGRESS

The CDSS recognizes the importance of preserving connections for children in care, and that this measure is closely correlated with, among others, relative placement, sibling placement, and parental involvement. As such, while the specific factors that affect this outcome cannot be determined, the state has several procedures and programs in place to ensure that children maintain their relationships with their communities. Other factors include:

- ✓ Kin and Sibling Placement
- ✓ State Policy
- ✓ School of Origin
- ✓ Core Training
- ✓ Family to Family
- ✓ Educational Placement Stability

- As will be discussed in the Relative and Sibling Placement sections of this report, much of the efforts have focused on placement of children with kin, and siblings, and their own communities. These types of placements provide the best assurance that children remain in the same schools, communities, and reduce the extent to which removal may disrupt these connections.
- The WIC code, Section 16501.1(c) states that a children must be placed in a safe and appropriate placement that is least restrictive, most family like, in close proximity to the parental home whenever possible and best suited to the child's needs, and that placement must consider proximity to the child's school.

- In addition to the WIC code, AB 490 (detailed on in the Well Being Chapter of this report) also provides that if the child’s placement changes, the child has the right to remain in his or her school of origin for the duration of the school year, provided it is in the child’s best interest to do so – this provision is an additional assurance that children are placed within their own communities. Further, if placement within the original school district is not available, the social worker makes every effort with caregivers to transport children to the school they were attending prior to removal.
- As a focus of core training, social workers receive instructions on the importance of placing children in close proximity to the community from which they were removed, and on prioritizing kin placements above other placement options. In training, social workers are instructed to list the reasons why a placement may be a substantial distance from the home of the parent or guardian.
- Family to Family, although evolving in California, continues to focus on family centered practice principles, which include placement in the community, and/or with relatives, and mentoring relationships between parents and resource families.
- ACL 10-12 notified counties of the requirements of PL 110-351 to require that case plans for children and youth in foster care include specified assurances for educational placement stability. These assurances include a provision for the cost of reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement as an allowable foster care maintenance cost. These additional supports for promoting educational stability are additional assurances that children stay within their own communities.

LIMITATIONS AND CHALLENGES

- Children with special needs often require placement in treatment facilities that are not in close proximity to the communities from which they were removed.
- An insufficient number of available foster care placement resources in a certain county or area where the child is removed or resides: Foster care placements with multiple children of different ages and school levels that need to be transported to different school of origins.

FUTURE PLANS

The *Quality Parenting Initiative*, discussed in Retention and Recruitment section, will focus on engaging resource families throughout the child welfare process and provide a framework of support to foster parents for ensuring that children maintain connections to their communities, including maintaining contact with biological parents, and nurturing children’s cultural and ethnic identity. The potential for increased recruitment as a result of the initiative may allow for a greater number of children to be placed in their own communities when they cannot be placed with relatives.

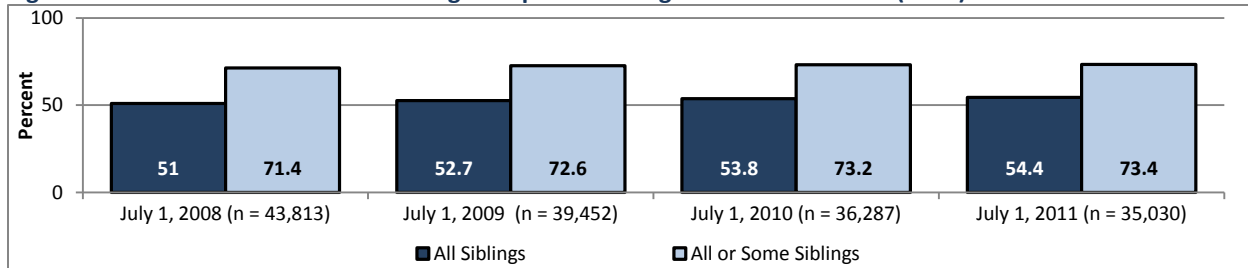
17 Sibling Placement: Ensure that siblings are kept together in foster care.

INDICATOR OF PROGRESS

Below are point-in-time counts of sibling groups placed in Child Welfare supervised foster care. The data illustrate that California is continuing to move in a positive direction in placing sibling

groups together. While the CFSR 2 rated this area as needing improvement, the state has continued to make marked and steady improvements in ensuring that sibling groups remain intact. In 2007, 47.2 percent of all children with siblings were placed with all of their siblings and 68.9 percent were placed with all or some of their siblings. Within a year, California placed 51 percent of all children with siblings with all their siblings, and 71.4 percent were placed with all or some of their siblings; in 2010, those figures rose to 53.8 and 73.2 percent, respectively representing a 14 percent improvement overall. These figures continue to rise steadily through 2011.

Figure 67: Point in Time Counts of Sibling Groups Placed Together in Foster Care (CSSR)



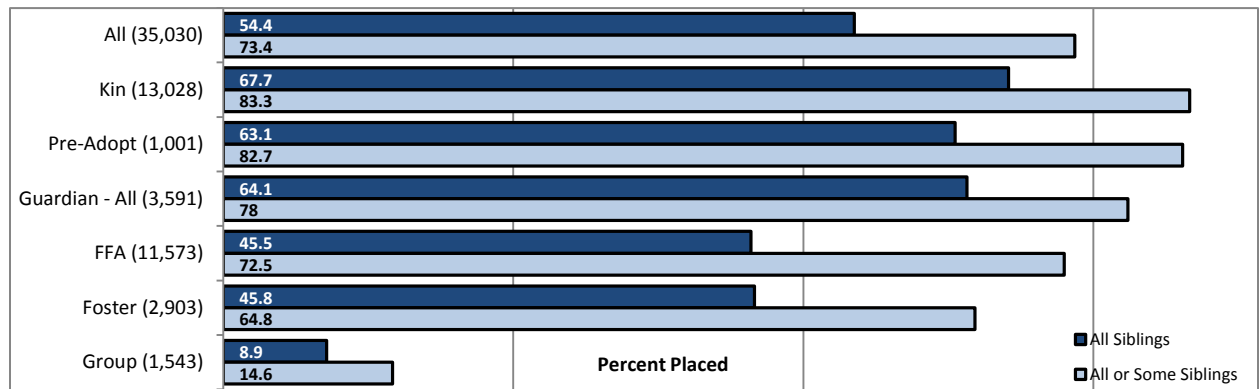
FACTORS AFFECTING PROGRESS

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 detrimental to the best interests of the children. Social workers must exhaust all options before separating siblings living in foster care placements together unless it is found to be contrary to the well-being of the siblings. California statute mirrors and in some areas has a higher standard than federal law in the provision of keeping siblings placed together in foster care. In addition, recent state legislation requires social workers to notice the attorneys (if different) of siblings that are being separated in their foster care placements. The efforts made to keep siblings together must be reported to the court. Otherwise, the social worker must explain to the court why placement of the siblings together is not possible and must either outline the efforts s/he is making to remedy the situation or explain why the efforts are inappropriate. In situations when siblings are separated, social workers must arrange for visitation between them. Furthermore, California's core curriculum for all newly hired social workers includes training on the importance of sibling placement.

- *Sibling Groups Placed Together by Placement Type*

As shown in the figure below and consistent with other data, relative placements, pre-adoptions, and guardian homes fair better in placing all or some siblings together than FFAs, county foster family homes, and especially group homes. Consistent with expectations, FFAs place nearly ten percent more sibling groups together than foster family homes; there is little difference between these two placement types in the number of whole groups of siblings placed together.

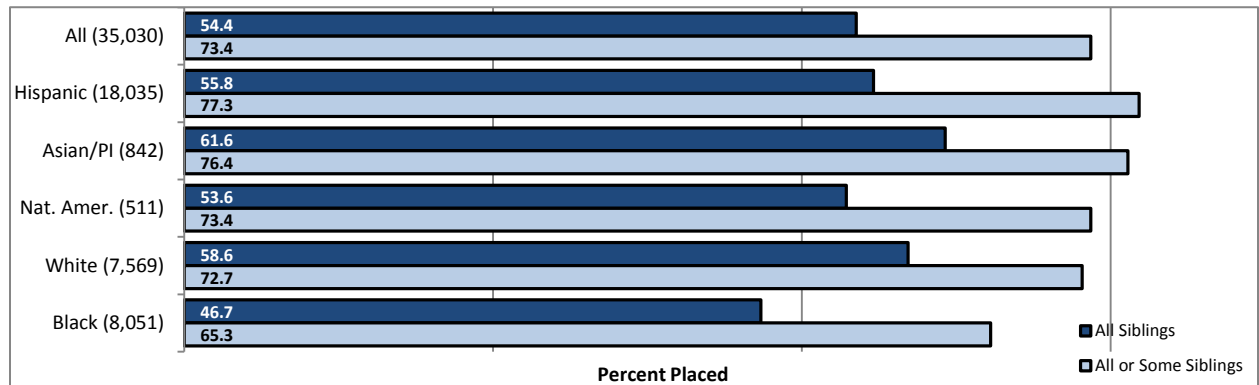
Figure 68: Point in Time Counts of Sibling Groups Placed Together in Foster Care by Facility Type on July 1, 2011 (CSSR)



- *Sibling Groups Placed Together by Race/Ethnicity*

As illustrated in the figure below, Black children are proportionally less likely to be placed with their sibling group than any other race or ethnicity. However, the effect of race on the likelihood of sibling placement is likely compounded with placement type, length of time in care, reentry, and other outcomes that may affect a facility's ability to place siblings groups together.

Figure 69: Point in Time Counts of Sibling Groups Placed Together in Foster Care by Race/Ethnicity on July 1, 2011 (CSSR)



Other factors that may affect sibling placement include:

- ✓ Family to Family
- ✓ Family Finding Efforts

- *Family to Family's* core strategy of developing resource families in communities will result in creating more opportunities for sibling placements. It may increase the likelihood that families will be available to take sibling groups together.

As the state proceeds with the Family Finding Initiative, local child welfare agencies will be expanding the search for relatives. Having a larger pool of applicants will presumably improve their ability to find kin families who may be more willing to have siblings placed with them.

LIMITATIONS

Some limitations and challenges that face California's ability to place all sibling groups together include:

- Differing placement times - When one sibling is placed in foster care before one or others, there may not be room in the home for subsequent siblings, and placement stability is weighed against placing siblings together.
- Different fathers - In situations when siblings have different fathers, relatives may be reluctant to accept children for placement who may not be blood related.
- Special needs - A child with special needs in a sibling group may need to be temporarily placed in a specialized treatment facility, requiring siblings to be momentarily separated.
- An insufficient amount of foster care homes in the vicinity where siblings are removed could prohibit siblings being placed together in the same home.
- An insufficient amount of foster care homes that have enough space available in their homes to keep large sibling groups together.

FUTURE PLANS

California's commitment and acknowledgement of the importance keeping sibling groups intact can be exemplified in the state's future plans.

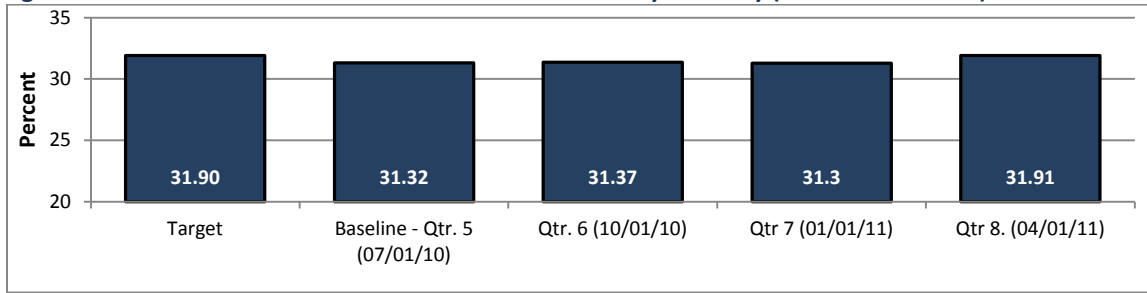
- As a result of AB 743 (2010), *children's attorneys must be notified when siblings are separated or if there are plans for siblings to be separated* thereby providing additional opportunities for the children's attorneys to advocate for their client to remain with their sibling when possible. The agency is in the process of developing an ACL to instruct counties of the new requirements.
- The *Quality Parenting Initiative* (discussed in further detail in the Recruitment and Retention section of this report, beginning on page 130) aims to evolve county's practices towards systemically supporting and engaging foster parents throughout the child welfare process. The goal is to enhance the quality of foster parenting and improve the likelihood that foster parents will be willing and available to take sibling groups.

18 Relative Placement: Ensure that the agency is identifying relatives who can care for children in foster care, and using them as placement resources when appropriate.

As described extensively throughout this report, California has always prioritized kin placements above other permanency options as these placements provide a 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 maintain relatives who can care for youth.

INDICATOR OF PROGRESS

Relative Placement was rated as an area needing improvement for 24 percent of the 34 applicable cases reviewed in the Round 2 of the CFSR onsite. The data on Figure 70 below are from California's CFSR PIP to address action step 2.1 – Family Finding, and is defined as the percent of children whose first entries during a given quarter (dates in parentheses on the x-axis represent start dates) are with a relative within 60 days of entry. Using the Children's Bureau methodology for establishing the target, California's improvement goal during the PIP period was 31.9 percent; the baseline was established in Quarter Five. The target was achieved in Quarter Eight with 31.91 percent of children being placed with relatives within 60 days of entry.

Figure 70: Relative Placement for First Entries within 60 days of Entry (CFSR PIP Measure)

FACTORS AFFECTING PROGRESS

In California, placement options are considered in the following order of priority: non-custodial parent, relatives, Tribal members (if applicable), foster family, and finally group home placement. Other policies that prioritize placing children with relatives include:

1. Requiring the court to determine if there is a relative who is able and willing to care for the child when s/he is unable to return home.
2. Parents are required to disclose to the social worker the names, addresses and any known identifying information of any maternal or paternal relatives of the child.
3. Caseworkers are required to search for relatives to notify them of the child's removal and approve relative home placements.
4. The state's law [WIC 309(d)] provides for emergency placement with relatives to strengthen the opportunity for children to remain with family while in out of home care.

The state funding that has in the past been appropriated for the Kinship/Foster Care Emergency Fund has become part of Realignment. Funding to county has been made available; however, due to ongoing negotiations to finalize the terms of Realignment, it is not known whether counties will be required to continue this funding or will be permitted to redirect the funds to other child welfare purpose. The purpose of the funding is to provide for one-time financial assistance to purchase items or pay for other needs of the caregiver to remove barriers to placement or to maintain the child's placement.

5. Caseworkers must exercise due diligence to conduct an investigation to identify and locate all grandparents, adult siblings and other adult relatives, including those suggested by the parents within 30 days of a child's removal from the home, and give the located relatives information about being a placement option or other support for the child during the out of home episode.
6. Extending Kin-GAP Program benefits to age 21 for eligible dependents living with a relative guardian.

Other factors that may be affecting progress are:

- ✓ Realignment of CWS programs to Counties
 - ✓ Stakeholder Collaboration
 - ✓ Kinship Support Services Program
 - ✓ AB 938 – Relative Notification when a child is placed in foster care
 - ✓ The After 18 Program – Extending Kin-GAP
- Stakeholder Collaboration under the Child Welfare Council's Permanency Committee focused on a statewide commitment to increase the number of children with positive permanency

outcomes through Family Finding and Engagement, details were discussed previously on page 12. The committee focused on collaboration with state and county child welfare agencies and probation departments, and the courts in developing a Family Finding and Engagement Toolkit, (further detailed on the following page).

- The Kinship Support Services Program provides community-based family support services to relative caregivers and the dependent children placed in their homes. Services provided by these programs can include: support groups, respite, information and referral, recreation, mentoring/tutoring, provision of furniture, clothing, and food, transportation, legal assistance, and many other support services needed by kin families. Between July 1, 2009 and June 30, 2010, 8,846 clients were served by KSSP programs across the twenty participating counties. Specifically, eight percent received permanency related services such as adoption and guardianship assistance and permanency planning, while nearly 25 percent received mental health counseling, support groups, and health care related services. In FY 2010-11, 9,548 clients were served, representing an eight percent increase in the number of clients served over the course of a year.
- A new statutory requirement that became effective in January 2010, further underscores the agency's commitment to the importance of relative participation and support in all aspects of a child's life. Amendments were made to WIC code sections 309 and 628 to implement PL 110-351 requiring social workers and probation officers to exercise due diligence to identify and engage relatives and to provide notice to those relatives when a child is removed from their home. Provisions in the law reinforce the requirement in the state's family code that diligent efforts must be exercised in locating relatives when a child is in need of out-of-home placement. These changes require that within 30 days of a child's removal from the home, the county must exercise due diligence to conduct an investigation to identify and locate all grandparents, adult siblings and other adult relatives, including those suggested by the parents. Due diligence efforts include asking the child in an age-appropriate manner about relatives important to the child and obtaining information regarding the location of the child's adult relatives. The social worker or probation officer then provides written and oral notification to all adult relatives who are located, except when that relative's history of family or domestic violence makes notification inappropriate.
- The extension of Kin-GAP, discussed previously in the Guardianship section beginning on page 101, further stresses the state's commitment to placing children foremost with relatives above other placement options. While relatives report that they are devoted to caring for their relative children, placement can place significant financial hardship on families, especially given the dire economic environment and reductions to support services, such as TANF.

LIMITATIONS

Some limitations in the data include:

- Relative foster parents certified through an FFA may not be counted as kin in the data;
- Voluntary placements of children prior to court mandated removal may contribute to an underestimation of kin placements;
- Uncooperative parents, undocumented immigrant parents' fear of deportation, therefore unwillingness to disclose information on relatives; or

- If fathers are unidentified, relatives are limited to maternal kin.

FUTURE PLANS

The AOC issued a Request for Proposals (RFP) to develop a *Family Finding and Engagement Toolkit* that will support the courts' and local agencies' FFE efforts. RFPs were submitted to the AOC on December 8, 2010. In collaboration with a steering committee and California's CWC Permanency Subcommittee, the contractor will develop a toolkit that will include an implementation and planning protocol, a training curriculum and assessment tools⁴⁷. The toolkit is anticipated to be completed by June 30, 2013.

19 Foster and Adoptive Parent Recruitment

The 2008 CFSR identified recruitment, retention and support of resource families as an area needing improvement. California seeks to improve the state's diligent recruitment and retention of resource families. The state's overall goal is to attract quality resource families that 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. The CFSR PIP identifies specific activities associated with improving the recruitment and retention of resource families. The CDSS will meet the goals of the PIP through collaborative partnerships and various engagement strategies. To that end, CDSS engaged the NRC in September 2009 for Recruitment and Retention of Foster and Adoptive Parents at AdoptUSKids to assist in pulling together stakeholders to identify possible strategies for improvement. Although California's fiscal crisis has hampered major efforts, the state has taken steps toward improvements. These steps include consolidating and better coordinating existing efforts, improving customer service and initiating, with philanthropy and counties, a pilot program aimed at enhancing the state's recruitment and retention efforts of quality foster parents. California's efforts are exemplified in the following activities:

- ✓ Quality Parenting Initiative
 - ✓ Foster Care and Adoptive Resource Families Recruitment and Training web page
 - ✓ California Kids Connection Website
 - ✓ Foster Parent and Relative Caregiver Education Program
 - ✓ Quarterly County Conference Calls
 - ✓ Caregiver Advocacy Network Meetings
 - ✓ Diligent Recruitment
- *The Quality Parenting* - In early 2009, CDSS, the Youth Law Center (YLC) and the CWDA joined in a collaborative effort with philanthropic support (Stuart Foundation, Taproot Foundation, Walter S. Johnson Foundation, Annie E. Casey Foundation, and David P. Gold Foundation, and the California Endowment) to create the Quality Parenting Initiative (QPI). The main goal of the project is to develop a statewide approach to recruiting and retaining high quality caregivers who provide excellent care to children in California's child welfare system. An advisory committee was formed to help guide the project and includes state staff, county, caregivers, biological parents, community partners, private agencies, and former foster youth.

Phase one of the QPI began in March of 2010 and entailed the selection of nine pilot counties to test best practices related to recruitment and retention. The pilot counties included: Fresno,

⁴⁷ <http://www.courtinfo.ca.gov/reference/rfp/familyfunding-toolkit-rfp.htm>

Santa Clara, Humboldt, Sonoma, Kern, Santa Barbara, Ventura, San Luis Obispo, and Nevada. Each county created QPI teams which included county staff, family foster agency staff, foster parents, kinship caregivers, and other Title IV-E eligible participants. The YLC assisted counties in developing their action plan and provided on-going training to the pilot counties.

At the conclusion of phase one, CDSS hosted two convenings in May and June of 2011 for the Northern and Southern California counties. The convenings allowed pilot counties to share best practices and lessons learned among peers and non-pilot counties, and provided an opportunity to spark interest in future QPI trainings. The southern convening was held in Garden Grove on May 25, 2011 and had 83 in attendance. Pilot counties Kern, San Luis Obispo, and Santa Barbara presented their QPI plans. The five non-pilot counties that attended the convening include Imperial, Orange, Los Angeles, Riverside, and San Diego. Orange County expressed interest in future QPI trainings.

The northern convening was held in Sacramento on June 2, 2011 and had 129 in attendance. Pilot counties Ventura, Santa Clara, Sonoma, Nevada, Humboldt, and Fresno presented their QPI Action Plans. The 21 non-pilot counties that attended the convening include Alameda, Butte, Calaveras, El Dorado, Glenn, Madera, Merced, Monterey, Plumas, Sacramento, San Francisco, Joaquin, San Mateo, Santa Cruz, Shasta, Sierra, Solano, Tehama, Tulare, Yolo, Yuba. Of these counties, Tehama, Calaveras, San Francisco, Madera, Monterey, and Butte expressed interest in attending future QPI trainings.

Based on positive feedback, county interest received at the convenings, and successful implementation of the pilot QPI plans, phase two of QPI began in December of 2011. The CDSS has elected to continue QPI training through contracted services with the YLC. The YLC will provide existing, as well as new, counties with QPI training and technical assistance. Eight new counties have recently finalized their commitment to participate in QPI and include Tuolumne, Yuba, Glenn, Madera, Butte, San Francisco, Shasta, and Tehama.

In phase two, the goal of the QPI is to help counties redesign their recruitment material, enhance their relationship with foster families, and build linkages with birth families in order to improve the quality of care kinship families can provide. Additionally, QPI seeks to increase the number of families willing to foster or adopt, and to shorten the length of time to permanency for children and youth in out-of-home care. The QPI objectives are:

- Identify the attributes of foster parents who successfully raise well-adjusted foster children
- Identify the problems of quality foster parents
- Identify the problems counties are having with foster parents
- Identify what problems foster children are having with foster parents and child welfare services
- Identify what recruitment and retention processes California counties are currently using
- Create an approach that incorporates the best of the best recruitment and retention efforts
- Train counties to revamp their recruitment and retention process based on the training approach developed by the QPI

QPI Training Curriculum includes such subject areas as:

- The quality caregiver profile
- What county workers need to know
- What caregivers need to know

- How to better communicate with caregivers
 - How to change county brochures to target quality caregivers
 - Social worker/foster parent team building
 - How to redesign county recruitment processes
 - How to improve birthparent/caregiver relations
 - How to recruit and assist relative caregivers
 - How to make system changes
- In 2012, CDSS added a web page to the Department's public website that provides links for potential foster/adoptive parents, counties, and others interested in foster and adoptive resource families. The web page, titled Foster Care and Adoptive Resource Families Recruitment and Training, contains information for current resource families on where they can go for training, both online and at local training sites. Local, state, and federal agency websites are also linked for easy access. The web page is located at <http://www.childsworld.ca.gov/PG2684.htm>.
 - *California Kids Connection (CKC)* website, an online adoption exchange registry of children whose placement plan is adoption, is provided through a contract with Family Builders. The CDSS expanded this contract to include and interface with the following services in order to increase the consistency of 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
 - ✓ 1-800-KIDS-4-US

The CKC website has both a secure section and a public section; the public section of the website is accessible to any Internet user. In addition to the online registry, CKC services include exchange meetings, matching events, and training and education for caseworkers. CKC leads 5 regional adoption exchange meetings in California. Adoption exchange meetings are held in the San Francisco Bay Area (monthly), Sacramento (monthly), the Central Valley (bi-monthly), Southern California (bi-monthly), and Northern California (quarterly). From July 1, 2011 through April 1, 2012, CKC staff organized and participated in two adoption matching picnics and three adoption matching family fairs. During this time period, CKC provided training about recruitment and online photolisting for the Solano County Child Welfare Services Adoptions Unit. CKC is also planning for trainings with several Counties that are starting new adoption programs to state budget realignment.

Presently, 82 percent of all public agencies and 66 percent of private agencies participate in exchange meetings and list children and families on the exchange site (these rates remained unchanged from 2011). As a result, the CKC has been very successful in finding permanent homes for foster children and youth. Table 5 below outlines the activities on the website.

| | Total Children Listed | Publicly Listed | Privately Listed | Children of Color | Over age 12 | Monthly Average of Inquiries by Qualified and Approved families (7/1/2011 – 4/1/2012) | Children Matched |
|---------------|-----------------------|-----------------|------------------|-------------------|-------------|---|------------------|
| March 1, 2012 | 439 | 41% | 59% | 82% | 58% | 304 | 69 |
| March 1, 2011 | 449 | 49% | 51% | 81% | 41% | 439 | 61 |
| March 1, 2010 | 452 | 59% | 41% | 81% | 51% | 550 | 91 |

Table 5: California Kids Connection (CKC) Activities

In order to improve diligent recruitment for families of Indian children, California is also in discussion with tribes regarding inclusion of Indian children who have been freed for adoption and who are not registered on the online adoption exchange registry. Some tribes are requesting this service in order to ensure these children have the best possibility of being placed in a permanent home.

- CKC also has partnerships with 12 (eleven in 2011) counties or CDSS District Offices to provide *Adoption Navigator services* for the children listed on the CKC website. The navigators provide critical support and guidance to interested families as they navigate through the adoption process. Their goal is to help the families save time, energy and invariably, money, through emotional, social, and strategic support. Table 6 outlines the number of children served and matched with adoptive families due to the California Kids Connection website and the work of the Adoption Navigators in 2010 and 2011. These are children who may have otherwise remained in care. Thus, these services assist the state with meeting the well-being and permanency goals for children in foster care.

| | Children Served | Children Matched |
|------|-----------------|------------------|
| 2012 | 374 | 38 |
| 2011 | 325 | 56 |
| 2010 | 300 | 27 |

Table 6: CKC: Adoption Navigator

- *AdoptUSKids CKC* also interfaces with AdoptUSKids. The CKC Recruitment Response Team is funded by CDSS and responds to inquiries about adoption generated by AdoptUSKids' national recruitment campaign. Since July 1, 2011 through April 1, 2012, the Recruitment Response Team has answered the inquiries of 531 (662 in 2011) families; 111 of the inquiries (110 in 2011) were from those whose primary language is Spanish. Of these inquiries, 7 families with whom *AdoptUSKids* is working with have attended orientation, 28 are currently working with an agency, and 6 have already completed their home study.
- In October 2009, CKC began answering the statewide, toll-free, CDSS information line, 1-800-KIDS-4-US. The line is answered by bilingual staff who provide information in English or Spanish. Callers are given information about the foster care and adoption certification process and are provided with non-directive referrals to licensed public and private adoption agencies and county social services offices. CKC staff answer an average of 62 (69 in 2011) calls regarding foster care, 17 (14 in 2011) calls about foster/adoption, and 20 (29 in 2011) calls about other topics each month.
- *Foster Parent and Relative Caregiver Education Program* – The CDSS collaborates with the Chancellor's Office of California's Community Colleges to provide the education and training of foster parents and relative care providers through a contract with the Foster Care and Kinship Care Education Training Program (FKCE). The CDSS also sits on the Chancellor's Office FKCE State Advisory Committee that also has representatives from care providers and counties.

The Chancellor's Office utilizes 62 community colleges that have developed curriculum to train foster parents and relative and nonrelative extended family member caregivers. The trainings

are based on what is required by law and by the local county and the caregiver needs in their communities. Within their limited funding, the college programs offer as many of the required topics as possible from H&S Code 1529.2 and WIC Code 16003. The colleges are doing an amazing job and offer over 30,000 hours of training in total throughout the state annually. There is no one curriculum that counties mandate, but the colleges offer a multitude of training, both pre-service (such as PRIDE and GPS-MAPP) and of course, post-placement, ongoing training, as well as many specialized offerings.

A sample of the topics offered follow, but many additional ones are offered by these local training programs:

- Trauma-Informed Child Development
 - Children with Special Needs
 - Diversity (which includes rights of foster children and youth, cultural awareness and sensitivity and working with LGBTQ youth, etc.)
 - Kinship Care
 - Permanency
 - Whole Family Foster Home
 - Education and Health Rights of Children in the System
 - Child Abuse and Neglect
 - Grief and Loss
 - Positive Discipline and Self-Esteem
 - Working with Birth Families
 - Complaints and Allegations
 - Adolescent Issues
 - Judicial Process
 - Mental Health
 - Fostering Connections
 - Successful Transition for Foster Youth
- *County Conference Calls* - CDSS launched quarterly teleconference meetings in March of 2012, to gather information on foster parent recruitment and retention strategies. The teleconferences allow counties to share strategies, identify strengths and weakness, and highlight a county's best practices for recruitment, training, and retention of foster/adoptive resource families. Topics of discussion will be focused on recruitment activities, how a county supports foster families, strategies that address the racial diversity of children, and outcomes a county may have attained from the Quality Parenting Initiative. The next call is tentatively set for July of 2012.
 - *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:
 - ACIN I-39-95 outlining the federal requirements of MEPA.
 - ACIN I-46-98 explaining the federal requirements of the Small Business Job Protection Act of 1996, Section 1808 "Removal of Barriers to Interethnic Adoption" (IEP)

- ACIN I-34-03 which described changes made to the Structured Applicant Family Evaluation (SAFE) assessment tool in order to bring it in compliance with MEPA and IEP.
- Division 14 Staff Development and Training Regulations Section 14-611.1.12(b) which outlines required core training for new child welfare workers which includes training on MEPA and IEP to be completed within the first 24 months from the date of hire.
- All four Regional Training Academies in the State provide training to new social workers on MEPA and IEP as part of their core training program. Both the Bay Area Training Academy and the Northern Regional Training Academy's MEPA curriculum include training on how the State must provide for diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the state. In addition, the Northern Regional Training Academy also has an on-line training site on MEPA and IEP. The California Social Work Education Center (CalSWEC) also posts MEPA and IEP training manuals and information on their on-line website.
- Received federal technical assistance on MEPA in the past to support counties' compliance with MEPA.

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

- *California Partners for Permanency* - This federally funded project is directed at reducing the numbers of African American and Native American Indian children and youth, the two most overrepresented children in California's foster care system, who remain in long term foster care. One of CAPP's primary principles is to engage youth, families, parents, community members, caregivers and tribes in attempting to find solutions to this problem. This engagement and collaboration will inform child welfare workers and providers with the information necessary to make available and support the use of culturally-based and trauma-informed support services to address the specific needs of African American and Native American Indian children and their families.
- Latino Practice Advisory Committee – This advisory committee is a collaboration between the California Department of Social Services, the County Welfare Directors Association, providers and stakeholders with the common goal of reducing the numbers of Latino children and youth in long term foster care in California's foster care system. Like CAPP, the information gathered through this collaboration will make available and support the use of culturally-based and trauma informed support services to address the specific needs of Latino children and their families.

The Department has begun discussions to include the diligent recruitment requirements of MEPA and IEP in Title 22, Division 2, Adoptions Users Manual regulations. California's regulatory process is lengthy and complex. Therefore a date when that process will finalize cannot at this time be determined.

A few county of examples of culturally targeted recruitment practices are described below.

San Bernardino County targets Hispanic and African American via:

- The county reaches out to the Hispanic and African American faith based organization to do recruitment presentations and participate in church events.
- County recruitment booths are set up in Hispanic and African American community fairs.
- County gives presentations during holidays at African American organizations and sororities.
- “Taking Care of Business” – this is a one-stop shop, held once a month, where the county helps prospective foster parent fill out forms and reviews for accuracy, gives the prospective foster parent a TB test and live scan (finger printing), orientation, food, and provides information on the next steps of becoming a foster parent. A Spanish speaking staff is utilized to serve the Hispanic community. Usually 100-125 prospective foster parents attend, but half tend to drop out because they cannot meet licensing requirements (background, issues with home, etc.).
- Foster parent orientation and PRIDE training are given in Spanish.
- A Licensing Assistance is assigned to a foster parent to help them through the licensing process (Spanish speaking staff).

Santa Barbara County targets Hispanic and African American via:

- Quality Parenting Initiative
 - Outreach to Hispanic and African America communities by participating in community events and doing presentations at Hispanic and African America churches.
 - Offering foster parent orientation and training classes in Spanish.
 - Airing public media messages (radio, billboards, etc.) specific to Hispanic and African America foster parents.
- *Caregiver Advocacy Network Meetings* – CDSS developed the Caregiver Advocacy Network in 2009 to establish a communication network for caregiver advocates, share information, and improve caregiver support services. The meetings are hosted by the California State Foster Care Ombudsman’s Office and held twice a year. Caregivers that participate in the Advocacy Network include relative caregivers, county foster parents, and foster family agency foster parents. The Caregiver Advocacy Network has identified key issues and recommendations that impact caregivers, which are now the focus of advocacy. The key issues and recommendations include:
 - Lack of completed information regarding the foster child
 - Caregivers need to be given complete information regarding a child’s special needs before placement. A “Quick Reference Sheet” needs to be provided to the caregiver that identifies the child’s needs: educational, behavioral, mental health issues, important relationships, etc.
 - Lack of support services
 - Support services need to be provided when requested, rather than removing a child. Team Decision Meetings should be held before the removal of any child (excluding emergency removal).

- Problems with social workers
- Provide cross-training so both caregivers and social workers come to understand and respect each other as partners and obtain the same information. Establish Caregiver Advocacy in each county.

The Advocacy Network has compiled a Caregiver Resource Directory and created several publications available for distribution. Publications available by request include:

- Caring for Another Person's Child
- The Kinship Guardianship Assistance Program
- Kinship Manual: for Relative Caregivers and Non-Relative Related Family Members
- Relative Caregivers Guide to Benefits
- Caregivers and the Courts
- How to Access the Courts
- Best Practice Guidelines for Assessing Families and Children in Child Welfare Services
- It's My Life: Employment – A Guide for Transition Services for Foster Youth
- California Foster Care Education Law Fact Sheets

20 Juvenile Justice Transfers

Table 7 below outlines the number of children under the care of California's child welfare system who were transferred into the custody of the state's juvenile justice system for each of the indicated years. Data from CWS/CMS are used to identify CWS/CMS cases that closed each federal fiscal year with one of the 600/Incarceration closure reasons noted below.

All 600/Incarceration case closure reason types are included:

Table 7: Juvenile Justice Transfers

| 600/Incarceration Case Closure Reason Types | Federal Fiscal Year | | | |
|---|---------------------|------------|------------|------------|
| | 2011 | 2010 | 2009 | 2008 |
| Incarcerated – Adjudicated 601/602 | 394 | 480 | 536 | 517 |
| Not Incarcerated – Adjudicate 601/602 | 175 | 117 | 158 | 146 |
| Incarcerated – Adjudicated Non 601/602 | 76 | 72 | 123 | 89 |
| Child Receiving Services From Probation, Case Suspended | 125 | 102 | 131 | 126 |
| Total | 770 | 771 | 948 | 878 |

WELL-BEING

OUTCOME 1 – FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN’S NEEDS

| | |
|--|-----|
| 21 - WELL-BEING FOCUSED SERVICES IN PSSF | 138 |
| 22 - NEEDS AND SERVICES..... | 139 |
| 23 - FAMILY ENGAGEMENT | 141 |
| 24 - CASEWORKER VISITS WITH CHILDREN | 143 |
| 25 - CASEWORKER VISITS WITH PARENTS..... | 149 |

OUTCOME 2 – CHILDREN RECEIVE APPROPRIATE EDUCATIONAL NEEDS, AND MENTAL HEALTH, AND PHYSICAL HEALTH NEEDS

| | |
|---|-----|
| 26 - EDUCATIONAL SERVICES..... | 150 |
| 27 - PHYSICAL AND MENTAL HEALTH SERVICES..... | 154 |

21

Well-Being Focused Services in PSSF

California engages in many efforts to support well-being outcomes for children. 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 Focused Services in 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 the social and emotional effects of maltreatment on children who come to the attention of child welfare systems. Addressing the social and emotional well-being of children in foster care can be done a number of ways including trauma-informed assessments and screenings, effective trauma-focused mental health services, ensuring families have enhanced capacity to provide for their child’s needs, ensuring children receive appropriate services as well as services provided in the home. While California counties provide a variety of the well-being services indicated above, below are county specific examples of PSSF services provided during FY 2010-11 which impact child well-being across the state.

San Diego County provides in home services via the Community Services for Families program. Case management, parent education and SafeCare® are provided to families in their homes. Services are provided to families at high risk of CWS intervention and families with open CWS cases. In-home case management and parent education services are provided by a Family Support Partner whom works directly with families to increase and enhance parenting skills. SafeCare®, an in-home home visiting program, includes three modules: Parent-Child or Parent-Infant interaction, Home Safety and Infant/Child Health Care.

SafeCare® is also provided in Shasta County to both families at high risk of CWS intervention and families with open CWS cases. Through the in-home provision of an evidence and community-based program, not only is the safety and permanency of children being promoted, so is the well-being of children in Shasta County.

Del Norte County provides Baby Steps, a home visiting and case management program designed for parenting and/or pregnant teens. Baby Steps provides age appropriate developmental information, developmental assessments using the PEDS screening tool, family strengths and needs assessments, resource and referral to community services, monthly social support group meeting which includes education, resource information and incentives.

Sierra Vista provides clinical services around issues of anger management and trauma for children and their families in *Stanislaus County*. Priority is given to children at high risk of maltreatment,

including children who are being served by CWS. Understanding that permanency for youth in CWS is impacted by the emotional consequences of maltreatment and children and caregivers often struggle with new roles in the family system as a result of prior maltreatment, counseling via Sierra Vista addresses these issues to improve permanency and well-being for children. During FY 2010-11, a total of 264 clients participated in counseling services of which 59 percent completed services. Compiled progress scales indicated that 60 percent of clients showed significant improvements in their behavior, 23 percent had good improvement and 17 percent showed an average level of improvement.

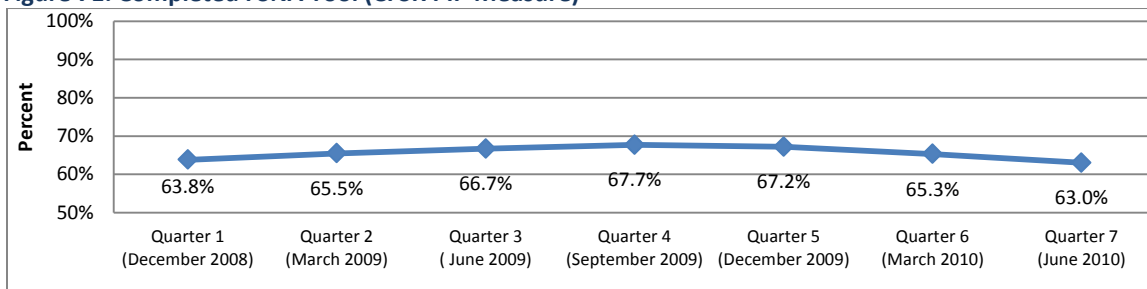
22 Needs and Services: Ensure the state is assessing the needs and providing services to children, parents, and foster parents

Assessing the needs and services of children, parents, and foster parents was rated as an area needing improvement in the 2008 CFSR on-site review for 37 percent of the cases reviewed (n = 65). Success in assessment and providing services to families are correlated with other items in safety and permanency, such that improving the quality and quantity of social worker visits, in-home services, risk and safety management, and recruitment and retention of resource families are some of the division's strategies for ensuring that families have the enhanced capacity to provide for their children's needs.

INDICATORS OF PROGRESS

For 54 counties using SDM as their safety assessment tool, the following figure is the proportion of case referrals that were promoted to open cases during the CFSR PIP quarter with a completed Family Strengths and Needs Assessment (FSNA) tool. California exceeded the negotiated improvement goal of 61.3 percent in the quarter following the baseline. The measure was discontinued with the completion of the CFSR PIP.

Figure 71: Completed FSNA Tool (CFSR PIP Measure)



FACTORS AFFECTING PROGRESS

California's Manual of Policies and Procedures specifies that an assessment must be completed for each child who receives child welfare services. Further, the WIC code states that family maintenance services are activities designed to provide in-home protective services to prevent or remedy neglect, abuse, or exploitation with the goal of preventing separation of children from their families. During the assessment, the social worker must include:

1. The relevant social, cultural, and physical factors relating to the child, parent(s), guardians, and other significant persons, including children and siblings who are known to reside in the home;

2. The apparent problems, and possible causes of those problems, which require intervention and the family strengths which could aid in problem resolution;
3. A summary of the health and education records, a mental health status, and other needs of the child.

In California SDM counties, social workers complete an initial case plan within 30 days of the first contact with each family for whom a case is opened. Within this timeframe, workers assess the strengths and needs of families; these assessments are used to guide service provisions, targeting the specific needs of the family.

The FSNA is used to systematically identify the strengths and needs of adult caregivers in eight different domains: 1) Parenting skills, 2) Substance use/abuse, 3) Mental health, 4) Relationships, 5) Social support system, 6) Resource management/basic needs, 7) Physical health, 8) Cultural identity, as well as other needs as identified by the family. Upon completion, and in collaboration with the family, social workers identify three priority needs to be addressed in the case plan and specific service intervention to address them. On the other hand, priority strengths are used to identify the resources that families may draw upon to achieve case plan goals.

Other factors include:

- ✓ Stakeholder Collaboration
 - ✓ Differential Response
 - ✓ Family Development Matrix
 - ✓ Social Worker Visits
 - ✓ Services to Prevent Removal
- *Stakeholder Collaboration through the State Interagency Team's Co-Occurrence Domestic Violence and Maltreatment Workgroup* (previously discussed in detail Stakeholder Collaboration section of this report), among other priorities, focused on understanding the challenges in addressing domestic violence, the impact on children exposed to domestic violence, and improving access to services to address domestic violence. The Children's Research Center, which provides the SDM system to 54 counties, is planning to develop a report using SDM data to examine domestic violence and its potential impact on children in the child welfare system.
 - *Stakeholder Collaboration through the Child Welfare Co-Investment Partnership*, previously discussed in detail on page 18, established as one its goals in 2010 the ability to expand California's access to and utilization of federal resources to improve the state's capacity to provide the necessary services to meet the needs of children and families.
 - *Differential Response* as discussed in the Safety 05 services to prevent removal (page 41), which include decision making meetings involving the family and other concerned community members, such as a Path Two team in DR. These meetings can develop a safety plan and contingencies sufficient to keep the child in the home and prevent an out of home placement. Depending upon the services available in the specific county, other organizations can provide strategies which keep children from entering out of home care.
 - The *Family Development Matrix*, discussed previously in the Safety – Prevention/Early Intervention section beginning on page 30, is a family engagement tool that helps agencies identify which services families need. The FDM brings case management and outcomes evaluation into 20 county-based service networks and various tribal communities in California;

while family support staffs in 100 agencies and tribal organizations have the ability to implement FDM, analyze the outcome data in order to assess families in setting goals, and record agency intervention and family participation activities. The trained staff in these agencies can assess the family's current situation and identify family strengths, which are then used in developing the case plan. The tool has been used to assess more than 6,300 families, and has been used by a number of agencies in providing services as part of the county Differential Response systems described above.

- *Social Worker Visits* is highly correlated with assessing and providing for services such that if social workers are not visiting families sufficiently, it is highly probable that the division is not providing for continuing assessments.
- Likewise, if the agency is failing to provide for *services to prevent removal* under Safety 05, improvement in this area is highly improbable.

FUTURE PLANS

- Core curriculum training for newly hired social workers includes a multiday training on the case planning process as well as training on the use of SDM, and SafeMeasures® for the relevant counties.
- As part of the PIP strategy, the division remains committed to increasing the percentage of children in foster care and in-home receiving Wraparound services to 5.9 percent.

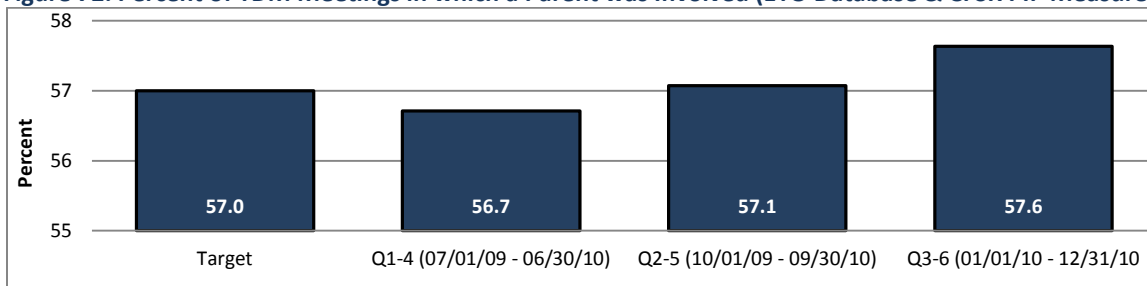
23 Family Engagement: Ensure that parents and children are involved in the case planning process

Involvement in case planning was rated as an area needing improvement in the 2008 CFSR on-site review for 45 percent of the 58 applicable cases reviewed.

INDICATORS OF PROGRESS

The figure below was developed for the CFSR PIP to address CFSR Item 18: Child and Family Involvement in Case Planning and represents the proportion of Team Decision Meetings that occurred during the year in which a parent (defined as birth parent, adoptive parent, or guardian) was involved. The data periods are parenthesized on the x-axis and are annualized using the rolling quarter method. These data are extracted from the Efforts to Outcomes (ETO™) software managed by an independent contractor at UC Berkeley. The measure was discontinued with the completion of the CFSR PIP.

Figure 72: Percent of TDM Meetings in which a Parent was Involved (ETO Database & CFSR PIP Measure)



During these data periods, the participating TDM counties held an average of approximately 26,000 TDMs. California met the PIP target during the Q2-Q5 data period and the state has continued to

make steady and marked improvement, increasing nearly one percent over two annualized rolling quarters from 56.7 percent to 57.6 percent between July 1, 2009 and December 31, 2010.

FACTORS AFFECTING PROGRESS

As part of the initial CFSR PIP, legislation was enacted to increase time allowed to complete a case plan from 30 to 60 days with the goal of increasing child and family involvement. Additionally, legislation signed into law in 2005 seeks to ensure that age and developmentally appropriate children and youth are actively involved in their case plan and permanency planning process.

In *Family Maintenance* cases, social workers are required to complete initial case plans within 30-60 days and are required to update them every six months. They engage children and parents in the case planning process through the use of Family Group Decision Making and family group conferencing and TDMs. These practices bring children, family and their support network together to discuss and determine the processes for the family's success in developing and reaching their case plan goals. Data from SafeMeasures® reveals that for the month of September, 2010, eighty-two percent of FM cases have an approved case plan in place.

In *Family Reunification* cases, social workers are required to complete the initial case plan within 30-60 days of removal and are required to update them every six months. Family and child engagement is accomplished through Family Decision Making Meetings (FDMs), in which these meetings address visitation with parents, siblings, and ILP for youth. FDMs involve participation from parents, age and developmentally appropriate children, community partners, such as mental health staff, alcohol and drug staff, and foster parents and relatives. Data from SafeMeasures® reveals that for the month of September, 2010, nearly seventy-six and a half percent of FR cases have an approved case plan in place.

The FSNA tool for SDM counties also must involve parents and children in the development of the case plan. The tool involves separate assessments for children and families. Families are assessed in eight domains, including substance abuse, mental health, and parenting skills. After the assessment, workers, in consultation with the family, identify up to three priority needs that must be addressed in the case plan.⁴⁸ In collaboration with the family, workers plan specific intervention to address these issues, while family's priority strengths are used to identify resources that may be used to assist in achieve case plan goals. The Child Strengths and Needs assessment tool assesses children in nine domains of functioning. Age-inappropriate domains are not rated (e.g., assessing an infant for education). The tool is critical in identifying needs that may require services.

FUTURE PLANS

The Core Training for newly hired social workers includes a module on engaging children and their families in the case planning process. It identifies the importance of engagement, potential barriers to engagement, strategies to establishing relationships with families, as well as specific information on engaging fathers. California has recently begun to work with an innovative approach to family engagement (formerly known as Signs of Safety or Safety Organized Practice) and is conducting training and facilitating the implementation in conjunction with the SDM safety assessment tools used in 54 of the 58 counties. Workshops have been held at the Regional Training Academy at U.C. Davis and several counties have begun to implement the family engagement practice with the SDM assessment tools. Most notably involved at this stage are San Diego County

⁴⁸ The Structured Decision Making System, Case Management in Child Welfare (2010), NRC.

and Sacramento County. This work is ongoing and plans are in place to move ahead with it in 2011 and beyond.

24 Caseworker Visits with Children: Ensure that social workers are visiting children in home and in-foster care.

Caseworker visits are a vital factor of 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 foster parents; engage biological and foster parents 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.

Caseworker visits with children was rated as an area needing improvement for 17 percent of the 65 cases reviewed during the 2008 CFSR onsite review. In this report, social worker visits with children is discussed in three parts: 1) The state measure of timely contacts, 2) CFSR PIP for improving the quality of visits with children, and 3) The caseworker visits PIP, resulting from federal reporting requirements based on PL 109-288 and is focused on increasing frequency of caseworker visits, improving the quality of visits, and improving data collection.

INDICATORS OF PROGRESS

As part of the state's quality assurance system, the C-CFSR county consultants monitor counties' performance on Measure 2C (illustrated below), the percentage of children requiring a caseworker contact who received the contact in a timely manner within a single month. The measure was developed in accordance with state regulatory requirements and is substantially different from the federal measure described later, such that the state reporting period is a single month and is a client level analysis, while the federal measure is an annual calculation of monthly visits at the case level. Measure 2C also excludes partial months, Kin-GAP or Probation clients, children placed via ICPC, and children with runaway status and includes youth up to 20 years old.

Figure 73: AB 636 Measure 2C: Monthly Caseworker Visits with Children (CSSR)

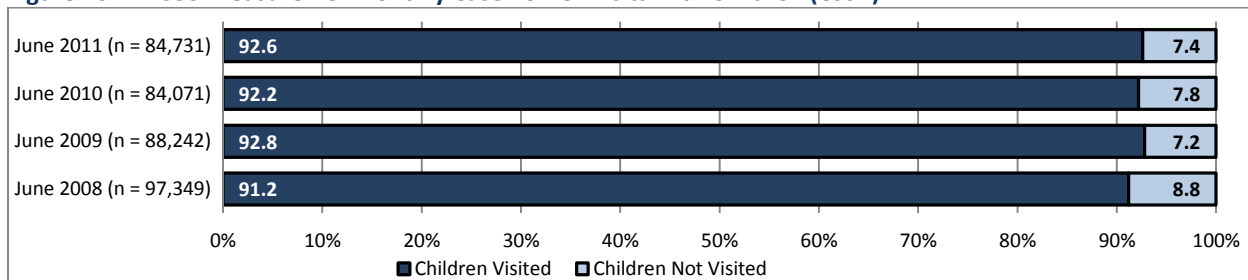
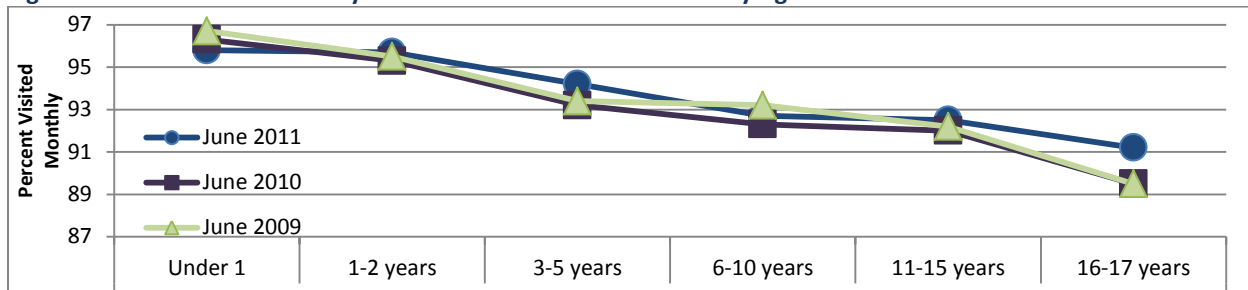


Figure 74: Measure 2C: Monthly Caseworker Visits with Children by Age

The data show that counties are performing above the state standard of 90 percent. The measure includes Child Welfare Department supervised children with an open case during the month who were visited in accordance with the required frequencies outlined in regulations.

Consistent with national findings and other data on monthly case worker visits, older children are less likely to be visited monthly than younger children. There have been little variations in these data over the last three years.

FACTORS AFFECTING PROGRESS

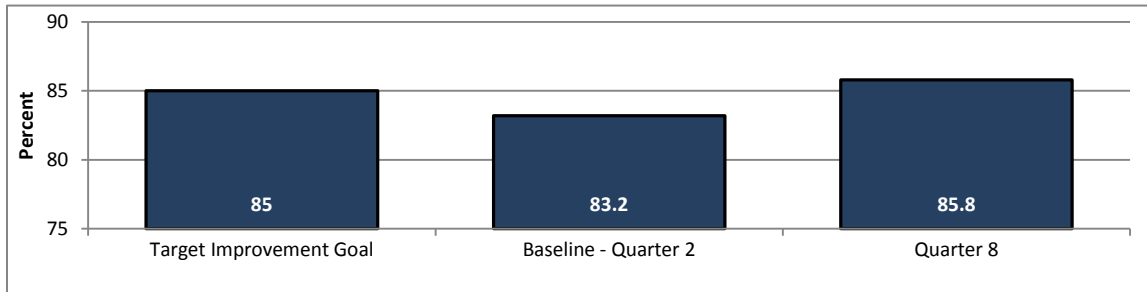
The frequency of social worker visits with children is established in the case plan, and the standard frequency for face-to-face visits is monthly unless the child's needs require more frequent visitation. For in-home cases, social workers are required to visit each child with an approved case plan who remains in the home at least once a calendar month. For each child with an approved case plan placed in out-of-home care with a relative, foster family home, or a legal guardian, the social worker must visit the child at least once each calendar month and a portion of the visit must be spent alone with the child and outside the presence of a caregiver.

As part of the PIP to conform to Public Law 109-288, a regulations package is currently being developed to eliminate and clarify monthly visit exceptions.

1. CFSR PIP – QUALITY OF SOCIAL WORKER VISITS

INDICATOR OF PROGRESS

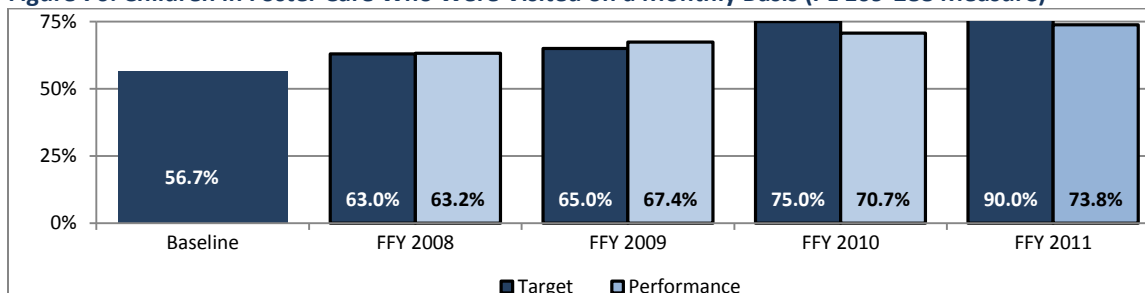
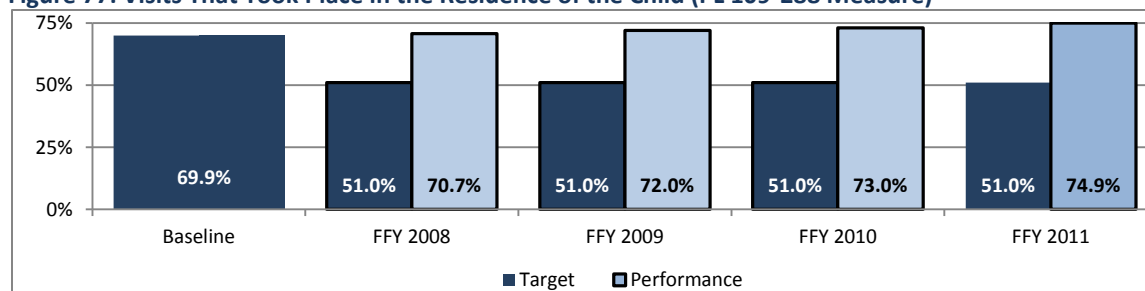
Caseworker visits with children was rated as an area needing improvement for 17 percent of the 65 cases reviewed during the 2008 CFSR onsite review. As one of the assessments developed for the corresponding PIP, CDSS created a measure to determine whether the state and its counties improved their practice of ensuring that the quality of visits between caseworkers and children was adequate to monitor the child's safety and well-being. In CFSR PIP Quarter Two (baseline) and Eight, CDSS performed online case reviews of 381 cases from the 12 largest counties. The reviews were performed by CDSS staff to determine whether caseworker visits with children met the definition of a quality visit consistent with the federal CFSR onsite reviews of 2008. Reviewers determined whether visits focused on: 1) issues pertinent to service delivery, goal attainment, and case planning; 2) whether the location of the visit was conducive to open conversation; and 3) whether the caseworker interacted alone with the child during some portion of the visit. The results of the assessment are presented in Figure 75 below.

Figure 75: Quality Caseworker Visits with Children

During PIP Quarter Two, the state established a baseline whereby 83.2 percent of cases were rated as a strength in the quality of visits with children. In PIP Quarter Eight, California surpassed its negotiated target improvement goal of 85 percent.

2. Federal Caseworker Visits with Children

Beginning in FFY 2007, states were required to provide baseline data to ACF on the number of children in foster care, under the responsibility of the state who were visited each and every month while in care, and on the number of those visits that were occurring in the child's residence. The baseline data was used to create a plan, with yearly benchmarks, to ensure that by October 1, 2011, 90 percent of all children in care were visited each and every month, and a majority of those visits were occurring in the child's residence. At the beginning of the implementation of the mandate, only 56.7 percent (baseline) of all children in out-of-home care were visited on a monthly basis. State performance has since made significant improvement by increasing the proportion of children visited to 73.8 percent for FFY 2011; this represents a 30 percentage point increase in just four short years. Although the state did not meet the 90 percent mandate in FFY 2011 and faced penalties in the form of a three percent reduction in its Federal financial participation rate as a result, California has made and continues to make remarkable progress. Please note that the data below are not inclusive of the probation population.

Figure 76: Children in Foster Care Who Were Visited on a Monthly Basis (PL 109-288 Measure)**Figure 77: Visits That Took Place in the Residence of the Child (PL 109-288 Measure)**

FACTORS AFFECTING PROGRESS

- ✓ PIP Activities and Completion
- ✓ Regulatory Amendments
- ✓ Instructional Letters
- ✓ Increased Funding
 - Data Collection and Entry
 - County funding for Caseworker Recruitment and Retention
- ✓ Improved Data Collection Processes
 - Probation
 - FFA
 - Out-of-County under courtesy supervision of out-of-state
- ✓ Statewide training efforts
- ✓ Focused Technical Assistance to Counties
- ✓ Focused examination of the data to identify characteristics of missed visits
- ✓ Improved Internal and External Collaboration

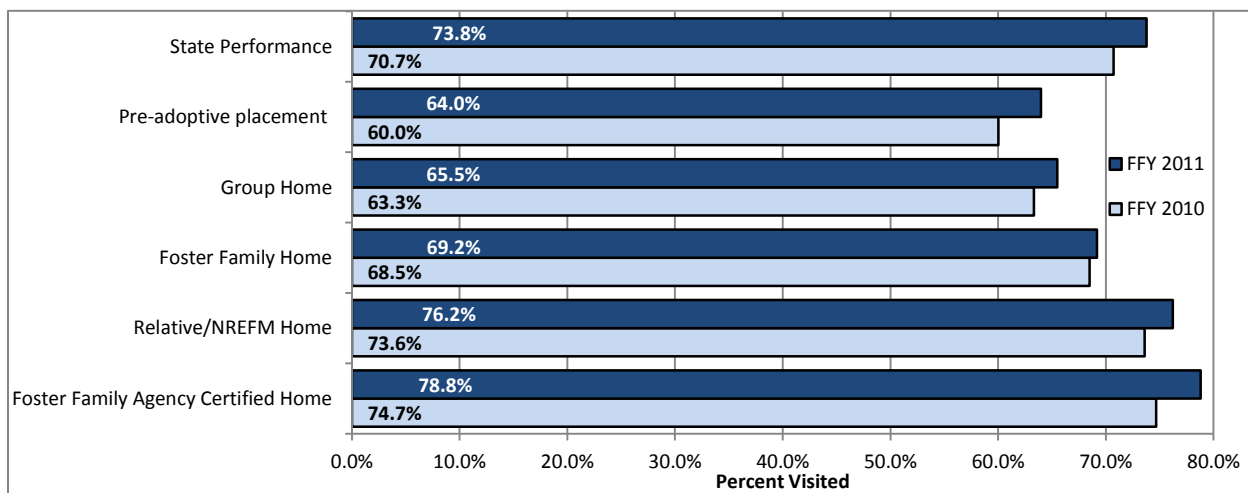
The yearly progress to the efforts described below is provided in detail in the 2011 APSR.

- Although California did not meet its benchmark for FFY 2011, many improvement changes have been made to ensure that all children are visited each and every month. The activities completed in *California's Program Improvement Plan* to conform with PL 109-288, including regulatory changes, instructional letters to counties, and improved data collection methods have all contributed to the states increase from a baseline of 56.7 percent to 73.8 percent (see Figure 76) of children being visited each and every month.
- *Regulatory Amendments* - As the final step for completion of the PIP, California completed the regulation process in July 2011 eliminating existing exceptions to monthly visit requirements, and identifying minimum standards to ensure a higher quality of caseworker visits with children. Current state regulations comply with federal requirements.
- Several *Instructional Letters* were distributed to counties detailing procedures for data entry, and reinforcements and clarifications of mandates.
- In 2010, the state *increased funding* for counties for caseworker visit activities, including additional time for data entry, training, and caseworker recruitment and retention.
- Much effort was put forth in ensuring that *county probation departments had access and training to CWS/CMS*. Technical assistance, training, and data validation and migration are ongoing.
- To ensure that *visits made by FFA social workers were included in the data*, the state increased funding, developed new forms and workarounds in the CWS/CMS system, and provided instructions for implementation of the forms and data collection as well as ongoing technical assistance.
- To improve data collection for children who are placed *out-of-county under the courtesy supervision of out-of-state*, the department collaborated with stakeholders to create mutually agreed upon guidelines for the placement and courtesy supervision of children placed out-of-county. For more details, please see: <http://www.cwda.org/tools/cws.php>. The state issued

instructions to reinforce that counties must request monthly caseworker visits for children placed out of state and provided data entry instructions for CWS/CMS.

- *Statewide Training Efforts:* In 2011, CDSS partnered with CalSWEC to begin the process of updating the social work curriculum by incorporating the new caseworker visits with children regulations. Full implementation of the revised curriculum may take up to three years. The CDSS also partnered with the Resource Center for Family Focused Practice (RCFFP) to develop training for county caseworkers and probation officers on quality caseworker visits, including creation of a tool for supervisors which will support supervisors in mentoring and assisting social workers with the learning process.
- *Focused Data Analyses:* More recent efforts to improve performance include working across divisions and branches to extract and analyze data to determine characteristics that may be associated with missed visits. Program staff continue to collaborate within the department and with counties through various workgroups and committees to understand the implications of the data. An analysis of the data by placement type is presented below.

Figure 78: Percent Visited by Placement Type in FFYs 2010 and 2011



Based on the data in the figure above, children placed in pre-adoptive homes are least likely to be visited each and every month, followed closely by group and county foster family homes, while children placed with relatives and those in FFAs are most likely to be visited. Over time, pre-adoptive placements have improved the greatest, increasing visits by nearly seven percentage points over one year.

Data by age indicate a negative correlation, such that as age increases, the likelihood of visits decreases. These data remain constant regardless of placement type or county status. As predicted, children placed out-of-county are less likely to be visited than those placed within their own county of jurisdiction.

An instructional letter to counties which gives an overview of the state's caseworker visit performance progress, as well as a focused analysis of the data associated to missed visits is currently in review with an anticipated release date of June 2012. Among other purposes regarding caseworker visits with children, this letter is intended to provide guidance to counties on where to focus on improving their individual performance.

BARRIERS TO PROGRESS

When considering the vast numbers of children in out-of-home care in California, and the ongoing budget cuts and lack of resources due to county lay-offs, California believes it has made significant progress towards meeting the caseworker visit mandate. In addition, California's progress is notably salient when comparing the funding being provided to the state of California versus other states with much lower numbers of children in out-of-home care. For instance, California's 2011 allotment for monthly caseworker visits was \$2,005,524 for approximately 57,000 children in care, while Texas' allotment for 2011 was \$2,094,943 for approximately 17,000 children in care.

California also believes that the federal methodology used through FFY 2011 for caseworker visits with children had flaws that were contributing factors in the state's failure to meet the 2011 performance target for visiting a child monthly. California outlined the concerns with the methodology in a letter of response to the ACF's request for comment. Of specific concern was the guideline that no credit was given for visits to a child for an entire year if one month is reported missing. Visits may be missed at times for reasons such as children on run-away status, care-provider cancellations and extreme weather conditions, just to name a few. If visits had occurred in 11 out of 12 months, those 12 months could not be counted, this did not portray an accurate account of the state standards and overall quality of service delivery.

FUTURE PLANS

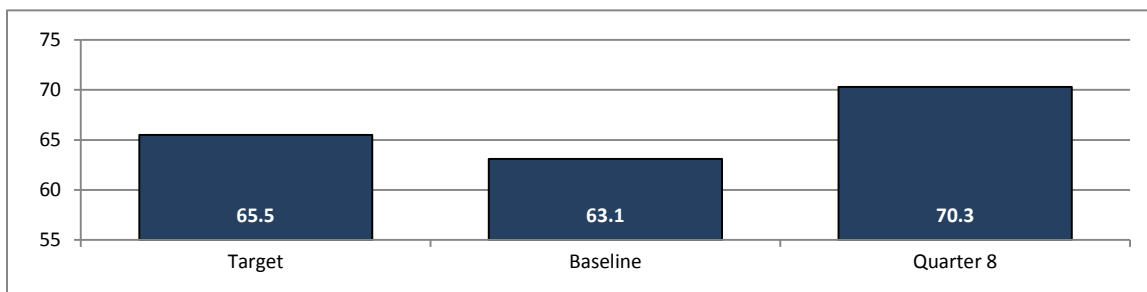
- With the passage of P.L. 112-34, which made revisions to the caseworker visit mandate, including methodology, California continues to prepare for and implement the new federal guidelines. The performance percentage for monthly visits is now based on the total number of visits that would occur during the fiscal year if each child were visited once every month while in care (the percentage of visits made on a monthly basis). This is in contrast to the previous methodology which counted each and every month (the percentage of children who were visited on a monthly basis), thus one monthly visit missed resulted in 12 months missed. Test results using data based on the new methodology shows increased improvement in visit performance; and although these results are only preliminary, California plans to submit its FFY 2012 caseworker visit data to ACF using the new methodology as outlined in P.L. 112-34.
- For compliance with P.L. 112-34, California will continue to improve its visit performance to meet the 90 percent standard with a goal of visiting 95 percent of children in foster care on a monthly basis by FFY 2015. Visits will continue to occur in the child's residence at least 50 percent of the time. California's 2011 APSR proposed a redesigned methodology that closely mirrors the revised methodology in P.L. 112-34. It is expected that the revised federal methodology will further enhance the state's improvement in its caseworker visits with children performance.
- To comply with the federal caseworker visit mandates established in P.L. 109-288 and P.L. 112-34, the CDSS' future plans include:
 - Issue an instructional letter to convey the revised federal requirements contained in The Child and Family Services Improvement and Innovation Act (P.L. 112-34). This instructional letter will also include technical assistance with a focused analysis on the variables that are most commonly associated with missed visits. The projected issue date for this letter is June of 2012.

- Continue to partner with CalSWEC on updating the social work curriculum by incorporating the new caseworker visits with children regulations. Full implementation of the revised curriculum may take another two years to promulgate.
- Update the Adoptions Program Regulations 35203, which contradict the new Division 31 Regulations, in order to accurately reflect the new federal visitation requirements.
- Continue to partner with the Resource Center for Family Focused Practice to develop ancillary trainings for caseworkers and probation officers on quality caseworker visits with children in terms of observations, assessments, case planning, and caseworker decision making. A webinar is currently in the last stages of development and the anticipated access date is June of 2012.
- Provide on-going analysis of caseworker visit data and technical assistance to counties and probation departments to support the overall implementation and improvements to California's caseworker visit performance.
- Continue to provide additional funding for counties to improve the quality of caseworker visits with an emphasis on caseworker decision making as well as caseworker recruitment and retention.

25 Caseworker Visits with Parents: Ensure that the state is appropriately visiting parents of children in child welfare.

Caseworker visits with parents was rated as an area needing improvement for 43 percent of the 49 cases reviewed during the 2008 onsite CFSR review. Similar to the measure previously described for determining quality of social worker visits with children, CDSS created a measure to determine whether the state and its counties improved their practice of ensuring that the quality of visits with mothers and fathers was adequate in promoting attainment of case plan goals and/or ensuring the children's safety and well-being. Online case reviews were performed by CDSS staff in Quarter Two (baseline) and Quarter Eight to determine whether caseworker visits with mothers and fathers met the definition of a quality visit consistent with the federal CFSR onsite reviews of 2008. Reviewers determined whether visits were conducive to open conversations and focused on issues pertinent to service delivery, goal attainment, and case planning. The results of the assessments are presented in Figure 79 below.

Figure 79: Quality Caseworker Visits with Parents



California surpassed its target improvement goal of 65.5 percent by over a seven percentage point difference in Quarter Eight.

Improving the quality of caseworker visits with parents is an important factor in promoting the well-being of families by including and actively engaging birth parents in case planning activities that builds on their existing strengths and resources. The data show that California's efforts since

the implementation of the PIP has made an impact in social work practice of conducting quality visits with parents. The CDSS' commitment is underscored in CFSR-PIP Strategy 1, which among its goals include increasing the engagement of families and others in case planning and decision-making processes across the life of the case.

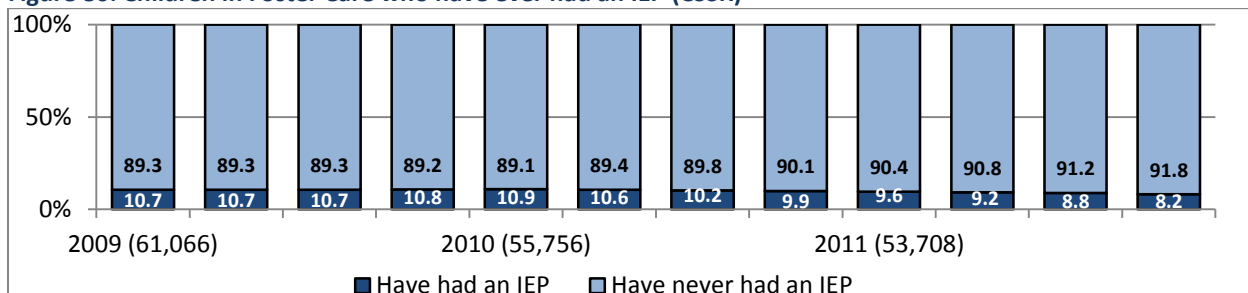
- Related activities towards these efforts include encouraging family engagement strategies in case planning by issuing an ACIN; reviewed, revised, and disseminated Permanency Protocols as discussed in the following paragraph; and lastly, developed family engagement and participatory case planning guidelines for the Linkages Program.
- According to the Permanency Protocols developed by the counties involved in the 11-County Evaluation Pilot Project, various strategies to engage parents in case planning activities were identified. These included facilitating regular in person meetings with parents, their children, and caregivers to develop a visitation plan that supports the parent/child relationship. Social workers are also trained on utilizing best practice interviewing guidelines that promote family engagement and educating parents on the court process and empowering them in understanding their rights and responsibilities can also be a vital factor in a family succeeding with their family reunification efforts.
- TDMs and other Family Group Decision Making meetings or conferences held throughout the life of a case involve parents and other extended family members in identifying the safety and placement issues and needs of their children on an ongoing basis.
- Ice Breaker Meetings also help the parent and caregiver develop a mutually supportive relationship in order to share information to address the best interests of the child.
- Parent Partners and other Family Mentoring Programs are trained to support parents who are currently working towards reunifying with their children. Mentors that participate in this program are parents whose children were removed from their homes and have subsequently been reunified.

26 Educational Services: Ensure children receive appropriate services to meet their educational needs

In the CFSR 2 onsite review in 2008, Educational Services was assigned as an area needing improvement for 12 percent of the 50 applicable cases reviewed.

INDICATOR OF PROGRESS

Figure 80: Children in Foster Care who have ever had an IEP (CSSR)



Data from CSSR Measure 6B, Individualized Educational Plan, reveals that approximately 91.8 percent of youth between October through December 2011 have an Individualized Educational Plan. The data has remained consistently around 90 percent.

FACTORS AFFECTING PROGRESS

California's MPP requires that each dependent child's case plan include educational factors such as the names and addresses of the children's educational providers, their grade level performance, school record, and assurances that the child's placement in foster care takes into account proximity to the school in which the child is enrolled at the time of placement. Some of this information is included in the Health and Education Passport. If any of the required health and education information is not contained in the case plan, the case plan should document where the information is located. Further, the case social worker is also required to ensure that arrangements are made to monitor the educational progress of each child. Other factors that may contribute to progress in assessing and providing educational needs are further described in the Chafee chapter of this report.

Legislation enacted in 2004 included several provisions that ensured the rights of children in child welfare. The intent of the landmark legislation was to guarantee that foster youth were granted to access to same opportunities to meet academic achievement standards as all students, maintain stable school placements, be placed in the least restrictive educational placement, and have access to the same academic resources, services and extracurricular and enrichment activities as all other children. The legislation makes clear that education and school placement decisions are to be dictated by the best interest of the child. Some of the provisions include:

- ✓ School of Origin
- ✓ Educational stability in placement decisions
- ✓ Timely transfer of students and their records
- ✓ Credit for School Work and Removal of School Penalties
- ✓ Educational Liaisons through Foster Youth Services Program

Other factors that may contribute to educational outcomes for youth may be:

- ✓ Case Plan Assurance
 - ✓ Educational Stability Provisions
 - ✓ Stakeholder Collaboration
 - ✓ Wraparound
- *School of Origin* – Recent Legislation allows children to remain in their school of origin for the duration of the school year when their placement changes and remaining in the same school is in the best interest of the child. If placement within the original school district is not available, the social worker must make the every effort with caregivers to transport children to the school they were attending prior to removal.
 - Local education agencies and county social workers are jointly responsible for ensuring the *timely transfers* of students and their relevant records when a change in the school occurs, further requiring the local education agency to deliver the education information and records to the next educational placement within two days of receiving a transfer request from a county placing agency. WIC code 16010 authorizes the release of educational records of foster youth to the county placing agency for the case plan, and provides that the foster youth be immediately enrolled in the school even if all typically required school records, immunizations, or school uniforms are unavailable.

- AB 490 also requires school district to calculate and *accept credit for full or partial coursework* satisfactorily completed by the student and earned while attending a public school, juvenile court school or nonpublic, nonsectarian school. It further ensures that foster youth will not be penalized for absences due to placement changes, court appearances, or other related court ordered activities.⁴⁹
- It further requires all districts to appoint an educational liaison with prescribed duties to ensure appropriate and timely educational placement and equal opportunities for foster youth. These educational liaisons are supported by the *Foster Youth Services Program (FYS)*.

Administered by the CDE, the FYS Program: 1) Identifies the educational, physical, social and emotional needs of foster youth; 2) Determines gaps in the provision of educational and social support services and provide those services, either directly or through referral to collaborative partners; 3) Identifies inadequacies in the completion and timely transfer of health and education records to facilitate appropriate and stable care and educational placement; 4) Improves student academic achievement and reduce student truancy, dropout rates and delinquent behavior, and 5) Provides advocacy to promote the best interests of foster youth throughout California. While this program is administered by the CDE, CDSS recognizes the benefit to California's foster youth and collaborates as needed.

Based the FYS yearend report for 2009-10 (produced biannually), the most recent data available for the Foster Youth Services Core District Program (comprised of the following school districts: Sacramento City, San Juan, Elk Grove, Mt. Diablo and Paramount school districts and also Placer and Nevada Counties) shows that 74 percent of foster youth served in school year 2008-09 gained more than one month of academic growth per month of tutoring received. Therefore, the target population objective of 60 percent was surpassed by 23 percent. The collection of high school completion data indicates that 71 percent of eligible twelfth graders received a high school diploma, passed the GED, the California High School Proficiency Exam, or received a certificate of completion. In addition, only 6.9 percent of foster youth served through Foster Youth Services Core District Programs were expelled, surpassing the target rate of 5 percent. The foster youth student attendance rate reached 96 percent, exceeding the target attendance rate of 90 percent.

- *Case Plan Assurance* - The educational stability component of the case plan requires the social worker to develop and implement an educational stability plan that is part of the child's case plan. SB 1353, signed into law on September 10, 2010, amended Education Code 48850, and AB 1933 amended section 48853.5 and WICC 16501.1, 16001.9, and 16010 requires greater consideration of a foster youth's educational stability when making placement decisions:
 - Placement decisions to consider the child's educational stability and the least restrictive environment, supporting the child's right to attend school with minimal disruptions to school attendance and educational stability,
 - The Health and Education Passport to include specific information on educational stability and,
 - The social worker to consider educational stability issues, including proximity to the child's school of origin and school attendance area, the number of school transfers the child has

⁴⁹ <http://apps.americanbar.org/child/rclji/education/ab490summary.pdf>

previously experienced, and the child's school matriculation schedule when selecting the most appropriate placement.

- *Educational Stability Provisions* - AB 1933, signed into law on September 10, 2010, amended Education Code 48853.5 to permit a foster youth to remain at the school of origin for the duration of the court's jurisdiction, or until the end of the academic year in cases where jurisdiction is terminated, and permits the youth to matriculate with his/her classmates consistent with the established feeder patterns of school districts as long as the court has jurisdiction. Since the school of origin is the default, the determination process to change the child's school needs to be based on all the factors that contribute to the student's best interest despite any placement changes. Education stability is one of the considerations that must be taken into account in determining the placement of the child. Foster youth have a number of educational rights, including the right to immediate enrollment and the right to be placed in the least restrictive environment. These rights were enacted into law under AB 490.
- *Stakeholder Collaboration through the Child Welfare Co-Investment Partnership's Foster Youth Education Workgroup* that worked to increase agreement on the critical role of early care on school success. The workgroup also supported a network of child welfare and educational professionals who are focused on sharing insights and strategies to improve success transitions and support for emancipating youth, discussed previously in the Stakeholder Collaboration section of this document.
- *Stakeholder Collaboration through the Child Welfare Council's Child Development and Successful Transitions Committee*, (previously discussed in detail in the Stakeholder Collaboration section of this document) focused on successful youth transitions related to educational well-being. The committee is focused on following recommendations to move forward: 1) On authorizing the California Department of Education and the State Board of Education to promulgate a uniform partial credit transfer regulation, and 2) Enabling access by all foster youth pursuing higher education at a two-year or four-year public college or university to comprehensive campus support programs.
- *Wraparound Services* provide children and families with a comprehensive and coordinated approach to meeting service needs, including education, health, and mental health. Some county Wraparound programs track educational outcomes as part of their individual program evaluation efforts. In FY 2010-11 in Los Angeles County, 74 percent of children enrolled in Wraparound were found to function at grade level or to have improved grade-level functioning from the previous year. This level exceeded the county's goal of 50 percent. Further, 79 percent of children maintained at least an 80 percent school attendance rate or improved their attendance rate from the previous year, which also exceeded the county's goal of 75 percent.

AB 114 Transition Workgroup was established by the California Department of Education to convene stakeholders in monthly meetings to assist local education agencies with supporting children with accessing necessary educationally related mental health services. The Integrated Services Unit participated on this workgroup for several meetings to support the continued use of the California Wraparound Program for children who would otherwise be placed in a group home.

27 Physical and Mental Health: Ensure that the children’s physical and mental health needs are identified in assessments and case planning activities and that the needs are addressed through services.

California recognizes the importance of a coordinated oversight and monitoring system of well-being for children in foster care. The creation of a system for Screening, Assessment, Referral, Monitoring and treatment of emotional trauma, mental health and other health care needs will involve the coordination of a constellation of current and future statewide priorities and require direct partnership with the State Title XIX Medicaid agency, known in California as the Department of Health Care Services (DHCS), and other state agencies as necessary.

Assurances that physical and mental health needs are identified and needs are currently addressed through state’s Health Care Oversight Plan, described below with the exception of emotional trauma, which will be addressed separately. Other programs and services that address physical and mental health will be described at the end of this section.

Title IV-B funding for programs was reauthorized by Congress and PL 112-34, the Child and Family Services Improvement and Innovation Act, was signed into law by the President on September 30, 2011. Among other requirements, the new law requires the state to include, as part of the plan for ongoing oversight and coordination of health care services for children in foster care, 1) how the state will monitor and treat emotional trauma associated with a child’s maltreatment and removal, and 2) protocols for the appropriate use and monitoring of psychotropic medications.

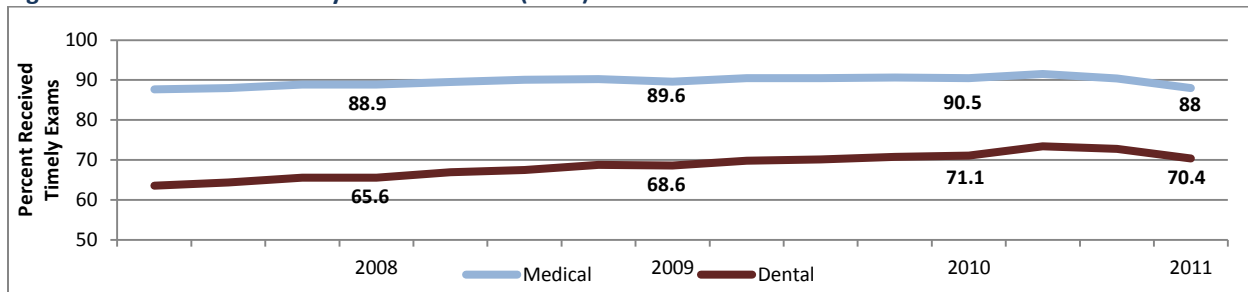
SCHEDULE FOR INITIAL AND FOLLOW-UP HEALTH SCREENINGS

Minors must have an exam by the end of their age period, based on the schedule outlined in the table below, Medical Exam Periodicity. A child is considered out-of-compliance when the child leaves an age period without an exam. These data include out-of-home child welfare supervised children in placement for 31 days or more, but excludes children in probation and those without placement (including runaways), non-foster care placement, non-dependent legal guardians and incoming ICPC cases.

Table 8: Medical Exam Periodicity

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

Through the state’s quality assurance system (described previously), California monitors and oversees county performance on the schedule of physical health screenings. If a county is declining or performing poorly, C-CFSR county consultants include a discussion of the measure as part of a county’s quarterly monitoring. Consultants may 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 System Improvement Plan, the county’s operational agreements between the county and the state outlining how the county will improve their system of care. In recent years, no county has included Timely Medical Exams in their SIP. As illustrated in the figure below, the state hovers around 90 percent of children who receive timely exams.

Figure 81: Measure 5B: Timely Medical Exams (CSSR)

The assurance of delivery of health screenings is accomplished through the Health Care Program for Children in Foster Care (HCPCFC). It is a public health nursing program (PHN) located in county child welfare service agencies and probation departments to provide PHN expertise in meeting the medical, dental, mental and developmental needs of children and youth in foster care. The local Child Health and Disability Prevention (CHDP) program is administratively responsible for the HCPCFC. This includes the management of the required interdepartmental Memorandum of Understanding with the local child welfare service agency, probation and health departments.

The CHDP program implements the Early and Periodic Screening, Diagnosis and Treatment standards of care for Medicaid-eligible children and youth, which includes those in foster care. The program represents a coordinated strategy to identify and respond to their health, mental health and dental health needs, and supports oversight and coordination of health related services.

Through an interagency agreement, CDSS provided an annual State General Fund appropriation to DHCS, which allocates those funds to county CHDP programs in proportion to their foster care populations. With these funds, county CHDP programs employ public health nurses stationed in county child welfare agency offices to provide intensive administrative medical case management services to ensure that children and youth in foster care receive the full array of CHDP services. Effective January 1, 2011, the California budget appropriated additional funds to CDSS for the HCPCFC, and the 2011-12 budget provides for further augmentation. These budget actions permit counties to hire additional public health nurses and to reduce their caseload sizes. In 2012 the HCPCFC-FC was realigned to counties and the mechanism for continued administration of the program will be included in 2012-13 trailer bill language.

Some counties report having enhanced or expanded health and developmental screening programs that were based on the fundamentals of the HCPCFC. The majority of counties report using Public Health Nurses to monitor and coordinate medical, dental, and mental health care. However, other examples of county practices include:

- Butte County reports utilizing the Mobile Foster Care team, a joint project between Children's Services and Behavioral Health, to ensure that all detained children have clinical assessments as soon as possible following detention. The team follows up, charts progress and adjusts treatment needs.
- San Francisco County reports that they have a Child Health and Disability Prevention Foster Care Unit that works with child welfare workers to coordinate health care for children in the child welfare agency. The unit staff are collocated with child welfare staff. Among other duties, the unit gathers health information, communicate health needs to foster care providers, refers families to medical and dental providers and community resources, obtains consents for testing

and treatment, consults with caseworkers regarding the delivery of health services and appropriate placements, provides education and information on child health needs, tracks health problems for follow-up and treatment, and accesses care for teen mothers. The foster care public health nurses make referrals to district public health nurses for children with unresolved or continuing health problems when the children are reunited with their biological parents.

- Monterey County reports leveraging additional funding through the Specialized Care and Incentive Assistance Program to cover medical and dental costs not otherwise covered by Medi-Cal.
- Madera County reports that they ensure the continuity of physical and mental health services through their social workers regular and consistent communication with other community providers such as Behavioral Health, coordinating regular multidisciplinary staffing, and collaborating with the Healthy Beginnings Program team. They also coordinate tandem visits with public health nurses throughout the life of the case.
- Several other counties reported using teaming practices to ensure coordinated services and treatment, and to promote ongoing dialogue.

MONITORING AND TREATING IDENTIFIED HEALTH NEEDS, INCLUDING TRAUMA

Nurses employed by this program are also responsible for evaluation and updating of health records, the determination of adherence to reasonable standards of medical practice, linkages and referrals for services. This program is also the central vehicle for ensuring that the mental health and developmental health needs of children in foster care are identified and addressed.

Currently, CDSS does not require the use of a specific mental health screening tool. However, several tools are currently being used by county mental health and child welfare departments, counties screen for developmental, and physical and mental health issues when children first enter care and perform assessments for child strengths and needs continually thereafter. To perform these assessments and screenings, counties utilize the support of Public Health Nurses who employ a variety of tools and strategies such as the Denver II, the Ages and Stages Questionnaire, and the Child and Adolescent Strength and Needs. In some counties, (for example, Los Angeles, San Diego, and Sacramento) more expansive health and developmental screening programs have been implemented through the support of additional funding sources such as local First 5 Commissions, please see page 76 for more information.

All County Letter 06-54 provided a list of validated developmental screening tools that were determined to have a reliability rating of 70 percent or more. Although trauma-informed screening and assessment tools have not been widely used by counties, the state will need to explore the ability to create a more effective trauma-informed system in consultation with counties and providers. In addition, the state will access the resources on trauma treatment developed by the Chadwick Center for Children and Families at the Rady's Children's Hospital-San Diego. The Chadwick Trauma Informed Systems Project has developed various trauma specific models, curriculum and tools needed by children's mental health, child welfare and allied professionals. The Center functions in the capacity as a Treatment and Services Adaptation Center which is a component of the National Child Traumatic Stress Network and provides national expertise on specific types of traumatic events, population groups, and service systems. In addition, the Center supports the specialized adaptation of effective treatment and service approaches for children in

the child welfare system. CDSS will explore what technical assistance can be provided to further develop a more trauma informed child welfare system. Additionally, the next phase of changes to the CWS/CMS includes a change to monitor the types of screenings (developmental or mental health) and if a referral was made for further assessment. The release is scheduled for October 2013

As described in the Services for Young Children section (beginning on page 76), the Department of Developmental Services *Early Start Program* engaged CDSS to develop a State Interagency Agreement (IA) outlining the steps to connect early intervention services to their child find efforts mandated by Office of Special Education Programs by December 2012. Although the IA is specific to children under the age of three, is one stepping stone to explore, in partnership, the best statewide strategy to address socio-emotional trauma for young children involved with the Regional Center system because the same partners also address the special needs of young children statewide. While behaviors associated with trauma do not necessarily meet the eligibility criteria for early intervention, as currently defined, CDSS may need to determine how the Regional Center System treats developmental delays within the context of trauma.

For the last three years, the Statewide Screening Collaborative initiated a statewide universal screening effort to promote the use of validated screening tools amongst the primary care physicians, and other professionals, parents and Para-professional. With the impending release of the next change to the CWS/CMS, CDSS will be better able to collect developmental and mental health screening information for all children/youth in foster care.

SHARING MEDICAL INFORMATION, WITH THE OPTION FOR AN ELECTRONIC HEALTH RECORD;

Through the establishment of California's Health Information Exchange system⁵⁰, the CDSS is exploring mechanisms to share medical information. The department is also exploring the ability to use the Blue Ribbon Commission's involvement with the Stewards of Change, (described on page 15). The BRC's co-sponsorship of a foster care symposium focused on data exchange in health, mental health, substance abuse, and education is a portal through which medical information sharing across providers can be explored.

The CDSS is also exploring mechanisms through a universal Health Information Exchange System (HIE). The HIE is designed to create a safe and secure patient and provider access to personal health information and decision-making process, benefitting the health and well-being, safety, efficiency, and quality of care for children in foster care.

CONTINUITY OF HEALTH CARE SERVICES, WITH THE OPTION OF A MEDICAL HOME THE HEALTH CARE

The HCPCFC Program will continue to manage the continuity of health care services. At this time the state will need to explore the feasibility of the use of a medical home within the current framework.

CONSULTATION

Public Law 110-351 also required that CDSS consult with pediatricians, public health nurses and other health care experts in plan development and it required the participation of experts in and recipients of child welfare services, including parents. Through the interagency agreement between CDSS and DHCS, CDSS continuously and actively involves and consults with physicians and other

⁵⁰ <http://ehealth.ca.gov/>

appropriate medical or non-medical professionals in assessing the health and wellbeing 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 public health nurses, 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. More recently, CDSS collaborated with PHNs to ensure that children placed out-of-county have access to health services appropriate to age and health status. Nurses participated with our Out of County Mental Health workgroup due to their concerns for children in foster care receiving timely mental health services.

TRANSITION PLAN FOR YOUTH AGING OUT

Through the issuance of an ACL on October 2010, CDSS advised counties the of the new requirement. As part of the 90-day Transition Planning Process, the social worker or probation officer will provide the foster youth with information explaining his or her option to obtain a power of attorney for health care. WIC Section 391 currently details the requirement that youth be provided with important documents upon reaching the age of majority while in foster care, such as a social security card and a birth certificate. The section was amended to add the requirement that youth are provided the Advanced Health Directive form, which provides youth with the option to execute a power of attorney for healthcare. The Transition Planning Process, is in the early stages of implementation and the nurses have communicated this process is a good tool for youth to have a voice.

OVERSIGHT OF PRESCRIPTION MEDICINES, INCLUDING PSYCHOTROPIC MEDICATIONS

The oversight of prescription medicines, including psychotropic medications is critical towards safeguarding appropriate practice of management and administration of medication to children placed in out-of-home care. Previously, medication information was documented in a narrative section of the Health and Education Passport. However, medication information became recently available through new data fields in CWS/CMS that can be easily queried and analyzed. Among others, new data fields include the name of the medication, the condition(s) the medication addresses, and whether or not the medication is psychotropic, or whether the medication is administered for psychiatric reasons. These data will be used as part of a Psychotropic Medication Quality Improvement System that is being developed in collaboration with the Department of Health Care Services, please see below for more information. The potential for access to other data is being explored and the process of how to effectively include it in the monitoring system will be developed as part of this initiative.

As well, several emerging and ongoing statewide priorities have already begun or have plans to address many of the new protocols used to monitor the appropriate use of psychotropic medications for children and youth in the foster care system.

The Children's Bureau has encouraged Title IV-B agencies to address oversight of psychotropic medications in the plan for ongoing oversight and coordination of health care services since the first guidance on the health care plan was issued in 2009⁵¹. With the amendments made by PL 112-34, it is now a federal statutory requirement that oversight of psychotropic medications be explicitly addressed in the health care oversight and coordination plan. The CDSS has completed

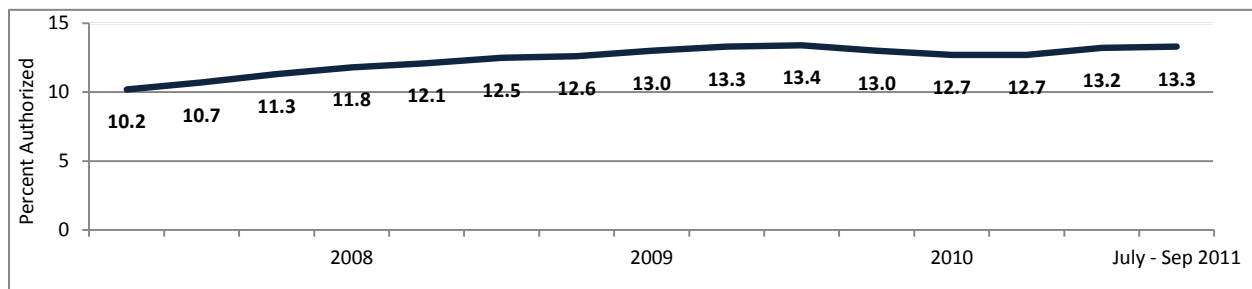
⁵¹ ACYF-CB-PI-09-06 and ACYF-CB-09-07

draft policy language for the HCPCFC program. As previously described, functionality in CWS/CMS exists to document and monitor prescription and psychotropic medications.

Currently, 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. Without agreement between the youth, the court and the physician, no child in foster care will be administered any psychotropic medication. Welfare Institutions Code 369.5 states that only a juvenile court judicial officer may make orders regarding administration, unless the court finds the parent is capable of making the order. The authorization is based on a request from the child's doctor indicating the reasons for the request, a description of the child's diagnosis and behavior, and the expected results and side effects of the medication. County child welfare agencies must complete a request for authorization form within three business days of the receipt of the request from the physician and the court must deny or approve the request within seven business days of receipt of the form.

The following are the most recent statewide data on children and youth in foster care for whom judicial approval has been issued for administration of a psychotropic medication. These data illustrate that there has been a thirty percent increase in the authorization of psychotropic medications over twelve quarters between 2008 and 2010 from 10.2 percent in Quarter One of 2008 to 13.4 percent in Quarter Four of 2010.

Figure 82: Measure 5F - Percent Authorized for Psychotropic Medications (CSSR)



- Beginning late July 2012, DHCS and CDSS will start working on a *Psychotropic Medication Quality Improvement (PMQI)* effort lead by the Pharmacy Division of DHCS. Data gathered from the Pharmacy Division indicates that foster children in California are five times more likely to receive psychotropic medication. As illustrated in Figure 82 above, there is an increasing trend in the authorization of these medications over the last several years. This Interagency effort will inform the current oversight plan for psychotropic medications and determine the strategies that can be implemented statewide. The goals of the effort include:
 - Reducing inappropriate psychotropic polypharmacy
 - Enhancing psychotropic medication safety by optimizing dosages
 - Removing barriers to medication; non-adherence, assessing, measuring and evaluating metabolic risks
 - Support the use of psychosocial treatment in lieu of medications

- Creating protocols in collaboration with PHNs, County Medical Directors, and other key stakeholders including the Administrative Office of the Court, which approves all requests to administer psychotropic medications to foster children per California Rules of Court rule 5.640.
- Additionally, several statewide priorities are driving the development and delivery of a service structure and fiscal system that will support a core practice and services model which align with federal priorities. These include Katie A, Out-of-County Mental Health, CAPP, the aforementioned Psychotropic Medication Quality Improvement project, MTFC/ITFC, and as described previously, revisions to California's Early Start Program.
- The *Katie A. v Bonta* lawsuit was settled in December 2011. The settlement involves the delivery of medically necessary mental health services to children in or at risk of imminent placement into foster care, with the primary focus on Medicaid eligible children/youth. It is expected to improve the quality of the delivery of specialty mental health services using a core practice model. The CDSS and DHCS will establish a joint governance structure to ensure that quality specialty mental health services are provided timely. The Implementation Plan was filed with the court in August and is currently under review. A hearing regarding the plan is scheduled for September 13, 2012. The settlement does not speak specifically to a screening process but it is presumed to be a part of the development of a system that is coordinated and comprehensive so that children and youth get appropriate specialty mental health services based on needs. The Katie A., Core Component subgroup is tasked with developing a plan and process for how these services will be delivered in consultation with County Mental Health Directors Association and Child Welfare Directors Association and other essential stakeholders who are a part of the subgroup.
- *The Intensive Treatment Foster Care/Multi-Dimensional Treatment Foster Care (MTFC/ITFC)* is an intensive treatment program for children/youth with severe emotional and behavioral disorders. The goals of both MTFC and ITFC are to: 1) Create opportunities for youth to successfully live in families rather than group or institutional settings, and 2) Simultaneously prepare their parents (or other caregivers, prospective adoptive parents or guardians) to provide youth with effective parenting. Participation in the program is most appropriate when in-home family preservation programs have been tried, children have had multiple placement disruptions, or when youth are returning from highly restrictive institutional group care placements.

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

The workgroup currently consists of CDSS Rates Policy, Rates, Audits, Estimates, Fiscal Policy, Youth Permanency, and Eligibility staff. Externally, the workgroup consists of CWDA representatives, several Executive Directors of FFAs, multiple county representatives and representatives from the California Alliance of Child and Family Services. The primary objective of the workgroup is to identify the appropriate program information to determine the correct federal financial participation to maximize federal participation for both the ITFC and the MTFC programs.

The workgroup continues to meet monthly. A survey developed by the workgroup was completed by 29 counties and 13 providers regarding necessary components of an effective ITFC/MTFC program such as, 1) behavioral challenges and placement stability; 2) best practices; 3) staffing and staffing functions; 4) outcomes; 5) targeted recruitment and training of foster parents; and 6) services. The workgroup also listed and discussed barriers to implementing ITFC/MTFC programs; and, has discussed reviewing current reporting forms and determining what changes, if any need to be made. Finally, the workgroup discovered that the tasks and goals of the Katie A. workgroups and subgroups are similarly aligned to the tasks and goals of the ITFC/MTFC workgroup. The workgroup subsequently sent survey information/data accumulated/charted to the Katie A subgroups. The workgroup decided that it would assist in providing information to the Katie A. workgroups/subgroups as requested and wait until for the release of the Katie A. Implementation Plan to provide more clarity to the next steps for the workgroup.

- The *Out-of-County Mental Health Effort* will be integrated and linked to the Katie A. implementation process where feasible. The proposed action plan includes a screening process that requires coordination between county child welfare and mental health staff. A subgroup explored the screening tools that were used by counties. The report is posted on California's Child Welfare Council's website. The Out-of-County Mental Health effort was the result of collaboration by the Child Welfare Council, see Stakeholder section of the Introduction for additional details. The Child Welfare Council's charge is to expand SB 785 (Chapter 469, Statutes of 2007)⁵² to all foster youth placed out of county and improve upon the SB 785 administrative processes, i.e., the completion of various forms, when to contact the DHCS, the preparation of informing materials, that were not fully implemented for SB 785. The recommendations are currently being reviewed by CDSS.
- *The CAPP*, described previously in the Permanency section of this report, and Katie A Core Practice Workgroup are in the process of ensuring that both Core Practice Models are integrated within one another. Through the CAPP, there has been an increase of cross-system collaboration with local mental health and probation systems, as well as processes to expand efforts on trauma informed approaches.

Comprehensive and coordinated screening, assessment, and treatment planning mechanisms

The coordinated and comprehensive screening, assessment, and treatment planning to identify children's mental health and trauma-treatment needs (including a psychiatric evaluation, as necessary, to identify needs for psychotropic medication) will be explored through the development of a *Core Practice Model Guide*, as one mechanism of advance coordination. The Guide is one of several deliverables of the Katie A Settlement Agreement which will instruct counties and providers, on how to best achieve service integration and coordination of mental health services based on a prescribed set of family-centered values and principles using the skills of teaming, engagement, assessment, monitoring/adapting the overall care plan.

⁵² SB 785 modified the authorization for payment and service delivery process for accessing out-of-county mental health services for adopted children and children placed with relatives. Prior to SB 785, families, social workers, counties and providers faced challenges with getting mental health services authorized timely for these placement types and the authorization remained with the jurisdiction county. With SB 785, the transfer of authorization, payment, and delivery of services were moved to the county of residence, and thereby reducing vulnerability to placement instability. http://www.dmh.ca.gov/services_and_programs/children_and_youth/docs/SB785/SB785.pdf

Informed and shared decision-making and methods for ongoing communication

Shared decision making and ongoing communication methods between the prescriber, the child, his/her caregivers, other healthcare providers, the child welfare worker, and other key stakeholders will be explored as part of the PMQI project and the HCPCFC program. The Joint Management Taskforce, convened by CDSS and DHCS, will recommend a shared management structure between child welfare and mental health agencies at both the state and local levels.

Medication monitoring

Effective monitoring at both the client and agency level is ongoing and achieved through the state's SACWIS system. Currently, as described above, CWS/CMS tracks the authorization of psychotropic medications through its oversight system. The data is available at the state and local agencies and available to the public via CSSR's Dynamic Report Website (previously described). As described previously, recent revisions to CWS/CMS include new data fields for all medication names and indicators for whether the medicines are psychotropic or prescribed for psychiatric reasons. As part of the PMQI project, additional protocols to track this information will be developed in collaboration with PHNs, the AOC's judicial responsibility (as described above), local agencies, and stakeholders.

Availability of mental health expertise and consultation regarding both consent and monitoring issues by a board-certified or board-eligible Child and Adolescent Psychiatrist

The department will engage the County Mental Health Directors Association's Children's Systems of Care Committee to help identify the best strategy for accessing expertise and consultation regarding consent and monitoring issues. In addition, the Health Care Program for Foster Children collaboration is another area where this requirement can be addressed.

Sharing accurate and up-to-date information related to psychotropics

Mechanisms for sharing accurate and up-to-date information related to psychotropics to clinicians, child welfare staff, and consumers, including both data sharing mechanisms (e.g., integrated information systems) and methods for sharing educational materials will be addressed within the PMQI project mentioned above, enhancing the existing data tracked through the CWS/CMS system. Utilizing the CWS/CMS, CDSS has outcome measures that include Measure 5F: Children Authorized for Psychotropic Medications, as well as Measure 5B: Timely Medical/Dental Exams. Measure 5F identifies the percentage of children in placement episodes with a court order or parental consent that authorizes the child to receive psychotropic medication. Measure 5B provides the percentage of children meeting the schedule for Child Health and Disability Prevention (CHDP) and the provision for medical and dental exams as stipulated in the Manual of Policies and Procedures, Division 31. Division 31 mandates CWS and Probation ensure that minors have a timely medical and/or dental exam by the end of their age period.

In addition to these measures, The Health and Education Passport (HEP) is derived directly from CWS/CMS, and identifies prescribed psychotropic medications. The HEP is a document of information gathered from doctors, dentists, teachers, mental health providers, vision care providers, and other health care providers after each visit with a foster care child. When the child leaves care or changes placement, the latest update of the passport will go with the child to aid the next care provider in instances of placement changes. The Health Notebook is the part of CWS/CMS that auto populates information into the HEP.

The CDSS will integrate the current plan with the above priorities as during the various stages of their implementation build enhanced plan that is consistent with the requirements of the ACYF-CB-IM-12-04 promoting well-being and the new APSR requirements.

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)

**State of California
Department of Social Services**

CHILD ABUSE PREVENTION AND TREATMENT ACT

APPLICATION FOR Federal Fiscal Year 2011 FUNDING PLAN FOR FFY 2011

APPLICANT AGENCY:

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:**

Lee Ann Kelly, Assistant Chief
Office of Child Abuse Prevention
(916) 651-6960

Application Information Contact:

Lee Ann Kelly, Assistant Chief
Office of Child Abuse Prevention
(916) 651-6960

Applicant Agency's Employer Identification Number:

94-6001347

INTRODUCTION

It is California's intent to ensure a clear link between the CAPTA and the Title IV-B Child and Family Services Plan 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 California Department of Social Services (CDSS), through its Office of Child Abuse Prevention (OCAP), uses the CAPTA grant in combination with other funds such as Promoting Safe and Stable Families (PSSF), and state funds from the Child Abuse Prevention, Intervention, and Treatment (CAPIT) Program, and 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. While these funds are largely allocated to counties, CAPTA funds are primarily used for statewide projects, with funds allocated locally for the citizen review panels. As CAPTA has a large number of assurances that each state must meet in order to receive the funding, it is especially challenging for a state that has a state oversight, county-administered child welfare system to successfully meet all of the requirements of the many assurances.

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. The programs, services, and activities outlined in the CAPTA component 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 Child Abuse

Prevention, Intervention, and Treatment Program, and 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-supervised child welfare system is administered 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, its 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.

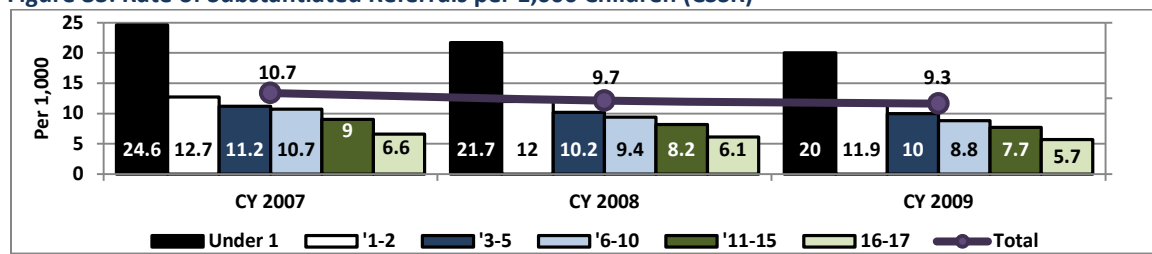
Child Welfare Services (CWS) in California span the continuum of care from prevention and early intervention to treatment and aftercare; however a prevention and early intervention focused CWS system is crucial to achieving safety, permanency and well-being for California's children. As the CDSS lead 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, the Family Development Matrix Project, the Linkages Project and Supporting Father Involvement, 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.

The OCAP provides oversight of the state and federal prevention and early intervention and treatment funds by requiring counties to submit three-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 for them to help them better understand reporting requirements.

The substantiation rate for a given year is calculated by dividing the unduplicated count of children with a substantiated allegation by the child population and multiplying by 1,000. The rate of referrals in California decreased by over 13 percent, from Calendar Year (CY) 2007 at 10.7 per 1,000 to 9.3 per 1,000 in CY 2009. The largest rate of decrease was among infants under one-year old, decreasing by nearly 19 percent over the three-year period at 24.6 per 1,000 in CY 2007 to 20 per 1,000 in CY 2009.

Figure 83: Rate of Substantiated Referrals per 1,000 Children (CSSR)



While the specific reasons California has improved in the prevention and early intervention of child abuse and neglect cannot be definitively determined, some factors that have most likely contributed include:

- Increase in prevention and early intervention focused service provision as a result of the Child Welfare Redesign, which will prevent removals.
- Integration of three year prevention/early intervention plan into the California Child and Family Services Review (C-CFSR) process, including the assessment of county efforts.
- Counties' implementation of Differential Response.
- Continued efforts to increase collaboration among agencies to better serve families.

California counties are shifting to prevention focused service provision, indicating progress in the statewide effort to prevent child abuse and neglect. The statewide shift to more of a prevention and early intervention focused service provision began in 2000 when CDSS launched an effort to develop a comprehensive plan for reform for the child welfare system, the Child Welfare Services Redesign.

THE INTEGRATED PLAN

In 2009, CDSS began the integration of the three-year prevention and early intervention plan into the Outcome and Accountability System. This provided the opportunity to better align this integrated approach with the Redesign Workgroup recommended strategies. The integration of the County Self-Assessment (CSA) and System Improvement Plan (SIP) with the three-year prevention and early intervention plan has improved CDSS' continuous quality improvement, interagency partnerships, community involvement, and public reporting of program outcomes. Counties now look more holistically at their CWS system from prevention and early intervention through permanency.

As part of the integrated approach, county child abuse prevention and early intervention partners, including a representative from the local Child Abuse Prevention Councils (CAPCs) are active participants in both the CSA and SIP planning meetings. Prevention partners review the CSA and SIP to determine if the plan continues to meet local needs. Since each CAPC is designated by the County Board of Supervisors 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, domestic violence providers, Early Childhood Education, faith-based community, Law Enforcement, Juvenile Court Bench Offices and private foundations. This integrated approach has allowed input from various partners which in turn better informs CWS program decisions and outcomes.

The development of the CSA requires each county to review the full scope of Child Welfare and Probation services, from prevention and early intervention throughout the continuum of care. Additionally, counties conduct a thorough needs assessment providing an analysis on demographics, service provision, systemic factors, and unmet needs. Development of the SIP allows counties to specify their priority improvement goals and to establish a planned process for achieving improvement in those areas.

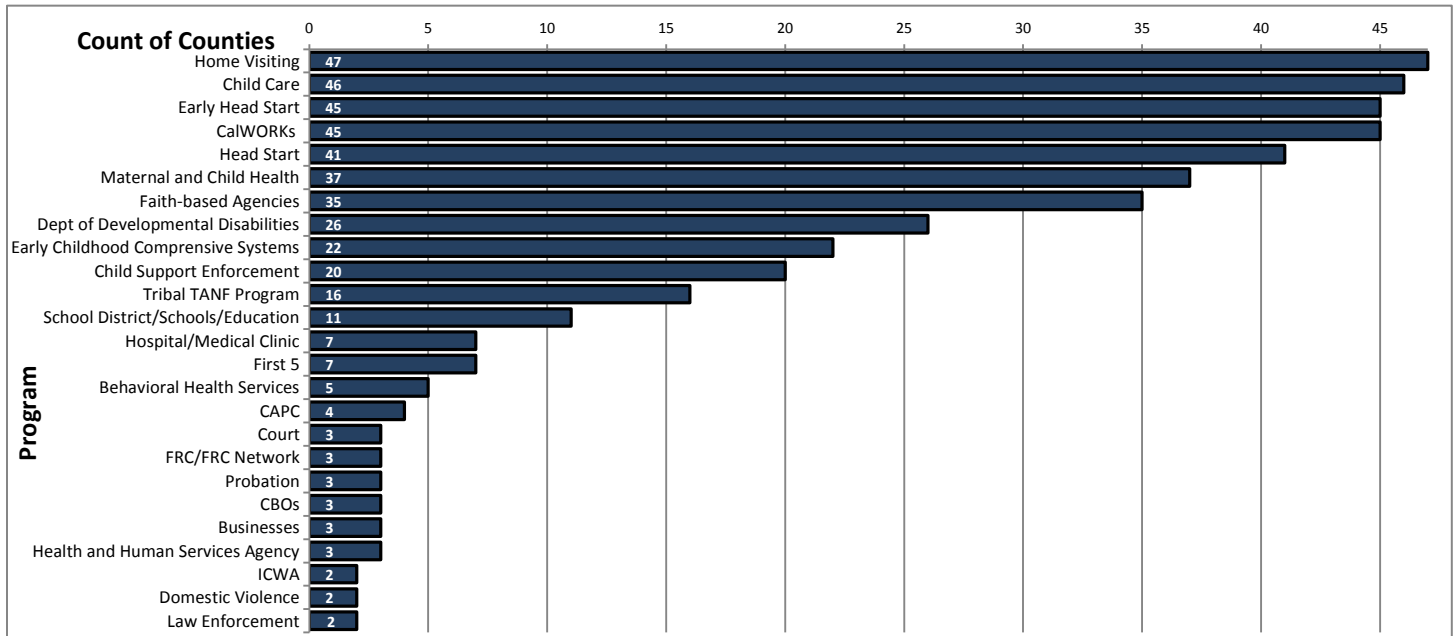
The SIP also includes a coordinated plan for service provision for programs funded with prevention and early intervention funding, providing evidence that services are meeting an identified, unmet need. As a part of this process, California counties also hold community meetings and focus groups in order to receive input from key stakeholders.

As of September 2011, 44 counties have submitted integrated CSAs and SIPs that have been approved by their County Board of Supervisors, and several counties are currently participating in the integrated C-CFSR process. The OCAP consultants, in conjunction with their colleagues in the Outcomes and Accountability Bureau, work closely with counties as they assess their service needs during the CSA process and develop a plan for service provision through the SIP. This process allows OCAP 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, as well as 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. As seen in the figure below, California counties collaborate and coordinate their home visitation services, child care services, Early

Head Start programs, and CalWORKs programs, among others. This is only one indicator of how much 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.

Figure 84: Collaboration and Coordination of Services in California FY 2009-10 (OCAP Annual Report)



**All 58 counties are represented in the figure above.

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. For example, *San Francisco County* reported that prevention efforts are focused on a network of neighborhood-based Family Resource Centers (FRC). Each FRC provides services tailored to the individual community's needs and include information and referral, community education and outreach, nutrition classes, food pantries, parent education, and support groups. San Francisco County conducted a needs assessment and held community focus groups in order to identify unmet community needs, which informed the county's decision to provide prevention and early intervention focused services through neighborhood FRCs.

Sacramento County has been able to show that a program offered through their Differential Response system has positive outcomes for children and families. The Birth and Beyond program is a comprehensive primary prevention and early intervention program that provides in-home and neighborhood-based services for children and families. The Birth and Beyond program is provided through community FRCs with the highest concentrations of families at risk for child abuse and neglect. During FY 2009-10, 478 families received home visitation services from an AmeriCorps home visitor through Sacramento County's Birth and Beyond program. Of the 242 families who had CWS history prior to enrolling in the Birth and Beyond home visiting program, 93 percent had no new referrals to CWS. All of the 236 families who had no CWS

history prior to enrolling in the Birth and Beyond home visiting program had no referrals to child welfare.

To assist in the measurement of the effectiveness of prevention and early intervention programs and services, the OCAP funds the Family Development Matrix, an outcomes model that provides an integrated family assessment tool for case management and outcomes evaluation. It is used within county-based family service networks and tribal programs. Its purpose is to provide family support staff with the capacity to use the assessment and analysis of family outcome measurement data, which can be used for a variety of purposes. The FDM is described in more detail in another section of this plan.

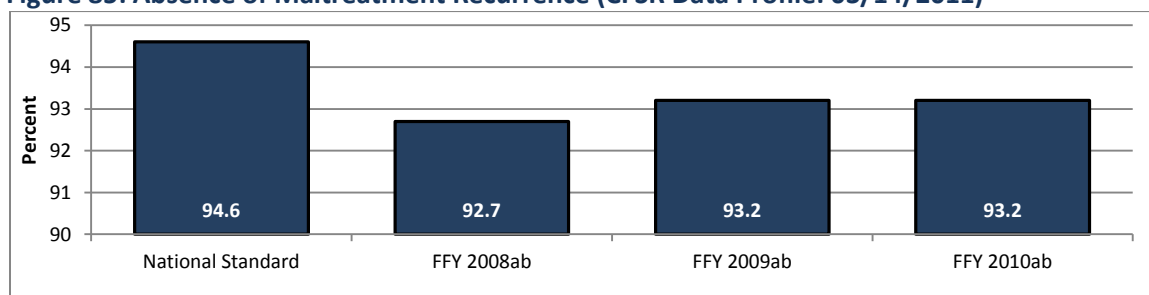
REPORTS OF REPEAT MALTREATMENT

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

Repeat Maltreatment was rated as an area needing improvement for 17 percent of the 24 applicable cases reviewed during the onsite CFSR review in California in 2008.

The following figure is the proportion of children that did not have another substantiated or indicated report within a six-month period and who were victims of substantiated or indicated child abuse and/or neglect during the first six months of the reporting period. The overall percentage for the state has remained in the 92-93 percent range since FFY 2008 as illustrated in the figure below.

Figure 85: Absence of Maltreatment Recurrence (CFSR Data Profile: 03/14/2011)



The percentage of children who did not have another substantiated child abuse or neglect referral within six months increased about .5 percent between FFY 2008 and FFY 2009, leveling off at the same rate in FFY 2010. Although California is 1.4 percent below the national standard, it is 1.7 percent above the 25th percentile. Since FFY 1999 when 89.9 percent of children did not suffer subsequent maltreatment within a six-month period, the data shows a steady increase in this measure. Although the Federal standard of 94.6 percent or higher has not yet been met, the data show that California continues in a positive direction.

WORKFORCE PLAN

On December 20, 2010, the *CAPTA Reauthorization Act of 2010*, PL 111-320 was signed into law and reauthorizes and amends the CAPTA. Grants to states for child abuse or neglect prevention and treatment were reauthorized with no increase in the amount of existing authorizations through federal fiscal year 2015, but the law adds to the existing requirements of the program.

A new requirement under CAPTA at section 106(d)(10) requires that each state include data on the number of child protective services personnel; including average caseloads, education and training requirements, demographic information, and workload requirements. Although some information is collected on the state's child welfare workforce, not all the required information is collected for all staff.

CDSS determined that California's SACWIS system currently does not collect any demographic data on social workers. California's SACWIS system was not designed to collect the demographic information on social workers.

The CDSS looked at various data collection sources and determined that there is no current system that collects all the necessary information as required by CAPTA.

CDSS is currently able to obtain the data regarding caseloads that is now required. However, it does not currently collect complete information on the education, qualifications and training of personnel, and demographic information of all CPS workers. This information is collected at the local level, but is not currently required to be reported to the state. CDSS does receive some information via a training report completed every two to three years by the California Social Work Education Center, but this report does not contain all of the information now required by CAPTA, and pertains only to a portion of CPS workers. For example, only workers with an MSW and that have attended training through one of the training academies are counted. Some of this information is included in the Training Chapter of this report, beginning on page 280

The CDSS has drafted legislation (SB 1521, Liu) to meet federal requirements. This bill includes the CAPTA requirements that all counties provide data on the number of child protective services personnel; including average caseloads, education and training requirements, demographic information, and workload requirements. The bill was passed, and was enrolled on September 5, 2012. It has now gone to the Governor's desk for signature. Once this bill is signed by the Governor, the CDSS will issue an All County Letter describing the new requirement. The CDSS will either develop or amend an existing survey to send to the counties to begin collecting this data as soon as possible.

CAPTA PROGRAM IMPROVEMENT PLAN

A new requirement under CAPTA at Section 106(b)(2)(B)(xvi) requires that provisions, procedures, and mechanisms that assure that the State does not require reunification of a surviving child with a parent who has been found by a court of competent jurisdiction – to be required to register with a sex offender registry under section 113(a) of the Adam Walsh Child Protection and Safety Act of 2006. California statute did not explicitly prohibit against reunification, but rather assured that reunification was not required in such cases. The decision

as to whether to reunify or seek termination of parental rights was within the sole discretion of the State and was determined on a case-by-case basis.

In order to more fully comply with this CAPTA assurance the CDSS drafted legislation (SB 1521, Lui) to make the statute more explicit by including the following language:

That the parent or guardian has been required by the court to be registered on a sex offender registry under the federal Adam Walsh Child Protection and Safety Act of 2006 (42 U.S.C. Sec. 16913(a)), as required in Section 106(b)(2)(B)(xvi)(VI) of the Child Abuse Prevention and Treatment Act of 2006 (42 U.S.C. Sec. 5106a(2)(B)(xvi)(VI)).

The bill was passed, and was enrolled on September 5, 2012. It has now gone to the Governor's desk for signature. Once this bill is signed by the Governor, the CDSS will issue an All County Information Notice describing the new requirement.

Program Improvement Area 8: Programs, Activities, Services and Training

MANDATED REPORTER TRAINING

In response to the increasing numbers of mandated reporters requiring training, CDSS continues to focus on the availability and accessibility of mandated reporter training. The CDSS has funded online mandated reporter training since FFY 2003. Free online training is offered for all mandated reporters. Since October 2009, the mandated reporter training is offered through a grant with the Rady Children's Hospital, Chadwick Center for Children in San Diego,.

Objective

To provide online mandated reporter training in a user-friendly format, training of trainers, development of new content, and updating of existing educational materials.

Activities/Results

Rady Children's Hospital, Chadwick Center offers the general basic online training program in English and Spanish, and has redesigned the website to develop a user friendly web site flow, develop website message boards, video presentations, webcasts, listservs, and search features. The Center updated existing material to video/presentation format, developing consistent training curriculum and has updated the specific occupation modules. PDF versions of the training are available to also ensure Macintosh users the ability to access training materials. Goals include identifying focus groups and an advisory committee to beta test new curriculum for in-person trainings were met by using a group from the Girl Scouts San Diego to pilot test the General Training, medical interns at Rady Children's hospital to pilot test the Medical Training, and Social Workers and psychologists from Chadwick and Rady's Mental Health departments to pilot test the Mental Health training. New legislation affecting mandated reporters is being tracked and training is updated for any changes in the law.

Training modules updated for specific professions include modules for the Clergy, Child Care Providers, Law Enforcement, Medical Workers, and Social Workers. Continuing education units are offered. The number of completed trainings is expected to continue to rise as the revisions of profession-specific modules are completed. From February 2010 through March 2012, 9,506 trainings were completed. The general training modules represent the highest number of

modules taken. Each training, including the General Trainings, now also offer a section about identification of child abuse and neglect in the developmentally delayed population. Goals for the project staff are to reach out to large groups representing mandated reporters to further market the training. Training the trainer efforts will continue to further standardize the general training modules through the state both in in-person trainings and in further development of the trainers' website toolkit and topic presentations in person.

An ACIN will also be sent to all county welfare directors to remind them about the online training during the following summer. Further, as specific modules—such as for child care providers and others—are updated, OCAP will be taking steps to ensure they are aware of the training by sending the information to the CDSS' Community Care Licensing Division who will be able to pass the information along to their licensees, including child care facilities and residential facilities for children.

Program Improvement Area 9: Programs, Activities, Services and Training

Because of funding realignment which was discussed at length in the Section I, Realignment, CDSS was unable to continue funding the Special Start Training Program (SSTP). Therefore the grant ended on June 30, 2011.

To meet the requirements of Program Improvement Area 9: Programs, Activities, Services and Training, CDSS has continued the funding for the Early Start and Child Welfare Services Integrated Training.

EARLY START AND CHILD WELFARE SERVICES INTEGRATED TRAINING

For children who experience a developmental delay, the earlier they can receive services, the more effective the services can be. Public child welfare agencies often have an opportunity, through contact with families with young children, to identify children who have disabilities or who are at risk, and facilitate the provision of appropriate early intervention services. This opportunity is dependent on the knowledge and skill of child welfare services social workers to screen, refer, and link families with services.

The Early Start and Child Welfare Services Integrated Training is intended to increase the knowledge and skills of child welfare services social workers, Early Start Service Coordinators, early prevention providers, family resource centers/family support agencies, and other professionals who may assist children and their families. It is also a goal of the training to increase collaboration among these professionals. The training helps to promote statewide efforts to comply with CAPTA and the Individuals with Disabilities Act.

The training and technical assistance was developed by the Resource Center for Family-Focused Policy in collaboration with the CDSS, the California Department of Developmental Services, the California Department of Mental Health, the West ED Center for Prevention and Early Intervention, and others.

Training is provided for participants such as social workers from county child welfare agencies, Early Start Service Coordinators, early prevention providers, family resource centers/family support agencies, public health nurses and others. The training provides an overview of systems and requirements for early intervention services; identify successful coordinated models of

service delivery; identify ways for counties to sustain the collaboration and practically apply the training; and train on specific, validated developmental screening tools, such as the Ages and Stages Questionnaire, PEDS, etc.

Technical assistance is provided to identify or enhance current systems within counties to ensure policy and procedures are in place for referral to early intervention services. Through summits, working sessions, the Center website and webinars, essential information and best practices are distributed.

Program Improvement Area 11: Programs, Activities, Services and Training

CALIFORNIA PARENT ENGAGEMENT ACTIVITIES

A State Advisory Committee:

This 23 member committee provides overall guidance on the work of the Center. Members include state, county, and regional representatives from Child Welfare, Mental Health, Child Abuse Prevention, Tribal Communities, Family Resource Centers, Parent Leaders, Community Based Organizations, funders and other key stakeholders. The committee developed a logic model with activities and timelines. The purpose of the Committee is to ensure California's parent engagement activities are guided in a manner that meets both federal and state requirements and to provide input into the goals and objectives of those activities.

California State Parent Team (CSPT)

The CSPT web address is: <http://parentsanonymous.org/pahtml/cspt/cspt.html>. Given the commitment to ensure that the "parent voice" is heard in shaping the direction of family support programs, services, and policies throughout California, the CSPT, is composed of eight parent leaders, who work collaboratively with professionals to help shape and strengthen family support programs, services, and policies in California. The purpose of the CSPT is to promote and implement shared leadership strategies throughout California so that parents take on leadership roles and become involved in critical decision-making to ensure responsive services and better outcomes for families. The CSPT are parent leaders who are involved in state level program and policy decisions that affect children and families.

Some of the recent CSPT activities include:

- Development of a *Parents as Partners Train-the-Trainer Manual* for Parent Leaders and Agency Staff – this manual is designed to guide a team of trainers, including staff and Parent Leaders in conducting a five-hour training to assist child welfare and other public and community-based family support organizations to develop a structure to recruit, train and support parent leaders in their communities and to engage parent leaders in the planning, development and evaluation of parent leadership strategies/programs to meet the diverse needs of families.
- Planning and co-training on parent leadership and shared leadership using the *Parents as Partners Train-the-Trainer Manual* with various counties across California. Team members have been involved as Co-Trainers in Imperial County and Shasta County. Plans are underway to conduct trainings in Madera, Tulare, Butte and San Joaquin Counties during the months of April through June 2012.

- CSPT Meetings/Teleconferences: Throughout the year, meetings and teleconferences were held focusing on: 1) The development and implementation of the February 21-22, 2012 California Parent Leadership Conference; 2) development of the Parents as Partners Train-the-Trainer Manual; 3) Strengthening collaborations with regional and local Child Abuse Prevention Coalitions/Councils and other collaboratives such as the Breakthrough Series Collaborative, Foster, Adoptive, Kinship Care Education, Children’s Mental Health System of Care Council, and Text4baby Regional Coalition; 4) Providing updates and seeking feedback from team members on different committee and task forces relating to policy and system changes to strengthen California families and communities.
- Linkage to Committees/Task Forces/Special Projects Team Members served and continue to serve on various councils/committees/task forces including: 1) Child Welfare Council and the Council’s Prioritization Committee; 2) California Social Work Education Center Statewide Training and Education Committee; 3) California Partners for Permanency Project; 4) State Program Improvement Plan Steering Committee; 5) State Team Decision Making Steering Committee; 6) Children’s Justice Act Task Force, California Emergency Management Agency; 7) Planning Committee for the February 2012 statewide Parent Leadership Conference; 8) Regional Child Abuse Prevention Coalitions; 9) Foster Care Task Force; and 10) California Strengthening Families Roundtable and Parent Partnership Subcommittee.
- Participation in 18th National Conference on Child Abuse & Neglect: Team members will be co-presenting at two workshops relating to parent leadership.
- Participation in State/Regional level Events/Conferences: Team members have been presenters in numerous events and conferences including: Prevention at the Source: Strengthening Families and Communities – A California Child Abuse Prevention and Early Intervention Summit, Children’s Network Conference, Beyond the Bench Conference, Strengthening Families Roundtable Parent Partnership presentation, and various workshop presentations at the 2012 California Parent Leadership Conference such as “Bridging Parent Leadership and the Protective Factors, Trauma-Focused Evidence-Based Practice is the Trend, Bridging the Cultural Divide by Building Effective Partnerships with Families, Knowing the Best of What’s Out There in Evidence-Based Practice, Internet Safety Issues for Our Children, Reducing Long Term Foster Care through California Partners for Permanency and RISE, and IEP Process: Partnering with Parents in the Schools.
- Training and Technical Assistance: All Team members participated in training on the *Parents as Partners Train-the Trainer Manual for Parent Leaders and Staff*, development of logic models, effective training approaches, effective communication strategies, strengthening families and protective factors, and effective CSPT participation on state and regional committees/task forces.

FAMILY DEVELOPMENT MATRIX PROJECT

The FDM is a collaborative effort of the Matrix Outcome Model, California College of the Siskiyous, CDSS, Strategies, and The Pathways Mapping Initiative. The FDM⁵³ is a

⁵³ <http://matrixoutcomesmodel.com>

comprehensive, strengths-based family engagement and assessment tool that is currently being used by 21 California counties (Butte, Del Norte, Fresno, Humboldt, Lake, Madera, Mendocino, Orange, Sonoma, Sacramento, San Francisco, San Joaquin, San Luis Obispo, Santa Barbara, Santa Clara, Siskiyou, Stanislaus, Tehama, Tulare, Ventura, and Yolo), 11 tribal communities in 102 agencies. The agencies grouped together form 16 collaboratives. The FDM enhances the community program's commitment to supporting families while improving data collection methods.

The FDM provides measures of family outcomes and is a strength-based case management tool. It works by assessing family strengths and issues of concern helping to set goals with families, chart family progress while assessing the effectiveness of interventions (services) in relation to outcomes. Progress towards meeting family-identified goals (e.g., school readiness and family engagement) is measured through the FDM assessment tool and compiled for future longitudinal evaluation.

The Family Development Matrix as a family engagement process provides reliable information to assess family situations building on individual and family strengths to address problems recognized through the Matrix assessment, and track changes in family status for as long as they are engaged with the program.

Agencies use the Matrix model in service programs as a measurement tool that has instant data results. The Matrix tool is custom designed to fit the agency mission, its services and the population served. Agencies using the Matrix Model usually offer community services that have combinations of these program characteristics: comprehensive, integrated, accountable for results, collaborative, accessible, culturally sensitive, family focused, tailored to unique needs, school linked, community based, and focused on prevention. This provides:

- Immediate access to categories and indicators from successful programs.
- Validation of the Matrix indicators through field tests with the service population.
- Assured reliability with case presentation tests.
- Training of staff to use the Matrix model with the service population.
- A manual on the Matrix outcomes model and how it works.
- Worker training for continuous assessments.
- Case planning using the Matrix empowerment plan.
- Engagement through the strengths of the family using standards and proven practices.

Use of the Family Development Matrix is responsive to the need for accountability and promotes strategic planning and continuous program improvement. The data from the Matrix is used by the worker to assess the status of the clients, by the supervisor to review the cases in their unit, and by the program manager to address gaps, allocate resources, and celebrate success across units. Funders and decision-makers can better understand how funds allocated are bringing tangible results.

The Family Development Matrix builds a process for collaboration with FDM agency coordinators. Participating agencies assign a FDM coordinator. A network of agencies has a collaborative coordinator. Communication with these coordinators is essential through all aspects of the Matrix program.

The network of agencies identifies core and optional indicators from the database. Their selection of a core set of measurement indicators is based on a collaborative design process. The agencies receive instructions to test the model for validity and reliability using feedback from family representatives and family workers. Together they conduct a pilot test to finalize the outcome measures.

The prevention plan is an organizing instrument to assist design teams to collaboratively plan and implement the FDM in their communities. Each community network follows a process to integrate the FDM into their implementation plan. The collaborative prevention plan utilizes the resources of the community network to create their vision, values and leadership roles to plan change, overcome obstacles and act as a collaborative to “make things happen” in their community. Each agency is showcased helping to facilitate their unique goals, programs and success stories.

The staff training sessions provide an overview of the Family Development Matrix model for measuring family progress, how to use outcomes indicators to build on the strengths of families, family case planning that includes a “Family Empowerment Plan” with interventions and practice standards to increase family decision-making. A how-to manual and all assessment tools are provided in the database.

Staff is trained to enter assessment data into the web database. Each program has their own data port and immediate access to their family and program data. The coordinating agency for a network has access to aggregate data across agencies.

- Automated data collection format using the agency design,
- Procedures for data collection, data entry,
- Reports and charts of Matrix data for strategic planning and continuous improvement.

Each agency has access to data that currently include:

- Summary of individual assessment, family strengths and issues of concern, empowerment plans, interventions,
- Retrieval of data by client code entry,
- Assessment dates and/or assessment visits,
- Combinations of indicators,
- Tables and graphs by percent,
- Percent and status level change.

Site visits and/or teleconferences are available for ongoing staff training and technical assistance to continue staff efficacy with the use of the Matrix Model. Regional meetings share information across agencies.

June 30, 2011, marked the end of the second three year funding cycle for the FDM. Significant goals and accomplishments were achieved during that grant period. These goals and accomplishments include:

- The finalization of the evaluation and the implementation of surveys to evaluate the FDM as an information and evaluation system. Over 300 family workers across the state participated in training to utilize the database. Additional training was provided for 16

collaborative coordinators and 90 agency coordinators regarding their role in maintaining a collaborative model for measuring outcomes.

- The completion and organization of 16 collaboratives to use the FDM. Training of agency coordinators and staff to use the FDM Pathway.
- Integration of Lisbeth Schorr’s work, “The Pathway to Prevent Child Abuse and Neglect” from Harvard University and the Center for the Study of Social Policy’s “Strengthening Families’ Five Protective Factors” into the Matrix Creator database. Each family worker has full access to these indicators and interventions. The Center for the Study of Social Policy has offered web seminars to integrate protective factors into agency programs and services.
- Creation of an Agency Showcase that enables FDM agencies to exhibit their programs and successful work with clients. The project is located online in the FDM website. It is available for other agencies, community partners and funders to access expertise and potentially to showcase data results. Each FDM collaborative also developed prevention plans that are showcased to demonstrate their collaborative planning process to use the FDM.
- Twenty agencies were interviewed to collect their local practices to align to each of the Pathway to Prevent Child Abuse and Neglect interventions. These practices serve as a baseline of California family support practices.
- The agency family workers provided services to African American, Hispanic, Asian, and Tribal populations. Case management forms are available in English, Spanish, Chinese, Vietnamese, and Hmong languages to conduct all of the assessments and case management activities. A cd of all assessments and case management forms was distributed to all agency coordinators.
- The FDM interventions were organized by indicators to facilitate the workers use with client goal setting. Probing questions were added to the Family Empowerment Plan to make it easier for the family worker to inquire about goal setting with the family.
- Numerous improvements have been made to the Matrix Creator database. Agencies can add their own custom interventions online and links have been added so workers can assist clients in selecting interventions, editing intervention notes, revising empowerment plans, and making intervention evaluations. Innovative suggestions by the agency users are being made to the Matrix Creator database on an ongoing basis.
- A binder containing all of the FDM material was distributed in three regional workshops attended by all of the FDM coordinators. The regional workshops introduced a new database format developed with the coordinators that began use in September 2011.

Future Goals:

Funding has been approved to continue the FDM through June 30, 2014. Future goals include:

- Supporting, broadening and extending partnerships in California Counties and Tribal Communities focusing on prevention using a collaborative planning process and utilization

of a Matrix Outcomes Model database to implement the FDM, Pathway to Prevent Child Abuse and Neglect and Strengthening Families Protective Factors.

- Strengthening the validity and dissemination of the FDM Model by maintaining a Panel of Experts.
- Maintaining a strategy for the ongoing integration and sustainability of the FDM model with the Protective Factors and the Pathways Intervention models.
- The OCAP has requested to receive technical assistance to further demonstrate the validity of the FDM in relation to the key federal child abuse and neglect measures, and to test the FDM as an agency information system. If the request is approved, CDSS will have the ability to demonstrate validity and relationships among measures through the TA provided. This will move the project towards establishing the FDM as an evidence-based model resulting in improved safety and well-being. Aligning the federal measures to the evaluation would enhance the value of the tool, and would assist the state in the future to better meet federal outcomes. In addition, this work may also address a key area for the state of impacting disproportionality.

The FDM project demonstrates that families engaged with family resource centers achieve positive outcomes. Parents become more engaged in the case planning for their families and achieve better outcomes as a whole and clients are generally more stable and self-sufficient. A separate report that identifies specific outcomes is provided as an attachment.

STRATEGIES: FAMILY RESOURCE CENTER AND FAMILY SUPPORT PROGRAM TRAINING AND TECHNICAL ASSISTANCE

CDSS funds a consortium of three regional non-profit agencies, Strategies, created to enhance the capacity of California Family Resource Centers (FRCs), Family Support Programs (FSPs), and networks that provide services that strengthen families. The three organizations comprising Strategies are Youth for Change in Butte County (Region 1); Interface Children and Family Services in Ventura County (Region 2); and the Children's Bureau, with offices in Los Angeles and Orange Counties (Region 3).

Strategies provides training and technical assistance in numerous areas, such as home visiting, comprehensive case management, family economic success, child abuse prevention, the Strengthening Families Five Protective Factors, nonprofit management, community development, supervision and management, kinship care, father involvement, sustainability, children with special needs, adolescent development, family resource center development, impact of depression, etc. Teleconferences, online communications, lending libraries, face-to-face group training, meeting facilitation, coaching, technical assistance, and consultation in a broad variety of topics are also offered. Additionally, Strategies fosters communication among FRCs, FSPs, and networks through its comprehensive website, which includes links to the father involvement and prevention websites, and the Strategies bi-annual publication, *Working Strategies*.

Activities/Results

By delivering 146 training days, the objective for conducting 69 days of family strengthening training was exceeded.

Evaluation: Various forms of evaluation data are collected to monitor the impact and effectiveness of projects and activities, as follows:

- *Participant knowledge* after training is measured by a comparison of a pre- and post-training assessment that is customized for each training. This tool uses a five-point Likert-type scale to evaluate the change in a participant's knowledge of training content.
- *Impact of Transfer of Learning:* Training redesigns include a transfer of learning protocol to facilitate the use of strategies and training content after the participant returns to the field. The impact of the transfer of learning activities is gathered via action plans that training participants complete near the end of the training and share with Strategies staff. These action plans are collected and analyzed to determine the types of training strategies participants select to use and possible follow-up technical assistance that might be required. In addition, Strategies has employed a variety of follow-up activities to promote transfer of learning including follow-up phone calls, emails, and training debriefing conference calls. Information from these activities is used to evaluate trainings with a transfer of learning component.
- *Transfer of learning online tool:* During the report period, trainers developed and used a new web-based transfer of learning tool. The tool, an online community forum held after each training, provided participants a framework within which to comment on achievements of their action plans and to ask follow up or strategy questions of trainers and other participants.

Trainings:

Emerging Topics: Strategies has developed a new Emerging Topics series of trainings for the new reporting cycle that will provide evidence-based information specifically geared to issues of concern for child abuse and neglect prevention and early intervention service providers. Topics include Maternal Wellness, Child Traumatic Stress, and Working with Military Families.

Skill-Building Series: During this reporting period, Strategies introduced a new series of trainings designed to meet the competencies outlined in the newly adopted *Family Strengthening Organization Standards*. Among the topics are: cultural competence, evaluation and documentation for the family strengthening worker, home visiting, case management, and the Strengthening Families' 5 Protective Factors. The Case Management training continues to meet a critical need in the family strengthening field by introducing participants to the fundamental concepts of case planning, assessment, and evaluation. All trainings are provided on a statewide basis.

Organization Development: Trainings to promote sustainability and organizational effectiveness include the FRC Core Training. The FRC Core Training covers key elements of FRC development and operation. Strategies implemented a revised curriculum during this report

period that incorporates current field research and expands adult learning/training methods. One day seminars on Family Resource Center sustainability are also being provided.

Peer Review

The Peer Review acts as a self-reflective and networking process to nurture participant trust and self-disclosure within working partnerships established between different FRCs to evaluate and strengthen the approaches and services offered by the participating FRCs. Participants develop an enhanced awareness of statewide issues affecting their agencies; gain feedback regarding the effectiveness of their agency's services; identify personal, agency and staff strengths and challenges, and develop greater connections with other FRCs. Strategies also provides peer review participants with individual coaching to assist with goal attainment.

During this period, strategies conducted the Peer Review Process with family strengthening agencies in rural and isolated settings (seven agencies in three counties) as well as with networks representing multiple agencies (113 agencies represented by four networks) across 13 counties. The Peer Review process engages community-based family support organizations and parents or consumers using the full two-and-a-half day (including exchanging site visits) Peer Review Process and Assessment Tool and other peer review assessment tools such as Strengthening Families Peer Review tool.

New Training/Training Curricula Revisions

Father Engagement & Family Economic Success: During this reporting period, two new trainings were offered that were designed to promote the positive engagement of fathers in the lives of their children: *Engaging Fathers* and *Family Economic Success and Father Involvement*. *Engaging Fathers*, assists agencies to understand and implement father friendly practices. This training is highly recommended for those agencies considering implementing the Supporting Father Involvement intervention.

Children who live in poverty are at a high risk of abuse and neglect, yet FRC and FSP staff often has little training in addressing related economic issues. Family Economic Success and Father Involvement pair the Family Economic Success training offered by Strategies with specific ways to work with fathers. This training provides staff with tools and approaches to help families move towards economic success and lessen the possibilities of fathers' engagement in abusive behaviors. The training includes an orientation to Strategies' California FES resource directory of local, state, and federal programs available to serve families-

Webinars

Strategies has three different types of webinars: statewide training webinars, father engagement webinars, and regional topic webinars. The 12 webinar topics are developed each year. Father Engagement Webinars (four topics) were initiated during this reporting period. Regional Webinars (four topics) were hosted by each Strategies region and responsive to regional needs. Regional topics included: Building the Five Protective Factors through a Caring Communities, offered in Spanish and geared toward parents, Maternal Wellness specifically for home visitors to include Treatment and Preventative Care for Postpartum Depression,

Identifying Postpartum Depression, and Postpartum Depression: Implications for Nursing and Medical Professionals.

Through web-conferencing technology, the webinar series brought together participants and subject matter experts from across California to enhance personal, professional, and organizational development. Strategies upgraded to web conferencing technology this reporting period to enable presenters to show videos, poll participants, and create virtual break-out rooms, and archive webinar sessions for later use. The new technology also allows increased numbers of participants to join the webinars which reduces the need for waiting lists. Webinars attracted nearly 75 participants each. Webinar topics included:

- Knowing the Best of What's Out There: Understanding and Identifying Evidence-Based Practices in Child Welfare
- Storytelling for Non-Profits
- No More Excuses!: Self Care for the Caregiver
- Navigating the Challenges of Kinship Care
- Supporting Families of Children With Special Needs
- Dollars and Sense: Financial Tools for Families
- Re-Visioning Case Management
- Grant-Writing Tips for Success... or, How to Be As Sure As You Can Be in an Uncertain Fundraising World
- Military Families: A Conversation on Awareness, Resources and FRC Best Practices
- Impact of Violence and Trauma in our Community: Building Effective Community Solutions
- Mental Health Disorders and Stigma: How to Recognize and Understand Different Disorders for Direct Service Workers
- Recruiting Fathers to Your Family Strengthening Team: A 5 Protective Factors Approach
- Honorable Fathers Searching for Balance: A Father's Role in Family Violence Prevention
- The Impact of Absentee Fathers on our Children, Families, and Communities
- Engaging Native American Fathers, Families, and Communities.

Capacity-Building Events:

The diverse (rural and urban) statewide training and technical assistance venues demonstrate the challenge of serving a state with 58 counties, as well as Strategies' commitment to meeting that challenge.

During the report period, 4,714 individuals attended training and Strategies provided 1,493 hours of technical assistance to networks, agencies, and organizations throughout the state. These services enabled organizations to develop in areas of nonprofit management, sustainability, program development and implementation, facility management, and family support principles.

Educational sessions were also presented at more than thirteen conferences and workshops across California.

Network Development Objectives:

- Support and promote the existing and emerging abilities of regional family support networks, Children’s Services Networks and Interagency Coordinating Councils to promote child safety, permanency and well-being by coordinating training and technical assistance opportunities for networks.
- Strategies awarded 26 subcontracts to networks in order to build their capacity for provision of training and technical support to other agencies.

Network development was provided through: 1) Capacity Building Grants for family strengthening networks and for father engagement networks; 2) Technical assistance for the newly formed Statewide Network of Family Strengthening Networks; and 3) Technical Assistance for agencies seeking to develop networks that use the Strengthening Families framework as an organizing guide. Family Strengthening networks are rapidly forming and are in most of California’s 58 counties.

Resources continue to be leveraged by providing capacity building grants to a total of 26 networks throughout California. Technical assistance for network development included the development of a community needs and strengths assessment, the creation of an in-depth plan for network sustainability, integrating efforts with county partners to include county Child Welfare agencies and CAPCs workforce capacity trainings, community convenings to address father engagement and/or Strengthening Families framework implementation. These grants supported the efforts of networks engaged in 53 out of 58 California counties. Additionally, each network received at least 15 hours of technical assistance.

Strategies also provided technical assistance and support to the Network of Family Strengthening Networks through facilitation of meetings and providing expertise and leadership for the development of Family Strengthening Organization Standards, which were approved by the network membership in March, 2012.

Revisioning Community:

During the reporting period, Strategies wrote and published a statewide monograph entitled *Revisioning Case Management: Partnering with Families and Communities to Create Meaningful Change*. The purpose of the monograph is twofold:

1. To offer a framework that will guide staff and organizations to integrate a community strengthening approach to their work.
2. To offer an approach that encourages organizations to be reflective and intentionally transform themselves into learning organizations.

FAMILY DEVELOPMENT MATRIX (FDM):

In partnership with the Institute for Matrix Outcomes Model, training and technical assistance is provided through Strategies to assist organizations to implement the FDM which is used in 14 counties by 88 family strengthening organizations to identify a family’s strengths and areas of risk. During this reporting period, 18 trainings were conducted for newly recruited

collaborative with 256 training participants, and 60 hours of technical assistance being provided.

The OCAP, Strategies, and the Center for the Study of Social Policy continue to coordinate the gathering of cross-sector leaders to support the implementation of Strengthening Families in California through the California Family Strengthening Roundtable. The Roundtable met three times during the reporting period. This effort has engaged participants to include public agencies, non-profit partners, and parent leaders to discuss integration of the Family Strengthening Framework throughout California. The California Family Strengthening Roundtable created three sub-committees, aligning with Family Strengthening Levers for Change, three sub-committees (parent partnerships, policy and systems, and professional development), which met throughout the year and supported the efforts of the Roundtable.

Future Directions:

Strategies future capacity efforts will continue on focus on leveraged partnerships , as well as identify and leverage new partnerships in each county to assist communities in working together to build, connect and streamline resources to strengthen families. The Strengthening Families Framework, the engaging fathers and revisioning communities approaches have tools designed to assist communities and organizations with implementation. Strategies uses these tools and others they have designed. In addition, the use of community building tools such as Strengthening Families Framework, engaging fathers, and revisioning communities will be used to make implementation easier for county-wide efforts. Professional development tools (web-based resources, on-line trainings, and the introduction of emerging topics trainings) will be further developed.

Outreach Objectives

Strategies uses a variety of effective outreach approaches. Strategies' statewide coordination and cooperation afford access to a wider range of ideas, expertise, resources, contacts, and distribution channels to reach family resource centers and family strengthening agencies. Regions 1, 2, and 3 jointly develop publications (*Working Strategies*, etc.), web pages, listservs, databases, materials, display boards, catalogs, resource links, and lessons learned documents for distribution. Individual regional outreach plans support developing local allies and champions. During the report period, Strategies staff completed more than 435 hours of outreach to counties and organizations across California. The following information highlights various aspects of Strategies outreach during the period:

Activities/Results

Strategies maintained an extensive database and listserv to disseminate information about conferences, father engagement and capacity building grants, current research, job announcements, convenings, training, environmental scans, surveys, network capacity building grants, the Child Abuse and Neglect Summit, technical assistance opportunities, the California Network of Family Support Networks, the California Roundtable, and the Child Abuse and Neglect Prevention and Early Intervention assessment. The contact database contains 25,838 individuals and 6,281 organizational records.

- During the report period, Strategies' website generated more than 100,000 page views from 25,000 different visitors from California, across the USA, and around the world. The website is an "authority link" on Google for family strengthening organizations, family resource centers, and strengthening families initiative.
- Strategies developed and distributed two issues of Working Strategies, which was expanded and enhanced, during the report period, from a 16-page single topic newsletter format to a 24-page full color magazine format publication. Distributed in hard copy to 14,856 individuals and electronically to an additional 10,409 individuals, the enhanced publication provides the opportunity to offer a wider range of research and information to the family strengthening field. Strategies' publication maintains affiliation with two top online educational and research databases; EBSCO and ProQuest. Researchers and students of all professions in California, the USA, and worldwide use the EBSCO and ProQuest to find current information within their fields. Working Strategies remains in active evaluation review with a third educational and research database called ERIC.
- Strategies, in partnership with Contra Costa County Service Integration Program and the S.H. Cowell Foundation, developed, authored, and distributed 1,500 copies of a monograph entitled *Re-visioning Case Management: Partnering with Families and Communities to Create Meaningful Change*.⁵⁴ Based on extensive research, the monograph outlined cutting-edge family case management practices for California family resource centers. To further support outreach for the monograph and its community engagement principles, Strategies offered four convenings within California to explore the monograph's content.
- During the report period, Strategies developed and published three separate catalogs of statewide training, technical assistance, and events distributed three separate times annually. The catalog, distributed in hard copy to 14,856 readers, electronically to an additional 10,409 readers, and posted on the Strategies website, offers staff in the family strengthening field the opportunity to view and register for Strategies activities from one convenient publication.
- In partnership with OCAP, Strategies initiated the California Child Abuse and Neglect Prevention and Early Intervention Summit. Attended by about 300 family strengthening professionals, parent partners, county child welfare staff and others from across California, the Summit explored how the Strengthening Families Framework can serve as a catalyst for change.
- In partnership with OCAP, Strategies conducted an assessment to gauge the state of child abuse prevention and early intervention in California. Focus groups in 19 counties, surveys to a cross section of agencies and organizations in 58 counties, and key informant interviews provided insight in current practices and planning of county child welfare agencies and their community partners. Strategies posted the detailed result of the assessment on their website.

Outreach to underserved populations was based on a number of indicators including:

⁵⁴ <http://www.familyresourcecenters.net>

- *Geographic coverage* - during the report period, training, convenings, summits, network capacity building, father engagement, technical assistance, and other activities were provided to family strengthening professionals in all 58 California counties: rural desert communities, urban centers, agricultural centers, isolated mountain communities, the coast and central valleys, sparsely populated areas of the Sierra, frontier counties, geographic areas hard hit by economic recession, counties with limited resources, and, in some cases, overlooked by funders and policy makers.
- *Isolated racial and ethnic enclaves* - throughout the report period, culturally proficient training and technical assistance was provided to organizations working with underserved populations, including Vietnamese, Cambodian, Mixteca, Hmong, Japanese, Korean, Central American, Mexican, South American, African American, Native American, East Indian, and Russian. This reporting period many commonly used tools for Peer Review, Family Economic Success trainings, 5 Protective Factor trainings, and Father Engagement trainings were translated into Spanish the predominant non-English speaking group served by Strategies.
- *County Child Welfare Indicator Data* – Strategies reviewed rolling data reports generated by UC Berkeley for changes in child welfare indicators movement. If a county noted an increase in an indicator, such as increased re-referral with child abuse/neglect substantiation, Strategies completed outreach to community organizations to offer training and technical assistance.
- *Training and technical assistance* was also provided to agencies working with homeless families, fathers, families with children with special needs, extremely isolated rural residents, and military families.
- *Strategies continued to integrate a cultural proficiency framework* into new and existing curricula, statewide staff conference calls, Strategies staff professional development, and learning groups. The cultural proficiency statewide work group reviewed and developed cultural proficiency goals for training and technical assistance, staff development, enhancing the Strategies culture, and documentation and evaluation of activities. We continue to pursue the stated outcome that family support networks and organizations are culturally proficient and effective when providing family strengthening work.

Future Directions

Each Strategies region continues to review and revise outreach plans based on regional requests and needs. Strategies will continue to develop methods to reach isolated and underserved populations, such as enhanced technology providing distance learning opportunities. Strategies will use outreach plans that build relationships through network development, conferences, convenings, community cafes, meeting attendance and facilitation, publications, monographs, training, coaching and technical assistance. Strategies will continue outreach to underserved populations to:

- Identify potential service users among isolated and underserved populations, such as tribes, rural and frontier communities, small counties, various ethnic communities, and families engaged in agricultural work, etc.

- Identify and implement the most effective ways to outreach to and engage identified isolated and underserved populations.

Program Improvement Area 13: Programs, Activities, Services and Training

THE EVIDENCED-BASED CLEARINGHOUSE FOR CHILD WELFARE SERVICES IN CALIFORNIA (CEBC)

The California Evidence Based Clearinghouse for Child Welfare (CEBC) is one of CDSS' targeted efforts to improve the lives of children and families served within CWS. OCAP contracted with Rady Children's Hospital, Chadwick Center for Children and Families to create the CEBC. The grant was initially awarded on June 1, 2004. The CEBC is a formal online resource for child welfare professionals; researchers; policymakers; staff of public and private organizations and academic institutions; and others who are committed to improving outcomes for children and families. It provides simple, straightforward access to reviews and ratings of evidence-based practices relative to child welfare. The CEBC reduces the user's need to conduct extensive literature searches, review extensive literature, or comprehend and evaluate research methodology.

The CEBC helps to identify and disseminate information regarding evidence-based practices (EBPs) relevant to child welfare, statewide agencies, counties, public and private organizations, and individuals.

Fresno State University (FSU) MSW Program

FSU uses the CEBC on a regular, ongoing basis within one of the graduate courses on Advanced Child Welfare Practice. Students use the CEBC for their main project/thesis, using it to identify an EBP in CA that has been Scientifically Rated a "1"⁵⁵, as well as one "promising practice" (with a Scientific Rating of a "3") and tie it into their field practicum while closely examining the following: 1) the target population, 2) the pros and cons of using that specific EBP (i.e., the limitations and the strengths), 3) an identification, analysis and understanding of the peer-reviewed literature, and 4) a final 10 minute presentation summarizing their findings throughout the semester. As a result students learn and have a better understanding of the importance of being an advocate for their clients and ensuring that they're receiving EBPs and that there's a push for more research where the research may be lacking.

San Diego State (SDSU BSW and MSW)

Professors go live on the website often to find out which programs, along with their topic areas are supported with the best research evidence. Students use the CEBC for one of their main papers by using it to identify an EBP Scientifically Rated a "1" or "2" that is currently being utilized within an agency/Community-Based organization in the area of their current field placement. While doing an in-depth analysis of that EBP, they are closely examining whether or not the EBP is reaching the intended target population; the EBPs strengths and weaknesses related to the client population, organization and community; a better understanding of the research; and the key concepts (essential components) of the therapeutic intervention.

⁵⁵ A scientific rating of 1 represents a practice with the strongest research evidence and a 5 represents a concerning practice that appears to pose substantial risk to children and families. A rating of 3, Promising Research Evidence, is often used as the minimum threshold for use in practice, <http://www.cebc4cw.org/ratings/scientific-rating-scale/>

United Way San Diego

The United Way has used the CEBC to make decisions about programs to fund in the community. Over the past years this has led to funding of Safe Care, Period of Purple Crying etc. It has also led to training in TF-CBT for community providers.

Northern California Child Welfare

A unit supervisor in a Northern California county shares copies of CEBC outlines on specific programs with staff and colleagues as a way to provide education, promote discussion, and change patterns of referrals and service use.

California

Several agencies in California have reported using information from the CEBC during their competitive bid process, as a source of background information, criteria for program implementation, and information on monitoring outcomes and fidelity.

Bay Area Child Welfare

One county in the Bay Area reported that when they were looking at making changes to their parent training programs, the CEBC was the first place they went for information because it was concise, child welfare specific and easily understandable by a variety of stakeholders involved in the decision making process. Ultimately, the county adopted a new parent training model, which has a rating of 1 on the CEBC.

The CEBC is guided by an advisory committee (AC) and the Scientific Panel. The AC includes researchers, child welfare services practitioners, as well as representatives from CWDA, CDSS, community agencies and foundations. The Scientific Panel is comprised of five core members who are nationally recognized as leaders in child welfare research and practice, and who are knowledgeable about what constitutes best practice and evidence-based practice.

Objectives

Develop formal criteria for selection of practices as evidence-based and review a wide variety of sources to identify practices meeting the criteria.

To design a conceptual framework for an interactive web-based application of the CEBC that supports access to and implementation of evidence-based practices in the field of social work.

Activities/Results

The CEBC uses a standardized process to identify and review child welfare programs and practices for inclusion on the website. The statewide advisory committee selects an average of three topic areas per year. The CEBC staff works closely with the Scientific Panel to identify a leading child welfare authority with expertise for each selected topic area (topic experts). Working with the Scientific Panel and the Topic Experts, the CEBC staff selects programs for inclusion on the website. These generally involve between five and fifteen programs selected within a topic area that fit one of the following criteria:

- ✓ Have strong empirical support for their efficacy.
- ✓ Is in common use in California.

- ✓ Are being used or marketed in California.

The CEBC staff work with the topic expert and with the developer of the program or model to identify all relevant program/model related literature. The CEBC staff examines all peer-reviewed research literature on the program/model along with a sample of proprietary and other relevant peer-reviewed clinical literature. The information from the reviews and the developers are synthesized to create the topic outline contained on the website. The CEBC staff and topic experts review the research and science supporting the model and “rate” the model based on the strength of the evidence supporting it using a scientific rating scale. They determine the research and particular program’s and/or model’s relevance to child welfare outcomes based on the three fundamental goals; safety, permanency, and well-being. As of March 2012, the CEBC website has 33 topic areas with 227 discrete programs with four that have been re-rated, and 16 screening and assessment tools. The website, www.cebc4cw.org, became operational in the spring of 2006. Changes continue to be made to improve the look and function of the site. A website rebuild helped the site be more user-friendly. A search box with keyword search capability that searches the programs’ brief descriptions and a customized keyword field when using the keyword search was added. There is also a new website sidebar and re-done section boxes on main page. In addition, implementation information for programs rated a “1” or a “2” are now listed with the program. New components are featured to clarify the program’s target audience-child component, parent component, and adult component. The CEBC has also upgraded the back end of the website to increase functionality and improve the search process.

The CEBC website is designed to:

- Serve as an online connection for child welfare professionals, staff of public and private organizations, academic institutions, and others who are committed to serving children and families.
- Provide up-to-date information on evidence-based child welfare practices.
- Facilitate the utilization of evidence-based practices as a method of achieving improved outcomes of safety, permanency, and well-being for children and families involved in the California public CWS.

Objective

Develop a formal process for the implementation and maintenance of the CEBC.

Activities

New topic areas continue to be added: Family Stabilization, Mentoring Programs (Child and Adolescent), Educational Interventions for Children in Foster Care, Permanency Enhancement Interventions for Adolescents, and Racial Disparity/Disproportionality.

The implementation resource section of the website was expanded to include implementation approaches. A brief description of approaches to implementation that were developed in health care, mental health, and social services, including child welfare, is now available.

A section with information on cultural resources is on the website. The Cultural Resource Reference List provides citations and abstracts from articles that have been published in peer-reviewed, published literature about culture as it relates to evidence-based practices.

Many training opportunities and webinar sessions have been made available through CEBC. Among them are webinars entitled, “Overview of the CEBC”, “Knowing the Best of What’s Out There: Understanding and Identifying Evidence-Based Practices in Child Welfare”, “Knowing the Best of What’s Out There to Help Families in the Child Welfare System”, a webinar presentation by CEBC Scientific Panel member, Dr. Stan Huey, “Evidence-Based Treatment for Ethnic Minority Youth: What We Know and Don’t Know”, and a webinar presented by Dr. Greg Aarons, Research Scientist and Assistant Clinical Professor in Psychiatry at the University of California, San Diego, on Implementation. Some of the conferences CEBC staff made presentations at include: the Annual San Diego Child and Family Maltreatment Conference, the Parent Leadership Conference, the National Conference on Child Abuse and Neglect, and the 2012 National Citizen Review Panel Annual Conference.

Online tutorials include:

- *CEBC Overview* (Length: 9:14) The CEBC Overview tutorial provides users with a brief guide that explains the history, purpose, and goals of the CEBC, as well as the importance of Evidence-Based Practices (EBPs) within the field of child welfare. This short video explores just a few of the many resources that the CEBC website has to offer to its visitors.
- *CEBC Scientific Rating Scale* (Length: 8:36) The CEBC Scientific Rating Scale tutorial has been created to provide visitors with a brief and user-friendly description of the Rating Scale by utilizing “The Solidness of Evidence” metaphor. This metaphor helps to explain the clearly defined and established criteria that the CEBC has applied to each program prior to their listing and dissemination on the CEBC website.
- *CEBC Process for Reviewing Programs* (Length: 4:57) The CEBC Process for Reviewing Programs tutorial provides users with a quick guide and explanation related to the steps that our CEBC Staff, Advisory Committee, Scientific Panel, and Topic Experts collaboratively take prior to the final dissemination of a program onto the CEBC Website. This short video describes the process from choosing a new topic area to populating the topic area on the website with new programs and how they are reviewed and rated.

At this time, the CEBC is conducting an evaluation of the website. This will be a study of Child Welfare administrators and supervisors throughout the state of California to determine how the CEBC is currently being utilized and how it can be more effectively structured to guide the development of county service delivery continuums and actual practice. The evaluation is being done in a three-fold approach by reviewing extant data sources, conducting surveys with Child Welfare administrators and staff and by conducting focus groups with Child Welfare administrators and staff.

Using Tulare County as a pilot the CEBC staff is implementing the Evidence-Based Planning and Assessment Initiative. The pilot will:

- Review relevant documents and survey key informants to assess the existing EBPs in the community

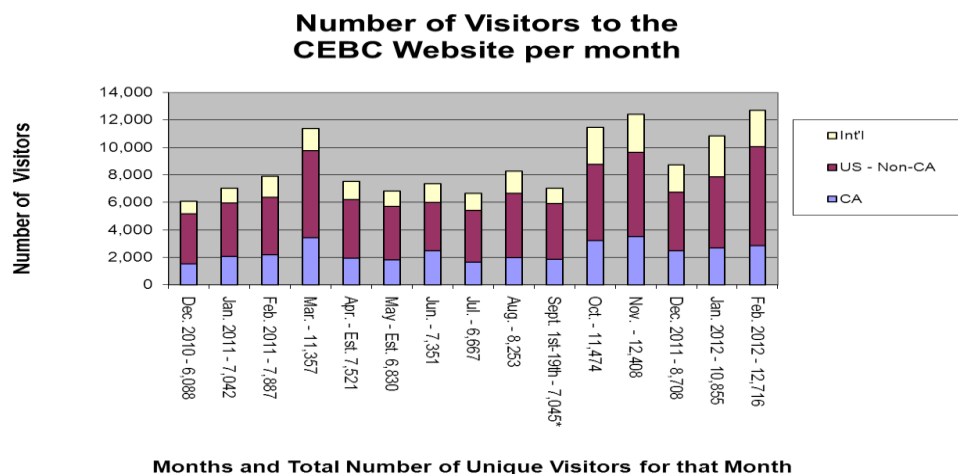
- Identify EBPs in existence in the community that are not being used by Child Welfare
- Pinpoint gaps where EBPs could be utilized, but are not currently available
- Help lay the foundation to create a plan to increase the use of appropriate EBPs in the community

The goals are to create tools (needs assessment, a pathway to using the CEBC to select EBPs etc.) to add to the website and benefit other counties and to present this information to those in leadership roles and talk about how it can be best used.

Future Direction

The CEBC Advisory Committee met on March 8, 2012, and had a discussion regarding topics to be included for the next fiscal year. Instead of five topics, there will be three. The topics selected are: Sexually Exploited Youth, Adult Trauma Treatment, Pregnant and Parenting Teens. Three topics were chosen because the workload with all the topics and programs already on the site is enormous. The CEBC staff plans to re-review existing programs. They will need to redirect resource to re-review all research every two years as well as making requests of existing programs for yearly updates. In addition, there are at least 20 programs in the existing topic areas that have come to the attention of CEBC through website users, program developers or other EBP listings that need to be reviewed.

The Implementation Guide that was added this past year will be expanded. The CEBC staff is working with a consultant to develop questions to consider in each of the 4 phases of implementation (exploration, adoption decision/preparation, active implementation, sustainment). Information will be added on the research for the implementation approaches that are currently described on the CEBC website.



SAFE KIDS CALIFORNIA PROJECT (SKCP)

The Chadwick Center, in cooperation with CDSS and others, are disseminating the SafeCare® model for home visitation to multiple California counties for young children at risk for child neglect and/or abuse. SafeCare has a CEBC rating of “2”, meaning that is supported by research⁵⁶. The model uses bachelor level home visitors, and in addition to English, also

⁵⁶ <http://www.cebc4cw.org/program/safecare/>

includes staff support and coaching in Spanish for Spanish-speaking SafeCare® trainees. SafeCare® is a structured evidence-based home visitation program that provides direct skill training to high-risk parents. SafeCare® providers teach families specific skills on how to manage child behavior, keep their home free of safety hazards, and take care of a child's basic health care needs. It is also designed to improve parent/child (or infant) interaction. SafeCare® typically takes 18-20 sessions to complete over the course of approximately four to six months. It may run longer if other services are also needed. SafeCare® is typically delivered in the home by trained staff carrying caseloads of eight to ten families at a time.

Purpose of SKCP:

- To “*cascade*” the evidence-based SafeCare® home visitation model across multiple California counties.
- SKCP will target the prevention of child neglect by *leveraging* existing funding streams to transform local services from untested models into culturally robust evidence-based service delivery systems.
- Participating counties will be able to *sustain* the delivery of SafeCare® beyond the life of the project.
- The SKCP Project will allow selected counties in California to work together in virtual learning communities to redirect existing service delivery capacity to the SafeCare® model, with strong implementation support.

The SKCP has made significant progress in providing training and support to implement SafeCare®. An advisory committee meets monthly and helps guide and support the activities.

Cohort One

October 2009 was the beginning of the implementation phase for the SKCP project. The Central Valley Partnership was selected for Cohort One. Cohort One consists of Fresno, Madera, and Tulare County. The Central Valley Partnership is led by a strong staff and has been well received by clients and families. There are currently 36 Home Visitors (12 original, 16 from the first cascade and eight from the second and ten coaches (five original and five from the cascades).

Lessons Learned: Cohort One has provided much insight into introducing, implementing and sustaining a new evidence-based practice into a county/community. The SafeCare® model continues to show great success with families entering the model. The success of the model is higher when staff are engaged and believe in SafeCare®. It is most successful when there is low staff turnover and consistent support from Executive staff and management in the county/community. It is also worthy to note that consistent support from SafeCare® staff at Rady Children's Hospital has been critical in overcoming challenges that have been faced and keeping the cascading model moving forward.

Cohort Two

In June 2010 Shasta County was chosen as Cohort Two. SKCP worked with Shasta County to conduct preliminary community and organizational assessments to design a tailored plan to best support the successful implementation of SafeCare®. Shasta County has strong upper management leadership and good staff. There is a great system in place to get referrals to the home visitors. There are currently 28 Home Visitors (16 original and 12 from the cascade) and 9 coaches (6 original and 3 from the cascade).

Cohort Three

San Francisco County is the third Cohort. In October of 2011 the Implementation Phase began with a Kick-Off meeting. By design, the meeting was filled with enthusiasm, collaboration, and an introduction of the strategic next steps. The county is currently working on training and certifying Home Visitors and Coaches and refining the referral process.

Funding

In the fall of 2008, the Chadwick Center for Children and Families, Rady Children's Hospital received an award letter from the ACF informing them that their home visiting proposal was being funded for five years. However, in December 2009, the SKCP project received some challenging news. Unfortunately, the funding for the third year of the grant was inadvertently deleted from the federal budget. The ACF was only able to offer about 20 percent of the original amount awarded for the FFY to continue the project. In addition, a second grant was awarded to Rady Children's Hospital by the CDC and it was planned that the two SafeCare® projects would combine portions of the evaluation in order to maximize funding and increase the sample size. Thus the elimination of funding for the ACF project also impacted the CDC project. OCAP provided funding to cover the costs of the third year of the project in order to maintain the implementation of SafeCare® and to avoid a stoppage of both projects. After a period of uncertainty, funding is now coming from the Health Resources and Services Administration (HRSA) to continue the project.

Future Activities

The SKCP staff will continue to train and certify staff in the SafeCare® model.

SUPPORTING FATHER INVOLVEMENT (SFI) INTERVENTION AND EVALUATION

During the FY 2003, CDSS funded an intervention and evaluation designed to improve the quality and level of positive father involvement in at-risk families. Contractors were public child welfare services agencies in five counties. Currently, programs operate in the counties of Santa Cruz, Yuba, San Luis Obispo, Contra Costa, and Tulare. Each agency was required to partner with a local family resource center that would implement the intervention.

The CDSS contracted with the University of California, Berkeley to provide principle investigators for the study, coordinate the data component (develop assessment tools, curriculums, forms, and conduct data analysis), and to subcontract for on-going clinical staff consultation and training. The objectives of the SFI research study intervention are to:

- ✓ Determine the effectiveness of a particular intervention to increase positive father involvement.

- ✓ Measure organizational culture change to determine the extent to which the family resource centers implementing the intervention become more father friendly; successfully engage fathers in other programs and services offered and reflect father inclusion in workers' attitudes/practices, agency policies and procedures and within the agency's physical environment.

The initial target population was comprised of parents who were unknown to child welfare services, and who were co-parenting couples with children age seven and younger. With the new three year funding cycle, beginning in FY 2009-10, families with child welfare involvement became the focus of the study. These families are to comprise at least 50 percent of those being served. The remaining families will be those who are not known to the child welfare system. It is projected that the SFI program will be just as effective with the child welfare services families as it has been with community families.

Families are randomly assigned to one of three of the following groups:

- ✓ A one-time educational presentation about how positive father involvement improves outcomes for children.
- ✓ A 16-week (two hours per week) group meeting for fathers, based upon an established curriculum.
- ✓ A 16-week group for couples (two hours per week) based upon an established curriculum. All project participants receive case management services.

Data are collected through a battery of assessments administered three times during each family's participation in the study. Funding for this intervention and evaluation will continue through June 30, 2012.

Objective

To expand the SFI intervention to recruit and serve families who are known to child welfare services. Child welfare families will comprise at least 50 percent of the families served.

Activities/Results

In preparation for referring parents/families to the SFI program, the Director of CWS in each of the five counties housing the Program approved assigning a supervisor to serve as their SFI County Liaison. County Liaisons were invaluable to establishing a referral process and creating/maintaining relationships with staff who would be making the referrals.

Objective

To make on-going training and technical assistance available to staff to enhance knowledge and skills needed to provide meaningful services to individuals and families known to child welfare services.

Activities

Consultants with expertise in addressing domestic violence and child abuse issues with culturally diverse individuals/families known to public child welfare services were subcontracted to provide clinical consultation and training to SFI staff. Consultation is primarily

provided via monthly teleconferencing and through bi-annual in person All Project Staff Meetings.

A project listserv created in 2004 continues to be used as the primary communication vehicle for staff, researchers, etc. Additionally, twice monthly, separate teleconferences are held for group leaders, case managers, data coordinators, and the Response Team, which consists of the, principal investigators, clinical consultants and staff from CDSS.

Objective

Individual parents/families known to child welfare services are to comprise a minimum of 50 percent of target group served.

Activities

The SFI curriculums and all programmatic/data collection forms were revised to accommodate the inclusion of the new group of participants. From mid-October 2009, when services began with the new group of families, through September 30, 2010, 345 individuals were found eligible to participate in the Study. Of those, 182 individuals are known to child welfare services either through referrals of suspected abuse or neglect, and/or through having an open child welfare case.

Objective

To continue to disseminate SFI results throughout the five counties hosting the current SFI programs and throughout the remainder of the state and to complete Phase III by June 30, 2009.

Activities/Results

The results from Phase I and Phase II are continuously disseminated statewide and through peer-reviewed publications. As planned, Phase III ended June 30, 2009. Phase IV, working with families known to child welfare services, began July 1, 2009.

Objective

Refine the plan for disseminating the SFI results from Phase I and Phase II. Increase dissemination efforts. Continue to deliver an effective training and technical assistance program to the five implementing sites to enable them to better meet the needs of participating families.

Activities

Dissemination Activities of the five evaluation sites: In addition to being engaged with “start-up” activities for working with child welfare services families, the five sites (Santa Cruz, San Luis Obispo, Contra Costa, Yuba and Tulare) made a total of 52 presentations that attracted 1,579 participants.

Strategies Dissemination Activities (statewide): Strategies Region 2, which coordinates statewide dissemination efforts, conducted a total of 28 presentations, which attracted 919 participants. A media campaign was also created and trainings and web based resources developed. The resources are designed to increase the social service sector’s ability to

effectively engage and support positive father involvement. There were three primary focal points:

- Increase the awareness of service providers, fathers and mothers of the role of fathers in the development of their children.
- Affect practice and policy changes that support increased positive engagement of fathers with their children.
- Promote organizational change within public agencies and private organizations that reflect the recognition of fathers as caretakers of their children, and provide services to help men with their parenting skills and their communication with their partners.

Technical assistance was provided to enable a family support network to organize and present its first Fatherhood Summit, which was attended by 85 people in January 2010. By September 30, 2010, eight agencies will have completed the first phase of the extensive organizational self-assessment with each having received 20 hours of technical assistance. Dissemination activities include providing technical assistance, workshops, trainings, conference presentations, and enhancing the website as a resource and outreach tool.

Objective

Promote an evidence-based practice for child abuse prevention by leading and coordinating the statewide dissemination and implementation of the Supporting Father Involvement project.

Activities

In order to transition toward modeling best practice, the Strategies three regional host agencies—Interface Children Family Services (central region), Youth for Change (northern region), Children’s Bureau (southern region)—agreed to take the self-administered Organizational Self-Assessment (OSA).

Results

The OSA is a tool that assesses an agency’s current level of functioning in relationship to father involvement. The five areas of agency function include: 1) Agency physical environment; 2) Staff development reflects father inclusion; 3) Agency support for working with fathers, 4) Agency’s community reputation for father involvement; 5) agency policies, procedures, and operations.

The three host agencies completed the OSA during this current federal fiscal year.

Activities

Regional host agencies will retake assessment in order to measure organizational progress on father friendliness.

Results

In order to measure organizational progress, all three host agencies will continue work towards implementing their set objectives and the goal of increasing their father friendliness. All sites are scheduled to conduct a post OSA May 2011.

Activities

Host and provide event coordination for a training of trainers for Strategies statewide fatherhood workgroup on the SFI intervention model and curriculum.

Results

In partnership with the five county sites, Strategies conducted three Group Leader Trainings (GLT) for community based organizations. Trainings were held in Ventura, Humboldt-Shasta, and San Diego. An additional three Group Leader trainings are scheduled for Butte, Los Angeles, and again in San Diego counties during FFY 2011.

Activities

Complete a total of nine orientation sessions over the three years to recruit new sites for participation at level one, two or three of the SFI training and TA options developed in the SFI application during FY 2007-08.

Results

The Strategies SFI team conducted a total of 17 SFI Trainings, workshops, and outreach events with a total of 600 participants, representing 31 counties across the state. In addition, the Strategies SFI team works closely with 13 Family Strengthening Networks. Multiple presentations and mini orientations have also been conducted at the network meetings. These are conducted throughout the year and in various locations throughout the state.

Activities

In coordination with the SFI California Team, a training and technical assistance approach and curriculum were developed, along with enhancing on-line web resources to support dissemination efforts.

Results

The website attracted 1747 visitors; the web page was viewed 4,300 times and served as an entry point for 54 agencies requesting additional information.

Activities

Provide consultation to a total of 12 agencies to implement the Supporting Father Involvement intervention at level two or three.

Results

The Strategies SFI team provided 128 hours of consultation, technical assistance, and support to 16 agencies.

Activities

Document facility and/or policy changes at the 12 participating agencies that are implementing the SFI curriculum.

Results

Strategies is providing ongoing consultation, technical assistance and support to 16 agencies participating in the SFI project with the development of agency specific “father friendly” action plans.

Activities

Meet with top level CDSS managers to highlight SFI model and discuss father-friendly approaches.

Results

Strategies maintains regular communication with the OCAP managers to discuss project updates and directions. Strategies Regional Directors meet with OCAP staff in person quarterly and meet over the phone on Regional Director calls twice monthly. In addition, Strategies was invited by CalSWEC to present at their social work conference on April 21, 2010, and at their “Engaging and Working Effectively with Fathers in Child Welfare” webinar on August 25, 2010.

Activities

Provide a minimum of 50 hours of TA/training support to the five original SFI sites on their local dissemination plans.

Results

The goal of providing 50 hours of TA/training support was surpassed and is continuing on an as needed basis.

Activities

Support the implementation of one 32 hour SFI intervention group.

Results

Two (post research) SFI groups were conducted during FFY 2010, respectively at Interface Children Family Services in Ventura County and Redwood Community Action Center in Humboldt County.

An additional six sites are scheduled for February 2011: Santa Paula FRC in Ventura County, Magnolia Place FRC, Oakwood FRC and Hope Street Family Center all in Los Angeles County, Paradise Ridge FRC in Butte County, and Family and Youth Roundtable Center in San Diego County. These six new sites have implemented the SFI intervention. Another eight counties have indicated interest in implementing the Intervention as well.

Activities/Results

During the first quarter of the new funding cycle (July – October), training and technical assistance to the five sites implementing the SFI study centered upon:

- Identifying challenges of working with public child welfare services families.
- Challenges related to successfully combining community families with child welfare services families.

- Data requirements: needs for and issues related to revising screening tools, assessment instruments, intake forms, etc. Issues related to domestic violence and its effects upon children.
- Curriculum assessment and revision needs.
- Cultural specific issues of domestic violence.
- Staff care techniques.

The SFI intervention and dissemination activities continue to confirm that when fathers become more involved in parenting and in working with mothers as co-parents and partners, healthier families and healthier children are the outcome. Parents participating in groups experience reduced stress and anxiety, are more satisfied with their relationship, and employ less harsh discipline. Their children become less hyperactive and aggressive than the children of parents in the control group. Moreover, SFI teaches that agencies that serve families can become more father friendly, thus creating organizational/institutional/community change as well as family change.

CITIZEN REVIEW PANELS (CRPs)

Established by federal statute in the CAPTA as a requirement for a state grant, the function of CRPs is to examine the extent to which state and local child protection agencies are discharging their child protection obligations. Evaluation involves examining child protection policies, practices, and procedures. Recommendations are then made to county and state governments for improvement.

The CRPs bring together citizens, former consumers of services, foster parents, child welfare services professionals, CASAs, children's attorneys, educators, representatives of tribal governments, representatives of county public health and mental health agencies, law enforcement officials, and others to review these policies, practices, and procedures.

Objective

Assure that there is a minimum of three CRPs operating in the state each year.

Activities /Results

California's three county-based Citizen Review Panels are located in Calaveras County, San Mateo County and Ventura County. Each panel is dedicated to promoting a continuum of service to ensure the well-being, safety, and permanence of children and families in their communities and throughout the state.

Panel activities:

- Calaveras County panel members met throughout the year to prepare and implement an assessment of services and resources for foster parents with the goal to secure children's safety and well-being through placement stability.
- San Mateo County panel members are seeking information regarding cases in which delinquent youth are being declared incompetent to stand trial because of concerns that this declaration deprives these young people of the support services they need and would be provided if they remained in the system. The San Mateo CRP will look at the number of youth

in this category and approaches that are used in other counties to ensure that supports and services are made available to youth declared legally incompetent.

- Ventura County panel members, in alignment with their local System Improvement Plan; have targeted their activities toward the length of stay and the in county placement system for children who are at risk of, or have been victimized by abuse or neglect, or have other special needs that require out of home care in a residential group home placement.

The panels are nearing the end of the 2009-2012 funding cycle. All three have committed to continuing for another three years.

Objective

Maintain compliance with all federal CAPTA requirements regarding CRPs.

Activities/Results

All county panels are required to submit an annual report including recommendations to the state and/or local government and to CDSS. The CDSS responds in writing to the recommendations no later than six months after the date the reports are submitted.

The CRPs are engaging in on-going recruitment of members to create a diverse panel of private and public stakeholders. The CRPs are also developing and implementing the means by which recommendations will be disseminated to county and state officials and the public.

The state is developing regulations to help guide the work of the California CRPs. The goal is to clarify expectations and formalize procedures.

Objective

The enhancement of training and technical assistance provided to the CRPs.

Activities/Results

The OCAP consultant provides technical assistance to panels. Technical assistance may include:

- Site visits to the county CRPs
- Program orientation and development of policies and procedures. Training to a new CRP.
- As requested by CRPs, provide support documents, information about other state CRP practices, current trends and data to support chosen objectives.
- Telephone conference calls to obtain updates, provide guidance and answer questions.
- Review, provide input for and make revisions of reports prior to their final submission to CDSS.
- Review work plans; assist in formalization of objectives and corresponding review activities.
- Provide on-going guidance to CRP counties.

Annual CRP Meeting

An annual meeting for all CRPs was held in August of 2011. Members from Calaveras, San Mateo, and Ventura County were invited to attend. The focus of this meeting was to acquaint all of the CRPs with one another and to share successes and challenges. It also served as an opportunity to review CRP requirements. The Twelfth Annual Report, included as Attachment B, details the activities of the three local county panels.

Because of lessons learned from the first statewide CRP, the CDSS has determined that establishing new state regulations around CRPs is a critical first step that needs to be completed prior to establishing a new statewide CRP. Work began on the regulation package, which can take up to one year for approval, but was temporarily placed on hold due to the workload of the CDSS legal staff that was assigned to review this package. CDSS' staff has begun work with the CDSS Office of Regulations to begin the regulation process. Once the regulations are put in place, CDSS will solicit for a new statewide panel. In the interim, the CDSS has encouraged the three county panels to look at issues that have statewide significance. The panels have made several recommendations to the State as reflected in the CRP reports.

Proposed Timeframes:

| | |
|---|---------------|
| Regulation Package Completed: | December 2012 |
| Submitted to CDSS' Office of Regulations: | December 2012 |
| Regulations Effective (assumes approval) | December 2013 |
| Solicitation for statewide CRP | February 2013 |
| Statewide CRP in place | May 2013 |

The regulation process for the State of California is complex and takes approximately one full year from the initial submittal of the package to the CDSS' Office of Regulations until the regulations are in effect. This process involves many levels of review including public hearings in order to obtain testimony from interested parties, submittal to the Office of Administrative Law, etc. While the regulations will not be in place by the time a solicitation for a statewide CRP is released, they will be in process and can be used to guide a state panel.

SAFELY SURRENDERED BABIES (SSB)

This effort provides public awareness of the state law regarding abandonment of newborn babies and a statewide toll-free hotline as a resource for locating safe surrender sites throughout the state. The SSB law allows a responsible party to confidentially surrender a baby to a hospital, or fire station designated by the fire agency as a safe surrender site. A parent who is unable or unwilling to care for a newborn infant can legally and confidentially surrender their baby within 72 hours of birth, so long as there is no evidence of abuse or neglect. The goal of the SSB hotline and outreach program is to prevent injury or death to newborns that may be abandoned under unsafe conditions.

Objectives

- ✓ To provide a statewide, toll-free hotline telephone number listing all safe surrender baby sites within California.
- ✓ To provide public awareness through education and outreach by providing and disseminating materials upon demand that educates the general public about the state law.

Activities/Results

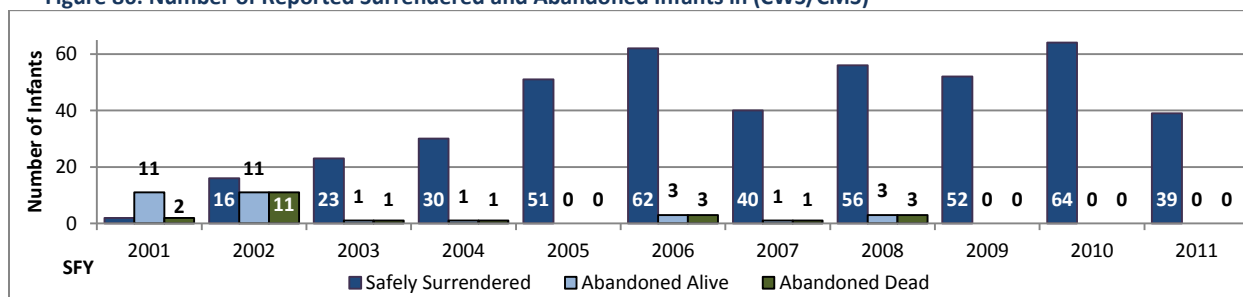
The CDSS plans to renew the grant to The Information and Referral Federation of Los Angeles County (DBA 211 Los Angeles County) to maintain the information line for all 58 counties with listings and operator referrals of statewide safe surrender infant locations. DBA 211 LA plans to provide further training by a mental health professional to the operators of 211 to better prepare them to handle crisis calls.

In the goal of increasing public awareness, CDSS continues to provide public outreach materials. The public education materials include posters and brochures that are available in both English and Spanish at no cost. These brochures and posters have been updated to incorporate the new toll-free telephone number. For 20 counties, the materials include a community information and referral telephone number at which operators also provide locations of safe surrender sites in those counties. From February 2010 to March, 2012, 301 calls were answered by operators of the toll-free hotline number. DBA 211 LA plans to produce English and Spanish PSAs to promote awareness of the law and the hotline to be played both in large and small markets statewide.

The SSB public education materials are available upon request. The types of agencies that request SSB materials are:

- ✓ Local health departments, hospitals, and other health care organizations (i.e., the California Health Care Association).
- ✓ Community-based service organizations (i.e., FRCs).
- ✓ Law enforcement (i.e., district attorneys, police departments, sheriff's departments, and probation offices).
- ✓ Public agencies, private organizations, and policy/decision makers from local government.
- ✓ State Departments (i.e., Education and Health Services).
- ✓ Community Institutions (i.e., schools, colleges and universities).
- ✓ As illustrated in Figure 86, the number of babies illegally abandoned decreased steadily since the implementation of the Safely Surrendered Baby Law in 2001, further leveling off between 2007 and June 30th 2010, while the number of safely surrendered babies increased during the early stages of implementation. The data are limited to reported cases in CWS/CMS and do not reflect information collected from other sources.

Figure 86: Number of Reported Surrendered and Abandoned Infants in (CWS/CMS)



**Safely Surrendered totals include infants who were also reclaimed. Data are limited to reported cases in CWS/CMS.*

STRENGTHENING FAMILIES FRAMEWORK

The CDSS is promoting the use of the Strengthening Families Framework's Protective Factors based on research, which has found that the most successful child abuse and neglect prevention interventions include strategies that both reduce risk factors and promote Protective Factors to ensure the well-being of children and families. CDSS has been involved with the Strengthening Families efforts since 2007, with participation by numerous agencies and organizations including the Department of Public Health, Maternal Child & Adolescent Health Division; County First 5 Commissions; the Department of Mental Health; among others. At least 25 of California's 58 counties are engaged in a wide range of activities to support and promote the Protective Factors Framework. While many other states have implemented Strengthening Families primarily via the Early Childhood Education area, California's approach has revolved around the Family Resource Centers, First Five, and other prevention and early intervention partners, and is led at the state level by OCAP.

Objective

To strengthen the child abuse and neglect prevention network statewide.

Activities/Results

The OCAP has contracted with Strategies to serve as the coordinator for the statewide implementation of the Strengthening Families framework in partnership with the Center for the Study of Social Policy (CSSP). In September 2010, a first convening of leaders was held to explore statewide implementation of the framework. Commissioner Bryan Samuels of ACF, and Judy Langford of the CSSP, addressed the group of interested state leaders from both public and private agencies and provided insight into lessons learned from implementation in other states. The leadership team, now known as California Family Strengthening Roundtable, meets quarterly, and is developing a set of shared goals. In addition, the Roundtable is assessing priorities by examining three levers of change: social policy, parent involvement, and professional development as part of the process in developing a statewide plan. The OCAP is has incorporated the Five Protective Factors into grants and contracts. This includes projects such as the Family Development Matrix, a family assessment tool which has incorporated into its indicators the Five Protective Factors. Strategies have also provided over 50 trainings statewide for front-line professionals in family strengthening organizations on the framework and the Five Protective Factors. The OCAP held a statewide Child Abuse Prevention Summit in September 2011, and the primary focus was the Strengthening Families framework. This Summit was attended by over 300 people.

Conduct a Child Abuse and Neglect Prevention and Early Intervention Assessment

Activities

All of the assessment questions were designed to align with county SIP goals, the Strengthening Families' Five Protective Factors and the Pathways to the Prevention of Child Abuse and Neglect. The on-line child abuse prevention and early intervention survey was released in February 2011 to public and private prevention leaders, including representatives from child welfare, mental health department, probation, children's inter-agency collaborative councils,

CAPCs, domestic violence organizations, FRC networks, county substance treatment and intervention programs, and other community based organizations. The survey contact list was developed from a combination of prevention partners identified in county SIPs, from CAPCs and Network of Network connections. All 58 counties have submitted responses to the survey. The survey provided information on the extent to which evidence-based frameworks are understood by staff and integrated throughout the planning and practice of county child welfare agencies and their community partners.

In 2010, OCAP funded Strategies to conduct the California Child Abuse and Neglect Prevention and Early Intervention Assessment which, among other things, explored to what extent counties are integrating the Protective Factors. The assessment results showed a broad consensus across California that the Protective Factors Framework is becoming an important platform for encouraging cross-disciplinary dialog and galvanizing support for prevention and early intervention programs. The Assessment is available on the publication page of www.familyresourcecenters.net.

The assessment is helpful to the state in order to better identify activities designed to encourage the strengthening of public-private partnerships, identify opportunities for capacity building at the county level that will lead to greater local implementation of family strengthening strategies, and identify policy issues that may impact prevention and early intervention efforts.

Objective

The development of a set of shared statewide standards for Family Resource Centers that incorporates the Strengthening Families' Five Protective Factors.

Activities

California Network of Family Strengthening Networks (CNFSN) officially adopted the California Family Strengthening and Support standards on March 22, 2012. This is the culmination of 18 months of intensive development work by CNFSN and Strategies, with funding from the S.H. Cowell Foundation, and OCAP. The CNFSN membership is comprised of 31 state, regional and county networks, each of which includes Family Resource Centers and Family Strengthening Organizations.

In 2010, CNFSN determined that the development of shared statewide standards would be an important and strategic step towards defining and promoting quality practice for organizations that work with families and communities. Childcare, healthcare, education, and mental health all have a structure such as standards, which provides practitioners with a shared definition of the elements required in quality practice. The Family Strengthening and Support field has long held a shared philosophy, the Principles of Family Support, and more recently a key theory of change, Strengthening Families: A Protective Factors Framework. Yet the field has not had one shared set of standards that operationalize these frameworks.

The California Standards for Family Strengthening and Support are unique because they integrate and operationalize the nine Principles of Family Support and the Strengthening Families 5 Protective Factors Framework. The standards are organized around five key focus

areas: Family Centeredness, Family Strengthening, Embracing Diversity, Community Building and Evaluation. The specific standards for each focus area are further defined by minimum and high quality indicators. Each set of indicators includes several examples of how the indicator might look in practice.

The California Family Strengthening and Support Standards may be used by family support providers for planning, providing, and evaluating quality services and activities and to be implemented with the support of networks, public departments, private foundations, families and communities. They are designed to effect positive change by helping practitioners and organizations have a common language and method to describe quality practice; to create a format for recognizing effective Family Strengthening and Support programs and position programs for funding and policy work.

Now that the standards have been approved, the Implementation Committee of the CAFSN is developing and delivering a plan for implementation. The plan addresses how to distribute the Standards, and how to train individuals and organizations to implement the Standards. Specifically, the Committee is designing (1) a training to certify individuals on the Standards (2) a train-the-trainer model to build network capacity to train their members on the Standards, and (3) tools for implementation. The tools include staff and participant reflection and self-assessment and program assessment. The tools are meant to support networks and organizations as they begin to incorporate the Standards into practice both formally and informally.

INDIAN CHILD WELFARE ACT

Native American Children in Child Welfare through FY 2009-10

In an environment where fiscal and human resources are severely strained, California remains committed to ensuring continued progress in improving child welfare work with Native American populations, including continuing efforts toward increased ICWA compliance. This chapter describes the levels of tribal consultation, the structure in place to ensure ICWA compliant child welfare practices and the current activities and future plans within the state that impact child welfare work with Native American youth and families.

The disparity of Native American children in care under the supervision of Child Welfare agencies is a continuing problem. Current data from CWS/CMS indicate a prevalence rate of 16.6 per 1,000 children, as compared to 5.5 for the total Child Welfare population. In FY 2007-08, 1.2 percent of entries into care were American Indian children (n = 379); while the number of American Indian children has decreased over time, from 379 in 2008 to 340 in 2010, the proportion has remained stable at 1.2 percent of the total child welfare population over the three-year period.

Figure 87: Percent of Entries within Indian/NA Children (CSSR)

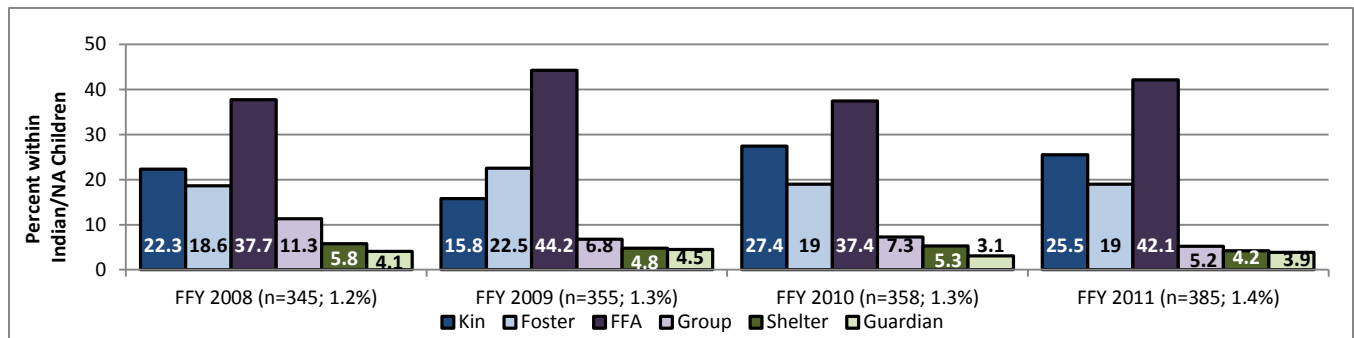
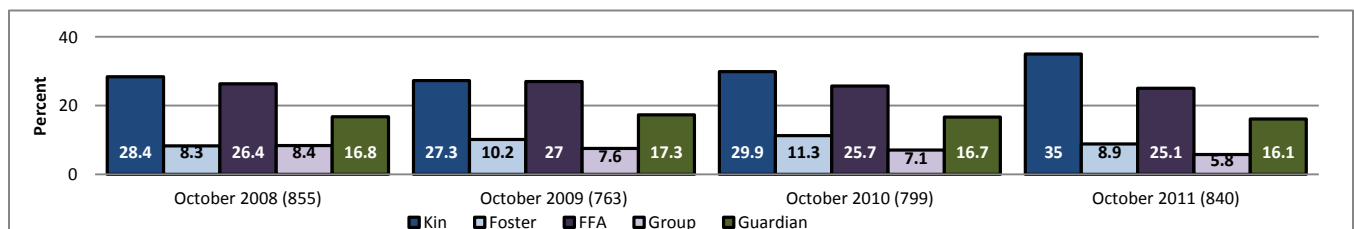


Figure 88: Point in Time Placements of Native American Children (CSSR)



The figure above includes all children who have an open placement episode in the CWS/CMS on October 1 for 2008 through 2011. Consistent with the general population of children in child welfare, the greatest proportion of Native American children are in kin placements, with the second greatest proportion in FFA placements, with the proportion of kin placements increasing over time, from 28.7 percent in 2008 to 35 percent in 2011. On the other hand, FFA placements have decreased overall from 27 percent to 25.1 percent in the same period. These data illustrate that the state is appropriately prioritizing kin placements above all other placements options.

Obtaining accurate data for Indian children continues to be a challenge, as children who are identified in CWS/CMS as having multiple ethnicities may not necessarily be identified by the CWS/CMS system as being Native American. This data reporting situation becomes more evident when the status of Native American is not reported for ethnicity when the youth is reported as ICWA-eligible or when tribal affiliation may be indicated. Data improvements such as the issue of distinction and possible incongruence between Native American ethnicity, tribal membership status, and ICWA eligibility status will be among the many areas for future plans for improvement. Specifically, the data issue is currently being further explored through efforts related to California Partners for Permanency, the federal grant to reduce long-term foster care.

Consultation process with American Indian Tribes

In California, the consultation process with American Indian Tribes involves engagement at the state and at the county level. The following information provides a description of consultation built into the county review process as well as consultation through a state workgroup and, more broadly, through an interagency agreement with the AOC.

CONSULTATION AND COORDINATION WITH TRIBES AT THE STATEWIDE LEVEL

Consultation with tribes will develop further during 2012 with the appointment of a Tribal Advisor by Governor Jerry Brown. By Executive Order B-10-11, the Governor endorsed the state and the tribes' reaffirmation of the right of the tribes to exercise sovereign authority over their members and territory, and to adopt and implement mutually beneficial policies when they cooperate and engage in meaningful consultation.

As of February 7, 2012, Ms. Cynthia Gomez was appointed as the Tribal Advisor to serve as a direct link between the Governor's Office and tribal governments on matters including legislation, policy and regulations. Ms. Gomez has been the Chief Justice for the Shingle Springs Band of Miwok Indians and has served as assistant secretary of environmental justice and tribal governmental policy for the California Environmental Protection Agency from 2008 to 2010, chief of the Native American Liaison Branch for the California Department of Transportation from 1999 to 2008, and a housing and community development representative for the California Department of Housing and Community Development from 1989 to 1999. Ms. Gomez is a member of the Tribal and State Court Forum for the California Administrative Office of the Courts and has served as chair of the Transportation Research Board's Native American Transportation Issues Committee. Ms. Gomez received a Juris Doctorate degree from the University of Northern California, Lorenzo Patiño School of Law.

Other statewide consultation and coordination efforts have been described throughout this report and has more recently focused on improving tribal collaboration throughout the system, and engagement on statewide initiatives such as the After 18 Program and CAPP.

CONSULTATION AND COORDINATION WITH TRIBES AT THE COUNTY LEVEL

Statewide structure regarding county efforts for consultation and coordination with tribes is provided through the county guides for the C-CFSR processes as well as ACINs and ACLs issued by CDSS. Additionally, CDSS is in the process of updating the Division 31 Regulations to include

the elements of ICWA more prominently throughout the regulations. The CSA guide, described on starting on page 26, provides specific directions for considering the county's policies, procedures, and/or systems soliciting tribal input and for incorporating their input into decisions or recommendations. The CSA guide further structures responses regarding the extent to which the county consults and coordinates with local tribes in child welfare planning efforts including shared expectations, responsibilities, the exchange of information, aligning of activities, sharing of resources, and enhancing the capacity of all involved. Additionally, the CSA process requires counties to provide analysis regarding lessons learned during the CSA focus groups, interviews, and/or consultations with county partners and others about the county's effectiveness in involving local tribes in county planning efforts and service provision.

CONSULTATION AND COORDINATION WITH TRIBES THROUGH THE ICWA WORKGROUP

The CDSS continues to collaborate with self-identified representatives of the 109 currently federally recognized tribes in California, as well as the approximate 78 tribes that have petitioned the Bureau of Indian Affairs for recognition. As described in this section, the state-level collaboration around the identification and resolution of ICWA-related issues is primarily accomplished through work of the ICWA Workgroup and its various subcommittees.

For example, through the Workgroup and the various subcommittees, input has been provided to CDSS on the development of policy for the implementation of AB 1325 (Chapter 287, Statutes of 2010) regarding tribal customary adoptions, on the drafting of guidelines to counties regarding the use of expert witnesses, on the development of training for social workers, in implementing the After 18 Program regarding extending the age of eligibility for foster care and AB 2418 (Chapter 468, Statutes of 2010) regarding broadening the definition of Indian child as it relates to the application of ICWA, and on the drafting of regulations and ongoing curriculum improvements.

The CDSS continues to strive for improving and increasing tribal community consultation and collaboration. As part of this effort, CDSS plans to broaden participation in the existing ICWA Workgroup and obtain assistance for further structuring and defining the ICWA Workgroup. A request for federal technical assistance in this endeavor is underway.

COORDINATION WITH TRIBES THROUGH THE AOC TRIBAL COURT/STATE COURT FORUM

Another ongoing collaboration exists with the interagency agreement between CDSS and the AOC. Consultation with tribes occurs through partnership with the AOC through the Tribal Court/State Court Forum (Forum). The forum consists of a coalition of various state and tribal courts in California who partner in order to address common issues relating to 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 courts of each to issue and enforce their respective orders to the fullest extent allowed by law. Details of the ICWA-related work accomplished by this forum are further described in the Current Activities section (page 213) of this document.

CONSULTATION AND COORDINATION WITH TRIBES THAT HAVE TITLE IV-B PLANS

Coordination with tribes specifically regarding their Title IV-B plans currently is accomplished by electronic exchange of the APSR. The current report was sent in May 2012 to representatives of the five tribes who submitted an approved Title IV-B plan for FFY 2010, including Karuk Tribe of California, Smith River Tribe, Tule River Tribal Council, Yurok Tribe, and Washoe Tribe of Nevada and California. The final approved 2011 report was sent to these same tribes in November 2011 and CDSS received a copy of Washoe Tribe's report on October 3, 2011. The CDSS conducted additional consultation and coordination efforts by notifying the broader ICWA Workgroup in early May 2011 that the APSR would be updated and requested feedback for the reporting period, including any feedback from the 2011 APSR. Copies of the working 2011 document were provided via e-mail to the group on May 18, 2012 with a request for responses by June 15, 2012. To the extent possible, revisions and comments are addressed and incorporated throughout this document.

CALIFORNIA'S EFFORTS TO COMPLY WITH COMPONENTS OF ICWA

The narrative that follows describes California's efforts to comply with specific components of ICWA:

- ✓ **Notification** of Indian parents and Tribes of Notification of Indian parents and Tribes of state proceedings involving Indian children and their right to intervene;
- ✓ **Placement preferences** of Indian children in foster care, pre-adoptive, and adoptive homes;
- ✓ **Active efforts** to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption; and
- ✓ **Tribal right to intervene** in state proceedings, or transfer proceedings to the jurisdiction of the Tribe.

Notification to Indian parents and Tribes of State proceedings involving Indian children and their right to intervene

Statewide structure for ICWA-compliant child welfare practices, specifically regarding compliance with notification of Indian parents and tribes of state proceedings involving Indian children and the right to intervene, can be found through the county guides for the C-CFSR processes as well as ACINs and ACLs issued by CDSS. Additionally, CDSS is in the process of updating the Division 31 Regulations to include the elements of ICWA more prominently throughout. The CSA guide (found at <http://www.childsworld.ca.gov/res/pdf/CSAGuide.pdf>) provides specific directions for considering the county's policies, procedures, and/or systems for notifying caregivers/tribes of hearings and soliciting caregiver/tribal input and for incorporating their input into decisions or recommendations.

INDICATORS OF PROGRESS

While data, and therefore progress, regarding noticing to parents and tribes involving ICWA-eligible children and the right to intervene is difficult to capture in the current CWS/CMS system, the data collected on ICWA-related dependency appeals indicates a decrease for 2010. In order to have data to measure performance in ICWA compliance, a request was made to AOC

to review cases for the past several years as a starting point to determine how many child welfare cases were contested and how many of those cases had ICWA issues. It is hoped that these data can be used to help measure the effectiveness of the training and technical assistance on ICWA that have been provided to the courts

Based on the information gathered by the AOC, statewide ICWA-related dependency appeals accounted for 22.2 percent of all dependency appeals for 2008, 15.2 percent of dependency appeals for 2009 and 13.3 percent of dependency appeals for 2010, representing a 40 percent decline over three years.

FACTORS AFFECTING PROGRESS

Factors affecting this progress likely include the resources dedicated to training child welfare program staff and court staff on ICWA, and specifically ICWA noticing requirements. This training aims to increase knowledge and compliance regarding ICWA requirements, including noticing. The decline in appeals is aligned with the time-frame in which AOC began providing training on the subject and may have positively impacted the appeals numbers.

The CDSS has worked to improve ICWA compliance through the provision of training, technical assistance, the issuance of policy directives on such topics as noticing and the right to intervene in juvenile court proceedings. In 2010, CDSS funded 19 in-person trainings, for a total of 557 attendees, on ICWA through a contract with the AOC. In addition, online self-paced trainings on both fundamental and advanced level ICWA issues have been made available since 2008. The CDSS provides other standard and advanced ICWA-related trainings specifically for child welfare social workers through the Core Curriculum training for newly hired social workers.

FUTURE PLANS

Future plans include continued tracking of ICWA-related dependency appeals and continuing the availability of trainings through the contract with AOC. Additionally, the release of a new standardized statewide ICWA curriculum for basic, advanced, and culturally-focused trainings along with a toolkit option for counties to use as a guide in improving child welfare work with Native American populations will assist with efforts to increase ICWA compliance. Future plans will also include a tool for improving ICWA-related data entry at the county level and minor improvements to the data fields in CWS/CMS in order to increase accuracy of ICWA-related data. The CDSS will continue collaborative efforts to identify and implement strategies for improving ICWA compliance, such as the collaborative efforts made with the development of these curricula and the toolkit with the state ICWA workgroup, participating counties, Tribal STAR, the American Indian Enhancement efforts and broader philanthropy as well as continual data analysis and discussions and strategies to improve the accuracy of CWS/CMS data.

Placement Preferences of Indian Children in foster care, pre-adoptive, and adoptive homes

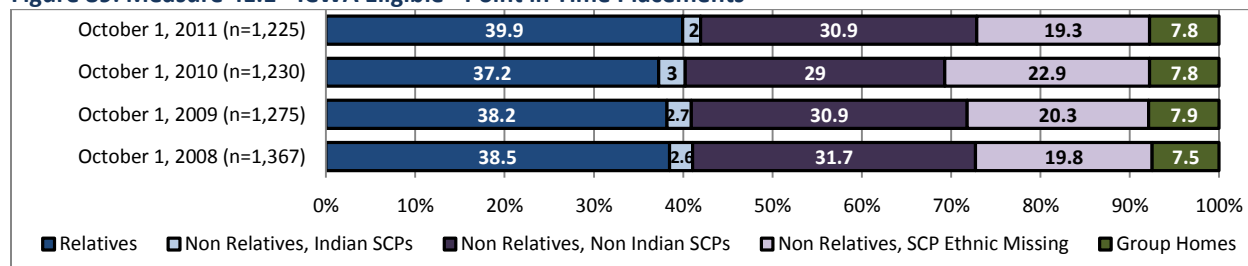
INDICATORS OF PROGRESS/FACTORS AFFECTING PROGRESS

Current CWS/CMS data indicates that, overall, the largest percentage, 40 percent, of placements for ICWA eligible youth in foster care have been made with relatives. This is consistent with the first order of placement preference priority, as required by ICWA. However, the next most common placement indicated by the data shown in the figure below is

approximately 30 percent placed with non-relative, non-Indian substitute care providers. The ICWA provides for a foster home licensed or approved or specified by the Indian child's tribe as the second placement preference. The current available data does not distinguish if these placements are licensed, approved, or specified by the child's tribe.

As mentioned in prior reports, anecdotal information from the local level suggests that some of the reason for such a significant percentage of youth placed in non-Indian, non-related homes is due to the lack of Indian foster homes, although some ICWA workers/advocates note they have experienced difficulties in having county social workers place in tribally approved homes. Although CDSS has previously issued ACLs to provide policy direction of this issue, it continues to be a topic for discussion.

Figure 89: Measure 4E.1 - ICWA Eligible - Point in Time Placements



** Beginning Quarter 1, 2009, a point in time (PIT) count is a count of children in care at the end of the quarter. In the past, all children served during the quarter were counted. This change results in a smaller number of children in the count, and some shift in proportions.

The figure above illustrates the point in time placement status of ICWA eligible youth in the years 2008 through 2011. Placement status takes placement type, child relationship to substitute care provider, and substitute care provider ethnicity into account. The resulting placement status categories are placements with relatives; with non-relative, Indian substitute care providers; with non-relative, non-Indian substitute care providers; with non-relative substitute care providers with ethnicity missing in CWS/CMS; in group homes (ethnicity cannot be determined); and in other placements.

The data are limited in the ability to distinguish placements in a manner consistent with the precise breakdown of preferences required under the ICWA. Additionally, the data does not provide any indication for situations when a tribe may agree with a placement that is other than the first preference, which would still be ICWA-compliant. The CDSS continues to address issues concerning ICWA-related data. Some minor changes are in process for improving ICWA data within the CWS/CMS system; while other issues will be addressed in future years with the web-based SACWIS system design.

Another factor that may impact future placement data for ICWA-eligible youth in foster care is Assembly Bill 1325. This law passed in 2009 to allow for Tribal Customary Adoptions and AAP eligibility. Under this law, youth can be adopted and qualify for adoption assistance funding and services without termination of parental rights. This new permanency option is an effort to meet the permanency needs of dependent Indian children in a manner consistent with tribal culture. The CDSS issued ACL 10-17 in March 2010 and ACL 10-47 in October 2010 as direction on Tribal Customary Adoption as a new permanency option for child welfare cases.

Additionally, CDSS provided three technical assistance workshops on Tribal Customary Adoptions throughout the state on August 11, 2010, August 23, 2010, and September 9, 2010.

Training and technical assistance on Tribal Customary Adoption (TCA) will be provided to parents, relatives, tribes, and counties, as TCA will be a permanency and concurrent planning option for relatives in situations that might otherwise not be supported or be viable options. As such, the placement preference data for ICWA-eligible youth will be tracked for future analysis and reporting through the CWS/CMS by utilizing a Special Projects Code until a System Change Request can be implemented.

FUTURE PLANS

Future plans regarding increasing ICWA compliance in placement preference, include revisions to the MPP Division 31 for ICWA and continuing the training, technical assistance and creation of desk aids for ICWA placement preferences, and the issuance of data entry instructions. The ICWA Unit typically responds to multiple technical assistance inquiries regarding placement preference each month. With plans for the creation and use of a new database in the next year, the ICWA Unit will have additional data for use in analysis.

Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption

INDICATORS OF PROGRESS/LIMITATIONS

Analysis regarding compliance with Active Efforts requirements in the ICWA is limited by the fact that such information is documented in case files and court orders and not captured in CWS/CMS data. Analysis of the issues in ICWA-related appeals involving dependency appeals cases provides some information since appeals can be filed regarding the failure to comply with the Active Efforts requirements. Based on the decline in ICWA-related dependency appeal issues since 2008 (13.3 percent in 2010, down from 15.2 percent in 2009 and 22.2 percent in 2008), it appears that the increased training, technical assistance and resources regarding Active Efforts raised awareness and compliance and resulted in a 40 percent reduction in appeals over the three years.

FACTORS AFFECTING PROGRESS

Factors impacting progress may include many of the variety of continuing efforts previously explained, such as the training and technical assistance provided through CDSS, the statewide training for social workers, and through the AOC. Additionally, the clearinghouse of resources, desk aids/tools for ICWA topics provided through the AOC's Tribal Projects Unit have been useful for translating the training into improved practice.

The CDSS continues involvement and support of the Family Development Matrix, which provides a structure for documenting prevention and early intervention services, tracking progress and outcomes for such services. Some tribes and tribal services providers have begun using this tool, which can be used to assist in providing Active Efforts for Native American families. This project has been presented to the tribal community through the ICWA Workgroup and is in the process of adapting the program according to tribal community needs

and preferences. As the cultural adaptations are made to this tool, additional service providers may implement use.

An Advanced Indian Child Welfare Act Active Efforts and Expert Witness curriculum was developed through collaboration with CDSS staff, the ICWA Workgroup and the University of California Social Worker Education Center (CalSWEC) at UC Berkeley. The training included an 1) Introduction; 2) Learning Objectives; 3) Agenda; 4) Lesson Plan; 5) Trainer's Tips and Content; and 6) Training Supplement for Activity.

FUTURE PLANS

The CDSS will continue work to improve ICWA compliance on Active Efforts through the provision of training and technical assistance for both child welfare and court staff, the issuance of policy directives, improving standardized curriculum, and creation of desk aids. The CDSS will continue involvement in the Family Development Matrix work, with plans to support use for tribes and tribal service providers. In addition, CDSS plans to work closely with tribal communities on the federal grant to reduce long-term foster care, CAPP, which will relate to improving Active Efforts within a practice model for child welfare. Additional plans for tribal collaboration were previously discussed in the Introduction of this document under Stakeholder Collaboration.

Current Activities

CDSS is involved in an array of ICWA- and tribal-related efforts on levels ranging from local to state and federal. These activities are described through the report. In addition, CDSS is involved in the following list of activities and collaborations:

TITLE IV-E AGREEMENTS- KARUK & YUOK

CDSS is continuing to facilitate the negotiations of tribal/state Title IV-E agreements which will allow for the pass-through of Title IV-E funds to California tribes. These funds will provide tribes with foster care funding for Indian children. Further, CDSS will continue to assist tribes as necessary and as requested, to access direct funding through the P.L. 110-351, the Fostering Connections to Success and Increasing Adoptions Act.

Tribes determine what programs they want to offer under a tribal/state Title IV-E agreement. These include programs such as Chafee, educational vouchers, etc. Once the tribe has an idea of what services they are interested in offering, then the planning of an agreement begins.

On March 14, 2007, CDSS and the Karuk Tribe of California signed the first ever tribal-state agreement in California. The CDSS staff continues to provide training and technical assistance to staff of the Karuk Tribe for the implementation of the agreement. The CDSS and the Karuk Tribe secured technical assistance through ACF and the National Resource Center for Organizational Improvement to provide assistance to the Karuk tribe in the development of the tribe's CWS Plan. The Tribe's CWS Plan was approved by ACF on November 6, 2009, and was effective July 1, 2009. The CDSS has provided the Karuk Tribe with ongoing training on fiscal claiming procedures, Title IV-E eligibility screening and data reporting requirements. While the Karuk tribe has had a IV-E agreement in place since July 2009, they have not received any IV-E funding because they have not submitted any claims. The IV-E agreement does not preclude

the Tribe from seeking additional funding sources for which the Tribe is eligible that may assist in the establishment and operation of the Tribal CWS plan. It is possible that the Karuk tribe has other funding sources that require less detailed documentation. CDSS program and legal staff met with Karuk staff in June 2012 to discuss how to best assist them in the claiming process. Plans are currently being made to arrange additional training for Karuk staff on claiming procedures. The CDSS will continue to provide training and technical assistance to Karuk regarding fiscal claiming procedures and child welfare practice to ensure Title IV-E compliance.

The Yurok Tribe initiated negotiations of a Tribal/State Title IV-E Agreement in August 2007. The agreement was signed effective May 28, 2010. The tribe continues efforts to now develop its child welfare services plan and when completed, it will be submitted to ACF for approval. As they move closer to implementing the agreement, CDSS will be providing the Yurok Tribe with training on fiscal claiming procedures, Title IV-E eligibility screening and data reporting requirements among other topics.

With the passage of P.L. 110-351, tribes, the consortium of tribes and other tribal organizations seek to operate their own Title IV-E foster care and adoption program directly with the federal government. Tribal entities generally are awaiting more detailed information on the federal agreements, as they consider whether to pursue a Title IV-E agreement with the state or with the federal government. The Washoe Tribe of Nevada and California and the Yurok Tribe were both awarded a federal planning grant to prepare to negotiate a federal/Tribal agreement and the Tribe has been offered technical assistance from CDSS as they move towards an agreement.

ICWA INITIATIVE WITH AOC TRIBAL PROJECTS UNIT

Effective December 2005, CDSS entered into an interagency agreement with the AOC to create the ICWA Initiative. The successful partnership between CDSS and the AOC, through the ICWA Initiative, was effective from 2007 through 2010, and was renewed for another three years beginning in 2010/2011.

The AOC has established, as part of the Center for Families Children & the Courts, a Tribal Projects Unit. The purpose of this unit is to serve as liaison and to assist the judicial branch with the development of policies, positions, and programs to ensure the highest quality of justice and service for California's Native American communities in all cases, with a focus on cases relating to domestic violence, dating violence, sexual assault and stalking. These projects are supported with funds from the Office on Violence Against Women, U.S. Department of Justice that are administered through the California Emergency Management Agency (CalEMA), the U.S. Department of Health and Human Services, Court Improvement Program, and CDSS.

The Tribal Projects Unit's activities include maintaining a clearinghouse of resources, staffing the Tribal Court/State Court Forum, providing Indian Child Welfare Act services, and curriculum development.

CLEARINGHOUSE OF RESOURCES

The AOC continues to maintain a clearinghouse of resources that includes: 1) AOC educational events for tribal and state court; 2) Services to support tribal justice development, including a

listing of tribal justice grant opportunities; 3) a directory of Native American family resources in California; 4) Information on California tribal courts and California tribal communities; and 5) Resources relating to compliance with ICWA in juvenile, family, and probate cases. The Tribal Projects Unit website link is located at: <http://www.courts.ca.gov/programs-tribal.htm>

The new *Tribal Customary Adoption* web page is available at <http://www.courts.ca.gov/12569.htm>. The page links to existing resources on CDSS and Tribal STAR websites. It also contains the legislation language, Judicial Council rules and forms, and frequently asked questions addressing legal issues and court processes. The AOC is also working with CDSS and the ICWA Workgroup to develop a plan for collecting case-specific information to assist with the drafting of the legislative report on tribal customary adoption due to the Legislature in 2013.

Tribal court judges can access legal, education and other resources available to state court judges through the “Serranus” website maintained by the AOC. In addition, tribal advocates, tribal attorneys, and other tribal personnel whose work is related to child welfare matters have access to all of the legal, educational, and other resources available on the California Dependency Online Guide at <http://168.75.202.29/>.

To support tribal justice system development in California, the AOC maintains a list of grants, provides letters of support to tribes, assists with tribal grant applications for the Consolidated Tribal Assistance Solicitation, and has assisted a number of tribal courts in adapting the California Judicial Council’s court forms for use in their tribal courts, and continues to make available information and technical assistance on collaborative courts, supervised visitation, and domestic abuse self-help services.

TRIBAL COURT/STATE COURT FORUM (FORUM)

The Forum is a coalition of the various Tribal Courts of the Native American Tribes situated in California and the Courts of the State of California who come together as equal partners to address issues common to both relating to the recognition and enforcement of court orders that cross jurisdictional lines, the determination of jurisdiction for cases that might appear in either court system, and the sharing of services between jurisdictions. The forum is convened for the express purpose of improving the working relationship between its members and enabling the courts of each to issue and enforce their respective orders to the fullest extent allowed by law.

The members of the forum include 12 tribal court judges, representing 14 of the 20 tribal courts currently operating in California, as well as 13 state court judges and a representative from the California Attorney General’s Office of Native American Affairs. To date, the forum has looked at issues such as the enforcement and recognition of protective and other kinds of orders and judgments, jurisdictional issues, and how to ensure access to justice in Indian country in the areas of domestic violence, sexual assault, stalking, and teen-dating violence.

The forum’s activities address six key objectives:

1. Fostering partnerships with tribes, tribal courts, and state branches of government that enable tribal and state courts to issue and enforce their respective orders to the fullest extent allowed by law;

2. Fostering excellence in public service by promoting state and tribal court collaboration that identifies new ways of working together at local and statewide levels and maximizes resources and services for courts;
3. Providing expertise to implement statewide solutions to improve access to courts (for example, see solutions identified in the California reports relating to domestic violence, sexual assault, stalking and teen-dating violence in Native American communities <http://www.courts.ca.gov/8117.htm>);
4. Identifying opportunities to share educational resources between the state judicial branch and the tribal justice systems.
5. Making recommendations to committees developing judicial education institutes, multi-disciplinary symposia, distance learning, and other educational materials to include content on federal Indian law and its impact on state courts; and
6. Improving the quality of data collection and exchange related to tribe-specific information.

Since its establishment in May 2010, the Forum has met four times in person (June 13, 2010, January 13, 2011, June 17, 2011, and December 14, 2011) and regularly by conference call. The forum's roster, charge and scope of work, values and principles, communication plan, and meeting notes can be viewed at <http://www.courts.ca.gov/3065.htm>.

During the reporting period, forum members provided education as follows:

- October 14, 2011 – forum members presented at the California Indian Law Association Conference on the work of the forum and the legislative proposal to recognize and enforce tribal civil orders.
- October 25, 2011 – forum members presented at the National American Indian Judges Association Conference on the work of the forum and the electronic noticing initiative.
- June 17, 2011 – forum members convened educational sessions for judges on the following topics: History of California Indians and Dynamics of Domestic Violence in native Communities, Structure of Tribal Governments, Tribal Court Development in California, and Models of Tribal Court State Court Collaboration.
- December 14th, 2011 – the Leadership Forum brought together forum members with other state judicial branch leaders, including the Chief Justice of California, the presiding judges and court executive officers, members of the Family and Juvenile Law Advisory Committee, members of the Collaborative Justice Advisory Committee, members of the Domestic Violence Task Force, and others. This Leadership Forum provided an opportunity for tribal and state leaders to meet, forge relationships, and learn from one another. The Leadership Forum identified concrete tools and collaborative strategies to respond to the needs of those most vulnerable in the current economic climate: foster children and their families; families struggling with homelessness and poverty, mental illness, substance abuse, divorce and custody issues, self-representation; communities dealing with gangs and other issues of violence; and those reentering communities and families, such as returning veterans or persons on community supervision or parole.

Through the Forum, the California Judicial Council's advisory committees and working in collaboration with justice partners, the AOC continues to assist with several projects related to recommended revisions to rules and forms and recommended legislative proposals. These projects are further described in the Stakeholder Collaboration Section of this report.

Indian Child Welfare Act Services

The AOC 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 topics:

- ✓ When ICWA applies
- ✓ Exclusive versus concurrent jurisdiction
- ✓ Determination of tribal membership or eligibility for membership
- ✓ Notice to tribes
- ✓ Tribal participation and intervention
- ✓ Active efforts, including culturally appropriate services
- ✓ Cultural case planning
- ✓ Placement preferences
- ✓ Qualified expert witnesses

During the reporting period, the AOC provided local and regional trainings as follows:

- September 20, 2011 – presented on tribal customary adoption, the Tribal Projects Unit's services, and showcased the FACES documentary to approximately 50 workshop participants, including Bay Area Collaborative of American Indian Resources (BACAIR) representatives in Oakland.
- September 27, 2011 – presented an all-day training in Humboldt County. There were two separate training sessions held that same day. In the morning, a multi-disciplinary group of approximately 70 attended and learned about ICWA generally, and active efforts and placement preferences. In the afternoon, the training focused on ICWA for minors' and parents' attorneys.
- September 29, 2011 – presented on tribal customary adoption, the Tribal Projects Unit's services, and showcased the FACES documentary to approximately 50 workshop participants, including BACAIR representatives in Hayward.
- November 1, 2011 – provided an ICWA presentation to approximately 45 social work student interns at the AOC offices in San Francisco.
- November 15, 2011 – presented at the San Francisco County Resources Fair organized by the Bay Area Collaboration of American Indian Resources. The presentation focused on tribal customary adoption, and the work and resources of the Tribal Projects Unit.
- November 29th, 2011 – provided ICWA training in Sacramento for probation officers.
- December 15th, 2011 – at this year's annual Beyond the Bench Conference, conducted five sessions:

- Tribal Court Live (Mock Trial): Understanding How Tribal Courts Work and How to Work With Them
This workshop provided a "mock trial" lead by Hon. Claudette White, Chief Judge of the Quechan Tribal Court. The trial involved a marital dissolution case and explored issues of child custody, division of property, and protective orders. It examined some of the jurisdictional issues that may arise in tribal court and between tribal and state courts and how those issues can be addressed and resolved.
Faculty:
Hon. Juan Ulloa, Judge, Superior Court of Imperial County
Hon. Claudette White, Chief Judge, Quechan Tribal Court
- Tribal Customary Adoption – Lessons Learned
This session discussed experiences in implementing California's tribal customary adoption law since it went into effect on July 1, 2010. Panelists included participants in a tribal customary adoption case in San Francisco that was recently finalized. The dialogue within this particular session included perspectives on TCA from the tribal attorney, county counsel, minor's attorney, social worker, and the attorney for the adoptive parents, and the panelists discussed the challenges they faced in implementing TCA as a permanent plan.
Faculty included:
Ms. Diana M. Carbajal-Strait, Deputy City Attorney, San Francisco Office of City Attorney
Ms. Kimberly Cluff, Attorney, Forman & Associates
Mr. Mark Wasacz, Attorney, Wasacz Hilley & Fullerton LLP
- Recognition and Enforcement of Tribal Protective Orders
In this session, tribal and state court judges discussed jurisdiction on tribal lands and in tribal court, federal and state law concerning enforcement and recognition of tribal court protective orders, existing procedures for the mutual recognition and enforcement of protective orders, and proposed changes to the California Rules of Court.
Faculty:
Hon. Richard C. Blake, Chief Judge, Hoopa Valley Tribal Court
Hon. Dean T. Stout, Assistant Presiding Judge, Superior Court of Inyo County
Hon. Claudette White, Chief Judge, Quechan Tribal Court
- Child Support and Tribal Communities: Myths and Realities
With the growing number of tribal courts, tribal TANF agencies, tribal child support agencies, and the growth of the 109 recognized tribes in California as major employers, tribal/state court jurisdiction in general and child support matters in particular have become an emerging area of the law affecting many families in California. The session brought together a tribal judge, a local child support attorney, and the State Department of Child Support Services Tribal Liaison for a discussion of where we are jurisdictionally and collaboratively, and where we hope to be in the future.
Faculty:
Hon. Richard C. Blake, Chief Judge, Hoopa Valley Tribal Court
Mr. George Chance, Tribal Liaison, Program Policy Branch, California Department of Child Support Services

Mr. Allan Woodworth, Supervising Child Support Attorney, Humboldt County
Department of Child Support Services

- ICWA for Minors' and Parents' Attorneys

The Indian Child Welfare Act (ICWA) establishes unique procedural and substantive requirements for dependency proceedings involving Indian children. Although most of the responsibility for complying with the requirements of ICWA fall to the child welfare agency and the courts, appointed counsel for minors and parents have an important role to play as well. Learn how to use ICWA to advance your clients' interests and understand the role that you as counsel play in protecting your clients' rights under ICWA.

Faculty:

Ms. Kimberly Cluff, Attorney, Forman & Associates

Ms. Ann Gilmour, Attorney, AOC Center for Families, Children & the Courts

Mr. David M. Meyers, Senior Attorney, AOC Center for Families, Children & the Courts

During the reporting period, the AOC continues to provide the ongoing technical assistance to judges, social workers, probation officers, attorneys, and others seeking information on ICWA, and tribal customary adoption or assistance drafting or reviewing local protocols or advice on obtaining qualified expert witnesses.

The AOC continues to maintain and update its comprehensive ICWA resources.

- *Resources* can be found at: <http://www.courts.ca.gov/3067.htm> where the following are available: 1) Expert Witness List; 2) ICWA laws, rules, regulations; 3) Statewide Directory of Services for Native American Families (continually updated); and 4) ICWA job aids.
- The California Dependency Online Guide can be accessed at the court information website at courtinfo.ca.gov/dependencyonlineguide or at the following link: <http://168.75.202.29/>.
- The new *Tribal Customary Adoption* web page is available at <http://www.courts.ca.gov/12569.htm>. More information on this web page is provided in the AOC's Clearinghouse of Resources section, previously mentioned in this report.

Curriculum Development and Education

The AOC has developed the following curricula and updated the ICWA curriculum contained in the California Dependency Online Guide:

- Civil and criminal jurisdiction in a Public Law 280 State for state court judges. This curriculum has been used to teach workshops at Beyond the Bench, the Cow County Rural Judges Institute, and a Forum webinar.
- Advanced ICWA for state court judges, attorneys, social workers, probation officers on: 1) active efforts; 2) jurisdiction and procedural issues; 3) evidentiary issues; and 4) preserving issues on appeal.
- Updates to the California Dependency Online Guide – a resource for dependency attorneys – to put more emphasis on the obligations of parent's and minor's attorneys to ensure ICWA compliance.

- Developed and distributed a training video with courtroom and non-courtroom scenarios that raise questions about cross-jurisdictional issues between state and tribal courts.
- The AOC has identified 12 judicial bench guides, and is revising these to incorporate issues that arise between tribal and state courts. These bench guides cover a wide range of topics from the Native American Resource Guide, ICWA, domestic violence, child custody and visitation, child and spousal support, property characterization, and traffic.
- The AOC, through its state/tribal programs, has provided a number of educational programs and follow up technical assistance to judges on federal Indian law as it applies to all civil and criminal cases.
- The educational trainings are described in the ICWA services and forum sections of this report (see above).
- The AOC is committed to providing access for tribal court judges to the same educational programming that state court judges have access to. Tribal court judges receive regular updates through the forum about educational opportunities and can access legal, education and other resources available to state court judges through the State Judicial Branch Extranet maintained by the AOC. In addition, tribal advocates, tribal attorneys, and other tribal personnel whose work is related to child welfare matters have access to all of the legal, educational, and other resources available on the California Dependency Online Guide at <http://168.75.202.29/>.

Training & Curriculum Development & Toolkit

Training, curriculum development and development of the ICWA Toolkit were described in previous sections of this report.

Legal and Court Services

The AOC, through its state/tribal programs provides:

- Assistance to courts seeking to enter into mutually beneficial intergovernmental cooperation with tribal courts, including responding to requests by judges to assist them in building professional relationships with tribal courts;
- Legal and policy analysis relating to federal Indian law and inter-jurisdictional challenges as requested by the council, advisory committees, and local courts;
- Services to help tribal and state courts identify when and how they can share the burden in order to reduce the burden on each— sharing/allocating/transferring jurisdiction and sharing court-connected resources;
- Technical assistance to judges, social workers, probation officers, attorneys, members of the public, and others seeking information on ICWA, and tribal customary adoption or assistance drafting or reviewing local protocols or advice on obtaining qualified expert witnesses.

CDSS Technical Assistance

Along with the technical assistance provided through the interagency agreement with the AOC, CDSS' ICWA staff provide ongoing technical assistance. The ICWA staff respond to daily inquiries relating to various ICWA topics. Staff respond 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:

- ICWA forms and processes
- Tribal Resources
- Tribal advocate resources
- American Indian Heritage searches
- Adoption records/Adult Adoptee Questions
- Background check issues
- Tribally approved placements
- Placement Preferences
- Disagreements with county recommendations/social worker practices
- Referrals to the State Ombudsman's Office
- Tribes' access to court documents in child welfare proceedings
- Pre-adoption birth certificates (for proving tribal heritage)/Right to Records
- Tribal Customary Adoption
- Voluntary Placement
- Relinquishment
- Paternity
- Non-Federally Recognized Tribes
- Trainings
- Foster and Adoptive Placement Resources
- Requests for assistance/education re: ICWA and guardianships/adoptions
- Out-of-State Placements
- Canadian and Mexican Tribes
- Noticing Issues
- Probation Issues

ANNUAL STATE ICWA CONFERENCE

The CDSS continues to support the Annual State ICWA Conference hosted by a volunteer tribe or group of tribes. The venue alternates between northern, central and southern California, and is sponsored and organized by a host tribe 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 and professionals from child welfare and child maltreatment prevention programs and agencies, law enforcement, judiciary, and foster/adoption agencies.

The 19th Annual State ICWA Conference is scheduled for June 19-21, 2012 in Blue Lake, California and is hosted by the Yurok Tribe and California Indian Legal Services (CILS), with support and assistance from other local tribes and agencies. Further information regarding the conference is available in the Stakeholder Collaboration section of this report.

DIVISION 31 REGULATION CHANGES TO INCORPORATE SB 678 (STATUTES OF 2006, CHAPTER 838) INTO REGULATIONS

A subcommittee was established to review draft regulations to implement the provisions of SB 678 (Statutes of 2006, Chapter 838), effective January 1, 2007. The bill codified federal ICWA (25 U.S.C. § 1901 et seq.) by adding amendments to the Family Code, Probate Code, and Welfare and Institutions Code. CDSS is working to draft regulations to implement the provisions of Senate Bill 678 into the MPP Division 31. A number of meetings were held to review the proposed regulations and input was received from tribal representatives and CDSS staff. The revised regulation package continues to be refined as it is processed through the review process. The regulations process

includes a public review period as well as a public hearing so that there is ample opportunity for input before the regulations are adopted.

FAMILY DEVELOPMENT MATRIX

The Family Development Matrix (FDM) provides an integrated family assessment tool for case management and outcomes evaluation in family service networks and ICWA tribal programs in California. Its primary purpose is to provide family support staff in tribal and non-profit agencies with the capacity to use the assessment and analysis of family outcome measurement data to set goals with families, record agency interventions, track worker case management, and family participation activities that contribute to improving family outcomes.

The FDM has been implemented in tribal organizations in four counties: Del Norte, Lake, Mendocino, and Sonoma Counties. In Del Norte County, two tribes were trained on the use of FDM: Smith River Rancheria and Yurok Tribe's Social Services, TANF and ICWA departments. In Mendocino County, training was provided to the Hopland Band of Pomo Indians of the Hopland Rancheria. In Lake County, six tribes have been trained on the use of FDM: Robinson Rancheria of Pomo Indians of California, the Scotts Valley Band of Pomo Indians of California, the Habematolel Pomo of Upper Lake, Big Valley Band of Pomo Indians of the Big Valley Rancheria, the Elem Indian Colony of Pomo Indians of the Sulfur Bank Rancheria, and Middletown Rancheria of Pomo Indians of California. Four of the tribes are currently using the program. Lake County included the tribes in implementing their DR system in 2007 and it was a natural progression to invite the tribes to be trained and use the FDM. The tribes and the family resource agencies (Lake Family Resource Center and Healthy Start) meet monthly to discuss the implementation of DR and FDM, integration of services, and strategies for working with families.

The FDM has also been implemented in the Indian Child and Family Preservation Program, which serves families in Mendocino and Sonoma Counties. The Indian Child and Family Preservation Program serves children and families from the Dry Creek Rancheria of Pomo Indians of California, Coyote Valley Band of Pomo Indians of California, and Kashia Band of Pomo Indians of the Stewarts Point Rancheria. The FDM is currently being adopted for Native American cultural considerations.

Future Plans

In addition to the future plans aforementioned in relation to efforts to improve specific elements in ICWA compliance, CDSS, generally, plans to continue partnerships and collaborations currently in place, improve accuracy and availability of ICWA-related data, and increase development and spread of ICWA tools for practice level use. Additionally, CDSS will continue efforts toward making the CWS/CMS changes previously mentioned in this report that increase ability to capture ICWA data. The CalSWEC system, allowed CDSS to release an improved standardized ICWA curriculum for county social workers as well as tools for tribal workers/ICWA advocates. Along with the curriculum, an implementation toolkit was released to support county efforts for increasing ICWA compliance and cultural competence in practice with Native American youth and families. CDSS anticipates the future use of this curriculum and toolkit. Future plans also involve creation and use of a database for tracking ICWA TA in the unit and submission of a National Resource Center technical assistance request in partnership with the ICWA Workgroup co-chairs in order to obtain assistance in structuring the State ICWA Workgroup.

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Supporting Information Regarding Coordination with Tribes

The CDSS utilizes the ICWA Workgroup as a means of consulting with tribes. The representatives listed here may be a member of a tribe, employed by a tribe or tribal organization, or otherwise work as an ICWA advocate. Many are tribal social workers, ICWA workers, ICWA advocates, and some may also be tribal council members. However, please be aware that these participants are not necessarily appointed by their tribes to represent them.

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM AND EDUCATION AND TRAINING VOUCHER PROGRAM

Program Contact Person:

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Independent Living Program Policy Unit

Address

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The following document is arranged in accordance with the provisions of the U.S. Department of Health and Human Services, Administration on Children, Youth and Families Program Instruction ACYF-CB-PI-11-06 requirements.

Part 1: Program Overview

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

In January 2012, the most significant recent change in California's foster care system impacting transition age youth began. Assembly Bill 12, or the After 18 Program (described in detail starting on page 68), enacted in 2010, in part provided that California adopt the federal option to extend foster care, kinship guardianship and adoption assistance beyond age 18. During 2011, significant efforts have been underway in California to implement this extension, referred to as the Fostering Connections After 18 Program. The work to implement this law has been extremely collaborative and comprehensive and occurred within a very short timeframe in a time when state resources were extremely limited. It could not have happened without the assistance of advocates, county staff, providers, California's child welfare training system, former foster youth, philanthropy and many, many others working together.

California's ILP program is funded through a combination of state and federal funds. For FY 2010-11, California received a federal Chafee grant of \$18,126,947 and provided \$13,221,000 in state dollars for a total ILP allocation of \$31,347,947. Unfortunately, over the last several years, California's federal allocation has declined as the state's foster care population has declined.

California currently collects two sets of data related to transitioning youth:

- As a result of the implementation of the federal National Youth in Transition Data Base (NYTD), CDSS began in FFY 2011 to collect data on the ILP services delivered to youth and young adults. The CDSS requires counties to record ILP services provided to youth on an ongoing basis in CWS/CMS. Data collection began NYTD as of October 1, 2010 (FFY 2011) with the first report period October 1, 2010-March 31, 2011 submitted to ACF in May, 2011.
- CDSS collects data on the status of youth at the time they emancipate from foster care, referred to as "Exit Outcomes." The Exit Outcomes for Youth Aging out of Foster Care Quarterly Statistical Report (SOC 405E) collects data on youth who aged-out of 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 publically available on the CDSS website and is being revised to include data relevant to the extension of benefits beyond age 18.

On October 1, 2011, 13,330 foster youth ages 16-18 were eligible for ILP service compared to 13,807 in 2010. Figure 90 illustrates the number of eligible youth versus those who were delivered services by age. Approximately, 53,400 services were provided to 22,302 eligible youth in FFY 2011, an increase from approximately 22,000 services provided in FFY 2010. This more than doubling of the services provided to youth reflects improved data collection as a result of NYTD (see section 4) implementation rather than an actual change in service provision.

The Exit Outcome data presented below indicates the statewide percentages of youth who aged out of foster care in FFYs 2010 and 2011 with a particular status in key areas. The data does not represent all youth who aged out and the categories are not mutually exclusive.

Table 9: Exit Outcomes Data for Youth who Aged Out of Foster Care (SOC 405E)

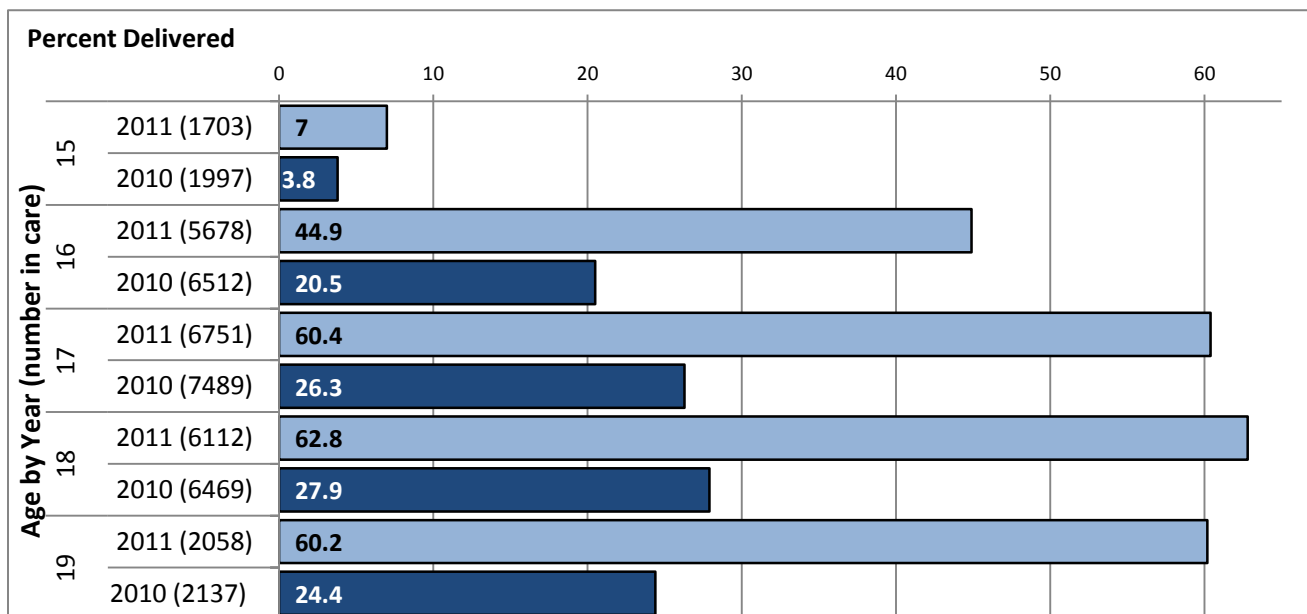
| Outcome | Percent of Youth | |
|--|-----------------------|-----------------------|
| | FFY 2010 n = 3,758 | FFY 2011 n = 3,251 |
| Permanent connection with at least one adult they can go to for support, advice and guidance | 98 | 91 |
| Received High School Diploma | 47 | 57 |
| Arranged to live free of rent with someone | 43 | 44 |
| Enrolled in a program to complete High School education | 30 | 27 |
| Enrolled in College | 30 | 32 |
| Receiving or applied for additional government financial resources | 27 | 36 |
| Plan to Enroll in College | 25 | 24 |
| Arranged to rent alone or with others | 25 | 27 |
| Employed Part-Time | 23 | 23 |
| Applied for Food Stamps | 23 | 22.5 |
| Arranged to live in supportive transitional housing | 16 | 17 |
| Dropped out of High School | 14 | 18 |
| Employed Full-Time | 6 | 6 |
| Received GED | 4 | 6 |
| Enrolled in Vocational Education | 4 | 5 |
| Arranged to live in subsidized housing | 2 | 3 |
| No medical insurance | 2 | 2 |
| No housing arranged | 1 | 1 |

ILP and delivered services by age and year

In Figure 90 below, ILP services are broken out by age. The total number of youth in care by year and age are represented in the 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; there was an average of 6,000 youth, ranging between 5,500 – 7,500, in each year for each of the three ages (16, 17, and 18 years). The greatest proportion of youth served in 2011 by the ILP services was 17, 18, and 19 year old youth; about 60 percent were delivered ILP services.

While the amount of services varies significantly across the two 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 and 18 year olds.

Figure 90: ILP Delivered Services by Age in FFY 2010 and FFY 2011



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 which assist the youth in the successful transition to adult living.

Core services (see Table 10) 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 16-18 and to eligible former foster youth between the ages of 18-20. After January 1, 2012, this will also include young adults who have remained in foster care. Some counties opt to provide ILP services to youth as young as 14, using county only funds.

The table below represents ILP unduplicated services provided by category of service for current and former foster youth age 15-20 during each reporting period in FFY 2010 and FFY 2011. Again, the significant increase in the number of services provided between FFY 2010 and 2011 reflects improved data entry coinciding with the implementation of NYTD reporting rather than an actual increase in the number of services provided.

These services are presented in order of the most frequently provided service in 2010.

Table 10: Number of ILP Services by Categories Provided during FFY 2010 and 2011

| Data reported in CWS/CMS for foster youth and former foster youth ages 15-20. ILP Service types | Number of Services Provided | |
|--|-----------------------------|----------|
| | FFY 2010 | FFY 2011 |
| Total Services Provided | 21,957 | 53,363 |
| Consumer skills/Home Management | 3,224 | 7,913 |
| Education/Academic Support | 3,085 | 6,965 |
| Needs Assessment | 2,497 | 5,889 |
| Career/Job Guidance | 2,167 | 4,684 |
| Transportation/Other Financial Assistance | 1,812 | 4,822 |
| Post-Secondary Education | 1,773 | 3,781 |
| Interpersonal/Social Skills/Parenting Skills | 1,438 | 4,350 |
| Health Care | 1,310 | 3,479 |
| Employment/Vocational Training | 1,285 | 3,092 |
| Money/Financial Management | 1,107 | 2,310 |
| Education Financial Assistance | 1,078 | 2,351 |
| Mentoring | 641 | 1,942 |
| Supervised Independent Living/Transitional Housing* | 495 | 1,589 |
| Room & Board Financial Assistance | 45 | 196 |

*note: transitional housing does not refer to THP or THP-Plus

The table above indicates that the three most frequent services provided to youth in both FFY 2010 and 2011 were the same: Consumer Skills/ home management services (i.e., skills related to locating housing, understanding leases, deposits, rent, utilities, maintaining a household, laundry, grocery shopping) was the service provided most, with Education/ Academic Support and needs assessment (being the second and third most frequent, respectively, in addition to

ILP Services youth have an opportunity to participate in THP, which assists them with becoming self-sufficient adults.

Transitional Housing Program

THPP provides youth, aged 16-18, with the opportunity to experience semi-supervised apartment living while receiving supportive services. The table below outlines the number of counties that participated in the transitional housing program and the combined federal and state funds that were allocated per state fiscal year.

| State Fiscal Year | Participating counties | Allocated Funds |
|-------------------|------------------------|-----------------|
| 2010-11 | 29 | \$583,000 |
| 2009-10 | 31 | \$583,000 |

Implementation of Fostering Connections' Requirement for a 90-day Transition Plan

Public Law 110-351 requires the development of transition plans with youth 90 days prior to youth's exit out of care at 18 years or older. In the transition plan, social workers and probation officers must: 1) address core life skills such as housing, education, health insurance, support services, and workforce and employment, 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. In ACL 11-69 it was 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 when the form is completed; the ability to retrieve the data will be available for next year's report.

Expansion of Medicaid

The Federal Foster Care Independence Act of 1999 (December 1999) authorizes the States the option to provide continuing Medicaid (Medi-Cal) eligibility for all children who are in foster care under the responsibility of the State on their 18th birthday. This Medi-Cal eligibility continues until the age of 21 years. 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 without the requirement to complete an application, and because income and asset tests are waived for these youth, redetermination of eligibility is primarily limited to verification of residency.

Examples of County Efforts

- San Diego County Television Network uses public service announcements as outreach to former foster youth to provide information on aftercare services.
- Monterey County utilizes Emancipation Conferences, which are held at least once a year for youth ages 16 and older to formulate a plan for self-sufficiency.

- Los Angeles County contracts with three agencies to provide youth age 14-15 with academic assessment services; allows for math and reading assessments as well as tutoring.
- Tuolumne County hosts Emancipation Conferences that focus on housing, employment, education transportation, and health care.

2. HELP YOUTH RECEIVE THE EDUCATION, TRAINING AND SERVICES NECESSARY TO OBTAIN EMPLOYMENT:

The ILP regulations state that all ILP foster youth are to be enrolled in the county's career center for employment assistance. The ILP data on delivered services by category (Table 10 above) shows: 2,167 in FFY 2010 and 4,684 for FFY 2011 were reported as having received job/career guidance, 1,285 in employment/vocational training in FFY 2010, 3,092 for FFY 2011 were provided to foster youth.

Exit Outcomes data (Table 9) above shows between FFY 2010 to FFY 2011 there was:

- A 21 percent increase from in the proportion of youth who had received their high school diploma by the time they left care and a 50 percent increase in those receiving a GED (from 4 percent to 6 percent).
- A seven percent increase in those enrolled in college and a 56 percent increase in those who plan to enroll in college.
- A slight decline (10 percent) in those who were enrolled in a program to earn their high school diploma and 25 percent increase in those enrolled in a vocational education program.
- A 29 percent increase in those who dropped out of high school.
- The percentages of youth who obtained employment remained at 29 percent over both fiscal years

Based on the data, it is difficult to draw conclusions since the categories are not mutually exclusive and interact with one another. For instance, when more youth graduate or obtain a GED, fewer youth will need to enroll in a program to complete high school. Similarly, obtaining a GED is not mutually exclusive from enrolling in a vocational program.

With the implementation of the After 18 Program, it is anticipated that fewer youth will be exiting at 18 or upon high school completion. Thus, this data is likely to change significantly over the next few years as California adapts to this new development.

Examples of County Efforts

- Butte County operates an ILP "store" through which youth can gain work experience and holds "ILP Gives Back" events that allow ILP-eligible youth to acquire volunteer experience.
- Butte County holds annual Higher Education Luncheon led by Juvenile Dependency Court Judge in cooperation with local colleges to promote higher education for foster youth.

- Contra Costa County partners with Workforce Development Board; created dedicated Workforce Investment Act (WIA) Case Manager employed through Office of Education but stationed at ILSP; Case Manager collaborates with the ILSP Specialists to provide workshops and case management for our youth seeking employment.
- Monterey County youth participated in “Job City,” an interactive, all-day event sponsored by the Junior League of Monterey County; small groups of youth participated in 20-minute modules and learned about career-related topics such as resumé building, interviewing skills, workplace etiquette and attire, and personal hygiene.

3. HELP YOUTH PREPARE FOR AND ENTER POSTSECONDARY TRAINING AND EDUCATIONAL INSTITUTIONS:

The Chafee Education and Training Voucher Program provide 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 child care. More detailed information is in section 5, beginning on the following page.

As noted above, there were significant increases in youth that completed high school or a GED and who planned to enroll in college suggesting that at least for some youth, there are improved educational supports. California Foster Youth Services program, detailed in the Well Being Section is an important educational support for foster youth.

Previously, foster youth were allowed to remain in care, until they turned 19, to complete their high school diploma. With the implementation of the After 18 Program effective January 2012, foster youth will be provided with a longer period of time to complete their high school diploma.

Examples of County Efforts

- San Francisco County offers a college club, which includes field trips to campuses, college fairs, individual counseling, and workshops on SAT/ACT, college applications, and financial aid. The county also supports youth in attending the Historically Black College Tours twice each year.
- Stanislaus County’s ILP has an Educational Liaison, who has established relationships with local colleges and collaborates with social workers, youth, and caregivers to ensure youth are on track to graduate and are prepared for post-secondary education.
- Monterey County works closely with Hartnell Community College, who provides personalized services for ILP youth interested in pursuing post-secondary education and training.

4. PROVIDE PERSONAL AND EMOTIONAL SUPPORT TO YOUTH THROUGH MENTORS AND THE PROMOTION OF INTERACTIONS WITH DEDICATED ADULTS:

Providing personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults is a crucial element in assisting foster youth 16 years and older to successfully transition to adult living. The CDSS collaborates and partners with

numerous state agencies, advocacy organizations, and community based organizations and encourages the design of mentoring programs that utilize the following resources to provide this personal and emotional support to youth.

SOC 405 E Exit Outcomes data (Table 9) in FFY 2010 showed that 98 percent of the youth who aged-out of foster care reported a permanent connection with at least one adult that they could go to for emotional support, advice and guidance, as compared to FFY 2011, with 91 percent of youth. This represents a modest increase over FFY 2009 when just 88 percent of youth reported having a permanent connection at emancipation. In general, this indication seems to be hovering around 90 percent indicating the vast majority of youth exit care being connected to someone.

For FFY 2010, ILP Delivered Services by category (Table 10) shows that 641 mentoring services were provided to current foster youth. Mentoring services increased to 1,942 in FFY 2011. The CDSS and counties have made strong efforts to ensure that foster youth who age out of care have at least one permanent connection to an adult who will support them.

Examples of County Efforts

- Marin County has begun working with local churches on “The Open Table” project, similar to wrap around case management but made up of volunteers from churches; focuses on one teen per year.
- Siskiyou County invited CASA volunteers to eat and chat with the youth; working in small groups, CASAs were able to get a youth’s point of view about foster care and being in the “system”; led to freshman college student being able to stay with a CASA over Christmas vacation and be with a family during the holidays
- Tuolumne County offers an ILP Life Coach to meet with youth on an individual basis to offer support, guidance, and assistance in working toward self-sufficiency

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)

The THP-Plus is a transitional housing placement opportunity for emancipated foster youth, aged 18-24, who exit from the child welfare system. The goal of the program is to provide a safe living environment with intensive supports while helping youth achieve self-sufficiency so that they can learn life skills and make a more successful transition to adulthood. Counties electing to participate in the program provide supervised independent living and support services.

In FY 2010-11, a total of 52 counties are participating in THP-Plus. The amount of funding allocated for the program totaled \$35.4 million and could fund a total of 1,198 beds. In this program, youth live in an apartment-like setting and receive services. The program lasts for two

years. At the end of the program, in numerous cases the youth, if they are able and want to stay in that apartment, can take over the apartment lease.

Assistance for chronically homeless youth

In 2004, California voters passed Proposition 63 (Mental Health Services Act) 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 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.

As of April 2011, nine counties are in the process of constructing or have completed 186 units specifically designated for Transitional Age Youth (TAY) only. Statewide, 609 units have been designated for adults who can include TAY who are homeless and have serious mental illness.

The Chafee Allocation for Room and Board

In accordance with the federal John H. Chafee Foster Care Independence Act of 1999, a county may spend up to 30 percent of its ILP allocation for the room and board needs of eligible emancipated youth. The age of eligibility is from 18 years of age through the youth's 21st birthday. Allowable expenditures for the 30 percent housing allocation may include the following variety of costs emancipated youth incur.

- Food purchases
- Payment of rental deposits and/or utility deposits
- Payment of rent and/or utility bills
- Emergency assistance - the determination of which is a county's interpretation
- Moving expenses
- Furniture and/or household items
- Costs incurred through roommate network agencies

The most recent available data from the ILP Annual Narrative and Statistical Report shows counties provided \$3,193,012.12 in services to 1,870 emancipated foster youth under the Room and Board allowance. These data are based on 53 of the 58 counties.

Financial Support Emancipated Youth Stipends (EYS)

EYS funds are 100 percent State General Funded and are a separate source of funds 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. 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 FY 2009-10, the Emancipated Youth Stipend was suspended due to California's budget deficit. For the current FY 2010-11, funding was partially restored at \$1,581,000, approximately two million less than the funding provided to counties in FY 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 has been realigned to the counties in FFY 2012 and will allow counties even more flexibility in using the funding.

Employment

In the table below from California Employment Development Department (EDD) reflects the number of former and current foster youth who have entered and exited the Workforce Invest Act and One-Stop centers.

Table 11: Number of former and current foster youth who have entered and exited the Workforce Invest Act and One-Stop centers.

| Current and former foster youth | FFY 2010 | FFY 2011 |
|--|-----------------|-----------------|
| Enrolled in WIA and One Stop Centers | 3,331 | 1,404 |
| Exited from WIA and One Stop Centers | 1,935 (58%) | 346 (25%) |

The two years of data in the table above does not explain why the youth are either remaining enrolled or why they exited the programs. Despite the big drop in total overall enrollments for FFY 2011, 75 percent of youth who are enrolled have not exited the programs.

Enrolled means youth between ages 14-21 served with WIA formula dollars that identified and demonstrated their eligibility as current or former low income foster youth. These youth were enrolled into intensive training services. Exited means the youth who have left the program (completed training program, found employment, or no longer actively involved). Some foster youth may be enrolled for more than one fiscal year, these exits maybe reflected in the data of the following year.

Foster youth may also be served through the WIA Title 1 system, rather than One-Stops, and receive universal or core services, which are mainly individual or group services in career development, job search, referral and other related services.

The CDSS Exit Outcomes data Table 9 reveals the static 29 percent rate of youth who were employed in FFY 2010 and in FFY 2011 both part and full time, when they aged out of care. The latest California statistics on unemployment has indicated a steady rate of CA being three percent higher in unemployment over the past two FFYs than the national average.

Examples of County Efforts

- Humboldt County makes referrals to job placement services, apprenticeships/internships with local employers, career development, résumé preparation, Job Market, Employment Development Department (EDD), WIA, Youth Program Operators (YPO), Transitional Partnership Program (TPP), and others as needed
- San Francisco County case managers provided workshops on topics such as roommate relationships, money management, parenting, and individual development accounts
- Fresno County has Aftercare Social Workers to meet with youth in the ILP Resource Center whereby referrals for specific employment services are made after an assessment

6. MAKE VOUCHERS AVAILABLE FOR EDUCATION AND TRAINING, INCLUDING POSTSECONDARY EDUCATION TO YOUTH WHO HAVE AGED OUT OF FOSTER CARE.

As stated in section 3 above, California Chafee Education and Training Vouchers (ETV) Program provides resources specifically to meet the educational and training needs of youth who are transitioning out of foster care.

ETV Grants

California administers the ETV program through an interagency agreement with the California Student Aid Commission (CSAC) which distributes the vouchers to eligible youth. The ETV program provides federal and state financial resources specifically to meet the educational and training needs of youth who are transitioning out of foster care. Eligible youth can be awarded a grant up to \$5,000 per school year and the grant does not need to be repaid. 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.

To qualify, the youth must have been in foster care between the ages of 16-18 and have not reached their 22nd 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 for one year or 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), CSAC reports the total Chafee ETV awards as follows:

Any unused/unclaimed grant money is returned and redistributed to other eligible youth. The CDSS distributes Chafee information to eligible youth semi-annually.

Table 12: Chafee ETV Awards (CSAC)

| | AY 2010-11 | | AY 2009-10 | | AY 2008-09 | |
|----------------------|------------------|----------------------|------------------|----------------------|------------------|----------------------|
| Active award average | Number of Awards | Average Award Amount | Number of Awards | Average Award Amount | Number of Awards | Average Award Amount |
| New | 932 | 4,423 | 1,079 | 4,331 | 1,185 | 4,311 |
| Renewal | 1,573 | 4,511 | 1,564 | 4,468 | 1,707 | 4,450 |
| Total Average | 2,505 | 4,478 | 2,643 | 4,412 | 2,778 | 4,391 |

The decrease in ETV's being offered youth from 2008-09 when the average was 2,778 students, being served, falling in 2009-10 to 2,643 and in 2010-11 to 2,505, are probably a reflection of a number of issues in our economic and state budget difficulties resulting in increased tuition costs, decreased availability of core curriculum classes for students. The decrease in ETV allocation by \$600,000 overall from 2008-09 to 2010-11, reflects the loss of grants for 250 students.

Declining federal allocation and state budget challenges have and will likely continue to affect progress in this area. The After 18 Program will provide additional supports to young adults remaining in foster care.

Examples of County Efforts

- Humboldt County has computers for those youth without online access so they can file for the FAFSA and Chafee grant at the ILS office
- Tuolumne County ensures a youth has submitted a FAFSA application and Chafee Grant Application when financial assistance for postsecondary cost is requested
- Santa Cruz County collaborates with Cabrillo College's financial aid department to provide assistance in apply for FAFSA and Chafee; there are also workshop presentations and flyers to make youth aware of the vouchers

7. PROVIDE SERVICES TO YOUTH WHO, AFTER ATTAINING 16 YEARS OF AGE, HAVE LEFT FOSTER CARE FOR KINSHIP GUARDIANSHIP OR ADOPTION

California youth who have left foster care after age 16 for adoption, guardianship or reunification are eligible for the same ILP services as youth who are currently in care between the ages of 16-18 or have aged out of care. Youth who are in California's Kin-GAP program are eligible for ILP services once the youth turns 16 regardless of the youth's age when exiting foster care for Kin-GAP. These services are funded through the state/federal ILP Allocation. In addition, youth who have attained guardianship after age eight are eligible for ILP services upon reaching age sixteen. Information about services for Kin-GAP youth is contained in heading number five (under NYTD). Further information regarding California's KinGAP program was previously described in the Guardianship section of this document, in the permanency chapter.

Based on FFY 2011 NYTD data, approximately 5,400 exited to child welfare, while 291 youth exited to other after care services such such as Kin-GAP, mental health, out-of-state services, adoption or Indian Child Welfare.

THE FOUNDATION FOR CALIFORNIA COMMUNITY COLLEGES (FCCC)

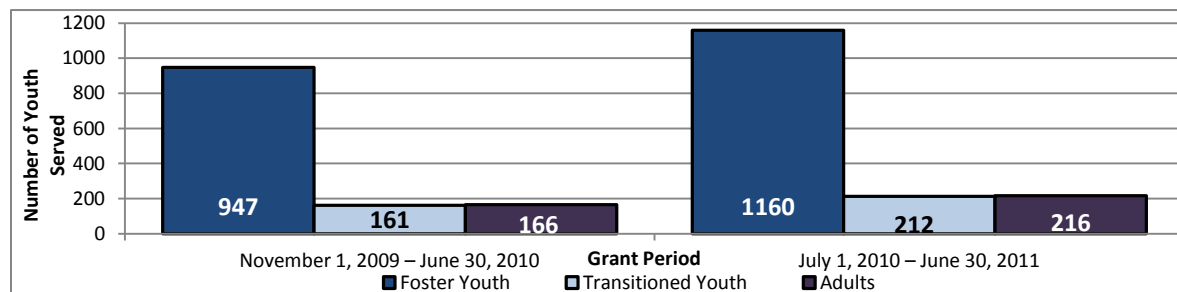
The collaboration between CDSS and the FCCC is to promote statewide educational training on life skills and college and career preparation to current and transitioning foster and probation youth aged 16 to 21 years. In addition, adult care providers including foster parents, kinship caregivers, group 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. Offer either high school and/or college credit for participation in FCCC ILP program.
- Engage youth in real-life, experiential independent living skills activities.
- Facilitate youth focus groups and roundtables, integrating youth feedback into program improvement strategies.
- Introduce and assist youth to access campus and community based services.
- Assist youth with priority enrollment in California Community Colleges.
- Provide training and materials to 112 community colleges to increase awareness and support of extended foster care benefit in California (After 18 Program).
- Collaborating with community colleges' Chancellor's Office, Student Services Division, to increase service capacity throughout the community college system.

Noteworthy items: the Foundation has provided copies of the **After 18** DVDs that provides outreach and basic information to youth on the After 18 Program to all of the 112 community colleges in the state. In June 2012, the foundation will be partnering with the California Community Colleges Chancellor's Office on an event to distribute the DVDs and to provide training so that staff at all community colleges can effectively educate youth about the benefits associated with extended care.

The 2010-11 Youth Empowerment and Strategies for Success is administered by the Youth and Adult Services division of the Foundation. The object of YESS-ILP is to increase the number of foster youth, aged 16-21, that possess the life skills, self-esteem, and education needed to become successful, self-sufficient young adults. The Foundation is also working with partners at Solano College, and is planning to do a youth driven documentary about ten of the YESS-ILP participants. Solano College has secured supplemental funds to support the documentary project and will share more information about this effort as it becomes available.

Figure 91: Number of Youth Served by FCCC



Overall there has been modest increases in each of the populations being served from FY 2010 to FY 2011.

The figure refers to the number of youth being served by the Foundation and reflects the following reported numbers of unduplicated foster youth, transitioned youth and adults being served in both years.

In FFY 2010/11, 2,272 training hours were provided, 1,333 reported these as experiential in nature, while 754 current/former foster youth accessed one-on-one services for a total of 1638 hours.

During the 2010-2011 program period, the program had a very strong retention rate with youth and emancipated youth returning for services an average of nine times. In addition to accessing specific ILP services, youth sought 1-on-1 services with their designated YESS-ILP liaison multiple times throughout the program period.

JUVENILE JUSTICE AND DELINQUENCY PREVENTION ACT OF 1974

The California Department of Corrections and Rehabilitation (CDCR) Division of Juvenile Justice (DJJ) Foster Youth Re-Entry Work Group (FYRE) is continuing to explore possibilities of identifying youth in both systems.

DJJ also has Re-Entry Coordinator staff that will assist homeless youth with connecting to community resources in pre-release planning groups, and make individualized contact with probation youth and their families to ensure that the re-entry plans are supported and appropriate services delivered. DJJ is also creating re-entry materials that will help youth and staff in planning for their release from DJJ, and address community needs including housing, employment, education, mental health and health services.

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, in every possible instance, made certain that foster youth participate in Departmental initiatives such as the Breakthrough Series Collaborative redesign of ILP, conferences or trainings, the development of the ILP/THPP/THP-Plus Regulations and the Transition Plan. The CDSS provides funding and in kind support to and regularly meets with the California Youth Connection (CYC) and The Foster Care Ombudsman's Office (FCO) to seek input and insight of former foster youth. The department is currently working with the CYC and FCO on the implementation of the After 18 Program. Current and former foster, youth also participate in several After 18 Program focus group meetings held at CDSS.

More specifically, CDSS has engaged and solicited involvement from foster youth in the following ways:

- CDSS, CWDA and the Co-Investment Partnership are partnering with California Connected by 25 Initiative and CYC to create a State Youth Council, where youth Ambassadors are trained in the process of policy implementation, public speaking and other leadership skills. Youth Council Ambassadors act as technical assistants, providing valuable insights about policies and practices that engage youth, build youth-adult partnerships and improve the foster care system. The State Youth Council has recruited former foster youth 14-24 years old from each of the following 13 counties: Fresno, Glenn, Humboldt, Monterey, Napa, Los Angeles, Orange, Sacramento, San Bernardino, San Francisco, Santa Clara, Solano and Ventura. Currently, the Ambassadors are reviewing current state policies, participating in a variety of state workgroups, and provide technical assistance in a wide range of topics covering the continuum of care.

- Executive staff from the department meet quarterly with CYC to hear concerns and solicit feedback on a variety of issues.
- Foster youth advocacy and network groups such as the Youth Law Center, Foster Youth Alliance, and Alliance for Children’s Rights are closely involved in several CDSS initiatives, including the implementation of the After 18 Program.
- The 2011 National Foster Care Month on May 3rd at the State Capitol honored foster youth, including their involvement and advocacy in state initiatives.
- Ombudsman’s office regularly campaigns to encourage youth to be involved in the office, either as paid or volunteer staff. Their website⁵⁷ has a page that provides information on opportunities for involvement. The office also regularly engages in outreach activities throughout the state.
- The NYTD project has foster youth involved as staff or volunteers to assist with outreach and recruitment.
- Two foster youth alumni, with the help of CDSS created a rap song called U-NYTD to encourage participation and improve outreach for NYTD. The song is currently being distributed across several states and on various foster youth focused websites.
- Youth will be assisting from the Ombudsman’s Office and the California Youth Connection’s office with assisting in the development of the new NYTD survey to be offered the 19 year olds beginning in October 1, 2012, by reading the survey, taking it on line and for readability and ease of use.
- 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 Ombudsman office and the youth advocacy of California youth connection provides input on the content and appearance.
- Foster Club All Star: The CDSS, in partnership FCCC, recently selected alumni of the state’s foster care system to serve as the California state representative in the nationally recognized Foster Club All Star project. The Foster Club organization which is based in Oceanside, Oregon, selects approximately 20-25 former foster youth per year from across the country to participate in its intensive training and leadership development for the Foster Club All Star program. Several former foster youth participated in the selection of this year’s representative.

The representative will spend three months participating in the Foster Club’s training and leadership development program in Oregon and will then return to California to share her newly acquired skills with additional youth throughout the state.

Examples of County Efforts

- San Joaquin and San Mateo counties send flyers to eligible guardianship youth.

⁵⁷ <http://www.fosteryouthhelp.ca.gov/Involved.html>

- Many counties reported providing the same services to guardianship youth who entered into guardianship; additionally, they do outreach for that population.
- Shasta County generates monthly reports from CWS/CMS to identify eligible youth in kinship guardianship cases; reports are distributed to social workers and supervisors; social workers contact eligible youth semi-annually to remind them of available services and encourage participation in ILP.
- San Bernardino County holds a creative writing journalism and media training course, called My Media in Mind, designed to provide forty foster probation youth, ages of 16-21 years old an opportunity to:
 - Serve as an outreach and recruitment tool for ILP services to inform ILP eligible youth, ILP active youth, and their families about the ILP program.
 - Take advantage of internship opportunities with local newsletters and media outlets.
 - Create their own internet TV Talk Show via YouTube
 - Investigate and report events and issues that are important youth transitioning from out-of-home placement to adulthood and to report them to a broader youth in transition audience.

Part 3: Coordinating Services with other Federal and State Programs and Indian Tribes

CALIFORNIA INDIAN TRIBES

California has 109 federally recognized tribes and approximately 78 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. The 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

As a state with 109 federally and 109 tribes that are seeking federal recognition, CDSS utilizes its ICWA Workgroup (described further in the ICWA chapter) as the primary means of consultation with tribes. However, counties work with the tribes in their individual jurisdictions to consult and obtain input about their ILP programs, to coordinate the programs, and to ensure that youth are referred to culturally appropriate services and resources. Some counties with a large representation of tribes within their jurisdictions report having tribal round tables, alliances, or consortiums that are comprised of tribal representatives, county and tribal social workers, probation officers, and court personnel who meet regularly to discuss ICWA, tribal needs and services, including ILP, and improved collaboration and communication. Other counties report having specialized units or liaisons that consult directly with tribes.

More recently, due to the work of the CAPP project, discussed in the Permanency Section, new strategies are being explored to improve better collaboration with local tribes. Additionally, regional meetings with tribes are being conducted around the state to discuss the After 18 Program to better ensure tribal youth have access to the extended benefits.

County-specific examples of tribal coordination of programs include:

- San Bernardino County's collaboration with the San Manuel Band of Mission Indians to ensure that ILP services are culturally appropriate. Some counties attend monthly meetings with ICWA workgroups to discuss case specific issues, including culturally appropriate services.
- Humboldt County has eight federally recognized tribes. The county ILP has developed strong connections with service providers on local reservations and utilizes these providers (e.g. tribal social services, tribal health services, and employment services) to ensure needed service delivery. These connections allow ILP to offer support and referrals to services already available in tribal communities. Some of the services utilized are: Two Feathers Native American Family Services, United Indian Health Services, and Step Up! For Youth Jobs Program on the Hoopa Reservation, and California Indian Manpower.
- In San Diego County, ILP contractors work together to develop curriculum/workshops and are monitored by county staff to ensure that all youth receive similar services throughout the county's six regions. There are also Indian Specialty Unit social workers who provide culturally appropriate case management services including Independent Living Skills in conjunction with tribal services, to all children of American Indian heritage.
- In Los Angeles County, ICWA Social Workers train ILP staff on culturally sensitive information about youth in foster care.
- San Bernardino County has a contract with one transportation company to provide transportation services to youth in the outlying regions who cannot attend workshops due to lack of transportation. Shasta County has established mentors from various tribes who are willing to mentor tribal foster care youth. Riverside County collaborates with Tribal STAR, which matches youth with adult mentors.
- El Dorado County assures that youth are connected with tribal representatives, the local Indian Education Center in Placerville, and the local Tribal Health Clinic. The connections to these tribal service providers ensure youth are receiving ILP services and connecting to the tribes.
- In Fresno County, the tribal liaison trains the ILP staff on services available to eligible youth. The ILP planning meetings include a tribal representative that assists in connecting the youth with tribal services.
- Riverside County, which has over 145 eligible tribal youth, collaborates with Tribal STAR to ensure that youth connect with the tribes. Tribal STAR matches youth with adult mentors to provide appropriate cultural support and services that the youth need in order to maintain

their identities and self-sufficiency. Staff is provided with Tribal STAR trainings to ensure ILP youth are connected to tribal services.

- Sonoma County created an ICWA protocol, a collaborative effort between local tribes, the court system and Sonoma County Human Services. ILP staff maintains a point of contact with the tribes in the area encouraging youth to participate during monthly contact meetings, case plan meetings and describing the tribal services.

Equal Access to and Availability Benefits and Services for Indian Youth

Tribal youth are made aware of ILP services/programs in the same ways as other youth are in the counties. Some of the ways include: social worker and probation officer discussions of ILP activities, notices, newsletters, and monthly calendars of workshops/activities, ILP pamphlets that provide an overview of services, website information, ILP orientations, annual events, and collaborations with community members. Counties work with local tribal communities to ensure that all tribal youth have been identified and inform tribal representatives of ILP activities and events. ILP benefits and services include: daily living skills, money management, decision making skills, safety skills, career development, building self-esteem, medical services, financial assistance with college or vocational schools, educational resources, housing, and employment.

In addition, the statewide standards for the ILP is a mechanism that provides guidance to the 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 information on a monthly basis to all eligible youth and their caregivers, having direct contact with the youth, and providing bilingual interpreters for hearing impaired youth. Some 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.

All ILP eligible youth receive the same opportunity to participate in ILP activities/services to develop the skills needed to become self-sufficient. For example, in San Diego County, ILP contractors work together to develop curriculum/workshops and are monitored by county staff to ensure that all youth receive similar services throughout the county's six regions. There are also Indian Specialty Unit social workers who provide culturally appropriate case management services including Independent Living Skills, in conjunction with tribal services, to all children of American Indian heritage. In Los Angeles County, ICWA Social Workers train ILP staff on culturally sensitive information about youth in foster care.

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 California Youth Connection to meet the needs of tribal

youth. San Bernardino County has a contract with one transportation company to provide transportation services to youth in the outlying regions who cannot attend workshops due to lack of transportation. Shasta County has established mentors from various tribes who are willing to mentor tribal foster care youth.

Tribal Negotiation

During this FFY, no tribes have requested either to develop an agreement to administer or supervise the CFCIP or an ETV program with respect to eligible Indian children or to receive an appropriate portion of the state's allotment for such administration or supervision. In the next two years, additional efforts will be made on a state-level to engage tribal participation and input. Some of these efforts include: 1) re-inviting State ICWA Workgroup participants to the CWDA ILP Subcommittee Meetings, 2) contacting ILP Coordinator Regional Meeting members to invite Native American participants to regional meetings, and 3) increase CDSS presence at ICWA workgroup meetings.

Part 4: Training

Probably the most significant training related to transition-age youth has been training associated with the implementation of the After 18 Program. Substantial efforts have gone into reaching out to potentially-eligible youth and to ensure youth are aware of the new benefits. Beyond outreach, there have been significant efforts to train the child welfare community on, not only the extended benefits, but the paradigm shift necessary to effectively serve young adults in foster care. This effort included developing curricula for covering 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 are the result of a high level of collaboration across many sectors of the child welfare community – CDSS, counties (child welfare and probation), advocates, the Administrative Office of the Courts, the California Social Work Education Committee, the child welfare Regional Training Academies, youth organizations, philanthropy, etc. The training and informing materials have been made available through in-person training and presentations, webinars, short videos, websites and a Facebook page. Additional information is available at: www.after18ca.org.

The CDSS will continue to collaborate with the organizations and community partners mentioned above to continue to provide training for social workers, caregivers and youth in FFY 2013 as the policy around extended foster care is still evolving. Community Care Licensing is providing trainings for providers for THP-Plus-FC; a webinar regarding access to food stamps for NMDs is in the planning process. There will be additional ACLs and webinars on some of the newer provisions of EFC that have emerged through the current legislative season. Additionally, CDSS attends County Welfare Director's ILP subcommittee regional meetings to provide additional clarification and technical assistance to counties.

CDSS has developed a Frequently Asked Questions webpage⁵⁸ that is intended to provide additional guidance to counties. This site also contains the ACLs and training materials to give

⁵⁸ <http://www.childsworld.ca.gov/PG2902.htm>.

counties access to that information for case managers and program staff who were not able to attend the trainings in person.

Due to fiscal restraints the ILP institute is not being provided. Both the Break Through Series Collaborative (BSC) and the CALIFORNIA CONNECTED BY 25 INITIATIVE (CC25I) have officially ended. The following summarizes the final report of the cc25i, which incorporated lessons learned from the BSC.

CALIFORNIA CONNECTED BY 25 INITIATIVE

The CC25I, which began in 2005, is a Family to Family initiative designed to assist public child welfare agencies and their communities in building comprehensive supports and services to address the needs of transition age foster youth. The goal of the initiative is that “through positive youth development and integrated systems of support and services, transitioning foster youth are connected by age 25 to the opportunities, experiences and support that will enable them to succeed throughout adulthood.” The initiative is part of a national CC25I work of the Youth Transition Funders Group. Currently, eight counties continue to participate in CC25I: Fresno, Glen, Humboldt, Orange, San Francisco, Santa Clara, Solano, and Stanislaus.

The goal of the initiative has been that “through positive youth development and integrated systems of support and services, transitioning foster youth are connected by age 25 to the opportunities, experiences and support that will enable them to succeed throughout adulthood.” The initiative is part of a national CC25I work of the Youth Transition Funders Group.

The CC25 counties are building a comprehensive continuum which will improve outcomes for transitioning foster youth. The CC25 counties are implementing strategies that can be replicated statewide to improve the adult transition experiences of all California’s foster care youth. The initiative is being developed to assist county child welfare agencies and their communities to build a comprehensive continuum of supports and services across seven key focus areas:

- ✓ K-12 Education.
- ✓ Employment/Job Training/Postsecondary Education.
- ✓ Housing.
- ✓ Independent Living Skills Program.
- ✓ Financial Competency, Savings and Assets.
- ✓ Personal/Social Asset Development.
- ✓ Permanency.

Challenges for this initiative included sustaining high impact and promising practices in light of significant budgets shortfalls across all eight sites, and understanding how to support a Youth Empowerment Culture including recruitment of youth leaders, sustainability and retention of youth leaders, and ensuring youth are true partners on boards and in initiative work.

Outcomes for sites included implementation of the CC25I Efforts to Outcome database. In order to address workload and duplication efforts for the sites, the Efforts to Outcome data elements are the same as the state’s Exit Outcomes for Youth Aging out of Foster Care

Statistical Report. The CDSS recently implemented this new data collection tool whereby counties must submit this report each quarter. The report collects data on youth who have aged out of foster care in that quarter and includes information on outcome related domains such as: high school completion, enrollment in college, employment, housing, and financial information.

Over the past five years, the eight CC25I counties have transformed the way they work with youth preparing to exit from the foster care system and we have learned that with the right combination of supports foster youth are able to successfully transition to adulthood, often exceeding the outcomes of their peers in the general population.

CC25I concluded at the end of 2011 and transition to a more focused strategy associated with the implementation of the After 18 Program. While no new CC25I investments will be made, participating counties will continue to receive technical assistance to support their benchmarks throughout 2011 and the CC25I leadership team will remain in place during the year as a support for the eight participating counties.

As illustrated in the table below, counties' performance improved across all five major outcomes listed. The data below are from the Efforts to Outcomes database and are provided by CC25I.

Table 13: CC25I Youth Outcomes

| Youth Outcomes | 2008-09 | 2009-10 | Percent Change |
|---|---------|---------|----------------|
| Youth reporting a lifelong connection | 54% | 79% | +47% |
| Completion of some or all HS requirements (A-G)** | 31% | 45% | +45% |
| Satisfaction with Transition Services | 45% | 65% | +44% |
| Safe Housing Plan | 53% | 72% | +38% |
| Passed CAHSEE Math and English | 44% | 54% | +25% |

***A-G are required high school courses that are college entrance to UC or CSU systems with a C average for CSU and a 3.0 average for UCs*

The California Community Colleges Chancellor's Office

For FFY 2010, through the Chancellor's Office, training was provided to over 5,000 kinship caregivers and 10,000 foster parents statewide. Training areas included but not limited to: helping caregivers prepare foster youth for independent living, diversity, accessing education and health services, adolescent pregnancy prevention, and the importance of self-esteem.

Part 4: The National Youth in Transition Database

The NYTD requirements resulted in many changes in CDSS to accommodate the collection of NYTD data. Changes to the CWS/CMS system to accommodate the data and create the mechanism for a new federal report began in 2008 and was completed by August 2010. Data input into the NYTD began in late August 2010 and continues daily with reports submitted to ACF every 6 months, in May and November of each calendar year.

In mid-summer 2008, the CDSS NYTD workgroup which consisted of state, county child welfare and probation representatives, as well as former foster youth, CWDA and other concerned stakeholders developed and launched the NYTD implementation plan. The NYTD workgroup now meets on a monthly basis to oversee and advise on the ongoing tasks to be accomplished for NYTD compliance. The CDSS's NYTD workgroup established the requirements and training for accessing and entering necessary changes to the CWS/CMS. System changes were implemented and took effect on August 28, 2010 for both County Child Welfare and Probation agencies.

The CDSS, via the NYTD, currently collects data on the number of 16-20 year olds who are eligible for and who use ILP services. (See ILP delivered services Table 9 and Table 10 for FFY 2010 and FFY 2011 above.)

The NYTD longitudinal survey study was conducted in FFY 2011. The participation results are described below in NYTD Table 14 below.

Please see the table below summarizing the NYTD Survey report for the period of October 1, 2010 through September 30, 2011.

Table 14: NYTD Survey and Delivered Services Summary* for the period of FFY 2011

| | Count | Percent |
|---|--------|---------|
| Total number of youth who received an ILP service | 27,307 | |
| Number of Survey Eligible Youth | 5,273 | |
| Youth with no survey information | 3,181 | 60.3 |
| Youth Declined | 158 | 13.6 |
| Youth Incapacitated | 50 | 0.1 |
| Youth Incarcerated | 215 | <0.1 |
| Runaway | 375 | 12.8 |
| Unable to Locate (formal exit from foster care) | 41 | 0.2 |
| Youth Participated in Survey | 2,092 | 39.7 |
| Late surveys (federal standard 10%) | 380 | 7.2 |

*Source NYTD 2011A and 2011B

The number of 17 year olds who were eligible for surveys was 5,273 (combined for both six month reporting periods).

The number of 17 year old youth who took the survey and became the baseline population (combined for both six month reporting periods) was 2,092. These youth are now the follow-up population to be surveyed at ages 19 and 21. An additional 380 youth were surveyed who had ineligible birthdates.

The percentage of youth completing the survey was significantly below the target. As a result of this first round of surveys, California has learned some valuable lessons that will lead to changes in future rounds designed to improve the response rate. Key among them are that the incentives for completing the surveys need to be more substantial and that rather than

contracting for the survey at the state level, local involvement by the caseworker or ILP coordinator is essential.

The follow-up population of youth will be resurveyed on their 19th birthday beginning October 1, 2012-Sept 30, 2013 (FFY 2013). The ground work necessary for conducting the follow-up studies for surveying these same youth when they turn 19 and 21 is now underway. The new survey period will begin October 1, 2012 and end September 30, 2013 for the follow-up population of 19 year olds.

The NYTD requires that a new cohort of in care 17 year olds be surveyed, beginning on October 1, 2013-September 30, 2014 (FFY 2014). FFY 2013 APSR will reflect only the ILP delivered services outcomes. The CDSS will convene a group of former foster youth to review the data. CDSS is collaborating with CWDA, ILP and operative subcommittees to assist counties in garnering contacts with the 19 year olds follow-up youth to enable them to begin taking surveys in the next FFY 2013 as mentioned above.

Table 15: NYTD County Compliance Report for FFY 2011: Number of youth who received an independent living service by responsible agency type in FFY 2011

| Case Responsible Agency | 1st Report Period | | 2nd Report Period | |
|--|-------------------|------------|-------------------|------------|
| | Number | Percent | Number | Percent |
| In care: Child welfare department | 7,951 | 63 | 9,731 | 66 |
| In care: Probation | 1,303 | 10 | 1,869 | 13 |
| In care: Other (Kin-Gap, mental health, out of state agency, state adoption district office, private adoption agency, and Indian child welfare) | 140 | 1 | 191 | 1 |
| Aftercare*: Child welfare department | 2,892 | 23 | 2,514 | 17 |
| Aftercare*: Probation | 190 | 2 | 235 | 2 |
| Aftercare*: Other (Kin-Gap, mental health, out of state agency, state adoption district office, private adoption agency, and Indian child welfare) | 158 | 1 | 133 | 1 |
| Either current/prior case was not found, or case responsible agency was missing | 14 | 0 | 4 | 0 |
| All | 12,648 | 100 | 14,677 | 100 |

Part 5: Education and Training Voucher Program

Please refer to Number 6 in Part 2 of the Chafee section above.

TITLE IV-E CHILD WELFARE WAIVER DEMONSTRATION CAPPED ALLOCATION PROJECT

The Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project (CAP) is in the fifth year of implementing the waiver demonstration. Alameda and Los Angeles counties are the two participating counties. Under the CAP, the waiver counties have the opportunity to reinvest their foster care savings to create a more responsive array of services and supports for families typically funded using Title IV-B funds. The specific goals of the CAP are to:

- Improve the array of services for children and families and engage families through a more individualized approach that emphasizes family involvement.
- Increase child safety without an over-reliance on out-of-home care.
- Improve permanency outcomes and timelines.
- Improve child and family well-being.

The five-year project began on July 1, 2007 and will end on June 30, 2012. California has received federal approval to operate the project under a short-term bridge extension through June 30, 2013. The CDSS submitted a five-year waiver extension proposal request to ACF on February 6, 2012, and is currently developing the state plan and framework for the waiver extension. The extension proposal mentions the potential expansion for up to 18 new counties beyond the two current counties. The CAP final evaluation report is due to ACF on December 31, 2012. Highlighted implementation for two CAP counties is provided below:

To date under the CAP, the Alameda County Department of Children and Family Services (Alameda DCFS) has continued their expansion of the Alternative Road to Safety (ARS) Prevention Program, an alternative response program providing intensive home-based family support services targeting enhanced safety and a reduction in first entries. This intensive home-based model was expanded to the FM Program to increase the number of children who safely and permanently reunify with their families and reduce the number of children reentering foster care. The Paths to Success (P2S) program serving FM families is being evaluated with support from Casey Family Programs. An initial evaluation report for the program was issued in June 2011.

Newer Alameda DCFS waiver investments are a Family Visitation Center; expanded parent advocate program; Youth Fellow Board; and funding for contracted case management services to teen agers who are pregnant or are already a parent to increase high school completion level, improved parenting skills, and the prevention of child abuse and neglect. Current project year five efforts have focused on employment related funding, services, and supports for youth, in addition to, continued funding for increased child welfare workers and supervisors, county counsel positions, and family finding support staff.

The Alameda County Probation Department has continued to focus on preventing unnecessary out-of-home placements, increased utilization of alternative dispositions, community probation, and enhanced community-based programs for probation youth and families.

Strategies utilized under the CAP have included the Screening for Out-of-Home Services Committee, staffing for the Collaborative Court to address youth with mental health issues, retention of Family Preservation Unit staffing, and expansion of the Transition Center that provides stabilization supports for youth upon re-entering into their community.

Under the CAP, Los Angeles County Department of Children and Family Services (LA DCFS) has continued to fund their initial strategies of upfront assessments (UFAs) countywide for high risk families to reduce entries and reentries into foster care and to increase services supporting timely reunification; focused Family Finding through specialized youth permanency units; and staffing and supports for the expansion of Family Team Decision –Making (TDM).

Newer LA DCFS investments that have been funded include youth development services and child safety enhancements that ensure timely disposition of allegations and conclusion of referrals and timely use of the Structured Decision Making for safety and risk assessments. In project year five, Los Angeles County has also continued to provide partial funding to support the Prevention Initiative Demonstration Project (PIDP), a comprehensive, strengths-based child abuse and neglect prevention system that operates in all eight county Service Planning Areas.

The Los Angeles Probation Department (LA Probation) has continued to focus on reducing the number of youth and length of stay in congregate care. The CAP has supported increased staffing and expanding the use of evidence-based practices to treat youth and families with Functional Family Therapy, Functional Family Probation, and Multi-Systemic Therapy.

Under the waiver, LA Probation has also established a prospective authorization and utilization unit that processes referrals, performs systematic review, and ensures services for youth at-risk for entering out-of-home care and youth that are transiting from placement back into the community. In addition, the cross systems case assessment and case planning has evolved into the Probation Assessment Center model as part of their effort to provide a comprehensive method of assessment for all youth and developing an individualized case plan for each youth.

Additional planned investments for LA DCFS through project year five and the bridge extension will target improved safety by enhancing and expanding current programs and service contracts, increased hiring of public health nurses, increased in-house legal services, and supports for the LA DCFS core practice model. LA Probation has identified it will expand capacity and services under their current strategies, fund newer educational supports and after care services, and fund administrative costs for the Probation Case Management System enhancements and data interface with the Child Welfare Services Case Management System.

CHILD AND FAMILY SERVICES TRAINING PLAN

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Training and Staff Development

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. In 2011, as a result of re-alignment, CWS programs were shifted from the state to the counties where administrators can better determine how to meet local needs and priorities. The CWDA determines which training and training funds are to be handled by the counties and which will be handled by the state.

The CDSS, with assistance from the CalSWEC and with the concurrence of the CWDA, established the Statewide Training and Education Committee (STEC), which is comprised of representatives from CDSS, CWDA, RTAs, RCFFP, CalSWEC, Inter-University Consortium/Los Angeles County Department of Children and Family Services' Training Unit, county staff development, Title IV-E Stipend Program, representatives from tribes/tribal organizations, and unions. The STEC has continued to be utilized as a key communication venue in achieving the state's new strategies and goals. Meetings have continued quarterly with this group.

The following section includes updated details of activities that occurred over FFY 2011 and FFY 2012 for training programs, services and activities identified in the five-year staff development and training plan.

COST ALLOCATION METHODOLOGY

Unless otherwise noted, the allocation of costs to benefitting programs for each training described herein is based on an analysis of the training topics and the target audience. The training vendor receives a Title IV-E determination checklist (included in this report as Attachment C) that is then submitted to the State Contract Manager. This form identifies Title IV-E eligible training activities at the enhanced rate, the administrative rate, and the transitional rate based on analyses of the target audience. The non-Title IV-E activities are also described and the vendor provides the percentage of time for each activity at each rate.

PL 110-351 allows for the training of a broader audience. It is necessary to identify the members of the audience in order to determine which roles are necessary for the administration of the Title IV-E programs; for example, training for hotline and emergency response workers would not be necessary for the operation of the Title IV-E Foster Care and Adoption Assistance Programs. Some programs have additional requirements which must also be considered. For instance, Foster Care eligible training costs are allocated to benefitting programs determined by course curriculum and participants, and the costs must be discounted by the state foster care caseload ratio. The activities in all Title IV-E eligible training contracts must meet the applicable requirements established in 45 CFR 1356.60 and 235.60-66 (a). Identification of training topics and participants is used to determine whether the activity is eligible for FFP, and if so, at what rate. The FFP training rate varies effective October 7, 2008, from 55 to 75 percent, the percent FFP rate for administrative activities is 50 percent.

All training contracts reflect the appropriate allocation of Title IV-E dollars for the application of the 75 percent enhanced training rate, the 50 percent administrative rate, and the appropriate phased in training rate per Public Law 110-351, discussed below and further outlined in ACL 09-80.

The “Fostering Connections to Success and Increasing Adoptions Act of 2008” (PL 110-351) provides for additional categories of trainees eligible to receive Title IV-E short-term training. Training can be provided to relative guardians, state-licensed or state-approved child welfare agencies providing services, members of staff of abuse and neglect courts, agency attorneys, attorneys representing children or parents, guardians ad litem, and court-appointed special advocates representing children in proceedings of such courts.

The Federal Financial Participation rate for the expanded audience will phase in over five FFYs as follows:

| | Percent |
|----------|---------|
| FFY 2009 | 55 |
| FFY 2010 | 60 |
| FFY 2011 | 65 |
| FFY 2012 | 70 |
| FFY 2013 | 75 |

REALIGNED TRAININGS

The following trainings have been realigned to the counties and will no longer be included in the APSR:

| | |
|--|--|
| 09 – Foster Parent and Relative Caregiver Education Program..... | |
| 10 – Substance Abuse (SA) Human Immunodeficiency Virus Infant Program..... | |
| 12 – University of California, Davis: Adoptions Training | |
| 14 – ILP Transformation Breakthrough Series Collaborative | |
| 17 – Comprehensive Assessment Tool ⁵⁹ | |
| 19 – Specialized Training for Adoptive Parents Program | |
| 21 – Special Start Training Program | |

1

Regional Training Academies

Each RTA has continued to deliver a comprehensive, competency-based program that addresses the training needs of new and experienced social workers, supervisors, and management staff. New social workers and new supervisors receive statewide standardized training. With some improvement in the economy, some counties have been able to hire new staff resulting in a slight increase in core training. The RTAs have also provided advanced and specialized classes to the counties to meet the required ongoing training requirements for the other staff within the counties. Due to the counties’ diminished travel funds, counties are

⁵⁹ The removal of CAT from the training plan is not due to realignment, but rather that the contract to fund CAT expired on December 31, 2010, and a zero dollar agreement is in place through December 31, 2012, see page 40.

asking the RTAs to train locally. In some regions, slightly more than half of the training has been (and will continue to be) delivered in the counties where the staff work.

The RTAs and Inter-University Consortium/Los Angeles Department of Children and Family Services (IUC/LA DCFS), in support of several new initiatives, have been involved in planning, curriculum development, and/or training delivery. The initiatives include the After 18 Program and CAPP.

Counties have also expressed an interest in training staff via e-learning. The Northern and Southern Regional Academies and IUC/LA DCFS have been delivering e-learning modules in their counties, and they continue to develop modules for statewide sharing, as needed, to supplement the common core curriculum. The RTAs anticipate continuing to deliver services by way of a variety of modalities. Training modalities include classroom-based training, training events for a multidisciplinary audience of child welfare community professionals, field-based training, mentoring, coaching, the use of Webinars, and e-learning. The RTAs address issues of staff retention and collaborate with counties to strategize on how training can be used as a strategy toward the retention of quality staff.

ALLOWABLE TITLE IV-E ADMINISTRATIVE FUNCTIONS

This training activity falls under the following categories necessary for the administration of the foster care program: referral to services; preparation for and participation in judicial determinations; placement of the child; development of case plans; case reviews; and case management and supervision.

SETTING/VENUE

The RTAs and IUC provide training to all 58 counties at specified locations within their regions.

TRAINING DURATION

Training activities are short-term. The duration of specific training programs varies according to type of training offered and the audience to be served.

TRAINING ACTIVITY PROVIDER

The RTAs and IUC/LA DCFS.

APPROXIMATE NUMBER OF DAYS/HOURS OF TRAINING ACTIVITY

The number of days and hours of training provided varies according to the regionalized need.

TRAINING AUDIENCE

The RTAs and IUC/LA DCFS provide training to new and experienced child welfare line staff, supervisors, managers, and others working with children and families receiving child welfare services.

TRANSITIONAL OR REGULAR FFP RATE

The federal Title IV-E rate funding is matched by SGF and university contributions. Title IV-E is drawn down at variable levels dependent upon the activity; 75 percent may be drawn down for

training and 50 percent for administration. Title IV-E will also be matched at the transitional rate for the additional audience, per PL 110-351.

TOTAL COST ESTIMATE

Contracts for RTAs total \$8,792,589 and for IUC/DCSF \$8,309,000.

2 CalSWEC Coordination Project

There are no substantive changes to the CalSWEC Coordination Project.

DESCRIPTION OF TRAINING ACTIVITY

The CalSWEC coordinates with the RTAs and IUC/DCFS as noted in the CFSP and is involved with the development, enhancement, revision process, and hosting (on their website) of the common core curriculum.

ALLOWABLE TITLE IV-E ADMINISTRATIVE FUNCTIONS

This training activity falls under the following categories necessary for the administration of the foster care program: referral to services; preparation for and participation in judicial determinations; placement of the child; development of case plans; case reviews; and case management and supervision.

SETTING/VENUE

Various locations throughout the state.

TRAINING DURATION

Training activities are short-term.

TRAINING ACTIVITY PROVIDER

CalSWEC.

APPROXIMATE NUMBER OF DAYS/HOURS OF TRAINING ACTIVITY

The number of days and hours of training provided varies according to the regionalized need.

TRAINING AUDIENCE

New and experienced child welfare line staff, supervisors, managers, and others working with children and families receiving child welfare services.

TRANSITIONAL OR REGULAR FFP RATE

The federal Title IV-E rate funding is matched by SGF and university contributions. Title IV-E is drawn down at variable levels dependent upon the activity; 75 percent may be drawn down for training and 50 percent for administration. Title IV-E will also be matched at the transitional rate for the additional audience, per PL 110-351.

TOTAL COST ESTIMATE

\$1,003,913

3 CalSWEC Title IV-E Bachelor of Social Work (BASW) & Master of Social Work (MSW) Stipend Program

There are no substantive changes to the Stipend Program.

DESCRIPTION OF TRAINING ACTIVITY

This training emphasizes that case plans are developed jointly with parents and children/youth. The training also focuses on such topics as family engagement, case planning, concurrent planning, visitation requirements, and the termination of the parental rights process.

ALLOWABLE TITLE IV-E ADMINISTRATIVE FUNCTIONS

This training activity falls under the following categories necessary for the administration of the Title IV-E foster care program: referral to services; preparation for and participation in judicial determinations; placement of the child; development of case plans; case reviews; and case management and supervision.

SETTING/VENUE

Twenty-one university departments of Social Work/Welfare throughout the state.

TRAINING DURATION

Duration of training varies according to the type of training offered. For example, a full-time student would take two academic years, and a part-time student would take three academic years to complete stipend program.

TRAINING ACTIVITY PROVIDER

The CalSWEC, a coalition of the twenty-one graduate deans of social work, the 58 county welfare directors; representatives of Mental Health, the National Association of Social Workers, and private foundations manage this project.

APPROXIMATE NUMBER OF DAYS/HOURS OF TRAINING ACTIVITY

The number of days and hours vary depending upon the duration of the program.

TARGET AUDIENCE

Current CWS employees and members of underrepresented ethnic minority groups.

TRANSITIONAL OR REGULAR FFP RATE

This training is allocated to Title IV-E at the enhanced regular FFP rate **of 75 percent**, and local match is contributed by participating public institutions of higher learning.

TOTAL COST ESTIMATE

4 Resource Center for Family-Focused Practice

There are no substantive changes to the Resource Center for Family-Focused Practice

DESCRIPTION OF TRAINING ACTIVITY

In support of the CFSP goals and objectives, training emphasizes that case plans are developed jointly with parents and children/youth. The training focuses on such topics as family engagement, case planning, concurrent planning, visitation requirements, and the termination of parental rights process.

ALLOWABLE TITLE IV-E ADMINISTRATIVE FUNCTIONS

This training activity falls under the following categories necessary for the administration of the Title IV-E foster care program: referral to services; placement of the child; development of the case plan; case reviews; case management and supervision; and recruitment and licensing of foster homes and institutions.

SETTING/VENUE

Training is provided at the RCFFP, which is operated out of the Center for Human Services Training and Development at University California, Davis, and various locations throughout the state.

TRAINING DURATION

This training activity is short-term. The duration of specific training programs varies according to type of training offered and the audience to be served.

TRAINING ACTIVITY PROVIDER

University California, Davis.

APPROXIMATE NUMBER OF DAYS/HOURS OF TRAINING ACTIVITY

Length of training varies according to training topic and audience needs.

TRAINING AUDIENCE

The RCFFP provides training to county child welfare workers, probation officers, and private and public providers that are licensed by the state and serve Title IV-E eligible children.

TRANSITIONAL OR REGULAR FFP RATE

This training is allocated to Title IV- enhanced regular FFP rate of **75 percent**, administrative rate, transitional rate.

TOTAL COST ESTIMATE

\$1,681,604

5 California Wraparound Integrated Services

As noted in Strategy IV, in support of the CFSR/PIP, in 2010, two additional counties (Imperial and Lake) have adopted the Wraparound Planning Model, and one county is in planning stages with a CDSS Wraparound consultant. There are currently 47 of the 58 counties approved to implement California Wraparound services.

The CDSS provides ongoing Wraparound trainings for county staff and eligible child care agencies through the Resource Center for Family Focused Practice. Trainings provided include fiscal training, Extended Foster Care, Katie A and the use of AAP. Additional trainings may consist of how to engage the families and system partners including Education, Mental Health, etc. Trainings for counties and child care agencies are based on how to develop child and family team plans to support the families with accessing community resources and mitigating circumstances to reduce dependency on out-of-home care. The Integrated Services and Wraparound Planning process will ensure that children are placed in the lowest level placement with family or a non-related extended family member, which will help achieve permanency and well-being.

The bi-annual Wraparound Institute (three-days) to provide learning opportunities to county and provider staff is planned for June 13-15, 2012 in Anaheim. The theme for the 7th Wraparound Institute will be “Strengthen Connections for Families” with an emphasis on integrating additional teaming strategies to further support the well-being of families.

ALLOWABLE TITLE IV-E ADMINISTRATIVE FUNCTIONS

These training are allowable under Title IV-E as they are part of case management.

SETTING/VENUE

These trainings are provided at various county sites throughout the state.

TRAINING DURATION

These trainings are short term in duration. The majority of the trainings are one to three days.

TRAINING ACTIVITY PROVIDER

The Resource Center for Family-Focused Practice, University of California, Davis

APPROXIMATE NUMBER OF DAYS/HOURS OF TRAINING ACTIVITY

55 days.

TRAINING AUDIENCE

County staff, eligible child care providers, Parent Partners, and community-based organizations.

TRANSITIONAL OR REGULAR FFP RATE

This training is allocated to Title IV-E at the enhanced regular FFP rate of **75 percent** and transitional rate.

TOTAL ESTIMATE COST

\$368,000

7 County Staff Development and Training

DESCRIPTION OF TRAINING ACTIVITY

Counties are reporting to the state through the Annual County Training Plan any additional training needs they are interested in having the RTAs provide to their staff.

This training supports CDSS's vision that every child in California lives in a safe, stable, permanent home, nurtured by healthy families and strong communities. Child welfare training provided directly by county agencies enhances the ability of social workers to receive comprehensive training.

ALLOWABLE TITLE IV-E ADMINISTRATIVE FUNCTIONS

This training activity falls under the following categories necessary for the administration of the Title IV-E foster care program: referral to services; placement of the child; development of the case plan; case reviews; case management and supervision; and recruitment and licensing of foster homes and institutions.

SETTING/VENUE

County settings statewide.

TRAINING DURATION

This training is on-going and short-term.

TRAINING ACTIVITY PROVIDER

County staff development organizations and/or contract providers.

APPROXIMATE NUMBER OF DAYS/HOURS OF TRAINING ACTIVITY

Length of training varies according to training topic and audience needs.

TRAINING AUDIENCE

County child welfare workers.

TRANSITIONAL OR REGULAR FFP RATE

Costs are allocated to Title IV-E at the enhanced regular rate of 75 percent, administrative rate, transitional rate.

TOTAL COST ESTIMATE

\$45,000,000

8 National Council on Crime and Delinquency/Children's Research Center (NCCD/CRC)

With regard to effectively meeting federal and state child welfare outcomes, the CDSS staff utilizes data to guide decisions, provide valuable consultation to counties, and determine successful practices at the service delivery level. The CRC designed SafeMeasures® to support the C-CFSR continuous quality improvement program which aids the CDSS staff and all counties to meet outcome measures and target improvements.

DESCRIPTION OF CONTRACT AND TRAINING ACTIVITIES

The focal point of the CRC SafeMeasures® contract is on data collection, analysis, CFSR PIP implementation, and reporting techniques aimed at ensuring compliance with all state and federal mandates. Services provided as part of the contract assist in monitoring of progress towards federal and state goal attainment. It also includes design and development of software

to assist in the extraction, review, and analysis of quantitative data and aggregate reporting techniques.

The CRC training services ensure that state staff is presented with the necessary SafeMeasures® skills to successfully analyze progress towards meeting statewide objectives, strength gauging, issue identification, and assess progress in moving forward with successful PIP completion and beyond. SafeMeasures® training for CDSS staff covers the use of new features and provides dashboards and mapping tools allowing for the monitoring of performance by county on both federal and state outcome measures.

The CRC provides technical assistance and intervention to counties for improvements in quality and increased utilization of the SafeMeasures® database. These provisions assist counties in addressing areas of concerns related to outcomes. Training is provided both on-site and via web/phone based methodologies. Examples of training include report development at the case/caseload level, use of SafeMeasures® as a management tool, an orientation/training refresher in system capabilities, use of SafeMeasures® to achieve outcome goals, and use of SafeMeasures in disaster planning (described in the Emergency and Disaster Preparedness Plan chapter) and response, and in locating children in foster care whose placements are in disaster areas.

This training activity supports the objectives and goals of the CFSP through ensuring safety, promoting permanency and improving the statewide quality assurance system. Counties and CDSS staff will be able to better track county and statewide data to monitor outcomes.

ALLOWABLE TITLE IV-E ADMINISTRATIVE FUNCTIONS

This activity falls under the following categories necessary for administration of the foster care program: placement of the child; development of the case plan; case management and supervision; costs related to data collection, reporting, and monitoring; and conducting periodic evaluations.

SETTING/VENUE

Statewide

TRAINING DURATION:

Short-term (0.5 to 16.0 hours)

TRAINING ACTIVITY PROVIDER

Children's Research Center

APPROXIMATE NUMBER OF DAYS/HOURS OF TRAINING ACTIVITY

The number of days and hours vary according to the topic/technical assistance offered and the location of training.

TRAINING AUDIENCE

County Child Welfare Workers and State Staff

TRANSITIONAL OR REGULAR FFP RATE

This training is allocated to Title IV-E enhanced regular FFP rate of 75 percent and SGF.

TOTAL COST ESTIMATE

\$75,000/FY

11**Kinship Support Services Program**

The KSSP is one of the child welfare services programs that has been rolled into Realignment. Negotiations continue between counties and the state concerning each party's responsibilities under Realignment. As such, it is unknown if the number of participating KSSP counties will remain at 20 and, if not, what would be the attrition rate. However, at this time, the program continues to operate as it has in the past. The KSSP continues to function with ongoing collaboration among county, community-based organizations, and private, non-profit organizations in order to provide services to kinship caregivers and the children in their care. General training will be presented at a statewide conference for all participating county and program staff.

DESCRIPTION OF TRAINING ACTIVITY

Trainings may include workshops about how to assist caregivers in obtaining legal guardianship, how to write grants to generate additional funds, how to establish support groups for care providers, and presentation of newly passed legislation affecting relative caregivers and/or foster children. The KSSP contractor also provides county-specific training tailored to the needs of the particular KSSP site based on a work plan established by the contractor and the county. These trainings focus on various subjects ranging from instruction about using the Kin database to learning how to reach those in need of services.

The training supports the goals and objectives of the CFSP by promoting the well-being of children and families by providing funds for county kinship support services programs. These programs provide community-based family support services to relative caregivers and the court-dependent children placed in their homes, and to children who are at risk of dependency or delinquency and their relative caregivers. Training and technical assistance is provided to county and non-profit personnel operating KSSP sites so that they can provide the most effective and efficient services to children and their relative caregivers. Support services provided via this program contribute to improved outcomes related to safety, stability, permanency, and the well-being of both dependent and non-dependent, at-risk children. The program also improves the potential for a child to experience additional connections with other family members through supportive services to the relative caregiver which strengthen stability of the placement.

Training and technical assistance to the counties contributed to local KSSPs' ability to provide services to over 9,548 clients in FY 2010-11.

ALLOWABLE TITLE IV-B

\$225,000

SETTING/VENUE

Twenty counties currently operate a KSSP. The training provider conducts training and technical assistance at the KSSP sites within each of the 20 counties. In FY 2010-11, the training provider conducted three regional conferences : one for the Bay Area counties/sites, one for the northern California counties/sites, and one for the counties/sites in southern California.

TRAINING DURATION

Short-Term or Long-Term.

TRAINING ACTIVITY PROVIDER

Edgewood Center for Children and Families.

APPROXIMATE NUMBER OF DAYS/HOURS OF TRAINING ACTIVITY

Each county with an existing KSSP may have county and site personnel attend a two-day regional training for their area. The Bay Area training was in March 2012, the Southern California training was in November 2011, and the Northern California training was held in February 2012; a total of 67 participants attended these trainings. In addition to the training provided at the regional conferences, training and technical assistance are provided by telephone, e-mail, other written means, through open chat forums on a kinship internet site, and via onsite visits on an ongoing, as-needed basis throughout the term of the training period. Training and technical assistance are also provided related to data collection and reporting activities. The number of days/hours varies per county and per site as the T/TA is specific to the county's program and needs.

TARGET AUDIENCE

County and private nonprofit personnel who administer and/or operate the KSSP sites and relative caregivers/volunteers who help staff the KSSP sites.

TRANSITIONAL OR REGULAR FFP RATE

Not applicable. Allocated to Title IV-B

TOTAL COST ESTIMATE

\$225,000 per year (100 percent PSSF funds).

13 Judicial Review & Technical Assistance (JRTA)

CDSS contracts with the Judicial Council of California, the Administrative Office of the Courts, to provide specialized training through the JRTA project.

DESCRIPTION OF TRAINING ACTIVITY

This project provides statewide training and technical assistance on court findings required for Title IV-E eligibility. Trainings and technical assistance include comprehensive case file reviews conducted during multi-day JRTA-team site visits.

During the 2011 FY, Title IV-E site visits were made to the juvenile courts in 27 counties. These site visits comprised approximately 177 training days. During each site visit, the assigned

attorney conducted a comprehensive review of a random sample of juvenile court foster care or placement files, observed courtroom proceedings, and met with judicial officers, court staff, attorneys, juvenile probation staff and child welfare staff to discuss the data collected and observations made during the site visit. The assigned attorney also provided educational material and information related to a variety of topics including Title IV-E finding requirements, well-being and permanency related issues, such as, meeting the child's educational needs, finding life-long connections for youth, engaging youth in permanency planning, and using the ILP to help the youth plan for the future. Following a year of extensive planning and coordination with stakeholders around the state in response to new legislation, California's Fostering Connections to Success Act (AB12/212), more than 10 trainings have been conducted to address the needs of emancipating youth continuing services up to 21 years of age. Following each site visit, each jurisdiction's judicial officers, child welfare and probation agencies receive a detailed report outlining site visit findings and needed areas of improvement with respect to Title IV-E findings.

The JRTA attorneys also conducted supplemental trainings tailored to meet the individual needs of judicial officers, clerks, attorneys, social workers, and probation officers. These trainings focused on several of the key Title IV-E court findings that are federally required, with an emphasis on ensuring that judicial officers are taking the appropriate steps to finalize permanent plans for each child in foster care, and that children and their families are involved in the case planning process. Supplemental trainings were conducted in Alameda, Amador, Inyo, Los Angeles, Merced, Plumas, San Bernardino, San Diego, San Joaquin, San Mateo, Santa Barbara, and Stanislaus.

The JRTA attorneys also responded to telephone and e-mail enquiries regarding Title IV-E and related issues such as timeline compliance, case planning, and report requirements from judicial officers, court staff, attorneys, juvenile probation staff, and child welfare staff on a regular basis.

The JRTA project supports CDSS' goals of ensuring the safety, permanency and well-being of children. The JRTA staff train on several of the key Title IV-E court findings that are federally required. Training also enhances the ability of judges to ensure that the county is taking appropriate steps toward finalizing a permanency plan for each child in foster care, and that children and their families are involved in case planning.

ALLOWABLE TITLE IV-E ADMINISTRATIVE FUNCTIONS

This project is funded at the 50/50 percent enhanced federal financial participation rate for CWS Title IV-E Training.

SETTING/VENUE

Training is provided in close proximity to courthouse facilities to facilitate judicial staff participation statewide.

TRAINING DURATION

Duration of trainings is dependent on the initial review of court files to determine the level of current compliance with Title IV-E. The training is ongoing and long-term and will continue throughout the period covered in this five-year plan.

TRAINING ACTIVITY PROVIDER

The Judicial Council of California, Administration of the Courts.

APPROXIMATE NUMBER OF DAYS/HOURS OF TRAINING ACTIVITY

255 days per year.

TRAINING AUDIENCE

The Judicial Council (the contractor) provides technical assistance to judges, court staff, county welfare, and probation department staff, attorneys involved in dependency and delinquency proceedings, and CASAs. Numbers of staff vary from county to county.

TRANSITIONAL OR REGULAR FFP RATE

This training is allocated to Title IV-E at the enhanced regular FFP rate **of 75 percent**, transitional rate, and SFG.

TOTAL COST ESTIMATE

\$2,755,623.00

15**Fiscal Academy****DESCRIPTION OF TRAINING ACTIVITY**

The purpose of the University of California Davis (UCD) Fiscal Academy contract is to provide program and fiscal training for county agencies that serve and/or support children and families by providing participants with the fundamentals of child welfare services funding, allocations, claiming, and budgeting. The training also introduces new changes in federal and/or state law that impact both program and fiscal management policymaking at the state and local level.

In 2011, the UCD Fiscal Academy accomplished these goals. Participating counties gained the knowledge and skills to more efficiently use their combined resources to achieve better outcomes for children and to provide ongoing funding to evidence-based programs that support these outcomes.

Evidence of UCD Fiscal Academy progress and relevance can be found in the course evaluations which are completed by the Fiscal Academy participants at the close of training. Participants are asked to rate the training, the materials, topics covered, and the instructors on a five point scale. In January 2011, at the Yolo County training, 74 percent of participants ranked the training at the highest level and 23 percent ranked the training at the second highest level. In March 2011, at the Stanislaus County training, 88 percent of the participants ranked the training at the highest level and 8 percent ranked the training at the second highest level. In May 2011, at the Ventura County training, 79 percent of participants ranked the training at the highest level and 14 percent ranked the training at the second highest level. In

September 2011, at the Yolo County training, 70 percent of participants ranked the training at the highest level and 25 percent ranked the training at the second and third highest level. Overall, participants believe the course was valuable and of great benefit to their everyday work environments.

Although, some participants commented on a need for a longer training or a deletion of some topics with more emphasis on others, most participants thought the training was a suitable length of time and was pitched at the appropriate level. Representative comments include: “a good blend of overview/concept and specifics; and the instructor is clearly very knowledgeable and creative when it comes to fiscal issues.” Recommendations from evaluations include providing the training at more basic level for people with no fiscal training and providing more sample scenarios and exercises.

The excellent reviews demonstrate the continued importance of the UCD Fiscal Academy to provide training, guidance and clarification to county agencies. Future presentations could consider adding an additional course that dealt with more complex topics or an hour-long module of more advanced topics.

The training meets the goals and objectives of the Child and Family Services Plan (CFSD) through an acquisition of knowledge and skills to better use their combined resources to achieve better outcomes for children and to provide ongoing funding to evidence-based programs that support these outcomes. Participants in the academies leave with a solid foundation as to how the child welfare and foster care funding stream works, its limitations and opportunities.

ALLOWABLE TITLE IV-E ADMINISTRATIVE FUNCTIONS

Some of the Title IV-E Administrative training addresses items related to the Deficit Reduction Act of 2005 such as:

- Administrative cost for a child placed with a relative for the lesser of 12 months or the average length of time it takes for a state to license or approve a foster home,
- Administrative cost when a child moves from an unallowable facility to a licensed or approved foster family home, and/or
- Title IV-E administrative cost for children who meet the foster care candidacy.

In addition, the training focuses on the federal Fostering Connections to Success and Increasing Adoptions Act of 2008 and California’s implementation of this federal law under Assembly Bill 12.

SETTING/VENUE

The training occurs at the UCD campus and in other locations throughout the state.

TRAINING DURATION

Over the course of a State Fiscal Year. The training is conducted annually.

TRAINING ACTIVITY/PROVIDER TRAINING ACTIVITY

A two-day training course and a one day workshop forum provided by The Center for Human Services, UCD Extension, University of California.

APPROXIMATE NUMBER OF DAYS/HOURS OF TRAINING ACTIVITY

Four (two-day) sessions; session times are 9:00 a.m. to 4:00 p.m. daily. Total number of training days is eight days and 56 hours for this contract. There are approximately 120 participants for all four sessions (60 participants per two-day session).

TRAINING AUDIENCE

Provide continuing information and training to deputy directors, program managers and fiscal officers of child welfare services, and directors, program administrators and fiscal officers of other county departments such as mental health and probation. The CDSS Fiscal and Program staff also participates in this training.

TRANSITIONAL OR REGULAR FEDERAL FINANCIAL PARTICIPATION RATE

Training is allocated to Title IV-E at the administrative rate and State General Fund.

TOTAL COST ESTIMATE

\$255,957

16 Structured Decision Making

The CDSS continues to contract with the CRC, a non-profit branch of NCCD to implement SDM systems that provide social workers with simple, objective, and reliable tools with which to make the best possible decisions for individual cases, and to provide managers with information for improved planning, evaluation, and resource allocation.

DESCRIPTION OF TRAINING ACTIVITY

The SDM tool includes six research-based assessments that assist child welfare workers in assessing risk, aids in targeting services to children who are at greatest risk of maltreatment, and improves outcomes for children and families, such as reducing the recurrence of child maltreatment. The services provided by CRC include training county staff regarding the use of the SDM tools. Individual tools are designed for the hotline, safety assessment, risk assessment, family strengths and needs assessment, in-home risk reassessment, and reunification reassessment. CRC collaborated with CDSS and eight California counties to develop a structured tool to assess the support needs of substitute care providers. CRC continues to provide training for trainers, web-training sessions on topics specified by the counties and CDSS, and in person Core Team and trainer meetings. SDM tools are currently in use in 54 of California's 58 counties.

Additional services include: monitoring and evaluating the SDM model in participating counties, providing ongoing technical assistance, and processing data and management reports. These reports assist counties in proper implementation and in the continued use of SDM tools by assessing operations through the review of safety assessment results, response priority results, risk levels, and an assessment of the utility of the instruments in California.

This training activity supports the objectives of ensuring safety, and promoting permanency and well-being. The training assists county child welfare staff in improving their assessment and decision making skills by providing tools to assess risk, safety, and needs, as well as training on the use of those tools. There is now training for child welfare supervisors to support the use of the assessment tools throughout the life of a child welfare case. CRC will continue to expand training in SDM for both social workers and supervisors as the tools are updated and improved.

ALLOWABLE TITLE IV-E ADMINISTRATIVE FUNCTIONS

This training activity falls under the following categories necessary for the administration of the Title IV-E foster care program: referral to services; development of the case plan; case reviews; costs related to data collection; and reporting and monitoring.

SETTING/VENUE

Training offered statewide.

TRAINING DURATION

Training length may vary depending on type of training, audience, and location. This training is short-term and on-going and will continue throughout the period covered in this five-year plan.

TRAINING ACTIVITY PROVIDER

Children's Research Center/National Council on Crime and Delinquency.

APPROXIMATE NUMBER OF DAYS/HOURS OF TRAINING ACTIVITY

Up to 100 offsite training days per fiscal year; up to six onsite visits of up to three days each per fiscal year.

TRAINING AUDIENCE

Child welfare workers and child welfare supervisors statewide.

TRANSITIONAL OR REGULAR FFP RATE

This training is allocated to the IV-E enhanced regular FFP rate of 75 percent and administrative rates and SGF. For those costs that are not allocable to Title IV-E (such as hotline), the costs are allocated to SGF.

TOTAL COST ESTIMATE

\$150,674 at 75 percent reimbursement (Title IV-E) rate for training activities

\$6,740 at 75 percent reimbursement (Title IV-E) rate for Management reports

\$38,195 at 50 percent reimbursement (Title IV-E) rate for Management reports

\$295,760 in SGF

Total costs per fiscal year is \$491,369.

18 Safe and Thriving Futures – Previously, The Family to Family Initiative

The F2F Initiative has transitioned into the Safe and Thriving Futures contract which continues to support California counties on best practices and policies that support the permanency and well-being of children who are in and transitioning from foster care. The Safe and Thriving Futures contract is comprised of a partnership between CDSS, the Stuart Foundation, the Casey Family Program, and the Walter S. Johnson Foundation.

DESCRIPTION OF TRAINING ACTIVITY

The purpose of this contract is to continue training and technical assistance to participating counties for the implementation and sustainability of the five core strategies and emerging strategies that were begun under the F2F Initiative. The contract also incorporates other practices which include: Early Learning/Safe Starts, Quality Foster Parenting, California Permanency for Youth Project, Independent Living Program Transformation, California Disproportionality, and the Family to Family Connected by 25 Initiative.

Continuation of this T/TA to county staff ensures the principles and practices related to the Safe and Thriving Futures practices are applied to provide optimal opportunity for achieving permanence and stability for foster children. T/TA is provided to increase reunification (when possible), sibling visitation, and placement in the child's own community. T/TA is provided to increase recruitment of resource families when out-of-home placement is necessary, to increase supports to resource families, and to decrease foster youth in congregate care. T/TA increases well-being for foster youth transitioning from foster care.

ALLOWABLE TITLE IV-E ADMINISTRATIVE FUNCTIONS

All of the initiatives/practices help to assist counties in making improvements in their foster care program which promote effective, out-come based, community-supported, family-centered services. The Title IV-E funds are matched with donation funds. The authority for utilizing Title IV-E funds is under 45 CFR 1356.60(b).

SETTING/VENUE

On-site, in-person training sessions or meetings; offsite by telephone, email or video conferencing; peer-to-peer learning on-site or via e-mail.

TRAINING DURATION

Training and technical assistance is provided on a regular basis throughout the State of California to all of the participating counties through the duration of the contract, November 23, 2010 to September 30, 2011.

TRAINING ACTIVITY PROVIDER

Training and technical assistance is provided by CFPIC which is contracted to coordinate services. The scope of work focuses on the facilitation of the training and technical assistance services to county social workers and other identified staff in regards to continuing implementation of the F2F five core strategies, the six emerging strategies as well as the other practices identified above.

APPROXIMATE NUMBER OF DAYS/HOURS OF TRAINING ACTIVITY

Various.

TRAINING AUDIENCE

The training audience is composed of county welfare workers and other county staff who are identified with the continued implementation and support of the Safe and Thriving Futures practices.

TRANSITIONAL OR REGULAR FFP RATE

Training is allocated to Title IV-E enhanced regular FFP rate of 75 percent (direct training and activities) and administrative rate, and philanthropic funds.

TOTAL COST ESTIMATE

\$574,297

20 Family Resource and Support Training and Technical Assistance (“Strategies”)

DESCRIPTION OF TRAINING ACTIVITY

Strategies, a network of three regional non-profit agencies, was developed to help build capacity and to enhance the quality of programs and services provided for families and children by family support programs and family resource centers (FRCs) throughout California. Please refer to the CAPTA section for additional information.

Training and technical assistance will assist staff in enhancing their knowledge and skills base to better deliver services to ensure the safety of children, promote the accurate assessment of child and family needs, support the participation of the child and family in case planning, and improve the quality and availability of relevant services. These services also help to build capacity and improve sustainability.

ALLOWABLE TITLE IV-E ADMINISTRATIVE FUNCTIONS

Not Applicable.

SETTING/VENUE

Training is conducted in various settings statewide.

TRAINING DURATION

Duration of training varies depending on the type of training offered. This training project is short-term and is funded to operate through June 30, 2014.

TRAINING ACTIVITY PROVIDER

Strategies: a network of three regional non-profit agencies.

APPROXIMATE NUMBER OF DAYS/HOURS OF TRAINING ACTIVITY

Length of training varies depending on training topic.

TRAINING AUDIENCE

The target audience includes staff from family resource centers/family support programs, community organizations, and public/private agencies. Many of these agencies provide services to families as part of counties' Differential Response systems.

TOTAL COST ESTIMATE

\$3,172,131 for this reporting period

TRANSITIONAL OR REGULAR FFP RATE

Not applicable. Funding is allocated to CBCAP, SCTF, and CAPTA.

23 CWS/CMS Training

The CWS/CMS staff development and training allocation is \$8.294 million. The state divides and distributes the allocation to three training sources to provide consistent statewide training.

DESCRIPTION OF TRAINING ACTIVITY

Approximately \$2 million is allocated for the provision of classroom training to state and county CWS/CMS users of which \$586,462 was given to the Regional Training Academies as new vendors of training delivery. These systems trainings and associated supports utilize a standardized statewide curriculum and web based tools. The training includes CWS/CMS referral, case management, and placement and resource management including: CWS/CMS new and intermediate user, CWS/CMS beginning, intermediate and customized county, and state access to data via the Business Objects programs. Business Objects is the data manipulation and reporting software provided by the state for designated users. The training delivers the CWS/CMS training through classroom instruction which is made available at various locations throughout the state. Additionally provided are various web based training guides, tools, workgroups, and other venues to ensure user skills and knowledge are adequately addressed and maintained.

In addition to the provision of a standardized curriculum, there are state staff dedicated to providing management and facilitation for the various systems use needs. Highlights of needs include developing, updating, and maintaining training tools including the curriculum, the Statewide Training Application Resource (STAR), Online Release Notes, Quick Reference Guides and Business Objects. In addition the allocation supports county consultants who work closely to ensure a county systems business process perspective and input on training and support necessary to meet the needs of county users and statewide consistency.

The state allocates \$5,294 million of the CWS/CMS training allocation directly to the counties to provide CWS/CMS users with training. Counties use the allocated funds to provide local CWS/CMS training to new staff, staff whose functions within the program are changing, or special training to meet county or individual staff member specific needs. These funds assist counties in providing training locally and to ensure compliance with statewide training, systems case management, and data recording. Additionally, the statewide training tools are available on the CWS/CMS website.

ALLOWABLE TITLE IV-E ADMINISTRATIVE FUNCTIONS

CWS/CMS training falls under the following categories necessary for the administration of the foster care program: development of the case plan, monitor and conduct evaluations, and case reviews.

SETTING/VENUE

All county and state staff requiring CWS/CMS training attends classes at various sites and/or utilizes the web based tools. The training venues are strategically located throughout the state to allow easy access to as many staff as possible. Training can be delivered at an individual staff's desk as necessitated by business needs.

TRAINING DURATION

Each training session can vary according to the venue, subjects, skill set, and type of training provided. The county has the ability to provide in-house training whenever it is deemed necessary.

TRAINING AUDIENCE

The training audience includes all county and state staff using the CWS/CMS system. The number of students trained to use the system varies frequently because it is based on fluctuating state and county needs.

TRANSITIONAL OR REGULAR FFP RATE

This training is allocated to the Title IV-E enhanced regular FFP rate of **75 percent**, and SGF.

TOTAL COST ESTIMATE

\$8.294 million

24**Indian Child Welfare Act Initiative****DESCRIPTION OF TRAINING ACTIVITY**

The AOC continues to support CDSS' commitment to full implementation of ICWA by providing educational offerings; curriculum development; technical assistance; statewide resources; and tribal engagement on domestic violence, sexual assault, stalking, and teen dating violence through the ICWA Initiative.

Details regarding these other activities are further explained in the general ICWA section of this document.

ALLOWABLE TITLE IV-E ADMINISTRATIVE FUNCTIONS

Eligibility determination, referral to services, preparation for and participation in judicial determinations, placement of the child, development of the case plan, case reviews, and case management and supervision.

SETTING/VENUES

Various.

TRAINING DURATION

This training is ongoing over a three-year period.

TRAINING ACTIVITIES PROVIDER

Administrative Office of the Courts

APPROXIMATE NUMBER OF DAYS/HOURS OF TRAINING ACTIVITY

Eight six-hour regional training sessions will be provided.

TARGET AUDIENCE

County child welfare and probation staff, family and juvenile court representatives, and tribal representatives.

TRANSITIONAL OR REGULAR FFP RATE

This training is allocated to Title IV-E at the enhanced regular FFP rate of 75 percent, transitional rate, and SGF.

TOTAL COST ESTIMATE

\$321,673

25 Annual California Indian Child Welfare Act Conference

The CDSS continues to support the annual statewide ICWA Conference hosted by a volunteer tribe or group of tribes. Please refer to the ICWA section within this document for updates.

ALLOWABLE TITLE IV-E ADMINISTRATIVE FUNCTIONS

Not Applicable.

TRANSITIONAL OR REGULAR FFP RATE

Not Applicable. All SGF.

SETTING/VENUE

This training alternates annually between northern, central and southern California, and is sponsored and organized by a host tribe in the selected area.

TRAINING DURATION

This training is a short-term annual event.

TRAINING ACTIVITY PROVIDER

Contractor is determined annually. The California tribe selected to host and organize the training becomes the contractor.

APPROXIMATE NUMBER OF DAYS/HOURS OF TRAINING ACTIVITY

The training is conducted over two and one-half days. Approximately 200 individuals will receive training.

TARGET AUDIENCE

Indian child welfare workers; tribal advocates, council members and community leaders, law enforcement; child welfare and probation staff, judges, attorneys, foster/adoption agencies, social services agency personnel, college students, and other interested parties.

TOTAL COST ESTIMATE

\$25,000

26

Interstate Compact on Adoption and Medical Assistance (ICAMA) Training for California County ICAMA Liaisons

DESCRIPTION OF TRAINING ACTIVITY

In 2011, CDSS, California ICAMA Compact Administrators and Co-Compact administrators from the California Department of Health Care Services along with various county ICAMA liaison staff participated in webinar trainings offered by the Association of Administrators of the Interstate Compact on Adoption and Medical Assistance (AAICAMA) on May 25, July 21, August 10, and November 8. The trainings covered ICAMA Administration and Medicaid, the interstate provision of Medicaid for title IV-E adoption assistance eligible children, and interstate provision of Medicaid for non-title IV-E adoption assistance eligible children. In addition, ICAMA liaison staff attended a webinar on February 23, 2012, presented by AAICAMA, introducing a new series of forms proposed to replace the forms currently used by compact members, as well as a new AAICAMA database which will capture some of the general aggregate information from these forms.

These webinars provided an opportunity for local ICAMA liaison staff to discuss ICAMA-related questions and issues and to explore best practices in administering the compact. CDSS will continue to arrange for similar additional training in the future on an as-needed basis. This will be especially important over the next year or two when the new mandated forms and database are adopted for use in the completion of all compact forms.

CDSS does and will continue to provide on-going technical assistance to county child welfare, county and state adoption, and county probation staff on ICAMA program rules, procedures, etc. The CDSS will also continue to seek ways to incorporate additional ICAMA-related training into the RTA curriculums or other training-related venues. CDSS will also continue to assess whether more formalized training may be needed by counties in the future to address changes in the ICAMA program, including both the type of training needed, as well as the timing and methods of such training. Any such training, however, is likely to meet the specifications outlined below.

This training addresses the goals and objectives of the CFSP by assisting child welfare and adoptions staff in engaging families with individualized responses to help them preserve and strengthen their capacities to provide safety and stability for their children.

ALLOWABLE TITLE IV-E ADMINISTRATIVE FUNCTIONS

This training activity falls under the category of determining eligibility and case management.

SETTING/VENUE

Training will be available statewide.

TRAINING DURATION

Duration of training is expected to be no more than a day for any individual training.

TRAINING ACTIVITY PROVIDER

The ICAMA training will be conducted by an organization that has experience in providing statewide training and ICAMA subject matter such as AAICAMA or the Training Academies.

APPROXIMATE NUMBER OF DAYS/HOURS OF TRAINING ACTIVITY

To be determined based on the type of training offered, topics and the audience to receive training.

TRAINING AUDIENCE

Statewide ICAMA county liaisons, including CDSS District Offices and California tribes and eligibility workers. Training may also include judges, commissioners, referees, court personnel and attorneys involved with the adoption of AAP-eligible children.

TRANSITIONAL OR REGULAR FFP RATE

This training is allocated to Title IV-E enhanced regular FFP rate of **75 percent** and SGF.

TOTAL COST ESTIMATE

\$25,000

27 Interstate Compact on the Placement of Children (ICPC) Training

DESCRIPTION OF TRAINING ACTIVITY

During CY 2011, CDSS worked with the UC Berkeley School of Social Welfare, California Social Work Education Center to update a resource guide developed in 2010 on the Interstate Compact on the Placement of Children (ICPC). The updates were to address new ICPC regulations adopted by the Association of Administrators for the Interstate Compact on the Placement of Children (AAICPC) during the prior year. The ICPC Practice Guide is intended as a handout which will accompany the Permanency and Placement curriculum and will be available to counties as part of this training curriculum. CDSS also continued to work with the Northern California Training Academy, UC Davis Extension, to update curriculum for an on-line class available to county staff.

CDSS and county ICPC liaison staff attended an all-state webinar training on August 31, 2011, conducted by the AAICPC on new ICPC regulations which had been adopted in the last year. Additionally, CDSS staff conducted a similar training webinar with county ICPC liaison staff on January 11, 2012, to ensure they fully understood the requirements imposed by the new regulations.

CDSS also conducted quarterly regional meetings with Northern and Southern California ICPC liaisons and pre- and post- AAICPC business meetings. All these meetings provided 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, they provided an opportunity to discuss county best practice information for the processing and tracking of ICPC information. Lastly, CDSS has continued to provide on-going technical assistance to county child welfare, mental health and probation staff on ICPC program rules, practices, etc.

Given the on-going efforts of the AAICPC to refine and/or modify existing ICPC regulations and forms, CDSS will continue to assess whether more formalized training may be needed by counties in the future to address changes in the AAICPC regulations and forms, including both the type of training needed as well as the timing/methods of such training. Any such training, however, is likely to meet the specifications outlined below.

This training addresses the goals and objectives of the CFSP by promoting appropriate placement, placement stability, and a better understanding about the protection of children who are placed out of state while remaining under court jurisdiction. Without this training, there is potential for statewide inconsistencies in ICPC compliance especially with respect to new regulation requirements, including placements that have not been approved through the ICPC process. Noncompliance with the ICPC process could jeopardize a child's placement, as well as benefits and services.

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.

SETTING/VENUE

Regional training sites, webinars and/or on-line format.

TRAINING DURATION

Short-term: The training will consist of two to three, one- to two-day, regional (northern and southern) training sessions, webinars or a self-paced on-line training format.

TRAINING ACTIVITY PROVIDER

Training provider has not yet been determined. This will be a new training contract with an organization that has knowledge of ICPC and experience in organizing statewide training sessions and/or providing on-line training.

APPROXIMATE NUMBER OF DAYS/HOURS OF TRAINING ACTIVITY

Approximately two to three, one- to two-day regional training sessions, that would consist of approximately eight to 16 hours per session or comparable hours of on-line 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 (75-125).

TRANSITIONAL OR REGULAR FFP RATE

This training is allocated to the Title IV-E enhanced regular FFP rate of **75 percent** rate, and SGF.

TOTAL COST ESTIMATE

\$25,000

28 Web Based Training for County Eligibility Workers

DESCRIPTION OF TRAINING ACTIVITY

The training continues to allow Eligibility workers to improve their knowledge, skills, and accuracy when determining foster care eligibility. In addition, Probation staff will continue to improve their knowledge and accuracy in the completion of all applicable forms related to Title IV-E determinations. This training is an online computer-based format that includes text, audio components and interactive contents with visual case scenarios.

The training addresses the goals and objectives of the CFSP by assisting counties and the state with compliance of federal Title IV-E eligibility requirements. The training objective also focuses on reducing case error rates and the likelihood of federal disallowances for the state. This is an on-going training to ensure that CWDs comply with Title IV-E eligibility.

Evaluation - Nearly 350 people across all counties have taken the web-based training and it has proven to be highly valued. Of those who participated and filled out the final survey, 96 percent reported that the course met its objective. Many participants were very positive including comments such as, “the clarity and straightforwardness of the presentation was great. This was a wonderful tool... and the best resource I have seen,” and “well-designed and easy to navigate.” 61 percent participants reported that they preferred online training, 32 percent were neutral and 7 percent were adamant that face-to-face training was preferable. The primary reason cited for the traditional classroom was the interactive nature of the setting and the ability to ask questions about difficult situations. This was best represented by this comment; “E-Learning training was excellent, however, there will always be scenarios which fall into gray areas and require further research, and these can best be clarified in person.”

ALLOWABLE TITLE IV-E ADMINISTRATIVE FUNCTIONS

The training addresses the following topics:

- Eligibility determination
- Redetermination
- Preparation and participation in judicial determination.

SETTING/VENUES

Online

TRAINING DURATION

On-going through Fiscal Year 2013-14

TRAINING ACTIVITIES PROVIDER

The training course has been developed and maintained by The Center for Human Services, UC Davis Extension University of California.

APPROXIMATE NUMBER OF DAYS/HOURS OF TRAINING ACTIVITY

Each training module will take approximately 16 hours to complete.

TARGET AUDIENCE

Child Welfare Eligibility Workers and Probation Departments.

TOTAL COST ESTIMATE

\$113,000.00

Evaluation and Technical Assistance

TRAINING EVALUATION FOR RTAS

A collaborative process is currently underway to formulate the next Strategic Plan for Training Evaluation, which will guide child welfare training evaluation efforts for the next three years in California. However, with the implementation of several new initiatives, the Common Core is being reviewed and revised in the near future. In turn, these changes will need to be reflected in the new Strategic Plan for evaluation. Within the next year the Evaluation will continue with the following activities. Ongoing, in-depth analysis of data that indicates concerns with a particular test or curriculum will identify ways to troubleshoot and resolve issues.

Link evaluation data to trainers to ensure fidelity to, and identify gaps in, coverage of common core curricula.

ALL COUNTY INFORMATION NOTICES

Policy Guidance and Information Provided to Counties can be found on the following website:

<http://www.dss.cahwnet.gov/lettersnotices/PG1011.htm>

ALL COUNTY LETTERS

<http://www.dss.cahwnet.gov/lettersnotices/PG931.htm>

COUNTY FISCAL LETTERS

<http://www.dss.cahwnet.gov/lettersnotices/PG959.htm>

Workforce Information

Title IV-B funding for programs was reauthorized by Congress and PL 112-34, the Child and Family Services Improvement and Innovation Act, was signed into law by the President on September 30, 2011. Among other requirements, the new law requires the state to provide detailed information on California's child welfare workforce. As part of the CAPTA reauthorization in 2011, the state was already required to provide detailed information on intake, screening, assessment, and investigation personnel. Although this information is not currently available, the CAPTA PIP (described previously) outlines the state's plans for collecting the information in the future. Much of the information presented below is from CalSWEC's 2011 California Public Child Welfare Workforce Study⁶⁰ of Title IV-E MSW graduates.

RECRUITMENT AND SELECTION OF STAFF

The Merit Services System (MSS), used by 58 counties, is a centralized system for assisting people with finding positions in Departments of Social Services and Child Support Services within California. The system also helps with transfers and reinstatements, and assists with other human resource needs for specific county departments. Of the 58 counties, 28 are Approved Local Merit Systems (ALMS). These counties meet the requirements in Local Agency Personnel Standards and MSS periodically reviews ALMS counties to ensure compliance with LAPS. The

⁶⁰ Clark, S. & Hernandez, M. (2012). The 2011 California Public Child Welfare Workforce Study. Berkeley, CA: University of California Berkeley, CalSWEC.

remaining 30 counties comprise the Interagency Merit Systems (IMS). MSS works with these counties on a daily basis in interpreting and applying the standards to ensure compliance with state and federal requirements. The 30 IMS counties are Alpine, Amador, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Lake, Lassen, Madera, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter, Tehama, and Trinity.

DEGREES AND CERTIFICATIONS FOR CHILD WELFARE WORKFORCE

Degrees and certifications required for child welfare workers and other professional responsible for the management of cases and child welfare staff is outlined in the MPP 31-070. It states that at least 50 percent of staff who provide ER and FM services must have a master's degree in social work, or its equivalent, while the remaining ER and FM staff may have a bachelor's degree in social work or its equivalent. Additionally, all supervisors of staff who provide ER and FM services must have a master's degree in social work.

DEMOGRAPHIC INFORMATION ON CURRENT STAFF AND RECENT HIRES

Every three to five years, CalSWEC surveys the public child welfare workforce to determine the extent to which the state meets its requirements for master's level social workers among the child welfare social work staff. The completed study describes the child welfare workforce and agency level arrangements for child welfare service delivery in California. An initial baseline study was conducted in 1992, repeated in 1995, 1998, 2004, 2008, and 2011; these reports can be found on CalSWEC's website⁶¹

The results of the study is based on 30 percent of the 2011 population of full-time, part-time, and extra hire staff of 11,612 child welfare workers who responded to the survey. As the survey focuses on master's level social workers, no information is available on the number of workers with a BSW; however, of the 2,981 respondents, 933 (31.2 percent) indicated that they have an MSW. Of these 933, 82 percent are graduates of the Title IV-E MSW program. Respondents reported an average of 10.6 years of child welfare experience.

Race Ethnicity

Below is a distribution of respondents by race/ethnicity. As illustrated below, White/Caucasian workers represent the majority at 45.3 percent while Hispanic/Latino (exclusive of Mexican) represents 16.6 percent.

⁶¹ http://calswec.berkeley.edu/CalSWEC/Publications_3.html

| Race/Ethnicity | Percent (n = 2,940) |
|----------------------|---------------------|
| White/Caucasian | 45.3% |
| Hispanic/Latino(a) | 16.6% |
| African American | 12.4% |
| Mexican | 11.1% |
| Asian American/Asian | 5.7% |
| American Indian | 0.7% |
| Native | 0.4% |

Salaries

Monthly salary ranges were obtained primarily through job announcements or website information current as of a point in time, December 2011 through May, 2012. Please note that there were seven counties in Merit System for which salary data could not be obtained. The non-Merit System counties in the northern region tend to be larger counties than the ones that use merit system. Bay area is missing Alameda and San Francisco counties

| Average Monthly Starting Salary 2011- 2012 | Entry Level Social Worker | Advanced Level Social Worker |
|--|---------------------------------|---|
| | Average Starting Monthly Salary | Average Starting Monthly Salary (MSW or equivalent) |
| IMS Counties | \$3,693 | \$4,086 |
| ALMS Counties | \$4,061 | \$4,610 |
| Los Angeles County | \$4,027 | \$4,400 |

Position Types

Below is a table of positions by service assignments. It represents 3,086 position types distributed across 8,206 services assignments; these figures are not mutually exclusive as each worker has more than one service assignment. As illustrated below, the top four positions are filled by the service components from Emergency Response to Permanency Planning, while other staff account for specialized units such as workers who specialize in school-based services, licensing, forensic interviewing, or Wraparound services.

| Service Assignments | Count* |
|---|--------|
| Emergency Response | 1142 |
| Family Maintenance | 1121 |
| Family Reunification | 1088 |
| Permanency Planning | 951 |
| Intake/information and referral | 705 |
| Dependency Investigation Court Services | 690 |
| Team Decision Making | 546 |
| A special unit such as medically fragile babies | 509 |
| Adoptions | 371 |

| | |
|-----------------------|-----|
| Family Preservation | 277 |
| Differential Response | 237 |
| Wraparound Services | 209 |
| Forensic Interviewing | 134 |
| Licensing | 118 |
| School-based services | 108 |

*Includes non-case carrying workers and trainers

TRAINING PROVIDED TO NEW CHILD WELFARE WORKERS TO ENSURE COMPETENCIES IDENTIFIED

The California Common Core Curricula (Core), with their competencies, learning objectives, and content, was and is the result of the collaborative efforts of multiple stakeholders.

The training is provided by Regional Training Academies as well as individual counties. The Core is mandated and is in regulation per the MPP. All newly hired social workers and supervisors are required to complete the core training program with standardized information within 12 months of hire. Other core training with standardized competencies and learning objectives must be completed within 24 months of hire. Training is also mandated for juvenile probation officers and supervisors responsible for Title IV-E placement activities must include the following topics in their annual training (Probation and supervisors must complete 40 hours of training annually): concurrent planning, visitation requirements and termination of parental rights practices. These trainings must be completed within 24 months of being assigned responsibility for Title IV-E placement activities.

MEASUREMENT OF SKILL DEVELOPMENT OF NEW AND EXPERIENCED STAFF

Skill development is measured at each core module through the administration of pre-tests, post-tests, and embedded scenario skills testing.

TRACKING AND STAFF TURNOVER AND VACANCY RATES

Based on information from 11,849 staff, 33 were laid-off from their position. Anticipated losses for 2011-2012 are 57 workers, while budgeted positions that will remain unfilled is 291 workers.

From a reported state staff population of 5,627, 557 transferred laterally, while 466 of 6,900 transferred to work outside a county agency. As well, of 6,955 respondents, 99 left child welfare but continued to work within the county agency.

SELECTION AND PROVISION OF ONGOING TRAINING TO ENSURE COMPETENCIES IDENTIFIED

The selection of ongoing training is affected by legislation, initiatives, and county needs assessment. The training is provided by Regional Training Academies, county staff, contract vendors, and non-profit organizations. For example, the After 18 Program has led to a collaboration of stakeholders to be involved with the creation and the delivery of training.

Request for Training and Technical Assistance

As history demonstrates, there are instances when California counties and CDSS benefit from the training and technical assistance (T/TA) offered through ACF. The T/TA for California can be provided by the ACF staff, through the NRC, or through the Western and Pacific Child Welfare Implementation Center (WPIC).

The CDSS continues to monitor counties' progress on their SIPs related to a number of areas, such as permanency, safety, and well-being. Counties that are in the process of updating their SIPs or that undergo a peer quality case review may identify issues where T/TA would be of benefit to the children and families in these communities. In the coming year, some counties will request T/TA from the NRC through CDSS on a variety of issues. The CDSS issued an ACIN outlining the process by which counties should request T/TA, and CDSS continues to encourage counties to use the services offered by the NRCs and the WPIC.

A copy of the California plan for T/TA used prior to June 2012 is included below.

TRAINING AND TECHNICAL ASSISTANCE

Also included in this section is a list of entities, in addition to CDSS, that provide T/TA to counties through contracts and other means.

T/TA is provided to California counties through contracts and is also provided directly by CDSS. There have no changes in the groups providing T/TA. They are as follows:

**California's National Resource Center and Western and Pacific Implementation Center
Training/Technical Assistance Plan FFY 2012**

| Describe the T/TA Request | Branch | Estimated Timeframe | Related T/TA Need | Additional Information | NRC/Regional Office Contact |
|--|--|--------------------------------------|---|---|---|
| <p>CDSS is seeking assistance in re-structuring the State Indian Child Welfare Act (ICWA) Workgroup, which currently lacks clarity in purpose, vision and expectations for working relationship and membership/participation. CDSS seeks to broaden the tribal participation in the workgroup; clarify the goals and working relationships in the workgroup; increase the integration of the workgroup with relevant subject/project areas in the division and department; ensure relevance and meaningful work for tribal, county and state participants; and formalize a plan for communication with all federally recognized tribes in California and the CDSS.</p> | <p>CPFS (Acting: Cheryl Treadwell / Lee Ann Kelly)</p> | <p>TBD (possibly by Spring 2013)</p> | <p><input type="checkbox"/> Data Issues (SACWIS/AFCARS) <input checked="" type="checkbox"/> Other needs (specify) <input type="checkbox"/> Federal Requirements</p> | <p>Governor's Executive Order B-10-11. CDSS values its relationships with tribal nations, and remains committed to improving consultation and collaboration, consistent with the governor's EO. CDSS believes that technical assistance will yield increased understanding and capacity by CDSS for broader and more meaningful consultation and collaboration with tribal governments.</p> | <p>NRC4Tribes and NRC for Organizational Improvement.</p> |

EMERGENCY AND DISASTER PREPAREDNESS PLAN

BACKGROUND

The Children's Services Operations and Evaluation Branch Annex is to be used in conjunction with CDSS Mass Care and Shelter (MCS) Plan in large-scale, multi-county, interregional emergencies and disasters. The basic MCS Plan and the CSOE Annex will provide the structure, policies, procedures, and forms for CDSS Disaster Operation Center (DOC) activation.

The CSOE serves a population that includes dependent and probationary children 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 CSOE Annex details necessary response information for declared national disasters and national security emergencies.

In September 2006, Congress passed the Child and Family Services Improvement Act of 2006, PL 109-288. PL 109-288 amended Part B of Title IV-B of the Social Security Act to reauthorize the Promoting Safe and Stable Families Program. Among other changes, PL 109-288 established requirements for states on disaster planning in child welfare under Section 6 (a) (16).

Under the new federal guidelines:

“(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;
- B. Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those areas;
- C. Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster;
- D. Preserve essential program records; and
- E. Coordinate services and share information with other states.”

POPULATION STATISTICS

The Center for Social Services Research Child Welfare Dynamic Report System, a CDSS/University of California, Berkeley, collaboration, compiled statistics on the number of dependent and probationary children under the care or supervision of the state. They include the following:

Total California Population in Foster Care on October 1, 2011:

(Ages Under 1 – 10) 31,284 of which none have probationary status.

(Ages 11 – 20) 28,866 of which 4,558 have probationary status.

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 child welfare services agencies and the seven Adoption Services Bureau's District Offices.
- Update of names, phone numbers, pager numbers, addresses, and other contact information.
- Changes in operating procedures and organizational structures.
- Policy changes.
- Legislative changes.

Planning Assumptions

- County child welfare agencies have emergency plans and procedures for identifying and locating children under state care or supervision that have been adversely affected by a disaster.
- County child welfare agencies have agreements with adjacent jurisdictions that allow for cooperative assistance consistent with the Emergency Services Act and the Master Mutual Aid Agreement.
- County child welfare agencies have responded to the needs of dependent and probationary children by activating its emergency response plan.
- County child welfare agencies have taken actions to locate and identify 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 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 under state care or supervision who are displaced or adversely affected by a disaster.
- 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.
- Preserve essential program records.
- Coordinate services and share information with other states.

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 and probationary children under the care or supervision of the state.

Introduction

Purpose

The purpose of this Annex is to establish an effective process for activating and operating an emergency and disaster preparedness plan, in cooperation with state and local government for dependent 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 and probationary children under the care or supervision of the State of California, Department of Social Services.

AUTHORITIES AND REFERENCES

The elements for preparedness, response, recovery and mitigation phases of emergency management for 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 and probationary children:

- Define 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 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 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 seven Adoption Services Bureau's District Offices; updating as

necessary, the name, telephone numbers, pager numbers, addresses, and other contact information.

- CDSS will place all Child Welfare Disaster Response Plans from all 58 county child welfare services agencies on the Department website (www.childsworld.ca.gov).
- Encourage local county agencies responsible for the care or supervision of dependent 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 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 and probationary children under the care or supervision of the state.
- Develop preliminary staffing plans for deploying trained personnel to assist in the identifying and locating of dependent 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 and probationary children (County Child Welfare Agencies, CWDA, and Adoptions Services Bureau's District Offices).
- Contact International Business Machines (IBM), the controller and preservationist of the essential program records for a mock report of 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 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, District 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 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 under state care or supervision who are displaced or adversely affected by a disaster.
- 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.
- Compilation and summarization of 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 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 under state care or supervision who are displaced or adversely affected by a disaster.
- 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.

RESPONSE ORGANIZATION/STRUCTURE IN A CATASTROPHIC EVENT

| LEVEL | SOURCE | AGENCY/TITLE |
|----------------------------|-----------------------|--|
| Local | County Coordinator | Local Government, public and private organizations |
| Operational Area | County Coordinator | County Government |
| Regional Operations | CDSS District Offices | CDSS |
| State Operations | CDSS Agency Liaison | CDSS |

Operational Area (OA) Level

As the onset of a disaster is at the local level, it is imperative that the locating and identifying plan at the local level include procedures and protocols for meeting the needs of dependent 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, CalEMA may request that CDSS activate coordination efforts to identify and locate dependent and probationary children.

State Agency Level

California State Departments will coordinate with other state agencies, county, and non-governmental agencies to provide assistance in identifying and locating 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)

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 CSOE resources from the Office of Emergency Services.

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, CALEMA will request assistance from DHA/FEMA.

Federal Level

Department of Homeland Security/Federal Emergency Management Agency

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, CALEMA will request assistance from Department of homeland Security/Federal Emergency Management Agency (DHA/FEMA).

American Red Cross (ARC)

The ARC provides emergency mass care in coordination with government, public and private agencies. It receives its authority from a congressional charter. In a catastrophic event, the ARC may coordinate disaster relief activities with:

- Private organizations, such as The Salvation Army (TSA)
- National and local Voluntary Organizations Active in Disaster and CBOs
- Members of the Faith-Based Organizations (FBOs)

Attachments

- All County Letter Number 09-81
- All County Letter Number 08-52
- All County Letter Number 07-30
- Child Welfare Services Disaster Response Plan Template AD 525
<http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acl/2010/10-63.pdf>
<http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acl/2009/09-81.pdf>
<http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acl08/08-52.pdf>
<http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acl07/pdf/07-30.pdf>
<http://www.dss.cahwet.gov/FORMS/English/TEMPAD525.doc>

FINANCIAL INFORMATION

Maintenance of Effort (MOE)

PAYMENT LIMITATIONS – TITLE IV-B, SUBPART 1:

On the FFY 2005 SF 269 report for CWS IV-B, \$573,103,835 was reported as match, in which \$427,479,295 was the FC Assistance Non-Federal match amount.

In FFY 2010, match reported was \$10,959,999 in which \$0.00 was FC Assistance Non-Federal match.

PAYMENT LIMITATIONS – TITLE IV-B, SUBPART 2:

California's Promoting Safe and Stable Families program is currently funded using \$33,089,747.00 of Non-Federal Funds for 2009, while the MOE baseline in 1992 was \$13,200,000. Below are the funding calculations for this program:

| | APSR 2010 | APSR 2011 | APSR 2012 |
|-----------------------------|--------------------------|-----------------------|-----------------------|
| Total Grant | \$ 34,249,545.00 | 33,895,325.00 | 33,751,156.00 |
| Total Non-Federal Funds | \$ 26,174,748.58 | 33,089,747.00 | 31,417,329.00 |
| (MOE baseline per 1992) | \$ <u>-13,200,000.00</u> | <u>-13,200,000.00</u> | <u>-13,200,000.00</u> |
| Non-Federal Match after MOE | \$ 12,974,748.58 | 19,889,747.00 | 18,217,329.00 |
| 25 percent Match | \$ -11,416,515.00 | -12,785,654.78.00 | -11,250,385.33 |
| Unused Non-Federal Match | \$ 1,558,233.58 | 7,104,092.22 | 6,966,943.67 |

The CFS 101 is outlined in the following section. The proportions for subpart 2 were previously described on page 30 of this report.

ANNUAL BUDGET REQUEST AND SUMMARY (CFS-101)

The CFS 101, Parts I, II, and III are included with this report as Attachment C.

APPENDIX A: GLOSSARY

The following descriptions are for illustration purposes only and not necessarily official or vetted terminology.

ACTIVE EFFORTS

Prior to the Court making a dispositional finding removing a child from a parent (or terminating parental rights), CDSS has the burden to demonstrate that “active efforts have been made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family and that these efforts have been unsuccessful.” (25 U.S.C. §1912(d).) Actions to provide “active effort” shall include attempts to utilize resources of extended family members, the tribe, Indian social service agencies, traditional Indian services, and individual Indian care givers. (Cal. Rules of Court, Rule 1439(i)(4)(B).)

CALIFORNIA’S SAFETY, RISK AND NEEDS ASSESSMENT SYSTEM

The California Statewide Safety, Risk and Needs Assessment System includes standardized assessment tools to ensure that these elements are assessed for each child for whom child welfare services are to be provided, including gathering and evaluating information relevant to the case situation and appraising case service needs. Each of the 58 California counties have implemented the use of a standardized assessment tool; either SDM or CAT to collect written documentation as well as to assist social workers and their supervisors in determining the appropriate level of response, assessing safety and risk factors in the home, and gauging the family’s strengths and needs. The tools are designed to assist in the decision making process when used throughout the life of a child welfare case.

DIFFERENTIAL RESPONSE (DR)

Differential Response is a strategy that creates a new intake and service delivery structure that allows a CWS agency to respond in a more flexible manner to reports of child abuse or neglect. The CWS response is a customized approach based on an assessment of safety, risk, and protective capacity as well as the ascertainment of facts to determine the strengths and needs of the child and his or her family. This approach includes innovative partnerships with community based organizations and other county agencies which can help support families in need before further crises develop. This focus is not intended to supplant the charge of CWS to investigate and assess allegations when necessary.

FAIRNESS AND EQUITY IN THE CHILD WELFARE SERVICES SYSTEM

Policies, procedures, and practices, as well as the availability of community resources and supports to ensure that all children and families, including those of diverse backgrounds and those with special needs, will obtain similar benefits from child welfare interventions and equally positive outcomes regardless of the community that they live in.

THE FAMILY TO FAMILY (F2F) INITIATIVE

The California F2F Initiative has been comprised of a partnership between CDSS, the Annie E. Casey Foundation, the Stuart Foundation, and the Walter S. Johnson Foundation. F2F was designed in 1992 and has now been field tested in sixty communities nationwide. F2F is in a total of seventeen states, including Arizona, Alaska, Michigan, Ohio, Illinois, Colorado, North Carolina, Georgia, New York (New York City), Kentucky, Maryland, Missouri, New Mexico, Oregon, Tennessee, Washington and California.

F2F is comprised of five core strategies: 1) Recruitment, development, and support of resource families, 2) Building community partnerships, 3) Team Decision-making, 4) Self-evaluation, and 5) the CC25. There are also several emerging strategies that address additional areas needing improvement that are closely linked to the five core strategies. They are: 1) Eliminating Racial Disparity and Disproportionality, 2) Immigration and child welfare, 3) Improving Youth Engagement, 4) Improving Parent Engagement, 5) Domestic violence and child welfare, and 6) children with incarcerated parents.

MANUAL OF POLICIES AND PROCEDURES (MPP) DIVISION 31

The MPP are the regulations that govern the operation of county child welfare services.

PEER QUALITY CASE REVIEWS (PQCR)

The PQCR is an extension of the county's self-assessment process and is guided by questions raised by the analysis of outcome data and systemic factors. The goal of the PQCR is to analyze specific practice areas and to identify key patterns of agency strengths and concerns for the host county. The PQCR process uses peers from other counties to promote the exchange of best practice ideas within the host county and to peer reviewers. The peer reviewers provide objectivity to the process and serve as an immediate onsite training resource to the host county.

PILOT COUNTIES

The 11 pilot counties are counties that volunteered to implement the child welfare system improvements (Standardized Safety Assessment System, Differential Response and Permanency and Youth Transitions). These counties are Contra Costa, Glenn, Humboldt, Los Angeles, Placer, Sacramento, San Luis Obispo, San Mateo, Stanislaus, Tehama and Trinity.

QUARTERLY REPORTS

Each quarter, the state provides county child welfare agencies with county-specific data on outcome measures related to safety, permanency and well-being. These quarterly reports provide counties with quantitative data and serve as a management tool to track performance over time. The quarters are defined as:

1st Quarter: January – March

2nd Quarter: April - June

3rd Quarter: July - September

4th Quarter: October - December

TEAM DECISION-MAKING (TDM)

A meeting of key stakeholders in the child's case specifically used to determine placement decisions. The meetings are always conducted by a trained facilitator.

APPENDIX B: ACRONYM INDEX

| Acronym Index | |
|---------------|---|
| AAICAMA | Association of Administrators of the Interstate Compact on Adoption and Medical Assistance |
| AAICPC | Association of Administrators of the Interstate Compact on the Placement of Children |
| AB | Assembly Bill |
| AC | Advisory Committee (Evidenced-based Clearinghouse for Child Welfare Services in California) |
| ACF | Administration for Children and Families |
| ACIN | All County Information Notice |
| ACL | All County Letter |
| ACYF | Administration on Children, Youth and Families |
| AFCARS | Adoption and Foster Care Analysis and Reporting System |
| AOC | Administrative Office of the Courts/Judicial Council |
| AOD | Alcohol and Other Drugs |
| APS | Adoption Promotion Services |
| APSR | Annual Progress and Services Report |
| ARC | American Red Cross |
| BSC | Breakthrough Series Collaborative |
| BSW | Bachelor of Social Work |
| CALEMA | California Emergency Management Agency |
| CalSWEC | California Social Work Education Center |
| CalWORKs | California Work Opportunity and Responsibility to Kids |
| CAP | Child Welfare Waiver Demonstration Capped Allocation Project |
| CAPC | Child Abuse Prevention Councils |
| CAPIT | Child Abuse Prevention Intervention and Treatment |
| CAPP | California Partners for Permanency |
| CAPTA | Child Abuse Prevention and Treatment Act |
| CASA | Court Appointed Special Advocate |
| CAT | Comprehensive Assessment Tool |
| CBCAP | Community Based Child Abuse Prevention |
| CBO | Community Based Organizations |
| CC25 | California Connected by 25 Initiative |
| C-CFSR | California Child and Family Services Review |
| CCMS | California Court Case Management System |
| CCPOR | California Courts Protective Order Registry |

| Acronym Index | |
|---------------|---|
| CDC | Center for Disease Control |
| CDE | California Department of Education |
| CDSS | California Department of Social Services |
| CFCIP | Chafee Foster Care Independence Program |
| CFPIC | Child and Family Policy Institute of California |
| CFSD | Child and Family Services Division |
| CFSP | Child and Family Services Plan |
| CFSR | Child and Family Services Review |
| CHDP | Child Health and Disability Prevention |
| CIP | Court Improvement Program |
| CKC | California Kids Connection |
| CPFSB | Child Protection and Family Support Branch |
| CPOC | Chief Probation Officers of California |
| CRC | Children's Research Center |
| CRP | Citizen Review Panels |
| CSA | County Self-Assessment |
| CSAC | California Student Aid Commission |
| CSAT | Coordinated Services Action Teams |
| CSOE | Children Services Operations and Evaluation Branch |
| CSPT | California State Parent Team |
| CWC | Child Welfare Council |
| CWDA | County Welfare Directors Association |
| CWDAB | Child Welfare Data Analysis Bureau |
| CWIP | Child Welfare Improvement Project |
| CWS | Child Welfare Services |
| CWS/CMS | Child Welfare Services/Case Management System |
| CY | Calendar Year |
| DCFS | Department of Children and Family Services |
| DHCS | Department of Health Care Services |
| DHS/FEMA | The Department of Homeland Security/Federal Emergency Management Agency |
| DMH | Department of Mental Health |
| DO | CDSS Adoptions District Office |
| DOC | Disaster Operation Center |
| DOJ | Department of Justice |
| DR | Differential Response |
| DRA | Deficit Reduction Act |

| Acronym Index | |
|---------------|---|
| DV | Domestic Violence |
| EDD | Employment Development Department |
| EMQ | Eastfield Ming Quong |
| ER | Emergency Response |
| ETV | Education and Training Vouchers |
| EYS | Emancipated Youth Stipend |
| FASD | Fetal Alcohol Spectrum Disorders |
| FBO | Faith Based Organizations |
| FCCC | Foundation for California Community Colleges |
| FDM | Family Development Matrix |
| FES | Family Economic Success and Stability |
| FFA | Foster Family Agency |
| FFE | Family Finding and Engagement |
| F2F | Family to Family |
| FFP | Federal Financial Participation |
| FFY | Federal Fiscal Year |
| FIRST | Family Infant Relationship Support Training |
| FM | Family Maintenance |
| FR | Family Reunification |
| FRC | Family Resource Centers |
| FSP | Family Support Program |
| FYS | Foster Youth Services |
| HCPCFC | Health Care Program for Children in Foster Care |
| HIV | Human Immunodeficiency Virus |
| IBM | International Business Machines |
| ICAMA | Interstate Compact on Adoption and Medical Assistance |
| ICPC | Interstate Compact on the Placement of Children |
| ICWA | Indian Child Welfare Act |
| ILP | Independent Living Program |
| ITFC | Intensive Treatment Foster Care |
| IUC | Inter University Council |
| JRTA | Judicial Review and Technical Assistance |
| KinGAP | Kinship Guardianship Assistance Payment Program |
| KSSP | Kinship Support Services Program |
| MCS | Mass Care and Shelter Plan |
| MPP | Manual of Policies and Procedures |

| Acronym Index | |
|---------------|--|
| MHSA | Mental Health Services Act |
| MSW | Master of Social Work |
| MTFC | Multi-Dimensional Treatment Foster Care |
| NCANDS | National Child Abuse and Neglect Data System |
| NCCD | National Council on Crime and Delinquency |
| NICU | Neonatal Intensive Care Unit |
| NIDCAP | Newborn Individualized Development Care and Assessment Project |
| NRC | National Resource Center |
| NYTD | National Youth in Transition Database |
| OA | Outcomes and Accountability Bureau (in CFSD) |
| OES | Office of Emergency Services |
| OCAP | Office of Child Abuse Prevention Bureau (in CFSD) |
| OYA | Older Youth Adoptions Pilot Program |
| PIP | Program Improvement Plan |
| PL | Public Law |
| PP | Permanent Placement |
| PQCR | Peer Quality Case Reviews |
| PSSF | Promoting Safe and Stable Families Act |
| RBS | Residentially Based Services |
| RCAPC | Regional Child Abuse Coalition |
| RCL | Rate Classification Level |
| RCFFP | Resource Center for Family-Focused Practice |
| REOC | Regional Emergency Operation Centers |
| RFA | Request for Application |
| RFP | Request for Proposal |
| RTAs | Regional Training Academies |
| SA/HIV | Substance Abuse /Human Immunodeficiency Virus |
| SACWIS | Statewide Automated Child Welfare Information System |
| SB | Senate Bill |
| SCP | Substitute Care Provider |
| SDM | Structured Decision Making |
| SFI | Supporting Father Involvement |
| FY | State Fiscal Year |
| SGF | State General Fund |
| SIP | System Improvement Plan |
| SIT | State Interagency Team |

| Acronym Index | |
|---------------|--|
| SKCP | Safe Kids California Project |
| SPHERE | Social Policy Health Economics Research and Evaluation Institute |
| SSB | Safely Surrendered Babies |
| SSTP | Special Start Training Program |
| STAP | Specialized Training for Adoptive Parents |
| STAR | Successful Transitions to Adult Readiness |
| STEC | Statewide Training and Education Committee |
| T/TA | Training and Technical Assistance |
| TANF | Temporary Assistance for Needy Families |
| TAY | Transitional Age Youth |
| TCA | Tribal Customary Adoptions |
| TDM | Team Decision Making |
| THPP | Transitional Housing Placement Program (ages 16-18) |
| THP-Plus | Transitional Housing Placement Plus Program (ages 18-24) |
| TILP | Transitional Independent Living Program |
| TLFR | Time-Limited Family Reunification |
| TOL | Transfer of Learning |
| TPR | Termination of Parental Rights |
| TSA | The Salvation Army |
| UCD | University of California, Davis |
| WIA | Workforce Investment Act |
| WPIC | Western Pacific Welfare Implementation Center |
| YLC | Youth Law Center |

APPENDIX C: TABLE OF FIGURES

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