

California

Department of  
Social Services

CDSS

Children and Family Services Division

## Child and Family Services Plan 2010-2014

Annual Progress and  
Services Report  
June 30, 2013



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

The submission of the 2013 Annual Progress and Services Report (APSR) highlights progress made since the June 30, 2012 APSR, and is the fourth year of the five-year Child and Family Services Plan (CFSP)<sup>1</sup> for Federal Fiscal Years<sup>2</sup> (FFYs) 2010 through 2014. Since the development of the CFSP in 2009, the California Department of Social Services (CDSS) and its partner agencies have adapted to a fiscal crisis that began with the State Fiscal Year<sup>3</sup> (FY) 2009-10 budget that included an \$80 million reduction to local assistance for child welfare services. 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:

1. The extension of foster care to age 21,
2. The extended benefits for the Adoption Assistance Program through the implementation of the Fostering Connections to Success Act (PL 110-351),
3. Federal Kinship Guardianship Assistance Program,
4. The Katie A lawsuit<sup>4</sup>,
5. The Continuum of Care Reform<sup>5</sup>, and
6. The California Partners for Permanency<sup>6</sup> project to reduce long-term foster care;
7. The extension of the Title IV-E Waiver Demonstration project<sup>7</sup>.

Additionally, both Child Abuse Prevention and Treatment Act (CAPTA) through Public Law (PL) 111-320 and Title IV-B through PL 112-34 were reauthorized in 2012. These new reauthorizations produced new requirements for reporting in the APSR, such requirements are noted and addressed throughout this report.

<sup>1</sup> Current and historical copies of the reports can be found at: <http://www.childsworld.ca.gov/PG1995.htm>

<sup>2</sup> Federal Fiscal Year represents October 1 through September 30 for the indicated year.

<sup>3</sup> State Fiscal Year represents July 1 through June 30 for the indicated year.

<sup>4</sup> For more information on Katie A, see: <http://www.childsworld.ca.gov/PG1320.htm>

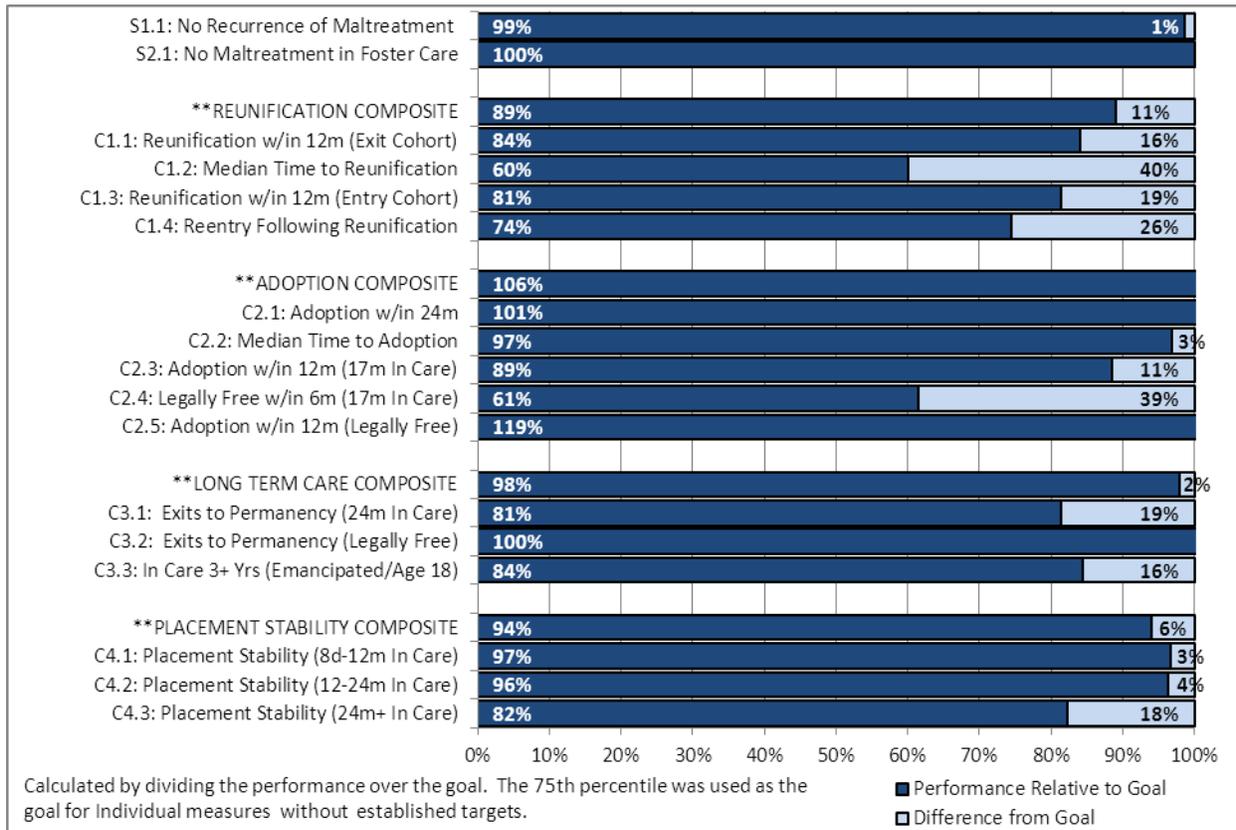
<sup>5</sup> For more information on the Continuum of Care Reform efforts, please see: <http://www.childsworld.ca.gov/PG2976.htm>

<sup>6</sup> For more information on the California Partners for Permanency project, please see: <http://www.reducefostercarenow.org/>

<sup>7</sup> For more information on the Title IV-E Demonstration, please see: <http://www.childsworld.ca.gov/pg1333.htm>

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.

**Figure 1: Current Performance Relative to Federal Goal/Standard (CFSR State Data Profile: 03/27/2013)**



**REALIGNMENT**

CDSS continues to serve as the single state agency responsible for the administration and supervision of the Child Welfare Services system, a system that is authorized through the federal Social Security Act, Subparts IV-E and IV-B and throughout various chapters of California’s Welfare and Institutions Code. Fundamental to this responsibility is the formation of programmatic and fiscal policy, provision of training and technical assistance, and oversight and monitoring of the child welfare services system. As the single state agency CDSS will continue to conduct programmatic and fiscal reviews and audits of county child welfare agencies.

Realignment of Child Welfare Services (CWS) is fiscal and covers some areas of program. Counties have operated these programs for years under state oversight and the framework for these programs is heavily regulated by the federal government. However in areas of program that are unique to California, counties have been provided flexibility to modify or in some cases discontinue activities; where it is provided, there are public process protections for changes at

the county level. Reporting of fiscal and program data to the federal government will not change under realignment and will continue to be publically available. Therefore, the Department's role in the future is much the same as it is today.

CDSS continues to be responsible for policy formation specific to the prevention, emergency response, family maintenance, family reunification, and permanency programs. This includes the development of policy letters and notices; promulgation of regulations and implementation of new federal and state policies or laws. Given the complex array of CWS programs and services that are all aimed at providing a safety net to protect neglected and abused children, the CDSS will continue to provide training and technical assistance to county child welfare and probation agencies. Through the provision of technical assistance, CDSS will encourage and support statewide replication of best practices and continuous improvements to achieve optimal outcomes for children and families. CDSS in partnership with the Department of Health Care Services recently issued the Core Practices Manual and the Documentation and Claiming Manual for use of Early Periodic Screening, Diagnosis, and Treatment (EPSDT)<sup>8</sup> funding. These manuals encourage multi-agency team services and will allow counties to maximize available funding for mental health services for children served through the CWS. Similarly, through the Continuum of Care Reform process and workgroups to strengthen practice with particular populations, CDSS guides best-practices development and supports replication across counties.

The CDSS will continue to oversee and monitor the state's child welfare system. The programmatic oversight will be data informed to ensure child well-being as well as compliance with state plan requirements necessary to guarantee maximization of federal financial participation. Additionally, CDSS will continue to utilize its oversight system to identify and support replication of county promising practices that lead to the improvement of family functioning, child safety and well-being.

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.

Kings County completed transition of the agency adoption program to the county level in January 2012. Seven counties (Calaveras, Humboldt, Lake, Tehama, Madera, Mariposa and Napa) completed the transition on July 1, 2012. Butte County completed transition of the program on January 1, 2013. Three counties (Plumas, Sonoma, and Yuba) completed transition of the program effective July 1, 2013. The remaining 16 counties will continue to contract with the state to provide adoption services.

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

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<sup>8</sup> EPSDT is the child health component of Medicaid. It's required in every state and is designed to improve the health of low-income children, by financing appropriate and necessary pediatric services.

(Chapter 35, Statutes of 2012) outlines the states responsibility to monitor and provide oversight for programs under Realignment<sup>9</sup>.

### Child Welfare Services in California

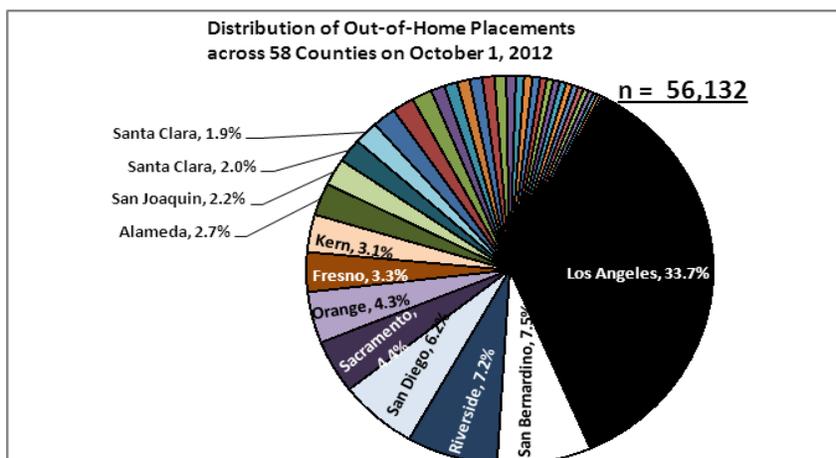
California's Child Welfare Services System (CWS) is the mechanism to assure the health, safety, and well-being of children at risk of abuse and/or neglect. To the extent possible, CWS agencies work to provide services to both children in out-of-home placements as well as those who are at risk of being 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<sup>10</sup> federally recognized Indian tribes and an estimated 79 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, 2012, while the twenty small counties account for less than 2 percent.

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



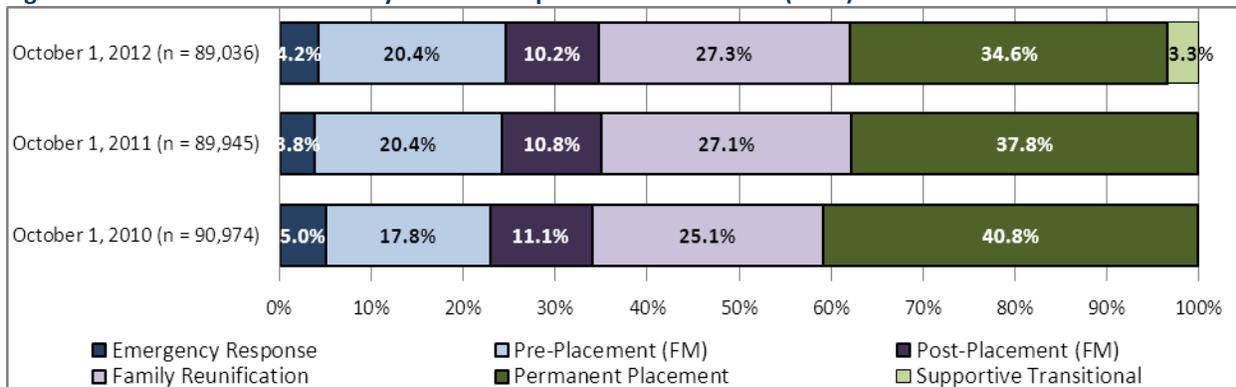
<sup>9</sup> <http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml;jsessionid=3a8a6ed1d62ce54ad309deca8c56>

<sup>10</sup> <http://www.ncsl.org/issues-research/tribal/list-of-federal-and-state-recognized-tribes.aspx#ca>: updated February 2013

### SERVICE COMPONENTS

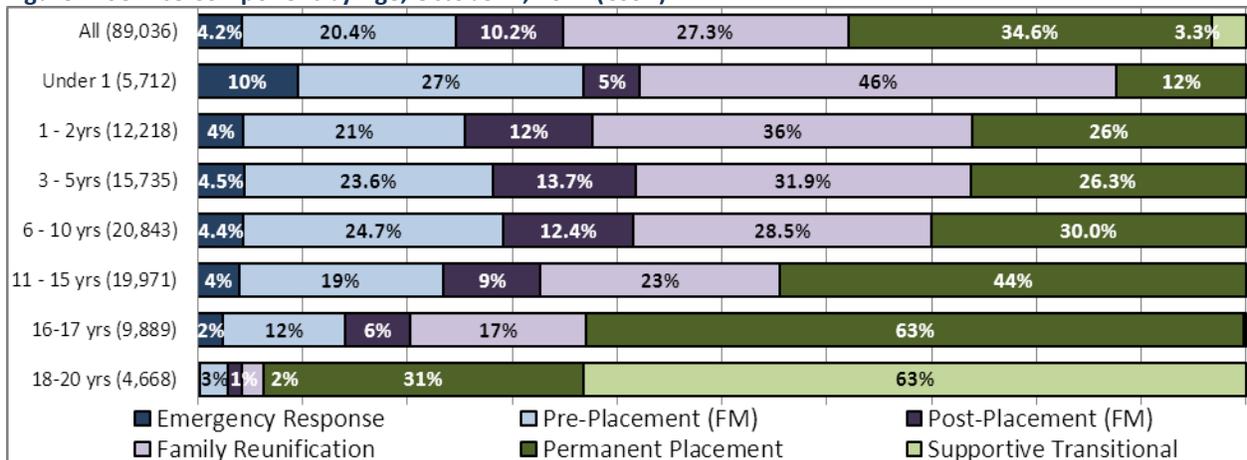
As illustrated below, there is a decreasing trend in the proportion of cases receiving Permanent Placement services and an increasing proportion of cases receiving Pre-Placement and Family Reunification services. This trend highlights the state’s continued commitment to increasing timely permanency and safely maintaining children in their homes. In 2012, CDSS included the Supportive Transitional service component for those youth receiving services through the After 18 Program.

**Figure 3: Point-in-Time Caseload by Service Component on October 1<sup>st</sup> (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, 2012 (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, with the addition of the new Supportive Transitional service component for youth 18 years and older who are receiving services through the After 18 program.

- *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; establishing financial assistance to adoptive parents and guardians to aid in the support of special needs children; and adoption services, including tribal customary adoptions.

- The *Supportive Transitional* service component extends these Permanent Placement services to non-minor dependents and is provided through the After 18 program, described further in the Permanency Chapter of this report.

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 Source and Tools

The information below is intended to provide the reader with a background on California's principal data source, tools and resources 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 federally supported Statewide Automated Child Welfare Information (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.

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

- Although the current CWS/CMS met the business needs and practices at that time it was implemented in the early 1990s, it does not fully support today's child welfare practice and is no longer an economical, efficient, or effective automated tool for child welfare management and staff support. In 2003, California initiated the Child Welfare Services/Web (CWS/Web) Project to plan and implement a replacement system for the current CWS/CMS. The goal of the replacement system was to employ modern technologies and new functionality to effectively meet CWS business needs and federal SACWIS requirements. However, the CWS/Web Project was indefinitely suspended in the 2011 State Budget Act, and the Legislature requested a report from CDSS in partnership with OSI, legislative staff, CWDA, and county stakeholders pursuant to AB 106 (Chapter 32, Statutes of 2011). The response entitled "The Report to the Legislature: Child Welfare Services Automation Study" provided an assessment of the business needs of CWS and reviewed options for the replacement of the current system. The Department is expecting Legislative approval of the CWS – New System Project in the 2013-2014 State Budget.

- *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.<sup>11</sup> Data extracted from University of California at Berkeley are noted on the charts in this report as *CSSR*.
- *SafeMeasures*<sup>12</sup> 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)*<sup>13</sup> 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.

<sup>11</sup> [http://cssr.berkeley.edu/cwscmsreports/Performance\\_Indicators\\_Handout.pdf](http://cssr.berkeley.edu/cwscmsreports/Performance_Indicators_Handout.pdf)

<sup>12</sup> <http://www.nccdglobal.org/analytics/safemeasures>

<sup>13</sup> <https://fcda.chapinhall.org/www/start.php?PUID=&SID=>

## 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 safeguard safety, permanence, and well-being for children and families. The CDSS is responsible for the supervision and coordination of programs in California funded under federal Title IV-B subparts 1 and 2 of the Social Security Act, Title IV-E, 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 CWS<sup>14</sup>. 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.

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.

<sup>14</sup>[http://www.childsworld.ca.gov/res/TitleIV-B/CFSP\\_2010-2014.pdf](http://www.childsworld.ca.gov/res/TitleIV-B/CFSP_2010-2014.pdf)

- 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 SACWIS known as CWS/CMS. The CMS Support Branch facilitates the development and implementation of statewide child welfare program regulatory and/or business process changes within the CWS/CMS. 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 CWS-New System Project Office within the Department and in partnership with the Office of Integration, is responsible for the planning, development, design and implementation of the system which will replace the current, CWS/CMS. The Project Office ensures the New System will be SACWIS compliant and incorporates all programmatic and user needs to support child welfare case management.
- The Foster Care Audits and Rates Branch (FCARB) establishes policies for foster care rates, funding and eligibility to ensure that children placed in group homes or by foster family agencies receive the services 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 objective investigations of complaints and issues regarding the placement, care and services of children in foster care; maintains a toll-free number for any individual to voice their concerns or complaints; responds to complaints from anyone with concerns about the foster care system; makes appropriate referrals and recommendations to resolve complaints and issues; provides children and youth in foster care with information on their personal rights; maintains an informative website; conducts trainings and presentations to child welfare professionals and community partners to increase awareness of concerns and complaints about California's child welfare services as well as sharing best practices.

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-evolving policies 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 were involved in the implementation the Foster Connections After 18 (After 18)<sup>15</sup> program that implemented the provision of the Federal 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, the Continuum of Care Reform efforts, the development of the CFSP, and the annual development and update of the APSR. For the 2013 APSR, counties, tribal nations, and stakeholders were provided with draft copies of the report for review and comment on May 30, 2013. To the extent possible, revisions and comments from stakeholders are addressed and incorporated throughout this document.

<sup>15</sup> AB 12, Chapter 559, Statutes of 2010.

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 46-member advisory body from the legislative, judicial and executive branches as well as stakeholders, youths, and nonprofit agencies. In 2012, the committees continued to focus in the areas of Prevention and Early Intervention, 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. In FY 2012, the Council also formed two Task Forces to study cross-systems issues: Prioritization and Out-of-County Mental Health

- The *Prevention and Early Intervention Committee* has focused on three areas: 1) creating a plan for a statewide prevention early intervention platform through identification of evidenced-based and promising practices; 2) bringing Differential Response to scale on a statewide basis; and 3) identifying potential federal finance reforms that could promote prevention and early intervention. In FY 2013, the committee will focus on broadening the dissemination of the Differential Response Framework, 2) furthering education and advocacy for federal finance reform, and 3) exploring alternative means of financing and leveraging resources to meet the state’s prevention goals.
- 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 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 current areas of focus of work for the *Child Development and Successful Youth Transitions Committee* are: (1) Improving response to and prevention of Commercially Sexually Exploited Children, and (2) Ensuring that children receive school credit when transferring between schools. In addition to these two areas of focus the Committee will continue its studies of: (1) Services to young children in care which will ensure that the needs this subpopulation are met at a time in their lives where brain development is at its most rapid pace and where meeting attachment and nurturing needs is crucial to long-term health and well-being; and (2) Benefits and drawbacks of requiring that group homes be accredited.
- *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:

- Judicial Review and Technical Assistance project (JRTA) -- The JRTA project assists judicial officers and juvenile court professionals directly with the judicial determinations required for title IV-E eligibility. JRTA attorneys visit courts on a rotating basis to conduct a review of court files, providing judges with an analysis of the findings and orders necessary to maintain compliance with federal and state statute. After consultation with the bench, the JRTA attorney provides the appropriate county agencies with recommendations and training to improve the information provided to the court. In the course of the year, courts frequently request additional targeted visits and special training sessions for juvenile court professionals in the county. Please see 277 for more information regarding JRTA training.

- Local Training– 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 Fostering Connections and other topics. AOC attorneys and faculty provided training both on targeted topics to attorneys, social workers, judges and others in individual courts, based on an assessment of the county’s needs, and statewide and regional trainings on basic dependency topics. Targeted topics included: the After 18 Program, information sharing, title IV-E and legal issues, trafficking, family finding and engagement, and communication with clients. Regional or statewide trainings included a statewide training for judicial officers on Fostering Connections, a statewide introduction to dependency law for attorneys, and two regional trainings on trial skills. Beyond the Bench did not take place in 2012-2013. The next multidisciplinary Beyond the Bench conference is scheduled for December 2013.
- The Court Improvement Program - Collaboration supported by the federal Court Improvement Program continued in FY 2012-2013. California HHSA staff joined judicial officers and court staff at the national Court Improvement Meeting for state level needs assessment and strategic planning activities. AOC Court Improvement Program staff play a major role in staffing the Child Welfare Council, serving as co-staff with HHSA and staffing two committees: Permanency and Data Linkage. The Court Improvement Program also partially funded the activities of the Council’s Prioritization Workgroup.
- The 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 focus of many local BRC’s in 2012 was the role of the courts in improving educational outcomes for children. Local BRC’s are assisting a joint effort between the courts, CDSS, and the state Department of Education to convene local teams on the topic of school truancy and discipline policies and their relationship to the foster care and juvenile justice systems.

Data and information exchange efforts are also key to implementing the BRC recommendations. Justice Huffman gave one of the plenary addresses at California’s recent

information sharing symposium, the California Systems Integration and Interoperability Symposium. Justice Raye also gave a plenary address. The BRC members are also presenting a resolution to the Judicial Council supporting the interoperability efforts of CDSS.

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, the Workforce Investment Board and the Administrative Office of the Courts. 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 our 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 included: 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.

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 other service systems and to improve outcomes for children and families of color across the state of California.

Specific 2012 accomplishments and continuing work include:

The final California Disproportionality Project (CDP) Report<sup>16</sup> was released in July 2011 and was 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. Fifteen teams, representing 12 California counties and a state-level team, included parents, youth, community partners, tribal partners, child welfare agency workers, supervisors, managers, and leaders, as they worked collaboratively for 22 months to address disproportionality and disparities for African American and American Indian families and children. These teams focused intensively on raising awareness, developing and delivering training, engaging partners, and testing changes in practice. They

<sup>16</sup> [http://www.childsworld.ca.gov/res/pdf/CA\\_Disprop\\_FinalRpt.pdf](http://www.childsworld.ca.gov/res/pdf/CA_Disprop_FinalRpt.pdf)

were supported by expert faculty members as they used aspects of three key methodologies to guide their work: the Breakthrough Series Collaborative, the Family to Family Initiative, and an American Indian Enhancement Team.

This project identified four key system-level elements that are required to support agency-wide changes: 1) ongoing and continuous training and awareness; 2) committed and engaged leadership; 3) dedicated and supported workgroups; and 4) an intentional focus on sustainability. Additionally, participating teams developed and/or tested promising practices to help address the issues of disproportionality and disparities. These practices included race/culture-specific practices and general child welfare practice.

Training materials developed by the CDP provided guidance to counties in enhancing their efforts to address disproportionality and disparity (D&D) in child welfare and will be made available to the Regional Training Academies (RTAs) 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 through the WGED Newsletter.
- Continued cross-system sharing of information and training on data collection and upcoming projects related to D&D.
- Initiated 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. In 2013 the WGED will provide RIS training.
- 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. 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 was produced based on a Structured Decision Making (SDM) tool on DV to address connections between domestic violence, substance abuse and mental health in families coming to the attention of child welfare. Plans for 2013 are to collaborate with CWS professionals and community service providers to use the analysis in the following ways: evaluating SDM tools as they relate to definitions of DV; developing consistent assessment standards in the area of child maltreatment; and, developing practice safety plans with the non-offending parent to prevent removal while ensuring child safety.

- Led by the Administrative Office of the Courts, the California Department of Education and the National Center for Youth Law, the Improving Educational Outcomes for Children in Care (IEOCC) workgroup developing training and technical support to assist California counties in carefully investigating how to draw down Title IV-E funds in support of case management related to education and well-being by leveraging Foster Youth Services funds at the state, rather than the county level. In 2013, they will continue their efforts to: 1) disseminate tools to ensure every child has an educational champion; 2) increase the use of geo-mapping to improve the educational stability of children in care; 3) disseminate tools and best practices for identifying educational strengths and needs of children in care; and 4) facilitate the sharing of information to better ensure the educational success of children in care.
- Led by the Department of Public Health, the primary function of the SIT California Home Visiting Program (CHVP) Work Group is to provide insight into strategies to support the planning and implementation of the Affordable Care Act Home Visiting Initiative. The workgroup'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 March 2012 and continues to meet bimonthly.
- Led by the Department of Education the Chronic Absenteeism Workgroup was created in 2013 and is developing recommendations for collaborative action to address the issue of chronic absenteeism. The focus of the workgroup is on raising awareness of the concerns and possible corrective actions regarding chronic absence for all students with a clear understanding that students of color, low socioeconomic status, and foster youth are particularly negatively impacted by chronic absenteeism. They are planning a Chronic Absence Summit in May 2013 to educate policy leaders about the factors contributing to chronic absence and its effects on academic achievement and longer-term conditions, which contribute to dependence on public assistance, substance abuse and involvement in the justice system.

**THE CHILD WELFARE CO-INVESTMENT PARTNERSHIP** is a collaboration of private and public organizations working to improve outcomes in the child welfare system through smart, strategic cross-sector collaboration. The Partners meet regularly to share perspective on federal, state and local policy and to coordinate investments needed to improve the child welfare outcomes of safety, permanency and well-being. Recent investments by members of the Partnership include funding the evaluation of the After 18 Program, supporting the California Partners for Permanency, and communicating the findings of a report on educational outcomes for foster youth (At Greater Risk). The Partnership members include five philanthropic organizations (Casey Family Programs, Conrad N. Hilton Foundation, Stuart Foundation, Walter S. Johnson Foundation, and Zellerbach Family Foundation) and CDSS, AOC, and CWDA.

**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 bimonthly 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 and improve state-county and tribal relationships. 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. CDSS and the ICWA Workgroup - Tribal Caucus members will co-sponsor two listening sessions at the 20<sup>th</sup> Annual Statewide ICWA Conference in June of 2013 to capture suggestions from the Tribal community on how it would like formal consultation to look like.

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 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 curricula<sup>17</sup> and an online toolkit were developed by the California Social Work Education Center (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.

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<sup>17</sup> 1) 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.

### CALIFORNIA'S PROGRAM IMPROVEMENT PLANS

At the beginning of the five-year CFSP, California was engaged in five active PIPs; however, in this fourth year of the plan, the state only maintains the AFCARS Assessment Review Improvement Plan.

- The **CAPTA PIP** was completed in September 2012 through Senate Bill 1521 (chaptered on September 30, 2012), please see the CAPTA Chapter beginning on page 155.
- California completed the required actions steps for the **CFSR PIP** on June 30, 2011 through the submission of the eighth and final quarterly report. The state had until September 30, 2012 to achieve its target improvement goal for Permanency Outcome 1 Composite 4: Stability in Foster Care. The Children's Bureau informed the state in March 2013 that it had successfully achieved all the data goals included in the PIP; the target for Permanency Outcome 4 was 95.3 and California achieved a score of 95.4.
- California's **Title IV-E Foster Care Review** was conducted the week of November 26-30, 2012. The Administration for Children and Families (ACF) found that California's Title IV-E foster care maintenance program is in substantial compliance with Federal eligibility requirements. Since California is in substantial compliance, a secondary review is not required. The next primary review will be held within three years.
- **AFCARS Improvement Plan (AIP)** - AFCARS collects case level information from SACWIS, identified as CWS/CMS in California, on all children in foster care for who state child welfare agencies have responsibility for placement, care and supervision and on children exiting foster care to adoption. The AFCARS also includes information on foster care providers and adoptive parents. States are required to submit AFCARS data semi-annually to ACF.

In June 2004, ACF conducted an on-site AFCARS Assessment Review to validate whether the State is able to collect, extract and report data from CWS/CMS accurately. The ACF required the CDSS to develop and implement an AIP and set timeframes to modify CWS/CMS and the extraction code to meet AFCARS requirements.

In 2006, the CDSS assumed responsibility for AFCARS from the CWS/CMS contractor. This enabled the Department to implement changes to the system and make changes to the extraction code to meet the applicable requirements and standards in as timely a manner as possible and to provide updates of its progress to ACF. The extraction code was completely re-written from COBOL<sup>18</sup> to a SAS<sup>19</sup> format in consultation with ACF staff. As a result, AFCARS files from 2002 through 2007 were resubmitted in November 2007. CDSS continues to work on improving AFCARS in accordance with the AIP.

The CDSS addresses the data entry issues identified in the AIP by issuing All County Letters and All County Information Notices to counties reiterating the critical need for complete, accurate, and timely data entry. The most recent All County Letter (ACL 13-36) was issued July 18, 2013 to highlight areas considered not to be in substantial compliance as reported in the most current federal AFCARS report issued by ACF. In addition, as part of CWS/CMS training, users are instructed on accurate data entry of AFCARS elements, including the use of the AFCARS Navigation Tool contained within CWS/CMS.

### 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, and placement stability composites, California has decreased slightly in the reunification and long-term care composite measures. A discussion of these measures is included in the Safety and Permanency Chapters of this document. Over the last two years, there have been steady improvements in the adoption and placement stability composite measures. The five percent increase in the adoption composite is likely attributed to the 15 percent improvement in those children who were adopted within 24 months. Anecdotal information suggests that the increase in Measure 2.1 may be attributed to the realignment of Adoption District Offices. The transitional period for several counties completing their own adoptions is already showing promise with early reports showing an increase of finalized adoptions.

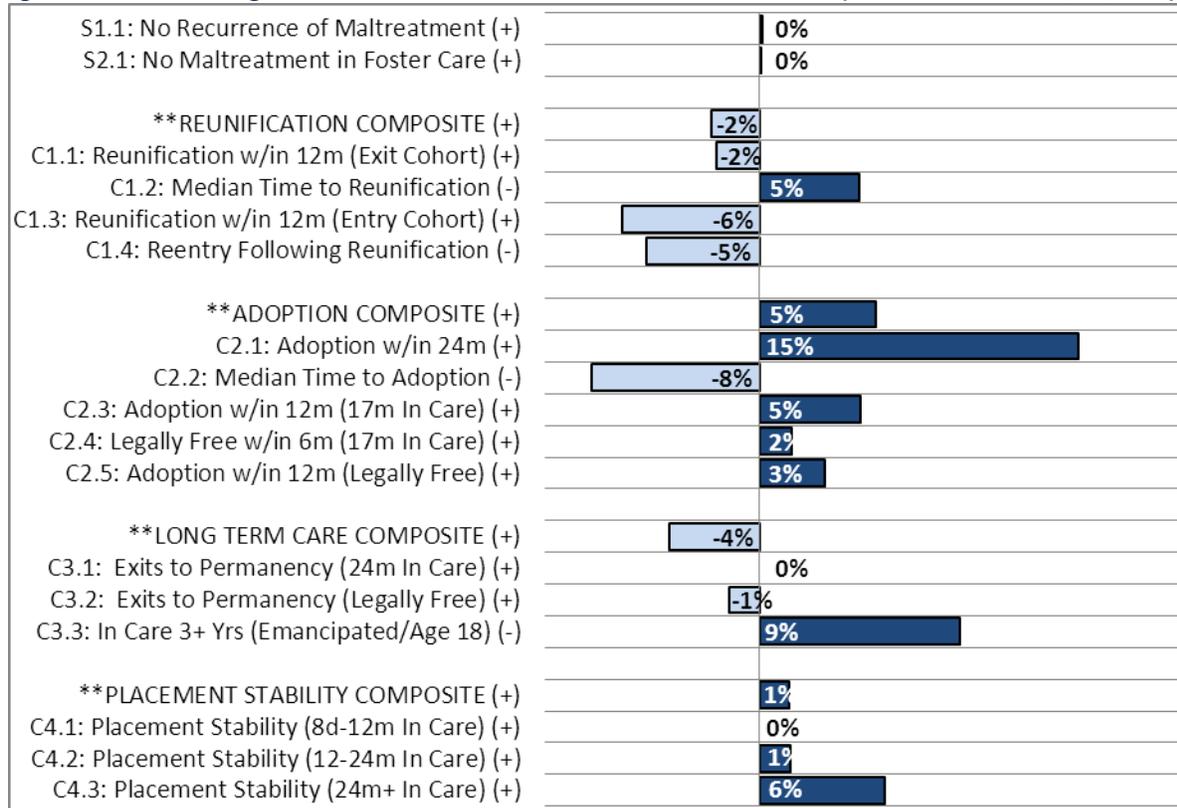
Among other factors that will be described in the Permanency Chapter, the slight decreasing performance in the reunification composite can be likely attributed to the six and five percent change decrease in performance for reentry and reunification within 12 months. The long-term care composite score decrease can be likely attributed to the lack of exits to permanency after 24 months in care, or those who were discharged from foster care and legally free for adoption and were in permanent homes prior to turning 18 years old. The lack of movement for these

<sup>18</sup> COmmon Business Language

<sup>19</sup> Statistical Analysis System

two long term care measures may be attributed to the implementation (or anticipated implementation) of AB 12 whereby a greater number of youth may elect to stay in care and receive supportive services after turning 18 years old.

**Figure 5: Percent Change between FFY 2010 and FFY 2012 in CFSR Measures (CFSR Data Profile: 3/27/2013)**



## California's Quality Assurance System: California-Children and Family Services Review

California's Quality Assurance 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 quality assurance system is referred to as the California Child and Family Services Review or C-CFSR. It went into effect January 1, 2004, and is modeled, in part, after the CFSR, the federal oversight system mandated by Congress and used to monitor states' performance. The C-CFSR was developed to encompass child protective services, foster care, adoption, family preservation, family support, and independent living. It is a process operated on a philosophy of continuous quality improvement, interagency partnership, community involvement, priority service provision and public reporting of program outcomes. In addition to its focus on priority needs and improved outcomes, the C-CFSR maximizes compliance with federal regulations for receipt of Title IV-E and Title IV-B funds which include the PSSF Program. Requirements for expending CAPIT, CBCAP and PSSF funds continue to be integrated into the County Self-Assessment (CSA) and System Improvement Plan (SIP) components of the C-CFSR process. Partnership between CSOAB and OCAP continues to strengthen the technical assistance available to counties and supports comprehensive planning for the full array of child welfare services, from prevention and protection through permanency and aftercare. The CDSS monitors county progress for outcome performance indicators, emphasizing safety, permanency and well-being. Every five years, counties conduct a comprehensive review of their system, including evaluation of county demographics with a County Self-Assessment. Upon completion of the County Self-Assessment, counties in consultation with the CDSS, develop a System Improvement Plan with mutually agreed upon performance targets for improvement as well as a needs based service provision and evaluation plan for CAPIT/CBCAP/PSSF funds. An annual progress report is submitted to the CSOAB on the status of achieving improvements selected for their SIP while an annual report is submitted to the OCAP on funds expended, program evaluation results, and participants served.

As a result of increased federal emphasis on outcomes and accountability, the CDSS began revising the C-CFSR process to improve California's quality assurance system in 2011. Federal recommendations state that an efficient quality assurance system should be improved upon on a regular, ongoing basis as needs and priorities shift. Per ACF, a functioning continuous quality improvement (CQI) system in child welfare has the following five components: 1. An administrative structure to oversee effective continuous quality improvement; 2. Quality data collection; 3. A method for conducting ongoing case reviews; 4. A process for the analysis and dissemination of quality data on all performance measures; and 5. A process for providing feedback to stakeholders and decision makers and as needed adjusting State programs and process.

In an effort to improve California's quality assurance system, a workgroup comprised of the CDSS Children's Services Outcomes and Accountability, Office of Child Abuse Prevention, County Welfare Directors Association of California, Chief Probation Officers of California, UC Berkeley Center for Social Services Research, and representatives from several California child welfare and probation agencies met to provide input into the revision of the C-CFSR process. One of the objectives of the

revision was to ensure consistency with recommendations provided by the National Association of Public Child Welfare Administrators and ACF.

The goals of the revision included:

- The transition of each county from a triennial cycle to a five-year cycle (consistent with the CFSP) to provide counties with more time to plan, implement, and evaluate the effectiveness of identified strategies toward improvement.
- Incorporation of the Peer Review (formerly called the Peer Quality Case Review) into the County Self-Assessment. The information gleaned from this review is integrated into the county assessment process and eliminates the submission of a separate report to the state.
- Implementation of a state-administered CWS/CMS System Case Review to assess the application of federal and state policies and procedures in child welfare and probation practice and to evaluate the quality of services provided.
- Implementation of an annual SIP Progress Report (formerly called the SIP Update) to analyze improved outcomes and effective strategies. The SIP Progress Report provides the opportunity for counties to continually assess the effectiveness of their programs and to adjust them as necessary.

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

**Table 1: Completed CSAs, Peer Reviews, SIPs, and Progress Reports**

	CSA	Peer Review (PQCRs)	SIP	Progress Report
<b>FY 2012-13</b>	12	12	12	21
<b>FY 2011-12</b>	7	12	13	
<b>FY 2010-11</b>	20	16	23	

Although revision efforts are still in process, counties have already begun the transition from the former three year process to the five-year cycle. All County Information Notice 1-16-12 highlighted the goals of the revision and released the five-year calendar, providing a process by which counties both moved to the five year cycle and began implementing use of the annual SIP Progress Report. In SFY 12-13, 21 counties utilized the new Progress Report format.

In addition, 11 counties completed a CSA that also incorporated the peer review process. In this transition, which coincided with the end of California’s Performance Improvement Plan (PIP), counties completing a peer review were encouraged to focus on priorities consistent with California’s PIP strategies including efforts to improve Placement Stability and Reunification Outcomes.

**Table 2: Peer Review Topic Areas in FY 2012-13**

Peer Review Topic*	Number of County Child Welfare Agencies	Number of County Probation Departments	Total
Placement Stability	5	2	7
Reunification	2	3	5
After 18 Program		1	1
Least Restrictive Placement	1	1	2
Exits to Permanency		3	3
Family Engagement		1	1
No Recurrence of Maltreatment	2		2

Re-entry Into Foster Care	2		2
Transition to Adulthood		1	1
<b>Total</b>	<b>12</b>	<b>12</b>	<b>24</b>

\*Some counties chose to focus on more than one topic area

Revisions to the C-CFSR process are continuing to be implemented. As part of current efforts, the process guides were completely revised. A newly revised Instruction Manual integrates three separate guides and focuses on the C-CFSR as a continuous cycle rather than three distinct steps. The integrated Instruction Manual promotes the concept of CQI and assists with linking connections between assessment, improvement efforts, and evaluation. It will assist counties in understanding the CQI process and support the work of quality assurance through each step of the cycle, ensuring that stakeholders are engaged throughout. A draft of the new Instruction Manual was sent to counties for review in January of 2013, and additional revisions based on feedback are in process. The Instruction Manual will be released in sections to account for further development of the CQI system. The first section of the guide, which includes the majority of revisions associated with the goals outlined above, is anticipated to be released on July 1, 2013 and will include the addition of a joint state/county developed performance threshold methodology. A second section will include specific information related to the Case Review Process. The CDSS anticipates a fully implemented CQI system by July of 2014.

The C-CFSR process already has processes in place that will contribute to the fulfillment of these elements. The existing process will ensure that California meets all of the requirements of a CQI system:

**Administrative Structure**

California’s Welfare and Institutions Code 10601.2 authorizes CDSS to implement and oversee the C-CFSR process in order to improve outcomes while holding county and state agencies accountable. Under the authority of WIC 10601.2, the state is authorized to ensure that counties evaluate their child welfare system. CDSS is currently in the process of convening a workgroup to develop performance thresholds for federal and state outcome measures. County child welfare systems that do not meet the established compliance thresholds for the outcome measures that are reviewed will receive technical assistance to assist with implementing best practices. Per statute, CDSS may require a county that has not met its performance targets to submit and implement a corrective action plan, as determined by the CDSS Director. In addition, the CDSS is authorized under WIC 10605 to conduct audits and reviews in order to meet its obligations for child welfare programs and to ensure the protection of children and families. Additionally, if the Director believes that any county has failed to comply, this section of the WIC provides a process for intervention or corrective action.

As described previously, the CSOAB, in coordination with the Office of Child Abuse Prevention, is the bureau responsible for implementation of the C-CFSR process. The CSOAB and OCAP staff collaborates closely with counties providing guidance and hands on technical assistance with the C-CFSR activities. The CSOAB regularly updates and provides counties the C-CFSR Instruction Manual which provides an overview of the C-CFSR five year cycle and the counties’ responsibilities for a quality assurance system.

**Quality Data Collection**

Collecting quality data has been an ongoing effort for California since the implementation of CWS/CMS. California recognizes the importance of accurate, complete, and timely data collection as these data are used to inform provision of the services and resources required to meet the complex needs of children, families and caregivers, to achieve continuous improvement across programs, and to make informed policy decisions to benefit the residents of California. As described previously, the state's primary data source is CWS/CMS. The statewide data system is the electronic record that caseworkers use to document referral and case information, including client demographics, contacts, services planned and delivered, health and education information, and prompts caseworkers to create and update assessments, service plans, court hearing information, and manage the placement of children in foster care. The system generates and manages forms associated with a client or case and is used to collect data for state, county, and federal reporting.

Federal guidance, technical assistance and data validation tools are provided to the state for NCANDS, AFCARS and NYTD. The CDSS routinely works through the data quality issues identified in the AFCARS Improvement Plan, in collaboration with UC, Berkeley staff and county CWS/CMS users. The state takes full advantage of the federal assistance to monitor and improve the quality of data submissions.

In addition, the state has created a number of quality assurance reports that are distributed quarterly to the counties to identify data that needs input, correction, or updating. The state hosts a statewide Data Committee to facilitate sharing of best practices for data management and to focus on improving the data entry and methods for analysis of performance indicators and outcome measures. Beginning this year, the primary agenda item for this committee has been improving data quality for federal reports by identifying accurate data entry for federally required elements. The CDSS also provides county users of CWS/CMS with data related technical assistance via [CWSdata@dss.ca.gov](mailto:CWSdata@dss.ca.gov), an electronic in-box monitored by CWDAB.

In addition to federally mandated reporting, the state has identified three resources for analytics that greatly augment CDSS' efforts. Specifically, CWS/CMS data is provided on a quarterly basis and is publically posted in aggregated form on the California Child Welfare Indicators Project website. CWS/CMS data is also provided for analytics at the child-level on two secure web-based systems; daily extracts for SafeMeasures® and bi-annual extracts for the Multistate Foster Care Data Archive through Chapin Hall (described previously). These resources and the efforts by CDSS staff described above combine to maximize the quality improvement of data needed for use as the official primary data for the C-CFSR.

There are currently plans for the system to be revised, see page 9. Because the CWS/CMS is the primary source of child welfare data, the state has internal CDSS organizations, and internal and external committees, workgroups, and stakeholder entities that oversee the operation of the system.

### **Case Record Review Data and Process**

The state is in the process of developing a comprehensive case review system as a new addition to California's Quality Assurance System. In October 2012, California submitted a request for technical assistance from the National Resource Center for Organizational Improvement. Since then, state staff have been engaged in conversations between staff from Regional and Central Offices of the Children's Bureau and consultants from National Resource Center. The request focuses specifically on the case review components outlined in the Informational Memorandum such as the: 1)

development of a statewide, statistically valid sample under the structure of a county-administered child welfare system; 2) development of a methodology for stratification of the sample; 3) development of a schedule that considers county sizes (small, medium, large), region, and demography; 4) development of standardized case review tools (online and onsite) and interview instruments; 5) determining staffing resources, including training and sustainability for both county and state staff. State staff are developing a work plan and have started engaging county and state partners. California anticipates the case review system to be operational by July 2014.

Although California does not currently have a case review system, the state reviews cases as Departmental executive priorities arise. These priority reviews focus on specific counties and/or focus topic areas.

### **Analysis and Dissemination of Quality Data**

California has several mechanisms in place to for tracking, organizing, and gathering longitudinal outcomes across the child welfare continuum. Using data from CWS/CMS, using the tools previously mentioned (Child Welfare Indicators Project, SafeMeasures, Chapin Hall), and data compiled from matching with other programs such as education and mental health, the state regularly and consistently evaluates its child welfare program across safety, permanency, and well-being outcomes. One of the state's most important resources is California Child Welfare Indicators Project (Project) available through a collaborative venture between the Center for Social Services Research at the University of California, Berkeley and the CDSS. As described on page 9 of this report, the project aggregates California's administrative child welfare 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 levels to examine performance indicators and outcome measures over time. In addition to stratifications by year and county, data can also be filtered by age, ethnicity, gender, placement type, and other categories to craft ad hoc tabulations. The transparency of these data provides policymakers, child welfare workers, and the public with direct access to information on California's entire child welfare system.

California is also a subscribing member of the Multistate Foster Care Data Archive (MFCD) housed at Chapin Hall at the University of Chicago, previously described on page 10.

SafeMeasures (see page 10) is another analytical tool that is regularly used by county and state staff to analyze information, including the accuracy and completeness of individual referral and case data. As described previously, SafeMeasures is a secure web-based tool created and maintained by the Children's Research Center (CRC) in Wisconsin that receives data extracts from CWS/CMS daily to analyze and report statewide and individual county data related to state and federal outcomes, and other management and data improvement reports. Unlike the aggregated data reports presented by the Project, the data analyses provided by SafeMeasures are real time. The ability to drill down to a specific child by referral or case, county office, supervisor and staff member, is particularly vital in the management of improving data quality. Although SafeMeasures is not available to the public, county administrators use this tool regularly to manage caseloads, monitor staff activities, and identify data quality issues. State staff regularly use SafeMeasures to monitor county progress over a wide range of performance indicators and outcome measures in order to effectively provide technical assistance and training.

Moreover, reports generated from the Project, MCFD, and SafeMeasures are used to populate many of the state's reports to the public, state, county, and legislative partners. These reports such as the APSR and the *Child Welfare Services Realignment: Outcome and Expenditure Data Summary Report* incorporated stakeholder feedback and input throughout their development.

The CDSS has staff with primary responsibility for extracting and analyzing data from CWS/CMS and other data sources. The Child Welfare Data Analysis Bureau (CWDAB) within the Department's Administration Division, described on page 10 of this report, and the CFSR Unit in CSOAB work collaboratively to develop appropriate analytic methods. Both entities require staff to be qualified in data analysis and extraction (staff positions are research analysts and research program specialists) and receive additional training specific to child welfare data management through the Advanced Analytics courses offered by Chapin Hall and UC Berkeley. Staff also receive training on data manipulation and extraction through Business Objects, and other pertinent training from UC Berkeley and the Children's Research Center.

### **Feedback to Stakeholders and Decision Makers and Adjustment of Programs and Process**

As described beginning on page 13, stakeholder collaboration is the invaluable foundation to California's continuous progress to affect positive change. The CDSS' level of commitment to multi-level partnerships distinguishes California's approach to child welfare practice and reform. The state has multiple sources for disseminating information to counties and stakeholders. As described previously, reports generated from SafeMeasures, MCFD, and the Project are used to inform and guide policies, practices, programs, and systems change. The recently developed report to the legislature, *Child Welfare Services Realignment: Outcome and Expenditure Data Summary Report* is publicly posted on the CDSS website and includes information in a user friendly format regarding state child welfare outcomes and expenditures. The report will be updated regularly. The APSR is developed with input from county and state partners, tribes, the courts, and other stakeholders.

Since its implementation in 2004, stakeholders have been a vital part of the C-CFSR process. Stakeholders are involved in the development of the CSA, SIP and throughout the C-CFSR. Parents, service providers, youth, caregivers and tribes as well as other relevant groups are invited to the CSA for the purposes of sharing data and information regarding the strengths and needs of their system, and providing feedback through various qualitative data collection methods such as surveys, focus groups and community forums. Stakeholders are also involved in developing strategies in the county SIP, the operational agreement between the county and the state outlining the improvement strategies the county will focus on during their C-CFSR cycle. Stakeholder discussion and feedback continues throughout the cycle to assist the county with evaluating progress. This *Plan-Do-Study-Act* model allows for counties to assess progress over the five years and adjust strategies as necessary to overcome barriers and challenges to improvements.

## SAFETY

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

01 - PREVENTION AND EARLY INTERVENTION.....	32
02 - MALTREATMENT RECURRENCE.....	42
03 - ABSENCE OF ABUSE/NEGLECT IN FOSTER CARE.....	47
04 - TIMELY RESPONSE.....	50

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

05 - SERVICES TO PREVENT REMOVAL.....	54
06 - MANAGING RISK & SAFETY.....	59

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’s impact on safety, permanency and well-being outcomes, California counties leverage and braid multiple funding sources to improve outcomes for children across the state. Data and service examples will be provided throughout this report to show the effect 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 2011-12, California achieved state compliance with the requirement to spend a minimum 20 percent per category on a statewide basis.

<b>Family Preservation</b>	23.54%
<b>Family Support</b>	27.87%
<b>Adoption Promotion and Support</b>	24.90%
<b>Time-Limited Family Reunification</b>	23.69%

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 the development and coordination of Parent Leadership activities. Through these efforts the OCAP provides training and technical assistance, and disseminates educational material on prevention and early intervention programs, activities and research.

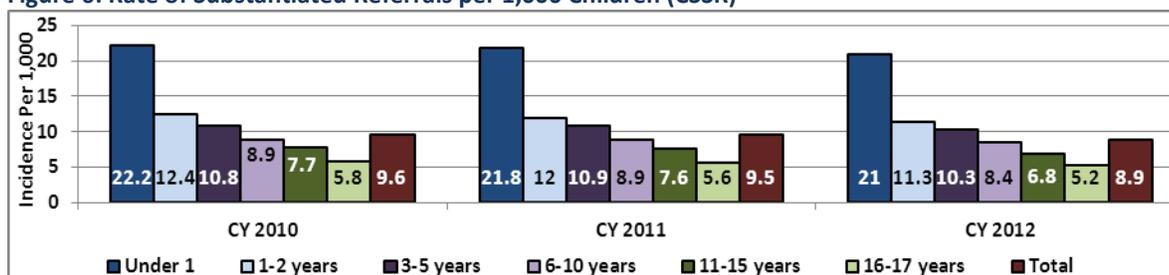
As discussed previously, OCAP also provides oversight of the state for CAPIT as well as the CBCAP and PSSF programs by requiring counties to prepare plans that address how prevention and early intervention activities are coordinated and how services will be provided during a five-year period. Counties are required 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 7.3 percent from Calendar Year (CY) 2010 at 9.6 per 1,000 to 8.9 per 1,000 in CY 2012.

As illustrated in Figure 6 below, infants (children under one years old) have disproportionately higher rates of substantiated referrals and enter care (see page 74) at significantly higher rates than any other age group. Infants' dependency on caregivers and their social invisibility places them at greatest risk for maltreatment. The following section will highlight services and programs specifically targeted towards this population.

**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 bring valuable experience and input which will help ensure 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.

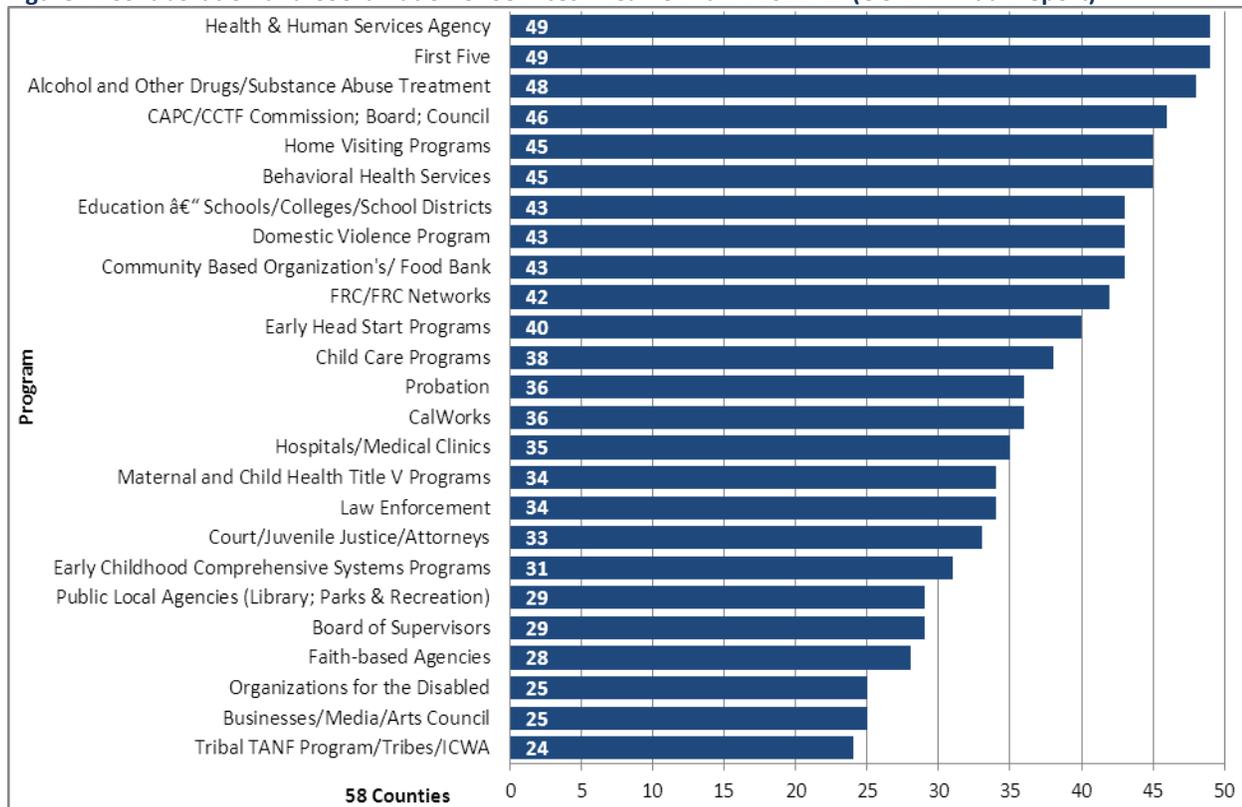
As of April 2013, 54 counties have submitted integrated CSAs and SIPs that have been approved by their BOS and another three counties are currently participating in the integrated C-CFSR process. The OCAP consultants work closely with counties as they assess their service needs during the CSA process 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, Health and Human Services Agencies,

alcohol and substance abuse programs, CAPC and County Children’s Trust Fund Commissions, behavioral health services, home visiting programs, community based organizations, domestic violence programs, school districts and education services, Family Resource Centers (FRC), Early Head Start programs, and child care services. This indicates that County CWS agencies understand the influence of collaboration on prevention and early intervention.

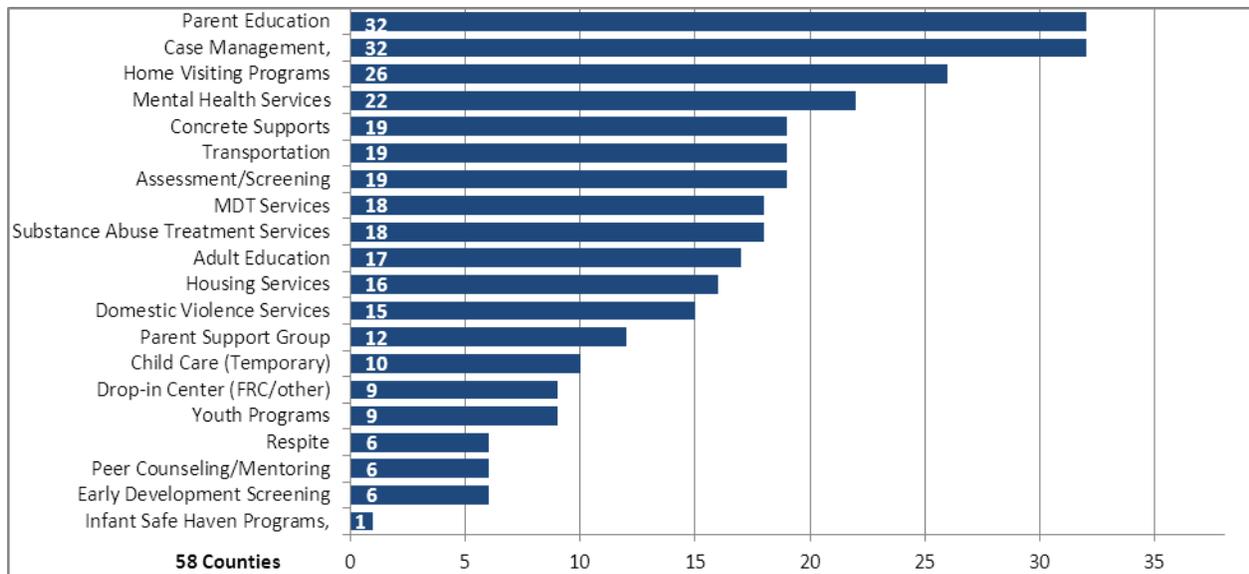
**Figure 7: Collaboration and Coordination of Services in California FY 2011-12 (OCAP Annual Report)**



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

Family Preservation and Family Support are critical components of California’s CWS system. 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 371,142 recipients of Family Support and Family Preservation services during FY 2011-12. 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, case management, parent education, home visiting programs and mental health services were reported to be utilized most often across California during FY 2011-12. Statewide, a total of 30,949 recipients engaged in case management services, while 7,775 recipients participated in parent education services. Furthermore, a total of 21,247 recipients engaged in home visiting programs while a total of 3,888 recipients obtained mental health services with Family Preservation dollars.

**Figure 8: Family Preservation Services Across California FY 2011-12 (OCAP Annual Report)**

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

Additional Family Preservation services provided across California in FY 2011-12 include assessment and screening, transportation, concrete supports, substance abuse treatment, MDT services, adult education and housing services. Below are county specific examples of Family Preservation services provided during FY 2011-12:

*Los Angeles County* utilizes Family Preservation funds for the provision of core services and an array of supplemental services for families with children at risk of out of home placement and for those in out of home placement who may be safely returned sooner with family preservation supportive services. Core services include four in-home outreach counseling sessions, development of a multidisciplinary services plan and clinical supervision. Supplemental services include child focused activities, counseling services, emergency housing, parent training, fatherhood program, substitute adult role model services, teaching and demonstrating homemaking, transportation and linkage services.

The Home Visitors Program, delivered in *Merced County* with Family Preservation dollars delivers home visiting services to families at risk of child maltreatment and those currently being served by child welfare. Family preservation services are provided through case management, home visits, advocacy for families and referrals to resources. Home visitors use behavior modeling and coaching to increase client's skills in parenting techniques, home budgeting, nutrition and housekeeping. During the FY 2011/12 reporting period, Merced County's entry rate was 8.7 per 1,000 children compared to 9.2 per 1,000 children in the prior year. Of all families who completed services, none experienced a recurrence of maltreatment.

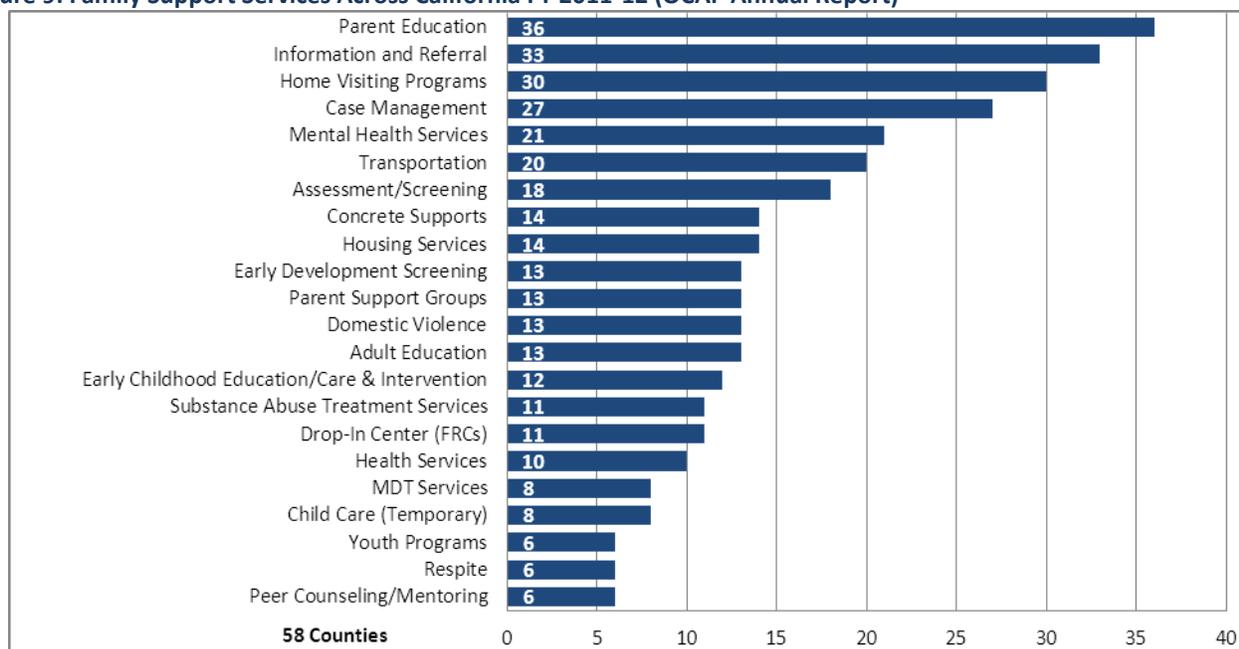
*San Mateo County* funds Puente de la Costa Sur (Puente) with Family Preservation dollars. Puente provides basic emergency and support services including food, transportation, housing assistance and counseling to a primarily Spanish-speaking population in underserved communities along the Coast. To determine 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 2011-12, 69.5percent of youth attending four or more family counseling sessions reported improved family functioning.

The Triple P evidence-based parent education program is funded with Family Preservation dollars in *San Francisco*. Provided to parents involved in child welfare with children ages 2-12, Triple P has been shown to reduce risk factors for child physical abuse and neglect such as harsh parenting practices, parental anger, inappropriate parental expectations and parenting stress. During FY 2011-12, 17 agencies delivered 81 Triple P groups to 777 unduplicated caregivers of 1,373 children, 638 of whom were ages zero to five years. Changes from pretest to posttest were statistically significant on the following outcome measures: the Parenting Scale; the Depression, Anxiety, Stress Scale; the Parental Stress Scale; and the Eyberg Child Behavior Inventory.

*San Diego County* funds their Community Services for Families with Family Preservation dollars. Services include Parent Partners, SafeCare® home visiting and parent education. Families with an open CWS case are referred to a Parent Partner who will guide them through the beginning stages of the case. The Parent Partner is someone who has been part of the CWS system and has been successful. They provide parents with information about what to expect while working with CWS and help them engage in services to meet their case plan goals. They also offer In-Home Case management and Parent Education. Families may refer themselves or may be referred by CWS for case management services in their home. A Family Support Partner will work directly with families to increase and enhance their parenting skills to meet the children's primary needs and to provide them with resources. Another service that is offered is the Systematic Training for Effective Parenting (STEP) classes is a six-week court approved parenting class for families that are interested in increasing their parenting skills with the support of other parents seeking to do the same. STEP is an evidenced-based curriculum and includes topics such as the stages of child development, understanding a child's behavior, alternative discipline, effective communication, and building healthy relationships with a family. SafeCare® In-Home Parenting is also utilized. This is an evidenced-based program for reducing child maltreatment. There are three modules: Parent-Child or Parent-Infant Interaction, Home Safety and Infant/Child Health Care. The core components are Communication and problem Solving. Families at highest risk of abuse and neglect are prioritized. This includes Prevention, Voluntary and Dependency.

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, information and referral, home visiting and case management were reported to be utilized most often across California during FY 2011-12. Statewide, a total of 26,492 recipients engaged in parent education services while 190,836 participants received information and referral services. Furthermore, a total 13,331 recipients obtained home visiting services while 22,072 recipients engaged in case management services with Family Support dollars.

**Figure 9: Family Support Services Across California FY 2011-12 (OCAP Annual Report)**

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

Additional Family Support services provided across California in FY 2011-12 include mental health services, transportation, assessment/screening, housing services and concrete supports. Below are county specific examples of Family Support services provided during FY 2011-12:

*Glenn County* utilizes Family Support funds for aftercare case management services to families following court dismissal to assure a positive transition and maintain supportive services. Case managers also provide limited-time monthly home visits for support and advocacy. Progress achieved is measured through improved family stability, safety and functioning and prevention of re-entry into foster care. Of the families receiving support services during FY 2011-12, 23 percent requested continued support services while 62 percent maintained participation in services and only 15 percent experienced re-entry.

Family Resource Centers in *San Francisco* receive Family Support funding to support a three tiered system of service delivery based on neighborhood need, which includes: basic FRC services, comprehensive services, and intensive services. The comprehensive and intensive levels provide child welfare- specific services and include visitation support, differential response, participation in team decision making meetings, and evidence-based parent education curricula. All FRCs provide prevention and early intervention services which can include information and referral, community events and celebrations, nutrition classes, food pantries, and parenting education and support groups. Families with children ages 0-18 years who may benefit from primary or secondary prevention support are eligible for services. The annual evaluation by Mission Analytics looked at services provided to 2,009 parents and caregivers, 5,816 children and youth and 1,366 families. Participants served were reflective of targeted specific high-need neighborhoods and populations of families, including those referred to or involved with the child welfare system. Participants in support groups and Parent/Child Interactive groups were most likely to participate in a second FRC service type. More frequent visits were associated with greater likelihood of improvement on indicators of emotional well-being and risk of abuse for differential response families. On average, an additional visit per

week increased the likelihood of improvement in risk of abuse by 25 percent and emotional well-being by 14 percent. Two services also had a positive effect in combination with case management and differential response case management. Analysis found that parents and caregivers who added one-time workshop participation were significantly more likely to improve parenting skills and those who added participation in Parent/Child Interactive groups were significantly more likely to show improvements on the support system indicator.

*San Diego County* utilizes Family Support funds to support the Indian Health Council. The Indian Health Council is the fiscal/administrative agent for the Dream Weaver Consortium, inclusive of the following tribal reservations: Inaja Cosmit, La Jolla, Los Coyotes, Mesa Grande, Pala, Pauma, Rincon, San Pasqual and Santa Ysabel. The Indian Health Council promotes child abuse prevention through: cultural and community activities; enhanced resilience and protective factors; reduced isolation; increased youth and community wellness; and increased awareness of wellness and cultural programs. Services are offered to children and families and include: case management; transportation; home visitation; tandem visits with child welfare; case plan development; court advocacy supervised visitation; and health education.

The SOFT (Supporting Our Families Transition) Program is funded in part with Family Support dollars in *Butte County*. The SOFT Program targets families in Family Reunification as they prepare to enter Family Maintenance, as well as during Family Maintenance. In collaboration with child welfare social workers, SOFT Program case managers provide extra support and parent mentoring. Family support services aim to increase safety and well-being of families through in-home visitation services to mentor parents while utilizing the Nurturing Parenting Programs philosophy and curriculum.

*Contra Costa County* supports the Nurturing Fathers/Proud Fathers program with Family Support funds. The Nurturing Fathers/Proud Fathers program provides an interactive men's multi-week support group that covers a wide variety of curriculum topics. The goal of the program is to increase the confidence and skills of men to be nurturing, compassionate, positive role models of healthy relationships, and participatory in the growth and development of their children. An analysis of pre and posttests indicates an increase in knowledge and skills in healthy, nurturing parenting for 80-90 percent of participating fathers. Services have resulted in decreased instances of domestic violence, and improvement in healthy and stable family lifestyles.

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 (DR)*<sup>20</sup> 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

<sup>20</sup> Counties vary in their implementation of DR.

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 DR programs funded with Family Preservation and/or Family Support dollars.

*Stanislaus County* utilizes both Family Preservation and Family Support to help fund their DR program. Through a network of Family Resource Centers, individualized services are provided to families via the DR model. Services include strengths-based assessments, case management, parent education and support, depression and developmental screenings and linkages to health services. As a result of the partnership between Stanislaus County and local FRCs, DR services are available for youth ages 0-18. In 2010, Stanislaus County's no recurrence of maltreatment rate of 96.5 percent was the most successful in over a decade. Many factors contributed to this improvement, including engagement, participation and DR activities.

DR, in *Kern County*, expands the ability of child welfare to respond to reports of suspected child maltreatment. Trained, qualified community-based organizations provide integrated case management, home visiting, information and referral and transportation services. By assisting at-risk families with obtaining adequate housing, food, medical care, employment and educational services, they become able to meet the developmental, health and safety needs of their children. To ensure services are available countywide, each DR provider is assigned to serve a unique geographic area of the county. The Kern County Network for Children (KCNC) Social Condition Matrix (SCM) is utilized to measure changes in family functioning among families receiving DR services. Developed with the assistance of California State University, Bakersfield, the SCM system is designed to help programs evaluate changes in the condition and functioning of client families. This strength-based system, based on case manager observation, tracks a family's status in twelve functional areas. By evaluating families holistically, rather than only their negative or problem areas, case planning can build upon family strengths which improve long term outcomes. During FY 2011-12, 2,016 children and their families were

enrolled in DR and received case management and home visiting services. As measured by the KCNC's SCM, families completing their DR case plans improved functioning levels by an average of 32 percent, with an average exit score of 2.22 indicating family stability. An analysis of DR and CWS records from January, 2011 to June, 2012, showed that 26.5 percent of families referred to DR who did not receive case management were re-referred to CPS vs. 10.8 percent of families who received and completed DR services. Ninety-nine percent of families who completed a client satisfaction survey were satisfied with the DR services provided.

Family Preservation funds support the Front Porch program, *Santa Barbara County's* version of Differential Response. The Front Porch program connects high-risk families to community-based services for the purpose of child abuse and neglect prevention and intervention. Direct services include case management, evidence-based parenting education and home visiting, referrals for substance abuse treatment and mental health services. Reduced risk is evaluated using four of the county's 20 core indicators from the Family Development Matrix. Indicators used to assess child safety include child care, risk of emotional or sexual abuse and presence of substance abuse. Effectiveness is also assessed by looking at rates of recurrence and whether subsequent referrals are made to child welfare. During FY 2011-12, rates of recurrence dropped from 18 percent to 5.6 percent in the county. Only one subsequent allegation was substantiated. Results from the Family Development Matrix show statistically significant improvement in family risk for 17 out of 20 indicators. Data compiled into the Differential Response child safety measures showed significant improvement between assessments in the number of families reporting safe/self-sufficient in child care, risk of emotional or sexual abuse and presence of substance abuse.

*Shasta County* contracts with the Shasta County Child Abuse Prevention Coordinating Council for their Community Parent Partner program that supports Shasta's DR program. The DR Community Parent Partner program targets families that don't warrant a Child Abuse intervention but who are in need or crisis with issues that could escalate is not addressed. A path 1 Differential Response is from a Parent Partner to help assess the needs of the referred family and provide SafeCare® and referral to other agencies/resources. A Path 2 DR is for moderate-risk referrals and can be a joint response by CWS and a Parent Partner with an assessment of safety and risk factors made by CWS and a Parent Partner, and if appropriate, the family being assessed will be provided SafeCare® and referral to other agencies. A DR Path 3 is for high-risk referrals and entails formal CWS review. The PSSF Family Support SafeCare® Home Visitation Program will provide services to families who are at-risk for child maltreatment.

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 needs. California counties continue to struggle with diminished 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. Counties reported the following service gaps for FY 2011-12:

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

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.

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

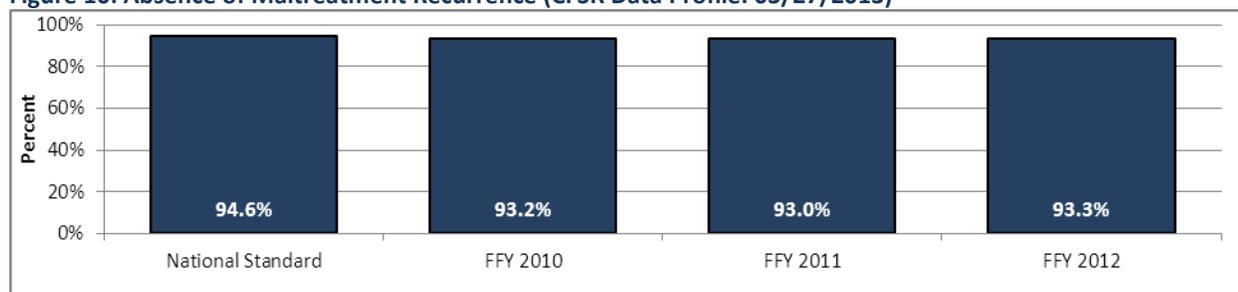
A primary objective of the state child welfare system is to ensure that children who have been found to be victims of abuse or neglect are protected from further abuse or neglect, whether they remain in their own homes or are placed by the child welfare agency in a foster care setting. The following 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: 03/27/2013)**



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 nearly the same rate beginning in 2010 and continuing through 2012.

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.

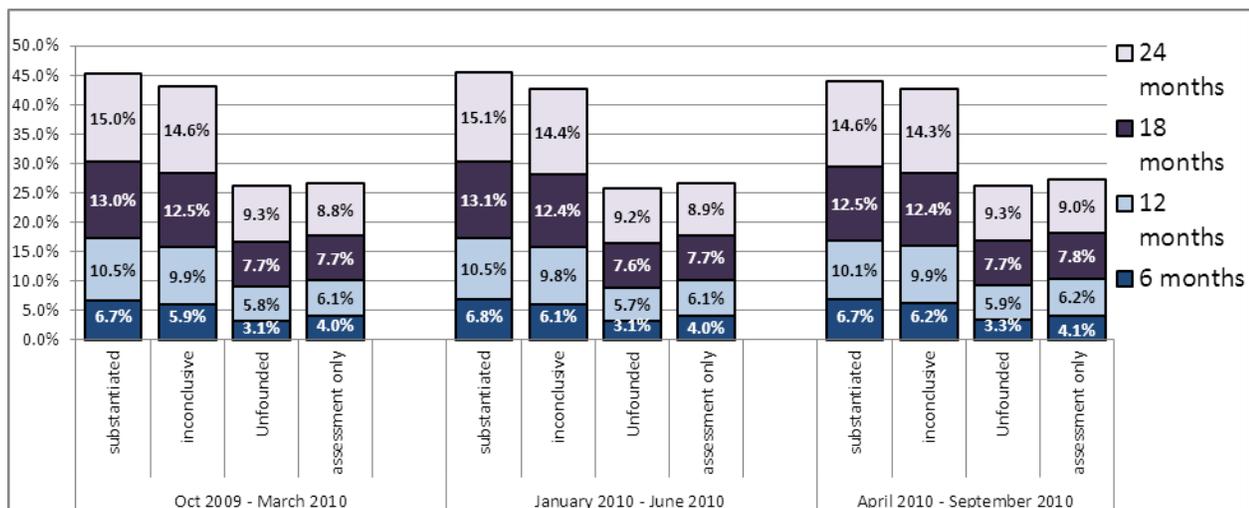
### FACTORS AFFECTING PROGRESS

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
- Although not federally required, CDSS makes additional data available for a range of follow-up periods from six to 24 months, see Figure 11 below. 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 Figure 11 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

The contract to fund CAT expired on December 31, 2010, and a zero-dollar agreement was put in place in January 2011 to allow counties to comply with data collection and outcome reports. The zero-dollar agreement has been extended through December 31, 2014 in anticipation of the new CWS case management system implementation. 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, 2012 and December 31, 2012 for 54 counties.
  - *The intake assessment:* The screening section of the intake assessment helps hotline workers determine if the current report requires a child protective services investigation response. The response priority section helps workers determine how quickly an investigation must be initiated for those reports accepted for investigation.
    - There were 326,530 CWS referrals, during the period of these referrals, 216,198 (66 percent) were accepted for investigation and 110,332 (33.8 percent) were evaluated out.
    - During the current report period, response priority procedures were completed for 201,736 (93 percent) of 216,198 referrals. SDM final guidelines recommend immediate/24-hour response in 71,245 (35.3 percent) investigations.
    - A path decision component was completed for 23,777 referrals<sup>21</sup>. There were 3,286 (13.8 percent) referrals assigned to Path 1 that received community services rather than being evaluated out. An additional 9,698 (40.8 percent) referrals were assigned to Path 2. These referrals were screened in and received both CWS and community partner services. There were 5,004 (21 percent) referrals assigned to Path 3, which received traditional CWS and possible law enforcement intervention. The remaining 5,789 (24.3 percent) referrals were evaluated out and received no formal CWS response.
  - *The safety assessment:* The assessment helps workers at all points in a case determine if a child may safely remain in the home, with or without a safety plan in place. A second safety assessment, customized for use in foster and substitute care, has also been developed.
    - Workers completed a safety assessment in 176,624 (86.6 percent) of 204,027 investigations requiring one.
  - *The risk assessment:* This actuarial assessment estimates the likelihood of future harm to children in the household, and assists investigation workers in determining which cases should be continued for ongoing services and which may be closed at the end of an investigation.

<sup>21</sup> Path decisions are required for select referrals in a subset of California counties that have implemented differential response

- A family risk assessment was completed in 80,933 (91.5 percent) of 88,482 substantiated and inconclusive investigations. Of the 80,933 families, 14 percent were assessed as very high risk, 32 percent as high risk, 27.5 percent as moderate risk, and 16.6 percent as being at low risk of maltreating their children in the future.
- A family risk assessment was completed for 74,786 (69.5 percent) of 107,628 unfounded investigations. Of these, 3.4 percent of families were assessed as very high risk, 48 percent as moderate risk, and 30.1 percent as low risk<sup>22</sup>.
- The *family and child strengths and needs assessments*: The FSNA informs case planning by structuring the worker's assessment of family caregivers and all children across a common set of domains of family functioning. For the case plan, priority areas of need are chosen as the focus of efforts to improve family functioning and child safety.
  - Workers completed strengths and needs assessments for 35,709 caregivers.
  - Workers completed strengths and needs assessments for 65,629 children.
- The *risk reassessment*: For families receiving in-home services, the actuarial risk reassessment helps the ongoing service worker determine when risk has been reduced sufficiently that the case may be recommended for closure.
  - Workers completed in-home risk reassessments for 18,570 families.
- The *reunification* assessment: For families with a child in out-of-home care with a goal of reunification, this assessment helps the worker determine when a child may safely be returned to the home, or when a change in permanency goal should be considered. The assessment has three sections that focus on risk, caregiver-child visitation, and safety.
  - Reunification reassessment results were reported for 22,068 children.

The table below, from CY 2012 SDM Annual Report prepared by the SDM vendor, Children's Research Center (CRC), released in April 2013, is inclusive of all children for whom maltreatment was substantiated between January 1 and June 30, 2012. The data reflect 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.

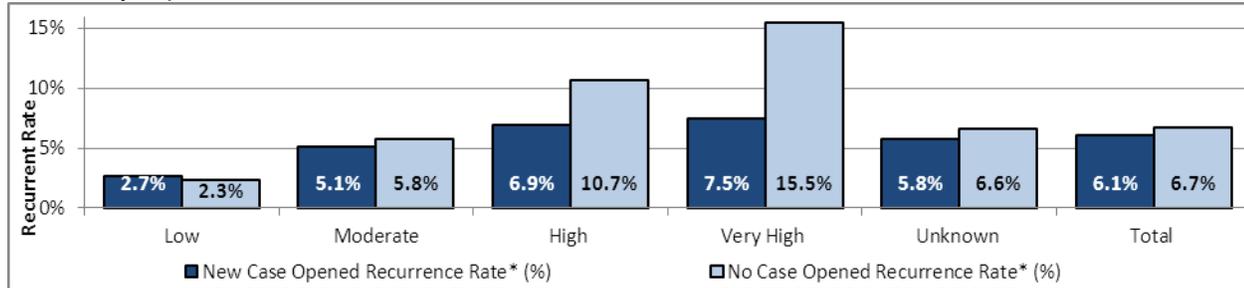
Of the 29,203 children with a substantiated allegation between January 1 and June 30, 2012,<sup>23</sup> 6.4 percent were again victims of another substantiated allegation within six months of the first substantiation. Recurrence rates were higher for children in families at higher risk levels based on

<sup>22</sup> Risk assessments are not required for unfounded investigations in all counties. However, most California counties recommend that risk assessment be completed for all investigations.

<sup>23</sup> SDM System in Child Welfare Services, in Combined California Counties, Report Period January 1- December 31, 2012, page 56. 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.

risk assessment results, particularly among cases in which the first substantiated referral between January and June 2012 was not opened for services<sup>24</sup>.

**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, 2012 Six-month Follow-up (2012-SDM Annual Report)**



## FUTURE PLANS

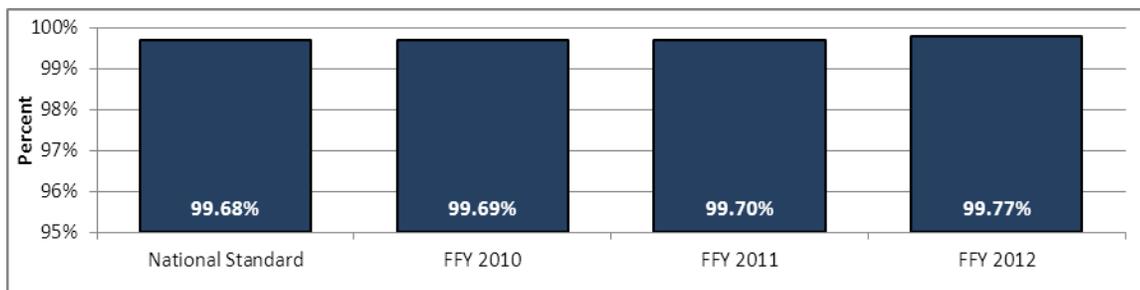
For future plans and activities, please refer to Future Plans in Section 4 Timely Response: Ensure that investigations of maltreatment are initiated within state policy timeframes.

## 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: 03/27/2013)**



The population discussed in this narrative is limited to children who are dependents and are in out-of-home placements. Beginning in 2010 and through 2012, California continues to remain above the national standard.

## 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 a little more than 300 hundred children over the 12-month

<sup>24</sup> 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.

period who were abused/neglected in foster care. As well, there are few variations across the 58 California counties, with the smallest proportion at 98.26 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.

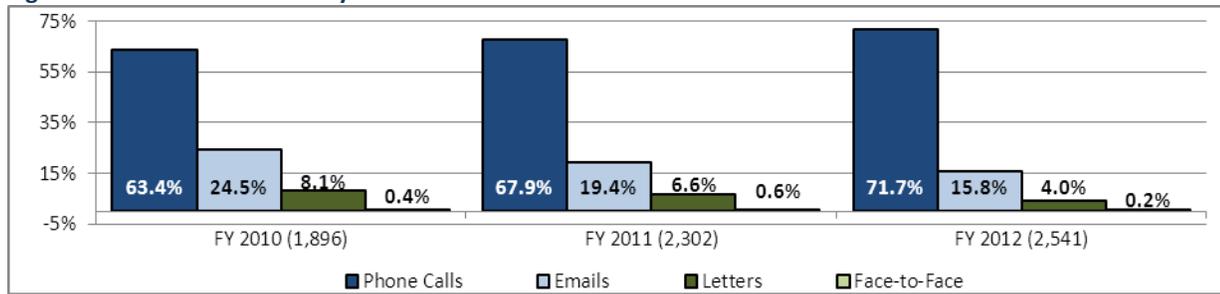
Some of the factors to California's success in this measure may be attributed to:

- ✓ 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)*.

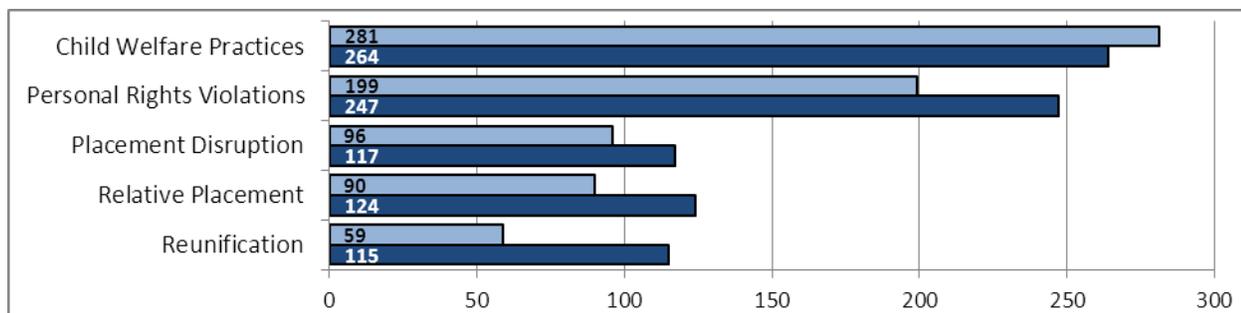
California Welfare and Institutions Code (WIC) sections 16160-16167 designate the Ombudsman as the autonomous entity within CDSS for providing children who are placed in foster care with a means to resolve issues related to their care, placement, or services.

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 2011-2012, the Ombudsman received 2,541 initial contacts, of which, 1,822 were calls, 402 were e-mails, 102 were letters, and 5 were face-to-face. Between 2010 and 2012, there has been a 30 percent increase in the total number of initial contacts, which may be likely attributed to improved presence and distribution of information by the FCO. 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 2,541 initial contact in FY 2012, 44.5 percent were complaints (n= 1,132), while 49.9 percent were requests for information (n = 1,132). Although the number of initial contacts has increased, the proportion of those contacts that were complaints has remained unchanged between FY 2011 and FY 2012, 44.4 and 44.5, respectively. The figure below illustrates the most frequent complaint issues between FY 2011 and FY 2012.

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

Of the 199 (247 in 2011) personal rights violation complaints received, 35 percent were related to living in a safe environment or being treated with respect, 11.5 percent were related to freedom from abuse, 11.5 percent were about receiving adequate food and clothing, while other personal rights complaints were about: 1) contact with family members, placement workers, attorneys, and CASA advocates, 2) attending school or participating in other activities, 3) receiving medical, dental, vision, and mental health services.

- 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

- ✓ SDM Substitute Provider Module

- The goal of the SCP Module is to eliminate systemic issues that may cause children to be re-traumatized. Priority is placed on the well-being of children and the module is used to identify gaps between the child’s needs and the caregiver’s abilities. The SCP Module continues to be used in a pilot setting by San Francisco, San Diego, and San Luis Obispo. Riverside County has discontinued use until the module is enhanced to enable workers from different units to utilize the same records. San Diego is currently discussing expanding the use of the SCP Module county-wide.

Under a county-funded contract, the Children’s Research Center (CRC) will focus on expanding training efforts designed to improve use of the SCP tools and to develop links in communication between units responsible for placement and evaluation. Based on sessions developed in San Francisco, the enhancements focus on cross-unit communication and collaboration within the county and the ability and resources to provide identified supports to families. CRC will also establish a webinar to present training enhancements to the counties and other interested parties using the Data Collection System (DCS).

There have been no enhancements to the SCP Module’s data-collection system over the past year. CRC will review the current definitions with the counties, update the definitions in the data collection system, as needed, and continue to examine ways to improve the DCS for effective use by the counties.

## 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 2012. In the same time period, the ten-day responses maintained around 93.5-95 percent in 2008 and 2012.

### FACTORS AFFECTING PROGRESS

The WIC code mandates the requirements and timeframes for initiations of an investigation of 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. 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:

- Each county may develop their own protocol as long as it contains the required elements; one county in the state has a five-day policy for investigating referrals.
- Initiating investigations are prioritized by the level of risk assessed by the 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.
- All referrals from law enforcement agencies must be investigated.
- No response is required for 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, even when facing severe budget cuts. Factors that may contribute to progress include:

- ✓ AB 636 outcomes and accountability practice
- ✓ SafeMeasures® data availability
- ✓ Statewide safety assessment tools
- ✓ SDM Hotline tool
- ✓ Differential Response
- 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 identify factors that may contribute to the county's underperformance and the necessary steps the county will take to improve performance.
- 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 are posted online for the 54 counties who are using SDM and are utilized by counties and state consultants for quality assurance. Supervisors 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 this 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 2012, the SDM Hotline tool had a 94.3 percent completion rate for the 31,463 hotline calls received.

- *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. 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) continue to be a resource tool for DR counties or those considering implementing DR.

In September, 2012, CDSS, in partnership with the Child Welfare Council's Prevention Early Intervention Committee, distributed a survey to partners who helped lead California's prevention and early intervention efforts by serving as one of the eleven pilot counties during the initial implementation of Differential Response. Eight counties responded to the survey and each reported that they currently have Path 2 and a structured referral process in place. Prior to this survey, the counties reported a distinct difference in how families respond when a community partner is present at initial visits. Because community partners have no power to remove children, families reportedly feel safer and more relaxed in their presence, share more, and are more likely to engage in services, resulting in more families that appreciate child welfare intervention. However, within the past two years, some of the respondents indicated they have reduced or eliminated key DR activities because of funding reductions and low engagement or impact with voluntary families. Two respondents also cited barriers including low priority by Board of Supervisors, lack of affordable training, and lack of engagement of collaborative

partners. Three quarters of respondents have prevention frameworks in place in addition to DR, including community-based home visitation, evidence-based parent training, Signs of Safety, and CalWORKS collaboration including use of the Structured Decision Making assessment tool. The majority of respondents believe that increased funding, particularly increased federal investment, could expedite implementation of additional prevention activities.

## 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:

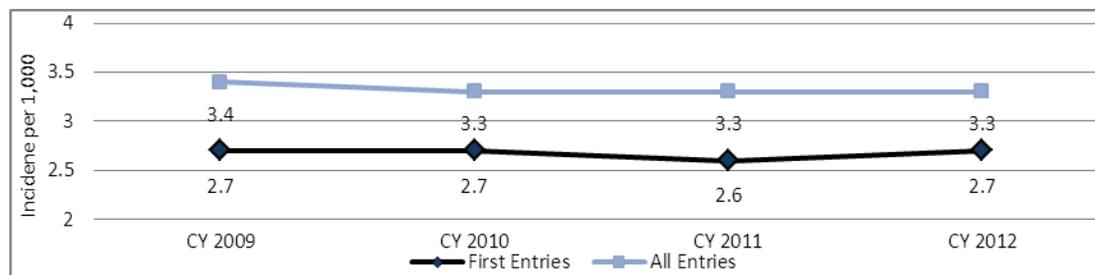
- At the 2012 SDM core team meeting, changes to definitions and policy on four tools and assessments were approved; they were subsequently updated in the SDM® Policy and Procedures Manual and webSDM in September 2012. Relatively minor, the changes were made as a result of a core team review, user suggestions, and technical assistance efforts by CRC staff.
- CRC will convene workgroups in conjunction with CDSS to review all SDM assessments; informed by data and practice, the workgroups will decide on any revisions that would strengthen the tools, definitions, and their use. In April 2013, the SDM core team and CRC will begin to plan an approach to the workgroups, determining how to maximize inclusion while focusing on efficiency and not overburdening staff. Workgroups will consist of 25 to 35 staff and stakeholders who are knowledgeable users of the SDM system and can bring SDM practice experience to the process.
  - Workgroups will focus on the hotline tools (screening, response priority, and path decision); investigation (safety and initial risk); case planning (family and child needs assessments); reassessments (risk and reunification); and the substitute care provider assessments. Each assessment will be reviewed, and CRC, CDSS, training academies, and county staff will pre-identify potential changes to the assessment tools, definitions, and policies for consideration by the workgroups. This process will begin with the SDM core team meeting and continue through December 2013, with final approval at that time. Following final approval, changes to the SDM Policies and Procedures Manual and webSDM will occur as necessary.
  - CRC will work with CDSS and the core team to determine whether the SDM assessments can be used to help develop a screening process for children’s mental health. The essential question is whether items from across SDM assessments work together to serve as a children’s mental health/trauma screen. CRC will coordinate with stakeholders to determine the utility of this approach, including a presentation and discussion at the April 29, 2013, SDM core team meeting. CRC has begun discussions with the Statewide Education and Training Committee (STEC), Rady Children’s Hospital, and CDSS on this process.
  - CRC will proceed with validation of the initial risk assessment as specified in the current fiscal year 2012-13 contract. Work began in July 2012 and will be completed by September 30, 2013. CRC will provide interim updates on the re-validation through the monthly SDM teleconferences with CDSS and as needed. CRC will provide information on the sample process, produce a report on potential changes to the assessment, and make suggestions for policy and procedures.

- **Enhancing Worker Skills – Training and Curriculum:** While 10 years of SDM system use in California has produced many positive outcomes, a sense remains in some areas that assessments are just forms to fill out or that the system has not assisted in engaging families or establishing interview techniques and skills. Merging the SDM decision-making tools, the partnership-based approaches, cultural humility, trauma-informed practice, multicultural process of change, appreciative inquiry, and solution-focused inquiry helps create a rigorous child welfare practice model that workers can use to better establish good working relationships, critical thinking, and enhancement of safety for children.
- In 2012, CRC, in conjunction with CDSS and NRTA, has developed an SOP training curriculum and presented training for trainers. The training emphasizes the links between family engagement/participatory practice and the SDM assessments and focuses on safety, case planning, and the role of the process in using all the assessments. The SOP curriculum to provide a seamless link between practical skills and the SDM assessments, believing that this is a more effective direction for the SDM assessments than the establishment of distinct additional curriculums that are specific to SDM assessments only. CRC has continued to work on incorporating implementation science and trauma-centered practice into SDM/SOP curricula to further strengthen the implementation of SOP and the SDM system. The full curriculum can be found at the NRTA website.
- CRC also explored other ways to use SDM data to examine domestic violence in families served by Child Welfare Services in California and produced a Domestic Violence Special Report and a webinar in July 2012.
- A case reading to review the hotline tool and the use of overrides for response priority. The case reading was completed in the fall; a full report will be available to review with the hotline workgroup in preparation for SDM 3.0.
- Development of a case plan field tool designed to be user-friendly for social workers that will provide social workers with a more direct path to go from SDM safety and FSNA assessments to behaviorally specific plans. This tool is designed to help social workers and parents communicate up front about how they will partner to increase safety for children. The tool incorporates all elements of SOP and the SDM system, from solution-focused interviewing to safety and case planning and safety networks, including links to the CWS/CMS case plan objectives and worksheets.

## **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. Since the onsite review, this outcome continues to be an important area of focus for the state.

**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
- In California, most counties have a significant number of children and families involved in both the CalWORKs and CWS 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 and engages the parent in the process, prevents duplication of efforts, and maximizes funding and resources to better serve clients accessing both systems.

The Linkages Project (Linkages) is a strategic effort by California to improve coordination between CalWORKs and CWS 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. The Linkages project continued between 2006 and 2011 through a federal demonstration grant, which provided the opportunity to expand and deepen the collaborative project throughout California, and has now continued through an Office of Child Abuse Prevention grant from CDSS.

This past State Fiscal Year, the project completed the design and implementation of the on-line Linkages Toolkit that can be found at <http://www.cfpic.org/toolkit/>. This website contains modules such as: Definitional, Assessment & Planning, Training, Evaluation, Communication, Fiscal Strategies and Sustainability. Also included in the Toolkit are examples of Linkages counties' protocols, procedures and lessons learned.

An important activity to support peer sharing and encourage implementation in non-Linkages counties is the annual Linkages Convening. The Convening was held in Sacramento in July 2012 and had approximately 150 attendees. Linkages counties shared their best practice and a family that is featured in the Linkages Challenge DVD gave a plenary presentation sharing how Linkages had helped this family succeed.

Other activities this past year included a quarterly newsletter called Keeping Linked which provided information to support collaboration, success stories and training events. The newsletter is sent electronically to all the Linkages counties as well as the County Welfare Director's Association Self-Sufficiency and Children's Committee. Webinars were presented on topics such as data management, emergency response and CalWORKs coordination, family maintenance and CalWORKs coordination and working with CalWORKs sanctioned families. Quarterly Linkages coordinator calls have been implemented to provide an opportunity for coordinators to share issues and concerns and to seek solutions and advice from their peers.

At the State level, CDSS completed a data project matching children in the CWS with those in the CalWORKs system to determine the overlap of this population across the state. This information is still being distilled and a report will be completed in the near future.

And lastly, a ten-year Linkages Report was completed by project staff that outlines the existing Linkages initiatives across the state describing the populations served, best practices, and goals for the future. This report will be sent to all County Welfare Directors via an All County Information Notice to provide information to not only Directors in Linkages counties, but to all Agency Directors.

There are currently 21 counties that are actively participating in the Linkages Project.

- 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.

Wraparound currently exists in 47 counties.

California Wraparound is a systemic practice element of child welfare, probation and mental health services across the state. The program is widely recognized as a promising practice that 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 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. However, counties are not limited to providing Wraparound to other target populations if they have sufficient capacity and funding.

California continues to see a steady decline in group home care rates. Based on data from the CSSR Quarter 4 2012 extract (January 2012-December 2012), the number of children placed in a group home decreased by 600 children from the previous year. Although we know that many other initiatives are also instrumental in supporting this data, we know that California Wraparound continues to be integral in this effort as well.

Additional data can be found in individual county reports. The following counties have reported outcomes and data on their Wraparound programs for 2012:

- Monterey County submitted their Wraparound Fidelity Index 4.0 (WFI-4) that measures adherence to the ten principles of Wraparound (family voice & choice, team based, natural supports, collaboration, community-based, culturally-competent, individualized, strength based, persistence, and outcome based). WFI-4 is completed through confidential phone or face-to-face interviews with caregivers, youth (11 years of age or older), facilitators, and family parent partners.
- Marin County's report reflected the period for July 1, 2012 to December 31, 2012. During this reporting period, services were provided to a total of 49 youth. Clients were from a variety of racial and ethnic backgrounds, including Latino (41 percent), Caucasian (29 percent), African-American (16 percent), as well as clients of multiple cultural backgrounds (14 percent). Seven clients were under the age of six, six youth were between the ages of six and 12, and a majority of clients (36) were between the ages 13-18 years old.
- San Bernardino submitted data using the Wraparound Fidelity Index (WFI-4) to assess the County's fidelity to the Wraparound process. As part of the assessment, caregivers, youth (aged 11 and older), facilitators, and case managers (social workers and probation officers) were interviewed when families reached six months in Wraparound. Results of 616 interviews conducted between November 2011 and April 2012 found San Bernardino County's overall score (84 percent) pointed to high fidelity to the Wraparound process and

was greater than the national mean (77 percent). San Bernardino's Wraparound program also showed acceptable to high fidelity (>78 percent) to eight of the ten Wraparound principles.

To support growth and sustainability of the California Wraparound Program, the Integrated Services Unit within CDSS provides technical assistance for all Wraparound counties and interested counties. Consultants provide fiscal and program technical assistance through participation at regional meetings and on-going assistance as needed.

The ISU consultants continue to further the efforts of sustaining the *California Wraparound* program through the Statewide California Wraparound Advisory Committee that meets twice a year face to face and through conference calls and webinars as needed. This Committee is comprised of child welfare, probation, mental health, education, parent partners, youth, 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. The mission involves 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.

CDSS continues to sponsor the California Wraparound Institute in partnership with the Resource Center for Family-Focused Practice, UC Davis. The institute will be convened June 4-6 of 2014 in Anaheim. The Institute theme is "Embracing a Shared Vision" and will be integrating additional family focused initiatives that have emerged through the Katie A. settlement agreement and the newly developed Core Practice Model. Additional work being completed by the CDSS through the California Partners for Permanency will also be incorporated into the Institute. The Institute provides an opportunity to profit from the experience of others involved in the field of Wraparound and other similar processes.

- *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 the majority of 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.

## 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. Safety assessment tools are used to assess immediate danger during an investigation and helps workers determine if conditions in the home pose a threat to the safety of a child. If safety threats are found that pose an immediate threat of harm, the assessment tool helps the worker consider in-home service intervention to protect the child in the home. Alternatively, if a plan for in-home services cannot be developed, the child is removed from the home.<sup>25</sup>

In CY 2012 for 54 counties who use SDM as their safety assessment tool, 86.6 percent of 204,027 families who were investigated received a safety assessment.

### FACTORS AFFECTING PROGRESS

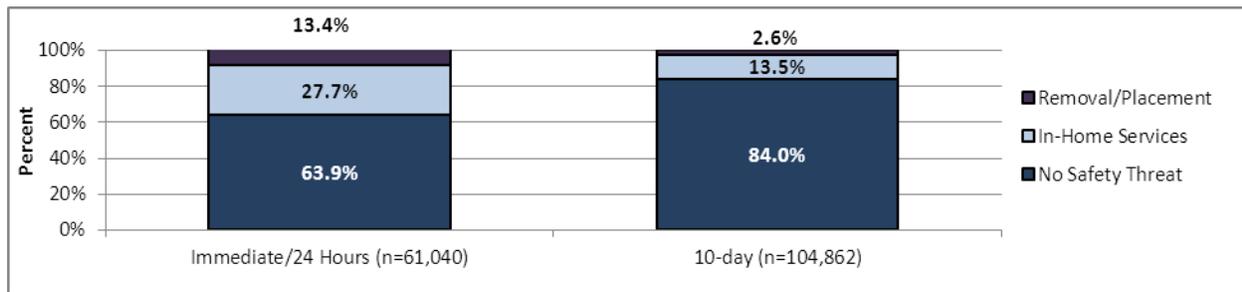
The CDSS continues to support the statewide safety assessment system and continuous quality improvements to the tools and the use of the tools throughout the life of a case. Other factors identified are:

- ✓ 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 2012 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 Figure 18 below, of the 61,040 investigations assigned an immediate response; a corresponding

<sup>25</sup> SDM Combined Counties Report, March 2013, page 16.

13.4 percent resulted in removal, as opposed to only 2.6 percent of ten-day response level cases that resulted in removal.<sup>26</sup>

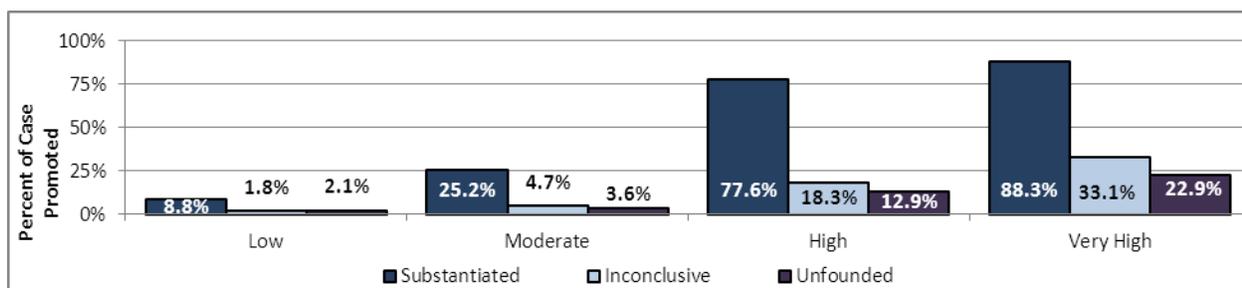
**Figure 18: SDM Response Priority Level by SDM Safety Assessment Result (SDM 2012 Annual Report)**



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 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 2012 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 19: Case Promotion rates by Investigation Disposition and Final SDM Family Risk Level (SDM 2012 Annual Report)<sup>27</sup>**



- *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

<sup>26</sup> SDM System: Case Management in Child Welfare Services; Combined California Counties, April 2013 Report for CY 2012, page 18.

<sup>27</sup> SDM System: Case Management in Child Welfare Services; Combined California Counties, April 2012 Report for CY 2012, page 33.

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.

## PERMANENCY

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### OUTCOME 1 – CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS

08 - REUNIFICATION .....	84
09 - ADOPTION TIMELINESS .....	90
10 - GUARDIANSHIP.....	98
11 - OTHER PLANNED PERMANENT LIVING ARRANGEMENT .....	101
12 - PLACEMENT STABILITY .....	105
13 - RE-ENTRY .....	111

### OUTCOME 2 – THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN

14 - PROXIMITY OF PLACEMENT .....	115
15 - SIBLING PLACEMENT .....	117
16 - RELATIVE PLACEMENT.....	119
17 - RESOURCE FAMILY RECRUITMENT .....	121
18- JUVENILE JUSTICE TRANSFERS .....	132

## INTRODUCTION

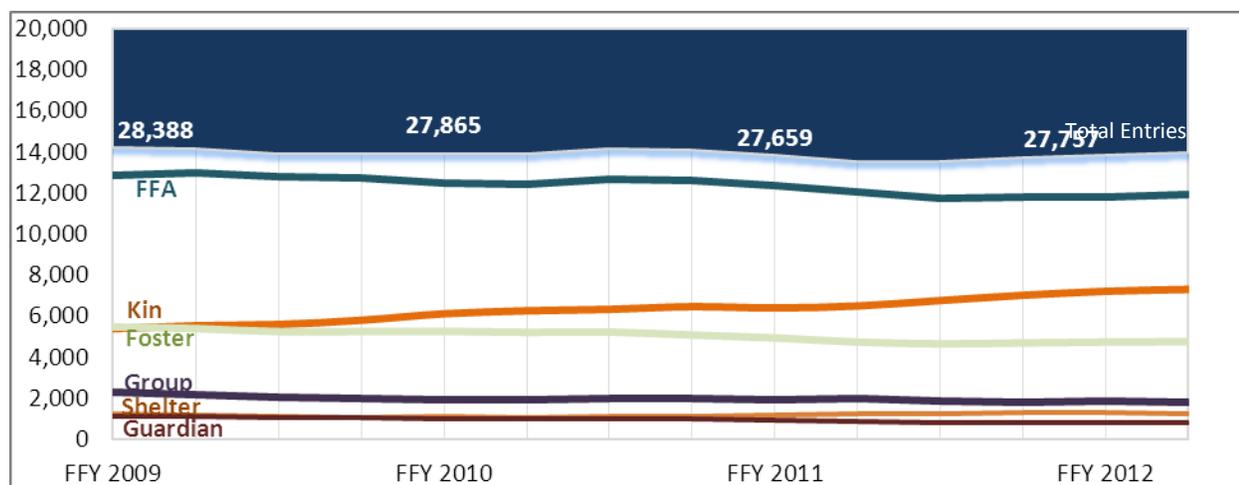
Permanency for California’s children in care means children have permanence and stability in their living situations as well as continuity in their family relationships and connections. Permanency is best achieved when children can remain safely in their homes. When children cannot remain or return home safely, efforts to achieve adoption or guardianship are made. Additionally, children in care will experience greater permanency while in foster care if strong familial, community, and cultural 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 2009 and FFY 2012, entries into care have declined from 28,388 to 27,757 in FFY 2012. Of these entries, the number placed with relatives continues to increase (30 percent in four years) from 5,519 in FFY 2009 to 7,200 in FFY 2012, while the number entering into shelters and group homes decreased. In the following section, the state will describe its efforts and activities towards improving outcomes for children placed in-out-of-home care.

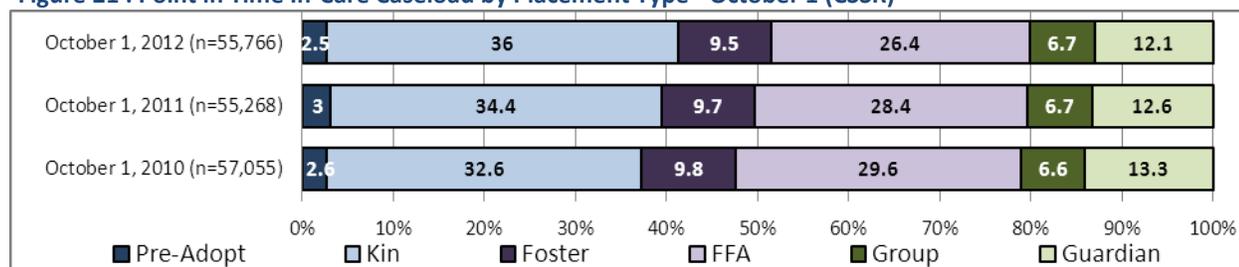
**Figure 20: Entries into Care by Placement Type**



**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. Between October 1, 2010 and October 1, 2012, California continues to reduce its foster care population and increase the proportion of children placed with relatives (ten percentage point increase).

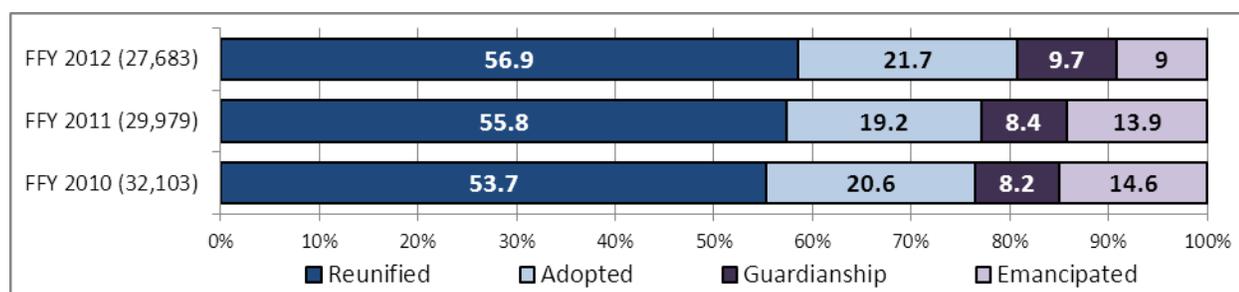
**Figure 21 : Point in Time In-Care Caseload by Placement Type - October 1 (CSSR)**



**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. As illustrated in Figure 22 below, the proportion of youth reunifying has increased six percent, while the those emancipating has decreased nearly 40 percent in three years. This decrease may be attributed to a greater number of youth who may be opting to remain in care and receive services through the After 18 program.

**Figure 22: Exits by Placement Type (CSSR)**



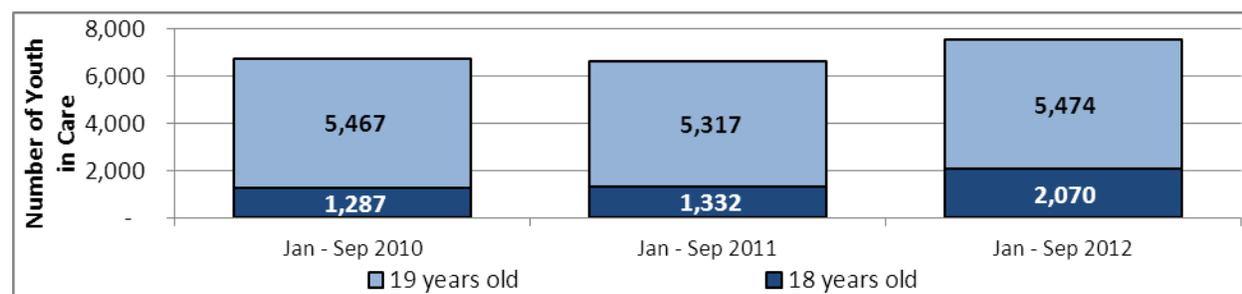
Four key efforts are underway which are aimed at changing the landscape of the foster care system to further improve permanency and well-being outcomes.

#### PROGRAMS AND INITIATIVES

- ✓ Fostering Connections After 18
  - ✓ California Partners for Permanency
  - ✓ Continuum of Care Reform
  - ✓ Residentially-Based Services Program
  - ✓ Resource Family Approval
- *Extension of Foster Care to Age 21* - CDSS is in the second year of implementation of the Extended Foster Care Program. The extension has come to be called the After 18 Program. After 18 is California's implementation 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 (Chapter 559, Statutes of 2010) 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.

The data in Figure 23 examined a cohort of youth ages 18 and 19 who were in care at any time between January 1, 2012 and September 30, 2012, and were compared to cohorts from the same nine-month time period from two prior years. The goal of the analysis was to explore whether youth were opting to stay in care after they turn 18.

**Figure 23: Youth in Care Ages 18 & 19 (CWS/CMS: Analysis conducted by CWDAB, 01/02/2013)**



In 2012, 7,544 youth were in care at some point of time during January through September, representing a 13.5 percent increase from the prior year (6,649 youth in 2011). Further, during this time period, 2,512 youth exited (33 percent of the total) as of November 30, resulting in less exits than the prior year (3,947 exits, or 59 percent of the total, in 2011). Therefore, it can be assumed that after the implementation of the After 18 Program, more youth over the age of 18 opted to remain in care than in prior years.

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 in delivering services in a manner that respects that the youth is no longer a child, but a developing adult who is voluntarily remaining in foster care. This shift needs to occur, not only with the caseworker, but also with attorneys, housing providers, care providers, courts, and others. The new policy, while challenging, is not as difficult as the practice changes that are required across the system.

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 (CLT) 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. 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 is similar to the existing Transitional Housing Placement Program for minors with a rate structure that was developed through the workgroup 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 CLT and the Steering Committee continued to meet after the implementation workgroups finished to address new issues identified as counties began implementing the program. This process led to the release of at least seven additional ACLs during 2012 to clarify issues or expand instructions on new program information. There are still about 12 ACLs and Erratas that are in progress for release in 2013.

Additional legislation, AB 212 (Chapter 459, Statutes of 2011), AB 1712 (Chapter 846, Statutes of 2012) and SB 1013 (Chapter 35, Statutes of 2012) were passed which made further changes to the After 18 Program. Many of these changes were the result of issues identified by the counties during the implementation process and discussed during the ongoing CLT meetings, including the age limit as mentioned previously. The CDSS will be concluding these meetings by July 1, 2013. Periodic meetings will continue to check in with counties and determine if any new issues were identified during the legislative season, which ends in August.

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 has continued to use the SOC 405E Exit Outcomes data report to measure outcomes for emancipating youth until the report is revised to separately capture outcomes for youth exiting at age 18, 19, 20 and youth who re-enter foster care. It is anticipated that the revised report will be available to counties to begin using in October 1, 2013.

The intent of the Fostering Connections legislation recognizes the importance of family and permanency for youth by also extending payment benefits and transitional support services for AAP and Kin-GAP up to age 21 for youth entering those arrangements at age 16 and older. Thus, youth are not forced to make a choice between having a permanent family and extended support. In addition, AB 1712 (Chapter 846, Statutes of 2012) allows non-minor dependents to

be adopted through the juvenile court effective January 1, 2013, referred to as non-minor dependent adoption. A workgroup consisting of CDSS, stakeholders and county child welfare staff is developing the practice framework for this new type of adoption process. An ACL is in development.

- *California Partners for Permanency (CAPP)* is one of six projects nationwide funded through the Permanency Innovations Initiative (PII), a multi-site federal demonstration project designed to improve permanency outcomes among children in foster care who have the most serious barriers to permanency. Four counties are participating in this effort: Fresno, Humboldt, Los Angeles and Santa Clara.

CAPP's focus over this past year has been on the continued engagement and meaningful involvement of community and tribal partners, the systems review analysis and development of the practice model and initial implementation activities. The ultimate goal of these collective efforts is to effectively address disparities in outcomes and support positive permanency outcomes for all children and families with a targeted effort to help those children and youth who are in care the longest and experience the worst outcomes.

*Community and Tribal Engagement* - CAPP's recent and ongoing activities reflect the evolving understanding of the fundamental relationship between community and tribal involvement and partnership and the successful implementation of a child and family practice model that reduces long term foster care for the most impacted families.

Some of the most important lessons came from the honest, generous and forthright contributions of community and tribal representatives. They informed the work of CAPP moving forward and changed the way the project approached the development and content of the Child and Family Practice Model.

In order to deepen partner relationships, the project transformed the structure of the planning and implementation teams. The original Advisory Committee that consisted of youth, family, community and tribal representatives was incorporated into the Cross Site Team and CAPP counties brought their local community and tribal representatives to participate at the Cross Site meetings bringing learning and local perspectives to inform the statewide work.

The work together began by setting aside a proposed intervention and working with communities, tribes, CAPP counties and key stakeholders to develop the elements of the Child and Family Practice Model. Together the team:

- ✓ Created core values.
- ✓ Built the front line practice approach and core elements of the practice model.
- ✓ Developed and refined the practice behaviors.

CAPP convened a well-attended Shared Learning meeting in August 2012 that included community and tribal partners where the project continued to work to utilize their expertise and unique perspectives to further the evolution of the project's effort and share the growing knowledge with local and statewide stakeholders.

*System Reviews* - The lessons in CAPP came from many avenues, beginning with system reviews. All CAPP sites conducted local reviews of their child welfare systems. With the technical support and assistance of the Center for the Study of Social Policy, and with significant input and guidance from local community and Tribal partners, CAPP sites have been conducting local

system reviews and analyzing results to better understand the systemic barriers that undermine achieving optimal permanency outcomes for children and families. Key findings from these reviews and the experiences shared by community and tribal partners furthered the understanding of what is missing in the child welfare system and how it impacts interactions with families and poses barriers to permanency and improved outcomes.

Critical issues identified in system reviews across sites included:

1. Weak and Insufficient Engagement Practices
2. Lack of Family Voice and Urgent Sustained Permanency Focus
3. Lack of Relevant, Timely, Well-Coordinated Services
4. Lack of Accurate Understanding of Family Strengths and Needs

This comprehensive approach on identifying and addressing key systemic barriers to permanency has guided the development of the CAPP Child and Family Practice Model. Each of the systemic barriers identified above are addressed by and aligned with the four front-line practices of the Practice Model which include:

1. Exploration & Engagement
2. Power Of Family
3. Circle of Support
4. Healing Trauma

Working together throughout the year at local and cross site meetings the core elements and practice behaviors that support consistent implementation of the Practice Model were developed, refined and are ultimately being tested at the local sites through their initial implementation activities.

Implementation of the Child and Family Practice Model has begun in all four of the CAPP Sites. The CAPP implementation is a structured process that provides opportunities for each site to learn what is working well, address challenges and make needed adjustments to improve the local approach. Communities and Tribes are key partners in this process and provide ongoing guidance and input at local levels.

The CAPP counties and their community and tribal partners are working together on the following implementation activities:

- Addressing System Barriers-CAPP Counties and their partners have conducted system reviews to better understand the systemic barriers to achieving permanency and improved outcomes for children and families. As system barriers are identified, partners work together to implement action plans to address those barriers and to establish culturally relevant and trauma-informed services to meet the needs of local children and families.
- Developing Implementation Teams –The role of the team is to provide the needed support and guidance to improve the implementation of the Practice Model. The team is there to identify problems, promote alignment with other local practices and work with staff, leadership and partners to remove barriers. These teams consist of internal staff as well as community and tribal representatives – they meet on a regular basis to discuss various implementation issues.

- Coaching for Competence – this is a unique behaviorally-focused CAPP activity that helps build the skill of individuals and systems to support the Child and Family Practice Model and the safety, permanency and well-being of children and their families.
  - CAPP coaching helps the child welfare organization and its staff and partners to routinely and effectively utilize the 23 Practice Behaviors that are at the core of the Child and Family Practice Model.
  - Community and Tribal partners are helping sites to integrate culturally sensitive coaching supports in order to strengthen Social Workers’ understanding and skill in using the practices in diverse family cultures and contexts.
- Conducting Fidelity Assessments – this process is designed to determine if the Child and Family Practice Model is being effectively and consistently implemented from case-to-case and unit-to-unit within the local site. After the practice model has been implemented for six months, Fidelity Assessments begin to be conducted with the assistance and support of trained community and tribal partners.

Each county is at a different phase of implementation and is adapting the above processes and approaches to address the unique needs and contributions of the communities and tribes in their individual counties. The ultimate goal is to ensure effective, sustained support for implementation of the practice model.

CAPP is a work in progress. The project is constantly working to improve its approach and process for accessing and using community and tribal guidance effectively and respectfully. In addition, it seeks to improve its efforts to ensure there is equitable representation and opportunities for meaningful feedback from community and tribal representatives.

While the process, structure and approach have evolved, the goals remain constant. At the end of this 5-year effort the project hopes to have developed and successfully implemented a Child and Family Practice Model that:

- Exemplifies honest engagement and mutual respect between families, communities and tribes and social workers, local agencies and state administration.
  - Addresses the layers of trauma experienced by children and families.
  - Prioritizes informal supports and more effectively partners with communities and tribes to better serve children and families.
  - Results in a reduction of long term foster care for African American and American Indian children and youth.
- *Continuum of Care Reform* – As previously reported in the 2012 APSR, CDSS, in partnership with CWDA, have been working on identifying short-term and long-term strategies aimed at improving congregate care in California given the high cost of these placements (group home rates were increased by 32 percent in 2010) and often poor permanency outcomes. In support of this effort, the California Legislature passed SB 1013 (Chapter 35, Statutes of 2012) which authorized CDSS to develop a workgroup to develop recommended revisions to the state’s current rate setting system, services and programs serving children and families in the continuum of Aid to Families with Dependent Children – Foster Care (AFDC-FC) eligible placement settings. This effort builds on the Residentially-Based Services Reform project

described below. These recommended revisions will be provided in a report to the Legislature by October 1, 2014.

With the passing of SB 1013, CDSS in partnership with CWDA, launched the Continuum of Care Reform (CCR) effort with a kick-off event held on September 6, 2012. Since the kick-off, public and private stakeholders from various disciplines, including youth and families have been meeting regularly to begin developing the recommended revisions. The following are the key recommendations the CCR effort is charged with developing:

- group home core services and supports;
- foster family agency core services and supports;
- standardized assessment tool and process;
- national accreditation of foster care providers;
- provider performance and outcome domains;
- youth and family satisfaction surveys;
- a public website for posting provider outcomes;
- a rate setting system for group home & foster family agencies.

CDSS, CWDA, counties, providers, advocates, philanthropy, youth and families are making progress in developing these recommendations. However, at this time, none of the recommendations have been finalized. Those involved with the CCR effort will continue to work diligently to finalize these recommendations and produce a final report to the Legislature by October 2014.

- The *Residentially-Based Services Reform Project*<sup>28</sup> 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:

- 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 website<sup>29</sup>.

<sup>28</sup> (2012). Residentially Based Services (RBS) Reform Project County Annual Report.

(2013). Continuum of Care Reform (CCR) Steering Committee Agenda with Preliminary Recommendations.

<sup>29</sup> <http://www.rbsreform.org/>

- County annual reports from each demonstration site– CDSS received and analyzed county annual reports for the three demonstration sites (San Bernardino, Los Angeles, and Sacramento) operating during calendar year 2012. Data from the 2012 CARs indicate that 244 youth were enrolled, of whom, 126 were still active in the program and 58 graduated.
- Counties have requested an extension of the project’s duration.
- Each RBS pilot site participates quarterly in a telephone conference call to allow each RBS site to provide a program status (Days of Care Schedule) update on the number of youth. The pilot sites also have opportunities to share some of their program’s successes and challenges, and how those matters may have impacted their programs as they move forward in the program. Additionally, training needs are discussed as to what resources may be available for technical assistance or attend workshops in specific topic areas for RBS.
- *Program Lessons learned:* Several of the RBS programs have experienced some success through strong collaborative partnerships that exemplified their program’s fidelity values and practices. These successes were demonstrated through a variety of strategies but not limited to the following:
  - ✓ Concurrent planning is also vital because it aims to find permanency for the youth or an alternative housing resource for placement;
  - ✓ After some early modifications of Functional Family Therapy to fit the RBS constructs, the evidenced based therapeutic practice continues to work well in its therapeutic approach for the RBS programs. This method has led to some families improving their social behavior in and out of the home;
  - ✓ Family Partners and Youth Advocates play an important role in the engagement process as a valuable resource that impacted the lives of many families in RBS programs. Providers have also learned that many families are faced with an array of issues i.e. substance abuse, mental disorders, and need to be provided with more support services, so they be equipped to accept their youth back home for permanency, adoption, or transitional living that is age appropriate;
  - ✓ Family Finding is fundamental to the success of the RBS program in identifying and connecting the youth with a mature adult, relative or non-relative for transitioning out-of-group home care. Additional resources are needed to expand the Family Finding Program for more effectiveness; and
  - ✓ The “Open Door” policy emphasizes the strengthening of family connections through an engagement process between the youth and family team members in the decision-making process regarding the youth’s residential and treatment plans. Also, this process has encouraged the youth, family, county and state workers, and other supportive stakeholders, to participate and engage in Child and Family Team meetings for cohesion, and empowerment. In much of the literature on foster care reform, the CFT has been mentioned as a key driver behind the success of the case and treatment plans for the youth (Best Practices).

Some of the above lessons learned and best practices or models have been implemented with much success by the RBS Demonstration Pilot sites. These providers showed some promise for family and community engagement activities and services. When used

collectively with public and private resources, families usually benefit from an array of services that they have received in an effort to empower their well-being.

- The following describes the most significant *fiscal lessons* learned and best practices found in the pilot.
  - ✓ It is essential to do concurrent permanency plans from the start to mitigate longer stays in residential care which, in turn, reduces the providers cost for care;
  - ✓ Technical assistance will need to be provided by county mental health to assist traditional group home providers to properly bill and maximize the utilization of EPSDT services;
  - ✓ The CalWIN (county's automated payment system) cannot accommodate the RBS payment rates for residential and community based care.
  - ✓ Many of the RBS Demonstration Pilot sites cited that a built-in RBS COLA rate is needed to commensurate with the services they provide to their clients;
  - ✓ Presently, the Federal and State savings that the RBS programs provide annually cannot be used and reinvested by the providers to strengthen their programs. The lack of flexibility in the funding model requires the providers to find revenues outside of the AFDC-FC payments to provide critical services to the children, youth and families needed to improve their well-being outcomes;
  - ✓ Small sample data size does not allow for financial risk to be spread across a sufficient number of clients in the RBS program;
  - ✓ Budget neutrality and the subsequent assumptions of length of residential stay and community-based costs did not result in adequate financing, which made it difficult for some RBS programs to meet the fiscal model requirements. The assumptions behind the financial model do not reflect actual expenses as reported by the providers; and
  - ✓ Factors unrelated to the client (e.g. legal issues, housing/logistics, caregiver's capacity and readiness) are sometimes out of the control of providers and those factors can play a significant role in the youth's dismissal from residential care in addition to clinical factors.

There is still room for improvement in the RBS model. Any critical issues and lessons learned can be addressed as part of the development of a rate-setting model for group home care phasing into the Continuum of Care efforts currently underway. Year Two evaluation results are due for release during the last quarter of the calendar year of 2013 and will provide additional information to inform what elements are replicable and sustainable.

Going forward, RBS will eventually migrate as part of the CCR efforts. RBS and CCR have shared interests in transforming group care and developing a new rate structure that aligns the fiscal resources with the services and needs of the youth and family. This new rate structure will be more aligned with practice, more efficient, sustainable and applicable to California's continuum of care.

The CDSS is strategizing to use and implement recommendations from the three CCR project workgroups: Program, Fiscal and Performance Measures and Outcomes. These workgroups are charged by the state to come up with evidenced based practices or other effective models. The best practices or models that are applicable to California will be given consideration for adoption and implementation which will include the examination of what elements from RBS should be integrated into the CCR efforts.

In developing the recommended revisions, the CCR fiscal work group will be examining the RBS fiscal model and identifying which elements can help with addressing the following:

- How can rate-setting systems for foster care providers, including, at least foster family agencies and group homes can better support a continuum of programs and services that promote positive outcomes for children and families?
- How changes in the licensing, rate-setting, and auditing processes can improve the quality of foster care providers, the quality of services and programs provided, and enhance the oversight of care provided to children, including, but not limited to, accreditation, administrator qualifications, and the reassignment of these responsibilities within the department?

In summary, in addition to moving forward successful elements from RBS efforts, all these processes and procedures are aimed at improving the quality of care for the children, youth, and families in foster care. It is also essential that the foster children, youth, and families are given appropriate placement and services with a funding model that is commensurate with the care coordination, case and treatment plans for community and family empowerment. These efforts will be manifested through CDSS's leadership in partnership with other state agencies, counties, and provider organizations to develop and implement a detailed action plan statewide for foster care reform.

- The *Resource Family Approval (RFA)* project carries out a concept that was termed in previous APSRs as the "Consolidated Home Study." This initiative will result in the implementation of a streamlined, family friendly process for approving relatives, foster parents and adoptive parents to care for foster children. The process will replace the existing multiple processes which are often repetitive and time consuming, with the goal of minimizing moves by children in the system and avoiding unnecessary delays in order to promote the expedition of permanent placements for children who enter the child welfare system. RFA also coincides with and enforces the overall goal of the Quality Parenting Initiative (QPI) to recruit and retain high quality caregivers in order to provide excellent care to children in California's child welfare system.

As part of California's first PIP to enhance permanency efforts, CDSS convened a workgroup to develop a proposal for a consolidated home study which would replace the existing separate and duplicative processes by combining the requirements for foster care licensing, relative and non-related extended family members' approval and adoption home studies into a single process, using a single standard for approval. The workgroup included representatives from the CWDA, various counties and CDSS Divisions including Legal Affairs, Community Care Licensing and Children and Family Services.

In October 2007, AB 340 (Chapter 464, Statutes of 2007) was signed into law authorizing CDSS, in consultation with the county welfare agencies, stakeholders and interested parties, to implement a three-year pilot program to establish a unified, family friendly, and child centered Resource Family Approval process in up to five counties. Although the joint CDSS/CWDA workgroup convened to establish the implementation phase of the pilot program, and completed the county selection process, the pilot program was suspended due to the state's continued fiscal constraints.

In June of 2012, SB 1013 amended the Resource Family Pilot Project into a Resource Family Approval Program. The program is to be phased in through the selection of five early implementation counties beginning January 1, 2013 and to be implemented statewide after the end of the third full fiscal year from when the five counties commence implementation.

The CDSS reconvened its work on this project in August of 2012 by commencing a preliminary planning process which led to a RFA kick-off event in November of 2012. The event was held in Sacramento and included CWDA, representatives of the five early implementation counties, and various CDSS divisions to discuss the history, purpose and definition of RFA as outlined in SB 1013.

California's five Early Implementation Counties represent varying geographical locations and include San Luis Obispo, Santa Clara, Santa Barbara, Kings, and San Francisco. Each county has created their own internal RFA Planning teams which include county child welfare and probation staff, and various stakeholders as determined appropriate by the county. The CDSS has also encouraged the participation of each county's lead QPI representatives in order to ensure the alignment of RFA standards with the QPI.

Work that has been completed since the November Kick-off includes:

- RFA Implementation Webinar was presented by the CDSS on January 24, 2013 which focused on building an understanding of the key components of RFA as specified in statute, and identifying resources for county implementation.
- The development of an internal CDSS Planning Team, which includes representatives from the Children and Family Services Division, Community Care Licensing, and other divisions as determined appropriate. The CDSS team typically meets on a weekly basis to guide the direction of the project, and formulate work plans and products for discussion at the Project Management Team meetings.
- Development of five internal County Planning Teams
- The development of the Project Management Team, which includes the internal CDSS and county teams and additional stakeholders, who meet by webinar/conference call approximately two times per month.
- Three Project Management Team meetings (interactive webinars) have been hosted by the CDSS and have included a review of current regulatory requirements and the appropriateness of their application to the home approval and permanency assessment process.

Current and future activities include:

- Establishing standards for assessment/approval tools

- Establishing written directives for counties
- Developing Terms & Conditions
- Developing components of county implementation plans
- Establishing an oversight component of the project at the state and county levels
- Identifying data to be collected to evaluate the efficacy of the project

The current goal is to begin early implementation of the RFA program in each of the five counties by October of 2013. The program would begin to roll out statewide in 2016.

The CDSS will guide the counties in the implementation process by establishing timeframes, entering into terms and conditions for participation in the program, approving and requiring the use of a single standard for RFA, providing ongoing oversight and monitoring of county RFA systems and preparing reports to the legislature.

Challenges to the implementation of RFA include:

- County fiscal constraints due to RFA funding being realigned to all California counties, rather than specifically to the early implementation counties.
- The melding of three separate processes that have conflicting requirements and regulations
- Maintaining consistency with similar key initiatives such as QPI

## 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 all young children.

### CHILDREN AWAITING A PERMANENT FAMILY

Figure 24 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 2009 and 2012. Based on these data and the consistent and steady decline of children who remain in care, California anticipates that approximately 17,500 children ages zero to five years old will be without a permanent family in FFY 2014, as compared to the projection of about 18,000 children in 2013 as reported in the 2012 APSR. California anticipates the rate of decline for children in this age group to remain steady.

**Figure 24: Entries, Exits, and Out-of-Home Placement Counts for Children 0-5 years old**



## IDENTIFYING AND FOLLOWING CHILDREN TO ENSURE OVERSIGHT

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

Additionally, the revision to the C-CFSR Instruction Manual included a requirement for the counties to add information in their CSAs about the services that are provided to find permanent families for children zero to five years old, services that address the developmental needs of infants, toddlers, and children, as well as the prevention education provided to the public to maximize participation of services for young children. Counties' reports of this information are provided in this section.

- 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 federally supported 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 website<sup>30</sup>. 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.<sup>31</sup>
- County and state staff are able to track these young children through *SafeMeasures*<sup>32</sup>, 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,

<sup>30</sup> [http://cssr.berkeley.edu/ucb\\_childwelfare/](http://cssr.berkeley.edu/ucb_childwelfare/)

<sup>31</sup> [http://cssr.berkeley.edu/cwscmsreports/Performance\\_Indicators\\_Handout.pdf](http://cssr.berkeley.edu/cwscmsreports/Performance_Indicators_Handout.pdf)

<sup>32</sup> <http://www.nccdglobal.org/analytics/safemeasures>

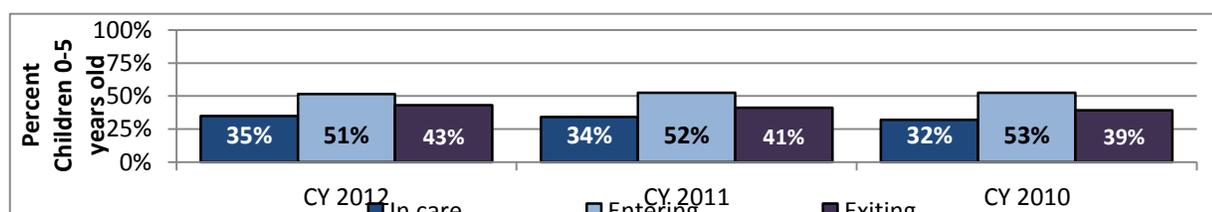
age, gender, or geography. Since, unlike CSSR, SafeMeasures data are based on real-time, child welfare workers and supervisors often use it to manage caseloads and identify priority needs.

- California is also a subscribing member of the *Multistate Foster Care Data Archive (MFCD)*<sup>33</sup> 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.
  - Los Angeles County implemented a Coordinated Services Action Team (CSAT) to ensure consistent, effective and timely screening of all children and to link them to services by conducting a systematic review. The CSAT uses a referral tracking system to centralize data for management decisions and guidance.
  - San Francisco County has formed committees or teams that address young children and are supported by the courts. These teams automatically refer foster children ages zero to five and their caregivers to First 5, Triple P (Positive Parenting Program), and other services, including mental health.
  - 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.

## 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 25: 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.

<sup>33</sup> <https://fcda.chapinhall.org/www/start.php?PUID=&SID=>

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

Figure 26: In Care on July 1, 2012 Prevalence Rate per 1,000 by Age and Race (CSSR)

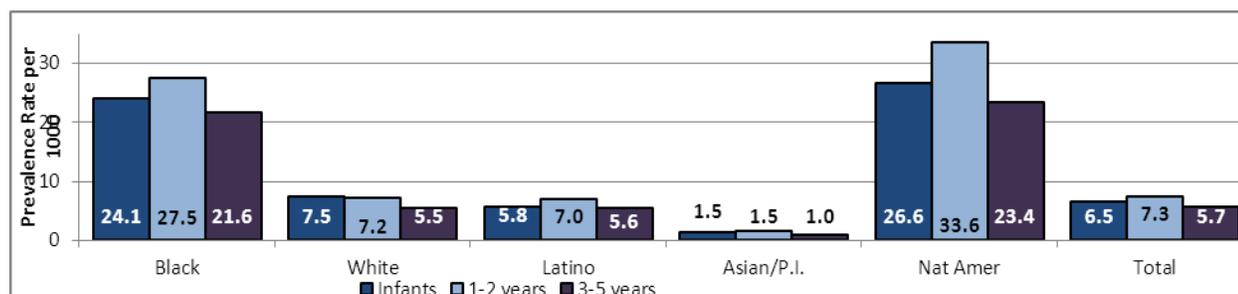
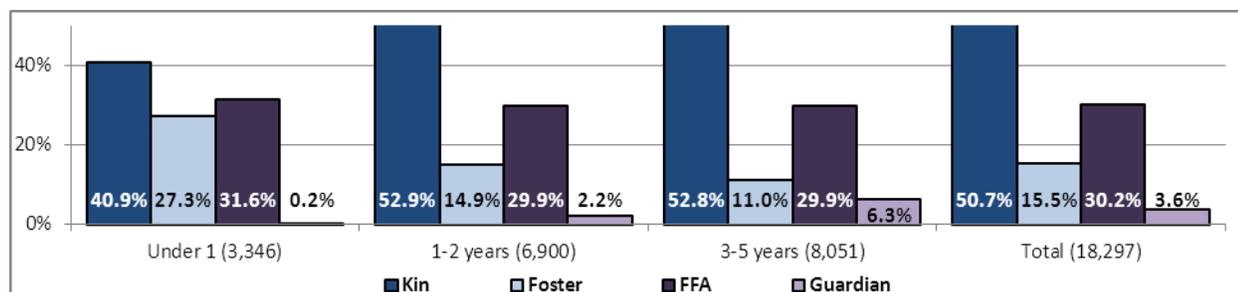


Table 4: Number of Young Children in Care on January 1, 2012 by Race

	Black	White	Latino	Asian/P.I.	Nat Amer	Total
Infants	644	1,040	1,550	81	53	3,443
1 - 2 years old	1,448	2,024	3,663	169	100	7,461
3 - 5 years old	1,709	2,124	4,547	167	149	8,731
<b>Total</b>	<b>3,801</b>	<b>5,188</b>	<b>9,760</b>	<b>417</b>	<b>302</b>	<b>19,635</b>

*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, while children one-to-two and three-to-five years old are equally as likely to be placed with relatives.

Figure 27: In care on January 1, 2013 by Placement Type (CSSR)



## APPROACHES THAT HAVE BEEN DEVELOPED FOR 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 disproportionately 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
- ✓ Integrated multi-agency services
- ✓ 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.
  - *Integrated multi-agency services* are necessary to eliminate fragmentation and duplication of services for children or families of children ages zero to five.
    - The Family Wellness Court (FWC) in Santa Clara County demonstrates a multi-agency approach. It is a regional partnership to expand and enhance services for pregnant women and parents with children ages zero to three who are at risk of losing custody of their children because of their abuse of methamphetamines or other drugs in conjunction with child abuse and/or neglect. It includes front-end assessment services, specialized treatment services for parents of children ages zero to three, developmental screening and intervention services for young children, young child mental health expertise on the court team, Mentor Parents to serve as system navigators, and a community resource coordinator to support the courts in their oversight of the cases.
    - Fresno and Contra Costa counties are examples of highly coordinated and collaborative counties that include the courts, CWS, Head Start, Regional Centers, and school districts early in the child welfare process to provide comprehensive assistance for at-risk families and ensure that children ages zero to five receive adequate services.
  - When assessments determine that family maintenance 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.
  - San Francisco County utilizes the Keys to Interactive Parenting Scale as an observational guide to increase the quality of visitation between parents and children ages 2-71 months. Consistent quality visitation leads to higher reunification rates and lower recidivism rates. Maintaining or healing the attachment with the biological parent/s is critical for children ages zero to five.
- 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 removal 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 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. Assessment of strengths and needs are given priority consideration based on the age of the child, with greater priority for children ages zero to three. 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.
- 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 Court<sup>34</sup> 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.

<sup>34</sup> [http://www.sccgov.org/ssa/opp2/09\\_courtrelated/9-3.3.html#fwc\\_team](http://www.sccgov.org/ssa/opp2/09_courtrelated/9-3.3.html#fwc_team)

- 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 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

California has curricula and other training resources that respond to the developmental needs of young children, including:

- ✓ Common Core
  - ✓ California Statewide Screening Collaborative and the California First 5
  - ✓ Early Start
  - ✓ County-developed training
- All social workers with a BSW or MSW *receive courses on child development* as a part of the completion of their degree. Once employed by a county welfare agency, a newly hired social worker must receive standardized training on child development in a child welfare context through the Common Core Curricula within 12 months of hire. Some learning objectives in the training include<sup>35</sup>:
    - 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 California Statewide Screening Collaborative and the California First 5 Association promotes developmental screening by primary care pediatricians and encourages the use of a standardized screening assessment when conducting a Child Health and Disability Program examination for children zero to five years of age.
  - 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

<sup>35</sup> [http://calswec.berkeley.edu/CALSWEC/CCCCA\\_CD\\_v1\\_0.html](http://calswec.berkeley.edu/CALSWEC/CCCCA_CD_v1_0.html)

California response to young children with or at risk of a developmental disability. The RCFPP 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 RCFPP 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, Parents' Evaluation of Developmental Status (PEDS), and 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.

- *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.
  - Fresno County offers support groups, mentorship and online training on specific issues for foster parents. They also send a seasoned former foster parent to foster homes to discuss legal and safety issues, and to act as a liaison between foster parents and the county Child Focus Team, a multi-disciplinary team that screens all children under the age of six at entry into the dependency court system in the areas of health, development, education, mental health, and placement and visitation.
  - 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.

**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 permanency 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.

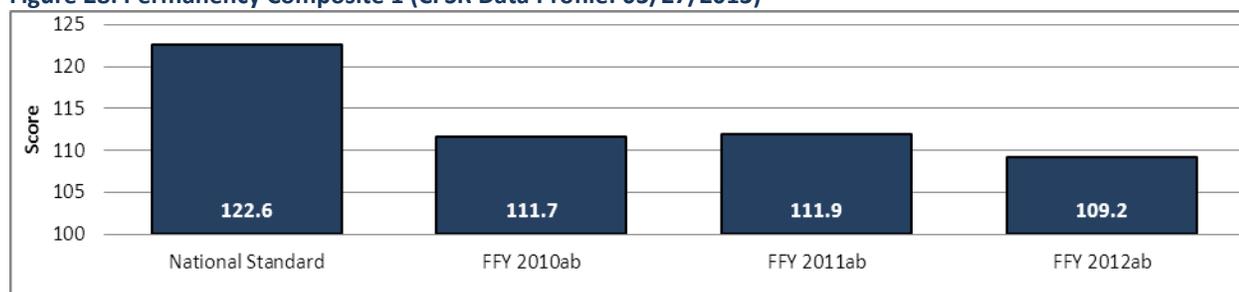
However, reunification cannot be considered a successful outcome on its own. Success requires long-term safety and stability. Reoccurrence of abuse or neglect, and subsequent interaction with the child welfare system through removal from the home are considered particularly unsuccessful outcomes. Re-entry will be discussed in Section 14 of this report.

**INDICATORS OF PROGRESS**

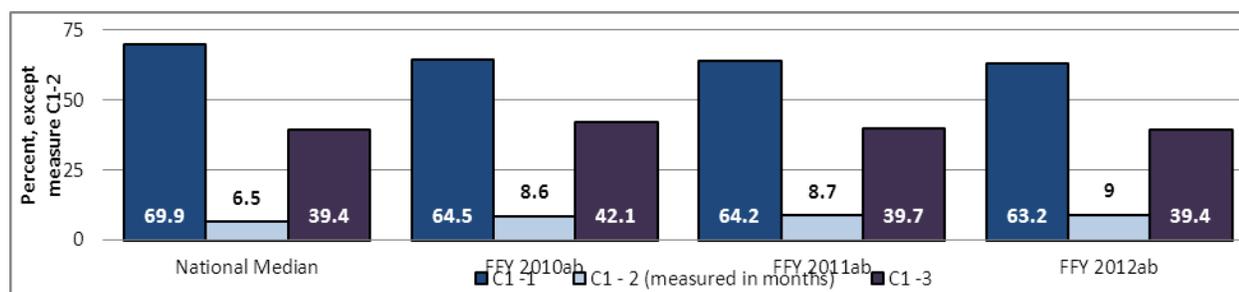
Reunification was rated as an area needing improvement in 42 percent of the 19 applicable cases reviewed during the 2008 CFSR onsite review.

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 111.

**Figure 28: Permanency Composite 1 (CFSR Data Profile: 03/27/2013)**



**Figure 29: Permanency Composite 1: Component A: Timeliness of Reunification (CFSR Data Profile: 03/27/2013)**



While California has yet to achieve the national standard on the composite score, the state has made steady progress, increasing by three percentage points from 108.6 to 111.7 between FFYs

2008 and 2011. Between FFY 2011 and 2012 the state decreased in performance by two points. The decrease may be attributed to the increase in re-entry rates (to be discussed on page 111) as this measure is weighted at 40 percent of the composite score as well as the slight decrease in the proportion of youth exiting to reunification within 12 months (Measure C1-3).

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 63.2 percent for FFY 2012. The state has slightly decreased in performance between FFY 2011 and FFY 2012.

*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 9.0 months for FFY 2012 (lower score is preferable). 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. In the last year, the median time to reunification has increased slightly by .3 months.

*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, 39.4 percent discharged to reunification within 12 months of removal.

Overall, the three measures for Component A seem to suggest that the time to reunification increased between 2011 and 2012. The increase may both be attributed to the decrease in the provision of post-placement family reunification (Post-FR) services. Post-FR services are provided to families following reunification with the goal of monitoring and stabilizing families in order to prevent future removals and re-entries into foster care. Since 2008, statewide the proportion of cases in the Post-FR service component have decreased by 13 percent, from 11.4 percent of cases in the Post-FR service component on January 2008 to 9.9 in 2012. Although this conjecture has not been confirmed by the counties, anecdotal evidence suggest that as Post-FR services become unavailable, counties may opt to increase the length and number of reunification services to families in lieu of aftercare post-reunification services in the form of Post-FR services.

- *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. 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 children.

Of the children discharged to reunification in FFY 2012, children placed in county foster family homes had the shortest length of stay.

Among children who entered between July 1, 2011 and December 31, 2011, those placed with relatives and group homes were less likely to discharge to reunification 12 months later.

## 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.

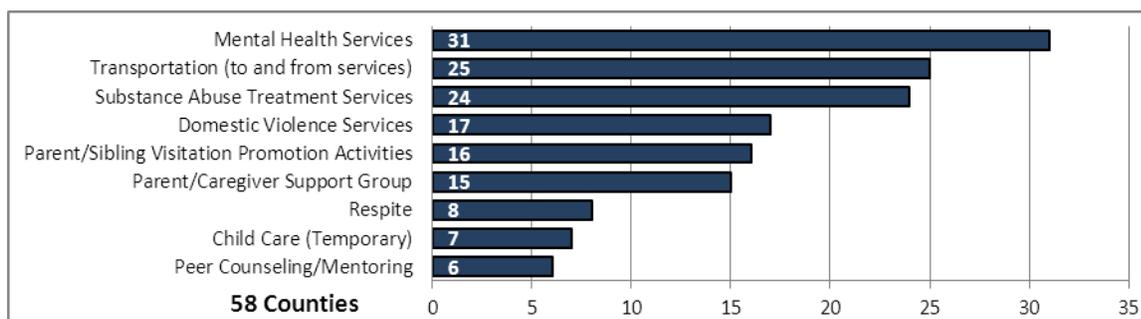
In practice, successful and timely reunification requires appropriately and accurately identifying the needs and problems of the parents, and effective delivery of services and interventions to address them. For 54 counties using SDM, social workers use the FSNA tool (discussed further in the Well Being section) 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:

- ✓ Time Limited Family Reunification through PSSF
- ✓ County System Improvement Plans
- *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 22,891 recipients of TLFR supported services during FY 2011-12. 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 2011-12. A total of 4,016 recipients engaged in mental health services while 12,575 recipients utilized transportation assistance and 2,101 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.

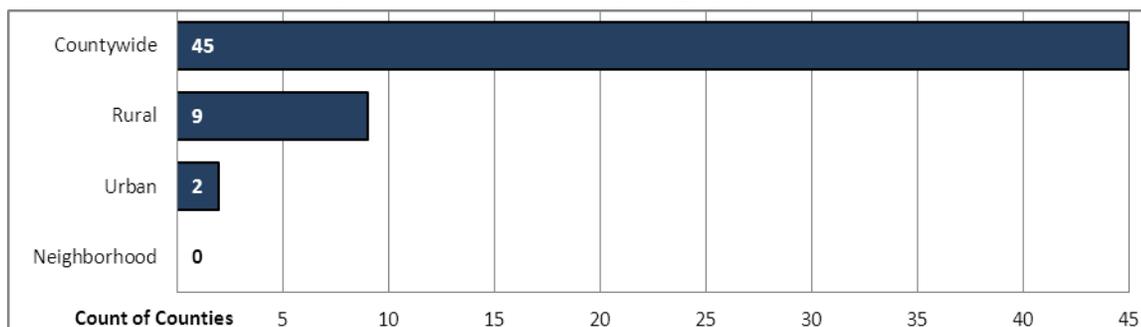
**Figure 30: Time-Limited Family Reunification Services Across California FY 2011-12 (OCAP Annual Report)**



\*\*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 mental health services. These include critical services such as psychological evaluations, mental health assessments and clinical treatment to meet the individual needs of children and families. Additionally, California counties understand the necessity for providing access to TLFR services county-wide, and often do so via Family Resource Centers or home visiting programs. As indicated in the figure below, 45 counties provided TLFR services county-wide during FY 2011-12.

**Figure 31: Time-Limited Family Reunification Services by Geography across California FY 2011-12**



Below are county specific examples of TLFR services provided during FY 2011-12.

The LINK Program is funded in part with Time-Limited Family Reunification funds and provides Family Advocates who facilitate case management, referrals, and parent support services in north *San Luis Obispo County*. Family Advocates provide services that may include: home visits, case management, transportation and parent education. The LINK serves children and families in north San Luis Obispo County that are facing intensive needs resulting from challenges such as substance use, domestic violence intervention, mental health, legal issues, and lack of employment. The LINK utilized the Family Development Matrix during FY 2011-12. The tool is configured to deliver an initial assessment, preferably soon after the first contact with a client and within three months after to produce a second assessment. The assessments are measures of 22 standard indicators that cover issues families face, including: access to healthcare; childcare; safety in the home; and social and emotional well-being. The assessments are completed in partnership with the family/care-giver during a face to face interview. The indicator values are assessed by the client and identify the client's "point in time" assessment for each indicator. Progress towards goals is identified by comparisons between the first

assessments and subsequent assessments. The tool is used both as an assessment and an engagement tool. Often the questions asked during the assessment help to identify new or surfacing concerns, as well as give the participant an opportunity to consider other areas of well-being. Services to address Time-limited Reunification have grown with The LINK's partnership with CWS. The LINK worked with CWS to serve families trying to reunify with children in out-of-home placement. Services included referrals to counseling, domestic violence case management, drug and alcohol treatment linkages, system navigation, and connections to mental health services. The LINK partnered with North County Connection, a recovery center, and referred and case managed four families who were participating in the North County Connection's recovery services. The LINK tracks services provided to families in this category and during this reporting period, 10 parents received time-limited reunification support. More than 80 referrals to alcohol and drug treatment services were made. Forty-five referrals and co-case management activities with the North County Woman's Shelter and 104 referrals to counseling were made. Three families were reunified within three months.

*Tuolumne County* provides psychological testing, evaluation and mental health assessments with Time-Limited Family Reunification funds. Tuolumne County has been focusing on improving timely reunification rates. In an effort to design behavior specific case plans, CWS has been obtaining psychological evaluations on parents with identified mental health challenges. The results of these evaluations are used to make treatment recommendations specific to the parent's strengths and needs. Early assessment and identification of proper tools for successful reunification hold the greatest opportunity for long-range success. Data derived from SafeMeasures® on timely reunification shows overall improvements for Tuolumne County youth. According to the Child Welfare Dynamic Reporting System<sup>36</sup>, Tuolumne County has experienced a 55 percent increase in measure C1.1 of the reunification composite from FY 2010-11 to FY 2011-12.

The Parenting Network Family Resource Center Respite Care Program provides childcare for *Tulare County* foster families with Time-Limited Family Reunification funds. Respite care allows foster parents time to attend activities, appointments, or recreational outings. Respite workers care for children in the home utilizing activities and games to help improve social skills and provide educational opportunities. Respite workers also connect families and children to local resource and supports including peer mentoring and training. The Respite Care Program serves children ages 0-18 in the CWS system during the first fifteen months of Family Reunification. During FY 2011-12, 40 foster families received respite services. Identified program success included: cohesive respite team; strong relationship with child welfare social worker; and trust by parents of the program.

*Sacramento County* uses Time-Limited Family Reunification funds to support short term counseling. Counseling services are provided by 40 plus licensed clinicians throughout the county in various settings including within Family Resource Centers. Parents are offered counseling services that focus on increasing parenting and life management skills in order to change the behavior that impacted the safety of the child thus preventing out-of-home placement or achieving the safe return home of the child to the parents or permanent caretaker.

<sup>36</sup>Also referenced in this report as CSSR.

The focus of counseling is on addressing child safety and behavior demonstration that prevents the recurrence of maltreatment.

*San Bernardino County* utilizes Time-Limited Family Reunification funds, braided with Family Support and Family Preservation, to contract with Bilingual Family Counseling Services, Inc. as a Regional Lead Agency (RLA). Each RLA across the county provides a package of core and essential services directly or indirectly through subcontractors including therapy (individual, group, family, sexual abuse and domestic violence), parent education, anger management, basic life skills, and home visitation. Clients are identified as Family Preservation, Family Support or Time-Limited Family Reunification depending on their status in the continuum of care.

Good Samaritan Shelter Services are funded with Time-Limited Family Reunification dollars in *Santa Barbara County*. The Good Samaritan Shelter provides comprehensive substance abuse treatment services including substance abuse screening, drug and alcohol outpatient services, Acute Care Detox, clean and sober living homes, case management, individual counseling, drug and alcohol education and long-term aftercare. Santa Barbara County has a high percentage of substantiated cases involving general neglect and caretaker absence, often involving chronic parental problems such as substance abuse and addiction. 58.7 percent of parents with case plans have substance abuse factors. Additionally, substance abuse is a factor in re-entry of children following reunification and discharge. During FY 2011-12, 75 percent of the clients who completed the substance use/abuse assessment returned and participated in their recommended alcohol or drug treatment schedule for a period of at least 30 days.

- Of the eleven counties who submitted CSAs in 2012, seven counties chose Reunification as an outcome for improvement. These counties' strategies include:
  - Increase use or enhancement of *teaming strategies* such as TDMs, family team approaches, and multi-disciplinary teams;
  - Increase or expansion of *parent support or engagement* through parent mentorship programs, early family engagement, parent support networks;
  - Enhance *family finding and relative placement strategies*
  - *Improve delivery of and increase the types of services* such as the Wraparound program, trauma-informed and evidenced based services, post-reunification services. Probation departments focused on strategies to improve the delivery of services around alcohol and drug treatment, mental health, and coordinated and integrated services with Child Welfare departments.
  - Counties also included strategies related to *improved county infrastructure* such as court improvements, improved documentation and identification of family strengths, improve child welfare practices around assessments, case planning, and visitation.
  - Additionally, several strategies focused on improving the quality and frequency of *family visits and parent-youth contact*. As a part of this effort, San Mateo County will be developing family-friendly visitation centers throughout the county.

## LIMITATIONS

Some limitations of the data on reunification measures include a lack of consideration for the special circumstances of some parents involved in the reunification process. California legislation

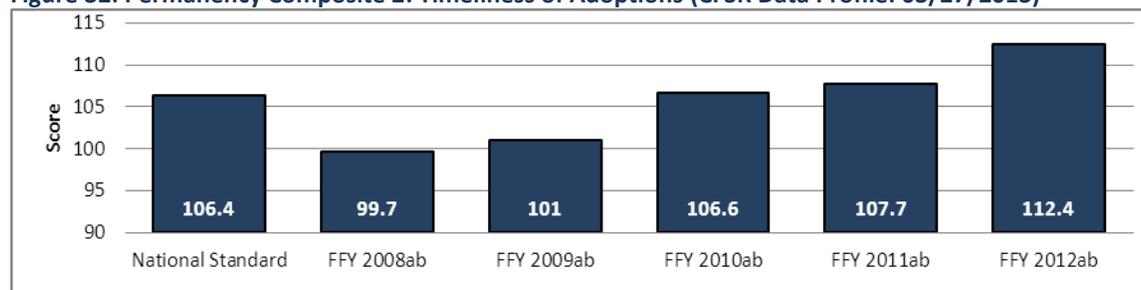
(AB 2070) passed in 2008 increased the family reunification time frame for incarcerated parents, parents in drug rehabilitation, and mental health institutions. The intent of the legislation is to ensure that birth parents in these targeted populations receive the court mandated services in order to 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.

## 9 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.

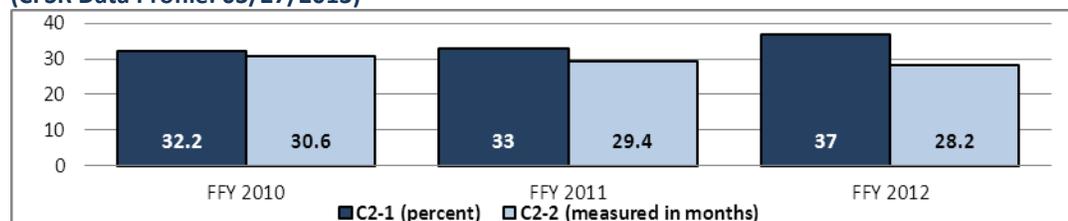
**Figure 32: Permanency Composite 2: Timeliness of Adoptions (CFSR Data Profile: 03/27/2013)**



Overall, California is improving on Timeliness to Adoption; increasing sharply at nearly 13 between FFY 2008 to FFY 2012, representing a 12 percent change difference. California increased notably between 2011 and 2012 and 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 33: Permanency Composite 2: Component A: Timeliness of Adoptions of Children Discharged from Foster Care (CFSR Data Profile: 03/27/2013)**



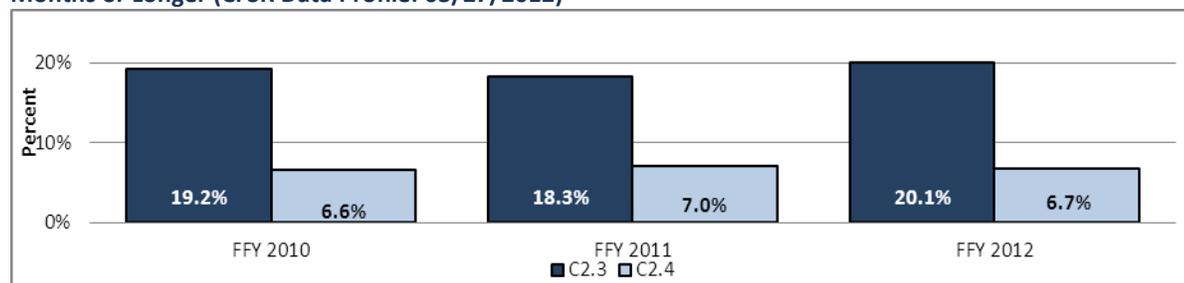
**C2-1:** Of all children who were discharged from foster care to a finalized adoption during FFY 2012, 37 percent were discharged in less than 24 months from the date of the latest removal. California

has shown steady improvement on this measure, representing a 25 percent change difference between FFY 2008 to FFY 2012.

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 2012 was 28.2 months. The median length of stay of foster children exiting to adoption has declined 20 percent since peaking at 39 months in FFY 2001, and has continued to decline steadily in recent years.

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

**Figure 34: Permanency Composite 2: Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer (CFSR Data Profile: 03/27/2012)**

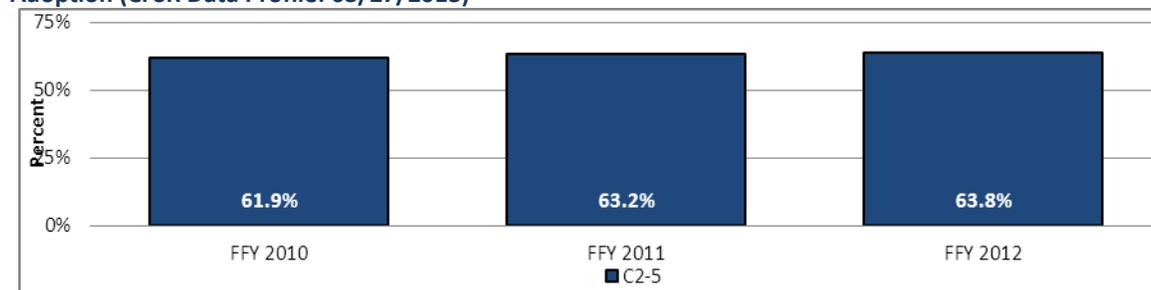


C2-3: Of all children in long-term foster care (defined as in care on the first day of FFY 2012 who were in foster care for 17 continuous months or longer), 20.1 percent were adopted within the year. Over the last decade, California has shown remarkable improvement, improving by over 54 percent change difference since FFY 2001 when the proportion of children counted in this category was 13 percent. Within the last year, California has improved performance by nearly two percent.

C2-4: Of all children in long-term foster care on the first day of FFY 2012, and who were not legally free for adoption on the day prior, 6.7 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 35: Permanency Composite 2: Component C: Progress toward Adoption of Children Who Are Legally Free for Adoption (CFSR Data Profile: 03/27/2013)**



C2-5: Of all children who became legally free for adoption in the 12 month period prior to FFY 2012, 63.8 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 75<sup>th</sup> percentile of 53.7.

Taken together, these measures suggest that California is making considerable progress in finding permanent families for children in foster care through adoption. The five percent increase in the adoption composite is likely attributed to the 15 percent improvement in those children who were adopted within 24 months. Anecdotal information suggests that the increase in Measure 2.1 may be attributed to the realignment of Adoption District Offices. The transitional period for several counties completing their own adoptions is already showing promise with early reports indicating an increase of finalized adoptions.

### **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:

- ✓ Adoption Promotion Support Services - PSSF
  - ✓ Adoption Assistance Program
  - ✓ Private Adoptions Agency Reinvestment Program
  - ✓ Adoption Incentive Funds
  - ✓ Tribal Customary Adoptions
- *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 99,460 recipients of APS services during FY 2011-12. As indicated in the figure below, case management, parent education and assessment/screening were reported to be utilized most often across California in FY 2011-12. Statewide, a total of 29,664 recipients engaged in case management services while 4,466 recipients accessed parenting education and 2,517 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 36: Adoption Promotion and Support Services across California FY 2011-12**

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

Below are county specific examples of services provided during FY 2011-12.

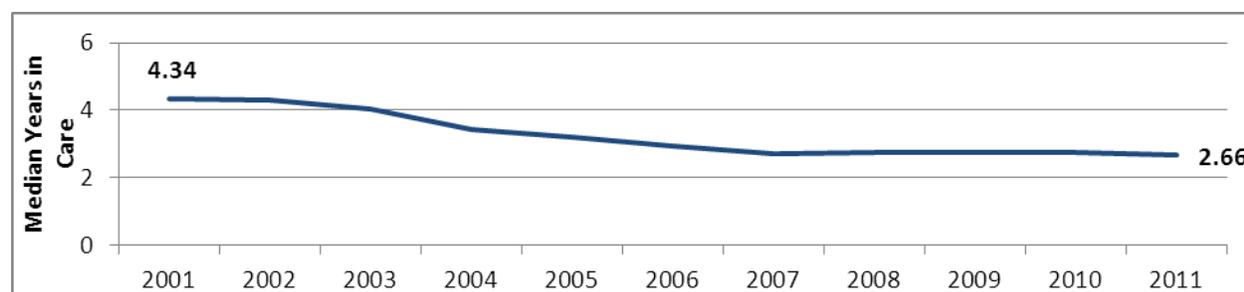
*Sacramento County* utilizes Adoption Promotion and Support funds to support the CapKids Program, a program that provides enhanced family engagement and child specific recruitment efforts to supplement child welfare's efforts in securing adoptive families for children in long term foster care who have been identified as 'hard to place' due to special needs, behavioral challenges, mental health issues and/or membership in a large sibling group. Services include intensive child specific recruitment, preparing children and families for adoption, and pre-placement activities with caregivers to ensure a smooth transition to permanency.

*Ventura County* utilizes Adoption Promotion and Support for pre- and post-adoption services delivered in the home or office. Services include 18-sessions of family therapy and case management services. Weekly therapy sessions focus on the impact of early trauma and the negative beliefs associated with attachment related to trauma and loss. The program educates both the parent and child in understanding that certain behaviors are rooted in traumatic experiences, negative beliefs and current triggers. The program also assists the parent in the application of the skills for strengthening attachment, calming the child's brain and gaining insight into the negative beliefs, feelings and behaviors related to trauma. During the 2011-12 reporting period, 89 percent of participants reported being satisfied with services provided.

The Hands and Hooves Program is funded with Adoption Promotion and Support funds in *Tuolumne County*. Non-traditional therapeutic intervention is provided to support children in foster care by pairing them with abused and neglected horses in a manner that allows youth to process socio-emotional and interpersonal skills. Secondary service supports include youth and adult mentors. Youth who are unable to unwilling to enter formal 'talk therapy' often experience placement instability. Of the youth participating in Hands and Hooves, 27 percent have achieved adoption finalizations, 18 percent experienced one placement disruption following program completion and one child transitioned out of group home care into a lower level of care.

*Los Angeles County* contracts with eight agencies across its eight regions to provide the Adoption Promotion and Support Services (APSS) Program. The APSS Program 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 do not 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. The county utilizes several data tracking systems to measure the effectiveness of the APSS Program including tracking the progress of moving children out of foster care into permanent adoptive homes and timeframes to achieving adoption finalization. There has been a continued decrease of children in foster care. Some of the progress in decreasing children in foster care is directly attributable to APSS. APSS was initiated in 2005 and has been focusing specialized adoption services to overcome barriers to adoption of DCFS and Probation children. The following shows the progress the entire county has made in reducing the time children spend in Out-of-Home Care prior to adoption:

**Figure 37: Cases Exiting to Adoption: Median Length of Time in Care**



- Adoption Assistance Program* aims to remove the financial disincentives for families to adopt and encourage the adoption of special needs children including reducing potential delays in a family's decision to adopt. A research study supported by the Federal Department of Health and Human Services<sup>37</sup> examined the effectiveness of subsidies on the Timeliness of Adoptions. Recognizing that adoptive parents often experience financial difficulty meeting the special needs of children who formerly were placed in California's foster care system, the Legislature implemented the program with the intention that it would benefit children in foster care by providing the security and stability of a permanent home through adoption. Children may receive a federally funded subsidy under Title IV-E or a state-funded subsidy per state guidelines.

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

<sup>37</sup> <http://aspe.hhs.gov/hsp/05/adoption-subsidies/>

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 16<sup>th</sup> birthday. Senate Bill 1013 (Chapter 35, Statutes of 2012) deleted the age phase as stated in ACL 11-86 this population of AAP eligible children/youth are now eligible to age 21, effective July 1, 2012. Notification of this change was provided by CDSS via a web link to frequently asked questions related to the extension of Foster Care, Kin-GAP and AAP benefits. 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 2011-12, there were a total of 6,343 adoption finalizations and a total of 6,002 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	FY 2012
Eligible Private Adoption Agencies Signed up to Claim	71	73	73
Number of Claims Processed	3,512	2,784	4,028

- *Adoption Incentive Funds* - 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.

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.

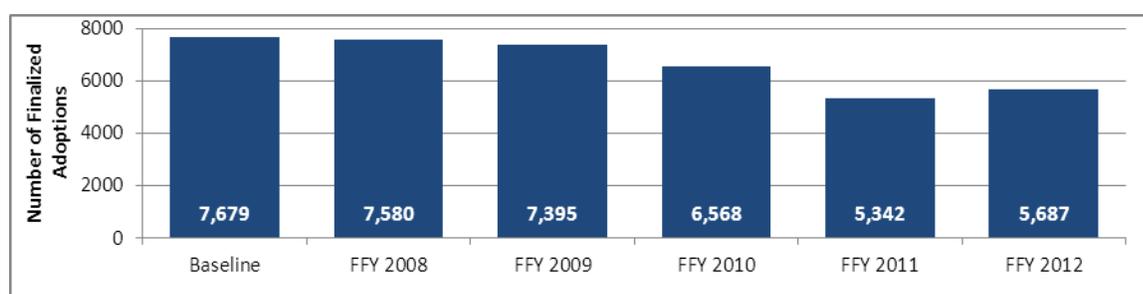
However, California has not exceeded a baseline number of adoptions to qualify for federal adoption incentive funds for FFYs 2009 through 2012. The data below counts the number of finalized adoptions for older children, the number of special needs finalized adoptions and the number of overall finalized 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 had declined steadily in the number of finalized adoptions; declining by over 34 percent between 2008 and 2011. However, 2012 data demonstrate a 6.5 percent increase in finalized adoptions. Factors that may have contributed to changes with the number of finalized adoptions include:

- Starting in 2011, California expanded on the successful existing state funded *Kin-GAP Program* by opting into the federal Title IV-E subsidized guardianship program. Benefits include but are not limited to significant savings in state paid grant amounts, a shorter amount of time required that a child is required to live with a guardian prior to becoming eligible for benefits from twelve to 6 months and expanding the program to include non-minor dependents. The State Legislature enacted a parallel improved state funded Kin-GAP Program for dependent children and wards of the juvenile court who are not eligible for title IV-E foster care funding. This program enables these children to receive benefits equal to those who are eligible for title IV-E funding. The combination of fiscal savings and streamlining eligibility for Kin-GAP participants significantly promotes permanency stability for children and youth in relative placements. The state continues to collaborate with county partners to ensure all existing Kin-GAP recipients are assessed for eligibility in the new title IV-E program.
- In FY 2011-2012 California realigned funding for adoption services rendered by CDSS District Offices on behalf of 28 counties. The funds were appropriated directly to counties with an option for counties to develop their own adoption program or contract back with the CDSS. As of December 2012, five counties have completed the transition with seven additional scheduled to transition in 2013 and two in 2014 (please see page 2).
- Anecdotally, the transitional period for several counties completing their own adoptions is already showing promise with early reports showing an increase of finalizations for FFY 2011- 2012. The CDSS has committed to provide technical support and training to counties as they develop and implement their adoption operational plans.

- FFY 2012 shows an increase in finalized adoptions of 6.5 percent. This increase is in spite of California's fiscal difficulties including budget reductions to child welfare services in past years which created significant challenges for the workforce as caseloads increased and resources dwindled. In the face of multiple challenges, California has continued the trend of improving Timeliness to Adoption through the implementation of permanency focused services created under PSSF.
- An additional permanency option called Non-Minor Dependent adoption became effective January 1, 2013. This option expands adoption to the foster care population program known as Non-Minor Dependents who are title IV-E qualified extended foster care youth age 18-21 whose eligibility for adoption through juvenile court was extended to age 21. Although not expected to significantly increase adoption numbers, it offers a new permanency adoption option for transitioning youth.

**Figure 38: Number of Finalized Adoptions (AFCARS)**



- 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 (Chapter 287, Statutes of 2009), 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.

As of January 1, 2012, foster youth ages 18-21 were allowed to remain in foster care as non-minor dependents provided they meet one of five criteria outlined in the Fostering Connections Act. On January 1, 2013, TCA expanded to include NMDs with the passage of AB 1712 (Chapter 846, Statutes of 2012) in 2012. A sunset provision originally set forth to repeal tribal customary adoptions in 2014 was deleted with the passage of SB 1013 (Chapter 35, Statutes of 2012) in 2012. A report prepared by the Administration of Courts was released in January 2013 and can be found online.<sup>38</sup>

On March 24, 2010, CDSS issued ACIN 1-10-17 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 issued on October 27, 2010. Regulations will be forthcoming.

<sup>38</sup> [http://www.courts.ca.gov/documents/lr-Tribal-Customary-Adoption-Report\\_123112.pdf](http://www.courts.ca.gov/documents/lr-Tribal-Customary-Adoption-Report_123112.pdf)

## LIMITATIONS

One limitation in this particular measurement is that it focuses only on one permanency option, adoption. However, the past several years have 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.

## 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 were issued to all California inter-country adoption agencies in ACL 09-10.

Historically, due to limitations of the statewide CWS/CMS, 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 an intercountry adoption. However, changes to CWS/CMS in February 2012 now allow the system-user to enter information into the system whether a child welfare case is a result of a disrupted or dissolved inter-country adoption. In January 2013, ACL 12-51 was issued which provided information about the federal mandate and instructions to county users on how to enter the information into the system. In addition, ACLs 12-50 and 12-54 dated January 2013 were sent to all private adoption agencies clarifying recent revisions to the Intercountry Adoption Program Quarterly Statistical Report (AD 202B). 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. It is anticipated that if data are entered into the system in a consistent and appropriate manner, data should be available regarding disrupted or dissolved intercountry adoptions by 2014.

Although an informal survey completed in April 2013 of the adoption DOs reported no disrupted or dissolved cases of intercountry adoptions since April 2012, Alameda County Social Services Agency informed CDSS on January 2013 that they had taken child from Japan into protective custody prior to finalization of an intercountry adoption due to physical abuse. The adoptive parents were given legal guardianship by the Japanese adoption agency and the adoption was to be finalized in California. Bay Area Adoption Services, a non-custodial private adoption agency was supervising the placement prior to the finalization of the adoption. The child remains under the care and custody of Alameda County Social Services Agency and will be placed in a foster home placement.

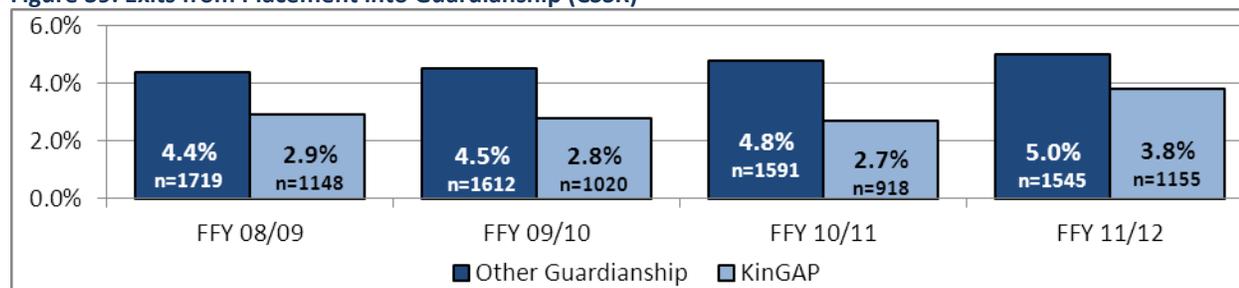
## 10 Guardianship: Strengthen and provide for additional permanency options through federal participation in Kin-GAP

Subsidized relative guardianship is an important permanency option that provides children with a permanent home, while providing caregivers the resources and legal authority to keep children in a stable and safe home. Subsidized relative guardianship is nearly as secure as adoption, without necessarily terminating parental rights. Guardianship 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.

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 information reported by counties, approximately 40 percent of the cases in the Kin-GAP will receive federal participation. In FFY 2012, the Kin-GAP caseload was approximately 13,200 cases with 5,200<sup>39</sup> cases eligible for the federal Kin-GAP program and 8,000 cases remaining in the state-only Kin-GAP program.

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 2008-09 and 2011-12. However, the data indicate a 41 percent increase in exits to Kin-GAP from FFY 2010-11 to FFY 2011-12, most likely attributable to federal approval of the State Plan Amendment.

**Figure 39: Exits from Placement into Guardianship (CSSR)**



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

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 CSSR<sup>40</sup>, 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 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 (11.4 percent in FFY 2012); it provides additional permanency options for older youth who are unable to reunify or be adopted. As illustrated in the figure below,

<sup>39</sup> Based on the May 2013 Revision to the Governor's Budget.

<sup>40</sup> [http://www.cssr.berkeley.edu/cwscmsreports/ppts/kingap\\_nawrs2006.ppt](http://www.cssr.berkeley.edu/cwscmsreports/ppts/kingap_nawrs2006.ppt)

although the proportion of youth who are adopted decreases with age, youth exiting into guardianship increases.

**Figure 40: Exits by Age Group, CY 2012 (CSSR)**



The effect of guardianship as a permanency option is further demonstrated when the data are examined by race. As described in the previous two sections, Black and Native American youth are consistently challenged with positive permanency outcomes. However, the data below show that these same two groups are proportionally more likely to exit (14.8 percent of Black and Native American versus 7.9 percent of White youth) 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 41: Exits by Race/Ethnicity, CY 2012 (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 fully operationalized in October 2011. Both components of the program continue to 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 WIC 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.

Kin-GAP benefits can also be extended to age 21 for a youth who attained 16 years of age before the Kin-GAP negotiated agreement payment began and who meets certain criteria, such as completing secondary education, is enrolled at a postsecondary or vocational institution, or is employed at least 80 hours per month.

CDSS continues to provide TA to counties concerning both Kin-GAP and Extended Kin-GAP. Regulations have been developed and are under review by county stakeholders; it is anticipated that the regulations will be effective before the end of 2013.

Clean-up legislation entitled Assembly Bill 1712 - Minors and Non-minor Dependents: Out-of-Home Placement (Chapter 846, Statutes of 2012) included law that expands the definition of relative for the purposes of Kin-GAP with federal approval of the amendments to the State Plan. CDSS is seeking technical assistance from ACF Region IX to amend the State Plan, prior to full implementation of the relative definition, and will be soon issuing an ACIN on the expanded definition of relative.

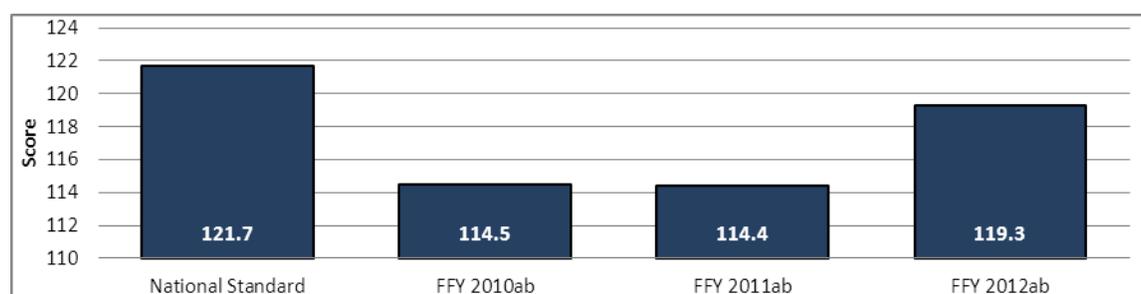
# 11 Other Planned Permanent Living Arrangement: Ensure that the state is establishing planned permanent living arrangements for children in foster care who do not have the goal of reunification, adoption, guardianship, or permanent placement with relatives, and that the state is providing services consistent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

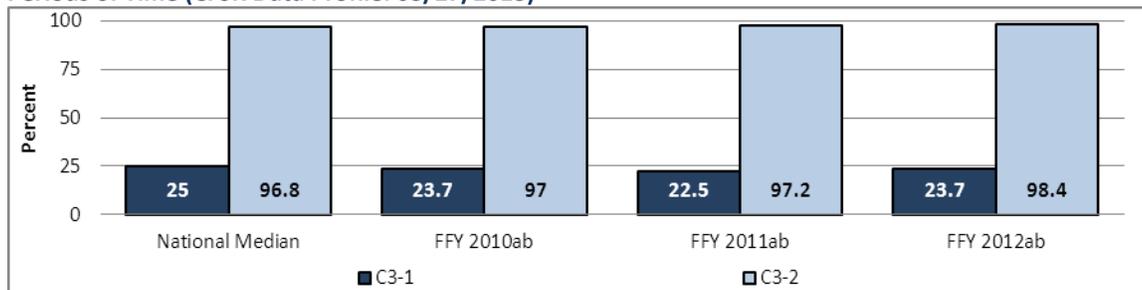
**Figure 42: Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time (CFSR Data Profile: 3/7/2013)**



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 notably between 2011 and 2012. In the short period between 2007 and 2012, the state improved performance by 11.4 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**

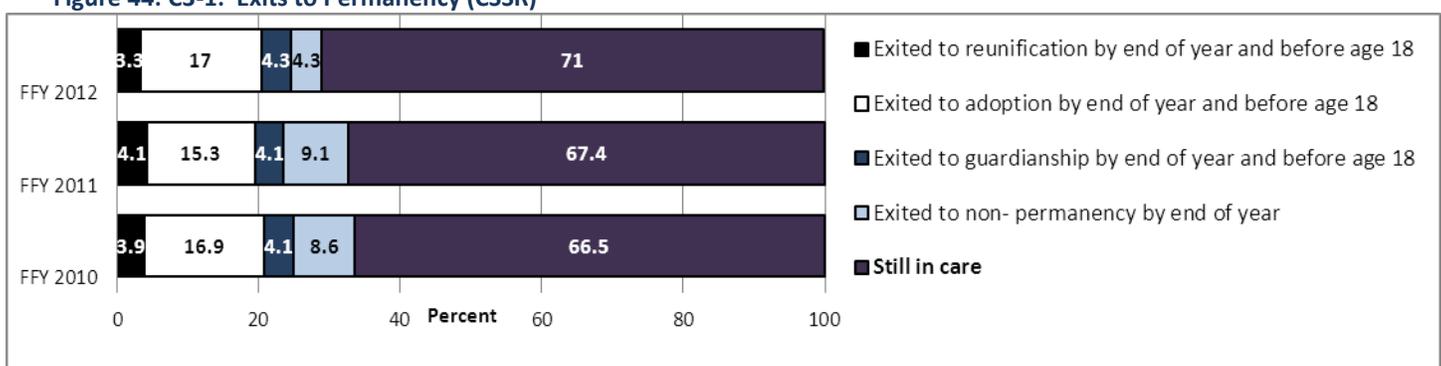
**Figure 43: Permanency Composite 3: Component A: Achieving Permanency for Children in Foster Care for Long Periods of Time (CFSR Data Profile: 03/27/2013)**



**C3-1:** Of all the children in foster care for 24 months or longer on the first day of the year, 24 percent were discharged to a permanent home by the end of FFY 2012, 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). Children who were in care for 24 months at the beginning of the year who exited and reentered during the same year 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 is the state’s increased performance measure of children exiting to adoption from 15.3 percent in FFY 2011 to 17 percent in FFY 2012. The state has also seen a significant decrease of youth exiting to non-permanency from 9.1 percent in FFY 2011 to 4.3 percent in FFY 2012. There has also been a slight increase in children exiting to guardianship, with 4.3 percent of youth exiting to guardianship in FFY 2012 compared to 4.1 percent in FFY 2011. For the measure of youth still in care, the state has decreased in performance on this measure such that the proportion of youth still in care has increased from 67.4 percent in FFY 2011 to 71 percent in FFY 2012. This increase is likely due to the successful implementation of the California Fostering Connections to Success Act enacted January 1, 2012, which allows youth to participate in extended foster care after age 18.

**Figure 44: C3-1: Exits to Permanency (CSSR)**

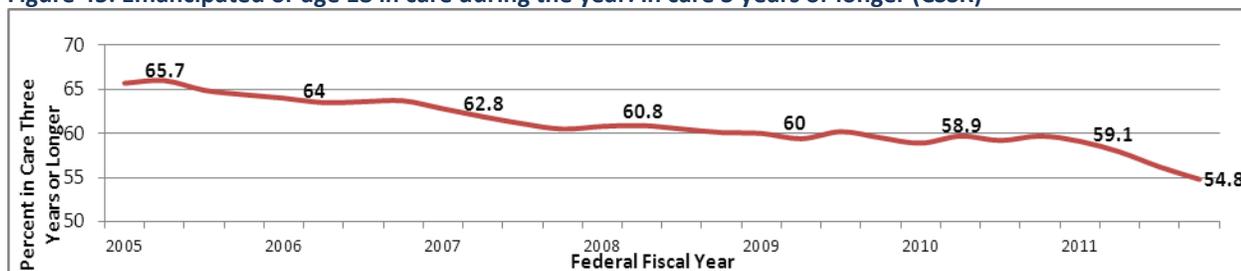


**C3-2:** Of all the children discharged from foster care during 2012 who were legally free for adoption at the time of discharge, 97.2 percent were discharged prior to their 18<sup>th</sup> birthday and were discharged to reunification with a parent or primary caretaker, or discharged to adoption or guardianship. This figure has remained relatively unchanged over the previous four years. California slightly exceeds the national median.

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, 54.8 percent were in foster care for three years or longer in FFY 2012. 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 2012, see Figure 45 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 17 percentage points during that period. California has consistently been moving in a positive direction in all four data periods above.

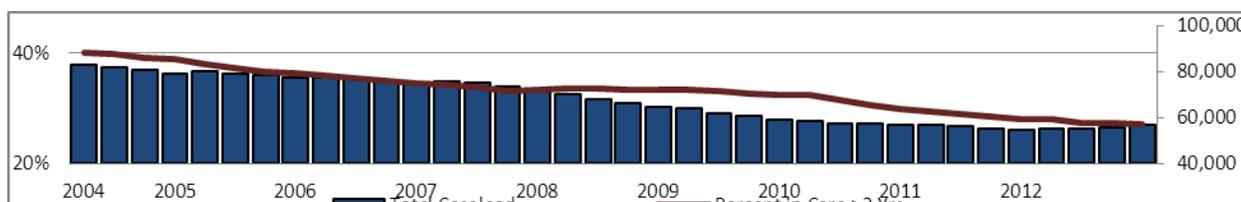
**Figure 45: Emancipated or age 18 in care during the year: In care 3 years or longer (CSSR)**



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 in 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. 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 46: 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
- ✓ Kinship Support Services Program
- ✓ Additional funding for adoption and family engagement activities

✓ Federal Kin-GAP Implementation

- Family to Family principles stress permanence for all children and is based on the principle that families and their communities are involved in placement decisions.
- 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.
- The state's subsidized Kinship Guardianship Assistance Payment Program, (Kin-GAP), implemented in 2011 to enhance family preservation and stability by placing foster children in long term placements with relative caregivers continues to improve permanency options for youth, discussed in detail in the Permanency - Relative Placement section.

#### FUTURE PLANS

- To continue supporting the successful programs in place that are providing positive permanency outcomes for children.

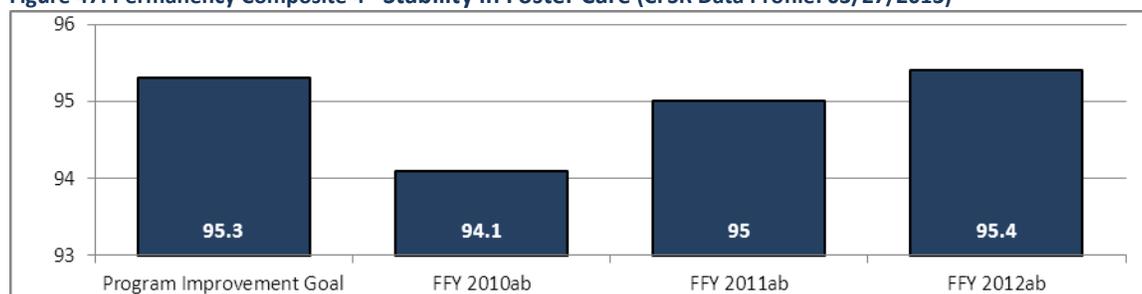
## 12 Placement Stability: Ensure that the state is minimizing placement changes for children in foster care.

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.

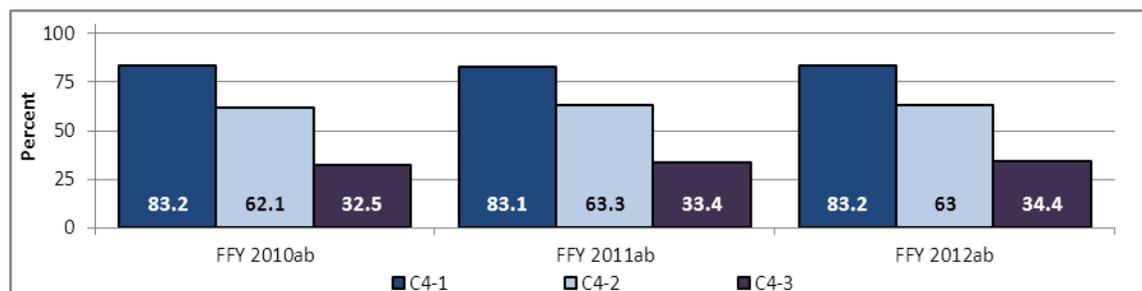
Because placement changes can be disruptive to children, it is important to pay attention to the number of placement changes. Stability increases a child's ability to develop healthy, secure relationships and maintain educational achievement. It also increases the opportunity for a child to develop positive, caring relationships with their foster caregivers. Such relationships sometimes result in a child becoming a permanent member of the family when returning home is not possible. It is important to recognize that individual placement changes can be made for positive reasons such as a child moving from a group home to a relative or to a placement to be with siblings.

#### INDICATORS OF PROGRESS

California completed the required actions steps for the **CFSR PIP** on June 30, 2011 through the submission of the eighth and final quarterly report. The state had until September 30, 2012 to achieve its target improvement goal for Permanency Outcome 1 Composite 4: Stability in Foster Care. The Children's Bureau informed the state in March 2013 that it had successfully achieved all the data goals included in the PIP. As illustrated in Figure 47 below, the target for Permanency Outcome 4 was 95.3 and California achieved a score of 95.4.

**Figure 47: Permanency Composite 4 - Stability in Foster Care (CFSR Data Profile: 03/27/2013)**

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

**Figure 48: Permanency Composite 4 Measures 1-3 (CFSR Data Profile: 03/27/2013)**

Although California remains below the national standard of 101.5, the state's performance in minimizing placement changes continues to improve, albeit slightly from a score of 92.9 in FFY 2008 to 95.4 in FFY 2012. However, an examination of the data using the Dynamic Report Website (CSSR) will show that California is making progress for children more recently entering care.

Further examination of CSSR data shows that California has been fairly successful and consistent in achieving 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 care<sup>41</sup>.

### FACTORS AFFECTING PROGRESS

While it is not possible to determine with certainty the reasons for improvement, California has been working steadily to improve practice:

- ✓ Focused analyses
- ✓ Distribution of County Practices
- ✓ SIP Strategies

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

<sup>41</sup> 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 5/21/2013, from University of California at Berkeley Center for Social Services Research website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

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.<sup>42</sup>

Figure 49 below illustrates that the state is improving over time for children who were in care sometime in January through June of a given year and who remained in care three or six months thereafter. For children with no prior entries who were in care for three months, 59.9 percent had two or fewer placement changes in 2006 as compared to 79.3 percent in 2009, representing a 32 percent improvement overall.

**Figure 49: Entry Cohort, 1st vs. Other Entry, Two or Fewer Placements for 3 or 6 months in Care (CSSR)**

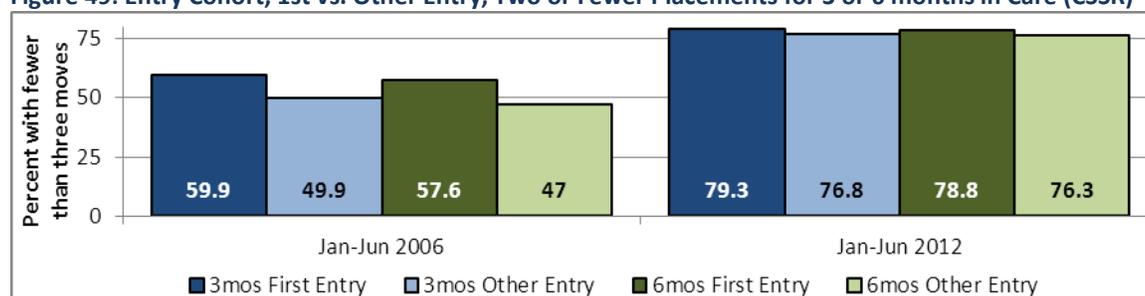


Figure 50 below illustrates that on average, when comparing First Entries to Other Entries over the same timeframes (2006-2011) for children who have been in care for either 12 or 18 months that have two or fewer placement disruptions, there is nearly a 22 and 32 percent improvement over time, respectively.

**Figure 50: Entry Cohort, 1st vs. Other Entry, Two or Fewer Placements for 12 or 18 months in Care (CSSR)**

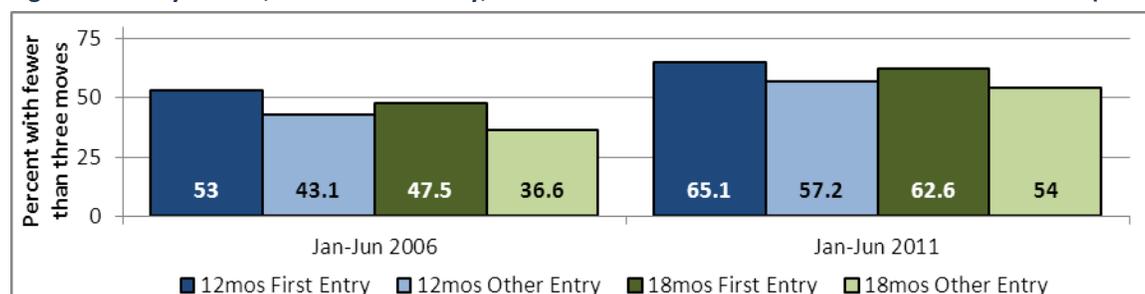
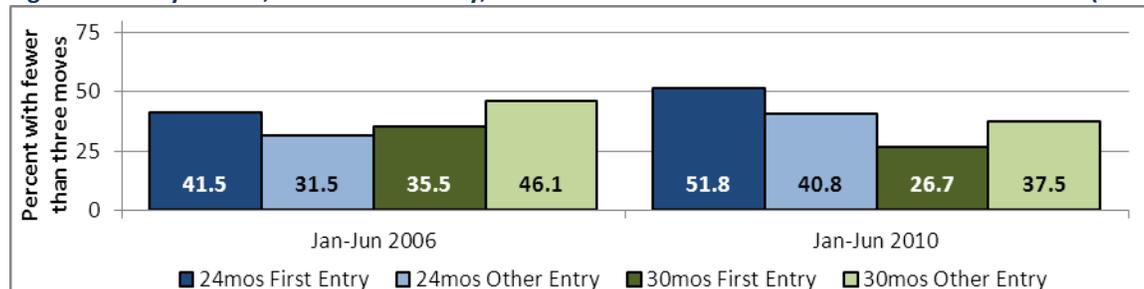


Figure 51 illustrates that on average, when comparing First Entries to Other Entries over the same timeframes (2006 to 2010) for children who have been in care for either 24 or 30 months that have two or fewer placement disruptions, there is a 24 percent change overtime.

<sup>42</sup> 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 2012 only have data available for 6 months, while children between January through June 2006 have data available for up to 60 months.

**Figure 51: Entry Cohort, 1st vs. Other Entry, Two or Fewer Placements for 24 or 30 months in Care (CSSR)**

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 identify stable placements for children when they first enter care.

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 52 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 placements disruptions improved over time. For children in the 2005 entry cohort, 67 percent had less than two placements 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 two or fewer 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 52: Percent of Placement Disruptions 2005 to 2010 (FCDA)**

### County Practices

The state examined performance in the 12 largest counties for indicators of good practices, and disseminated the results via an ACIN (# I-31-12) with the goal of sharing those practices. Within the 12 largest counties, the state focused its analyses on the six counties that demonstrated the most percent change difference over three years. 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.

### 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, Kin-GAP, and the AAP.

#### *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.

### *SIP Strategies*

Of the eleven counties who submitted CSAs for 2012, five counties chose placement stability following as an outcome for improvement.

- Four counties' strategies were related to making improvements to county practices and infrastructure such as improved data entry and documentation, creating or implementing new units or teams of social workers, developing coordinated and integrated child welfare and juvenile justice systems, and improving social workers' practices around using tools or assessments, and improving communication.
- Four counties included strategies to increase or expand parent support or engagement through parent mentorship programs, early family engagement, parent support networks, training to relative/NREFM caregivers.
- Three counties focused their strategies on improving placements for children through improved relative approval processes, improving relative retention and recruitment, increasing placement with relative/NREFM caregivers, and targeting placement resources for children with high needs.
- Three counties' strategies were related to increase use or enhancement of teaming strategies such as TDMs, family team approaches, and multi-disciplinary teams.

### **LIMITATIONS**

While the limitations of the placement stability measure have been discussed at length, it is once again important to note that many children move for positive reasons. For example, positive moves include furthering case plan goals, moving to lower levels of care, or placement with siblings or relatives. Some children may move because their caregivers needed more support, or the child's needs exceeded the caregiver's capacity to meet them. The current measures simply do not allow for such considerations.

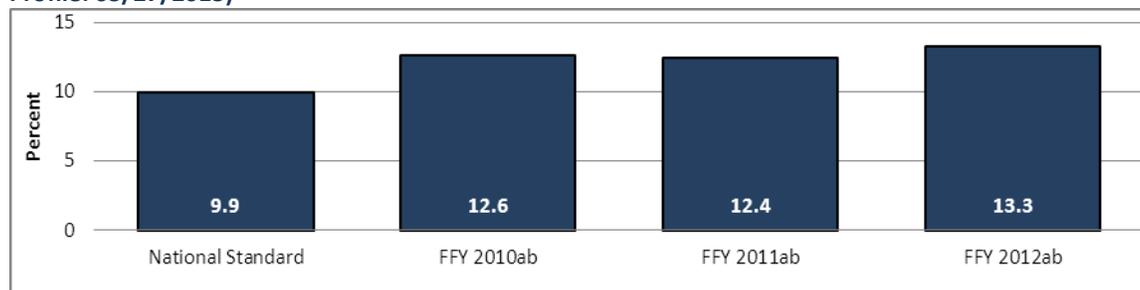
## **13 Re-Entry: Ensure that the state is preventing multiple entries of children in foster care.**

Reentry into foster care is one part of the measure for family reunification. Successful reunification is balanced between timeliness and permanency of reunification. In order for reunification to be deemed successful, children must be returned home as quickly and safely as possible. Failure to permanently reunify a child with his/her family may mean that the agency failed to afford the caregiver with enough time or support to provide the child with a safe and stable environment, or there may have been unforeseen circumstances in the home that alerted the child welfare agency and resulted in the removal of the child. The latter cause is beyond the control of the agency; as such, this section will discuss the state's performance and efforts to minimize foster care reentry as a result of the foreseeable circumstances.

## INDICATOR OF PROGRESS

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

**Figure 53: Measure C1-4: Re-entries to Foster Care in Less Than 12 Months Following Reunification (CFSR Data Profile: 03/27/2013)**



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 California has declined in performance between 2011 and 2012 by nearly six percentage points.

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

A further review of these data by placement type, age, and race for FFY 2012 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 22.3 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,<sup>43</sup> 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.

As well, infants (children under one year old) reenter care (16.6 percent) more than any other age group, with those placed in foster family homes and foster family agencies reentering care at the greatest rate, 21.6 and 19.8, respectively. However, these effects were buffered when infants are placed with relatives; they reenter care at nearly the same rate as the overall population.

## FACTORS AFFECTING PROGRESS

The first choice for permanence is to achieve reunification quickly and as safely as possible. This 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

<sup>43</sup> Kimberlin, Anthony, & Austin, 2008; Northern California Training Academy, 2008

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:

- ✓ System Improvement Plan Strategies
  - ✓ Reassessment Tool and Reunification Reassessment Tool
  - ✓ Visitation Evaluation Tool in SDM
  - ✓ TDMs
  - ✓ Voluntary Family Maintenance (VFM)
- Of the eleven counties who submitted CSAs for 2012, three counties chose Measure C1.4-Reentry following Reunification as an outcome for improvement. These counties’ strategies include:
    - Increase use or enhancement of teaming strategies such as TDMs, family team approaches, and multi-disciplinary teams;
    - Increase or expansion of parent support or engagement through parent mentorship programs, early family engagement, parent support networks;
    - Improve delivery of services through early intervention services for children under three years old, increase post reunification family supports, and enhancement of Safety Organized Practice;
    - Counties also included strategies related to improved county infrastructure such as court improvements, improved data entry and the creation of new teams of social workers.
  - 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 2012, 38.2 percent of the children were at a risk level considered appropriate for reunification (e.g., low [4.9 percent] or moderate [33.3 percent] risk)<sup>44</sup>.

- 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.

If a family has achieved a low or moderate risk level and an acceptable visitation level, the social worker conducts a reunification safety assessment. The safety assessment component of the reunification reassessment leads to a decision as to whether a child may be returned home.

Empirical evidence suggest that that use assessment tools, such as the reunification reassessment tool may help in determining the appropriateness of reunification and the best timing for reunification to reduce the risk of re-entry

Table 5 from CY 2012 from CRC illustrates initial visitation evaluation results for visits occurring between a parent and child for 22,068 children for whom reunification reassessments were conducted during the period. Parents of 13,776 (62.4 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 13,942 (63.2 percent) children met visitation requirements at an acceptable level (not shown).<sup>45</sup>

If a family has achieved a low or moderate risk level and an acceptable visitation level, the social worker conducts a reunification safety assessment. The safety assessment component of the reunification reassessment leads to a decision as to whether a child may be returned home.

<sup>44</sup> Children's Research Center, SDM Combined California Counties Annual Report, March 2013, for data in CY 2012, page 48.

<sup>45</sup> Children's Research Center, SDM Combined California Counties Annual Report, March 2013, for data in CY 2012, page 50.

Empirical evidence suggest that that use assessment tools, such as the reunification reassessment tool may help in determining the appropriateness of reunification and the best timing for reunification to reduce the risk of re-entry

**Table 5: 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	%
<b>Totally</b>	<b>3,817</b>	<b>54.3</b>	<b>2,954</b>	<b>42.0</b>	212	3.0	37	0.5	15	0.2	7,035	100
<b>Routinely</b>	<b>706</b>	<b>8.8</b>	<b>6,299</b>	<b>78.3</b>	956	11.9	74	0.9	7	0.1	8,042	100
<b>Sporadically</b>	102	3.0	1,608	47.5	1,541	45.5	104	3.1	32	0.9	3,387	100
<b>Rarely or Never</b>	18	0.5	288	8.0	757	21.0	189	5.2	2,352	65.3	3,604	100
<b>Total</b>	4,643	21.0	11,508	50.5	3,466	15.7	404	1.8	2,406	10.9	22,068	100

*Bolded cells indicate acceptable visitation.*

- 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. Anecdotal evidence suggests that as child welfare funding becomes increasingly more limited, counties are eliminating their VFM programs.

## 14 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 54: Distance from Removal Address to Placement Address at 12 months (CSSR)

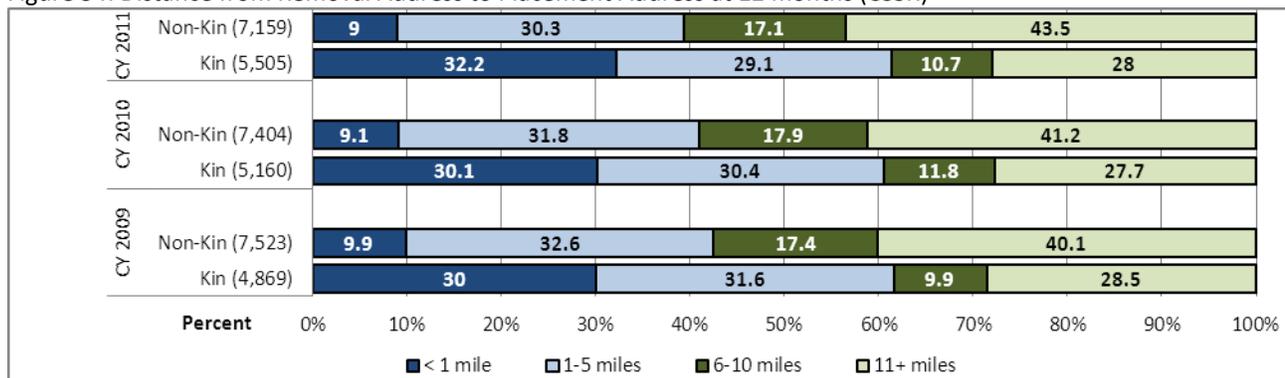


Figure 54 above is a distribution of the distance, in miles, between a child's removal address and placement address at 12 months between kin and non-kin placements for Calendar Years 2008 through 2011. The analysis is limited to children who are in a first foster care placement episode and who are still 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 (61.3 percent in 2009, and 61.6 percent in 2011) 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 schools of origin.

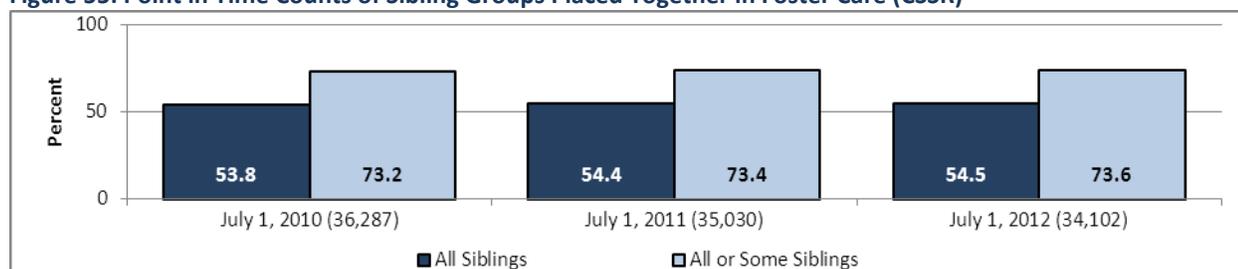
### FUTURE PLANS

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.

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

## 15 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 2012, those figures rose to 54.5 and 73.6 percent, respectively representing a 14 percent improvement overall.

**Figure 55: 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.

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 121) 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.

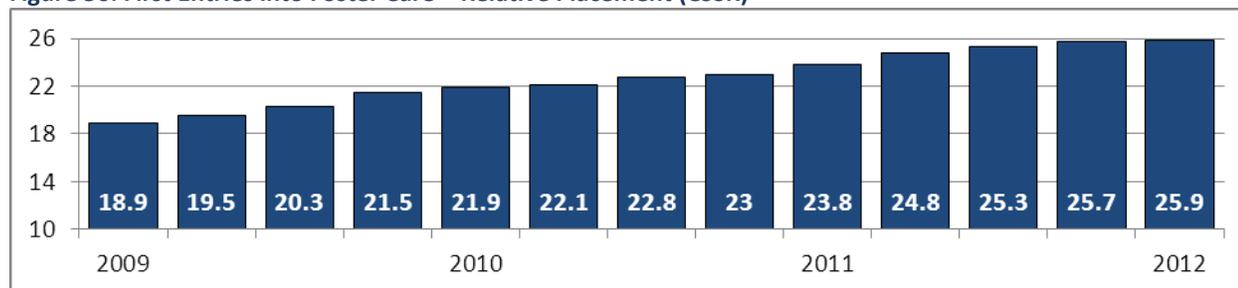
## 16 Relative Placement: Ensure that the agency is identifying relatives who can care for children in foster care, and using them as placement resources when appropriate.

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

### 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 in Figure 56 below are the proportion of children who entered care for the first time and who were placed with relatives. In the short period between 2009 and 2012, California has improved the performance on this measure by over 37 percent.

Figure 56: First Entries into Foster Care – Relative Placement (CSSR)



### 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 counties 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
- ✓ Other factors

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 14. 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. The AOC has contracted with the American Humane Association of Colorado for development of the *Family Find and Engagement Toolkit*. Materials have been prepared and are under internal review by AOC. It is anticipated that the toolkit will be available in early Fall 2013.

- Funding for the Kinship Support Services Program has been realigned to the 20 counties which operate a local program. The programs continues to provides community-based family support services to relative caregivers who care for non-dependent and dependent children placed in their homes. Services provided by these programs can include: case management, support groups, respite, information and referral, recreation, mentoring/tutoring, provision of furniture,

clothing, and food, transportation, guardianship and legal assistance, and many other support services needed by kin families.

- Furthering the agency’s commitment to the importance of relative participation and support in all aspects of a child’s life, in June 2011 CDSS issued an informational letter regarding family finding and engagement activities and resources to assist social workers and probation officers meet federal requirements to not only locate but also to engage relatives. The letter presents the six engagement activities contained in the National Resource Center for Family Centered Practice and the California Permanency for Youth Project models. References to publications and links to various practice guides and information about training resources are also provided in the letter.
- The extension of Kin-GAP, discussed previously in the Guardianship section beginning on page 98, 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.

Other factors that may be affecting progress in this area 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.

## 17 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. California continues efforts to consolidate and better coordinate existing efforts, improve customer service and initiating, with philanthropy and counties, a pilot program aimed at enhancing the state’s recruitment and retention 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
- ✓ Caregiver Advocacy Network Meetings
- ✓ Diligent Recruitment

Currently, California’s 58 counties utilize several types of general and targeted activities to recruit foster and adoptive homes. Through these activities, counties strive to create a pool of supportive

foster homes to meet the needs of children in placement. The general recruitment strategies include, but are not limited to, the following activities:

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

Targeted recruitment activities are used to recruit foster families that reflect the ethnic diversity of children in care, consistent with the MEPA requirements. As examples of targeted recruitment activities, San Luis Obispo, Los Angeles, Sacramento, and Santa Cruz counties reported the following as the most effective in recruiting and retaining ethnically diverse foster homes:

- San Luis Obispo County

#### Recruitment

- Faith-Based outreach events
- Local Television Advertising- Videotaped multi-cultural resource parents, asking them specifically about their personal experiences with foster/adoptive care. The resource parents were individually extracted from the video to create ten different vignettes. Each vignette exemplifies the cultural, racial and ethnic diversity that represent the county's resource parents, as well as the county's foster care population. Using data about trends in the county on what social/cultural groups tend to watch on television and at what time, the different vignettes were then aired during these time frames and according to our target population.
- "The Retreat" - Each year a retreat is developed through collaboration and support of the county child welfare services management team and the local community college. Over 500 people participate in this one-day free event. The event provides participants with self-care activities, support groups, educational speakers, and networking opportunities. Current resource families are encouraged to bring a prospective family. This event typically results in a good amount of new families interested in foster care.

#### Retention

- Over 100 trainings provided throughout the year with free food and childcare.
- Post-Placement Follow-Up with the resource families immediately after taking a placement: Needs or concerns that families verbalize are immediately conveyed to the social worker, supervisor, and management.
- Recognizing the resource families for their knowledge of the children and embracing their information and including the caregiver in Team Decision Meetings.
- Provision of on-going, consistent, and department-financed respite on a monthly basis.
- Assisting with the costs incurred by a foster parent beyond the board and care rate by paying for car seats, crib mattresses, and other items in order to take or keep a foster child.
- The availability of supplemental payment programs, such as the SA/HIV program, to aid foster caregivers in meeting the needs of children in their care.

- Los Angeles County

Recruitment

- Recruiting in the faith-based communities.
- Advertising on radio stations that have a high listening number of the families that reflect the racial and ethnic makeup of the county's children.
- Engaging existing African American and Latino resource parents to recruit in their local communities.

Retention

- Using the county's Ambassadors (existing foster and adoptive parents) to support other resource families to provide care and work with the child welfare services agency.

- Sacramento County

Recruitment

- Use of African American youth photos provided by the Heart Gallery.
- Target recruitment events sponsored by African American churches
- Target recruitment events in specific zip codes.

Retention

- Assignment of African American special skills social worker and Licensing Program Analysts
- Culturally Competency training

- Santa Cruz County

Recruitment

- Holding orientations and trainings in locations convenient to where the majority of the population is situated in the county.
- Conducting orientations and trainings in Spanish to recruit Hispanic caregivers.
- Operating a foster parent incentive program - Utilizing foster parent mentors to promote foster parenting and rewarding existing foster parents who refer prospective foster parents with a progressive incentive amount of Target gift cards.
- Advertising foster care orientations on the Spanish-language public access television channel and participating in local community television Spanish language news programs.
- Creating and hanging a large banner in Spanish and English across Main Street in Watsonville
- Paid television and radio ads in Spanish featured on local Spanish language television and radio stations.

Retention

- Post-licensing- Bilingual/bicultural liaisons located in the Family Resource Centers available 40 hours a week to assist existing resource families.

- Multiple annual events to support and acknowledge resource parents, including an appreciation luncheon each May, a family picnic each September, and a holiday party where the foster children receive gifts and clothing.
- Mail out newsletters regularly in both English and Spanish.
- **The Quality Parenting Initiative (QPI)** - 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 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 1 of the Quality Parenting Initiative began in March of 2010 with nine counties participating: Fresno, Santa Clara, Humboldt, Sonoma, Kern, Santa Barbara, Ventura, San Luis Obispo, and Nevada. Each county created a QPI team including county staff, foster families and kinship caregivers, birth families, youth, family foster agency staff and other stakeholders. Phase 1 was supported by several charitable foundations.

Phase 2 of QPI began in December of 2011, with the goal of assisting counties with their recruitment and retention of quality foster families (including relative caregivers), enhancing relationships with foster families, and building linkages with birth families in order to improve the number of caregivers willing and able to provide excellent parenting to children in foster care. Counties participating in Phase 2 include: Humboldt, Shasta, Tehama, Glenn, Yuba, Butte, Sonoma, Santa Clara, San Francisco, Stanislaus, Tuolumne, Fresno, Kern, Kings, Madera, San Luis Obispo, Ventura, Santa Barbara, Orange, and San Diego. Phase 2 of QPI is supported by funding from CDSS through a contract with YLC.

During Phase 2, each county team met monthly and quarterly on-site trainings were conducted to provide information and technical assistance to support policy and practice changes that:

- facilitate caregivers in providing trauma informed parenting
- provide mentoring to biological parents to learn healthy parenting strategies and support successful reunification
- support caregiver involvement in their children's education and health care

Additionally, counties were provided with four web based trainings on supporting the healthy development of infants and toddlers in foster care. Topics of the trainings include: developmentally appropriate caregiving, reducing the trauma of moves for babies in foster care, accessing high quality early care and education programs for children in foster care, and developing relationships between foster and birth families that provide continuity of care for children.

County child welfare staff and foster families from each QPI county participated in two on-site meetings to develop a "Partnership Agreement" that identifies the specific expectations for high quality caregiving and the responsibilities of both caregivers and the child welfare agency. The Agreement includes topics such as full participation of the caregiver in the child's medical and

mental health care, active involvement in children’s educational activities, seeking training and supports to provide parenting that helps children heal from the trauma of abuse and neglect, and working closely with birth families to support healthy parenting. All QPI counties will be implementing the Partnership Agreement in coming months, and continue to work on implementing other practice and policy changes that support successful reunifications, involve the community in providing support to children and youth in foster care, and ensure caregivers and biological parents are actively engaged in decision making about their child.

QPI counties have identified a number of statewide barriers that CDSS is currently addressing. The barriers include:

- lack of clarity about what information can be shared with caregivers in order to enable them to meet the needs of children in their care
- need for clarity around the prudent parent standard, particularly to develop a new system of providing alternative respite care for children that is developmentally appropriate and does not subject children to stranger care
- need for revamping the training and resources available to foster families and relative caregivers so more relevant online training is available on demand and housed in a centralized location

The CDSS Legal division is currently working on developing a legal analysis and an All County Letter that will clarify the information that should be shared with caregivers (that is not prohibited by confidentiality statutes) about the children and families with whom they are working. Additionally, CDSS will be holding a meeting with foster families, Community Care Licensing, and county child welfare directors to identify recommendations for a new process of respite care that is more child and family sensitive. CDSS is also working with YLC on plans to launch a “QPI California” website that will house training videos and materials, as well as information and resources for caregivers on providing high quality care.

QPI has been successful in improving recruitment and retention of foster families. Counties that are tracking data on recruitment, such as Sonoma, have reported significant improvements in the numbers of foster families recruited who have made it through the licensing process and successfully began fostering. Nearly all the QPI counties have reported much greater satisfaction and engagement from foster parents in their county since implementing policy and practice changes. Several counties have focused on retention through improved support and training for foster parents caring for specific groups of children such as teenagers, children transitioning from a congregate care setting, or babies and toddlers. Examples of policy and practice changes impacting retention are listed below:

- Glenn County - partnering with the Foster Family Association on recruitment efforts, providing caregivers with a child’s critical documents immediately at placement;
- Humboldt County - creating a Transition Checklist to assist foster families when a child must be moved (reunified, to permanency, or another home);
- San Luis Obispo County - creation of a Foster Family Mentoring Program with 18 trained foster parent mentors and a training curricula (mentors are also assigned to Relative/NREFM homes), expanding recruitment activity through videos with actual foster

parents and establishing a partnership with local TV station for weekly recruitment messages;

- Tuolumne County - creating a social worker performance evaluation to assess child welfare staff and their support of QPI goals around teamwork with foster families and improved practice;

CDSS and the YLC will continue to work with all counties on implementation of the Partnership Agreement and improved policy and practice related to recruitment and retention of foster families. California QPI counties will participate in interest area learning groups with QPI sites from Florida and Nevada to share information and resources on topics such as recruitment best practices, engaging foster parents, caregiver assessment and training, and caregiver support. CDSS and the YLC will be working together to develop and launch the QPI California website. Lastly, CDSS will be integrating QPI expectations for caregivers into its work pertaining to a unified Resource Family Assessment and Approval process.

CDSS continues to support the roll out of QPI. Additional counties have shown interest in becoming a QPI participant. As funding is made available, QPI training and resources will be directed to the implementing and participating counties. CDSS and YLC will continue to evaluate the implementation of QPI throughout California.

- 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>.
- The CDSS has continued to increase the use of cross-jurisdictional resources for adoptive placements, which include recruitment strategies such as the **California Kids Connection (CKC) program/website**. California's adoption exchange program, California Kids Connection, provides several important services - all of which have the final goal of finding permanent adoptive families for children who are available and waiting in the foster care system. Statewide, five regional exchanges met monthly to share information regarding available families and children, with an average of 64 public and private fost/adopt agencies participating each month. Four California Kids Connection staff members work to support matches between waiting children and available families identified at the exchanges. 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 California Kids Connection website has both a secure section and a public section. The public section of the website is accessible to any Internet user. Prospective adoptive parents indicate their interest in specific children by sending an e-mail via the California Kids Connection website to the placing agency identified for each child. Several public adoption agencies

throughout the state also maintain their own websites featuring children who are available for adoption.

CKC has been very successful in finding permanent families for our foster children/youth through the CKC website. Since July 1, 2012, 111 children were matched through the CKC website. From July 1, 2012, through April 1, 2013, an average of 414 children were listed on the CKC website, and an average of 220 families inquired about waiting children each month.

During this time period:

- ✓ 38 percent of the children were on the public section of the website.
- ✓ 66 percent were on the secure section of the website.
- ✓ 80 percent were children of color.
- ✓ 78 percent were age 12 or older.

As of April 2013, 79 percent of all public agencies in California participate in exchange meetings and list children on the CKC website, and 62 private agencies list families with approved homestudies on the CKC website.

In addition to the online registry, CKC services include exchange meetings, matching events, and training and education for caseworkers. CKC leads five 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, 2012, through April 1, 2013, CKC staff organized and participated in three adoption matching picnics and four adoption matching family fairs. CKC will continue to increase the number of matching events it organizes in Southern California this year to include another Family Fair and an older youth matching event. Additionally during the current reporting period, CKC provided a training about online adoption recruitment and photolisting for the Monterey County Family and Children's Services' Adoptions Unit; and has planned for upcoming trainings for two counties (Butte and Humboldt) that are starting new adoption programs due to State budget realignment.

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 with a permanent family.

- "Adoption Navigator" Services - CKC also has partnerships with 12 counties to provide "Adoption Navigator" services for the children listed on the California Kids Connection website. Two CKC staff support adoption staff from Alameda County, Los Angeles County, Marin County, Orange County, Riverside County, San Diego County, San Francisco County, Shasta County, Solano County, and the CDSS offices in Sacramento and Rohnert Park with internet based recruitment. The Adoption Navigators list child profiles on the public section of the California Kids Connection website and then respond to inquiries about the children from inquiring families. The Adoption Navigators provide critical support and guidance to interested families as they navigate through the adoption process. Since July 1, 2012, the Adoption Navigators have served over 235 children, and 19 children have been matched with adoptive families with assistance from the Adoption Navigators. These are children

who may have otherwise remained in care. Thus, these services assist the State with meeting the wellbeing and permanency goals for children in foster care.

- **AdoptUSKids** - Additionally, California Kids Connection partners with AdoptUSKids by serving as the AdoptUSKids California Recruitment Response Team (RRT). The AdoptUSKids website is a program of the Children's Bureau, and is funded by the Adoption Exchange Association, the federal Health and Human Services/Administration for Children and Families, and the Children's Bureau. The CKC Recruitment Response Team is funded by the CDSS and responds to inquiries about adoption generated by AdoptUSKids' national recruitment initiative campaign for finding adoptive families. From July 1, 2012, through April 1, 2013, the Recruitment Response Team has answered the inquiries of 436 families. 85 of the inquiries were from families whose primary language is Spanish. Of these inquiries, 24 families with whom the RRT is working with are currently working with an agency.
- **1-800-KIDS-4-US** - In October 2009, California Kids Connection began answering the statewide, toll-free CDSS foster care and fost/adopt information line at 1-800-KIDS-4-US. The line is answered by a CKC staff person from 9-5, Monday through Friday, and families can always be helped either in English or in Spanish. Families who inquire are given information about the foster care and adoption process; and non-directive referrals to licensed public and private adoption agencies. Additionally, an information packet with written information is sent to the family by email or postal mail, in either English or Spanish. CKC staff answer an average of 38 calls about foster care, 6 calls about fost/adopt, and 11 calls about "other" topics each month. An average of three of these calls are in Spanish. Staff also send out an average of 24 information packets in English, two information packets in Spanish, and 12 informational emails 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). Through an interagency agreement, statewide meetings and advisory groups, CDSS and the Chancellor's Office determine state-mandated topics to be delivered by the FKCE program. At the local level, each college conducts advisory meetings that include local social service departments and care providers to further identify needs for training.

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 Health and Safety Code 1529.2 and WIC Code 16003. The colleges are doing an amazing job and offer over 35,000 hours of training in total throughout the state annually, despite a reduction in federal funds over the last several years. Colleges offer a multitude of community-based training opportunities, both pre-service and in-service training, including specialized topics to assist care providers in meeting the needs of the vulnerable children in their homes.

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
- Supporting Educational Success of Foster Children and Youth
- 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/Extended Foster Care
- Successful Transition for Foster Youth

#### • 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. Resulting from last year's work, four counties (Fresno, Humboldt, Los Angeles and Santa Clara) working with community and Tribal partners have implemented the CAPP Child and Family Practice Model. Working together throughout the year at local and cross site meetings, the core elements and practice behaviors that support consistent implementation of the Practice Model were developed, refined and are being tested at the local sites. All four counties are engaged in activities to address system barriers, develop implementation teams, coaching for competence, and conducting fidelity assessments.
  - Fresno County continues to identify and address systemic barriers. In order to broaden their local service array to Native American populations, they worked with tribal partners to identify tribal service providers and sought and received Court approval for utilization of these services for child welfare families.
  - Santa Clara County has partnered with community members to address system barriers. Community partners meet regularly with a community engagement specialist, who is part of the local implementation team, to receive updates, provide input and guidance for CAPP implementation, and discuss the variety of opportunities for contribution to implementation and fidelity processes.
- *Latino Practice Advisory Committee* – This advisory committee is a collaboration between CDSS, CWDA, 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.

To strengthen existing law in Family Code section 7950 and Health and Safety Code section 1515, the Department is proposing legislation to amend law to more clearly meet the diligent recruitment requirements of MEPA and IEP. Once the legislation becomes law, regulations will be developed and county instruction will be provided via the County Letter process. California's regulatory process is lengthy and complex; however, if the proposed legislation is passed, the law would be effective January 1, 2015, with regulations to follow within a year.

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

*San Bernardino* County targets Hispanic and African American via:

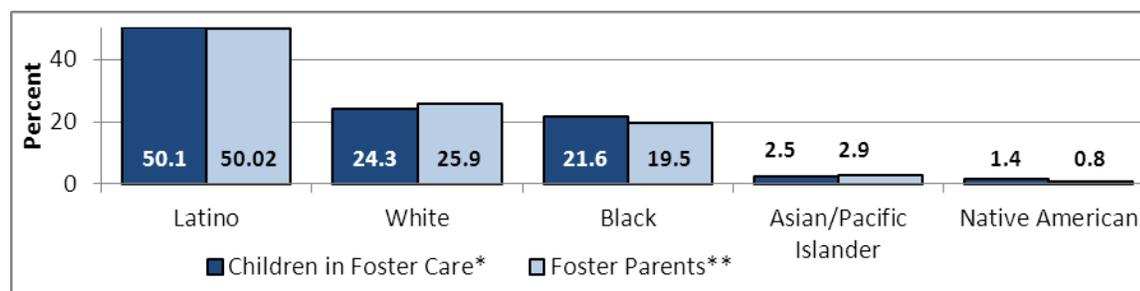
- The county reaches out to the Hispanic and African American faith based organization to do recruitment presentations and participate in church events.
- County recruitment booths are set up in Hispanic and African American community fairs.
- County gives presentations during holidays at African American 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.
- As illustrated in the figure below based on data from CSSR on January 1, 2013 for children in foster care, and ethnicity information on foster parents from AFCARS, the state is faring well in finding foster parents who reflect the race and ethnicity of children in care.

**Figure 57: Race/Ethnicity for children in foster care and foster parents**



\* Child welfare and Probation supervised children in pre-adoptive, kin, foster, FFA, court-specified home, or dependent guardian placements

\*\*Foster parent ethnicity is based on AFCARS data submission of placement episodes open during the time period 10/1/12-3/31/13 and include welfare and probation supervised placements in pre-adopt, kin, foster, FFA, court-specified home, or dependent guardian placements

- *Caregiver Advocacy Network (CAN) 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 CAN is part of CDSS efforts to develop a website for foster parents. Caregivers and advocates statewide had an opportunity to view the proposed CAN website prior to going live to

the general public, providing valuable input in the creation of website content to ensure the website effectively addresses caregiver concerns, questions and challenges. The webpage found at [fosterfamilyhelp.dss.ca.gov](http://fosterfamilyhelp.dss.ca.gov). The webpage will not only link CDSS webpages that may be of interest or use to foster parents and caregivers, but will also provide links to other websites that provide information and support. The website is being developed as part of that communication network. The website is still under development and a date for launch has not been set at this time.

The website is being developed to be a centralized source of information and resources to foster families and caregivers. There will also be an email link to the Foster Care Ombudsman's Office where caregivers can ask specific questions, register complaints, and make suggestions.

The CAN website will utilize internal CDSS and other State of California links, as well as external resources to provide caregivers with the information and resources they need to provide the highest quality of care to the children placed with them. Links to training, county contacts, frequently asked questions, caregiver advocacy organizations and initiatives to improve foster care have all been included in the current version of the site.

## Juvenile Justice Transfers

**18** Table 6 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:

600/Incarceration Case Closure Reason Types	Federal Fiscal Year				
	2012	2011	2010	2009	2008
Incarcerated – Adjudicated 601/602	863	394	480	536	517
Not Incarcerated – Adjudicated 601/602	99	175	117	158	146
Incarcerated – Adjudicated Non-601/602	70	76	72	123	89
Child Receiving Services From Probation, Case Suspended	66	125	102	131	126
<b>Total</b>	<b>1,098</b>	<b>770</b>	<b>771</b>	<b>948</b>	<b>878</b>

## WELL-BEING

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### Well-Being Focused Services in PSSF

**19** 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 through trauma-informed assessments and screenings, effective trauma-focused mental health services, ensuring families have enhanced capacity to provide for their children's needs, ensuring children receive appropriate services and services are provided in the home. California counties provided a variety of services funded by PSSF during FY 2011-12 which impacted 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 families both at high risk of CWS intervention and families with open CWS cases. Through the in-home provision of an evidence-based community program, the safety and permanency of children is promoted, as well as the well-being of children in Shasta County.

*Ventura County* funds Parent Partners through a local nonprofit, Aspiranet. Parent Partners serve as peer mentors to parents/caregivers with an open Family Maintenance case. Parent Partners utilize home visitation to provide parenting skills training, emotional support, strength based assessment, reinforcement and linkages to local services and resources. The goal of the program is to support parents/caregivers so that their children remain safely at home while providing for their child's well-being. The Family Development Matrix is used to measure the effectiveness of the Parent Partners Program. This strengths based tool measures the family's initial status in domains pertinent to their life. After services are completed, the family and provider rate the progress made and services provided. All 61 families that completed the twelve sessions of the service during FY 2011-12 were able to increase functioning in four out of five Family Development Matrix life domains where their functioning was the lowest.

*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 meetings that include 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.

## 20 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.

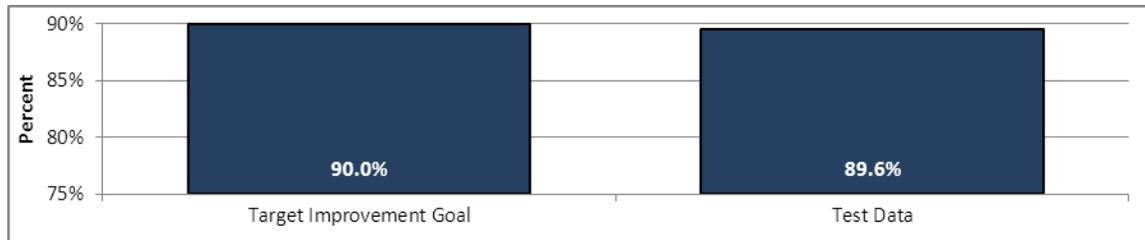
### MEASURE 2F – MONTHLY CASEWORKER VISITS

Due to the implementation of revised Division 31 regulations, *Measure 2C: Timely Caseworker Visits with Children* is being replaced by a federal version of the measure. The federal measure is referred to as 2F by the CDSS, and contains the data for the out-of-home caseworker visits as part of the new federally mandated requirements.

On September 30, 2011, the President signed Public Law (P.L.) 112-34, which revises Title IV-B of the Child and Family Services Act of 2006. It modifies requirements for submission and assessment of data on monthly caseworker visits with children in foster care. The law indicates that each state must meet specific performance requirements beginning in FFY 2012.

States that do not meet the requirements will be subject to a reduction in the rate of Federal Financial Participation (FFP) for Title IV-B, Subpart 1 expenditures in the subsequent FFY. Depending on the amount the state misses the target, failure to meet the standards results in a reduction in FFP rate by one, three, or five percent.

Measure 2F is in its third round of test data release to counties (see table below for most recent data). It is anticipated that the measure will be made public for the first time in the summer of 2013 via the UCB Dynamic Website. Measure 2F will be included as part of the regular Quality Assurance measures that the CSOAB consultants monitor and assist counties with on a quarterly basis, similarly accomplished with the 2C measure.

**Figure 58: Test Data for the Period of Jan 1, 2012-Dec 31, 2012 (CWDAB)**

## MEASURE 2S – MONTHLY IN-HOME CASEWORKER VISITS

Consequently with the new federally mandated requirements for of out-of-home caseworker visits (2F), California is currently developing the methodology to measure in-home caseworker visits. The state measure is being referred to as Measure 2S. Measure 2S is intended to measure the state’s timely monthly caseworker in-home visits with children. The CDSS is presently consolidating county feedback for Measure 2S and anticipates the methodology to be completed in Fall of 2013, followed by a data test period and eventual public reporting via the Center for Social Services Research-UC Berkeley School of Social Welfare Dynamic Website.

### 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. Unfortunately, data for FFY 2011 indicated the actual percentage achieved for monthly caseworker visits was 74 percent— a difference of 16 percent from the 90 percent benchmark. Based on California’s failure to meet the FFY 2011 target by 16 percent, the federal financial participation for the Title IV-B, subpart 1, Child Welfare Services program for FY 2012 was reduced by three percent: from 75 percent to 72 percent.

As required by ACF, for FFY 2012, California is required to meet the following performance standards:

1. Monthly Caseworker Visits: The total number of visits made by caseworkers on a monthly basis during FFY 2012 must not be less than 90 percent of the total number of visits that would have occurred if each child was visited once every month while in care.
2. Visits in the Home: At least 50 percent of the total number of monthly visits made by caseworkers to children in foster care during FFY 2012 must occur in the child’s residence.

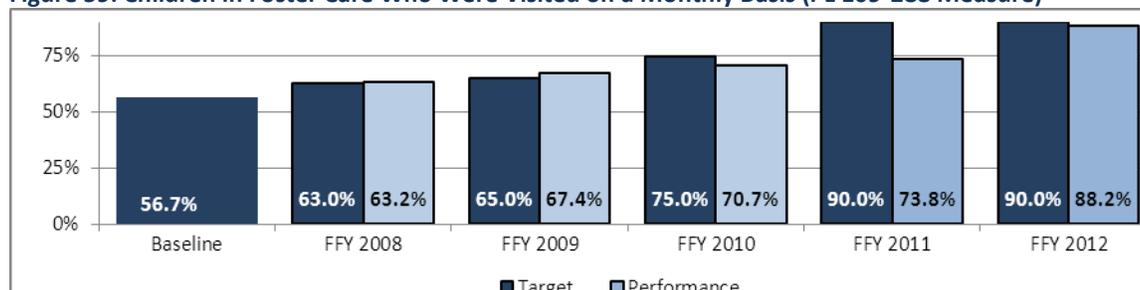
Data for FFY 2012 indicates California’s performance as follows:

1. Monthly Caseworker Visits: The actual percentage achieved for monthly caseworker visits for FFY 2012 was 88 percent which is 2 percent less than the 90 percent performance standard.
2. Visits in the Home: The actual percentage achieved for visits in the home for FFY 2012 was 76 percent which is 26 percent greater than the 50 percent performance standard.

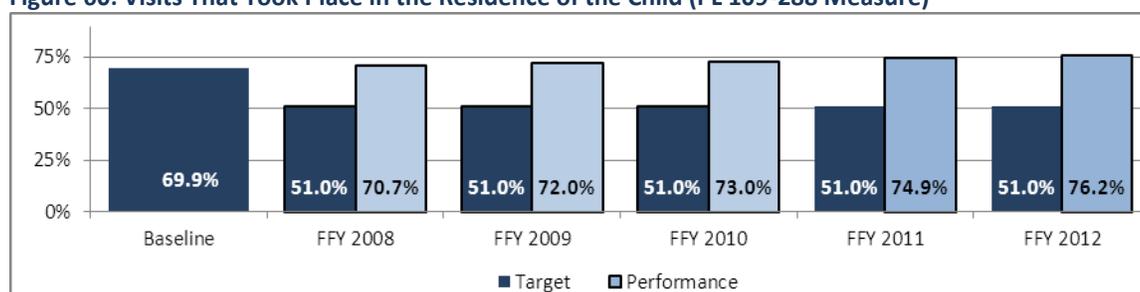
Based on California’s failure to meet the FFY 2012 monthly caseworker visits performance standard by two percent, the FFP rate for Title IV-B for FFY 2013 has been reduced by one percent: from 75 percent to 74 percent. Although the state did not meet the 90 percent mandate in FFY 2012,

California has made and continues to make remarkable progress as illustrated in Figure 59 below. In comparing California's FFY 2012 data to the baseline data, California has improved its performance by 56 percentage points in just five short years. Please note that the FFY 2012 data is the first time probation visits have been reported and included in this report. Official data on monthly caseworker visits for FFY 2013 is due to ACF on December 16, 2013.

**Figure 59: Children in Foster Care Who Were Visited on a Monthly Basis (PL 109-288 Measure)**



**Figure 60: Visits That Took Place in the Residence of the Child (PL 109-288 Measure)**



As required for the 2013 APSR, the following is a description of California's use of the Monthly Caseworker Visit Grant.

Counties have been instructed, through a County Fiscal Letter, to use the Monthly Casework Visit Grant for improving the quality of monthly caseworker visits with an emphasis on caseworker decision making and caseworker recruitment, retention and training. Counties claim costs for eligible activities using a specific Program Code for the Caseworker Visit Grant. The requirements for "Increase Funding for Caseworker Visits" activities are associated with the children included below:

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

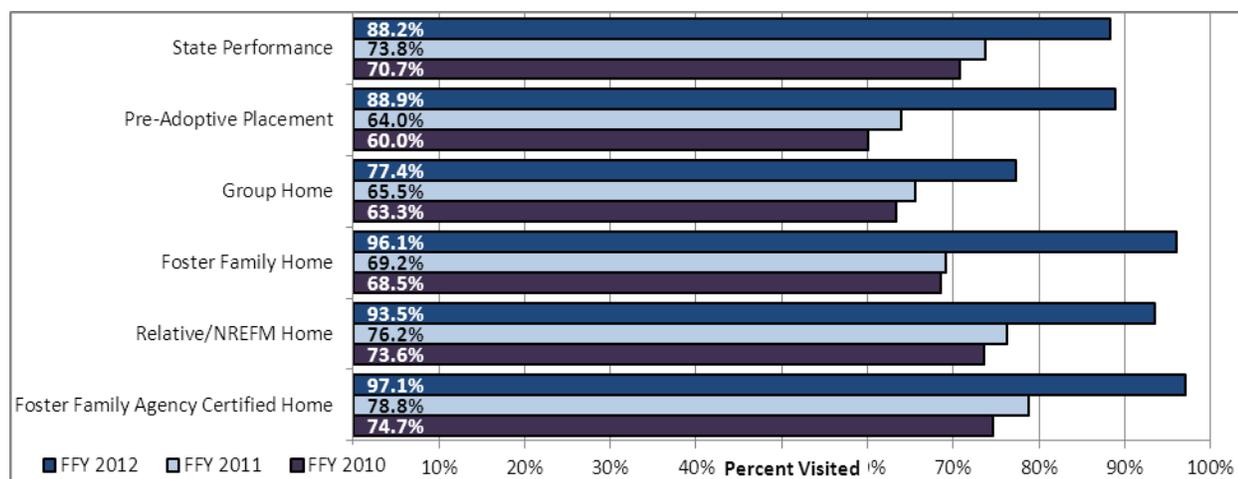
#### **FACTORS AFFECTING PROGRESS**

- ✓ PIP Activities and Completion
- ✓ 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 2012 APSR.

- Although California did not meet its benchmark for FFY 2012, 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 to 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 88.23 percent (see Figure 63) of children being visited each and every month.
- Increased 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. CDSS continues to work with CalSWEC, as the implementation of revising curriculum remains a priority. It is projected that the full implementation of the curriculum will take approximately two years. The CDSS also partnered with the UC Davis Resource Center for Family Focused Practice (RCFFP) to develop training for county caseworkers and probation officers on quality caseworker visits. A webinar on quality caseworker visits has been developed and is being utilized by county social workers /probation officers. This webinar can be located at <http://humanservices.ucdavis.edu/>
- *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 61: Percent Visited by Placement Type in FFYs 2011-2012**

Implementing the methodology outlined in P.L. 112-34, the data for FFY 2012 in the figure above has been calculated based on the number of months a visit occurred instead of the number of children visited each and every month, which was the methodology previously used for the FFY 2010 and 2011 data. Due to the change in the methodology, cross year comparisons cannot be made, however, some patterns still remain.

Based on the data Figure 61, children placed in group homes are least likely to be visited each and every month followed by pre-adoptive placements. As indicated in the FFY 2010 and 2011 data, these two placement options remain the least likely to be visited monthly. Although not confirmed by counties, anecdotal evidence suggests a likely reason for the low performance for monthly visits to youth in group homes can be attributed to the high number of youth on runaway status from their group home placement. The FFY 2012 data indicates that children placed in relative homes and those in county foster family homes and FFAs are most likely to be visited.

An instructional letter to counties which gives an overview of the state's caseworker visit performance progress and associated penalties, as well as the state's continued efforts to improve the overall performance in visiting children was released on May 15, 2013. Among other purposes regarding caseworker visits with children, this letter provides guidance to counties on where to focus on improving their individual performance.

## BARRIERS TO PROGRESS

Although recent revisions by the federal government to the federal methodology were implemented through the Child and Family Services Improvement and Innovation Act (PL 112-34), California still believes that the federal methodology used in FFY 2012 for caseworker visits with children could be modified to not include missed visits for children who are on run-away status. This is one of the contributing factors in the state's failure to meet the 2012 performance target for visiting a child monthly. The California Child and Family Services Review Data Profile as of March 27, 2013, noted the following data on runaways for the AFCARS report:

FFY	Number of Runaways	Number of Children in Care	Percent
2010	1,554	55,381	2.8
2011	1,582	54,399	2.9
2012	1,320	53,832	2.5

## FUTURE PLANS

- 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:
  - 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 is likely to take approximately 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.
  - 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.

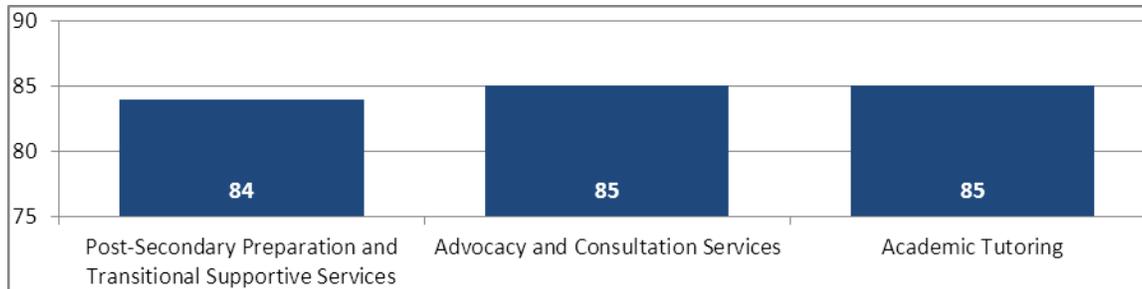
## 21 Educational Services: Ensure children receive appropriate services to meet their educational needs

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

In California, educational services are provided to children in foster care through the Department of Education (CDE), Foster Youth Services Program (FYS).<sup>46</sup> In FY 2010-11, 90,042 youth in foster care received educational services. Of these youth, Figure 62 illustrates the types of services these youth received. Furthermore, 90 percent of all youth who received services attended school throughout the year. Of the 183 students in the 12<sup>th</sup> grade who received tutoring services, 70 percent (160) received their high school diploma, three students passed the General Education Exam, and 17 received a certificate of completion.

<sup>46</sup> California *Education Code (EC)* Section 42923 requires FYS program grantees to submit a report to the Governor and the Legislature on the effectiveness of services provided to foster youth through the FYS programs. The report is produced biannually; the most recent report is for FY 2010-11, published October 2012.

**Figure 62: Types of Services Received from Foster Youth Services**

### 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.

Current legislation guarantees 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. Process and procedures that support student educational outcomes include:

- ✓ Educational Liaisons through Foster Youth Services Program
- ✓ Placement decisions that affect educational stability
- ✓ Placement of Children in their school of Origin
- ✓ Timely transfer of students and their records
- ✓ Credit for School Work and Removal of School Penalties
- ✓ Educational Rights Holder

Other factors that may contribute to educational outcomes for youth may be:

- ✓ Case Plan Assurance
  - ✓ Educational Stability Provisions
  - ✓ Stakeholder Collaboration
  - ✓ Wraparound
- 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 reduces student truancy, dropout rates and delinquent behavior, and 5) Provides advocacy to promote the best interests of foster youth throughout California.

FYS provides services to foster students via local education agencies, serve foster children in group homes, and foster homes. It does not provide services to students placed with relatives or non-related legal guardians.

AB 1909 (Chapter 849, Statutes of 2012) adds additional duties to the foster care liaison concerning foster youth and school expulsion activities. The foster care liaison is required to contact the child's attorney and the social services agency concerning an expulsion. The school district is also required to notify a foster child's attorney and the social services agency within 10 days of a school expulsion. If the youth has exceptional needs and has an Individualized Education Program (IEP), before any expulsion, the IEP team will review the child's records to ensure that the incident was not related to the child's disability or that there was a failure of the school to implement the child's IEP.

- *Educational Stability Provisions* – Current law permits youth in foster care to remain at the school of origin for the duration of the court's jurisdiction, or until the end of the academic year if the foster care case is closed. Youth are allowed to matriculate with their classmates consistent with the established feeder patterns of school districts as long as the court has jurisdiction.
- *School of Origin* – Current law allows children to remain in their school of origin for the duration of the school year when there is a change in placement and if 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. AB 1573 (Chapter 299, Statutes of 2012) changed residency requirements for school districts to allow foster children who change placements to remain in their school of origin. Previously, a student met residency requirements only if he/she attended a school within the school district where the foster home was located.
- If foster children change schools, local education agencies and county social workers are jointly responsible for ensuring the *timely transfers* of students and their relevant records. Also, local education agencies are required to deliver educational records, grades, and other information to the next educational placement within two days of receiving a transfer request from a county placing agency. WIC 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.
- The school district is required 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.<sup>47</sup>

- *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. Current law requires social workers to consider the effects of greater consideration of a foster youth's educational stability when making placement decisions:
  - That ensures the least restrictive environment, supporting the child's right to attend school with minimal disruptions to school attendance and educational stability,
  - Including the proximity to the child's school of origin and school attendance area, the number of school transfers the child has previously experienced, and the child's school matriculation schedule when selecting the most appropriate placement.
  - And the importance of documenting the actions taken to ensure a foster child's educational stability in the Health and Education Passport
- AB 2060, Statutes of 2012 added to WIC Sections 319, 360 and 726 concerning the selection of the educational rights holder for a child in care. The educational rights holder will make decisions for the child that could include whether the child will stay in the school of origin or move to another school, and advocate for the child in school suspension or expulsion hearings. This could add stability to the child's school placement when there is an adult advocating for the foster child.

The new law outlines that the first choice of an educational rights holder will be a relative, non-relative extended family member or other person known to the child. If the court cannot find a person known to the child, it will appoint a surrogate educational rights holder who is not known to the child. Finally, if the court cannot find a known or surrogate person to be the educational rights holder, it will make the educational decisions for the child with the help of any interested party. If a foster youth turns 18 years of age, and chooses not to make the educational decisions or is deemed by the court to be incompetent, the court appoints a responsible person to make educational decisions for the young adult.

A person appointed to be the educational rights holders is required to meet with a foster child, evaluate his/her educational needs and report to the social worker or the court about the educational needs of the child.

- *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

<sup>47</sup> <http://apps.americanbar.org/child/rclji/education/ab490summary.pdf>

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.

CDSS continues to participate on the California Department of Education’s AB 114 Workgroup, which focuses on ensuring that mental health services provided to children and youth within the framework of an Individual Education Plan comply with the requirements of the Individuals with Disabilities Education Act (IDEA). As a result of that work, CDE recently released guidance to county education agencies and school officials that describes how to document California Wraparound when provided as “related services” and comply with IDEA requirements.

## 22 **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.**

The creation of a system for Screening, Assessment, Referral, Monitoring and treatment of emotional trauma, mental health and other health care needs for children in foster care involves the coordination of a constellation of current and future statewide priorities and requires 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. Screenings and assessments are also described in the Pathways to Mental Health Services: Core Practice Model Guide (CPM) released by CDSS in March 2013 as part of implementation of the Katie A. settlement agreement. That work, as well as 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 P.L. 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.

The assurance that children’s physical and mental health needs are identified and addressed is largely 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. Budget actions in 2011-12 augmented funds for the HCPCFC, which permitted counties to hire additional public health nurses and to reduce their caseload sizes. In 2012, the HCPCFC was realigned to counties. CDSS, DHCS and county representatives are currently collaborating to develop the mechanism for continued administration of programs that will continue to ensure the health and mental health needs of children in foster care are addressed and services are provided in 2013-14.

### SCHEDULE FOR INITIAL AND FOLLOW-UP HEALTH SCREENINGS

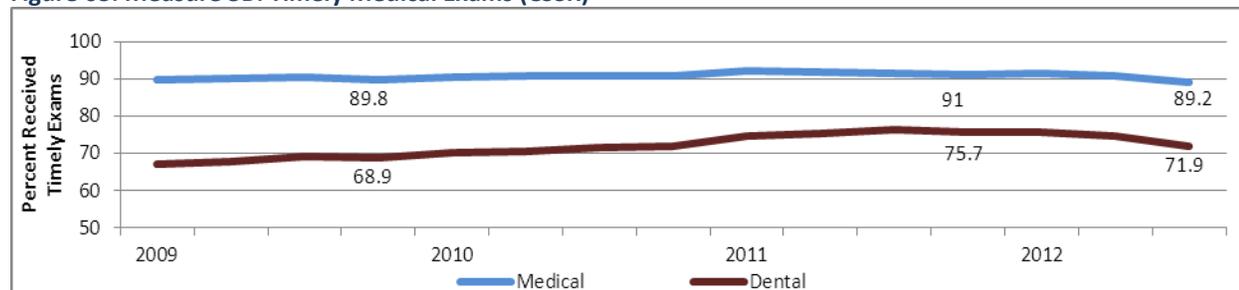
The HCPCFC implements the Early and Periodic Screening, Diagnosis, and Treatment standards of care for Medicaid-eligible children and youth in foster care. Minors must have an exam by the end of their age period, based on the schedule outlined in Table 7, Medical Exam Periodicity. A child is considered 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 7: 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 63, the state hovers around 90 percent of children who receive timely exams.

Figure 63: Measure 5B: Timely Medical Exams (CSSR)



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:

- San Diego County collaborates with their Head Start program to streamline referrals from child welfare services. This helps expedite service delivery. Children can also be referred to other specialized programs such as KidSTART, a center designed to serve children with complex needs, the Regional Center Early Start Program or the Early Childhood Project, an effort led by social workers trained in early childhood developmental milestones who refer for developmental screenings and follow ups.
- Glenn County works with Child Abuse Treatment counselors to conduct mental health assessments to ensure all children receive appropriate and thorough services.
- 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.
- Madera County Public Health Department provides home visitation that focuses on family, child health, and safety issues to ensure families have a medical home, immunizations, Reproductive Life Plan and linkages to specialty care clinics. In 2011-2012, 1,136 home visits were provided to 154 families. In 2011-2012, the HBP Public Health Clinicians provided 103 families with information to educate on the importance of establishing a medical home. 188 referrals (for children and adults) were made to a primary care provider, of which 80 percent established a medical home.
- 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 the HCPCFC 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.

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 has begun exploring options for creating a more effective trauma-informed system in consultation with counties and providers.

The CPM referenced previously describes details of the screening that all children and youth involved with child welfare will receive. Within the CPM the term “assessment” is defined to include activities done by child welfare – including screening for mental health needs – as well as the more formal mental health assessment completed by mental health professionals as needed. The CPM provides standards of practice that include strengths-based assessments and screening for trauma exposure, as well as practice activities that identify child welfare as being responsible for ensuring that initial and no fewer than annual mental health screenings are completed.

The Continuum of Care Reform (described in the Permanency Chapter) is a statewide effort aimed at reforming the care provided to California foster youth placed in group homes and foster family agencies. One of the project’s primary goals is to develop a standardized evidence-based assessment tool to determine a youth’s strengths and needs which will include the identification of trauma and well-being needs. In November 2012, the latest phase of changes to CWS/CMS included a change to monitor the types of screenings (developmental or mental health) and if a referral was made for further assessment. The Statewide Screening Collaborative initiated a statewide universal screening effort to promote the use of validated screening tools among primary care physicians, and other professionals, parents and para-professional. With the release of these changes to the CWS/CMS, CDSS is 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 system<sup>48</sup>, 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 in the Introduction section of this report). 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 in 2013-14. The continuity of healthcare services will remain a central element in the development of county administered programs for 2014-15. Due to Realignment, new options are being developed through the collaborative efforts of CDSS, DHCS and counties that will focus on meeting the health care needs of children in foster care.

#### **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

<sup>48</sup> <http://ehealth.ca.gov/>

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

### TRANSITION PLAN FOR YOUTH AGING OUT

Through the issuance of an ACL on October 2010, CDSS advised counties of the new requirement that transition plans include options for health insurance, information about a healthcare power of attorney, health care proxy, and provide the youth with the option to execute such a document. As part of the 90-day Transition Planning Process, the social worker or probation officer provides 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. WIC Section 391 (e) further states that “the court shall not terminate dependency jurisdiction over a non-minor dependent who has attained 18 years of age until a hearing is conducted pursuant to this section and the department has submitted a report verifying that the following information, documents, and services have been provided.”

Data regarding outcomes for youth transitioning out of the child welfare system are captured via state measure 8A which includes the percentage of youth completing high school or the equivalency, percentage of youth who obtained employment, percentage of youth who obtained housing arrangements, percentages of youth who received ILP services, and percentage of youth with a permanency connection. Measure 8A is computed via form SOC 405E which is submitted by counties to CDSS on a quarterly basis. Measure 8A may exclude counties if the reports were not submitted timely. The SOC 405E report will soon be replaced by the SOC 405X report, which will include those youth who opt to remain in foster care after their 18th birthday.

<b>Measure 8A, Quarter 1 of 2013 (January – March)</b>	Child Welfare	Probation
	Percent of Youth	
<b>Completed high school or the equivalency</b>	48.1	31.5
<b>Obtained employment</b>	17.1	13
<b>Had housing arrangements</b>	84.8	78.3
<b>Received ILP services</b>	91	58.7
<b>Had a permanency connection</b>	88.1	53.3

### OVERSIGHT OF PRESCRIPTION MEDICINES, INCLUDING PSYCHOTROPIC MEDICATIONS

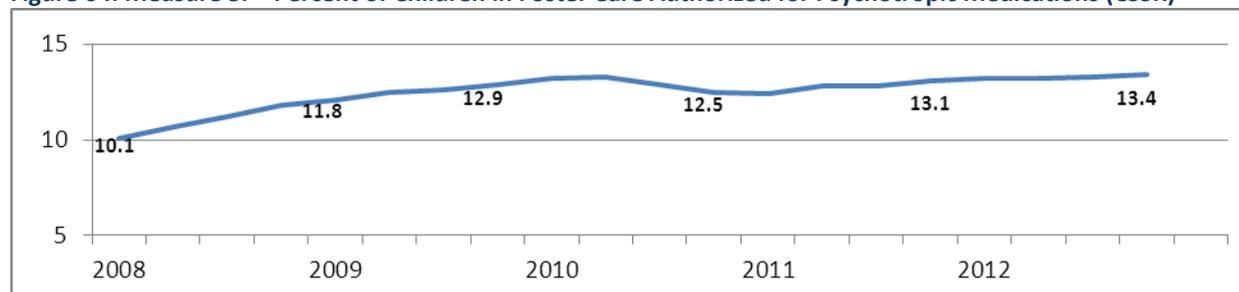
The oversight of prescription medicines, including psychotropic medications is critical towards safeguarding appropriate practice of management and administration of medication to children placed in out-of-home care. Currently, oversight of prescription medication is completed by the public health nurses employed by the HCPCFC program. In consultation and collaboration with the county social worker/probation officer, the nurse oversees the prescription medications as part of

the health care planning and coordination responsibilities. 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 are being used as part of a Quality Improvement Project: Improving the Use of Psychotropic Medication among Children in Foster Care (QI Project) that is being conducted 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.

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. 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 decision. 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-two percent increase in the authorization of psychotropic medications over twenty quarters between 2008 and 2012 from 10.1 percent of children in foster care in Quarter One of 2008 to 13.4 percent in Quarter Four of 2012. The increase in the percentage of youth receiving court authorization for psychotropic medication in the initial years of the measure is mostly due to increased data reporting on the new measure rather than an increase in children receiving these medications.

**Figure 64: Measure 5F - Percent of Children in Foster Care Authorized for Psychotropic Medications (CSSR)**



Data indicating the notable rise in use of psychotropic medication among children in foster care prompted the implementation of the QI Project to examine the factors that may be associated with use. CDSS and DHCS reviewed additional data collected from the Medi-Cal Pharmacy paid claims information. These data indicated that a disproportionate number of children in foster care are

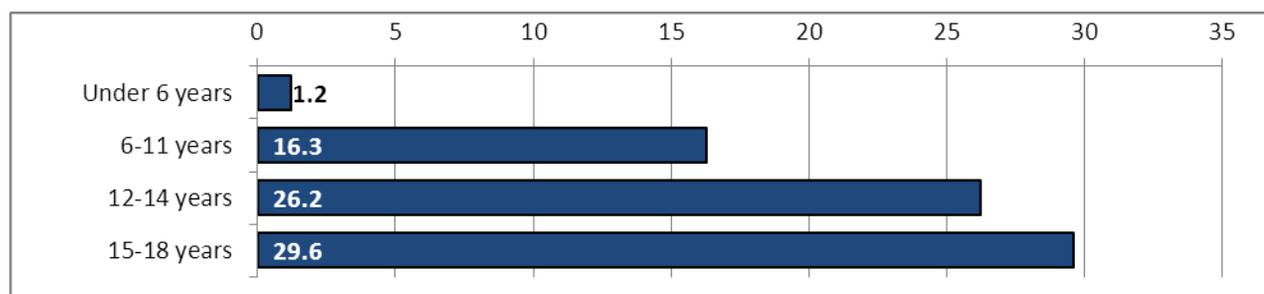
prescribed psychotropic medication when compared to their non-foster care counterparts, and of that group, males and older youth were more likely to be prescribed psychotropic medication.

According to data provided by DHCS from FFY 2011, 43,416 foster children under the age of 18 in California who were found to be Medi-Cal eligible. Of these Medi-Cal eligible foster children, 19 percent (8,257) were found to have been prescribed at least one Mental Health Drug (MHD). For CDSS use, the term “psychotropic” medication is interchangeable with the DHCS definition of Mental Health Drug.

Of those prescribed at least one psychotropic medication, 61 percent (5,003) were male. These findings are consistent with national data indicating that males are more likely than females to be prescribed psychotropic medication while in foster care.

As illustrated in Figure 65 below, the incidence of psychotropic medication use increases with age, with a prominent increase between the ages of late childhood (6-11 years) and early adolescence (12-14 years).

**Figure 65: Psychotropic Medication Use among Children in Foster Care, FFY 2011:**  
(Medi-Cal Pharmacy Paid Claims Data)



- In July 2012, DHCS and CDSS began working on a *Psychotropic Medication Quality Improvement* effort, the QI Project, led by the Pharmacy Benefits Division of DHCS. Data gathered from the Pharmacy Benefits Division indicates that foster children in California are five times more likely to receive psychotropic medication. As illustrated in Figure 64 above, there is an increasing trend in the authorization of these medications over the last several years. This Interdepartmental 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.

In order to accomplish these goals the following project objectives have been developed:

- Develop a five-step Psychotropic Oversight and Monitoring Plan Based on the Child & Family Services Improvement & Innovation Act of 2011

### 1. *Screening, Assessment and Treatment*

- Comprehensive and coordinated screening process, assessment and treatment planning.
- Mechanisms to identify children’s mental health and trauma-treatment needs.
- Include a psychiatric evaluation, if necessary, to identify needs for psychotropic medication.

### 2. *Improving the Effectiveness of the Consent Process: Informed and Shared Decision-Making*

- Identify methods for ongoing communication between the prescriber, the child, caregivers, other health care providers, child welfare worker and other key stakeholders.

### 3. *Effective Monitoring*

- Improve the safety and effectiveness of psychotropic medication use in the foster care population through the utilization of best practices.
- Reduce the practice of polypharmacy therapy with psychotropic medications in the foster care population.

### 4. *Availability of Mental Health Expertise*

- Consultation on consent and monitoring issues by appropriate medical personnel, e.g., child and adolescent psychiatrist, general psychiatrist, clinical pharmacist, behavioral pediatrician.

### 5. *Mechanism for Sharing Accurate Data*

- Expand collaboration among key stakeholders in this issue, including foster parents, DHCS management, CDSS caseworkers, medical and mental health care providers, and the impacted children and youth.
- Increase the Use of Electronic Health Records
  1. *Improve the usability of the HEP by linking data and information electronically.*
  2. *Engaging end-users to aid in establishing uniform protocols and procedures when documenting treatment plan in the HEP.*
- Develop and Distribute Information and Support
  1. *Develop education materials specifically to aid families with their skills and knowledge regarding side effects and adverse symptoms related to medications*

In order to meet the objectives of the QI Project, three workgroups were established following an introductory kick-off meeting held with CDSS, DHCS and a large group of stakeholders on October 29, 2012. A clinical workgroup, a data and technology workgroup and a family and education workgroup began meeting monthly in January 2013. The clinical workgroup aims to improve psychotropic medication oversight and monitoring by developing the aforementioned five-step plan. The data and technology workgroup’s focus is to improve the use of electronic health records, update and keep current the information in the youth’s health and education passport, and use data to track quality improvement. The primary goals of the family and education workgroup are to develop education materials specifically to help parents and

caregivers improve their skills and knowledge about side effects and adverse symptoms related to medications that can be occurring and be overlooked.

The QI project team will also determine performance measures to measure the effects of interventions and services. In order to complete this function, a data sharing agreement is being developed between CDSS and DHCS. Proposed outcome measure data to be collected include practitioner type, diagnoses and comorbidities, types of drugs prescribed and by whom, current protocols governing the use of drugs, social worker interactions, court interactions, psychosocial interventions, trauma screening and assessment, and medication quality concerns. Plans for monitoring and oversight of these measures, including determining which agency/body will be responsible for oversight, are currently being developed.

Each workgroup is tasked with developing specific deliverables that can be tested in various counties statewide. This testing will occur for one year beginning summer of 2013. The core team and workgroups will assess the effectiveness of the deliverables after one year and make recommendations for statewide implementation. It is anticipated that this information will help to further support the State Health Care Oversight system as well as integrate into other existing state practices. The QI Project is estimated to end in June of 2015.

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.

- *Implementation of the Katie A. v Bonta lawsuit settlement* involves efforts of numerous staff from CDSS and DHCS working closely with counties, parents, the provider community, and others. This work is expected to improve the delivery of medically necessary mental health services to children in or at risk of placement into foster care, with the primary focus on Medicaid eligible children/youth. Specific activities and accomplishments include: Release of the Core Practice Model Guide that describes services based on family-centered values and principles and delivered in a comprehensive and coordinated manner; as well as a Medi-Cal Manual that provides guidance for delivering and billing services defined in the settlement agreement. Both manuals were released in March 2013.
  - Regional orientation presentations made in seven locations around the state to provide local child welfare and mental health staff and others with an overview of the values and principles of the CPM and key components of services within the Medi-Cal Manual.
  - Provision of technical assistance via weekly phone calls with county child welfare and mental health agencies began immediately following release of the above manuals. Beginning in April 2013, these calls will be open to the provider community and other stakeholders.
  - Establishment of a Joint Management Task Force to develop and establish a shared management structure between DHCS and CDSS in order to support the integration of child welfare and mental health service delivery.

- Establishment of a Fiscal Task Force to develop and recommend fiscal strategies and provide guidance to counties on paying for activities not eligible for reimbursement under Medicaid.
  - Establishment of an Accountability, Communication and Oversight task force to determine what will be measured to evaluate progress in implementing and providing access to CPM activities and Medicaid services.
- *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 Out-of-County Mental Health Effort* was focused on removing barriers to mental health services to children placed outside their county of jurisdiction. This effort was to be integrated and linked to the Katie A. implementation process. The proposed action plan included 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<sup>[1]</sup>.

However, at this time screening and assessment activities associated with Katie A., and the Out of County Mental Health are being addressed within the framework of CCR to ensure that the appropriate touch points are identified. There is a shared interest in establishing a systemic approach to screening and assessment that can satisfy the needs of the Mental Health Plans and County Welfare Departments, and the respective State agencies, DHCS' and CDSS'. To that end, recommendations are being addressed to determine, at a minimum, decision making protocols and levels of review (who, what, when). CDSS and DHCS will require that a joint report be completed from the Mental Health Plans and County Child Welfare systems that will identify what children were screened, assessed and linked to specialty mental health services consistent with the Katie A. Implementation Plan core practice approach and the Out of County Mental Health Effort.

- *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.

<sup>[1]</sup> The report is posted on California's Child Welfare Council's website

### **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) is addressed in the *Core Practice Model Guide* discussed previously, as one mechanism of advance coordination. The Guide is one of several deliverables of the Katie A Settlement Agreement which instructs counties and providers on how best to achieve service integration and coordination of mental health services based on a prescribed set of family-centered values and principles and using practice components of engagement, assessment, service planning and implementation, monitoring and adapting and transition.

### **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 are being explored as part of the QI 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 QI project, additional protocols to track this information are being 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 is being addressed within the QI 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, 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.

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## **CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)**

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**State of California  
Department of Social Services**

### **CHILD ABUSE PREVENTION AND TREATMENT ACT**

### **APPLICATION FOR Federal Fiscal Year 2012 FUNDING PLAN FOR FFY 2012**

**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:**

Sarah Rock, Chief  
Office of Child Abuse Prevention  
(916) 651-6960

**Application Information Contact:**

Sarah Rock, 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 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 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, 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. 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 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.

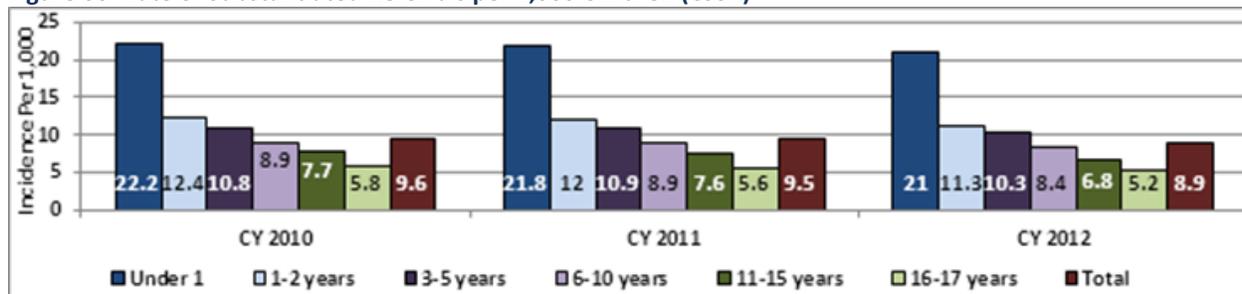
Child Welfare Services (CWS) in California span the continuum of care from prevention and early intervention to treatment and aftercare; however a prevention and early intervention focused CWS system is crucial to achieving safety, permanency and well-being for California's children. As the CDSS lead 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 dissemination of the Supporting Father Involvement project, 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. Currently counties are transitioning from a triennial cycle to a five-year cycle to provide counties more time to plan, implement and evaluate the effectiveness of identified strategies toward improvement. 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 66: 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 2012, 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. 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.

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.

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.

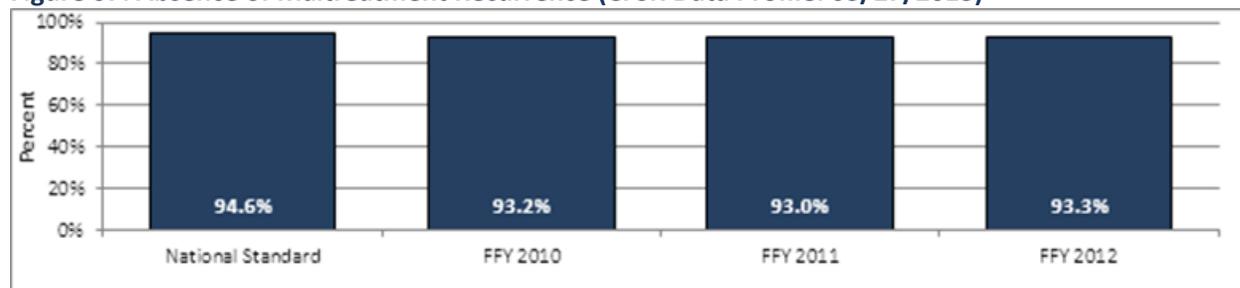
### Reports of Repeat Maltreatment

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 67: Absence of Maltreatment Recurrence (CFSR Data Profile: 03/27/2013)**



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.

### Fatality/Near Fatality

The CDSS continues to analyze the data collected in the Fatality/Near Fatality report to look for trends in these incidents and introduce strategies to prevent further incidents. A historical look at the data indicates that blunt force trauma remains the number one cause of child fatalities/near fatalities. While the CDSS has not specifically targeted blunt force trauma in its prevention efforts, it does have information related to the issue in its *Never Shake a Baby* (PUB 271) literature. Shaken baby and blunt force trauma are often miscategorized when reports are made. As such, the information related to shaken baby is applicable to blunt force trauma incidents. The literature available, in both English and Spanish, provides information and techniques on calming a crying baby, the dangers of trauma to the head of a small child and questions you should ask yourself before choosing a care provider for your child.

The CDSS intends to expand on this literature to include specific information regarding blunt force trauma and will be looking at ways to expand its efforts in this area.

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.

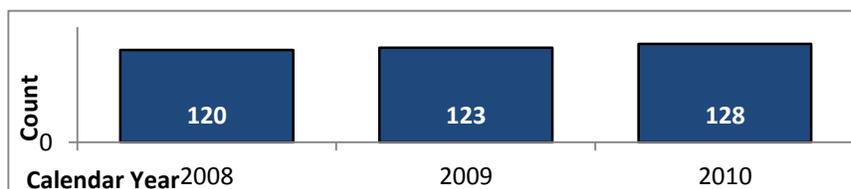
The following information regarding fatalities and near fatalities resulting from abuse and/or neglect is a summary of the information which can be found in California's Child Fatality/Near Fatality Annual Report for CY 2010. The information represents a compilation of aggregate data obtained from CWS/CMS for those Child Fatalities and Near Fatalities resulting from abuse and/or neglect that occurred during 2010 and were reported by counties via the Statement of Findings and Information SOC 826 Form. 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.

Since the development of last year's APSR, the CDSS has conducted a more thorough analysis of the child fatality and near fatality incidents reported by counties for CY 2010 for inclusion in the annual report and this APSR. This was done in an effort to provide a more comprehensive look at these incidents including: what children are more likely to be victims of fatalities/near fatalities resulting from abuse and/or neglect; the prior involvement of these children and their families with the CWS system prior to these incidents as well as their involvement with CWS at the time of the incidents; what additional information is available regarding the individual(s) responsible for these incidents including their ages and or relationships to the children; and what are the common causes of child fatalities/near fatalities resulting from abuse and neglect and whether these vary by child demographics and/or the individual(s) responsible for such incidents. In addition, the CDSS incorporated data from an incident which had been previously sealed on CWS/CMS so that all child fatalities could be incorporated into this analysis. The information which follows represents a summary of that more comprehensive analysis. The reader is cautioned that some of the data elements may have changed from the last APSR due to this additional analysis and therefore the data which follows represents a more accurate depiction of those fatalities and/or near fatality incidents reported for CY 2010.

## Fatalities

In CY 2010, 128 child fatalities that were determined to be the result of abuse and/or neglect were reported to CDSS. Of the 128 incidents, 124 of the children resided with their parent at the time of the incident and four resided in an out-of-home placement or foster care. The number of fatalities reported has risen between CY 2008 and CY 2010 as depicted in the figure below.

**Figure 68: Count of Fatalities by Calendar Year**



Of the 128 child fatality incidents reported to the CDSS, the CWS agency was more often the determiner of abuse and neglect than law enforcement and/or the coroner/medical examiner. The most vulnerable population of child fatality incidents were children less than five years old. Overall, the number of male child fatality incidents reported was higher than the number of female child fatality incidents, and Hispanic children were more frequently victims of such incidents based upon the reports submitted to the CDSS, which coincides with their general representation in the overall child population. White children represented 31 percent of the general child population but were 23 percent of the child fatalities reported. However, Black children represented only six percent of the general child population and 23 percent of child fatalities reported, which indicates a disproportionate number of fatalities for Black children compared to Hispanic or White children.

For CY 2010, 48 percent of the child fatality incidents reported involved children who were from families who did not have CWS history in the five years prior to the incident. Of the 66 families who did have prior history, 23 families (35 percent) were also known to a CWS agency at the time of the incident. Sixty-five percent of those 66 families were not clients at the time of the fatality incident; however, 61 percent (40 families) did have some CWS involvement within the six months prior to the incident. Of the 66 families who had prior CWS history, 62 percent of those families' prior referrals immediately preceding the fatality incident either did not meet the criteria for investigation by the CWS agency or were deemed unfounded or inconclusive for abuse or neglect upon investigation.

Blunt force trauma was the most reported cause of fatality incidents for CY 2010 despite neglect being the single most reported allegation. Most of the acts of blunt force trauma involved referrals which were substantiated on allegations of abuse or abuse and neglect. Additional analysis of the causes of incidents by the gender of the victim revealed that the victims of blunt force trauma incidents were 42 percent male and 58 percent female. Males were more frequently represented in gunshot fatality incidents and female victims were more frequently represented in fatalities caused by stabbing and vehicle related incidents. In the

analysis of the causes of fatalities by the ages of the children involved, the most frequently occurring causes of fatalities for children under one year of age involved shaken baby (86 percent), asphyxiation (86 percent), and sleep related incidents (100 percent).

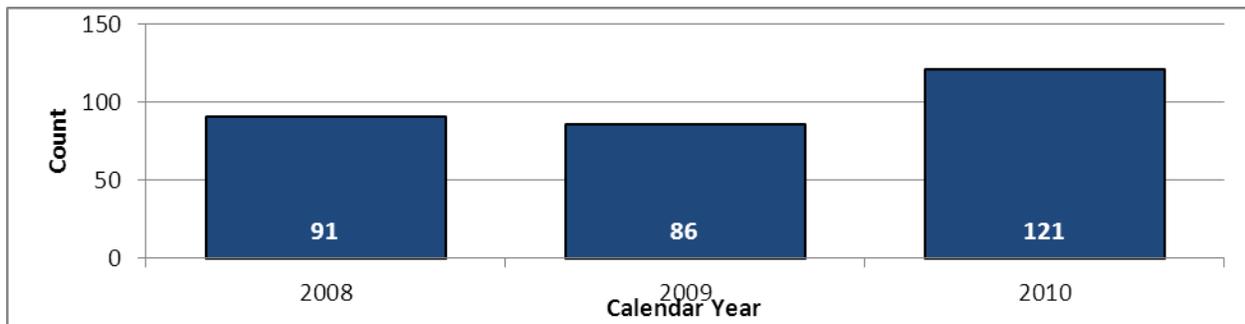
The individuals responsible for the child fatality incidents were found to be exclusively male in 31 percent of the fatality incidents reported, exclusively female in 30 percent, both a male and female for 20 percent; and for 18 percent of the incidents, the identity of the individual responsible was unknown or not documented. Sixty-eight percent of the individuals responsible for the fatality incidents for CY 2010 were a biological parent who acted either individually or in conjunction with another individual. However, there was no significant difference between biological mothers and biological fathers being identified more often as the individual responsible for the fatality. In 12 percent of fatality incidents, the biological parents' significant others were the individual(s) responsible, either exclusively or in conjunction with another individual. In four of the 128 child fatality incidents (three percent), a foster parent, either individually or in conjunction with another individual, was responsible for the incidents.

Additional analysis revealed that females were more frequently documented as being the individual responsible for fatality incidents involving house fires, drownings and stabbings. For those cases in which the fatality involved medical neglect of a child, both males and females were responsible exclusively or in conjunction with another individual. Males were more frequently documented as being responsible for fatalities associated with gunshot, blunt force trauma, shaken baby, and vehicle related incidents.

Additionally, of those cases where the individual responsible was known, 71 percent of those individuals were 30 years of age or younger at the time of the incident. However, for the five- to 17-year-old age group of victims, the individual responsible for the fatality was more often over 30 years of age. This data pattern seems consistent with common expectations, in that, as children age, so do their parents. As such, fatalities of older children were more likely to involve older parents.

### ***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 118 resided with their parent at the time of the incident, and three resided in an out-of-home placement or foster care. A near fatality is defined as a severe childhood injury or conditions 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 fatality incidents reported to CDSS from CY 2008 to 2010 can be found in the figure below.

**Figure 69: Count of Near Fatalities by Year**

Of the 121 child near fatality incidents reported to the CDSS, the CWS agency was more often the determiner of abuse and neglect than law enforcement and/or a physician. The greater incidences of near fatality incidents occurred in children less than five years old. Overall, the number of male child near fatality incidents reported was higher than the number of female child near fatality incidents, and Hispanic children were more frequently victims of such incidents based upon the reports submitted to the CDSS, which coincides with their general representation in the overall child population. White children represented 31 percent of the general child population and were also 31 percent of the child near fatalities reported. However, Black children represented only six percent of the general child population and 23 percent of child near fatalities reported, which indicates a disproportionate number of near fatalities for Black children compared to Hispanic or White children.

For CY 2010, half of the child near fatality incidents reported involved children who were from families who did not have CWS history in the five years prior to the incident. Of the 61 families who did have prior history, 16 families (26 percent) were involved with a CWS agency at the time of the incident. Seventy-four percent of those 61 families were not clients at the time of the near fatality incident; however, 36 families (59 percent) did have some CWS involvement within the six months prior to the incident. For the 61 families who had prior CWS history, 67 percent of those families' prior referrals immediately preceding the near fatality incident either did not meet the criteria for investigation by the CWS agency or were deemed unfounded or inconclusive for abuse or neglect upon investigation.

Blunt force trauma was the most reported cause of near fatality incidents for CY 2010 along with abuse being the most reported type of allegation associated with these incidents. Additional analysis of the causes of incidents by the gender of the victim revealed that the victims of blunt force trauma incidents were 51 percent male and 49 percent female. Males were more frequently represented in non-accidental trauma and shaken baby incidents. In the analysis of the causes of near fatalities incidents by the ages of the children involved, the most frequently occurring cause of near fatalities incidents for children less than one year of age was shaken baby.

The individuals responsible for child near fatality incidents were found to be exclusively female in 28 percent of the near fatality incidents reported, and male in 26 percent. Additional analysis revealed that females were more frequently documented as being the individual responsible for near fatality incidents involving near drowning. Over two-thirds of the individuals responsible for the near fatality incidents reported for CY 2010 were a biological parent.

Additionally, of those cases where the individual responsible was known, 60 percent of those individuals were 30 years of age or younger at the time of the incident. In three of the 121 child near fatality incidents (two percent), the foster parents were responsible for the incidents.

### ***Future Plans***

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

The most common victims identified were less than five years old. The report also indicated that the most common individuals responsible for child fatalities and near fatalities were 30 years of age or younger.

California counties have several funding sources available for use with these vulnerable populations such as CAPIT funds. The CDSS provides oversight and technical assistance to county child welfare agencies to ensure these funds are used in accordance with state statute and to encourage service priority is given to prevention programs provided by nonprofit agencies, including, where appropriate, programs that identify and provide services to isolated families, particularly those with children less than five years old. County consultants who work with child welfare agencies to develop their five year prevention plans can be trained, to support counties to consider and address the specific risk factors identified in the report.

The CDSS also provides oversight to county child welfare agencies for use of federal CBCAP funding. CBCAP 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 utilizes a portion of CBCAP funding to fund grants that provide prevention services to the communities. An example of this is a grant that supports the establishment of parent leadership academies. These academies provide parent leadership training to low income parents with culturally diverse backgrounds. The academies incorporate the Strengthening Families' Five Protective Factors and help parents identify their leadership strengths and then utilize their strengths to build and sustain multidisciplinary supports for the prevention and treatment of family crisis warranting CWS intervention. These skills help equip parents to take on new leadership roles in the systems that serves children and families in their communities. These skills help equip parents to take on new leadership roles in the systems that serve children and families in their communities. The CDSS can ensure future grant funded programs address the specific issues outlined in the report, when possible.

Data from the report indicated that 31 percent<sup>49</sup> of the families in child fatality incidents had received child welfare services within six months prior to the child's death. It also indicated that 12 percent of child fatality incidents were caused by parents' significant others either

<sup>49</sup> Of the 128 child fatalities, 40 families (31 percent) had some CWS involvement within six months prior to the child's death.

exclusively or in conjunction with another individual. Considering these findings, the CDSS will be researching how data from the report may be used to inform existing prevention efforts and safety identification methodologies. In 2009, the 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 and near fatalities when the child/family is known to the CWS agency. In 2012, CRC focused efforts on the safety-organized practice curriculum, trainings, and development of trainers to enhance worker skills in the use of SDM assessments and related interviews. CRC has worked in conjunction with the CDSS and the Northern Regional Training Academy to develop the SOP curriculum to provide a seamless link between practical skills and the SDM assessments. Throughout 2013, CRC will convene workgroups in conjunction with the CDSS to review all SDM assessments. Informed by data and practice, the workgroups will decide on any revisions that would strengthen the tools, definitions, and their use. Workgroups will consist of 25 to 35 staff and stakeholders who are knowledgeable users of the SDM system and can bring SDM practice experience to the process. This process will continue until final approval in December 2013, after which, changes to the SDM Policy and Procedures Manual and web SDM will occur as necessary. For more information on the CDSS' efforts towards refinement of the SDM tool, please refer to Section 4, "Timely Response."

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.

### ***NCANDS Data***

The CDSS currently uses data for submission to 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). The abuse and neglect determinations reported by CWS agencies can be and are made by local coroner/medical examiner offices, law enforcement agencies, and/or county CWS/probation agencies. As such, the data collected and reported via SB 39 and utilized for NCANDS reporting purposes does reflect child death information derived from multiple sources. It does not, however, represent information directly received from either the State's Vital Statistics Agency or local child death review teams.

Prior to CY 2011, the CDSS used data reconciled by the California Department of Public Health (CDPH) for submission to the NCANDS. The data that was used for prior NCANDS submissions was based on a reconciliation audit conducted by the CDPH which examined data from five data sources: local county Child Death Review Teams, Child Abuse Central Index, Vital Statistics, Department of Justice, and the CWS/CMS. The audit was conducted in 2008 for child deaths

occurring in CY 2005 and that data was used for multiple NCANDS data submissions as it was the most reliable data available at that time. However, with the enactment of SB 39, the CDSS determined that the data provided through the SB 39 reporting process would provide not only more current information regarding child maltreatment deaths in California than the reconciliation audit conducted by CDPH but would also provide data from multiple agency sources providing more reliable data for NCANDS. As a result, beginning with the FFY 2010 NCANDS data submission, the CDSS changed the data source to the SB 39 data. It is important to note that while SB 39 data was used in the FFY's 2010, 2011, and 2012 NCANDS submissions, the data was derived from CY's 2008, 2009 and 2010 fatalities, respectively.

Over the next year, the CDSS will be continuing to look at how it might utilize other information sources to continue to enrich the data gathered from the SOC 826 reporting process and reported to NCANDS. In September 2012, the CDSS issued a best practices ACIN to counties encouraging annual reconciliation of CWS child death information with other entities that review child fatalities such as local child death review teams. This practice will improve the ability for counties to properly identify and report all fatalities that are the result of abuse and/or neglect. Additionally, the CDSS continues to collaborate and share data with the CDPH, which continues to conduct the reconciliation audit of child death cases in California. Currently, the CDPH is completing a reconciliation audit of fatality data for CY 2009. 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 compare that data, which includes State Vital Statistics data with our SOC 826 fatality statistics to compare actual numbers reported, etc. to help inform both our NCANDS and/or APSR submissions.

### ***Public Disclosure Policy***

Section 106(b)(2)(B)(x) of the Child Abuse Prevention and Treatment Act CAPTA had previously required States to have procedures to release available facts about a case of child abuse or neglect that resulted in a fatality or near fatality to the public. In order to meet the previous CAPTA requirements, the State implemented the provisions of SB 39 (Chapter 468, Statutes of 2007), which mandated the release of specified documents and information where there has been a child fatality that was the result of abuse and/or neglect. Additionally, the State released ACL 08-13 in March 2008, which included the implementation of a more limited set of disclosures when a child has suffered a near fatality that was the result of abuse and/or neglect. Though current state requirements for child fatality/near fatality disclosure were developed in accordance with prior federal policy direction in this area, the new policy guidance issued on September 14, 2012 has resulted in a need for California to reevaluate its existing statutory and regulatory disclosure requirements. While California's existing disclosure requirements for fatalities resulting from abuse and/or neglect are near compliance with the new federal standards, they may not fully provide for the disclosure of "all services provided by the State on behalf of the child", as required by the new federal policy revisions. The state is also aware that existing requirements for near fatality disclosure do not address all of the required elements for disclosure outlined in the new policy direction. Additionally, the state is reevaluating its definition of "near fatality" in order to ensure CAPTA compliance while meeting the most broad scope of disclosure to the public. In order to bring these areas into compliance with the new federal Child Welfare Policy Manual disclosure requirements, the intent of the Department is to

introduce statutory language during the 2014 legislative session, which, if approved, would likely be chaptered in October of 2014. Thereafter, the Department intends to promptly release and All County Letter which will serve to implement this new statutory language until the promulgation of emergency regulations.

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

## 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.

The CDSS 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 and was subsequently signed by the Governor. The CDSS issued an All County Information Notice (ACIN) describing this new requirement. The ACIN was released on April 1, 2013<sup>50</sup>.

The CDSS expanded Part III of its Annual County Training Plan to collect the demographic information required by CAPTA. This ACIN was released on May 6, 2013<sup>51</sup>.

The CDSS will beginning collecting these surveys from the counties in fiscal year 2013-14 and will be able to provide demographic information in the next APSR. Currently there is no data collection being done.

## CAPTA Program Improvement Plan

A 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

<sup>50</sup> [http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acin/2013/I-27\\_13.pdf](http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acin/2013/I-27_13.pdf)

<sup>51</sup> [http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acin/2013/I-20\\_13.pdf](http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acin/2013/I-20_13.pdf)

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 and was signed by the Governor. The CDSS has drafted an All County Information Notice describing this legislative change which is currently in the approval process. An ACIN was released on April 1, 2013 which describes this new requirement<sup>52</sup>.

## Program Improvement Area 8: Programs, Activities, Services and Training

### MANDATED REPORTER TRAINING

In response to the increasing number 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 Rady Children’s Hospital – San Diego, Chadwick Center for Children and Families.

#### *Objective:*

To provide online mandated reporter training in a user-friendly format, in-person training of trainers, development of new content, and updating of existing training materials.

#### *Activities/Results:*

Rady Children’s Hospital – San Diego, 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, developed informational boards, audio presentations, webcasts, email lists, and search features. The Chadwick Center is updating existing material to video/audio format, developing consistent training curriculum, and has updated the specific occupation modules. The online training has been modified to allow Macintosh users the ability to access training materials. Goals included identifying focus groups and an advisory committee to beta test new curriculum for in-person trainings. These goals 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 – San Diego 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. As legislation

<sup>52</sup> [http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acin/2013/I-27\\_13.pdf](http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acin/2013/I-27_13.pdf)

that affects Mandated Reporters is enacted, the Mandated Reporter Training is updated accordingly.

Training modules updated for specific professions include modules for the Clergy, Child Care Providers, Law Enforcement, Medical Workers, and Mental Health/Social Workers. It is required that the General Training is completed before taking any profession specific training. Continuing education units are offered for the General Training, and additional units will soon be available for Social Workers who complete their profession specific training to satisfy licensure requirements. The number of completed trainings has continued to rise as the profession-specific modules have been completed. From February 2010 through March 2013, there were a total of 22,029 General Training Certificates awarded. Each training, including the General Training, now offers 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 in trainings and in further development of the trainers' website toolkit and topic presentations in person. The in person trainings have been completed in 10 different counties and have trained more than 400 trainers throughout California.

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. In an ongoing effort to improve the training, the OCAP has requested that the module for Child Care Providers be translated and made available in Spanish. This update was completed in June 2013 and is now available on the website. The OCAP also requested that the training be expanded to include the identification of Commercially Sexually Exploited Children. These requested updates should be in place by the end of the upcoming state fiscal year.

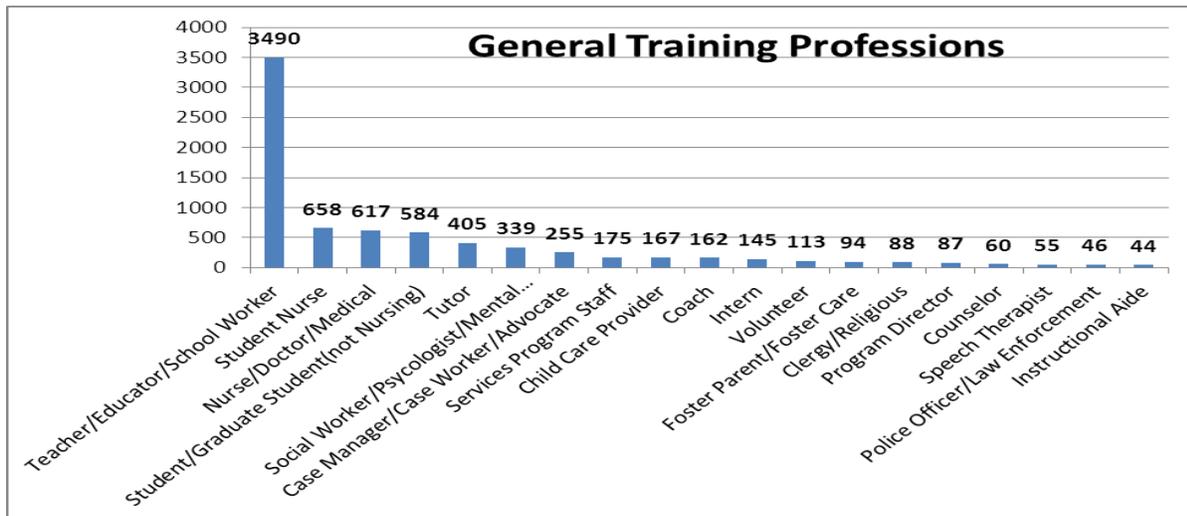
The California Mandated Reporter Grant consists of an online training website<sup>53</sup> as well as ten in-person trainings throughout California. The online trainings are offered as an initial four-hour General Training and then six other additional two-hour topic specific trainings. For the fiscal year of July 1, 2012 thru June 30, 2013, the Mandated Reporter General Training had 12,950 passed tests, with an 87 percent first time pass rate for the General Training, with an average score of 85 percent for all tests taken.

The number of passed tests for this fiscal year for the six topic specific trainings and the General Training translated into Spanish were 3,305 Educators, 1,001 Child Care, 827 Medical, 536 Social Worker/Mental Health, 194 Clergy, 135 Law Enforcement, and 46 Spanish General Training. Marketing was done to target Child Care workers and Clergy this fiscal year. There was an increase of over 50 percent for both of those groups in the last fiscal year.

Test takers are asked to provide their profession and zip code before taking the final test. Figure 70 below has a breakdown of the top 20 professions that took and passed the General Training.

<sup>53</sup> [www.mandatedreporterca.com](http://www.mandatedreporterca.com)

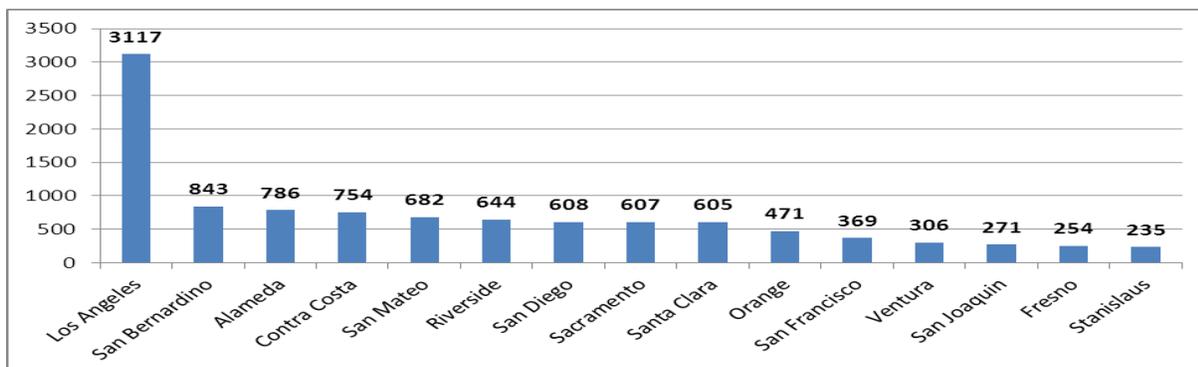
Figure 70: Number of the Top 20 Professions who passed General Training



Athletic Coaches were added to the list of Mandated Reporters in California on January 1, 2013. From the chart above we can see that 162 Coaches have already taken and passed our training this fiscal year.

The 10 in-person trainings offered this fiscal year by the California Mandated Reporter Grant were held in 10 different counties in California. The focus of the in-person trainings is to work with Mandated Reporter Trainers. Rady offered a four-hour training that included a brief review of the Mandated Reporting procedure, and then offered updated training information and a variety of Mandated Reporter specific training tools. The ten trainings were held in Ventura, Santa Barbara, Chico, Redding, San Bernardino, Riverside, Orange, Bakersfield, Lake, and Mendicino Counties. In total there were 415 trained in person across California. Figure 71 below illustrates the top 15 counties in California that took the training this fiscal year.

Figure 71: Top 15 Counties that Took the Training in SFY 2013



## Program Improvement Area 9: Programs, Activities, Services and Training

### 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, the Individuals with Disabilities Act, and promote well-being for children.

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 and PEDS. Training was provided to Public Health Nurses serving Placer County Children's System of Care for 12 participants.

Two webinars on the topic of Impacts of Trauma on the Young Child: Emotional & Cognitive Development and School Functioning was conducted by Jessica Greenwald O'Brien, PhD were also provided and attended by 71 participants from the following counties:

Butte, Fresno, Humboldt, Kern, Kings, Lake, Los Angeles, Madera, Mendocino, Merced, Mono, Nevada, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Solano, Sonoma, Stanislaus, Ventura, Yolo.

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 supported.

The training remains relevant due to the ongoing requirement for screening for developmental delays among children ages zero-to-three who are involved with child welfare services and emerging science on the impact of trauma on early childhood development. Agencies are continuing on their implementation journey, integration with developmental disability service providers, and workforce turnover.

## 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.

#### *Parent Services Project – Parent Leadership Academies:*

In July 2012, OCAP initiated a new three year grant with Parent Services Project (PSP) to establish parent leadership academies. These academies provide parent leadership training to low income culturally diverse parents aimed at building understanding of the Strengthening Families' Five Protective Factors and their role in strengthening families and supporting parents in developing new leadership and advocacy skills to create change in systems serving families. The program is designed to reach 20 counties over the three year life of the grant, beginning with six counties to receive training during the 2013 program year.

In this first year of the program, PSP developed the *Leaders for Change: Protective Factors in Action* leadership training program, published a training curriculum in both English and Spanish, established local partnerships in six counties, conducted *Leaders for Change* trainings with over 100 participants, and developed and implemented an evaluation plan to assess overall impact of the program.

#### *Training program/curriculum development:*

PSP modified its existing parent leadership curriculum to create a 20-hour training program specific to the *Leaders for Change* program with a focus on the Five Protective Factors and their role in strengthening families. The training program includes content related to leadership development, such as vision and goal setting, effective communication, knowledge of self, cultural competency and collective action as well as content specific to the Five Protective Factors. Training content is presented over three full training days and includes a diverse mix of individual, small group and large group activities. It is designed to address the needs of adult learners and is highly interactive.

#### *Outreach and local partnerships:*

PSP selected six counties across California to serve as the focus of our year one efforts – Lake, El Dorado, Tulare, Orange, Santa Clara, Los Angeles. Selection of these counties was based on the desire to have geographic, racial/ethnic and language diversity representing the state as well as initial interest expressed by a local partner agency in each county. PSP posted information about *Leaders for Change* on PSP's website, announcing the project at a meeting of the California Strengthening Families Roundtable, and had direct contact with select organizations at the county level, including child welfare departments. Outreach to local organizations and

government entities working in each county was conducted by PSP. A lead partner agency was identified in each county as well as members for each local advisory group. A memorandum of understanding (MOU) document was created between PSP and each lead partner agency. PSP also developed an outreach toolkit to assist local partners in recruiting families to participate in *Leaders for Change*. The toolkit includes flyers, a participant application form, and a county readiness assessment available in English and Spanish. Ongoing technical assistance to support county partners with recruitment was also provided.

#### *Training:*

In partnership with the local lead partner in each county and advisory group members, PSP selected three training dates per county to provide the *Leaders for Change* training. Three of the six counties began the training series in February 2013, two began in March and the final county will occur in May. In each county the goal was to recruit between 10 and 25 participants. That goal has been met in all five of the counties that have started training to date as well. Primary languages of participants include one county of all English-speaking, one county of all Spanish-speaking, and the remaining four are a mix of Spanish and English speakers. Training is conducted in the language of the majority of participants. Interpretation is provided as needed.

#### *Evaluation:*

During the reporting period, PSP contracted with Philliber Research Associates to serve as an external evaluator of the project. PSP worked with Philliber to produce an overall evaluation plan, logic model, survey tools and a data collection strategy. Several survey tools were developed, including a pre-survey, a retrospective post-survey, and a post-test as well as a post-survey specific for participating staff members from partner agencies. PSP also created a participant demographics sheet to collect information about participant's household, education, income and related factors. PSP staff administered the pre-surveys on the first day of training in each county. The data is being transmitted to Philliber for data entry and for analysis once training is concluded and post-evaluation tools are completed in each county. A final report of year one findings will be available in late 2013 and PSP will develop a written report to highlight findings by county and overall.

#### *State Parent Leadership Team:*

The CDSS recognizes the importance of the parental voice at all levels of government from local to statewide. To ensure the parental voice is heard statewide, the CDSS released a Request for Application (RFA) in December 2011 to grant fund a State Parent Leadership Team. Parents Anonymous won the RFA in February 2012. The CDSS is in the process of finalizing the grant and anticipates it being in place by July 2013. The State Parent Leadership Team members will participate on committees/councils such as the Child Welfare Counsel, Indian Child Welfare Act Workgroup, Strengthening Families Roundtable, California Partners for Permanency Project, Katie A Settlement Agreement Work Group, and more.

### **FAMILY DEVELOPMENT MATRIX PROJECT**

The Family Development Matrix (FDM) is a collaborative effort of the Matrix Outcome Model based in the California Community College of the Siskiyous, CDSS, Office of Child Abuse

Prevention, and Strategies. The FDM is a comprehensive, strengths-based family engagement and assessment tool that is currently being used by county based service networks in 24 California counties and tribal communities: Alpine, Butte, Contra Costa, Del Norte, Fresno, Humboldt, Lake, Los Angeles, Madera, Mendocino, Orange, Sonoma, San Francisco, San Joaquin, San Luis Obispo, Santa Barbara, Santa Clara, Sierra, Siskiyou, Stanislaus, Tehama, Tulare, Ventura, and Yolo. Each collaborative has a network of Child Welfare and community partner agencies together comprising 126 family support agencies across California. The FDM enhances each community's program commitment to supporting families while improving data collection methods for reports for funders and improve program practices.

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. Twenty core indicators are used to track areas that are known to be critical in prevention.

The FDM 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, develop a family plan, and track changes in family status for as long as they are engaged with the program. The FDM is then able to assess the effectiveness of the interventions at an aggregate level.

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. The FDM provides:

- A core set of 20 measurements utilized by all agencies
- Immediate access to additional measurement indicators from successful programs
- Validation of the FDM indicators through field tests for validity and reliability
- Development of community prevention plans and agency showcases to use the FDM with the service population
- A protocol manual on the FDM outcomes model, how it works for family assessment, case management, family participation and outcomes evaluation
- Worker training for continuous assessments, data entry and reports
- Case planning with a strength based empowerment plan
- Collaborative planning to improve practice using the FDM and the Family Strengthening Protective Factors
- A database with interventions developed at Harvard University for The Pathway to Prevent Child Abuse and Neglect

Use of the FDM is responsive to the need for accountability and promotes strategic planning and continuous program improvement. The data from the FDM 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 FDM 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 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 FDM model for measuring family progress, how to use outcomes indicators to build on the strengths of families, and family case planning includes a “Family Empowerment Plan” with interventions and practice standards to increase family decision-making. How-to manuals and all assessment tools are provided in the database.

Staff is trained to enter assessment data into the internet 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.

Each agency has access to data that currently includes:

- Summary of individual assessments, family strengths and issues of concern, empowerment plans, interventions, family participation and worker activities
- Retrieval of data by client code entry, dates of assessments
- Percent and status level changes for any combinations of indicators
- Tables and graphs by percent change across assessments

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 to improve practices and test new additions for the database.

Project goals and accomplishments include:

- FDM Website: The new website: [www.matrixoutcomesmodel.com](http://www.matrixoutcomesmodel.com) was launched and features the new and improved database, project history and information, indicator templates, collaborative plans and agency showcases for all agencies in the project, publications, and conferences. New additions include local FDM practices aligned to both Protective Factors and Pathway to Prevent Child Abuse and neglect. The website provides a single location for all FDM project information and serves agencies as a resource for programs, outcomes and practices across the state.

- **New Collaboratives:** Seven collaboratives and one tribal community were added creating a total of 21 participating collaboratives. These include the Yurok Tribe, Humboldt, Stanislaus, Santa Clara, Tulare, Alpine, Yolo, and Los Angeles collaboratives.
- **Family Assessments:** Agencies have conducted more than 7,000 first, 4,400 second, and 1,000 third family assessments. Family Resource Center workers follow the three month assessment protocols.
- **Tribal communities:** The FDM has been implemented in tribal organizations in three counties: Del Norte, Lake, and Mendocino 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. While the Del Norte and Mendocino tribal communities actively use the FDM, the Lake tribes no longer do so because they lack the resources to conduct family assessments. A complete set of tribal specific FDM indicators was developed with tribal agencies and is in use with a number of tribal and non-tribal agencies.
- **FDM database:** Numerous improvements to the database have achieved positive feedback from agency users. A new look and additional functions suggested by agencies has created a database that includes case management, family strengths and issues, Pathway to Prevent Child Abuse and Neglect interventions, a family empowerment plan, worker activities, a family engagement evaluation and reports for data management.
- **Agency Showcases and Community Prevention Plans:** Over 100 agency showcases are located on the Matrix Outcomes Model website ([www.matrixoutcomesmodel.com](http://www.matrixoutcomesmodel.com)). Each document describes the agency programs, contact information, their mission, and an individual case scenario. The showcases are uploaded onto the website to provide access for all of the coordinators to see what the other agencies offer in services to their clients. It also facilitates contact across agencies to suggest new approaches and models to improve services. The prevention plans from 21 counties and tribal communities organize their prevention philosophy, collaborative team goals, organizational challenges and the team's approaches in an action plan to implement the FDM Pathway to Prevent Child Abuse and Neglect.
- **Panel Participation and Evaluation Plan:** During the 2012 fiscal year the Panel met in October and May. Panel members provide an expert perspective for the evaluation of the FDM data. The project has conducted analyses of change scores that demonstrate the effectiveness of FDM agencies working with families to achieve positive outcomes. For worker efficacy we have discovered the greatest growth in positive outcomes is completed in the first three months of family engagement using the FDM case management process. Additionally, the differential response cases have closely mirrored the positive growth scores of the non-child

welfare cases. Finally, the families who participate with the empowerment plan score far ahead of the families that resist engagement following their empowerment plans.

- Collaboration with Strategies: Judi Sherman is the Project Manager from Strategies working with us to outreach to potential new collaboratives and conduct the trainings. Strategies prints some training packets. We have established and maintain a very good relationship and agencies are able to contact either one of us to receive accurate information and assistance. Strategies provides approximately 80-100 FDM agency contacts per year.
- Collaboration with the Family Strengthening Protective Factors: Brad Richardson from the National Resource Center for Family Centered Practice conducted two analyses of the FDM and Protective Factors data linkages. We prepared with Nilofer Ashan, Senior Associate, from the Center for the Study of Social Policy a survey to create a FDM template of outcome indicators for the use with the Protective Factors. Jerry Endres and Judi Sherman presented FDM results at both the OCAP annual Summit and the Protective Factors Roundtable.
- Collaborative Data Reports: FDM data was downloaded in June and organized into collaborative reports. In October/November the project met with (13) agency collaboratives to present their evaluation data, demonstrate the new database functions, review the FDM protocol, realign the FDM/Protective Factors/Pathway goals and their interventions, and completed the alignment of each collaborative's custom interventions with the Pathway interventions.
- Training and Technical Assistance: The project provided training sessions for each of the new collaborative's design team and agency staff training to use the FDM. Webinars, emails and on-site meetings follow the training sessions. The project conducted 85 workshops, 60 teleconferences, and approximately 1,300 technical assistance contacts were made during this fiscal year by the Matrix staff. Webinars and Go to Meetings added an additional 48 technical meetings.
- New Publications ([www.matrixoutcomesmodel.com](http://www.matrixoutcomesmodel.com)): A Working Strategies article (Vol.15, Issue 1) "The Family Development Matrix Outcomes Model/ Pathways Project...Positive Outcomes for Families".

#### Goals:

- Support, broaden and extend partnerships in California Counties and Tribal Communities, focus 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. Add up to five new collaboratives.
- Continue with providing training and technical assistance with both new and existing collaboratives.
- Maintain a strategy for the ongoing integration and sustainability of the FDM model with the Protective Factors and the Pathways Intervention models. Following the results of a survey with 100 agencies to create a draft set of FDM/Protective Factors measurement indicators.
- Demonstrate the validity of the FDM in relation to key federal child abuse and neglect measures. 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. An evaluation study with the San Francisco child welfare referral data aligned with FDM data will be conducted.

- Showcase the agency achievements for FDM practices with the Pathway to Prevent Child Abuse and Neglect and their data results with the development of electronic newsletters distributed to FDM project FRCs, the Strategies groups list and FRC networks in other states.
- Continue to add to the FDM database including new reports and agency management functions.
- Continue to add information for agencies in the website including prevention plans, agency showcases, evaluation reports, protective factor reports and publications.
- Write and publish a peer reviewed paper to demonstrate the role of the FDM with Differential Response referrals from child welfare agencies.
- Maintain and expand the role of panel members for evaluations, protective factors, and alignment to federal performance standards.

### *Report of Effectiveness*

What is the role of FDM participating FRCs working with Child Welfare for addressing issues related to the prevention of child abuse and neglect?

#### I. DR referrals in the FDM

- Between July 2012 and March 2013, 4,700 new first assessments were entered in the FDM database adding to a total of 12,050 since 2009.
- The distribution of population varies by ethnicity. Hispanic families represent 65 percent of cases, African American 18.69 percent, White families 9.64 percent, Asian 1.2 percent, Native American .95 percent, mixed 3.57 percent.
- Out of all new cases, 1,692 (36 percent) were classified as child welfare referrals in all DR paths.
- Out of the DR cases the majority were path 2 (67 percent) followed by path 1 (20 percent) and path 3 (13 percent).

#### • II. Family Outcomes: DR vs. non-DR

- DR families tend to be (slightly) more likely to be “safe” or “self-sufficient” in the indicators of Child health insurance, Budgeting and Nutrition; but they are less likely to be rated as “safe” or “self-sufficient” in 14 of the other 20 indicators. The largest differences are in the indicators of risk of emotional or sexual abuse, family communication skills, parenting skills, and presence of (substance) abuse where DR families are more likely at risk or in crisis as scored by the family and the FRC worker.
- DR families tend to have lower percentages of cases starting at “safe” or “self-sufficient” levels, in the majority of the 20 core indicators than non-DR families. However, by the third assessment these differences are reduced in all indicators (with the exception of employment) and become non-statistically significant in all but 8 indicators. For the

indicators that showed the biggest difference at the first assessment, (Risk of sexual or emotional abuse) the difference remains in the third assessment, but is greatly reduced (from about 13 percentage points to 5). With the exception of employment, all the differences in scores between DR and non-DR cases are reduced from 1st to 3rd assessment, suggesting that DR cases improve at a higher rate than non-DR cases.

- III. Family engagement: DR vs. non-DR
  - The FDM collects data on family engagement as perceived by the case manager in the FRC using an ordinal measure of how much the family followed the steps it agreed to follow in the first assessment during the empowerment plan.
  - DR Families were less likely to be perceived as “participating fully” (non-DR=66 percent; DR=54%) and more likely to be perceived as having an “uneven follow through” or “not participating” in the process than non-DR families. This difference remained unaltered regardless of family scores in the 20 core indicators.
  - DR families were (slightly) less likely to return to a second assessment than non-DR families. However, when comparing non-DR families to DR families with similar scores in the 20 indicators, this difference was not statistically significant. This suggests that the difference between the probabilities of having a second assessment between DR and non-DR cases is explained by family baseline scores in the 20 indicators.
- The FDM provides the following strengths:
  - Communications among partners has been upgraded into a working partnership building the capacity for future collaborations and adding additional agencies. The Matrix Model is easy to use with shared outcomes across agencies in the same community, agencies in the same community working with the same families agreeing on the common definitions of outcome variables.
  - The Matrix provides a great degree of flexibility. Given that the agencies collaborating on the community’s families are the ones who decide what additional variables such as additional indicators (to the core set), and customized interventions fit their geographical and cultural populations.
  - The FDM process for standardizing the outcome indicators across participating agencies provides for a quasi-reliability and validity and thus allows cross-agency comparison and analysis of outcome data. The FDM provides FRCs a “practice-base evidence model and evidence-informed assessment tool”.
  - The project has increased and strengthened family support agencies’ capacity to assess outcomes and build empowerment relationships based on the strengths of families. FRC staff are trained to assess the current family condition using a consistent protocol and utilization of family based data to discuss the current strengths and areas of concern and develop an empowering case (intervention) plan. This plan is designed to use the stable and self-sufficient indicator knowledge and competencies of the family to improve in-crisis and at-risk level indicators. Improvement in outcomes may well be

positively related to this relationship building and the use of this family data communicated by the family worker is then essential.

- Increased accountability and data analysis capability through the use of statewide protocols and the web based data system. The FDM database enables the charting of findings for the family, the aggregate data of worker cases, agency program outcomes and is used to improve program practices and ultimately to report to funders, boards and the community.
- Limitations of the Matrix Outcomes Model:
  - The orientation to the Matrix Outcomes Model specifically contains trainings to maximize consistency in the application of the indicators by multiple users, indicators lack multiple validation and reliability checks and therefore lack generalizability beyond their respective jurisdictions. Thus, while we support agencies' adopting the mindset of generating their own evidence in support of their practice theories and interventions, no claim is made to achieving the kind of statistically confirmed inter-rater reliability and valid measures typically associated with rigorous research studies. The Matrix Outcomes Model specifically sacrifices that level of rigor for the ease of use that is its hallmark. It also provides local practitioners with an additional base of evidence with which to modify their practice choices with the specific population with which they are working. A goal is ongoing to conduct a validity study.

### **STRATEGIES: FAMILY RESOURCE CENTER AND FAMILY SUPPORT PROGRAM TRAINING AND TECHNICAL ASSISTANCE**

CDSS funds a consortium of three non-profit agencies, Strategies, created to enhance the capacity of California Family Resource Centers (FRCs), Family Support Centers (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 prevention of child abuse and neglect, home visiting, comprehensive case management, family economic success, cultural proficiency for family strengthening organizations, the Strengthening Families Framework (5 Protective Factors), nonprofit management and sustainability, community development, kinship care, father involvement, sustainability, family resource center development, etc. Web-based meeting facilitation, lending libraries, face-to-face group training, webinars, 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, including father involvement and prevention websites, and a bi-annual publication, *Working Strategies*.

#### **Activities/Results**

*Evaluation:* Various forms of evaluation data are collected to monitor the impact and effectiveness of training and technical assistance projects and activities, as follows:

- *Training Effectiveness:* The effectiveness and usefulness of each training is measured by a pre- and post-test assessment using a five-point Likert-type scale. The evaluation tool probes multiple ‘usefulness’ and ‘effectiveness’ variables to include change in a participant’s knowledge about the trainings content. The training evaluation tool is customized for each training. Evaluation data informs curriculum development.
- *Transfer of Learning:* The degree to which participants transfer learning in the classroom to their work is gathered via action plans completed by training participants. These action plans are collected and analyzed to determine the types of training strategies participants select to use and possible follow-up technical assistance. Strategies also employs a variety of follow-up activities to promote transfer of learning including follow-up phone calls, emails, and debriefing conference calls. Information from these activities is used to evaluate training transfer of learning components.
- *Technical Assistance Evaluation:* Recipients of Strategies’ technical assistance complete a Survey-Monkey-format evaluation of the usefulness and effectiveness of Strategies technical assistance. The Survey measures the ‘degree to which the technical assistance aided the organization to meet their goals’ and the ‘types of organizational changes made’ as a result of the technical assistance. The evaluation is conducted at a mid-term point in the technical assistance plan and upon completion. All stakeholders involved in the technical assistance efforts are sampled. The evaluation outcomes are used to shape the direction of the technical assistance for each organization and to strengthen the overall technical assistance provision statewide.

## Training

By delivering 146 training days, the objective for conducting 69 days of family strengthening training was exceeded. Strategies organizes training course offerings by Emerging Topics, Skill-Building Series, and Organizational Development.

*Emerging Topics:* Increased knowledge is a vital organizational asset and a valuable commodity that can produce high returns. Strategies developed new training during the report period to meet strict curriculum development standards and to offer the family strengthening field research and evidence-based training, including learning results that organizations may not realistically be able to achieve without Strategies’ assistance. Emerging topics during the report period included *A Call to Action: Building Protective Factors to Strengthen Military Families*, a partnership with the UCLA Nathanson Family Resilience Center to build the capacity of organizations in better serving military families and their children; *Postpartum Depression and Beyond: The Perinatal Basics and Postpartum Depression and Beyond: Skill-Builder for Professionals*, a partnership with health care professionals and maternal wellness experts to provide baseline and skill-building training for staff working with families regarding maternal mental health; and *Supporting Children Exposed to Trauma and Family Violence*—a partnership with California Lutheran University and Interface Children & Family Service family violence experts.

*Skill-Building Curricula:* Skill development is a lifelong endeavor. Strategies assists with skill development using methods that are research-based, people-centered and relational, engage

with values, use experiential approaches, and adapt to context and culture. Skill-building topics offered during the report period included, but were not limited to, the following: cultural proficiency, diversity and inclusion from a neuro-science perspective, (or why the brain resists cultural diversity and inclusion), case management, home visiting, supporting families with special needs children, Strengthening Families 101, family economic success, kinship families, and engaging fathers and economic success.

*Organizational Development:* Strategies offers training to help organizations increase capacity, enhance sustainability, unite staff in achieving common goals, motivate leaders to solve issues, rather than avoid them, include stakeholders in planning processes, implement change effectively, and strengthen communication channels within organizations. In addition to *Family Resource Center Core Training*, Strategies offered *Revisioning Community: Partnering for Meaningful Change*, an opportunity for multi-disciplinary teams to explore the strategies and structures necessary for an organization to impact community change, including developing strategies for the prevention of child abuse and neglect on a community wide basis. Strategies also developed and delivered an 8-session series designed to teach the fundamentals of leadership aligned with organizational vitality and sustainability.

*Peer Review:* Peer review is an interactive agency/organizational quality-control process which additionally incorporates training. In the Peer Review process, organizations are paired together to engage in conducting mutual assessments to assess practice and create action plans to addressing service gaps. Originally designed for family resource centers to evaluate and strengthen approaches and services, the Strategies peer review process has expanded to include a multi-disciplinary cohort of community groups that includes parent partners and service partners (including child welfare services, in some cases). The Peer Review process includes a multi-day training program, mutual site visits, and the provision of technical assistance. During this process, a variety of assessment tools is used which includes the Strengthening Families Organizational Self-Assessment and the Supporting Father Involvement Organizational Self-Assessment. During the report period, Strategies conducted peer review in urban and rural settings with 24 organizations in seven counties.

*New Training and Curricula Revisions:* During the reporting period, Strategies researched, developed, and implemented a number of new training opportunities, including *Home Visiting Essentials for Deaf and Hard of Hearing Families*, *Advanced Protective Factors Module: Social Connections*, *Advanced Protective Factors Module: Social and Emotional Development*, *Protective Factors for Child Care Administrators*, *Protective Factors for Child Care Providers*, *Protective Factors for Home Visiting Programs*, and *Protective Factors for Resource and Referral Professionals*. Strategies responds flexibly to requests from the family strengthening field with individualized training to meet training needs.

## **Webinars**

Webinars play an important role in Strategies' effort to make quality training widely available. Through web-conferencing technology, these webinar series brought together State and national subject matter experts and participants from across California to enhance personal, professional, and organizational development. Strategies web conferencing technology

allowed presenters to show videos, poll participants, create virtual break-out rooms and a webinar archive available on the Strategies website.

During the reporting period, webinar participants came from 52 of the state's 58 counties. Webinar attendance ranged from large events with 90 participants to interactive conversations with 15 participants. Strategies webinars logged approximately 750 'participants' this year. The exact number of actual participants is difficult to determine as teams participated in many webinars, but only recorded as one 'log-on'. For example, multiple family resource centers hosted Strategies' Spanish-only webinars for groups in one room and on one log-in.

Strategies offers three types of webinars: statewide training webinars, regional topic webinars and father engagement webinars. By popular demand, an additional two father engagement webinars were offered this reporting period for a total of six webinars. Following the successful Spanish-only webinar pilot last year, for this reporting year, three webinars were delivered in Spanish, to a Spanish speaking audience and with information tailored specifically to Spanish speakers. Webinar topics included:

- The Emotions Before Explosions
- Understanding and Implementing Evidence Based Practices
- Clinical Depression
- Supporting Gay and Lesbian, Bisexual, Transgender, Questioning Children
- Bullying: What You Need to Know
- Home Visiting: Your Health and Safety
- Impact of Family Violence on Children
- Teen Dating Violence Prevention
- Parent Leadership
- Engaging Fathers in the Child Welfare System
- Engaging Fathers in Early Education Systems
- Father Engagement as Part of Financial Support Systems
- Engaging Fathers for Successful Reentry from Incarceration
- Engaging Fathers of Children of Special Needs
- El Impacto en Ninos Expuestosa La Violencia Familiar
- Prevencion de La Violencia en El Noviazgo
- Liderqazgo de Padres
- Postpartum Depression: Implications for Nursing and Medical Professionals
- Understanding the Past, Highlighting the Present and Forecasting the Future; Logic Models (participants in Leadership series in R1)

### **Capacity-Building Events**

Strategies' statewide training and technical assistance venues and outreach efforts for isolated and under-represented populations is required to meet the needs of geographically (urban, rural, frontier) and culturally diverse communities. As in previous years, Strategies provided services accessed by participants in all 58 counties. This occurred both through in person training, technical assistance, coaching, and webinars.

During the report period 4,908 individuals attended training and Strategies provided 3,786 hours of technical assistance to networks, agencies, and organizations throughout the state.

These services enable organizations to develop in areas of nonprofit management, sustainability, program development and implementation, and family support principles.

Educational sessions were also presented at more than 31 conferences and workshops across California.

- **Network Development:** Family Strengthening networks are rapidly forming and are in most of California's 58 counties. This expansion was significantly aided by Strategies technical assistance in the creation and sustainability of the newly formed California Network of Family Strengthening Networks, comprised of network leaders. With Strategies' mentorship, this organization met as a network learning community. In addition, with Strategies' co-leadership, the California Standards for Family-Strengthening Organizations were finalized in December, 2012. This tool assists network leaders to train their network members on high-quality standards for the family strengthening field. Technical assistance for other network leaders was also provided this reporting year. The objective for network development are as follows: Support and build 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 through comprehensive prevention of child abuse, neglect, and early intervention.

*Network Capacity Building Mini-Grants:* Strategies sponsors a capacity building program to promote the development of family strengthening and father engagement networks. As part of a competitive application process, organizations apply for a small amount of seed money and 15 hours of Strategies technical assistance. Twenty-six family strengthening organizations were served through Strategies capacity building subcontracts this year. These grants supported the efforts of networks engaged in 26 out of 58 California counties. Projects varied and include focus areas such as strategic planning for family strengthening organizations, in-depth planning for network sustainability, planning for community-wide child abuse prevention efforts, planning meetings to integrate county Child Welfare agencies and CAPC councils, and projects to engage isolated parent populations.

*Technical Assistance:* Strategies provided expertise, mentorship, coaching and other forms of technical assistance to leaders and family strengthening organizations throughout California. Projects were diverse but all were united by efforts to promote high-quality services for families at risk. Technical assistance efforts included projects such as training and mentorship in implementing peer review processes for Orange County and San Bernardino County network leaders; facilitating Ventura County community forums to embed the five protective factors in CW System Improvement Plan and FRC services; and facilitating community forums to focus on trauma-informed practices in five northern California counties.

*Revisioning Community:* Strategies developed leadership forums that guide staff and organizations to integrate a community strengthening approach to their work. This approach also encourages organizations to be reflective and willing to intentionally transform themselves into learning organizations. Strategies technical assistance is provided to organizations committed to the community engagement approach. The work is based on the Strategies monograph *Revisioning Case Management: Partnering with Families and Communities to Create Meaningful Change (2012)*.

*Technical Assistance Support for the Family Development Matrix (FDM):* In partnership with the Institute for Matrix Outcome Model, Strategies Central Region provided training and technical assistance to help organizations implement the FDM to identify families' strengths and areas of risk.

*Outreach to Isolated and Under-Served Populations:* During the report period, Strategies utilized a wide variety of techniques to engage isolated and under-served populations. Strategies' website, which includes archived webinars and updated resources, generated more than 105,834 page views from 29,152 unique visitors. The website is an "authority link" on Google for family strengthening organizations, family resource centers, and Strengthening Families Framework. Strategies developed and distributed two issues of *Working Strategies*, a 24-page full color magazine with state and local practice highlights. The publication is distributed to 33,000 individuals (hard copy and electronic distribution combined). Throughout the reporting period, culturally proficient training and technical assistance was provided to organizations working with underserved populations, including Vietnamese, Cambodian, Mixtec, 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, Five Protective Factor trainings, and Father Engagement trainings were translated into Spanish.

### **Future Directions**

Strategies future capacity efforts will continue to focus on leveraged partnerships in each county so that communities can work together to build, connect and streamline resources to strengthen families. In addition, 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 such as web-based resources, on-line trainings, and the introduction of emerging topics to assist in the prevention and early intervention of child abuse and neglect will be further developed.

## **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. Here are some ways the CEBC is being utilized:

- Universities in California: CEBC is utilized in counseling class at CSU-San Marcos in the Human Development Department. It is also being utilized in several classes in the SDSU School of Social Work, Fresno State School of Social Work and at USC School of Social Work to help teach students about evidence-based practices.
- Tulare County, California: The CEBC worked with Tulare County Child Welfare to help them look at the existing services in the areas of Parent Training and Aftercare services. Tulare County utilized information on the CEBC to learn about the research evidence on existing programs and to start thinking about what programs to implement in the future.
- 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.

*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. The website<sup>54</sup> 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.

<sup>54</sup> [www.cebc4cw.org](http://www.cebc4cw.org)

Added this past year is a compare feature. This feature allows our users to compare up to four programs side-by-side across the webpage. As of March 2013, the CEBC website has 38 topic areas with 292 discrete programs with and 23 screening and assessment tools. There is an average of 17,000 visitors to the website each month. Approximately 73 percent are from the United States and the other 27 percent are from over 190 countries around the world. Of the total visitors approximately 19 percent are from California. The average number of monthly visitors in FFY 2013 (17,000 per month) has increased 39 percent from FFY 2011-2012 (12,000 per month). During this same time period, the number of monthly visitors from California has increased 30 percent as has the number of visitors from the United States. The number of visitors from foreign countries has increased 65 percent. 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: Racial Disparity/Disproportionality, Teen Pregnancy, Commercial Sexual Exploitation of Children & Adolescents: Services for Victims and Trauma Treatment for Adults have been added this year. The implementation resource section of the website includes information implementation approaches. Along with a brief description of approaches to implementation that were developed in health care, mental health, and social services, including child welfare, information on research on the approaches has been added to the website.
- 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 during the past year. Among them are webinars entitled, “Parenting Programs for Children Birth-8: What is the Evidence and What Seem to be the Common Components?” (149 attendees), “Integrating Evidence-Based Practice into Strategic Planning: Building an Evidence-Based Continuum of Services” (78 attendees) and So Much Trauma, So Many Interventions: How Do We Choose? Part I and II (252 and 44 attendees). In addition to CEBC hosted webinars, CEBC staff also presented : “The Status of Evidence-Based Practice in Child Welfare: Opportunities and Challenges” (Hosted by National Center for Social Work Trauma Education and Workforce Development). (More than 1400 registrants for the presentation and 268 for the learning lab follow-up)

- Live trainings have included, “CEBC and EBP for Child Welfare Trainers” (West Coast Public Child Welfare Trainers conference), “The California Evidence-Based Clearinghouse for Child Welfare (CEBC): A Resource for Information on Evidence-Based Practices” (Riverside Child Welfare Forum), “Empowering the Child Welfare System: Exploration and Implementation of Evidence-Based Practices” (County Child Welfare Director’s Association -CWDA Conference), “Key Steps in Implementing an EBP: Exploration and Preparation” (Research and Training Network Implementation Symposia), “How can Evidence-Based Clearinghouses Elevate the Quality of Work by Child Welfare Agencies: The Case of the California Evidence-Based Clearinghouse for Child Welfare” (SD International Conference on Child and Family Maltreatment), “Integrating Evidence-Based Practice into Strategic Planning- Building and Evidence-Based Continuum of Services” (SD International Conference on Child and Family Maltreatment),
- Online tutorials added this year include: “CEBC Definition of Evidence-Based Practice” and “Making the Most of Advanced Search and Compare Feature on the CEBC” which will be added in the next month.
- Using Tulare County as a pilot the CEBC staff implemented the Evidence-Based Planning and Assessment Initiative. The pilot focused on:
  - Reviewing relevant documents and survey key informants to assess the existing EBPs in the community
  - Identifying EBPs in existence in the community that are not being used by Child Welfare
  - Pinpointing gaps where EBPs could be utilized, but are not currently available
  - Helping lay the foundation to create a plan to increase the use of appropriate EBPs in the community
- The same Initiative is now taking place in Riverside County.

*Future Direction:*

- The CEBC Advisory Committee will met on April 11, 2013, and will determined new topics to be added for the next fiscal year.
- The CEBC is continuing to refine the information on implementation and plans to create a user friendly guide during this next year. In addition, information on implementation for programs rated a “3” will be added.
- Technical assistance efforts from the pilot work in Tulare and Riverside County will continue in additional counties as well as working with the State to provide assistance on helping counties identify and select EBPs.
- A companion website will be developed over the next three years that will provide tools and resources to assist counties in implementing EBPs.

### **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 research. The model uses bachelor level home visitors, and in addition to English, also 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 10-12 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 the SafeCare® model in three cohorts across California. The SKCP trainer in conjunction with our collaborators from the National SafeCare Training and Research Center (NSTRC) trainers continue to provide post training support to all cohorts and assist in facilitating logistics and recommendations for each of the cohort’s cascade efforts. Trainers are in contact with the cohort’s executive team as needed to provide systems support. The SKCP Executive Team meets on a monthly basis to support dissemination activities, share information on grant objectives, coordinate efforts with collaborators of the grant and when necessary focus on tactical decisions to address challenges.

### **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. Initially there were 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). As of March 2012, Tulare is the only county in Central Valley that has been able to continue the implementation of SafeCare®. The other counties (Fresno and Madera) within this first cohort were not able to sustain the model due to financial hardship and changes in County leadership. Tulare continues to be a strong supporter of SafeCare®. The “seed” team is in collaboration with seven Family Resource Centers to expand service capacity within the community. Currently they have a total of two trainers, five coaches and 29 Home Visitors and

out of those, 20 home visitors are able to offer SafeCare® in Spanish. The cohort has completed a total of three cascade teams and will be conducting a new SafeCare® home visitor training in June 2013 with the support of the SKCP and NSTRC trainers

### **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 22 Home Visitors (12 original and ten from the cascade) and nine coaches (six original and three from the cascade). Shasta has a strong collaboration with the local CBO (AmeriCorps). This collaboration has enhanced the diffusion and sustainability of SafeCare in the community. This cohort has changed the original weekly meeting agenda to incorporate a game section by which to review the model's core concepts by module sections.

The Shasta's local coordinator has provided guidance on best approaches to solve day-to-day operation challenges to the San Francisco County cohort and most recently has provided model implementation assistance to Humboldt County (County contracted directly with NSTRC). The leadership of the Shasta local coordinator has distinguished as the best candidate to support the continuance of the Community of Learning Network (CLN) past the project end date. The Local coordinator is supported by the County leadership to work with SKCP and County leadership to develop a plan for providing support to the CLN as of September 2013. The Shasta local coordinator participated as trainer during the advanced training week for the Tulare Cohort in order to facilitate face to face introductions and increase team interconnection among the cohorts.

In March 2013, Shasta completed the advanced training for SafeCare® and the focus group oriented at acquiring information for the cohort regarding the process of implementation, technical support and the training process of the SafeCare® model. Information will be compiled to develop the Guide to Implementation of Evidence-Based Home Visitation. During the Advanced training, Shasta was provided with NSTRC newly published training curriculum for SafeCare®.

### **Cohort Three**

San Francisco County was chosen as Cohort Three. 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 SafeCare® Home Visitor training took place in November 2011, with the intensive five-day training. By the end of the week 10 home visitors, one local coordinator, as well as one new SKCP staff –Project Manager (E. Joan Diccianni) were trained.

Beginning December 2011, home visitors conducted weekly sessions with their clients, participated in weekly coaching calls and team meetings, and received coaching visits from the SKCP trainer and other NSTRC trainers.

In December 2011, Intensive technical support was provided to San Francisco Child Welfare Services (CWS) to assist with determining what characterized an appropriate referral to

SafeCare® and to streamline the referral process. In early December, Clorinda Merino, E. Joan Diccianni and Charles Wilson met with San Francisco County's Deputy Director, Program Development Manager and CWS unit managers to enhance the appropriateness of referrals to SafeCare®.

In February 2012, the SKCP trainer provided the Spanish training for SafeCare® to six bilingual home visitors and one SKCP staff (E. Joan Diccianni). The training also marked the implementation of new Spanish videos for each module of SafeCare® produced by Clorinda Merino. The Spanish-speaking home visitors were also provided with revised materials in Spanish and began receiving weekly coaching in Spanish. Clorinda Merino also provided the opportunity for the home visitors to enhance their Spanish vocabulary by providing a list of the core concepts in Spanish and by matching native Spanish speakers' home visitors with those that needed more conversational Spanish development.

The implementation of SafeCare® in San Francisco was challenging in two aspects: 1) the lack of referrals from the County/CWS hindered the process of certification of the home visitors in accordance with the established timeline and delayed the implementation goals as indicated in the timeline for Cohort Three. To resolve this concern, the SKCP staff had several teleconference-meetings with the County of San Francisco to provide technical support to sustain the implementation process and modify the timeline. 2) The selected San Francisco SafeCare® coordinator had significant hesitations in her commitment to SafeCare® and the transition from '*services as usual*' to an EBP/promising home visiting model. The SKCP and NSTRC staff addressed concerns with the San Francisco County, the CBO's supervisor and the coordinator to develop an action plan by which to educate, support and maintain the implementation process for Cohort Three. The plan was inclusive of an additional travel by Clorinda Merino to San Francisco in June 2012. Clorinda Merino provided face-to-face support and education to the coordinator and provided assistance with attaining SafeCare® home visitor certification. The coordinator completed the action plan successfully.

Beginning in March 2012, and in the midst of problem-solving ongoing issues with lack of referrals and coordinator commitment, the SKCP staff initiated discussions with San Francisco to modify the timeline and assess the possibility to begin the process of planning for the SafeCare® Coach training. Based on the resolution of the issues above-mentioned, the SKCP and NSTRC staff worked diligently to schedule the coach training for July 2012.

In June 2012, the SKCP trainer returned to San Francisco to facilitate the certification of the local coordinator as a home visitor. With the certification in place, the local coordinator was able to move forward to attain coach training and certification; ensuring the possibility for Cohort Three to be on track with the alternate timeline to accomplish the process of cascade.

Ongoing discussions occurred regularly with San Francisco in May 2013 to assess the feasibility to create the "cascade" within the region and to plan for the transition from SKCP to local leadership. Lessons learned from other cohorts are shared with San Francisco to adapt model to the needs of the community.

Remarkable progress was attained during the period of May - September 2012. The SKCP Staff in collaboration with NSTRC worked with San Francisco in delivering trainings to support the "cascade" goals: Coach Training (July 2012), two-day Trainer Training (September 2012),

Administration Meeting & Kick-Off (September 2012), and the San Francisco Cascade Home Visitor Training for new Trainer's certification took place in November 2012.

In addition, the SafeCare® Training Team provided a one-day team building retreat as part of the coach training travel to support the integration of the two "seed" teams in San Francisco. The latter resulted in the development of a mission statement by the San Francisco SafeCare® Team. The mission statement was adopted by both CBOs and has facilitated the working relationships and cohesion of the team members.

*San Francisco SafeCare® Team mission statement:*

*"We provide evidence based in-home support and culturally sensitive advocacy to empower families with children at risk of neglect in San Francisco."*

The cascade diffusion process of SafeCare® in San Francisco was delayed due to the lack of referrals from the County/CWS which hindered the process of certification of the home visitors and delayed the full implementation goals as indicated in the timeline for Cohort Three. The SKCP implementation group addressed concerns within the SKCP Executive Meeting for solution-oriented options and the possibility of extending support to San Francisco County (Cohort Three) beyond September 2012, to meet the targeted objectives for the cascade process. OCAP approved extending the support to Cohort Three until December 2012. However, no budget impact/modifications should result from the time extension to accomplish this grant goal.

The SKCP team transitioned the leadership to the San Francisco local coordinator by the end of December 2012.

In January 2013, SKCP efforts have been focused on:

- Implementation of the Community of Learning as a strategic effort to maintain sustainability, communication and exchange of technical support among the cohort's local coordinators and trainers. Currently, The SKCP team leads monthly teleconferences with the newly established group and is in discussions with the participants for the feasibility of implementing video conferencing capacity to improve collaboration, communication, engagement and interaction across team to promote teamwork and engagement across distance.
- The Shasta local coordinator has been identified to work with SKCP and County leadership to develop a plan to support the continuance of the Community of Learning Network past the project ending period to sustain the cohorts' regional efforts and to further enhance and strengthen the relationships among the cohorts. Also, the Shasta local coordinator participated as trainer during the advanced training week for the Tulare cohort in order to facilitate face to face introductions and increase team interconnection among the cohorts.
- Provide cohorts with SafeCare® advance training. The SKCP team was trained in the new curriculum format in order to disseminate the information to the three cohorts during the final site visits.
- Initiated planning for the site visits for the advance training and focus groups to gather information for the last grant objective—Guidelines for implementation of an EBHV

- The SKCP team is currently working with Tulare County to provide training for new SafeCare® trainers to sustain trainer's capacity after the current local coordinator retires.

### **SKCP Cultural/Language Efforts**

- A two-day SafeCare® Spanish Training for the San Francisco cohort in February 2012.
- Development of Spanish videos for improving the uptake of SafeCare® skills for the home visitors delivering the model skill in Spanish. Finalized January 2012.
- Conference presentation at Rady Children's Hospital-Chadwick Center for Children and Families Annual Child Maltreatment Conference. Workshop session was on the SKCP project, the SafeCare® model, and the cultural adaption of the SafeCare® model in January 2012.
- Poster presentation at the National Conference on Child Abuse & Neglect (NCCAN) during the Children's Bureau Grantee Meeting in Washington D.C. -- Verbal explanation of the SKCP project and efforts regarding the adaptation of the model for cultural and linguistic congruency in April 2012.
- Spanish cultural adaption technical support was given to new Spanish speaking home visitors for the three cohorts and the cascade groups.
- In March 2012, San Francisco Health and Human Services Agency (HHS) approached the SKCP team to inquire about the possibility of implementing SafeCare® for the Asian population in the community. San Francisco has a high representation of Asian population (US Census, 2010), that was not receiving the same benefits of SafeCare® as others in the community.
- This unique opportunity was discussed within the SKCP Executive Team meeting to explore the feasibility of addressing the need in San Francisco. It was determined that although there is no existing research on the effectiveness of the model for such population, the current work of Dolores S. Bigfoot, Ph.D. with the American Indian Communities in Oklahoma demonstrate that there can be cross cultural effectiveness and competency. Furthermore, NSTRC is also providing training in the Republic of Belarus in Eastern Europe and effectiveness seems to be positive.
- As of October 2012, San Francisco HHS has funded the translation of the SafeCare® training manual into Cantonese for the Asian community and added a new community based organization (Asian Perinatal Advocates) to provide SafeCare®.

### **Evaluation**

Data collection and analysis for the SKCP model is ongoing. An evaluation report will be available in the upcoming year and will include data on the feasibility and acceptability of the SKCP model, the fidelity of SafeCare implementation in SKCP sites, working alliance between SKCP providers and clients, and caregiver changes in stress and depression over the course of SafeCare treatment.

This project (and the data) was never meant to evaluate the "effectiveness" of SafeCare. The evaluation was designed to examine fidelity, the feasibility of the SKCP model of cascading

SafeCare, and document the reach and penetration of SafeCare. We did collect data on working alliance, caregiver stress, and caregiver depression, but these aren't specifically related to the "effectiveness of SafeCare."

### *Study Overview*

The following report captures data from all caregivers who were enrolled in the SafeCare® research study between November 11, 2010 and December 31, 2012 across 6 counties in the SKCP project. As part of this research and evaluation project, 37 home visitors were trained in the SafeCare® home visitation program. These home visitors collected data from all caregivers over age 18 who consented to participation in the research and evaluation component of their services.

SafeCare® is an evidence-based practice to improve parenting for caregivers at-risk for, or who have been reported for, child maltreatment. Home visitors are trained or certified by the National SafeCare® Training and Research Center to deliver this evidence-based practice with fidelity to the model. The model requires three primary roles. SafeCare® home visitors deliver the in-home parenting project. SafeCare® coaches provide assistance for home visitors regarding SafeCare® questions and conduct monthly monitoring home visits to ensure high levels of fidelity. SafeCare® trainers are certified to train and coach new SafeCare® Home visitors. The curriculum of the SafeCare® training program is comprised of three modules: Health, Home Safety, and Parent-Child Interaction/Parent-Infant Interaction. Modules may be administered in any order according to the primary needs of the family. Each module consists of six ordinal sessions which include role-playing, hands-on demonstrations, and assigned homework.

The health module focuses on training parents to prevent, to identify symptoms of, and to provide or seek treatment for childhood illnesses. As part of this module, parents are provided with a health manual that includes symptom and treatment information as well as basic health supplies such as a thermometer.

Home safety focuses on identifying health and safety hazards in the home and making them inaccessible to children. As part of this module, each room in the house is assessed using validated and reliable home safety assessment. Safety latches are provided to the families to help reduce the number of hazards accessible to children.

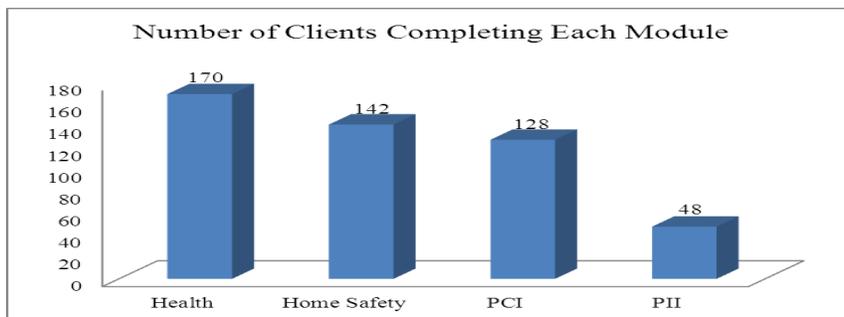
Families with a target child of walking age or older complete the Parent-Child Interaction (PCI) module, while those with infants not yet walking complete the Parent-Infant Interaction (PII) module. The Parent-Child or Infant Interaction module focuses on developing effective parent communication and engagement with the child to promote a positive parent-child relationship and secure attachment. In both modules, parents are taught to use a Planned Activities Training (PAT) Checklist to structure activities. Home visitors observe parent behaviors and parent-child interactions and help the parent reinforce positive behaviors and modify problematic behaviors.

In addition to the implementation of SafeCare® services, counties involved in the SKCP project participated in a research project funded by the Center for Disease Control and Administration for Children and Families to assess caregiver outcomes, fidelity to the SafeCare® model, and

organizational factors impacting successful implementation. Caregivers who consented to participate in the research portion of the program completed surveys pertaining to fidelity (how well the home visitor adhered to the SafeCare® model), working alliance (the relationship between the home visitor and the caregiver), and caregiver demographics via a web-based data collection software as well as pen and paper forms when necessary. The present report includes data only from caregivers who consented to participate in the research and their respective home visitors.

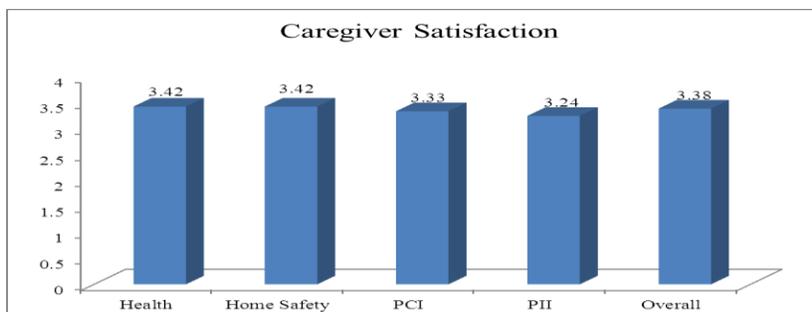
### *Completed SafeCare® Modules*

Based on the data available, 488 modules of SafeCare® were completed by caregivers enrolled in the SKCP project. The Health module was the most commonly completed module, followed by the Home Safety and Parent-Child Interaction modules. As anticipated based on the limited age range, the Parent-Infant Interaction module was completed the least. The number of caregivers who completed each module is presented below.



### *Caregiver Satisfaction*

At the end of each completed module, caregivers were provided a brief satisfaction questionnaire assessing their overall satisfaction with the module and their home visitor's implementation of it. Example items include "The Home Visitor was on time to appointments," "Practicing during the sessions was useful," and "The Home Visitor was warm and friendly." Scores were averaged within each module and could range from 0 (highly dissatisfied) to 4 (highly satisfied). Overall, satisfaction scores were high for all modules. Scores for each module are displayed below.

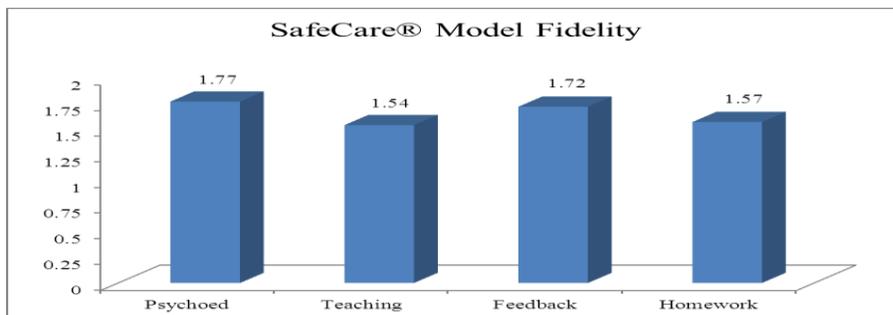


### *SafeCare® Model Fidelity*

In addition to Caregiver Satisfaction, caregivers were also provided with a brief fidelity questionnaire after each SafeCare® session. Example items from this measure include: "My home visitor watched me and gave me feedback on how to improve my skills," "My home

visitor gave me homework to do before the next home visit,” and “My home visitor told me why it’s important to have lots of positive interactions with my children.”

Fidelity scores could range from 0 (very poor fidelity) to 2 (very high fidelity). Fidelity was assessed based on four categories representing SafeCare® common elements across modules. These include: Psychoeducation and Rationale (describing target behaviors and their rationale to caregivers), Teaching and Modeling (demonstrating each target behavior to the caregiver), Feedback and Praise (providing constructive feedback and praise to the caregiver), and Homework (setting practice goals for the week). Overall, fidelity to the SafeCare® model was high across all four categories, particularly Psychoeducation and Feedback.

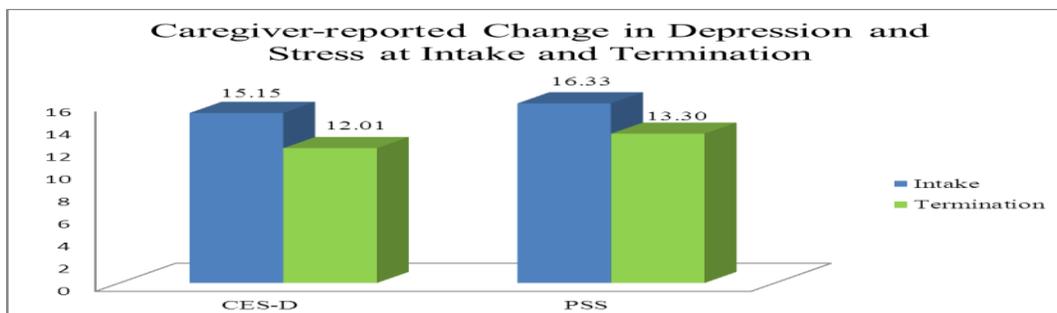


### *Caregiver Outcomes*

Two main outcome variables were examined over the course of the study: Caregiver Depression and Caregiver Stress. Caregiver Depression was examined using the Center for Epidemiological Studies-Depression (CES-D) scale, a 20-item measure in which the caregiver responds with respect to how they have felt in the last week. A score above 16 indicates a clinically significant level of psychological distress. Caregiver Stress was examined using the Perceived Stress Scale (PSS), a 10-item scale that assesses a caregiver’s reaction to stressors in the last month. Scores above 20 on the PSS indicate an Elevated stress level and scores above 26 indicate a High stress level.

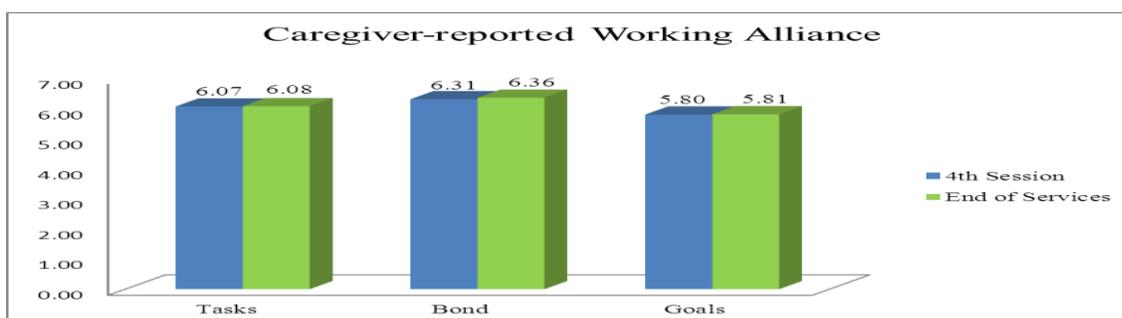
431 caregivers completed an Intake Assessment. The average score of the caregivers who completed the CES-D during intake was 15.15, which is considered within the normal range. A total of 93 caregivers completed the CES-D during their final session of SafeCare® and reported an average score of 12.01.

Caregivers also reported a decline in stress from intake to the completion of services. The average score of the caregivers who completed the PSS during intake was 16.33, which is considered within the normal range. A total of 92 caregivers completed the PSS during their final session of SafeCare® and reported an average score of 13.30.



### *Caregiver-reported Working Alliance*

As part of the research study, caregivers were also requested to complete the Working Alliance Inventory (WAI) during the fourth and final sessions. The WAI assesses the relationship between the home visitor and the caregiver by measuring their agreement from 0 (no agreement) to 7 (high agreement) on three subscales: Tasks, Bond, and Goals. Scores closer to 7 on these subscales indicate greater levels of agreement on in-session activities (Tasks), the extent to which the caregiver and home visitor share a positive personal relationship (Bond), and out-of-session outcomes (Goals). On average, caregiver-reported working alliance remained high through the duration of services. A total of 294 caregivers completed the 4th session WAI, and rated their alliance 6.07 for Tasks, 6.31 for Bond, and 5.80 for Goals. Of the 111 caregivers who completed an end of services WAI, the average scores remained high; 6.08 for Tasks, 6.36 for Bond, and 5.81 for Goals.



### *Caregiver-reported Reason for Exit*

Of the 389 caregivers for whom exit data was available (no exit data is available for all active clients as of 12/31/2012 when data collected halted), 144 completed the SafeCare® program. Not surprisingly, some caregivers did not complete their services for a variety of reasons. Upon program exit, home visitors were asked to report the reason the family would no longer be participating in the SafeCare® program. Reported reasons are presented in the table below.

<b><i>Reason for Exit</i></b>	<b><i>Total Frequency</i></b>
<b>Program completed</b>	144
<b>Declined further participation</b>	72
<b>Moved out of service area</b>	26
<b>Unable to locate</b>	50

<b>Excessive missed appointments/attempted visits</b>	60	<b>Summary of deliverables for the upcoming year:</b>  Year Five: Project staff and NSTRC will work directly with all local staff that has been prepared as trainers/coaches during the project to reinforce their SafeCare® and training skills. This will involve at least two days of advanced training plus coaching. Some of these local SafeCare® trainers may be invited
<b>Provider no longer a SafeCare Provider</b>	18	
<b>Child no longer in family's custody (parental rights terminated)</b>	15	
<b>Reason unknown</b>	4	
<b>Total</b>	<b>389</b>	

to travel to other counties to observe other SafeCare® applications or participate in training others to reinforce their skills and ability to support SafeCare® independently in the future. At the community level SKCP staff will work with all participating counties in Year Five on sustainability to ensure infrastructure put in place during the project has been securely institutionalized into the community service delivery system.

### **Supporting Father Involvement (SFI) Intervention and Evaluation**

Supporting Father Involvement (SFI) research to practice project has focused efforts to promote father engagement best practices and implementation of the SFI evidence based intervention. All technical assistance and training activities were developed to promote three primary focal points:

- Increasing the awareness of service providers, fathers and mothers of the role of fathers in the development of their children
- Affecting practice and policy changes that support increased positive engagement of fathers with their children
- Promoting 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 that supports implementation of the SFI intervention includes:**

- Specialized training on the SFI evidence based intervention/curricula
- Monitoring agency implementation to ensure model fidelity
- Assistance with development of implementation, outreach, and strategic plans
- Mentorship and guidance through implementation challenges

### **Father Engagement Trainings that promote best practices includes:**

- *11 Father Engagement Trainings* with a focus on Incorporating Father Friendly Practices in Family Strengthening Organizations and Promoting Father Engagement to Build Financial Stability for Families
- *28 Agency Staff Trainings* designed to train agency staff on father engagement best practices

- *Four SFI Group Leader trainings* to prepare agencies and staff to implement the SFI evidence based intervention groups
- *Five Father Engagement webinar trainings* with topics focused on special populations that include: Fathers of Children with Special Needs; Fathers Involved in the Child Welfare System; Engaging Native American Fathers and Families; Supporting Fathers through Re-Entry from Incarceration; and Connecting Fathers with Financial Support Systems
- *10 conference presentations/workshops* to share best practices and promote the SFI Evidence Based Practice

The above mentioned 58 trainings/presentations attracted a total of 1870 participants.

### **SFI Project 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:*

Promote the use of the SFI Intervention and father engagement practices by providing and evaluating technical assistance for a minimum of 22 organizations per year statewide.

#### *Results:*

Thirty-nine agencies representing twelve counties enrolled in the SFI dissemination project during the targeted timeframe. Many of the participating agencies support underserved populations which include Native American and tribal fathers, teen fathers, and non-custodial fathers, and re-entry fathers. Participating agencies include small to large sized Family Resource Centers, county departments such as Cal Works, Child Welfare, Probation, and Educational Centers including Head Start, school-based parent centers, and occupational programs.

All participating agencies conducted the Father Engagement Organizational Self-Assessment (OSA). The OSA is a tool that assesses an agency's current level of functioning in relationship to father involvement. The seven 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 6) Agency's communication and interaction with fathers, and 7) Programs and Services geared specifically towards father. As part of the process each agency also develops an agency action plan. Customized technical assistance is provided to participating agencies and included activities such as:

- Documentation of facility and policy changes regarding engaging fathers
- Facilitation of public/private partnerships by linking community agencies to their local county child welfare departments for the purpose of integrating efforts to engage fathers
- 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 to meet cultural specific issues of domestic violence

Twelve of the participating agencies have been trained and are conducting the SFI evidence based intervention. The other 27 agencies are in progress toward conducting the SFI intervention in the upcoming year.

*Activities:*

Develop, pilot, and evaluate two dissemination products to assist agencies implement father friendly practices and the SFI intervention.

*Results:*

Strategies is in the final developmental stage of a workbook to guide agencies in implementing the SFI evidence based intervention. The workbook includes topics on leveraging resources when engaging fathers, public / developing private partnerships, and the benefit of connecting to local fatherhood networks. The second lessons-learned product in development is a refined version of the SFI curriculum to include a menu of activities that can be used with fathers from specific populations such as teen fathers, tribal fathers, and fathers re-entering the community after incarceration. The second product is scheduled to be ready for distribution by summer 2013. Strategies also contributed to the development of the CalSWEC (California Social Work Education Center) father engagement tool kit and employs the toolkit to participating agencies.

*Activities:*

Provide SFI outreach by contributing content and materials to promote the Strategies SFI website

*Results:*

During FFY 12/13, the Strategies SFI website received an average of 500 visitors per month and approximately 6,000 visitors per year. In the month of April 2013, Strategies launched an updated SFI website. The revamped website includes new interactive features and additional resources for agencies.

*Technical assistance outcomes using the Father Engagement Organizational Self-Assessment (OSA)*

Thirty-nine agencies, representing twelve counties statewide, administered both the pre and post Father Engagement OSAs to assess their level of father engagement. Participating agencies consisted of small to mid-sized family resource centers with staff sizes ranging of 4-50 employees, to large county departments such as Child Welfare Services, Cal WORKS, and Probation with over 200 employees each. Some of the participating partners included Child Development Institute in Los Angeles County, Cal WORKS Santa Barbara County, Fresno County Department of Child Support Services, and Shasta County Health and Human Services. In total,

509 respondents across all agencies contributed to the assessment process, trainings, action plan development, and action plan implementation.

Pre-assessments for all participating agencies indicated that staff were in the pre-contemplation phase in that they had begun to consider father engagement practices but had not yet planned or implemented specific father engagement activities. Of the 39 participating agencies, 32 reported significant positive progress toward engaging fathers and enacting their individual father-friendly action plans by the post-assessment (six to nine months after the initial assessment).

The types of action plan focus varied among the agencies. Most agencies developed father engagement goals to strengthen their program services, staff development, and communication and interaction with fathers in the community. Consistently, almost all agencies showed the highest improvements in goals focused on increasing the agency's physical environment to become more father friendly. Most agencies included this in their action plans as they saw this as an easily obtainable goal. Post assessments frequently reported that focused efforts on areas such as policies and procedures regarding father engagement were still needed. Other post-assessment results include:

- 94 percent of agencies reported acceptable to excellent progress towards meeting the goals and objectives set in their action plans.
- 83 percent of agencies reported very good to excellent improvement in their ability to address new challenges in the future.
- 94 percent of agencies reported very good to excellent progress towards increasing their capacity to effectively engage fathers.

Of the approximately 20 percent of agencies not showing substantial improvement (7 agencies), all showed limited improvement in at least one area of father engagement and/or stayed the same following the pre-assessment. All of these agencies reported additional stressors and time demands that contributed to their lack of outcomes. These competing demands limited the degree to which they were ready to initiate a new initiative. However, all reported that they gained insight from the experience and will continue to work on the action plans at a slower rate.

### **CITIZEN REVIEW PANELS (CRPs)**

Established by federal statute in the Child Abuse Prevention and Treatment Act 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 CRPs 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. The panels continue to make meaningful and insightful recommendations to the county and the state. Among the recommendations made during this reporting period are:

- Calaveras County panel members met quarterly to continue exploring recommendations to improve services for foster parents and kinship caregivers.
- San Mateo County panel members have made many thoughtful recommendations. Among them is the suggestion that CWS add a "quality assurance" protocol to the process that it has put in place to maintain and update materials used to educate families about the child welfare system annually. This protocol would ensure that the same materials are consistently used throughout San Mateo County.
- 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 funding cycle for the CRPs ended in June of 2012. The three current panels submitted letters of intent to continue through June of 2015.

*Objective*

Maintain compliance with all federal CAPTA requirements regarding CRPs.

*Activities/Results*

All county panels are required to submit an annual report to CDSS including recommendations to the state and/or local government. The CDSS responds in writing to the recommendations no later than six months after the date the reports are submitted. The CRPs engage in on-going recruitment of members to create a diverse panel of private and public stakeholders. The CRPs are continually looking for improved ways to disseminate reports to county and state officials and the public.

*Objective*

The enhancement of training and technical assistance provided to the CRPs.

*Activities/Results*

The CDSS analyst provides technical assistance to panels. Technical assistance may include:

- Site visits to the county CRPs.
- Program orientation and development of policies and procedures.

- Training and technical assistance to newly formed CRPs.
- 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.
- As requested by CRPs, review, provide input for and make revisions of reports prior to their final submission to CDSS.
- Review work plans.
- Provide on-going as needed guidance to CRP counties.

Our goals going forward are to develop a CRP or CRPs that long make more statewide issues, and that engender more of response from the CDSS. Because of lessons learned from the first statewide CRP, the CDSS thought that establishing state regulations were a necessary first step to forming a new statewide CRP. Considerable work was put into compiling draft regulations that encompassed the requirements of CAPTA and the need for standardization. However, during the process of developing regulations, the OCAP was informed by CDSS Legal and the CDSS Regulation Unit, that the issue of compliance could be monitored and enforced in a much less complicated fashion through a thoroughly articulated Scope of Work, Grant Agreement and/or Memorandum of Understanding when forming new panels. This will be an equally effective and a more practical solution as the current regulation process is cumbersome and much of the proposed regulations mirror what is already in the CAPTA regulations. Previously, we have lacked this specificity and rigor in our scopes of work and believe that previous issues can be addressed through developing our processes.

While a statewide CRP has not been selected at this time, CDSS provide training and technical assistance to the three county CRPs and encouraged them to make recommendations that had statewide significance. As such, both Calaveras and San Mateo CRPs submitted recommendations to CDSS that have statewide impact.

Although CDSS is pleased to have three high functioning local county panels, we acknowledge and recognize the value of having a CRP in place that focuses its recommendations on issues of statewide significance. It is our goal to have an established and functioning mechanism for making statewide recommendations and actionable responses in place in FFY 2014. We are currently analyzing four possible scenarios to accomplish these goals. We are exploring each option and working to determine the best one for California and the timetable for implementation.

*Option 1:*

Engage the Child Welfare Council (CWC) or another statewide stakeholder group and utilize that existing body as the statewide CRP. The CWC specifically serves as an advisory body responsible for improving the collaboration and processes of the multiple agencies and the courts that serve the children and youth in the child welfare and foster care systems. The council monitors and reports the extent to which child welfare and foster care programs and the courts are responsive to the needs of children in their joint care. The CWC is a logical fit to serve as a statewide CRP panel because their membership includes the same individuals and represented professionals as recommended by CAPTA and their focus is statewide. However, there are other stakeholder groups that may also be a good cross over to function as a

statewide CRP. In the process of researching other states, we have learned that some use the Children’s Justice Task Force, Child Death Review Teams, Governor’s Advisory Panels, and Foster Care Review Boards. This option would require willingness on the part of the existing group to align their purposes with those of CAPTA. In this scenario the three county CRPs would remain in place and the fourth panel would be the statewide group.

Each Panel reports to the CDSS analyst and the reports get rolled up into one state report. CDSS responds to recommendations. CDSS posts the reports, including recommendations on the CDSS website and on the national CRP website annually.

*Estimated Timeframes:*

June 2013	The CDSS will complete its analysis of the proposed options and will make a final determination on which option will best serve the needs of California.
October 2013	The CDSS will engage the CWC or another existing stakeholder group and will begin discussions on the groups’ willingness and ability to assume the statewide CRP role. If an existing stakeholder group agrees to assume this role, the CDSS will determine if a grant, memorandum of understanding, or another agreement will need to be put in place and will work on developing it.
February 2014	The CDSS will have an agreement in place and will begin facilitation and providing technical assistance, as needed, to the CWC or another existing stakeholder group.
May 2014	The CWC or other existing stakeholder group with statewide function will be in place and ready to begin implementation of their role as the statewide CRP.

*Option 2:*

Retool the existing three county CRPs requiring them to provide recommendations that have statewide impact. In the past we have requested that the county panels consider issues of statewide significance and make recommendation accordingly, however, we must assume that we have not provided adequate guidance as to how to do this or what we might ask them to consider because recommendations to the state have been sporadic. Although we have received some statewide recommendations, we acknowledge the need for a higher level of recommendation on the part of the CRP and higher level of responsiveness on the part of CDSS. This would be achieved by providing more effective technical assistance and guidance to the existing panels and by providing specific areas of consideration when requiring recommendations to the state. A CDSS analyst will provide technical assistance to support the panels in determining areas of statewide significance, and developing recommendations.

Each Panel reports to the CDSS analyst and the reports get rolled up into one state report. CDSS responds to recommendations. CDSS posts the reports, including recommendations on the CDSS website and on the national CRP website annually.

*Estimated Timeframes:*

June 2013	The CDSS will complete its analysis of the proposed options and will make a final determination on which option will best serve the needs of California.
August 2013	The CDSS will contact the three county CRP panels and discuss the new requirements.
December 2013	The CDSS will host an all CRP meeting to begin training and technical assistance to the county CRP panels.
Jan – May 2013	The CDSS analyst would provide ongoing training and technical assistance to the county panels, which includes attending the CRP meetings, helping with agenda development, providing suggestions on possible statewide issues, etc. The existing panels would be engaged in looking at and making recommendations to the CDSS on issues that have statewide significance.

*Option 3:*

Another option under analysis is to establish three new regional CRPs. These three panels would be formed with the specific purpose of providing recommendations of statewide significance. The CDSS could either assign a CDSS analyst to oversee the establishment and operationalization of the three regional panels (South, Central, and Northern) or CDSS could utilize the current funding provided to the county panels and redirect it to hire a consultant. The analyst/consultant would be responsible for recruiting members for the regional statewide panels, facilitating the development of bylaws, ensuring that a chairperson, co-chair person, and secretary are in place, helping to facilitate meeting, develop agendas, and provide technical assistance specifically in regard to the areas to consider for statewide recommendations.

Each Panel reports to the CDSS analyst and the reports get rolled up into one state report. CDSS responds to recommendations. CDSS posts the reports, including recommendations on the CDSS website and on the national CRP website annually.

*Estimated Timeframes:*

June 2013	The CDSS will complete its analysis of the proposed options and will make a final determination on which option will best serve the needs of California.
October 2013	The CDSS will release a Request for Application (RFA) for the creation of three new statewide CRPs. The RFA would explicitly lay out the mission of the CRPs and would align with CAPTA CRP requirements. The CDSS would also send letters to the existing county panels and inform them of the intent to terminate the existing grants at the end of the state fiscal year.
January 2014	The RFAs winner would be announced and awarded.
March 2014	The grant package would be finalized with the new CRPs which would include a very clear scope of work that would align with federal CAPTA CRP requirements and the grants would be started through the approval process.

May 2014 Three new statewide CRPs would be in place and would begin work.

*Option 4:*

The final option under analysis involves the continued support of the local panels and the establishment of a statewide panel. The statewide panel would be formed specifically to provide recommendations of statewide significance. The CDSS would invite stakeholders and community partners pursuant to CAPTA requirements to participate on the panel. A CDSS analyst could oversee the establishment and operationalization of the statewide panel and help to facilitate the development of bylaws, ensuring that a chairperson, co-chair person and secretary are in place. The CDSS analyst could assist in the facilitation of the meetings which could be held at CDSS headquarters.

Each Panel reports to the CDSS analyst and the reports get rolled up into one state report. CDSS responds to recommendations. CDSS posts the reports, including recommendations on the CDSS website and on the national CRP website annually.

*Estimated Timeframes:*

June 2013	The CDSS will complete its analysis of the proposed options and will make a final determination on which option will best serve the needs of California.
October 2013	The CDSS will release a Request for Application (RFA) for the creation of a new statewide CRP. The RFA would explicitly define the mission of the CRP and would align with CAPTA CRP requirements.
January 2014	The RFA winner would be announced and awarded.
March 2014	The grant package would be finalized with the new CRP which would include a very clear scope of work that would align with federal CAPTA CRP requirements and the grant would be started through the approval process.
May 2014	The new statewide CRP would be in place and would begin work.

### **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 renewed 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 has provided further training by a mental health professional to the operators of 211 to better prepare them to handle crisis calls. The hotline is available 24 hours, 7 days a week and calls can be handled in over 140 different languages. From February 2010 to February 2013, 423 calls were answered by operators of the toll-free hotline number.

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. DBA 211 has also developed a PSA in both Spanish and English and plans to release it statewide in the near future.

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)

### **STRENGTHENING FAMILIES FRAMEWORK**

The CDSS is promoting the use of the Strengthening Families Framework's 5 Protective Factors based on research, which finds 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 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 33 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 started with family resource centers, First Five, and other prevention and early intervention partners, and is led at the state level by OCAP. In the past year, OCAP and Strategies successfully reached out to early childhood education systems, many of which are beginning to implement the approach.

*Objective:*

To strengthen the child abuse and neglect prevention network statewide.

*Activities/Results:*

The OCAP contracted with Strategies to serve as the coordinator for statewide implementation of the Strengthening Families Framework, in partnership with the Center for the Study of Social Policy (CSSP) Strategies coordinates and staffs the committees of the statewide leadership team known as the California Family Strengthening Roundtable.

The Roundtable meets three times annually and includes leaders from CDSS OCAP, the Department of Public Health, California Department of Education, Community College foster care education, county First 5s and the California First 5 Association, representatives from family support organizations and networks, Child Abuse Prevention Committees, representatives from county child welfare services, Mosaic (the national evaluator for Strengthening Families) and the California Child Care Resource and Referral Network, parent leadership organizations and parent partners, among others.

This year the Roundtable established a logic model and three key strategic focus area goals:

- 1) Raise the profile of Strengthening Families in the field of child welfare. Child welfare is broadly defined to include both public child welfare and prevention organizations, including family support organizations and home visiting programs. To raise the profile, by the end of 2013, the Roundtable will achieve the following:
  - a) Promotion of Strengthening Families by one statewide child welfare leadership organization (County Welfare Directors Association or the California Child Welfare Council). Health and Human Services Assistant Director, Silvia Pizzini, and the chairs of the Prevention Committee of the Child Welfare Council have agreed to assist with this effort.
  - b) Development of a broad range of resource and communication tools to be used by child welfare organizations interested in integrating the Protective Factors into their local activities. Strategies has already developed a web page, [www.strengtheningfamiliescalifornia.org](http://www.strengtheningfamiliescalifornia.org), with links to resources, and highlights of efforts across California. Strategies provided technical assistance to assist Ventura County in integrating the Protective Factors into their County Self-Assessment and System Improvement Process and featured these efforts at the February Roundtable session.
  - c) Develop cross-walks to current practices such as Differential Response and Safety Organized Practice. Strategies developed a tool highlighting the cross-walk between Safety Organized Practice and the Strengthening Families Framework and is working in numerous counties (such as Lassen, Butte, Lake, Fresno, San Joaquin) to help Child Abuse Prevention Councils and other child welfare coordination groups to map local practices, including Differential Response, with the 5 Protective Factors.
  - d) Integrate the framework into home visiting programs, as this is a key child abuse and neglect prevention strategy. Along with CDSS, the California Department of Public Health serves on the roundtable's steering committee. In April, Strategies, in collaboration with

the California Department of Public Health, provided training to the 22 federally funded home visiting programs to help them effectively use the framework and align it with two evidence based models, Healthy Families America and Nurse Family Partnerships. As an element of this training, webinar, and technical assistance project, Strategies partnered with the Center for the Study of Social Policy to have California serve as a pilot for the newly developed Strengthening Families Home Visiting Program Self-assessment. Each of the 22 sites completed a self-assessment and developed priority areas for action.

- 2) A second focus area for the statewide leadership team is to embed the Strengthening Families Framework in early childhood systems. Reaching children under the age of 5 who are most vulnerable to abuse and neglect is a key prevention strategy. By the end of 2013 the Roundtable will achieve the following:
  - a) Develop recommendations regarding changes in Child Care Health and Safety Regulations to increase access to training for child care workers regarding the Protective Factors, child abuse prevention, and mandated reporting. Important resources, such as the on-line mandatory reporting training for childcare workers developed with OCAP funding, already exist, but child care workers are not currently required to take the training. Members of the Roundtable serve on a statewide group working on this issue and the chair of the regulations committee is also chair of the Roundtable's Early Childhood Committee. In SFY 12-13, the committee began research and community engagement in this area.
  - b) California's Child Care Resource and Referral (CCR&R) will infuse Strengthening Families into their training and practice. This year Strategies staff provided training regarding the Framework to administrators of local CCR&R's at their annual conference, are providing technical assistance to the statewide association of CCR&R's regarding integrating the Protective Factors into their evaluation processes.
  - c) Partner with First 5s to use the Protective Factors Framework to strengthen their partnerships with county child welfare and other child abuse prevention organizations. In February, the Roundtable featured presentations from three county First 5's - Contra Costa, Ventura, and Butte - regarding their implementation of the Framework and partnerships with child welfare. Strategies is working with both local First 5's and county child welfare departments to help them use the shared language of the Framework in child abuse prevention planning and tracking efforts.
- 3) The third focus area is to "tell the story" of Strengthening Families in California. By the end of 2013, will achieve the following:
  - a) Identify and develop key tools and outreach material to highlight California's work around Strengthening Families. This year Strategies developed Strengthening Families California web-page and posted links to both national and local resources. The Roundtable's communications workgroup will develop tools highlighting California efforts and providing guidance to organizations and collaborations wishing to implement the approach.

- b) Form an evaluation and data workgroup to identify priority areas and methodology for data collection. The workgroup was formed in February and is chaired by a representative of Mosaic. Jerry Endres, the developer of the Family Development Matrix, is involved. Strategies distributed a survey assessing the current needs regarding professional development and promotion of parent partnerships and collected data from more than 30 organizations participating in the Roundtable. The data will be used to help shape the work of the Roundtable committees, OCAP, and Strategies. The evaluation and data workgroup is collecting information regarding how the Framework is being used in System Improvement Planning.
- c) Promote the use of Strengthening Families as a unifying approach among varied issue-focused Parent Leadership organizations. The Parent Partnership committee of the Roundtable, led by a parent partner and OCAP grantee Parent Services Project, brings together at least five different parent leadership organizations three times a year. The group provides guidance to all of the committees of the Roundtable and is currently planning a half-day Parent Leadership institute to be delivered in October 2013. The Parent Services Project and Strategies developed *Parent Leadership and the Five Protective Factors-An Idea Book for Successful Program Integration*. The guide provides ideas for bringing the Strengthening Families Framework to existing programs to support parent leadership. PSP and Strategies share lessons learned and provide activities that can be used with parent leaders to help them understand and use the Protective Factors approach. The idea book is posted on Strategies web page.

The OCAP continues to incorporate 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. During the report period, Strategies provided over 50 training sessions statewide for front-line professionals in family strengthening organizations on the Framework and the Five Protective Factors and provided technical assistance in 33 counties—in some cases to help individual organizations to implement the Strengthening Families approach and in others to assist with county-wide efforts to map prevention activities to the 5 Protective Factors and identify shared county-wide prevention and early intervention goals and priorities. Strategies is partnering with Mosaic to develop a mapping assessment tool with which to measure progress. OCAP is working with Strategies to plan a statewide Child Abuse and Neglect Prevention and Early Intervention Summit which will highlight a variety of evidence-based and researched informed practices, including the Strengthening Families Framework. The Summit is scheduled for October 2013.

*Objective:*

The development of a set of shared statewide standards for Family Resource Centers that incorporates the Strengthening Families' Five Protective Factors.

*Activities:*

Strategies worked closely with the California Network of Family Strengthening Networks (CNFSN) to begin dissemination of the California Family Strengthening and Support standards developed the previous year. This effort was funded by 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. Most also include local child welfare agencies and First 5's.

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 Centered Practice, Strengthening Families, Diversity, Community Building and Evaluation. The specific standards for each focus area are further defined by minimum and high programmatic 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 program practice; to create a format for recognizing effective family strengthening and support programs and position organizations for funding and policy work.

This year, the CNFSN and Strategies developed: (1) training to certify individuals on the Standards, (2) a train-the-trainer model to build network capacity to train their members, and (3) tools for implementation. The tools include staff and participant reflection and self-assessment and program assessment. The tools support networks and organizations, as they begin to incorporate the Standards into practice. Ten trainings were provided and included participants from counties such as San Joaquin, San Francisco, Santa Barbara, Los Angeles, Contra Costa, Orange, San Diego, Butte, Sacramento, Stanislaus, and San Diego. Two training of trainers were completed to ensure local trainer availability. Several First 5s included adherence to the Standards as part of their RFP process.

## INDIAN CHILD WELFARE ACT

### Native American Children in Child Welfare through FY 2011-12

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. Although much work still needs to be done, CDSS has made progress on ICWA-specific modifications to the Division 31 regulations, the development of a formal consultation process with California Tribes, and the distribution of ACLs to address ICWA compliance issues. 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. Data for CY 2012 from CWS/CMS indicate a prevalence rate of 21.5 per 1,000 Native children, as compared to 5.6 for the total child welfare population<sup>55</sup>. In FFY 2009, 1.2 percent of entries into care were American Indian children (n = 265). Between 2010 and 2012, the number of Native children in care increased from 232 to 312, an increase in the proportion of the child welfare population from 1.3 to 1.4 percent.

**Figure 72: Number of Entries within Indian/NA Children (CSSR)**

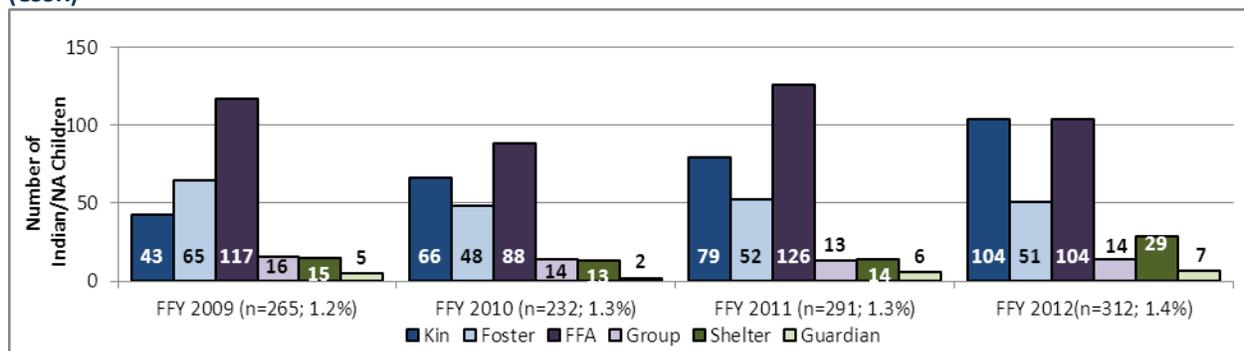
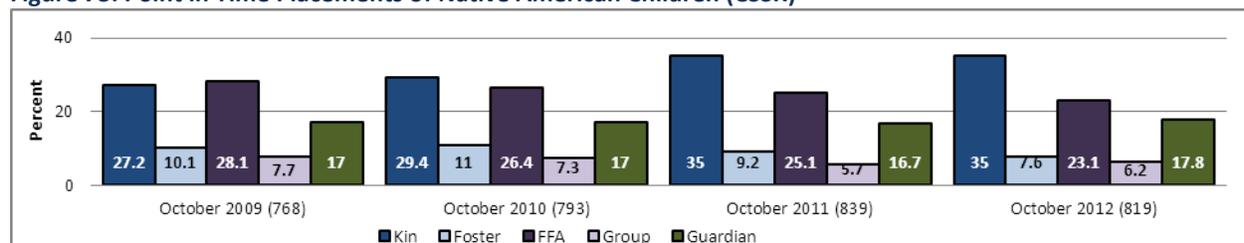


Figure 73 below includes all children who have an open placement episode in the CWS/CMS on October 1 for 2009 through 2012. During FY 2009 and 2010, there were slightly more Native children placed in FFAs than in preferred kin placements. The state has improved the proportion of kin placements increasing from 27.2 percent to 35 percent between 2009 and 2012. In the same time period, the proportion of children in FFAs decreased notably from 28 percent to 23 percent. These data illustrate the state’s continued commitment to prioritizing kin placements above all other placements as kin placements continue to show an increase over a four-year period.

<sup>55</sup> Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Yee, H., Hightower, L., Lou, C., Peng, C., King, B., Henry, C., & Lawson, J. (2013). *Child Welfare Services Reports for California*. Retrieved 4/22/2013, from University of California at Berkeley Center for Social Services Research website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

**Figure 73: Point in Time Placements of Native American Children (CSSR)**

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. Additionally there is often a delay from when the data are entered and the reports are produced. 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 CAPP, the federal grant to reduce long-term foster care. The focus of CAPP has been on the engagement of community and Tribal partners in the systems review analysis, development of the practice model, and the initial implementation activities. Each CAPP county is at a different phase of implementation as they are adapting their processes and approaches to meet the needs of their communities and Tribes. For further information on the CAPP project, please refer the Permanency Chapter of this report, beginning on page 62.

### 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 the state ICWA workgroup and, more broadly, through an interagency agreement with the Administrative Office of the Courts.

#### CONSULTATION AND COORDINATION WITH TRIBES AT THE STATEWIDE LEVEL

Consultation with Tribes was developed 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.

Ms. Gomez is a member of the Tribal and State Court Forum for the AOC and has served as chair of the Transportation Research Board's Native American Transportation Issues Committee.

Ms. Gomez has given insight on assisting CDSS in the development of a formal government-to-government" consultation process between CDSS and California Tribes on child welfare issues. She has also shared with CDSS feedback from Tribal representatives and ICWA Workgroup members regarding the effectiveness and structure of the ICWA Workgroup. Ms. Gomez has expertise in Tribal Government relations and CDSS will continue to use the Tribal Advisor as a resource in further CDSS-Tribal collaboration efforts.

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. These updates have been sent out for comment to counties as well as the ICWA Workgroup on a number of occasions and the goal is that they be submitted to the Office of Regulations Development in October of 2013. The revised C-CFSR Instruction Manual, described starting on page 25, 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 manual further solicits information 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. Counties have begun the transition from the former three-year process to the five-year cycle. As a result, eight counties have submitted their CSAs to date. Of these eight, four indicated that they had tribal representation in their focus groups.

### **CONSULTATION AND COORDINATION WITH TRIBES THROUGH THE ICWA WORKGROUP**

The CDSS continues to collaborate with self-identified representatives of the 109<sup>56</sup> currently federally recognized Tribes in California, as well as the approximate 79 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.

<sup>56</sup> <http://www.ncsl.org/issues-research/tribal/list-of-federal-and-state-recognized-tribes.aspx#ca>: updated February 2013

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, the drafting of guidelines to counties regarding the use of expert witnesses, Tribally approved homes, 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 by informing and encouraging counties to actively participate in ICWA Workgroup meetings to gain insight on ICWA related tribal concerns. As part of this effort, CDSS plans to broaden participation in the existing ICWA Workgroup and obtain assistance for further structuring and defining the ICWA Workgroup.

In an effort to further collaboration and consultation with Tribes through the ICWA Workgroup, CDSS submitted a Training or Technical Assistance (T/TA) request to Region IX on March 11, 2013 seeking assistance to identify the purpose, governance structure, and membership criteria for the ICWA workgroup. In addition, the ICWA Workgroup - Tribal Caucus submitted a T/TA request to Region IX on September 4, 2012 seeking assistance with formalizing the ICWA Workgroup Tribal Caucus relationship with CDSS to effect ICWA outcomes and collaboration. Tribal members and CDSS have struggled with the role of the ICWA Workgroup and share the goal of developing a formal consultation process with California Tribes. The CDSS hopes that technical assistance will help to develop a formal agreement between CDSS and the Tribes for on-going relations and communication regarding Indian child welfare via the ICWA Workgroup. CDSS and the ICWA Tribal Caucus members will co-sponsor two listening sessions at the 20<sup>th</sup> Annual Statewide ICWA Conference in June of 2013 to capture suggestions from the Tribal community what a formal consultation may look like.

### **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 a 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 221) of this chapter.

### **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 2013 to

representatives of the five Tribes who submitted an approved Title IV-B plan for FFY 2012, including Karuk Tribe of California, Smith River Rancheria, Tule River Tribal Council, Yurok Tribe, and Washoe Tribe of Nevada and California. The CDSS conducted additional consultation and coordination efforts by notifying the broader ICWA Workgroup in early May 2013 that the APSR would be updated and requested feedback for the reporting period. Copies of the working 2013 document were provided via e-mail to the group in May 2013 with a request for responses by July 2013. To the extent possible, revisions and comments are addressed and incorporated throughout this document. To date CDSS has received APSRs from four of the five title IV-B Tribes: Washoe, Smith River Rancheria, Tule River Tribe, and the Yurok Tribe. The final approved 2013 APSR will be shared with all title IV-B Tribes via electronic mail; the report will also be posted on the Department's public website listed on the cover page of this report.

## 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 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 C-CFSR Instruction Manual 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 and these revisions should be submitted to the ORD by October 2013. The C-CFSR Instruction Manual 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 notifying 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. After reviewing appellate cases for the past several years, AOC staff determined that 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. These gains have remained steady over the last several years. In 2011, ICWA appeals accounted for 12.4 percent of dependency appeals. In 2012, the figure was 12.9 percent.

### **FACTORS AFFECTING PROGRESS**

Factors affecting this progress likely include the resources dedicated to training and technical assistance for judges, attorneys, social workers, probation officers, and others on ICWA, and specifically ICWA noticing requirements. The “Indian Child Welfare Act (ICWA): Nuts and Bolts” training conducted by the Administrative Office of the Courts (AOC) aims to increase knowledge and compliance regarding ICWA requirements, including noticing. The decline in appeals is aligned with the timeframe 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 through a contract with the AOC. CDSS is also working on completing an ACL on the After 18 Program to provide guidance to Indian youth in out of home placements who are seeking to participate in the After 18 Program. In 2012, CDSS funded 12 in-person trainings, for a total of 297 attendees, and one webinar that showed over 300 attendees participated. The number of in-person trainings was lower than in the previous fiscal years. This is due to several factors. First, due to the state budget crisis, Beyond the Bench was not held in 2012. Beyond the Bench is typically an event often includes several ICWA sessions (for instance during Beyond the Bench in December of 2011 there were 5 sessions facilitated by State/Tribal Programs staff). Further, in the previous fiscal years there has been a heavy emphasis on training for probation officers. Following the decision of the California Supreme Court in *In re. W.B.* in August of 2012, there has been a decline in requests for training of probation officers. In response, during the 2012-2013 fiscal year Tribal /State programs staff have participated in more webinars than in person trainings and have also begun to focus more on training for appointed dependency attorneys and for Native American service providers. 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. Moving forward, the AOC plans to expand training focus for attorneys representing parents and children in dependency cases, as well as service providers who work with Indian children and families. AOC ICWA educational resources to be created will include brochures, information sheets and other kinds of self-help materials. Additionally, in June 2012 the new standardized statewide ICWA curriculum, as part of the Common CORE for basic, advanced, and culturally-focused trainings was released. A toolkit option for counties to use as a guide in improving child welfare work with Native American populations to assist with efforts to increase ICWA compliance was also part of this release. 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 to identify and implement strategies for improving ICWA compliance. Such as further development of the existing AOC curricula and toolkit, that provides a comprehensive set of resources to integrate the work of county directors, managers, social workers and supervisors to achieve compliance with ICWA. The CDSS will continue the partnership with the ICWA Workgroup, participating counties, Tribal STAR, the American Indian Enhancement efforts as well as continual data analysis, discussions and strategies to improve ICWA compliance.

### Placement Preferences of Indian Children in foster care, pre-adoptive, and adoptive homes

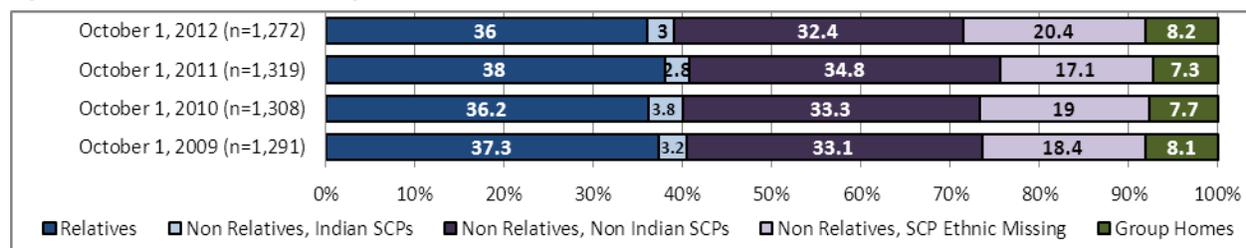
#### INDICATORS OF PROGRESS/FACTORS AFFECTING PROGRESS

Current CWS/CMS data indicates that, overall, the largest percentage, 38 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 35 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 do 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 on this issue, it continues to be a topic for discussion. The ICWA Workgroup shared that there is confusion among county social workers about which portion of the SOC 815 (placement form) is to be completed when placing a child in a Tribally Approved Home (TAH). In response, CDSS is drafting an ACL to clarify the confusion.

Figure 74 below illustrates the point in time placement status of ICWA eligible youth between 2009 through 2012. Placement status accounts for placement type, child relationship to substitute care provider, and substitute care provider ethnicity. 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; and in group home (ethnicity cannot be determined) placements.

**Figure 74: 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 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 do 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 for dependent ICWA-eligible youth. Assembly Bill 1712, passed in 2012, expanded the population eligible for this type of adoption to non-minor dependents. Under this law, youth and non-minor dependents 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 and non-minor 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 is being 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 is being tracked for future analysis and reporting through the CWS/CMS.

**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. In 2011 the CDSS ICWA Unit established a technical assistance data tracking system to better analyze and evaluate ICWA compliance. The CDSS’ ICWA staff typically responds to multiple

technical assistance inquiries regarding placement preference each month. The technical assistance calls include but are not limited to custody, Tribal money, child protective services concerns, benefits/KinGAP, college student inquiries, placement, probate, child removal, services, noticing, permanency, exclusive jurisdiction, and Tribal membership. Technical Assistance inquiries have generated from approximately 38 out of 58 counties in California. Technical Assistance calls have also been received from individuals with membership in approximately 55 different Tribes. Additionally, CDSS holds bimonthly meetings with county representatives of the five CWDA regions to discuss issues regarding implementation of ICWA at the county level. Often counties report issues with CWS/CMS data collection on ICWA cases which provide information on further improvements needed to CWS/CMS.

### 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 and 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. A culturally specific set of outcome indicators has been developed by a Tribal workgroup to help connect tribal members with their communities. For example, Tribal cultural indicators include: "Connection to Tribal Traditions and Practices," "Knowledge of Family Lineage and Tribal History," "Participation in Tribal Government Activities," "Knowledge of Legal Rights..." They are being utilized with some Tribal communities as an addendum of Tribal outcomes along with the family outcome measures for assessment and case management. As the cultural adaptations demonstrate data results, additional service providers may choose to implement. 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. Currently, CDSS, in collaboration with the Tribal ICWA workgroup and CWDA, are working on incorporating ICWA throughout the Division 31 regulations. This revision will include examples or citations of active efforts at critical points in a child welfare case. The goal of this revision is to integrate current policy and ICWA such that the requirements of the ICWA are readily accessible to social workers as they are working with a Native family. The CDSS will continue involvement in the Family Development Matrix work, with plans to support use for Tribes and Tribal service providers. Currently, there are nine tribal communities participating. In addition, CDSS plans to work closely with Tribal communities on CAPP, which will relate to improving active efforts within a practice model for child welfare. 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 throughout 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. CDSS learned last summer that the Fostering Connections Act also provided enhanced federal funding for Title IV-E Tribes due to a Tribal federal medical assistance percentage (FMAP) rate. This enhanced Tribal FMAP rate is based on the average per capita income for a Tribe for a three year period. It varies by Tribe but is significantly higher than California's rate which is 50 percent. This reduces the Tribal share of IV-E costs proportionally. Currently, both Karuk and Yurok's enhanced FMAP rate is 83 percent. In November 2012, CDSS modified the fiscal addendum which is part of the Title IV-E agreement to reflect the enhanced FMAP rate.

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 the tribal youth in their caseload are not IV-E eligible as determined by the county from which they transferred, therefore Karuk has 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. As a result of the meeting in June, a hands-on, two day on-site training was delivered in November 2012 to provide technical assistance on how to submit a Title IV-E claim, determine eligibility, and how to report to CDSS what children are being served. Karuk staff receiving the training included administrative personnel and social workers. CDSS brought staff knowledgeable in program policy, fiscal policy, and a trainer on Title IV-E eligibility. From this meeting, a list of deliverables was developed to provide additional information to assist Karuk in submitting Title IV-E claims. Some of the deliverables sent to Karuk following the training were a sample claim, program cost code manual, mock transfer case, sample signature authority letters, fiscal sharing ratios, aid code information, and a list of CDSS contacts for future questions. There has been ongoing correspondence with Karuk to see if any additional information or technical assistance is needed. The CDSS will continue to provide training and technical assistance as needed 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.

CDSS believes that one reason Karuk and Yurok may have not fully implemented their Tribal/State IV-E Agreement is due to lack of funding available to pay the Tribal share of costs associated with a Tribal/State IV-E Agreement. Because of this, the Yurok and Washoe Tribes met with CDSS staff in November 2012 to present a proposal that would eliminate the Tribal share of costs for Title IV-E claims based on the enhanced Tribal FMAP rate that is now available to many Tribes. Based on this proposal, the state would pay the full non-federal share of costs and the Tribal share would be eliminated. With the enhanced Tribal FMAP rate of 83 percent, the state share of costs would still decrease even if the state covered the Tribal share of costs because a much larger percentage of costs would be eligible for Title IV-E reimbursement.

CDSS is reviewing the proposal and will consider this budget adjustment in the future to assist Tribes in being able to operate their own Title IV-E CWS program.

With the passage of P.L. 110-351, Tribes, the consortium of Tribes and other Tribal organizations may 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 Smith River Rancheria, and the Yurok Tribe were both awarded a federal planning grant to prepare for submitting application and IV-E Plan approval to operate their own title IV-E program. Each Tribe has been offered technical assistance from CDSS as they move towards an agreement.

### **AFTER 18 PROGRAM**

With the passage of AB 2418 (Chapter 468, Statutes of 2010), regarding the After 18 Program on extending the age of eligibility for foster care, CDSS has had many discussions with the ICWA Workgroup regarding the implementation of these new statutes and ensuring appropriate language is incorporated in the Regulations. In addition, CDSS is in the process of completing an ACL that contains information on both case management and eligibility issues related to foster youth as Non-Minor Dependents (NMDs). It also highlights and provides clarification regarding policies and procedures for the placement of NMDs that are deemed an “Indian child” per the ICWA. The ACL also provides guidance to Indian youth in out-of-home placements who are seeking to participate in the After 18 Program. Pursuant to AB 12, this program allows foster youth to remain in foster care, under court jurisdiction, up to age 21 as NMDs.

### **ICWA INITIATIVE WITH AOC TRIBAL/STATE PROGRAMS UNIT**

Effective December 2005, CDSS entered into an interagency agreement with the AOC to create the ICWA Initiative. This successful partnership between CDSS and the AOC is made possible through funding from CDSS for what has been known as the ICWA Initiative. Funding for the ICWA Initiative has continued and was renewed for another three years beginning July 2013.

In 2009 the AOC established, as part of the Center for Families Children & the Courts, a Tribal/State Programs 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, the U.S. Department of Health and Human Services, Court Improvement Program, and CDSS.

Through the Tribal Projects Unit, the AOC has established the following state/Tribal programs and services, including: 1) a clearinghouse of resources; 2) Tribal Court/State Court Forum activities; 3) comprehensive ICWA services; 4) education; and 5) legal and court services.

## CLEARINGHOUSE OF RESOURCES

The AOC continues to maintain a clearinghouse of resources that includes: 1) forum activities, including AOC educational events for Tribal and state court judges; 2) resources relating to compliance with ICWA in juvenile, family, and probate cases; 3) a directory of Native American family resources in California; 4) resources relating to domestic violence and Tribal communities; 5) Tribal communities of California; and 6) Tribal justice systems, including an up-to-date directory of Tribal courts searchable by Tribal court or county name; and 7) Tribal/state collaborations nationally and in California<sup>57</sup>.

During the reporting period, the AOC continues to update these comprehensive ICWA resources<sup>58</sup>: 1) expert witness list; 2) ICWA laws, rules, regulations; 3) Statewide Directory of Services for Native American Families (continually updated); 4) ICWA job aids for judges, social workers, probation, and attorneys; 5) ICWA education; and 6) information on Tribal Customary Adoption (TCA).

The AOC prepared and published a report on TCA, and the Judicial Council submitted the report to the Legislature in January 2013. The Tribal Projects Unit staff has been primarily responsible for several rules and forms proposals intended to implement ICWA and ICWA-related provisions in state court. During the reporting period, these have included revisions to rules governing ICWA in delinquency cases. In addition, staff has assisted in incorporating ICWA/Tribal issues into other relevant rules proposals including rules governing non-dependent minors and child support. In response to requests for training on TCA, several trainings were held during the reporting period.

The AOC has also created links to other resources so that practitioners can find everything they need in one place to stay current with ICWA requirements and best practices. Tribal advocates, Tribal attorneys, and other Tribal personnel whose work is related to child welfare matter have access to all of the legal, educational, and other resources available on the California Dependency Online Guide (CalDOG)<sup>59</sup>. The CDSS' resources regarding compliance with notification to 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<sup>60</sup> as well as ACINs and ACLs issued by CDSS.

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.

<sup>57</sup> [www.courts.ca.gov/programs-tribal.htm](http://www.courts.ca.gov/programs-tribal.htm)

<sup>58</sup> [www.courts.ca.gov/3067.htm](http://www.courts.ca.gov/3067.htm)

<sup>59</sup> [www.courtinfo.ca.gov/dependencyonlineguide](http://www.courtinfo.ca.gov/dependencyonlineguide) or at <http://168.75.202.29/>

<sup>60</sup> [www.childsworld.ca.gov/PG1322.htm](http://www.childsworld.ca.gov/PG1322.htm)

## TRIBAL COURT/STATE COURT FORUM (FORUM)

The AOC staff the Forum, which is a coalition of California Tribal court and state court judges 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 Forum is comprised of 30 members: 27 judges, 1 former judge, 1 volunteer judge (retired), and 1 non-judicial member. The members include 13 Tribal court judges, nominated by their Tribes' chairs, representing 16 of the 22 Tribal courts currently operating in California, as well as 15 state court judges and representatives from the California Attorney General's Office of Native American Affairs and the Native American Heritage Commission. 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) Foster 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) Foster 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) Provide 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<sup>61</sup>); 4) Identify opportunities to share educational resources between the state judicial branch and the Tribal justice systems; 5) Make 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) Improve the quality of data collection and exchange related to Tribe-specific information.

Since its establishment in May 2010, the Forum has met five times in person (June 13, 2010, January 13, 2011, June 17, 2011, December 14, 2011, and October 9-10, 2012) and regularly by conference call. The Forum has an electronic newsletter called the Forum E-Update, which is distributed every month and contains announcements, grant opportunities, and other resources. Please visit the following website to view the Forum's roster, charge and scope of work, values and principles, communication plan, meeting notes, Forum E-Updates, and other information: <http://www.courts.ca.gov/3065.htm>

During the reporting period, Forum members participated in a plenary panel at the California rural judges' conference, the "Cow County Institute"; presented an overview of the Forum's activities to the California Judicial Council; presented a workshop entitled "Public Safety Crisis in Indian Country: What You Can Do" at the California Partnership to End Domestic Violence

<sup>61</sup> [www.courts.ca.gov/8117.htm](http://www.courts.ca.gov/8117.htm)

Conference (San Diego); and, working in collaboration with the AOC and the National Judicial College, convened a two-day judicial symposium hosted by the Shingle Springs Band of Miwok Indians Rancheria. Approximately 50 Tribal and state court judges participated.

Some of the key accomplishments of the Forum include: 1) sharing of resources; 2) developing new resources; 3) collection of Tribe-specific data and information (population characteristics<sup>62</sup>, domestic and other violence and victimization statistics<sup>63</sup>, Tribal court directory<sup>64</sup> and map<sup>65</sup>, and Tribal justice systems<sup>66</sup>); 4) focus on domestic violence (recognition and enforcement of protective orders: *Statewide Needs Assessment*<sup>67</sup>, *California Courts Protective Order Registry*<sup>68</sup>, *Domestic Abuse Self-Help Tribal Project*<sup>69</sup>, *Efficient and Consistent Process*<sup>70</sup>, *Public Law 280 and Family Violence Curriculum for Judges*<sup>71</sup>, *Recognition and Enforcement of Tribal Protective Orders (Informational Brochure)*<sup>72</sup>, *Tribal Advocates Curriculum*<sup>73</sup>, and *Tribal Communities and Domestic Violence Judicial Benchguide*<sup>74</sup>); 5) focus on child support<sup>75</sup>; 6) recognition and enforcement of Tribal civil judgments; and 7) focus on juvenile cases (rule proposals, legislative proposals, and legislative reports).

### CROSS-CULTURAL COURT EXCHANGE

The California Tribal Court/State Court Forum has planned a series of local Tribal court/State court exchanges to both model the collaborative relationships among Tribal and state court judges at a local level and foster partnerships among Tribal and non-Tribal agencies and service providers. Through these exchanges, which are judicially-convened on Tribal lands, participants identify areas of mutual concern, new ways of working together, and coordinated approaches to enforcing Tribal and state court orders. Since no court order is self-executing, these exchanges serve to support both state and Tribal courts by ensuring that those who are providing court-connected services are working together, understanding jurisdictional complexity and the needs of their Tribal community, and improving the quality of justice, whether citizens walk through the Tribal or state courthouse.

The Forum planned a series of three exchanges at Quechan, Yurok, and Hoopa. The first exchange was held February 27, 2013 on the Quechan reservation, and was an historic meeting attended by Tribal leaders and elders and Tribal and county representatives from education, family court services, probation, social services, and domestic violence prevention services.

<sup>62</sup> [www.courts.ca.gov/documents/resup\\_pop\\_072511\\_final.pdf](http://www.courts.ca.gov/documents/resup_pop_072511_final.pdf)

<sup>63</sup> [www.courts.ca.gov/documents/NatAmStatsAbUpdate.pdf](http://www.courts.ca.gov/documents/NatAmStatsAbUpdate.pdf)

<sup>64</sup> [www.courts.ca.gov/14400.htm](http://www.courts.ca.gov/14400.htm)

<sup>65</sup> <http://q.co/maps/cvdq8>

<sup>66</sup> [www.courts.ca.gov/documents/TribalJusticeSystemRU.pdf](http://www.courts.ca.gov/documents/TribalJusticeSystemRU.pdf)

<sup>67</sup> [www.courts.ca.gov/8117.htm](http://www.courts.ca.gov/8117.htm)

<sup>68</sup> [www.courts.ca.gov/15574.htm](http://www.courts.ca.gov/15574.htm)

<sup>69</sup> [www.courts.ca.gov/documents/FactSheetDASH.pdf](http://www.courts.ca.gov/documents/FactSheetDASH.pdf)

<sup>70</sup> [www.courts.ca.gov/documents/SPR11-53.pdf](http://www.courts.ca.gov/documents/SPR11-53.pdf)

<sup>71</sup> [www.courts.ca.gov/documents/Tribal-FamViolenceCurriculum.pdf](http://www.courts.ca.gov/documents/Tribal-FamViolenceCurriculum.pdf)

<sup>72</sup> [www.courts.ca.gov/documents/Tribal-DVProtectiveOrders.pdf](http://www.courts.ca.gov/documents/Tribal-DVProtectiveOrders.pdf)

<sup>73</sup> [www.courts.ca.gov/documents/TribalAdvocacyCurriculum.pdf](http://www.courts.ca.gov/documents/TribalAdvocacyCurriculum.pdf)

<sup>74</sup> [www.courts.ca.gov/documents/Tribal-DVBenchguide.pdf](http://www.courts.ca.gov/documents/Tribal-DVBenchguide.pdf)

<sup>75</sup> [www.courts.ca.gov/documents/Tribal-ITC-FLIV-D.pdf](http://www.courts.ca.gov/documents/Tribal-ITC-FLIV-D.pdf)

Child welfare and domestic violence were identified as areas of mutual concern. The group shared information about services, the role of historical trauma, personal and professional stories relating to children of the Tribe who were removed and placed away from the reservation, the need for Indian foster families, the need to improve coordinated responses before removal, the steps to assure active efforts, the role a qualified Indian expert can play to preserve Indian families, personal and professional stories relating to domestic violence, the services in the county that are available, but are over an hour away, the need to identify all the services and find ways to enhance wraparound services.

The judges commended the CASA program for obtaining a National CASA grant and launching a Tribal CASA program, one that will be used not only in child welfare cases, but also in guardianship and dissolution cases.

A commitment was made by all participants to continue the dialogue and work creatively together.

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, recommended legislative proposals, judicial education, and local/statewide programs.

### **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 nine topics: 1) When ICWA applies; 2) Exclusive versus concurrent jurisdiction; 3) Determination of Tribal membership or eligibility for membership; 4) Notice to Tribes; 5) Tribal participation and intervention; 6) Active efforts, including culturally appropriate services; 7) Cultural case planning; 8) Placement preferences; and 9) Qualified expert witnesses.

During the reporting period, the AOC provided 17 local and regional trainings throughout California on topics that addressed domestic violence in Indian country, ICWA best practices and potential solutions to current issues, ICWA webinars for parents' attorneys, ICWA resources, and TCA. Training was also provided for Hoopa, Smith River, and Redding Rancherias for Tribal court judges, Tribal court staff, and Tribal law enforcement on the California Courts Protective Order Registry. By sharing information on restraining and protective orders through this registry, state courts and Tribal courts are better able to protect the public, particularly victims of domestic violence, and avoid conflicting orders. To learn more, visit [www.courts.ca.gov/15574.htm](http://www.courts.ca.gov/15574.htm). At least 22 state courts and 10 Tribal courts are now using this registry. The registry is available to all state court judges, Tribal court judges, and law enforcement.

### **CURRICULUM DEVELOPMENT AND EDUCATION**

The AOC has developed various curricula, published bench guides, and updated other educational materials, some of which are contained in the California Dependency Online Guide.

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 further described in the ICWA services and Forum sections of this report.

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<sup>76</sup>

### **LEGAL AND COURT SERVICES**

The AOC, through its state/Tribal programs provides 1) 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, assistance with drafting local rules and protocols; 2) legal and policy analysis relating to federal Indian law and inter-jurisdictional challenges as requested by the council, advisory committees, and local courts; 3) 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; and 4) 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 provides ongoing technical assistance. The ICWA staff responds to daily inquiries relating to various ICWA topics. Staff responds to and/or direct the inquiries to the appropriate contacts and resources as needed. Technical assistance is provided on a broad range of ICWA-related topics, including but not limited to the following:

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<sup>76</sup> <http://168.75.202.29/>

- 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
- Rules and processes for transfer to Tribal court
- 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

Examples of specific extended technical assistance included:

- Alpine County - assistance with funding for foster care placements made by the Tribal court;
- Humboldt County - assistance concerning payments to eligible guardianship placements made by the Tribal court;
- Sonoma County - assistance with drafting a local rule concerning transfer of ICWA cases from state to Tribal court; and
- Sonoma County - assistance with local Tribal/state court transfer ICWA protocol.

Legal services relating to the ICWA, in the form of in-person and distance trainings; job aids for judicial officers and court-connected service providers in juvenile dependency and delinquency cases, family custody and probate guardianship cases; file reviews; and other technical assistance, as requested by local judges, improves ICWA compliance. While data, and therefore progress, regarding ICWA compliance is difficult to capture in the current CWS/CMS system, the data collected on ICWA-related dependency appeals indicates a decrease for 2010. After reviewing appellate cases, AOC staff determined that statewide ICWA-related dependency appeals accounted for 22.2 percent of all dependency appeals for 2008, 15.2 percent of all dependency appeals for 2009, and 13.3 percent of dependency appeals for 2010, representing a 40 percent decline over three years. Factors affecting this progress likely include the resources dedicated to training and technical assistance for judges, attorneys, social workers, probation officers, and others on ICWA, and specifically ICWA noticing requirements. The decline in appeals is aligned with the timeframe in which the AOC began providing training on the subject and may have positively impacted the appeals numbers.

Working in collaboration with CDSS, county and Tribal social workers, and others, the AOC had worked to improve ICWA compliance through the provision of training and technical assistance. In 2012, CDSS funded 12 in-person trainings, for a total of 297 attendees, and one webinar that showed over 300 attendees participated.

With respect to TCA, the AOC has responded to numerous inquiries from judges, attorneys, and social workers. During the reporting period, staff has incorporated TCA into all ICWA trainings for social service agencies. In addition to the three trainings listed above, staff continues to respond to requests for technical assistance in this area. State/Tribal programs staff also received numerous requests concerning ICWA in general, including when qualified expert witness testimony is required, who can serve as a qualified expert witness, where to find resources, and payment for appointed counsel in guardianship cases. Staff have assisted counties in developing their recommended findings and orders templates in ICWA cases.

### **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, professionals from child welfare and child maltreatment prevention programs and agencies, law enforcement, judiciary, and foster/adoption agencies.

The 20<sup>th</sup> Annual State ICWA Conference is scheduled for June 25-27, 2013 in Temecula, California and is hosted by the Pechanga Band of Luiseño Indians of the Pechanga Indian Reservation. Further information regarding the conference is available in the Stakeholder Collaboration section of this report. CDSS and the ICWA Tribal Caucus members will co-sponsor two listening sessions at the conference to capture suggestions from the Tribal community on how it would like formal consultation to look like.

### **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 SB 678 into the MPP Division 31. A number of meetings have been held to review the proposed regulations and input was received from Tribal representatives and CDSS staff. Tribal ICWA Workgroup representatives have had significant comments in their input and have contributed to the length of time to complete this process. Hence, 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 provides an integrated family assessment tool for case management and outcomes evaluation in 126 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 three counties: Del Norte, Lake, and Mendocino 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 Habematolet 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. While the Del Norte and Mendocino Tribal communities actively use the FDM, the Lake Tribes no longer do so because they lack the resources to conduct family assessments. A complete set of Tribal specific FDM indicators was developed with Tribal agencies and is in use with a number of Tribal and non-Tribal agencies.

<i>Active Tribal programs</i>		<i>Inactive Tribal programs</i>	
<b>Tribe</b>	<b>Clients</b>	<b>Tribe</b>	<b>Clients</b>
Yurok	40	Lake (five Rancherias)	38
Hopland Rancheria	23	Ukiah	0
Smith River Rancheria	14		

**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. Due to conflicting Department priorities the scheduled modifications to the CWS/CMS were not completed during this reporting period. 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.

CDSS also anticipates developing state legislation and regulations to implement federal requirements provided in P.L. 110-351, the Fostering Connections to Success and Increasing Adoptions Act that will provide direction to counties on case record documentation that should be transferred when jurisdiction for a case is transferred to a Tribe. CDSS is also providing technical assistance to counties and Tribes working on development of local memorandum of understanding that will encourage early and consistent engagement of Tribal organizations in the case planning associated with Indian children and families.

**California Department of Social Services  
INDIAN CHILD WELFARE ACT (ICWA) WORKGROUP  
TRIBAL REPRESENTATIVES AND/OR ICWA ADVOCATES**

Susan Alvarez, ICWA Coordinator  
Pit River Tribe

Lisa Ames, Manager  
Social Services Department  
Tuolumne Band of Me Wuk Indians

Penny Arciniaga  
Tribal Member Services  
Buena Vista Rancheria

Angelina Arroyo, Council Secretary/ICWA Rep.  
Habematolel Pomo of Upper Lake

Hon. April Attebury, Judge/Administrator  
Karuk Tribe

Dorothy Barton, MSW  
ICWA Social Services Coordinator  
Big Sandy Rancheria

Glenn Basconcillo, TANF Director  
Owens Valley Career Development Center

Robert Bohrer  
Wiyot Tribe

Ann Louise Bonnitto, J.D.  
California Rural Indian Health Board (CRIHB)

Paulie Boynton, Social Worker  
Community and Family Services  
Smith River Rancheria

Karen Cahill, Social Services Director  
Bear River Band of Rohnerville Rancheria

Cynthia Card, ICWA Director  
Round Valley Indian Tribes

Diana Carpenter, LMFT  
Social Worker III/ICWA Representative  
Tuolumne Band of Me-Wuk Indians

N. Scott Castillo, Esq., Attorney at Law  
Law Office of N. Scott Castillo

Shonta Chaloux, Executive Director  
Soboba Tribal TANF

Annette Chihuahua, ICWA Coordinator  
Torres Martinez Desert Cahuilla Indians

Alex Cleghorn, Attorney at Law/Owner  
Cleghorn Legal

Kimberly Cluff, Attorney at Law  
Forman & Associates

James E. Cohen, Esq, Deputy General Counsel  
Pechanga Band of Luiseño Indians

Marty Comito, ICWA Director  
Middletown Rancheria

Amanda Coronado, MSW  
Tribal Economic and Social Solutions Agency

Geni Cowan, PhD., Senior Associate  
Eagle Blue Associates, Inc.

Nancy Currie, MA, LMFT  
Director of Tribal Family Services  
Soboba Band of Luiseño Indians

Patricia Davis, Tribal Council Delegate  
Santa Rosa Rancheria - Tachi-Yokut Tribe

Renee Davis, Regional Manager

California Tribal TANF Partnership

Cindy Dawson, Case Manager  
Child and Family Services  
Morongo Band of Mission Indians

Laila DeRouen, ICWA Representative  
Indian Child and Family Preservation Program

Liz Elgin DeRouen, ICWA Representative  
Indian Child and Family Preservation Program

Kimberlee Dodge, Social Worker  
Karuk Tribe

Stephanie Dolan, Attorney at Law  
Law Office of Stephanie Dolan

Cheryl Douglas, Community Service Director  
House Manager of Tribal Foster Homes  
United Auburn Indian Community

Joni Drake (North Fork Mono/Choinumni)  
Site Manager, San Joaquin County  
California Tribal TANF Partnership

Christine Dukatz, ICWA Representative  
Manchester Point Arena Tribe

Sara Dutschke, Attorney at Law  
Karshmer & Associates (for Morongo)

Tara Edmiston, Legal Secretary/Billing Manager  
California Indian Legal Services

Suzanne Evola, Social Worker/Victim Advocate  
Two Feathers Native American Family Services

Antoinette Fabela, MA, MFTI  
ICWA Expert/Child Welfare Consultant

Michele Fahley, Deputy General Counsel  
Pechanga Band of Luiseño Indians

Maria Garcia, Social Worker  
Pala Band of Mission Indians

Suzanne M. Garcia, Assistant General Counsel  
Washoe Tribe of Nevada and California

Maureen Geary, Attorney at Law  
Maier, Pfeffer, Kim and Geary, LLP

Shari Ghalayini, ICWA Representative  
Enterprise Rancheria

Millie Grant, Director  
Division of Human Services  
Hoopa Valley Indian Tribe  
Ronnie Graybear Hatch, ICWA Director  
Wilton Rancheria

Charles Henry, Staff Attorney  
Office of the Tribal Attorney  
Yurok Tribe

Virginia Hill, MSW, Tribal Administrator  
Santa Ysabel Band of Mission Indians - Iipay  
Nation

Vevila Hussey, MSW  
Social Services Director  
Bear River Band of Rohnerville Rancheria

Michael Jack, ICWA Specialist  
Quechan Tribe - Fort Yuma Indian Reservation

Elaine Jeff, Tribal Council Delegate  
Santa Rosa Rancheria - Tachi-Yokut Tribe

Karan D. Kolb, BS/BM  
Director of Social Services/Tribal Family Svcs  
Indian Health Council, Inc.

Joseph Kowalski, VISTA Volunteer  
Tribal Economic and Social Solutions Agency

Lorraine Laiwa, Director  
Indian Child and Family Preservation Program

Marsha Lee, ICWA Coordinator  
Big Valley Band of Pomo Indians

Rovianne Leigh, Attorney at Law  
Alexander, Berkey, Williams & Weathers, LLP

Stephanie Lucero, JD, LL.M, Program Specialist  
National Indian Justice Center and California  
Indian Museum and Cultural Center

Louis Madrigal, Executive Director  
Indian Child and Family Services

Margaret Martin, Director  
Child and Family Services  
Morongo Band of Mission Indians

Nicholas Mazanec, Staff Attorney  
California Indian Legal Services

David McGahee, LCSW  
Sonoma County Indian Health Project, Inc.

Francine McKinley, ICWA Social Svcs Director  
Mooretown Rancheria

Rita Mendoza  
Big Pine Paiute Tribe

Camille Miller, ICWA Coordinator  
Scotts Valley Band of Pomo Indians

Sonia Montero, Advocate  
California Indian Legal Services

Summer Morales  
California Indian Legal Services

Kelly Myers, Staff Attorney  
National Indian Justice Center

Linda Noel  
Pinoleville Band of Pomo Indians

Yvonne Page  
Colusa Rancheria

Delia Parr, Directing Attorney  
California Indian Legal Services

Jedd Parr, Advocate  
California Indian Legal Services

Erika Peasley, MSW, Executive Director  
Tribal Economic and Social Solutions Agency

Dorothy L. Perry, Director  
Children and Family Services  
Smith River Rancheria

Jodene Platero, ICWA Coordinator  
Southern Indian Health Council, Inc.

Valerie Plevney, MSW  
Tribal Child Welfare Worker & Family Advocate

Connie Reitman-Solas, Executive Director  
Inter-Tribal Council of California, Inc.

Elvira M. Rodriguez  
Morning Star Care Consultant Services

Margaret Romero, ICWA Specialist  
Bishop Paiute Reservation

Dolli Rose  
Indian Child and Family Preservation Program

Linda Ruis, Director of Social Services  
Santa Ysabel Band of Mission Indians - Iipay  
Nation

Theresa Sam, ICWA Representative  
North Fork Rancheria/Tribal ICWA Office

Halona Sheldon, ICWA Case Manager  
Indian Health Council, Inc.

Jolene Smith  
Foster Care Program Administrator/Supervisor  
American Indian Child Resource Center

Myron Standing Bear  
Social Worker/ICWA Advocate

Terilynn Steele, ICWA Program Director  
Tyme Maidu Tribe - Berry Creek Rancheria

Angela Sundberg, ICWA Representative  
Yurok Tribe  
Laura Svoboda  
Legal Secretary/Intake Worker  
California Indian Legal Services

Brandie Taylor, Vice Spokesperson  
Santa Ysabel Band of Mission Indians - Iipay  
Nation

Percy Tejada, ICWA Director  
Dry Creek Rancheria of Pomo Indians

Mary Trimble-Norris, Executive Director  
American Indian Child Resource Center

Paul Tupaz  
Cultural Competency Program Coordinator  
Inter-Tribal Council of California, Inc.

Mark A. Vezzola, Esq., Directing Attorney  
California Indian Legal Services

Theresa Villa, Delegate  
Indian Child and Family Services  
Pala Band of Mission Indians

Joseph Waddell, Council Secretary  
Karuk Tribe  
Leon Wakefield, Ph.D.  
Director, Behavioral Health  
Sonoma County Indian Health Project

Orianna Walker  
ICWA/Social Services Coordinator  
Picayune Rancheria of the Chukchansi Indians

Stephanie Weldon, MSW, Director  
Yurok Tribe – Social Services Department

Mandy L. West, MSW  
Social Services Coordinator  
Washoe Tribe of Nevada and California

Bernadine Whipple, ICWA Advocate  
Sherwood Valley Rancheria of Pomo Indians

Charity White  
Director of Family Services  
Southern Indian Health Council

Hon. Christine Williams, Chief Judge  
Hopland Band of Pomo Indians Tribal Court

### Supporting Information Regarding Coordination with Tribes

The CDSS utilizes the ICWA Workgroup as an essential means through which CDSS works with tribal representatives to improve ICWA compliance and Indian family social work practice. 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. CDSS has not yet established formal consultation policies for work related to Indian Child Welfare. However, Governor Jerry Brown issued Executive Order B-10-11, on September 19, 2011, in which he issued a

policy that every state agency and department subject to his executive control, shall encourage communication and consultation with California Indian Tribes. He also stated with the Executive Order that agencies and departments shall permit elected officials and other representative of Tribal governments to provide meaningful input into the development of legislation, regulations, rules, and policies on matters that may affect Tribal communities. The work being done by CDSS in collaboration with representatives of California Tribes as discussed above, most assuredly meet the spirit of the Governor's Executive Order. More work is yet to come in the formalization of these work/processes.

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## CHAFEE FOSTER CARE INDEPENDENCE PROGRAM AND EDUCATION AND TRAINING VOUCHER PROGRAM

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**Program Contact Person:**

Theresa Thurmond, Manager  
Independent Living Program Policy Unit

**Address**

California Department of Social Services  
744 P Street, M.S. 8-13-78  
Sacramento, California 95814

Telephone No.: (916) 651-9974

The following document is arranged in accordance with the provisions of the U.S. Department of Health and Human Services, Administration on Children, Youth and Families Program Instruction ACYF-CB-PI-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 three transitional housing programs Transitional Housing Placement Program (THPP), the Transitional Housing Program-Plus (THP-Plus), and the Transitional Housing Program-Plus Foster Care (THP+FC) have been included in this framework. Within this framework, CDSS provides technical assistance to counties in the provision of core ILP services.

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), 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 and 2012, significant efforts have been made in California to implement the extension of foster care, referred to as the Fostering Connections After 18 Program. To implement the After 18 Program within the short time frame allotted and when state resources are extremely limited, collaboration with advocates, county staff, providers, California's child welfare training system, former foster youth, philanthropy groups and many, many others was not only necessary, but key to the success of the program implementation. In September 2012, the CDSS provided instructions to counties via an All County Letter. The ACL also provided instructions on obtaining the proper approvals, applying for licensing and a payment rate for NMD placements. Currently, the CDSS is developing and implementing methodology to capture data on the After 18 population. Some data were presented in the Permanency section of this report.

California's ILP program is funded through a combination of local and federal funds. For FY 2011-12, California received a federal Chafee grant of \$17,771,116 and the state share of \$13,221,000 was realigned to counties. Welfare and Institutions Code 10609.3(e)(1) also requires counties to establish a stipend (or trust fund) to supplement the Independent Living Program. The stipend can be used for bus passes, housing rental deposits, housing utility deposits, work-related equipment and supplies, and education related equipment and supplies to assist youth who have exited foster care or those that are planning to exit foster care for the following purposes.

California currently collects two sets of data related to transitioning youth:

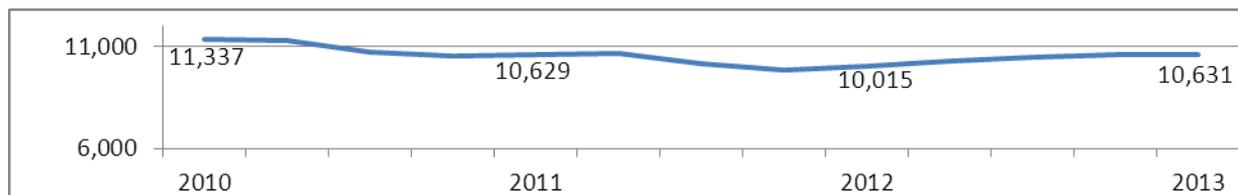
- Through the National Youth in Transition Database (NYTD), CDSS is collecting data on the ILP services delivered to youth and young adults. Data collection for NYTD began October 1, 2010 (FFY 2011); the first reporting period was October 1, 2010-March 31, 2011.
- CDSS also collects data on the status 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.

Based on data from CSSR on point-in-time placements for youth ages 16-18, 10,631 youth were eligible for ILP services on January 1, 2013. As illustrated below, the number of eligible youth has remained relative stable between 10,000 to 11,000 youth.

Based on data extracted from CWS/CMS by CWDAB, for youth who were between the ages of 16-21 years old at the time the service was received for FFY 2012, of the 15,383 youth in care, 69 percent received at least one of 50,394 independent living services listed in Table 8 below.

**Figure 75: Point-in-Time Placements for Youth Ages 16-18 Years (CSSR)**



The Exit Outcome data presented in Table 8 indicates the statewide percentages of youth who aged out of foster care in FFYs 2010 through 2012 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 8: Exit Outcomes Data for Youth who Aged Out of Foster Care (SOC 405E)**

Outcomes	Percent of Youth		
	FFY 2010 n = 3,758	FFY 2011 n = 3,251	FFY 2012 n=2585
Permanent connection with at least one adult they can go to for support, advice and guidance	98	91	89
Received High School Diploma	47	57	56
Arranged to live free of rent with someone	43	44	48
Enrolled in a program to complete High School education	30	27	29
Enrolled in College	30	32	23
Receiving or applied for additional government financial resources	27	36	36
Plan to Enroll in College	25	24	22
Arranged to rent alone or with others	25	27	18
Employed Part-Time	23	23	17
Applied for Food Stamps	23	22.5	24
Arranged to live in supportive transitional housing	16	17	17
Dropped out of High School	14	18	12
Employed Full-Time	6	6	4
Received GED	4	6	4
Enrolled in Vocational Education	4	5	3
Arranged to live in subsidized housing	2	3	2
No medical insurance	2	2	3
No housing arranged	1	1	1

Table 9 illustrates the number of eligible youth versus those who were delivered services by age. Approximately, 61,484 services were provided to eligible youth in FFY 2012, a marked

increase from approximately 22,000 services provided in FFY 2010. Near tripling 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.

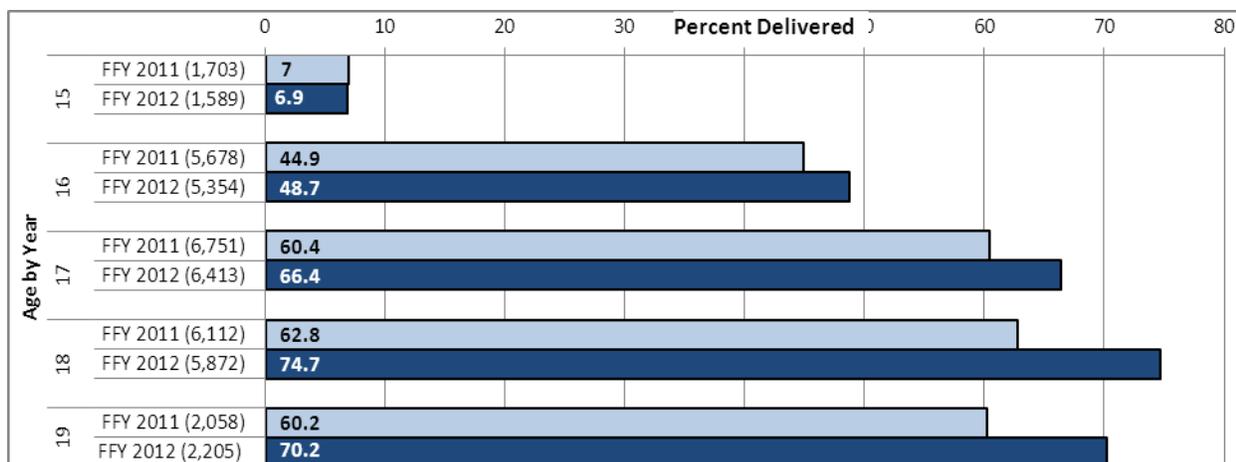
**ILP and delivered services by age and year**

In Figure 76 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 2012 by the ILP services was 17, 18, and 19 year old youth; about 70 percent were delivered ILP services.

The numbers of youth served have decreased (even though the percentage of youth served has increased). This is reflective of the overall decrease in the number of youth in foster care. However, the increase in the percentages of youth receiving services indicates that counties are engaging youth and the youth are engaging in services. Additionally, the state recommends the counties engage youth at age 15 through with an assessment. However, youth are not referred to the ILP and do not begin receiving independent living skills/services until age 16. The data also show that less than 50 percent of youth age 16 received ILP services, but almost 75 percent of 18 year olds received ILP services. Due to budget reductions, many counties have had to prioritize services to youth exiting the foster care system to ensure the youth that choose to exit foster care receive the ILP services they need for successful transition.

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 76: ILP Delivered Services by Age in FFY 2010 and FFY 2012**



**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 9) 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. As of January 1, 2012, ILP services are also provided to young adults who have chosen to remain in foster care. In addition to the extension of foster care to young adults up to age 21, some counties choose 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 through FFY 2012. The increase in the number of services provided between FFY 2010 and 2012 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 FFY 2012.

**Table 9: Number of ILP Services by Categories Provided during FFY 2010 through 2012**

Data reported in CWS/CMS for foster youth and former foster youth ages 15-20.	Number of Services Provided		
	FFY 2010	FFY 2011	FFY 2012
<b>ILP Service types</b>			
<b>Total Services Provided</b>	<b>21,957</b>	<b>53,363</b>	<b>61,484</b>
Consumer Skills/Home Management	3,224	7,913	9,719
Education/Academic Support	3,085	6,965	8,391
Needs Assessment	2,497	5,889	5,944
Transportation/Other Financial Assistance	1,812	4,822	5,815
Interpersonal/Social Skills/Parenting Skills	1,438	4,350	5,034
Career/Job Guidance	2,167	4,684	4,769
Post-Secondary Education	1,773	3,781	4,208
Health Care	1,310	3,479	4,098
Employment/Vocational Training	1,285	3,092	3,720

Money/Financial Management	1,107	2,310	3,009
Education Financial Assistance	1,078	2,351	2,488
Mentoring	641	1,942	2,485
Supervised Independent Living/Transitional Housing*	495	1,589	1,500
Room & Board Financial Assistance	45	196	304

\*note: transitional housing does not refer to THP or THP-Plus

The table above illustrates that the three most frequent services provided to youth in both FFY 2011 and 2012 were: 1) Consumer Skills/ Home Management Services (i.e., skills related to locating housing, understanding leases, deposits, rent, utilities, maintaining a household, laundry, grocery shopping) was the service provided most, with 2) Education/ Academic Support and 3) Needs Assessment (being the second and third most frequent, respectively). In addition to ILP Services, youth have an opportunity to participate in transitional housing, 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. Table 10 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.

Table 10: Transitional Housing Program

State Fiscal Year	Participating counties	Allocated Funds
2011-12	29	583,000
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. The ACL clarified to counties that the completion of this form applies to any youth who exits foster care at or after age 18. A mechanism has been included in CWS/CMS to track when the form is completed. For FFY 2012, 844 transition plans were completed.

### Expansion of Medicaid

The Federal Foster Care Independence Act of 1999 (December 1999) authorizes 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 18<sup>th</sup> birthday; 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, redetermination of eligibility is primarily limited to verification of residency. The CDSS has begun discussions with the Department of Health Care Services regarding the Affordable Care Act (ACA) and the extension of Medi-Cal and other health services for former foster youth to the age of 26.

### 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.
- Solano County is focusing on promoting healthy living and physical activity by providing gym memberships and promoting activities such as trips to the trampoline gyms for foster youth. They assist youth with accessing health care benefits through workshops.
- Riverside County has established a community resources region for all current and former foster youth to access any and all resources available to them within their communities. This is a 24-hour access line.
- 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.

For FFY 2014, the following activities are planned:

- Amador County is expanding its mentoring program to include peer mentors utilizing the older youth in the program to mentor the minor youth on transitioning into adulthood.
- Calaveras County is planning to hire a new staff person to focus only on the ILP population.
- Contra Costa County is making improvements to their database system to enhance their ability to track services and information on the youth in a more efficient and accurate way. In addition, the county has created a Facebook page to connect with the youth and advertise ILP classes and services.

## 2. HELP YOUTH RECEIVE THE EDUCATION, TRAINING AND SERVICES NECESSARY TO OBTAIN EMPLOYMENT:

The ILP regulations state that all current and former foster youth participating in ILP are to be enrolled in the county's career center for employment assistance. The ILP data on delivered services by category (Table 9 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. For more information on youth and employment please see section 5 of this chapter.

Exit Outcomes data (Table 8) above shows that between FFY 2011 to FFY 2012 there was:

- A 14 percent decrease in the proportion of youth who had received their high school diploma by the time they left care and a 33 percent decrease in those receiving a GED (from 6 percent to 4 percent).
- A 38 percent decrease in those enrolled in college and a 21 percent decrease in those who plan to enroll in college.
- A slight decline (7 percent) in those who were enrolled in a program to earn their high school diploma and 40 percent decrease in those enrolled in a vocational education program.
- A 39 percent decrease in those who dropped out of high school.
- The percentages of youth who obtained employment was at 18 percent

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.
- Contra Costa County assists youth with enrollment at the One-Stop Center and provides résumé and employment preparation workshops. In addition, they partner with the Workforce Development Board to connect youth directly to employment assistance case managers.
- Tuolumne County uses Career Scope Assessments for all eligible youth seeking employment. Career Scope Assessments include, career suggestions, and based on the

youth's interests and aptitudes. These assessments are discussed with the youth and a plan is developed using these as a foundation for career and education planning.

- Monterey County conducted two employment workshops specifically for ILP youth. These workshops focused on job seeking skills, interviewing skills, and provided on-the-job training, job placement, and follow up with representatives from the Workforce Investment Board through the Workforce Investment Act.
- Monterey County also hosted an interactive all day event for ILP youth entitled "Depart Smart" that included 4-5 youth participating in 12 minute "mini modules" to learn about career related topics such as Resume writing, interviewing skills, workplace etiquette, work attire, and personal hygiene.

For FFY 2014, the following activities are planned:

- Merced County is implementing an ILP job training program working with the local unemployment office to provide services tailored to ILP youth and helping youth gain employment.
- Santa Clara County is implementing an improved tracking system for services the youth are participating in to evaluate the outcomes of the employment training they are providing.

### **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.

Over the last several years, California has suffered significant budget cuts, and as a result, the educational system has been severely affected. These budget cuts resulted in reductions in enrollments and transfers at universities and community colleges. For that reason, the data illustrate a decrease in the number of foster youth planning to or those who are enrolled in college. However, as budget cuts to higher education were rescinded as a result of the passage of Proposition 30 in November 2012, the number of foster youth planning to enroll and enrolled in college may likely increase for FFY 2013. California Foster Youth Services program, detailed in the Well Being Section is an important educational support for foster youth and will be utilized to continually engage foster youth in pursuing higher education.

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, foster youth will be provided with a longer period of time to complete their high school diploma.

#### **Examples of County Efforts**

- 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.

- Riverside County provides workshops on post-secondary education and provides information regarding both college and vocational or technical training/certification. Riverside also provides post-secondary education life skills workshops that explain the differences between colleges, vocational training, and vocational certification while assisting youth with applications and financial aid applications. Riverside facilitates college tours that include lunch and volunteers from the community as chaperones to assist the youth.
- Contra Costa County has an annual youth fair that includes scholarship providers, local colleges, financial aid specialists, vocational internship providers and admissions counselors who help the youth with various questions. This allows the youth to interact one on one and learn what records they need and how they can apply for and receive financial aid to assist them in college or vocational education. In addition, the youth are provided with flash drives and binders. They are also receiving training on what documents they need and how to keep good records for success in completing applications and receiving assistance for higher education or vocational training.
- Monterey County works closely with Hartnell Community College, who provides personalized services for ILP youth interested in pursuing post-secondary education and training. This includes personalized services for each youth on college financial aid, course planning, and the Chafee grant. Monterey County also offers ILP training sessions on post-secondary training and educational institution which teach youth about various vocational and college options. In addition, they utilize Transitional Life Conferences to discuss what assistance youth may need to achieve his/her educational goals and develop educational plans that identify services, needed and how to obtain those services. These plans and the conference include an educational specialist to assist the youth with developing these plans and identifying the options youth may have.
- Napa County provides a “Performance Coach” that assists the youth with achieving their educational goals. These coaches assist the youth with college tours, vocational school tours, and one-on-one assistance with filling out the necessary applications for admissions and financial aid.

For FFY 2014, planned activities include:

- Santa Barbara County is developing an evidence-based “life book” that assists youth with planning and organizing educational goals and achievements in addition to identifying community supports to help them identify and meet educational goals as well as identify barriers that need to be addressed.
- Siskiyou County is planning to work more closely with local post-secondary education providers to make it as easy as possible for the youth to access financial aid assistance, registration, and other assistance the youth identify as a barrier to their successful completion of a post-secondary education.

- Solano County is adding another staff person to provide intensive educational and employment assistance to youth. This staff person is to create a program similar to “First Foundation” and will focus solely on the youth’s education and employment goals.
- Stanislaus County is planning to expand their educational services to include the Non-Minor Dependents. The county identifies the needs of this population as different from the minors and is therefore creating a program to assist them specifically in meeting their educational goals.

#### **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 8) in FFY 2012 showed that 89 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. It appears that there may have been a data entry issue surrounding the SOC 405E during the implementation phase of the After 18 Program. The issue centered on how to capture youth in transition to extended foster care. In anticipation of the implementation, some youth may have been captured as exiting when in fact they remained in care. In addition, California is still in a financially difficult time with many areas of the state still suffering high unemployment rates and housing issues. As a result, counties continue to report staff reductions and reassignments. Consequently, staff turnover may contribute to a learning curve of the CWS/CMS system as well as how to effectively engage youth. The data are improving as these staff receive training.

##### **Examples of County Efforts**

- Marin County has begun working with local churches on “The Open Table” project, similar to wraparound case management but comprised of volunteers from churches; the program 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.” The event led to freshman college student being able to stay with a CASA over Christmas vacation and be with a family during the holidays.
- Napa County has implemented a support group through Voice Our Independent Choices for Emancipation Support (V.O.I.C.E.S.) for lesbian, gay, bisexual, transgendered or questioning (LGBTQ) youth. This support group provides emotional and social support from their peers and adults.

- Siskiyou County hosts a banquet in the fall that includes all ILP and Probation youth. The banquet includes adults that would like to support ILP and Probation youth and provide encouragement. These adults include members of the community, representatives from County agencies, CASA volunteers, District Attorney, Public Defenders, minor's attorneys, community college representatives, and Board of Supervisors staff. The event provides a forum for the youth to express concerns and successes and receive advice on the best path for their future.
- 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
- Tuolumne County provides mentors through the TEENWorks Mentoring Program. Participants are matched with a mentor to assist him or her with daily obstacles and assist them with their transition to self-sufficiency.
- Los Angeles County provides an internship program where they hire emancipated youth as county interns. The county mentors the youth, provides on-on-one guidance on how to keep a job, and provide job skills and training with the goal of obtaining full time employment with the county at the end of the two year period.

For FFY 2014, the planned activities include:

- Amador County is expanding their mentor program to include older youth mentoring the minor youth. These ILP participants will provide mentoring to the minor youth to help them identify needs and explain the benefits of the ILP program to minors.
- Tulare County is working on becoming an accredited CYC Chapter to give youth a voice. The county will mentor ILP youth as they attend meetings with the CYC. The local CYC chapters are led by youth members and are mentored by adult volunteers that assist the youth in getting the issues related to foster youth out into the community.

**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, ages 18-24 years, 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 2012-13, a total of 53 counties are participating in THP-Plus. The amount of funding allocated for the program totaled nearly \$36 million. In this program, youth live in an

apartment-like setting and receive services. The program lasts for two years and at the end of the program, youth can take over the apartment lease.

### **Transitional Housing Program Plus Foster Care (THP+FC)**

In September 2012 and as a result of the After 18 Program, CDSS implemented the THP+FC housing program. This new licensed housing allows various transitional housing options and supportive services where youth learn how to live independently while receiving assistance. Youth have one of three placement options; a host family where youth live with a caring adult that has been approved by the provider, a single site where they live in an apartment, or a single family home, or condominium rented or leased by the THP+FC provider. Youth's placement decisions are made in the same way as any other foster care placement decision--based on a needs assessment and identifying placement options available to meet those needs. Due to the recent implementation, data on this population are not available; however, it is being collected and will be reported in the next APSR.

### **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 former Department of Mental Health and the California Housing Finance Agency. In 2007, \$400 million in MHSA funds were made available to finance the capital costs associated with development, acquisition, construction, and/or rehabilitation of permanent supportive housing for homeless individuals with mental illness and their families.

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.

In September 2011, Assembly Bill 483 was signed into law with provisions to end chronic homelessness for transition aged youth. In 2005 Governor Schwarzenegger launched a chronic homelessness initiative with a ten year plan to address chronic homelessness in California. Assembly Bill 483 removes barriers for individuals that may not have otherwise met the definition of "chronic" homelessness. Prior to Assembly Bill 483, homeless transition-age youth may not have met the definition of chronic homelessness because of their age but still faced barriers to housing stability and require supportive services. This new law allows homeless youth and homeless families (including youth with children and pregnant and parenting teens) to meet the definition and receive supportive housing if they choose not to extend in foster care.

### **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 county-only 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. For example, Los Angeles County relies heavily on EYS funds to assist emancipated foster youth with education related expenses whereas Alameda County spends the majority of EYS funds on employment related expenses for emancipated youth.

For the FY 2009-10, the Emancipated Youth Stipend was suspended due to California's budget deficit. For 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. The WIC 10609.3 allows for flexibility in the use of the stipend to help youth with independent living needs. In July 2012, SB 1013 removed language that no longer limits the use of these funds solely for emancipated youth.

For FFY 2014, several counties are expanding their stipend program to include supporting non-minor dependents ability to transition into adulthood.

### **Employment**

Table 11 below from the 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.**

<b>Current and former foster youth</b>	<b>FFY 2010</b>	<b>FFY 2011</b>	<b>FFY 2012</b>
Enrolled in WIA and One Stop Centers	3,331	1,404	1,689
Exited from WIA and One Stop Centers	1,935 (58%)	346 (25%)	887 (53%)

The three 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 and 2012, 47 percent of youth who are enrolled have not exited the programs. The data above does indicate a slight increase in more youth taking advantage of the services offered at the One-Stop Centers.

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 may be reflected in the data of the following year.

Foster youth may also be served through the WIA Title 1 system, rather than One-Stop Centers, and receive universal or core services, which are mainly individual or group services in career development, job search, referral and other related services. It is also important to note that youth who enroll in the One Stop Centers are self-reporting as former or current foster youth.

The CDSS Exit Outcomes data Table 8 reveals a static 29 percent rate of youth who were employed in FFY 2011 and in FFY 2012 both part and full time, when they aged out of care. The latest California statistics on unemployment indicates that the state has been three percent higher in unemployment over the past two FFYs than the national average.

### **Examples of County Efforts**

- Riverside County has created an apprenticeship program with local labor unions to provide foster youth that are interested in trade the opportunity to gain valuable skills and earn money and hours toward full journey level positions. In addition they created a fund specifically to help foster youth with costs associated with employment; for example, uniform costs and/or training or tools needed.
- Napa County has workshops and individualized coaching to assist youth with employment. The workshops include: identifying job resources, conducting a job search, applying for employment, preparing for an interview, understanding new hire paperwork, and how to maintain employment. In addition to these workshops youth are able to access mentors and personal coaches to assist them outside of the workshops as necessary.
- 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.
- Stanislaus County partners with the Community Services Agency on Project YES that provides employment training and internships to transitioning foster youth. In addition they utilize a Career Interest inventory tool; Career Occupation Preference System (COPS) to help assess

the skill level of the foster youth and match them with careers they are interested in and are well suited for.

For FFY 2014, the following activities are planned:

- Alameda County is creating an enhanced training program for ILP youth.
- Tulare County is planning to contract with a local community college to provide individualized services for each youth in regards to career planning and how educational goals will work with those career plans. They are working with the community college to contract a staff person that will be an advising specialist skilled to work with ILP youth and offer assistance.
- Tuolumne County is going to begin using the Career Scope Assessments for all eligible youth seeking employment. This assessment provides information on career's that match the youth's interests and aptitudes. The ILP worker will then discuss the assessment with the youth and assist the youth in the appropriate path to accomplish the goals identified.

## **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 were in foster care between the ages of 16 and 18.

### **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 were in foster care between the ages of 16 and 18. 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 and 18 and have not reached their 21st birthday as of July 1 of the award year. The student must be enrolled in an eligible career, technical school, or college course of study, attend school at least half- time, and must maintain satisfactory academic progress to continue receiving the grants.

During the following Academic Years (AY) (July 1 through June 30), the Commission reports the total Chafee ETV awards as follows:

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 (Commission)

	AY 2011-12		AY 2010-11		AY 2009-10	
Active award average	Number of Awards	Average Award Amount	Number of Awards	Average Award Amount	Number of Awards	Average Award Amount
New	831	4,918	932	4,423	1,079	4,33
Renewal	1,540	4,896	1,573	4,511	1,564	4,468
<b>Total Average</b>	<b>2,371</b>	<b>4,904</b>	<b>2,505</b>	<b>4,478</b>	<b>2,643</b>	<b>4,412</b>

The ten percent decrease in ETVs award between 2010 and 2012 (2,643 and 2,371, respectively) may be reflection of a number of issues in our economic and state budget difficulties resulting in increased tuition costs, and decreased availability of core curriculum classes for students. The decrease in ETV allocation by \$600,000 overall between 2010 and 2012 reflects the loss of grants for 272 students.

The Chafee Grant ETV Program stakeholders convened to discuss the reduction of federal funding in the Chafee Grant Program and to determine priorities for the upcoming year. Stakeholders determined a more in depth analysis of the current data and a comparative analysis of the options beginning with looking at the current data regarding the process of priority registration, awarding criteria, and amount of the awards to determine the most effective way to ensure the most youth are served with the reduced funding. The goal is to continue to support as many youth as possible toward their educational goals.

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

- Contra Costa County provides a workshop and one-on-one assistance with applying for and understanding the benefits of applying for and receiving the Chafee grant and other financial aid programs available.
- Tuolumne County ensures a youth has submitted a Free Application for Federal Student Aid application and Chafee Grant Application when financial assistance for postsecondary cost is requested. In addition, Tuolumne County utilizes the Foster Youth Liaison to assist the youth in obtaining guidance on developing educational goals, obtaining all available financial aid, and providing them individual attention to ask questions and receive guidance.
- Shasta County has implemented priority registration specifically for foster youth with the local community college that includes review of all financial aid options and a description of the Chafee grant and provides application assistance to the foster youth.

Counties have not identified any new planned activities regarding the Chafee grant for the upcoming FFY as they are waiting for guidance from the stakeholders on how to proceed with the federal funding reduction in this program. They are continuing to implement the program

as they have in the past fiscal years until they are advised how to proceed forward with the additional funding reduction.

### **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 Part Four of this Chapter. Further information regarding California's Kin-GAP program was previously described in the Guardianship section of this document, in the permanency chapter.

Based on FFY 2012 NYTD data, approximately 7,017 exited child welfare, 2,524 reunified with their families, 151 were adopted, 106 were in Kin-GAP, 228 were in guardianship while 908 youth exited to other after care services 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 Foundation for California Community Colleges (FCCC) is to promote statewide educational training on life skills and college and career preparation to current and transitioning foster and probation youth aged 16 to 21 years. In addition, adult care providers including foster parents, kinship caregivers, group home staff, and foster family agencies receive educational training in conjunction with these youth. Under a contract with CDSS, the FCCC provides programming designed to:

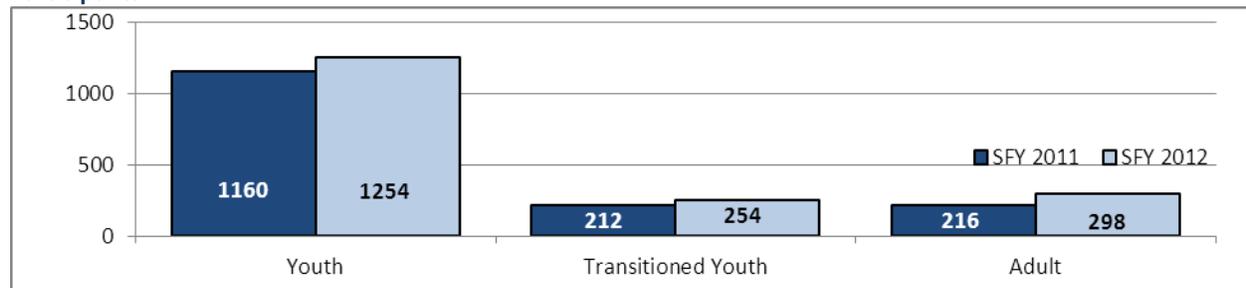
- Increase youth access to community college based vocational training and work experience. Offering either high school and/or college credit for participation in FCCC ILP program.
- Engage youth in real-life, experiential independent living skills activities.
- Provide youth with academic advocacy and support services to increase persistence rates within the California community college system.
- Introduce and assist youth to access campus and community based services.
- Assist youth with priority enrollment in California community colleges (Assembly Bill 194).
- Facilitate youth focus groups and roundtables, integrating youth feedback into program improvement strategies.
- Provide training and materials to 112 community colleges to increase awareness and support of extended foster care benefit in California.
- Collaborate with community colleges' Chancellor's Office, Student Services Division, to increase service capacity throughout the community college system.

- Work in tandem with the California Colleges Pathways project to ensure that community college staff receive appropriate training, to support foster youth on their campuses.

The Youth Empowerment Strategies for Success-Independent Living Program (YESS-ILP) is administered by the Youth and Adult Services division of the FCCC. The objective 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 and self-sufficient young adults.

During the 2011-12 program period, the YESS-ILP increased the total number of participants receiving services by 14 percent. The total number of participants during the 2011-2012 program period are illustrated in Figure 77 below.

**Figure 77: Number of YESS-ILP Program Participants**



During the 2011-12 program period, YESS-ILP provided 2,025 total training hours. And, of the total training hour provided, 1,167 or 58 percent were reported as experiential in nature. In addition to accessing specific ILP services, youth sought one-on-one personal and academic advisement services with their designated YESS-ILP liaison multiple times throughout the program period.

During the 2011-2012 the YESS-ILP had a very strong retention rates with youth and transition age youth returning for services an average of eight times during the program period.

### **JUVENILE JUSTICE AND DELINQUENCY PREVENTION ACT OF 1974**

The CDSS participated on The California Department of Corrections and Rehabilitation (CDCR) Division of Juvenile Justice (DJJ) Foster Youth Re-Entry Work Group (FYRE) to explore possibilities of identifying youth in both systems. The FYRE has made significant progress in achieving this goal and has completed deliverables, which include:

- Successfully launching the first Former Youth Re-Entry Transition to Adulthood “Passport to Independence” event. Approximately 40 staff from various state, local and private agencies participated in an all-day “Behind the Walls” event to inform former foster youth about housing, education, employment training and placement, alcohol and drug programs, transition services, support networks and independent living programs.
- Produced a Foster Youth SB 945 compact disc with guidelines and materials that can be used to replicate the event in county detention sites, educational settings, and workshops.
- Provided the CDSS Foster Youth Resource Toolkit to inform foster youth in DJJ on the availability of programs and services. Work group members provided updated information to CDSS on services administered by their departments.

- Encouraged the Administrative Office of the Courts to modify and implement the court’s “commitment to DJJ” form (JV-732) to include the identification of foster youth.
- Worked with CDCR/DJJ and CDSS to develop a memorandum of understanding to share data for the purpose of identifying foster youth in DJJ.

DJJ also has Re-Entry Coordinator staff that 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.

The CDSS Independent Living Program Policy Unit also provided staff from the DJJ with an all-day training on the resources, services, policies and regulations available for former foster youth exiting from the systems. The CDSS acts as an intermediary between the counties and DJJ in order to coordinate and expedite services for youth.

### **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 partnered 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. These youth ambassadors also participated on many of the After 18 workgroups.
- Executive staff from the Department meet quarterly with CYC to hear concerns and solicit feedback on a variety of issues.
- In honor of National Foster Care Month, the State Capitol honored foster youth on May 10<sup>th</sup>, including their involvement and advocacy in state policy initiatives.

- Foster Youth from across the State had the opportunity to shadow legislators for the day and view the legislative process first-hand.
- 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 Ombudsman’s office regularly campaigns to encourage youth to be involved in the office, either as paid or volunteer staff. Their website<sup>77</sup> 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.
- 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 provide input on the content and appearance.
- Foster Club All Star: The CDSS, in partnership with 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.
- Former foster youth from CDSS’ Ombudsman’s Office and the California Youth Connection have been actively involved in the Continuum of Care Reform effort (please refer to the Permanency Chapter for more information).
- The CDSS collaborated with former foster youth in the Foster Care Ombudsman’s Office to assist them with applying for and receiving CalFresh benefits (food stamp program). CDSS employees partnered with former foster youth and provided one-on-one assistance in completing the application to identify any potential issues former and exiting foster youth may have in obtaining this resource. CDSS procured input from the youth on how to best serve this population and provided counties with instruction on how to engage former foster youth via webinar (with over 100 participating counties) and in the development of an All County Information Notice.
- The CDSS collaborated with current and former foster youth in the Foster Care Ombudsman’s Office to assist with the development of a policy regarding P.L. 112-34, the Child and Family Services Improvement and Innovation Act, Foster Youth Identity Theft. Youth were provided training on requesting and interpreting credit reports and how to clear

<sup>77</sup> <http://www.fosteryouthhelp.ca.gov/Involved.html>

inaccuracies and then followed up by making individual requests for their credit reports. The experiential activity provided the CDSS with information for developing the All County Letter.

### Examples of County Efforts

- Many counties reported providing the same services to guardianship youth who entered into guardianship; additionally, they outreach for that population.
- Solano County has a Youth Action Team that presents training to adults that work with current and former foster youth.
- Trinity County engages youth in leadership development through the CYC Youth Summit.
- Shasta County generates monthly reports from CWS/CMS to identify eligible youth in Kin-GAP 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.
- Riverside County engages youth in a special two-day cooking class that has the foster youth learn how to prepare and serve Thanksgiving dinner for themselves and the homeless population in the community. They also do this for Christmas and Easter events as well.
- Amador County has established many partnerships within the community to provide internships and volunteer opportunities for the foster youth to be active and involved in their communities and receive mentorship from leaders in the community.
- Riverside County employs former foster youth to serve as youth partners for the ILP program. The youth partners assist the ILP social workers to help current ILP participants identify important people that can serve as permanent connections, employment, education, and other assistance to help current ILP youth in their transition to adulthood.
  - 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.

For FFY 2014, Tulare County is working toward becoming accredited with the California Youth Connection and creating a local chapter to assist their youth in having a voice in working with stakeholders and decision makers regarding the needs and concerns of foster youth.

## Part 3: Coordinating Services with other Federal and State Programs and Indian Tribes

### CALIFORNIA INDIAN TRIBES

California has 109 federally recognized tribes and approximately 79 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 recognized tribes 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, CDSS is exploring other avenues of communication with tribes as well. With the implementation of AB 12 and related subsequent legislation, CDSS conducted regional meetings with tribes around the state to discuss the After 18 Program. The goals of these meetings was to hear from tribes the needs of tribal foster youth transitioning to adulthood and to better ensure tribal youth have access to the extended foster care benefits. Tribes also raised several issues related to extended foster care that are unique to tribal youth in foster care that CDSS is in the process of addressing. Based on Point-in-Time data for October 1, 2012 from CSSR, 36 American Indian-identified youth extended into foster care.

Additionally, 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.

### **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.
- Madera County has tribal representation at every Team Decision Making meeting involving the tribal foster youth. This representative ensures culturally appropriate services are provided to the foster youth.
- Kings County has an established relationship with the local tribes and the ILP coordinator works with the tribal liaisons and the youth to establish appropriate tribal services for a Native American ILP youth in their county. The tribal representative attends the Emancipation conferences, Team Decision Making meetings, and work to establish permanent connections that include the tribes.
- 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.
- Shasta County participates on an ICWA workgroup at the Redding Rancheria and Pitt River Tribe ICWA council. They focus on cultural events and services foster youth and former

foster youth can participate in and promote foster youth engagement. In addition their ILP social worker connects the youth with the “Life Center” that connects foster youth to other Native American teens in the community.

### **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](http://www.after18ca.org). CDSS also released an All County Letter on the vast array of training resources available for the After 18 program.

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 was also presented. There will be additional ACLs and webinars on some of the newer provisions of the After 18 Program that have emerged through the current legislative season. Additionally, CDSS attends County Welfare Director's ILP and transitional housing subcommittee meetings to provide additional clarification and technical assistance to counties.

CDSS has developed a Frequently Asked Questions webpage<sup>78</sup> that is intended to provide additional guidance to counties. This site also contains the ACLs and training materials to give counties access to that information for case managers and program staff that were not able to attend the trainings in person. Regional trainings were provided throughout the state which in turn provided the CDSS with the most frequently asked questions. CDSS has also released an All County Letter that includes all of the training resources for the After 18 program.

<sup>78</sup> <http://www.childsworld.ca.gov/PG2902.htm>.

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. 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. Since the sunset of the CC25I sunset in 2011 the efforts and positive outcomes have now been incorporated into everyday child welfare practices.

### **THE CALIFORNIA COMMUNITY COLLEGES CHANCELLOR’S OFFICE**

For FFY 2011, 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 5: 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.

In FFY 2012, the CDSS did not engage with any external contractor related to the administering the NYTD survey. Beginning in FFY 2013, CDSS chose to conduct the surveys in-house and solely online. As there was no survey administered in this interim year for NYTD FFY 2012, all efforts were being focused on the task to facilitate data collection for the follow-up population of 19-year old youth. Preparations for data collection of the next cohort of 17 year olds in FFY 2014 are ongoing.

In FFY 2011, CDSS submitted the California set of NYTD data to ACF. The data were from two sources: A survey conducted of 17 year olds in foster care (outcomes) and a report of all Independent Living Program Services, e.g., “delivered services” to all eligible youth reported by all of California’s 58 counties, submitted every six months, in May and November of each Federal Fiscal Year FFY.

The following summarizes the overall combined NYTD findings for FFY 2011 for participating 17 year olds in California and nationally. These findings are from a national NYTD report.

**Financial self-sufficiency:** 29 percent reported experiences in at least one employment-related category (current part- or full-time employment or receiving employment related training). This percentage of 29 percent is a bit misleading in that most of the youth who did report having financial self-sufficiency, the majority (close to 90% of the 29% ) were employed 20 hours or less weekly, or were in a job related training situation. About six percent reported having a full time position. Nationally, this outcome was the same with 29 percent of foster youth surveyed reporting experiences in at least a full or part time employment or engaged in a training program.

**Educational attainment in California:** 94 percent of the 17 year olds surveyed reported being enrolled and attending school; with three percent reporting that they completed high school or had a GED. This outcome was expected as participants were still enrolled in high school at the time the survey was given. California’s youth were slightly above the national NYTD reported outcome of 93 percent enrolled.

**High-risk behaviors:** In California, 25 percent reported a substance abuse referral, approximately two percent below the national data. This is an alarming but not surprising high rate, as substance abuse is a pervasive issue with many former foster youth, nationwide. Addressing this issue with provision of evidence based treatments is a priority for all probation and child welfare agencies.

In California, 31 percent reported having been incarcerated, four percent below the national average.

**Housing:** California (23 percent) is seven percent above the national (16 percent) average of the number of youth who reported being homeless at some point in their lives. There have been many initiatives and interventions (please refer to the section regarding assistance for chronically homeless youth) to address this issue. Many factors have contributed to this percentage including the housing market crisis and unemployment rates remaining high in California.

**Permanency Connection to adults:** California (88 percent) is five percent below the national average (93 percent) in the proportion of youth who report having a positive connection to an adult.

The percentage of youth completing the survey was significantly below the target. As a result of this first round of NYTD surveys, California has learned some valuable lessons that led to changes to improve the response rate. Key among these are: 1) improved incentives for completing the surveys, 2) maintaining the work in-house rather than contracting the survey out, 3) online access for youth, and 4) increases in local involvement by the caseworker or ILP coordinator and probation personnel are essential.

Figure 78: 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
<b>All</b>	<b>12,648</b>	<b>100</b>	<b>14,677</b>	<b>100</b>

## Part 6: 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

California is continuing to operate the five-year Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project (CAP) under an extension, as the original project period ended on June 30, 2012. Alameda and Los Angeles counties are the two participating counties. Under the CAP, the waiver counties are able 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; and
- Improve child and family well-being.

The five-year project began on July 1, 2007 and ended on June 30, 2012. An initial waiver extension request was made to ACF on February 6, 2012. ACF approved a short-term bridge extension through June 30, 2013, on March 9, 2012. As required, the CAP final evaluation report was submitted to ACF on December 24, 2012. The CDSS submitted a five-year extension proposal on March 28, 2013, that detailed modifications to the existing project, a proposed fiscal model, the programmatic focus for the participating counties and third-party evaluation, and inclusion of up to 18 new counties beyond the two current counties. A subsequent request was made on January 22, 2013, for the short-term bridge extension to be extended through June 30, 2014, or until the five-year extension project is approved. The proposed five-year project period for the extension is July 1, 2014 through June 30, 2019. Both CDSS and county representatives attended the 15<sup>th</sup> Annual Child Welfare Demonstration Projects Meeting held on April 3-5, 2013, in Arlington, Virginia, and met with Children's Bureau staff on the proposal.

Highlighted implementation activities for the two participating counties are provided below:

Over the project, the Alameda County Department of Children and Family Services (Alameda DCFS) funded their Alternative Road to Safety 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 was evaluated with support from Casey Family Programs. Alameda DCFS also provided funding for increased child welfare workers and supervisors, county counsel positions, and family finding support staff as part of their waiver implementation.

Additional investments included a Family Visitation Center; parent advocate program expansion; funding for foster parent recruitment; kinship support services program contracts; public health nurse expansion; funding to support behavioral health contracts; transportation workers; subsidized child care; Youth Advocate Fellows; an array of educational and

employment related funding, services, and supports for transitional age and emancipating youth including enhanced Independent Living Skills Program services; contracted case management for pregnant and teen parents; supplemental payments to high end group homes; research and evaluation staffing; funding for the CASA Program; cultural broker contract and cultural competence consultant; support and advocacy for commercially sexually exploited foster youth, outreach services for LGBTQ foster youth, discretionary funding for goods and services; and funding for Wraparound Program services.

Bridge year activities that were added by the county included funding for a Foster Care Hotline Program, funding for a pilot housing assistance program, funding for school supply and dental kit initiative; funding for a community consortium addressing children of incarcerated parents, and further increased contracts for educational supports for probation and foster youth.

The Alameda County Probation Department (Alameda Probation) focused on preventing unnecessary out-of-home placements, increased utilization of alternative dispositions, community probation, and enhanced community-based programs for probation youth and families under the waiver. Investment included staffing for the Family Preservation Unit (FPU). The FPU program is a 90-120 day intensive supervision program to prevent out-of-home placement and help reunite families of youth successfully completing a placement program.

Newly funded activities for project year five included additional staffing for Juvenile Services, public defender staffing, the Data Research and Reporting Team, JusticeWorks (contracted services to implement continuum of care), emergency family support services, Delinquency Prevention Network contracts, and funding for a specialized Juvenile Hall Unit. Under the bridge year, Alameda Probation identified additional social service agency reinvestment funding for Probation would be spent on three evening reporting centers, one specialized placement and one resource staff, a continuum of care program for diversion service providers, Family Group Conferencing for cross-over youth, and mental health staffing and intensive treatment.

Over the project, Los Angeles County Department of Children and Family Services (LA DCFS) continued to fund upfront assessments 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. Additional investments included youth development services; child safety enhancements with Emergency Response staffing; funding for the Prevention Initiative Demonstration Project supporting contracts with community-based agencies providing prevention services to at-risk families.

Newly funded activities identified by the county for project year five included the Medical Hub Program, increased Child Abuse Prevention, Intervention and Treatment Program contracts, Parents in Partnership Program, in-house legal services, and a coaching and mentoring initiative to support the LA DCFS core practice model. Bridge year activities that were added by the county included funding to expand the AB 129 Dual Jurisdiction Program and inclusion of funding for Wraparound Program services under the waiver.

The Los Angeles Probation Department (LA Probation) focused on reducing the number of youth and length of stay in congregate care under the waiver. The CAP 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. LA Probation 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 transitioning from placement back into the community.

Over the project, the cross systems case assessment and case planning 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. Under the bridge year, LA Probation identified new funding for expanding capacity of their current strategies, expanding group home monitoring, staffing for the 241.1 Unit serving cross-over youth, educational supports with youth development services, substance abuse treatment services, and funding administrative costs for the Probation Case Management System enhancements and data interface with CWS/CMS.

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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 realignment, 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), comprised of representatives from CDSS, CWDA, RTAs, RCFPP, 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 2012 and FFY 2013 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 and the administrative 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 Code of Federal Regulations (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 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 and the 50 percent administrative rate.

The “Fostering Connections to Success and Increasing Adoptions Act of 2008” (PL 110-351) provided 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 was phased in over five FFYs, with increased FFP rates allowed each year. The tiered FFP rates have now reached maturity, and training for the expanded audience is now at the full 75% FFP rate.

## 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 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, Katie A., and CAPP.

Counties have also expressed an interest in training staff via e-learning. The Northern and Southern Regional Training 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. A subcommittee of the Statewide Training and Education Committee focuses on technology and eLearning issues to further the creation and use of various modalities of technology to deliver high quality eLearning throughout California. 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, 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.

As a result of the Katie A. lawsuit settlement, additional Title IV-E funds will be leveraged to provide integrated training for mental health and child welfare social workers.

### **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; case management and supervision; and training in the use of CWS/CMS.

**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 \$10,901,732 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**

\$1,033,642

### 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**

\$32,664,474

**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.

**REGULAR FFP RATE**

This training is allocated to Title IV- enhanced regular FFP rate of 75 percent and the 50 percent administrative rate

**TOTAL COST ESTIMATE**

\$2,557,000.00

## 5 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

## National Council on Crime and Delinquency/Children's Research Center (NCCD/CRC)

6 With regard to effectively meeting federal and state child welfare outcomes, the CDSS 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 federal CFSR and the state C-CFSR continuous quality improvement programs. Both programs assist the CDSS and 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 both state and federal mandates. Services provided as part of the contract assist in the monitoring of progress towards federal and state target 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 in assessing 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 delivered both on-site and via web/phone based methods. 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 regular FFP rate. The state funding for the contract is 67 percent and the federal portion is 33 percent.

**TOTAL COST ESTIMATE**

\$75,000/FY

## 7 Kinship Support Services Program

The KSSP is one of the child welfare services programs that have been rolled into Realignment.

Initially, it was unknown if the 20 KSSP counties would continue to operate their KSSP programs, but to date, all 20 counties are continuing to offer KSSP support to relative and nonrelative caregivers and the children they care for. 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.

**DESCRIPTION OF TRAINING ACTIVITY**

Trainings were provided via regional conferences which included 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, how to work effectively with diverse populations, how to enhance youth engagement, how to better understand the child support system, educating caregivers on public benefits for youth and families, 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 or non-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 9,732 clients in FY 2011-12.

**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 2011-12, 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 statewide conference. The statewide conference was held on April 4-5, 2013 at the Holiday Inn in San Jose, California. There were 65 participants in attendance this year. In addition to the training provided at the statewide conference, training and technical assistance is 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).

## 8 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**

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 and orders.

The JRTA attorneys also conducted supplemental trainings in the form of in person, follow-up technical assistance as requested by courts and stakeholders and tailored to meet the individual needs of judicial officers, clerks, attorneys, social workers, and probation officers. Supplemental trainings were conducted in Amador, Placer, Plumas, Sacramento, San Mateo, Sonoma, Tehama, and Yuba counties.

The JRTA attorneys also provided in person training on Title IV-E requirements to probation officers from the following counties: Contra Costa, Lassen, Los Angeles, Merced, Nevada, Orange, San Diego, San Luis Obispo, Santa Barbara, Solano, Sutter, and Yolo.

The JRTA attorneys also responded to telephone and e-mail enquiries regarding Title IV-E and related issues such as the extension of foster care to non-minors, 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 continues to train throughout the state in response to new legislation, California's Fostering Connections to Success Act (AB 12/212/1712). Approximately 10 trainings have been conducted to address the needs of youth continuing to receive foster care services up to 21 years of age. Additionally, the JRTA project consults on Extended Foster Care related All County Letters and All County Information Notices released by CDSS. The JRTA attorneys also participate in the on-going development of rules of court, Judicial Council forms, and educational materials related to Extended Foster Care.

An attorney from the JRTA project participated with CDSS in statewide trainings on the 2012 federal title IV-E review and participated as a reviewer and consultant on judicial determinations at the review. There were no judicial determination errors in any of the cases reviewed, and the federal reviewers noted that the strongest part of the review was the courts.

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 and orders 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, Administrative Office of the Courts.

#### **APPROXIMATE NUMBER OF DAYS/HOURS OF TRAINING ACTIVITY**

275 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 SGF.

## TOTAL COST ESTIMATE

\$2,755,623.00

## Fiscal Academy

# 9 DESCRIPTION OF TRAINING ACTIVITY

The purpose of the UCD Fiscal Academy contract is to deliver 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.

During FY 2012-13, 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 November 2012, at the Yolo County training, 57 percent of participants ranked the training at the highest level and 31 percent ranked the training at the second highest level. In January 2013, at the Santa Barbara County training, 100 percent of the participants ranked the training at the highest and second highest level. Participant satisfaction appears to be related to the size of the class with smaller classes creating a more cohesive set of skill and knowledge which allows the instructor to proceed at a pace that is comfortable for all participants. Still, the course was valuable to all participants 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: "Very pragmatic. Strong presentation. Outstanding instructor." Recommendations from evaluations include creating classes for people of similar knowledge levels by splitting classes into introduction and intermediate levels and more hand-on exercises.

The detailed 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 advanced course that dealt with more complex topics or shorter on-line modules on different topics.

The training meets the goals and objectives of the Child and Family Services Plan 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

## **10 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. In this fiscal year 2012-2013, CDSS requested CRC/NCCD to complete a validation study of the Structured Decision Making Statewide Risk Assessment Tool, which is utilized by 54 counties; the validation study is conducted about every five years to make sure the tool is statistically accurate. CRC/NCCD will report their findings after review of the study results, and the Risk Assessment Tool items will be revised if necessary. CRC/NCCD will also modify training curriculum materials and provide a web-based training for trainers on the updated material if the Risk Assessment tool items are revised.

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

\$75,000 at 50 percent reimbursement (Federal CAPTA) rate for Re-validation Study report

Total cost: \$566,369

**Safe and Thriving Futures**

**11** The Safe and Thriving Futures contract 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 and the Stuart Foundation.

**DESCRIPTION OF TRAINING ACTIVITY**

The purpose of this contract is to support expanded and continued training and technical assistance (T/TA) to California counties that will promote child and youth safety, permanency and well-being through a variety of evidence informed promising practices. The practices supported in this contract include: Early Learning/Safe Starts, Quality Foster Parenting, and California Permanency for Youth Project, ILP Transformation, California Disproportionality Project, F2F, CC25I, Katie A. Integrated Practice Model, and CAPP.

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**

This training 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, and case management and supervision.

**SETTING/VENUE**

T/TA is provided on-site, in-person training sessions or meetings; offsite by telephone, email or video conferencing; webinars, 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, October 1, 2012 to June 30, 2014.

**TRAINING ACTIVITY PROVIDER**

Training and technical assistance is provided by Child and Family Policy Institute of California (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, 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 of parents, guardian ad litem, court-appointed special advocates representing children in such courts, and other identified staff.

**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 at the 50 percent rate, and philanthropic funds.

**TOTAL COST ESTIMATE**

\$834,758

**12 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.

# 13

## CWS/CMS Training

**DESCRIPTION OF TRAINING ACTIVITY**

Approximately \$586,462 was divided between the Regional Training Academies that are responsible for the delivery of CWS/CMS training. 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.

Counties also provide local CWS/CMS training to new staff whose functions within the program are changing, or special training to meet county or individual staff member-specific needs. Local training helps 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.

## **14 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**

\$414,402

## 15 Interstate Compact on the Placement of Children (ICPC) Training

### DESCRIPTION OF TRAINING ACTIVITY

On January 11, 2012, CDSS ICPC staff presented a training webinar for the county ICPC liaisons on new ICPC Regulations 2, 3 and 7 which became effective in October 2011. The training webinar provided an overview of the new regulatory requirements and provided a forum for county liaisons to ask questions regarding application of the new requirements in California. In addition, CDSS and county ICPC liaison staff attended an all-state webinar training on November 16, 2012, sponsored by the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) on newly adopted/amended ICPC Regulations 4 (Residential Placement), 5 (Central State Compact Office), and 12 (Private/Independent Adoptions). This all- state webinar provided useful information on these new regulatory requirements.

CDSS also conducted quarterly meetings with California ICPC liaisons and pre- and post- AAICPC business meetings. All these meetings provided an ongoing opportunity for CDSS to consult with county ICPC liaison 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. CDSS has also continued to provide on-going technical assistance to county child welfare, mental health and probation staff on ICPC program rules, practices, etc.

Lastly, during CY 2012 CDSS again worked with the UC Berkeley School of Social Welfare, California Social Work Education Center to make updates to a resource guide on ICPC.

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 regulations and forms, including both the type of training needed, as well as the timing/methods of such training. Any such training is likely to meet the specification 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 the compact must be used, who is and is not authorized to determine approvals on placements, 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 would 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

## **Web Based Training for County Eligibility Workers**

**16** UC Davis developed a Foster Care Eligibility Web-based training to train staff of the 58 County Welfare Departments (CWDs) and Probation Departments.

### **DESCRIPTION OF TRAINING ACTIVITY**

The training allows eligibility workers to improve their knowledge, skills, and accuracy when determining foster care eligibility. In addition, Probation staff can 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 to be in compliance with federal Title IV-E eligibility requirements during federal audits. The training objective will also focus 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 OF THE WEB-BASED TRAINING**

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% 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% participants reported that they preferred online training, 32% were neutral and 7% 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

## Evaluation and Technical Assistance

### TRAINING EVALUATION FOR RTAS

A collaborative process was undertaken to formulate the next Strategic Plan for Training Evaluation, which will guide child welfare training evaluation efforts for a three year period in California (FY 2012-2015). 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:

- Continuation of the data collection infrastructure that allows for systematic evaluation of the effectiveness of the Common Core Curricula;
- Implementation of new technologies to automate data collection and analysis, to save resources and improve timeliness of results;
- Systematic review of curriculum content, and of processes to revise content over time, to assure that Common Core is delivered in the optimal modality and with appropriate content for beginning child welfare social workers and supervisors;
- Development and implementation of methods to support evaluation of transfer of skill acquisition in the field, with supportive roles for supervisors and field trainers.

Within the next year, and based upon availability of funding and staffing, planned activities include:

- Continuation of multi-level data collection and analysis for Common Core Curricula;
- Completion of a pilot in up to 3 regions to examine automation of common core content and data collection;
- Extensive work with stakeholders and counties to examine current common core content and delivery modalities to assure content is updated and optimal for newly hired/promoted child welfare social workers and supervisors;
- Development and testing of evaluation tools to support assessment of skill acquisition and transfer of learning in the field.

### 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>

## 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 2014					
Describe the T/TA Request	Branch	Estimated Timeframe	Related T/TA Need	Additional Information	NRC/Regional Office Contact
CDSS is seeking assistance in developing a child welfare practice model for use in all counties.	CYP: Karen Gunderson	TBD (possibly by July 2013)	<input type="checkbox"/> Data Issues (SACWIS/AFCARS) <input checked="" type="checkbox"/> Other needs (specify) <input type="checkbox"/> Federal Requirements		TBD
CDSS has sought assistance in developing a case review system consistent with the guidelines provided in IM 12-08	CSOE: Diana Weston-Williams	Request was originally made in October 2012, revised in July 2013.	<input type="checkbox"/> Data Issues (SACWIS/AFCARS) <input type="checkbox"/> Other needs (specify) <input checked="" type="checkbox"/> Federal Requirements		NRCOI
CDSS has sought assistance in restructuring the State Indian Child Welfare Act (ICWA) Workgroup	CPFS: Kevin Gaines	The request was made in March 2013	<input type="checkbox"/> Data Issues (SACWIS/AFCARS) <input type="checkbox"/> Other needs (specify) <input checked="" type="checkbox"/> Federal Requirements		NRC for Tribes
<p>The Tribal Caucus has sought assistance with formalizing the CA ICWA workgroup Tribal Caucus relationship with CA CDSS to effect ICWA outcomes and collaboration; and strategies to increase access/participation for Tribes to the meetings via web based meetings/video conferencing.</p> <p>As well as assistance with helping CDSS to understand the need and requirement to consult with tribes on a government to government basis with regards to legislation, grants, etc.</p>	Tribal Caucus	The request was made in September 2012	<input type="checkbox"/> Data Issues (SACWIS/AFCARS) <input type="checkbox"/> Other needs (specify) <input checked="" type="checkbox"/> Federal Requirements		NRC for Tribes

## 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, 2012:

Ages Under 1 – 10 years: 31,215, of which none have probationary status.

Ages 11 – 20: 24,551, of which 4,749 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 CDSS.

## 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](http://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, California Emergency Management Agency (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.cahwnet.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 Fed match amount.

In FFY 2011, match reported was \$471,378,183 in which \$0.00 was FC Assistance Non Fed match.

California did not expend any part of federal or non-federal Title IV-B subpart 1 funds for foster care maintenance, adoption assistance, nor childcare related to foster day care, and on administrative functions in FFY 2005. This is still true for FFY 2011.

#### PAYMENT LIMITATIONS – TITLE IV-B, SUBPART 2:

California's Promoting Safe and Stable Families program is currently funded using \$31,191,936 of Non-Federal Funds for 2011, while the Maintenance of Effort (MOE) baseline in 1992 was \$13,200,000.

Below are the funding calculations for this program:

Total Grant	\$	33,701,970.00
Total Non-Federal Funds	\$	<b>31,191,936</b>
(MOE baseline per 1992)	\$	<u>-13,200,000.00</u>
Non-Federal Match after MOE	\$	<b>17,991,936</b>
25 percent Match	\$	(11,233,990.00)
Unused Non-Federal Match	\$	<b>6,757,946</b>

The CFS 101 is outlined in the following section. The proportions for subpart 2 were previously described on page 31 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.

### **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	Definition
AAICAMA	The Association of Administrators of the Interstate Compact on Adoption and Medical Assistance
AAICPC	The Association of Administrators of the Interstate Compact on the Placement of Children
AAP	Adoption Assistance Program
AB	Assembly Bill
ACA	Affordable Care Act
ACF	Administration for Children and Families
ACIN	All County Information Notice
ACL	All County Letter
ACYF	Administration for Children, Youth, and Families
AFCARS	Adoption Foster Care Analysis and Reporting System
AFDC-FC	Aid to Families with Dependent Children – Foster Care
AOC	Administrative Office of the Courts
AOD	Alcohol and Other Drugs
APS	Adoption Promotion Services
APSR	Annual Progress and Services Report
APSS	Adoption Promotion Support Services
ARC	American Red Cross
ASB	Adoption Services Bureau
ASFA	Adoption and Safe Families Act
AY	Academic Year
BASW	Bachelor of Arts in Social Work
BOS	Board of Supervisors
BRC	Blue Ribbon Commission
BSC	Breakthrough Series Collaborative
BSW	Bachelor of Social Work
CalDOG	California Dependency Online Guide
CalEMA	California Emergency Management Agency
CalSWEC	California Social Work Education Center
CAN	Caregiver Advocacy Network
CAP	Capped Allocation Project
CAPC	Child Abuse Prevention Councils
CAPIT	Child Abuse Prevention Intervention and Treatment
CAPP	California Partners for Permanency Project
CAPTA	Child Abuse Prevention and Treatment Act
CARs	child abuse reporting system
CASA	Court Appointed Special Advocates

Acronym	Definition
CAT	Comprehensive Assessment Tool
CBCAP	Community Based Child Abuse Prevention
CBO	Community Based Organizations
CC25I	California Connected by 25 Initiative
CCAP	County Cost Allocation Plan
C-CFSR	California Child and Family Services Review
CCR	Continuum of Care Reform
CCR&R	Child Care Resource and Referral
CDCR	California Department of Corrections and Rehabilitation
CDE	California Department of Education
CDP	California Disproportionality Project
CDPH	California Department of Public Health
CDSS	California Department of Social Services
CDSS	California Department of Social Services
CEBC	California Evidence-Based Clearinghouse
CFCIP	Chafee Foster Care Independence Program
CFPIC	Child and Family Policy Institute of California
CFR	Code of Federal Regulations
CFS	Child and Family Services
CFSD	Children and Family Services Division
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review
CHDP	Child Health and Disability Program
CHHS	California Health and Human Services
CHVP	California Home Visiting Program
CKC	California Kids Connection
CLN	Community of Learning Network
CLT	Coordinating Leadership Team
CMS	Case Management System
CNFSN	California Network of Family Strengthening Networks
COPS	Career Occupation Preference System
CPFS	Child Protection and Family Support
CPM	Core Practice Model
CPOC	Chief Probation Officers of California
CPS	Child Protective Services
CQI	continuous quality improvement
CRC	Children's Research Center
CRIBB	California Rural Indian Health Board
CRP	Citizen Review Panel

Acronym	Definition
CSA	County Self-Assessment
CSAC	California Student Aid Commission
CSAT	Coordinated Services Action Team
CSNA	Child Strengths and Needs Assessment
CSOAB	Children's Services Outcomes and Accountability Bureau
CSOE	Children Services Operations and Evaluation
CSOEB	Children Services Operations and Evaluation Branch
CSSP	Center for the Study of Social Policy
CSSR	Center for Social Services Research
CSU	California State University
CW	Child Welfare
CWC	Child Welfare Council
CWDA	County Welfare Directors Association of California
CWDAB	Child Welfare Data Analysis Bureau
CWDs	County Welfare Departments
CWS	Child Welfare System
CWS/CMS	Child Welfare Services/Case Management System
CY	Calendar Year
CYC	California Youth Connection
CYP	Child and Youth Permanency
D&D	Disproportionality and Disparity
DCFS	Department of Children and Family Services
DCS	Data Collection System
DDS	Department of Developmental Services
DHCS	Department of Health Care Services
DJJ	Division of Juvenile Justice
DMH	Department of Mental Health
DO	District Offices
DOC	Disaster Operation Center
DOJ	Department of Justice
DPH	Department of Public Health
DR	Differential Response
DRA	Deficit Reduction Act
DV	Domestic Violence
EBHV	Evidence Based Home Visiting
EBP	Evidence Based Practices
EDD	Employment Development Department
EI	Early Intervention
EIFDC	Early Intervention Family Drug Court

Acronym	Definition
EMQ	Eastfield Ming Quong
EPSDT	Early Periodic Screening, Diagnosis, and Treatment
ER	Emergency Response
ETV	Education Training Vouchers
EYS	Emancipated Youth Stipend
F2F	Family-to-Family
FASD	Fetal Alcohol Spectrum Disorders
FBO	Faith Based Organizations
FC	Foster Care
FCARB	Foster Care Audits and Rates Rates Branch
FCCC	Foundation for California Community Colleges
FCDA	Foster Care Data Archive
FCO	Foster Care Ombudsman
FDM	Family Development Matrix
FES	Family Economic Success and Stability
FFA	Foster Family Agency
FFE	Family Finding and Engagement
FFP	Federal Financial Participation
FFY	Federal Fiscal Year
FGDM	Family Group Decision Making
FIRST	Family Infant Relationship Support Training
FKCE	Foster Care and Kinship Care Education
FM	Family Maintenance
FMAP	Federal Medical Assistance Percentages
FMCV	Federal Monthly Caseworker Visits
FPU	Family Preservation Unit
FR	Family Reunification
FRC	Family Resource Center
FSNA	Family Strengths and Needs Assessments
FSP	Family Support Programs
FWC	Family Wellness Court
FY	Fiscal Year
FYRE	Foster Youth Re-Entry Work Group
FYS	Foster Youth Services
GED	General Education Degree
HCPCFC	Health Care Program for Children in Foster Care
HEARTS	Health Exams, Assessments, Referrals and Treatment Services
HEP	Health and Education Passport
HHSA	Health and Human Services Agency

Acronym	Definition
HIE	Health Information Exchange
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
IDEA	Individuals with Disabilities Education Act
IEOCC	Educational Outcomes for Children in Care
IEP	Individualized Education Program
ILP	Independent Living Program
ILSP	Independent Living Skills Program
ISU	Integrated Services Unit
ITFC	Intensive Treatment Foster Care/Multi-Dimensional
IUC	Inter University Council
IUC/LA	Inter University Council Los Angeles
JD	Juris Doctor
JRTA	Judicial Review and Technical Assistance
KCNC	Kern County Network for Children
KEEP	Keeping Foster and Kin Parents Supported and Trained
Kin-GAP	Kinship Guardianship Assistance Payment Program
KSSP	Kinship Support Services Program
LA	Los Angeles
LCSW	Licensed Clinical Social Worker
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning
MCS	Mass Care and Shelter
MEPA	Multiethnic Placement Act
MFCD	Multistate Foster Care Data
MHD	Mental Health Drug
MHSA	Mental Health Services Act
MOE	Maintenance of Effort
MOU	Memorandum of Understanding
MPP	Manual of Policies and Procedures
MST	Multi-Systemic Therapy
MSW	Master of Social Work
MTFC	Multi-Dimensional Treatment Foster Care
NCANDS	National Child Abuse and Neglect Data System
NCCAN	National Conference on Child Abuse & Neglect
NCCD	National Council on Crime and Delinquency
NHA	Neighborhood House Association

Acronym	Definition
NICU	Neonatal Intensive Care Unit
NIDCAP	Newborn Individualized Development Care and Assessment Project
NMD	Non Minor Dependent
NRC	National Resource Center
NREFM	Non-Relative Extended Family Members
NRTA	Northern Regional Training Academy
NSTRC	National SafeCare Training and Research Center
NYTD	National Youth in Transition Database
OCAP	Office of Child Abuse Prevention
OES	Office of Emergency Services
OPPLA	Other Planned Permanent Living Arrangement
OSA	Organizational Self-Assessment
OSI	Office of Systems Integration
OYA	Older Youth Adoptions
PAARP	Private Adoptions Agency Reinvestment Program
PAAS	Public Agency Adoption Managers
PEDS	Parents' Evaluation of Developmental Status
PHN	Public Health Nurses
PII	Permanency Innovations Initiative
PIP	Program Improvement Plan
PIT	Point in Time
PL	Public Law
Post-FM	Post Placement Family Maintenance
PP	Permanent Placement
PQCR	Peer Quality Case Review
PSA	Public Service Announcements
PSP	Parent Services Project
PSSF	Promoting Safe and Stable Families
PTSD	Post-Traumatic Stress Disorder
QI	Quality Improvement
QPI	Quality Parenting Initiative
RAU	Relative Assessment Unit
RBS	Residentially Based Services
RCAPC	Regional Child Abuse Coalition
RCFFP	Resource Center for Family-Focused Practice
RCL	Rate Classification Level
REOC	Regional Emergency Operation Centers
RFA	Resource Family Approval
RFP	Request for Proposal

Acronym	Definition
RIS	Racial Impact Statement
RLA	Regional Lead Agency
RRT	Recruitment Response Team
RTA	Regional Training Academies
SA/HIV	Substance Abuse/Human Immunodeficiency Virus
SACWIS	Statewide Automated Child Welfare Information System
SAFE	Structured Applicant Family Evaluation
SB	Senate Bill
SCAM	Southern County Adoption Managers
SCM	Social Condition Matrix
SCP	Substitute Care Provider
SDM	Structured Decision Making
SDSU	San Diego State University
SFI	Strengthening Families Initiative
SFY	State Fiscal Year
SGF	State General Fund
SILP	Supervised Independent Living Placement
SILS	Supervised Independent Living Setting
SIP	System Improvement Plan
SIT	State Interagency Team
SKCP	Safe Kids California Project
SOFT	Supporting Our Families Transition
SOP	Safety Organized Practice
SPHERE	Social Policy Health Economics Research and Evaluation
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
STEP	Systematic Training for Effective Parenting
SW	Social Worker
T/TA	Training and Technical Assistance
TA	Technical Assistance
TANF	Temporary Assistance for Needy Families
TAY	Transitional Age Youth
TB	Tuberculosis
TCA	Tribal Customary Adoptions
TDM	Team Decision Making
THP	Transitional Housing Program

Acronym	Definition
THPP	Transitional Housing Program-Plus
TILP	Transitional Independent Living Plan
TLFR	Time Limited Family Reunification
TOL	Transfer of Learning
TPR	Termination of Parental Rights
TSA	The Salvation Army
UC	University of California
UCB	University of California, Berkeley
UCD	University of California, Davis
UCLA	University of California, Los Angeles
US	United States
USC	University of Southern California
VFM	Voluntary Family Maintenance
WGED	Workgroup to Eliminate Disparities
WIA	Workforce Invest Act
WIC	Welfare and Institutions Code
WPIC	Western and Pacific Implementation Center
WRMA	Walter R. McDonald and Associates
YES	Youth Empowerment Strategies
YLC	Youth Law Center

# CALIFORNIA CITIZEN REVIEW PANELS ANNUAL REPORT

October 1, 2012 – September 30, 2013

## **BACKGROUND AND PURPOSE**

The Child Abuse Prevention and Treatment Act (CAPTA) was originally enacted in 1974 to provide annual grants to states. The purpose of the grant was to improve the state's child protective services system and was based on the population of children under 18. Since 1974, there have been additional amendments to CAPTA. In 1996, an amendment added a new eligibility requirement for states to establish Citizen Review Panels (CRPs) as oversight to the states' child protective services system. Under the legislation, each state is required to establish no less than three CRPs, with the exception of states that receive the minimum allotment under the statute. The panel members are to be volunteers broadly representative of the community at large including concerned citizens, experts in child protection and prevention, advocacy, foster care, education, mental health, the court system, law enforcement, and children services. The mandate of the CRPs is to "evaluate the extent to which the agencies (state and local) are effectively discharging their child protection responsibilities." The panels are required to examine policies, procedures, and where appropriate, specific cases handled by the state and local agencies providing child protective services.

The federal statute broadly defines the function of CRPs. The panel must meet not less than once every three months and must produce an annual public report containing a summary of their activities. In June 2003, CAPTA was amended when the "Keeping Children and Families Safe Act" was signed by the President. This revised the CRP duties to include: 1) requiring panels to examine the practices (in addition to policies and procedures) of the state and local child welfare agencies, 2) providing for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community, and 3) requiring panels to make recommendations to the state and public on improving the child protective services system. In addition, the appropriate state agency is required to respond in writing no later than six months after the panel recommendations are submitted. The state agency's response must include a description of whether or how the state will incorporate the recommendation of the panel (where appropriate) to make measurable progress in improving the state child protective services system.

## **PROGRAM STRUCTURE**

The California Department of Social Services' (CDSS) Office of Child Abuse Prevention (OCAP) administers California's CRPs. Currently there are panels in Calaveras, San Mateo, and Ventura counties. These panels are reflective of the demographic, economic, social, and political climate found in different areas throughout the state depicting the varied conditions of child protective services in California. Technical assistance, guidance and coordination are available through OCAP.

## **OVERVIEW OF CURRENT ACTIVITIES AT THE STATE OVERSIGHT LEVEL**

The OCAP staff, in conjunction with the CRPs, is focusing on building strong panels that are reflective of their communities and are able to partner with local and statewide child protective service systems to enhance the safety and well-being of children.

The following are OCAP's activities/goals:

- Convene a meeting for representatives of each panel to provide state level updates, for collaborative information sharing, networking, and training as needed.
- Support ongoing networking within the three California panels and with panels in other states. Panels are encouraged to visit and use the resources available at the national CRP website [www.uky.edu/SocialWork/crp](http://www.uky.edu/SocialWork/crp).
- Encourage panels to review the Program Improvement Plan (PIP) developed in response to California's Children and Family Services Review (CFSR). Promote involvement in implementation and monitoring components of the plan impacting their communities.
- Continue to provide support and technical assistance through the OCAP CRP consultant. When possible, the consultant attends the CRP meetings.
- California's federal partners have consistently encouraged formation of a statewide panel to focus recommendations on statewide issues. OCAP is working to have an established and functioning mechanism for making statewide recommendations and actionable responses in place in FFY 2014. Options for establishing and implementing a statewide panel are being analyzed.

## PANEL INFORMATION



### **Calaveras County**

Calaveras County is located in the foothills of the Sierra Nevada Mountains – 133 miles east of San Francisco and 135 miles west of Lake Tahoe, midway along state Highway 49, which links the towns of the Gold Country.

The population for Calaveras County is approximately 44,742 residents of which 19.1 percent are children 18 years and younger. The breakdown of the county racially is as follows: 92.2 percent Caucasian, 10.8 percent Latino/Hispanic, 1.8 percent Native American Indian, 1.4 percent Asian, 1.0 percent Black, with 3.4 percent of persons reporting two or more races.

The county child protection agency received 664 child abuse allegations of which 148 were substantiated cases. There are 86 children in foster placement. †



### **San Mateo County**

San Mateo County is located in the western portion of the San Francisco Bay Area, directly below the city and county of San Francisco. It is one of California's most affluent counties and part of the "Silicon Valley," home of many high-tech firms.

The population for San Mateo County is approximately 739,311 residents of which 22.1 percent are children 18 years and younger. The breakdown of the county racially is as follows: 64.4 percent Caucasian, 25.6 percent Latino/Hispanic, 25.8 percent Asian, 3.2 percent Black, 1.6 percent Native Hawaiian and other Pacific Islanders, less than 1 percent Native American Indians, with 4.1 percent of persons reporting two or more races.

The county child protection agency received 5,451 child abuse allegations of which 379 were substantiated cases. There are 325 children in foster placement. †



## Ventura County

The County of Ventura is located approximately 50 miles northwest of Los Angeles. Ventura has a diverse economic base from tourism to technology. Early Spanish settlers described the area as the “land of everlasting summers” and named the region “San Buenaventura”, which means “good fortune”.

The population for Ventura County is approximately 835,981 residents of which 25.3 percent are children 18 years and younger. The breakdown of the county racial demographics is as follows: 85.3 percent Caucasian, 40.9 percent Latino/Hispanic, 7.2 percent Asian, 2.2 percent Black, 1.8 percent Native American Indians, with 3.2 percent of persons reporting two or more races.

The county child protection agency received 11,735 child abuse allegations of which 1,386 were substantiated cases. There are 869 children in foster placement. ‡

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‡ Information provided by the Census Bureau and the Center for Social Research, University of California at Berkeley Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Lou, C

## California Citizen Review Panel Reporting Requirements

### Quarterly:

Each panel shall submit to OCAP prior to or on the assigned date meeting minutes and a budget report.

Quarter	Date due to OCAP
1 <sup>st</sup> January - March	April 30
2 <sup>nd</sup> April - June	July 31
3 <sup>rd</sup> July- September	October 31
4 <sup>th</sup> October- December	January 31

### Annual Report:

All completed annual reports, updated work plans and budget revisions for the upcoming year shall be submitted to OCAP prior to or on the assigned date.

Annual Report Time Periods Covered	Date due to OCAP	Recommendation Response Time
July 1 – June 30 CRP Activity report with recommendations, annual budget report, next year's work plan (scope of work)	November 15  (Unless other agreed upon arrangements are made.)	Once the annual report has been submitted to OCAP, the local counties and state representatives have 6 months to respond to any or all recommendations.

**Citizen Review Panel  
Annual & Recommendations Report  
(2011/2012 Program Year)**

**County:** Calaveras

**Contact Person for this Report:**

Name: Robin Davis

Email: rdavis@co.calaveras.ca.us

**Date Submitted to OCAP:** Nov. 13, 2012

**Date & Person Submitted to at the local County Agency:** Nov. 13, 2012, Mikey Habbestad, Calaveras Works and Human Services Agency

**1. County Profile** (OCAP will provide current data from current annual report)

General Demographics

Ethnic make-up of county

Household income

**2. Panel Activities**

**A. Panel structure and development**

**I. Membership** (Work plan Goal #1)

**Have there been any changes in membership or panel composition during the reporting period?**

The Calaveras CRP has maintained a diverse panel. Members consist of community volunteers with schools, hospice, and Court Appointed Special Advocates (CASA). They are also parents, foster parents, adoptive parents, and representatives from mental health, education, and social service professionals. The CRP Member Roster is attached.

**Please discuss any activities the panel has engaged in specific to the recruitment of panel members to reflect community demographics and support creating or maintaining a diverse panel.**

The CRP Coordinator spoke to groups and submitted press releases about the purpose of the panel to engage new members, especially foster and adoptive parents. The press releases were printed in local newspapers and on-line community media, and shared with county agencies, schools, faith-based centers and foster family agencies.

**II. Panel Training** (Work plan goal #2)

**Please elaborate on the on-going orientation trainings of new CRP members. In addition, please describe any training activities the CRP has engaged in this past year as a means of on-going panel development.**

All members signed a statement of confidentiality regarding the privacy of information obtained. The Scope of Work was updated, defining the goals for the year and timeline. Members were provided with information about the purpose of a CRP, local child abuse statistics, placement stability statistics, and outcomes from the previous year's work of

the Calaveras CRP. They frequently received information about local workshops and webinars.

The CRP Coordinator, Robin Davis and panel member, Maggie Rollings Attended the CMHACY (California Mental Health Advocates for Children & Youth Conference- *Making Policy and Politics Work- Doing What's Best for Children, Youth, and Families*. It focused on how realignment in California will affect children and youth in programs such as foster care, child welfare services, adoptions, child abuse prevention, mental health, and juvenile justice.

### **III. Panel self-evaluation activities (Work plan Goal #6)**

**Has the panel undertaken any activities to help it assess its own performance during the reporting period? If so briefly describe these activities and the findings. If not, please describe when and how the panel will assess its performance.**

A self- assessment questionnaire will be completed in the next quarter.

### **3. CRP objectives (Work plan Goals #3 & 5)**

For **each objective identified** in your work plan please report on the following:

#### **Any demographics related to the CRP objective(s)**

It is well documented that placement stability is important for children in foster care to develop healthy secure relationships, decrease school mobility, increase academic achievement, and reduce the stress that arises from being displaced multiple times.

Foster parents and kinship caregivers need to have the training and support to care for children with high behavioral needs. Calaveras Works and Human Services Agency (CWHSA) have a strong commitment to continuous quality improvement and placement stability.

**Description of the review activities and any technical assistance provided (example = case review, focus group, data review, State (Strategies) RP consultant) to support your review work.**

#### **PROCESS**

The panel continued its study which began last year on the issue of supporting foster parents and kinship caregivers with a goal to secure children's safety and well-being through placement stability. Members met four times over the year (April, June, August, and October). The panel reviewed findings from survey responses of foster parents. The Coordinator interviewed social workers at California Foster Families and Environmental Alternatives, Inc., who also attended meetings to provide input.

CWHSA does a good job of placing children with supportive kin. Best practices from around the country include engaging kin as early as possible, assessing kin for their appropriateness, and supporting kin when they step up to care for children.

Last year, the CRP made recommendations for services to foster parents. This year, the members felt strongly that recommended services for foster parents also be offered to kinship caregivers.

Some of the recommendations to support foster caregivers align with those of last year. The use of the word “caregivers” will refer to both foster parents and kinship caregivers.

Caregivers should have the knowledge and skills to respond effectively to the needs of children who have experienced trauma, abuse, and neglect. They must be equipped to address a child’s health and physical development, emotional and social development, and approaches to learning. They should be connected to services and supports encouraging positive relationships with teachers, children, and other adults. A network of caregivers who gather for peer training, support, and education may feel more likely to continue to be a part of the foster and kinship caregiver community.

## **Formal Recommendations based on findings (for County and State)**

### **RECOMMENDATIONS TO COUNTY**

#### 1. Provide evidence-based training by a qualified trainer.

CWHSA will be offering PRIDE (Parent Resources for Information, Development, and Education) training to adoptive parents. Consider offering the curriculum as part of pre-licensing of foster parents and continuing education to foster parents and kinship caregivers.

Additional training topics could include:

- Child development
- Understanding the impact of trauma on child development, behavior, and school readiness
- Recognizing and addressing developmental delays and special needs of children
- Addressing the emotional burnout of caregivers
- How to access resources to promote stability for the child

#### 2. Strengthen and utilize relationships with community partners.

CWHSA has established practices for case reviews and meetings of a team of service providers and child welfare staff to review a family’s progress. While this is crucial in preventing children and parents from “falling through the cracks”, over half of the foster parents surveyed indicated they were not aware of several community services for children. Of the most known services identified (County Behavioral Health, First 5 Calaveras, and The Resource Connection), only 27% had utilized them.

Consider providing one-on-one training at a caregiver orientation on the use of Calaveras Network of Care to access related community services and register foster youth with a personal health card that can be accessed from anywhere.

Consider inviting community partners, such as schools, treatment providers, public and mental health agencies, early care, and home visiting programs, to a caregiver orientation or training to communicate services, expectations, and partnership with caregivers. After meeting a representative, caregivers may have a greater confidence in utilizing resources.

Collaboration is a community responsibility involving all partners, and it is only through the efforts of all involved parties that families can be fully supported. Community partners could be informed or offered training on more than reporting laws. Share what supporting information would help meet the needs of caregivers and improve outcomes for children and families.

3. Provide opportunities for peer caregiver education and support.

In addition to evidence-based training, caregivers (particularly new or interested caregivers) could gain knowledge from a panel of seasoned caregivers. Through a question and answer discussion, they could share the expectations, experiences, and successes in issues specific to foster parenting.

4. Provide opportunities for foster youth to be advocates.

Consider giving current and former foster youth a voice to share their stories and needs with caregivers. Teens in the Independent Living Program who receive training in leadership, advocacy, and public speaking could work to improve the foster care system. One model is the statewide California Youth Connection which was founded on the principle that policy makers and administrators can benefit from the input of youth who have experienced first-hand the impact of foster care policies and social work practice.

5. Include strength-based incident reporting.

Consider encouraging foster family agencies to give incident reports about the positive achievements of youth in care. This recommendation was offered after a young man in foster care shared his story with the panel. He has spent much of his life in foster care and expressed how frustrating negative reports can be without acknowledgement of positive experiences.

6. Offer on-going peer support.

Consider offering on-going support in the form of a social or support group, such as The Grandparent Project, offered in different regions of Calaveras County. When surveyed, 48% of foster parents stated an interest in support group meetings for caregivers; and 71% would like parent education combined with social events with other caregivers.

**Follow-up on the prior year's annual report recommendations, including any County and State responses to the recommendations**

Calaveras Works and Human Services Agency provided the following responses of actions taken:

The CWHSA has a Children's Services social worker who represents us at Columbia College's Foster and Kin Care Education (FKCE) meetings. We will ensure that this social worker engages in dialogue with the FKCE Program Manager regarding the CRP Recommendations and Response reports.

*Update: Our social worker has engaged in dialogue with the FKCE Program Manager, who was receptive to facilitating foster parent education/support groups. They both reviewed the CRP's foster parent survey results and are strategizing topics based upon the survey findings. While they initially hoped to begin these training and education sessions in September, it was postponed so that planning could conclude.*

We will consult with our Fiscal Program Manager to determine the feasibility of paying a nominal stipend for peer support leaders to attend the monthly Peer Networking meetings, using our Child Welfare Services Outcome Improvement Plan budget. *Due to the realignment of federal Child Welfare Services funding from the California State Department of Social Services to counties, our Child Welfare Services allocation for this current fiscal year is still unknown. We cannot commit to providing a stipend for peer support leaders at this time.*

Because providing child care for these Peer Networking meetings is essential, we will partner with other Peer Networking meeting participating agencies to determine how to ensure child care is provided. We welcome the CRP's suggestions in this regard. *Some CWHSA staff members met with some staff from The Resource Connection to discuss a contract for The Resource Connection to provide child care – funded by the CWHSA – for foster parent/pre-adoptive parent training, as well as parent education classes for Child Welfare involved parents and for parenting Independent Living Skills eligible youth. Discussions are on-going, but The Resource Connection's governing board met on October 23, 2012 and approved going forward with the Memorandum of Understanding.*

We will discuss the recommendation of embedding parent education within these Peer Networking meetings with our First 5 Calaveras partners. *The CWHSA recently hired a MSW-level Social Worker to provide parent education for our Child Welfare Services involved parents, as well as foster parent/pre-adoptive parent training. Instead of relying on First 5 Calaveras resources, this employee may be a potential lead for this recommendation to come to fruition.*

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

The annual report will be shared via the internet and presentation with community partners and the Calaveras County Board of Supervisors.

**Future Directions –Briefly discuss the activities that the panel expects to undertake during the 2012/2013 program year. (Please attach an updated work plan for next year)**

The panel will decide their focus and activities by January 2013. The updated work plan is attached, assuming the possibility of follow up on the panel's previous work.

#### **4. Public in-put (Work plan Goal # 4)**

**Briefly describe any public input that the panel obtained during the reporting period and how this input was taken into consideration when making your final recommendations for this annual report.**

**If you will be obtaining public input after this annual reports recommendations are developed and published briefly describe your public input process and outline the time frames for this process.**

The annual report will be provided by the CRP Coordinator at a regular meeting of the Prevent Child Abuse Council Calaveras, which is advertised to the public. It will be

given to Children's Services before it is more widely distributed to the Board of Supervisors, community agencies, and the public.

This report was submitted to the California Department of Social Services', Office of Child Abuse Prevention on November 13, 2012 at 12:07pm.

**Calaveras Works and Human Services Agency  
Response to the Citizen's Review Panel's  
Annual & Recommendations Report  
(2011/2012 Program Year)**

The Calaveras Works and Human Services Agency's (CWHSA) Children's Services staff sincerely appreciates the members of the Calaveras County Citizen's Review Panel (CRP) for their willingness to assist us in improving our Child Welfare Services. We were pleased that you chose to continue to focus your efforts on strategizing ways to improve our Foster Parent training and support, as we not only agree that this will ultimately help improve placement stability, but also we agree that this is an important population to devote attention to. We welcomed your additional suggestions for improvement in this area.

We are providing the following responses to the findings and/or recommendations from the Annual & Recommendations Report (2011/2012 Program Year):

**RECOMMENDATIONS TO COUNTY:**

1. Provide evidence-based training by a qualified trainer.

*CWHSA will be offering PRIDE (Parent Resources for Information, Development, and Education) training to adoptive parents. Consider offering the curriculum as part of pre-licensing of foster parents and continuing education to foster parents and kinship caregivers.*

*Additional training topics could include:*

- *Child development*
- *Understanding the impact of trauma on child development, behavior, and school readiness*
- *Recognizing and addressing developmental delays and special needs of children*
- *Addressing the emotional burnout of caregivers*
- *How to access resources to promote stability for the child*

2. Strengthen and utilize relationships with community partners.

*CWHSA has established practices for case reviews and meetings of a team of service providers and child welfare staff to review a family's progress. While this is crucial in preventing children and parents from "falling through the cracks", over half of the foster parents surveyed indicated they were not aware of several community services for children. Of the most known services identified (County Behavioral Health, First 5 Calaveras, and The Resource Connection), only 27% had utilized them. Consider providing one-on-one training at a caregiver orientation on the use of Calaveras Network of Care to access related community services and register foster youth with a personal health card that can be accessed from anywhere.*

*Consider inviting community partners, such as schools, treatment providers, public and mental health agencies, early care, and home visiting programs, to a caregiver orientation or training to communicate services, expectations, and partnership with caregivers. After meeting a representative, caregivers may have a greater confidence in utilizing resources.*

*Collaboration is a community responsibility involving all partners, and it is only through the efforts of all involved parties that families can be fully supported. Community partners could be informed or offered training on more than reporting laws. Share what supporting information would help meet the needs of caregivers and improve outcomes for children and families.*

**3. Provide opportunities for peer caregiver education and support.**

*In addition to evidence-based training, caregivers (particularly new or interested caregivers) could gain knowledge from a panel of seasoned caregivers. Through a question and answer discussion, they could share the expectations, experiences, and successes in issues specific to foster parenting.*

**4. Provide opportunities for foster youth to be advocates.**

*Consider giving current and former foster youth a voice to share their stories and needs with caregivers. Teens in the Independent Living Program who receive training in leadership, advocacy, and public speaking could work to improve the foster care system. One model is the statewide California Youth Connection (CYC) which was founded on the principle that policy makers and administrators can benefit from the input of youth who have experienced first-hand the impact of foster care policies and social work practice.*

**5. Include strength-based incident reporting.**

*Consider encouraging foster family agencies to give incident reports about the positive achievements of youth in care. This recommendation was offered after a young man in foster care shared his story with the panel. He has spent much of his life in foster care and expressed how frustrating negative reports can be without acknowledgement of positive experiences.*

**6. Offer on-going peer support.**

*Consider offering on-going support in the form of a social or support group, such as The Grandparent Project, offered in different regions of Calaveras County. When surveyed, 48% of foster parents stated an interest in support group meetings for caregivers; and 71% would like parent education combined with social events with other caregivers.*

**RESPONSE:**

1. We have recently completed our first round of PRIDE training to prospective adoptive parents. We agree that the PRIDE training could easily accommodate prospective foster parents, as well as those interested in become both foster and adoptive parents. We have had initial conversations with the two foster family agencies with offices within Calaveras County about aligning our training programs. The hesitation on their part appears to be from our PRIDE training not being offered continuously, and the agencies not wanting to lose potential foster homes due to the delay in waiting for training to begin (and end). Unfortunately,

budgetary issues have prevented us from offering PRIDE training more than twice per year; however, we have also engaged in conversation with neighboring Tuolumne County about combining PRIDE training efforts so that the courses are available four times per year. The other suggested training topics listed are interesting and will certainly be valuable to training recipients. While time and budgetary constraints may prevent the CWHSA from directly providing such training, we will converse with the Columbia College's Foster Kin Care Education (FKCE) program to strategize implementing these specialized topic trainings here in Calaveras County.

2. The suggestion to carve out some time during the PRIDE training on the Calaveras Network of Care as well as other community resources is excellent and can easily be incorporated.
3. and 6. These recommendations are similar to others made during the previous year's recommendations report. Initial discussion with the FKCE program staff was positive; however, these suggestions regrettably have not yet come to fruition.
4. The CWHSA's Independent Living Plan (ILP) Coordinator assisted with completing and submitting an application to start a CYC chapter here in Calaveras County, and recently hosted a meeting with CYC personnel, ILP youth and other community members. Additionally, we have engaged in conversation with the Calaveras Youth Mentoring Program to begin a peer-mentoring program for foster youth. The CYMP plans to apply for Calaveras County Community Foundation funding for this project.
5. This suggestion is important and has been shared with the two local foster family agencies.

Again, thank you for your thoughtful review and recommendations. We appreciate your hard work and dedication in helping us improve placement stability and quality foster care in Calaveras County, and in improving Calaveras County's Children's Services in general.

Submitted to OCAP: June 20, 2013

**Calaveras County CITIZEN REVIEW PANEL**  
**Quarterly Meeting Minutes: Tues, Aug. 21, 2012 - 5:00-7:00pm**  
**Location: Mark Twain St Joseph Hospital- Classroom 2, San Andreas, CA**

Item 1	Welcome & Introductions; <b>Present:</b> Clark Gehrke, Diane Goodspeed, Rebecca Boyd, Maggie Rollings, Ed Iturralde, Florida Iturralde, Jason Lowe, Mikey Habbestad, Tami Keck, Denise Combs, Jim McFarland, Lynn McFarland, Robin Davis
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Item 2	<p><b>CRP Overview</b> Robin reviewed the agenda and provided a brief overview of the purpose, process, and recommendations made to Calaveras County Children’s Services in the last year. Dinner was provided.</p>
Item 3	<p><b>Responses</b> Tami and Mikey shared that Cal Works and the Columbia College FKCE will host two trainings in Sept/Nov for foster and kin caregivers on “Aggressive Behaviors” and “Life Skills”. They will also offer PRIDE (Parent Resources for Information, Development, and Education) trainings for pre-adoptive parents twice a year in Calaveras and Tuolumne. Mikey thought they could also offer this for pre-foster parents. They are in the process of finding out the best days, times, locations, etc. Ed thought Contra Costa County was offering PRIDE for pre-foster parents.</p> <p>Members still felt it was important to also include a panel of experienced foster caregivers who can speak about expectations, handling crises, or a topic related to the lecture.</p> <p>It was suggested that the attendees be offered credit hours for the course and/or a \$25 gift card, such as to the movie theater. This was the incentive the panel gave to foster parents for completing the survey.</p> <p>It was also recommended to invite teachers to gain knowledge about the behaviors and issues of children who have experienced trauma.</p>
Item 4	<p><b>Input/Discussion</b> The group discussion generated more possible recommendations, including: PRIDE training for pre-foster parents. Mikey stated that it is not in the regulations that foster family agencies need to use this. This would have to be agreed upon/contracted between the agencies and Cal Works.</p> <p>Gathering peer foster parents who would serve on a panel or as an individual speaker to new or interested foster parents. As previously recommended, they would share their experience about solutions and resources. It was suggested that foster parents would ask more questions of a peer foster parent than a trainer.</p> <p>Incentives for attendees, such as movie passes.</p> <p>Lecture by a qualified trainer AND a panel of seasoned foster parents to further discuss the issue, question and answer, etc.</p> <p>Provide on-going support of foster parents in the form of a support group such as the grandparents group.</p> <p>James Lowe, a teen in foster care, shared his story of being a child in the foster care system; experiencing neglect, abuse, and several placement changes. He shared that he felt he had to give up his youth to care for and protect his younger sister. He feels adults have unrealistic expectations of children. One of his goals is to help other youth. Mikey expressed that they are interested in a program where youth mentor other foster youth, and he could be of help in making it happen. She shared that incident reports that are shared about a child are always something negative, and suggested the agency start to give incident reports about the positive achievements and</p>

	experiences of youth.
Item 5	<p><b>Next Steps</b> Robin reminded members to register for the Sept 24<sup>th</sup> Trauma Stewardship training. It is free for all local agency staff/parents/caregivers exposed to the suffering or trauma or others. It is based on the idea that a deeper understanding of trauma exposure and the tools for navigating systems will enable people to do their work better. Foster families have all been invited through the agencies.</p> <p><b>Recommendations Meeting</b> <b>OCT 23, 5:00-7:00pm.</b> First 5/Public Health Annex, 373 St. Charles St., San Andreas The meeting ended at 7:00pm.</p>

**Calaveras County CITIZEN REVIEW PANEL**  
**Quarterly Meeting Minutes: Tues, Oct 23, 2012 - 5:00-7:00pm**  
**Location: 373 St. Charles St., San Andreas, CA**  
 Dinner is provided.

Item 1	Welcome & Introductions; <b>Present:</b> Clark Gehrke, Rebecca Boyd, Maggie Rollings, Ed Iturralde, Florida Iturralde, Amy Hasselwander, Mikey Habbestad, Denise Combs, Robin Davis
Item 2	<p><b>Review Meeting Minutes</b> Members reviewed minutes and overall purpose.</p> <p><b>Follow Up on CAREGIVER RECRUITMENT, TRAINING AND SUPPORT</b> The permanence and well-being of children in foster care relies heavily on the ability of the child welfare agency to provide high quality foster care to children under their supervision.</p> <p>2011-12 Recommendations to Cal Works:</p> <ol style="list-style-type: none"> <li>1. Peer Support/relationships for caregivers (peer leaders who are experienced caregivers, \$25 stipend).</li> <li>2. Relationships between caregivers and agencies (appointed staff member at meetings).</li> <li>3. Parent Education within Peer Network.</li> </ol> <p>Recommendations to State:</p> <ol style="list-style-type: none"> <li>1. Reassess training requirements for pre-licensing and licensing (guidelines re: content, hours, evidence/research based, specific content- child development, grief, early mental health, etc.).</li> </ol>
Item 3	<p><b>Progress/ Response to Recommendations</b> Agency has hired a licensed clinical social worker to do pre-adoption training. The 9 week PRIDE (Parent Resources for Information, Development, and Education) curriculum could also be used for pre-licensing of foster parents. The SW doing PRIDE could also be a part of the network meetings in some capacity.</p> <p>A CWSA Social Worker currently attends Columbia College FKCE meetings. She will connect with FKCE Program Manager regarding recommendations. Will consult with Fiscal Manager to determine feasibility of paying a nominal</p>

	<p>stipend for peer support leaders at meetings using CWS Outcome Improvement Plan budget.</p> <p>Partner with other agencies to determine how to ensure child care is provided.</p> <p>Discuss the recommendation of embedding parent education within the Peer Networking meetings.</p>
Item 4	<p><b>Issues related to placement stability and community resources for caregivers</b></p> <p>Address the barriers that exist for caregivers who rarely attend trainings.</p> <p>Is the information reaching caregivers? What is the best form of outreach? Do they feel they are already informed?</p> <p>Are topics relevant to them?</p> <p>Is the location too far? Trainings are more successful if offered in East and West parts of the county, and if childcare and food are available.</p> <p>Will food and childcare be offered?</p> <p>Required 12 hours pre-licensing and 8 hours (now 12) annual training. The 30 hour PRIDE module is not mandated. Could it be in a contract with foster family agencies?</p> <p>Are credit hours incentive enough?</p> <p>Addressing the emotional burnout of caregivers. Placement instability caused by crisis or even when a child is returned to the biological family can result in a defeated feeling if the caregiver is not prepared for the child to leave.</p> <p>Transportation for children in foster care.</p> <p>The shortage of foster families in Calaveras County.</p> <p>A lack of positive modeling behaviors for children.</p> <p>How foster children’s disruption of school location or education can snowball from a young age. It is difficult for teachers to deal with disruptions to the classroom.</p>
Item 5	<p><b>Possibilities</b></p> <p>Consider offering the 9 week PRIDE curriculum as part of pre-licensing. Work towards making it mandatory?</p> <p>PRIDE training for adoptive, pre-foster, foster parents, and relative caregivers.</p> <p>Consider ensuring that the 30 hour course meets the 24 hour pre-licensing and continuing education requirements.</p> <p>Consider a contract/agreement with foster family agencies that caregivers complete 30 hours.</p> <p>Determine feasibility of paying a nominal stipend (\$25) for peer support leaders at meetings using CWS Outcome Improvement Plan budget.</p> <p>Lecture by a qualified trainer AND a panel of seasoned foster parents to further discuss the issue, question and answer, etc. They would share their experience about expectations, handling crises, solutions and resources.</p> <p>Provide on-going support of caregivers in the form of a support group such as the grandparents group.</p> <p>Consider if foster youth who have gone through the system would be interested in being trained to address foster families and children in foster care. Done as part of ILP (give youth a voice) or partnership with behavioral health or mentoring program.</p> <p>The agency encourages foster agencies to give incident reports about the</p>

	positive achievements and experiences of youth.
Item 6	<b>Areas of Concern for next fiscal year</b> The need for more communication with teachers.
Item 7	<b>Next Steps</b> Robin will email draft recommendations/report for group input. The meeting ended at 7:15pm.

**Calaveras County  
CITIZEN REVIEW PANEL  
Member Roster 2011- 12**

**Denise Combs**  
MFT, Social Worker

**Robin Davis**, Coordinator  
First 5 Calaveras, Prevent Child Abuse Council Calaveras

**Clark Gehrke**  
Community Volunteer

**Diane Goodspeed**  
Community Volunteer, Hospice

**Mikey Habbestad**  
Calaveras Works & Human Services Agency

**Amy Hasselwander**  
Jenny Lind Elementary School

**Ed Iturralde**  
Community Volunteer/Foster/Adoptive Parent

**Florida Iturralde**  
Community Volunteer/Foster/Adoptive Parent

**Marina Koorkoff**  
Calaveras County Behavioral Health

**Lynn McFarland**  
California Foster Families

**Jim McFarland**  
Community Volunteer

**Rebecca Ponce-Boyd**  
Community Volunteer, Hospice, Foster Parent

**Maggie Rollings**  
Community Volunteer/Foster/Adoptive Parent

# San Mateo County



## Citizen Review Panel

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

### **Annual Report & Recommendations (2011-2012 Program Year)**

**County:** San Mateo County

**Contact Person for this Report:**

Name: Patricia Brown  
Email: brownpcrc@gmail.com

**Date Submitted to Office of Child Abuse Prevention:** November 20, 2012

**Date & Person Submitted to at the local County Agency:** November 20, 2012  
Beverly Beasley Johnson, Director, Human Services Agency

Loc Nguyen, Director, Children and Family Services (Child Welfare Services), a division of the Human Services Agency

**1. County Profile** (OCAP will provide current data from current annual report)

General Demographics

Ethnic make-up of county

Household income

**2. Panel Activities**

**A. Panel structure and development**

**I. Membership** (Work plan Goal #1)

**Have there been any changes in membership or panel composition during the reporting period?**

Please see the following table that reflects SMCRP membership that remained consistent during 2011-12.

<b>Membership as of</b>	<b>Affiliation</b>
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<b>October 2012</b>	
Jan Baumel	Licensed Education Psychologist, Retired Educator
Paul Chang	Executive Director, Pyramid Alternatives
David Cherniss	SM County Superior Court – Juvenile Mediation Program
Ruth Laya	Probation Services Manager, San Mateo County Probation
Ben Loewy	Administrator, San Mateo County Office of Education
Bonnie Miller	Private Defender’s Panel
Anna Pimentel	Case Manager, Differential Response, Star Vista
Bernie Plotnikoff	Retired Child Abuse Prevention Professional
Jamila McCallum	Edgewood Kinship Center
John Ragosta	Advocates Supervisor, CASA of San Mateo County
Ginny Stewart	Licensed Clinical Social Worker
<b>Total Members: 11</b>	

**Please discuss any activities the panel has engaged in specific to the recruitment of panel members to reflect community demographics and support creating or maintaining a diverse panel.**

On an annual basis, SMCRP reviews its membership and the criteria for CRP representation. The goal is for CRP members to represent a broad array of backgrounds and perspectives. As needs for specific perspectives are identified, members brainstorm ways to reach out to those areas. Parents/youth who have been part of the child welfare system and mental health professionals continue to be priority areas.

This year, SMCRP reviewed and modified its Operational Guidelines to allow more panel discretion in situations in which members have completed two full three-year terms. At this time, the panel is actively recruiting potential members including a retired school psychologist, staff members of the Health System’s Behavioral Health and Recovery Services Division and an employee of the Golden Gate Regional Center that serves young children with disabilities.

Potential members receive a copy of the Operational Guidelines of SMCRP and are referred to the CRP website ([www.smcrp.org](http://www.smcrp.org)) before submitting an application for membership, potential Panel members are invited to attend a regular CRP meeting. They sign a Confidentiality Agreement at the beginning of that meeting. Following the visit, if there is continuing interest, the potential member completes an application form and submits it, along with a relevant resume. New members are elected by majority vote of the existing membership.

## **II. Panel Training** (Work plan goal #2)

### **Please elaborate on the on-going orientation / training of new CRP members.**

Incoming members of the San Mateo Citizen Review Panel are provided with an orientation binder when they meet with the Chair of the Panel in an orientation session. Visiting potential members and new members are encouraged to ask for clarification or additional information if they do not understand a specific point during a discussion. One key responsibility of the facilitator is to ensure that all members of the Panel are able to participate effectively.

### **In addition, please describe any training activities the CRP has engaged in this past year as a means of ongoing panel development.**

SMCRP members receive information and updates about the child welfare system from the Child Welfare (Children and Family Services) Director at each regular meeting. Articles and reports are provided to members as appropriate and discussed as part of the meeting agenda.

On a monthly basis, CRP receives and discusses the Children and Family Services Dashboard that is an internal document that provides a quick overview of key interest areas related to children and family services. These monthly reviews of data have provided the Panel with an understanding of the indicators used by CFS to monitor its own programs and services.

SMCRP also receives and discusses quarterly AB 636 Reports on the implementation of the System Improvement Program (SIP). In the past, Marissa Saludes, CFS statistician, has presented these reports. They contain extensive data relating to the SIP and recommendations based on the data collected in a particular quarter. Marissa recently resigned from CFS and her successor is Debra Pomeroy, who has already picked up where Marissa left off.

Since the San Mateo County Probation Department now has a regular representative on the Panel, the group is learning more about the juvenile probation system and the role it plays in the child welfare system in this community.

The Panel has scheduled a discussion at the November CRP meeting to explore ways it can extend its review functions beyond CFS and Probation to the broader child welfare system in San Mateo County.

## **III. Panel self-evaluation activities** (Work plan Goal #6)

**Has the panel undertaken any activities to help it assess its own performance during the reporting period? If so briefly describe these activities and the findings. If not, please describe when and how the panel will assess its performance.**

For a number of years, SMCRP has conducted an annual self-review, using a locally developed evaluation form. This process takes place in August and September as the annual report is being developed. The results of this year's self-assessment are below:

**San Mateo County Citizen Review Panel**  
Compiled Annual Panel Self-Evaluation – 9 responses  
September 2012

Scale = 1 (disagree) to 5 (agree)

CRP members take their role seriously and conscientiously prepare for each meeting.	Average Score = <b>4.4</b> 2011 = 4.4 2010 = 4.6
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CRP members place a high priority on regular meeting attendance.	Average score: <b>4.2</b> 2011= 4.0 2010= 4.4
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CRP is working hard to address priority issues relating to the safety and welfare of children involved with the child welfare system in San Mateo County.	Average score = <b>4.3</b> 2011= 4.4 2010= 4.7
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CRP members feel informed enough to participate in discussion of agenda items.	Average score = <b>3.9</b> 2011= 4.3 2010 = 4.1
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CRP receives the technical assistance it needs to do its job well.	Average score = <b>3.6</b> 2011= 4.1 2010 = 4.3
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CRP receives the information it needs from the Human Services Agency in an understandable format and in a timely manner.	Average score = <b>3.6</b> 2011= 4.4 2010 = 4.0
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CRP receives the facilitation support it needs to do its work in an efficient and inclusive manner.	Average score = <b>4.9</b> 2011= 4.9 2010= 4.9
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8. New CRP members feel their orientation prepares them to participate in the work of CRP.	Average score = <b>4.0</b> (3 responses) 2011= 4.3 2010 = 4.0
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CRP members feel satisfied with the contribution they are making to improving the safety and well-being of children in this community. Average score = 4.1  
2011= 3.6  
2010= 3.9

**Written comments from members:**

*I am starting to question the impact we are having on systems change. With all of the administrative and leadership changes in CWS, it is difficult to gain traction. I would like to explore how CWS and the Panel can develop a closer, more mutually supportive relationship.*

*With more change at the top of CFS, there is more confusion than ever about CFS's role and commitment to children and families.*

*Question #2 – For the past 2 meetings, there was no quorum, so the panel could not vote on the Revised CRP Operational Guidelines.*

*Question #9 - It is disheartening to see the California Department of Social Services, in its Draft Annual Progress and Services Report on California's Title IV-B Child and Family Services plan dated 5-17-2012, chose to ignore the formal recommendation to the state and instead report an area of interest from SMCRP's 2011-2012 Annual Report.*

*Question #4 - The coordinator prepares well but does not always receive the information she requests from HSA*

*Question #5- Additionally, responses to requests of the state have not been forthcoming in a timely fashion*

*Question #6 - HSA has somewhat improved "understandable format" as requested by CRP but does not always respond in a timely fashion*

*Question #9 - Until the previous issues improve considerably, I cannot believe that CRP can make a substantial contribution. Members are dedicated, willing, work well together under the professional assistance of the coordinator but if we do not have sufficient information, I question our effectiveness. I also question whether or not either HSA or the state (OCAP?) take input seriously. One request to the state was bypassed until the coordinator reiterated the request a few months later and HSA's response to CRP 2011 recommendations was greatly delayed. I understand changes, etc. but, these are the facts. If annual reports are to be sent to the FEDS to comply with their requirements, what happens to those reports? I do not recall getting any neither feed-back nor explanation as to their effectiveness.*

*I feel that I have definitely contributed more this year. I feel that CRP as a whole is a worthwhile cause and everyone (myself included) is passionate about the improvement of children's lives in San Mateo County.*

### **3. CRP objectives** (Work plan Goals #3 & 5)

For **each objective identified** in your work plan please report on the following:  
**Any demographics related to the CRP objective(s).**

**Description of the review activities and any technical assistance provided (example = case review, focus group, data review).**

SMCRP meets monthly for two hours during the program year. At each of these meetings monitoring activities are on the agenda. They include review of written materials and reports, presentations by CWS representatives and sharing of information by CRP members. SMCRP has not received technical assistance from outside sources.

**SMCRP Recommendations for 2011-12**  
(from 2010-11 Annual Report)

**SMCRP's Formal Recommendations for 2011-12 for County and State**

SMCRP suggests that CWS add a "quality assurance" protocol to the process that it has put in place to maintain and update materials used to educate families about the child welfare system annually. This protocol would ensure that the same materials are consistently used throughout the county.

SMCRP recommends that the State Department of Social Services (Office of Child Abuse Prevention) communicate with state level providers (i.e. Administrative Office of the Courts) of educational materials used with families to facilitate development and distribution of current, accurate and accessible information for use by County Child Welfare providers.

CWS should monitor how families in the process of reunifying are accessing and using support services and should analyze the impact of these programs on family reunification rates.

CWS should develop a concise list of services it offers to families that are in reunification, identifying those services that are mandated and those that are voluntary for families.

CWS should employ evaluation tools/methods with existing services to assess whether they are effective.

SMCRP recommends that CWS continue the process of developing protocols to review families in which numerous referrals have been made to ensure that these situations are closely monitored and appropriate decisions about how to proceed are made.

In addition, the Panel will explore the following areas of interest:

SMCRP will seek information in regard to 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 and services they need and would be provided if they remained in the system. SMCRP 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.

SMCRP is concerned about cases in which children are not detained by social workers when detention seems appropriate. In some of these situations, social workers are asking the court to make the decision regarding detention and setting up a potentially explosive response in the court setting.

SMCRP will actively follow implementation of AB 109 in regard to the impact on families of incarcerated family members being returned to the county.

SMCRP will actively follow the implementation of AB 12 that extends federal matching funds for youth to remain in foster care until their 20<sup>th</sup> birthday.

The following table lists the information used by SMCRP as it developed its findings in relation to the current (2011-12) recommendations and a statement of the findings.

<b>Worksheet for Review of recommendations and development of Findings SMCRP's Formal Recommendations for 2011-12 for County and State</b>		
<b>Recommendation</b>	<b>CFS/OCAP Response</b>	<b>Finding(s)</b>
<p>SMCRP suggests that CWS add a "quality assurance" protocol to the process that it has put in place to maintain and update materials used to educate families about the child welfare system annually. This protocol would ensure that the same materials are consistently used throughout the county.</p>	<p>Currently, there is a periodic evaluation of documentation and material given to families to update forms and other paperwork and make it user-friendly as needed. This evaluation, however, is infrequent and is only done as necessary. At the same time, there is no oversight as to whether the changes are consistent between hard copies of the materials distributed to the public and material available online.</p> <p>To develop a "quality assurance" protocol as requested by the recommendation, CFS is currently developing a proposal to conduct a more consistent, thorough evaluation of the material given out to families, similarly to the way the State Office of Child Abuse Prevention (OCAP) has a "checklist" of documentation quality requirements for their own materials. This evaluation would apply simultaneously to both the hard-copy forms of documentation available, as well as electronic forms, to ensure consistency and to reflect current needs for the public. This evaluation would involve a close look at the language offered in forms and other materials that would be considered as not "user-friendly" or not deemed widely accessible by the general population, and would be changed as needed, while ensuring that the exact same material is available across all different mediums and</p>	<p><i>Children and Family Services was responsive to this recommendation and has established a quality assurance protocol to maintain and update educational materials provided to families involved with the child welfare system.</i></p> <p><i>Despite concerted local efforts, the Administrative Office of the Courts has not been responsive and its website offers materials that are outdated and inconsistent.</i></p>

**Worksheet for Review of recommendations and development of Findings  
SMCRP's Formal Recommendations for 2011-12 for County and State**

Recommendation	CFS/OCAP Response	Finding(s)
	<p>phasing out the older forms of widely circulated documentation as time progresses. As necessary, CFS will work to have a similar process in place for forms that can be translated into another language, such as Spanish. This proposal is still in development.</p>	
<p>SMCRP recommends that the State Department of Social Services (Office of Child Abuse Prevention) communicate with state level providers (i.e. Administrative Office of the Courts) of educational materials used with families to facilitate development and distribution of current, accurate and accessible information for use by County Child Welfare providers.</p>	<p>In mid-2011, the California Courts website manager was contacted regarding the state of child welfare forms that were still available on their website, particularly JV-050 and JV-055. Initially, corrections were requested regarding minor errors in the forms that would have been crucial for the individual completing it. However, it was later discovered that the English-language versions of the forms that were still accessible at the time had not been updated since the years 1999 and 2002, respectively, and contained language that was not considered friendly to those who are less educated or who speak English as a second language. At the same time, it was discovered that the content on the website relevant to the forms was substantially easier to understand compared to the available paper forms of documentation. Taking into account that the documentation was used statewide and that it was not updated to reflect current needs, attempts were made to request changes to the language of the forms using the more revised, "user-friendly" language available on the website. Eventually, the California Courts website underwent a significant redevelopment; however, the forms had still not been updated. By this</p>	<p><i>The Office of Child Abuse Prevention/ CDSS sought information from its own Public Information Office, the Department of General Services, Office of State Publishing and the Department of Public Health and found that there are neither statewide criteria nor written guidelines for creating and publishing educational materials for public distribution. CDSS has no authority over material published by other agencies, but this recommendation prompted OCAP to formulate a "checklist" of document quality requirements to ensure that all educational material in use is written at a level of suitable comprehension for the majority of the audience. This is expected to be used as a department wide resource at CDSS.</i></p>

**Worksheet for Review of recommendations and development of Findings  
SMCRP's Formal Recommendations for 2011-12 for County and State**

Recommendation	CFS/OCAP Response	Finding(s)
	<p>time, a request was sent to the forms management division of the Administrative Office of the Courts (AOC) to assess the current state of the forms being used.</p> <p>On June 27, 2012, the CDSS contacted the Chair of the SMCRP in regard to this recommendation. The CDSS sought information from its own Public Information Office, the Dept. of General Services, Office of State Publishing and the Dept. of Public Health. It has been determined by the CDSS that there are neither statewide criteria nor written guidelines for creating and publishing educational materials for public distribution. The CDSS has no authority over the written material produced by other state-level agencies, but this recommendation prompted a discussion regarding the materials being produced for public use. The Office of Child Abuse Prevention (OCAP) is currently formulating a "checklist" of documentation quality requirements, modeled after the Dept. of Public Health's WIC documentation standards entitled "Criteria for Developing and Evaluating Educational Materials" to ensure that all educational material in use is written at a level of comprehension suitable for the majority of the audience. This is expected to be shared with the CDSS Public Affairs Office to be used as a department-wide resource in developing material for public distribution.</p>	
CWS should monitor how families in the process of reunifying are accessing	Currently, CWS does not have a formal way to track the specific, individualized services that are	<i>CWS does not currently monitor this information in a manner that allows it</i>

**Worksheet for Review of recommendations and development of Findings  
SMCRP's Formal Recommendations for 2011-12 for County and State**

<b>Recommendation</b>	<b>CFS/OCAP Response</b>	<b>Finding(s)</b>
<p>and using support services and should analyze the impact of these programs on family reunification rates.</p>	<p>offered to families using the Case Management System (CMS). Though CFS tracks the general types of services that clients receive (such as counseling, case planning, visitation services, etc.), the social workers assigned to each individual case would have to dedicate time to document specific information on services provided, such as where families are receiving it and at what frequency. This kind of follow-up and documentation of detail is tedious and would impact the social worker's ability to provide the services they are tasked to do. Certain services, such as medical and dental visits, are documented in more detail, but other, more individualized services (such as crisis interventions and bilingual services), simply cannot be documented to that amount of detail, and the categories of the services that are rendered are the only kinds of information available in the CMS. Also, the quantity of active cases and the quantity of services rendered per client should be taken into account that would require this information. Ideally, it would be feasible to require social workers to have this information documented; in reality, dedicating time to document specific information would take the workers away from their jobs – helping clients in their situations. CFS continually monitors SMC's performance in meeting the C-CFSR performance measures through quarterly review of the C-CFSR (also known as AB636) Data Report. The C-CFSR Data Report</p>	<p><i>to assess the number of families accessing services and the impact of those services on family reunification rates.</i></p>

**Worksheet for Review of recommendations and development of Findings  
SMCRP's Formal Recommendations for 2011-12 for County and State**

Recommendation	CFS/OCAP Response	Finding(s)
	<p>is shared with the CFS Management Team, Policy Team, composed of managers and supervisors, and the community, through CRP. The Quarterly C-CFSR highlights CFS achievement in the quarter, identifies areas for improvement and makes recommendations.</p> <p>CFS conducts an Internal Peer Case Record Review on a quarterly basis. The Peer Record Review (PRR) is a component of a comprehensive quality improvement plan, designed to ensure the Agency is maximizing the service delivery efforts. During a Peer Record Review, designated internal reviewers examine the quality and appropriateness of services provided to clients by looking at the documentation and quality of service delivery in the client record. The internal reviewers document their findings and this information is used as a quality improvement tool to:</p> <ul style="list-style-type: none"> <li>identify staff training needs and provide the necessary information/training;</li> <li>identify and eliminate obstacles that may be keeping staff from providing the highest quality services to their clients and documenting that work;</li> <li>and</li> <li>improve the staff learning process through their participation as reviewers and those reviewed.</li> </ul> <p>The CFS Peer Case Record Review is conducted by CFS managers, supervisors, and social workers. A valid sample size of</p>	

**Worksheet for Review of recommendations and development of Findings  
SMCRP's Formal Recommendations for 2011-12 for County and State**

Recommendation	CFS/OCAP Response	Finding(s)
	<p>open and closed cases, approximately 100 cases per year, is reviewed using three tools: the Quantitative Peer Case Record Review, Qualitative Peer Case Record Review and the Internal Peer Record Review Feedback. Cases are reviewed for elements including required forms, documents, and case notes. The Quantitative Peer Case Record Review is comprised of a checklist of required documents and forms that are marked as complete or incomplete/missing. The Qualitative Peer Case Record Review captures information about the quality of various aspects of the case including, assessments, service plans, progress notes, case closures. The Internal Peer Review Feedback documents any Areas for Corrections that needs to be reviewed. Upon completion of the case review, the social workers and their supervisors receive a feedback document noting corrections needing to be made as well as giving positive feedback on what was well done. Social workers will then note responses to the needed corrections and will submit, through their supervisors, the completed feedback form to show compliance of the cited deficiencies.</p> <p>To monitor mental health services, CFS assigned a Program Manager to oversee the MOU with BHRS to provide mental health treatment to CFS children. All referrals are submitted to a point person who tracks the referrals on a spreadsheet. BHRS provides</p>	

**Worksheet for Review of recommendations and development of Findings  
SMCRP's Formal Recommendations for 2011-12 for County and State**

Recommendation	CFS/OCAP Response	Finding(s)
	<p>quarterly data reports for each program describing the number of clients served, services provided, and client progress. A Program Committee composed of CFS Program Manager, a BHRS Manager and Staff, Sr. Public Health Nurse, and the contract providers, Edgewood and Star Vista, meets quarterly to discuss what is working and what is not working. In addition to receiving data on mental health, CFS is also receiving data for services provided by the nurses to ensure the needs of the children are holistically addressed. Nurses provide an array of services including nutrition education, general medical counseling, and information and referral.</p>	
<p>CWS should develop a concise list of services it offers to families that are in reunification, identifying those services that are mandated and those that are voluntary for families.</p>	<p>Services that are offered are case-dependent and may fall in both categories. These are categories of services that receive contracted funding, and do not include agencies that are partnered with the County. <i>Grayed areas are prevention services that are available to the community.</i></p> <p><b>See attached Table of Programs and Services – Attachment B</b></p>	<p><i>CWS provided a list of programs and services and indicated which are voluntary and which are mandatory.</i></p>
<p>CWS should employ evaluation tools/methods with existing services to assess whether they are effective.</p>	<p>Realistically, there is no clear way to evaluate the effectiveness of services when services are being rendered. Due to legal limitations, an increasingly limited amount of resources and a difficulty to evaluate and implement organization-wide changes due to constant scrutiny and review, there is no definite measure to assess the effectiveness of existing services on</p>	<p><i>There is no methodology in place at this time to assess the effectiveness of existing services.</i></p> <p><i>New CFS leadership has indicated a strong interest in program evaluation.</i></p>

**Worksheet for Review of recommendations and development of Findings  
SMCRP's Formal Recommendations for 2011-12 for County and State**

Recommendation	CFS/OCAP Response	Finding(s)
	<p>families. The only concrete way effectiveness can be measured is internally in CFS, with a comprehensive evaluation of internal processes and management practices that ultimately lead to responsibilities and objectives being delegated to the organizations and services that provide to families in the child welfare system. Even then, the measure is quantitative in nature, and does not truly represent the effectiveness on families in the long term.</p> <p>HSA designated a Program Manager (PM), Contract Monitor (CM) and Fiscal Analyst (FA) to oversee currently active contracts with CFS. The PM represents HSA in negotiations, meetings and check-ins. The CM's responsibilities include providing technical assistance in developing short-term, intermediate and long-term goals, developing satisfaction surveys and evaluation tools, collecting and reviewing mandated quarterly activity reports, and conducting service site visits. The FA ensures that services meet the funding sources' requirements, monitors invoices and tracks funding use. The PM, CM, and FA meet on a quarterly basis to review the status and assess the quality of contract services.</p> <p>Site visits consist of a program review and evaluation of outcomes to target goals set by HSA, as well as review of policies, training resources and participation records, and are documented and reported</p>	

**Worksheet for Review of recommendations and development of Findings  
SMCRP's Formal Recommendations for 2011-12 for County and State**

Recommendation	CFS/OCAP Response	Finding(s)
	<p>to the contractor stating if the program is meeting goals or corrective action is needed. Contractors are required to respond to the report, providing a corrective plan to address areas not meeting HSA standards, and are expected to implement the plan and demonstrate significant improvement. Following implementation of the plan, a follow-up site visit is conducted to reassess the areas that did not meet HSA standards.</p> <p>TDM should be held when family reunification is planned. This TDM will review the family's accomplishments and identify areas for continued follow-up and create an exit plan for the family. Although currently not consistently done, TDM at case closure is one of the strategies CFS will implement to ensure successful reunification and prevent re-entry.</p>	
<p>SMCRP recommends that CWS continue the process of developing protocols to review families in which numerous referrals have been made to ensure that these situations are closely monitored and appropriate decisions about how to proceed are made.</p>	<p><b><u>EMERGENCY RESPONSE PROGRAM: POLICY ON FAMILIES WITH MULTIPLE REFERRALS</u></b>  <u>Screening Unit:</u>            Upon receiving a referral in which SDM determines that the issue "Does Not Meet Criteria" and is therefore to be evaluated out <b>and</b> there has been two (2) previous referrals in the last 12 months or any case history, the <b>Screening Social Work Supervisor</b> or <b>Regional Intake Supervisor</b> will: Consult with the Intake Manager by the end of the next business day (this timeframe was added to accommodate weekend workers)</p>	<p><i>CWS has established a sound protocol to ensure that families with numerous referrals are monitored and appropriate decisions are made to ensure child safety.</i></p>

**Worksheet for Review of recommendations and development of Findings  
SMCRP's Formal Recommendations for 2011-12 for County and State**

Recommendation	CFS/OCAP Response	Finding(s)
	<p>Document what was discussed in contact notes</p> <p><u>Regional Intake Supervisor:</u> Upon receiving a referral where a family has had at least 3 referrals but no more than 5 in the last 12 months then the <b>Regional Intake Supervisor</b> must: Consult with the Intake Manager after the Social Worker has made the first contact with the family. (This allows the supervisor to provide the manager with the most current information.) Document in the narrative under the "Supervisor Consultation" section the instructions provided by the Intake Manager on how to proceed with the referral/case.</p> <p>Upon receiving a referral where a family has had 6 referrals in the last 12 months, then the following must occur: <b>Social Work Supervisor</b> will consult with Intake Manager after the Social Worker has made the first contact with the family. <b>Intake Manager</b> will consult with the CFS Director. <b>CFS Director</b> will review the case information and complete a document that will outline his/her direction for further case management (i.e. further assessment or close case). The document will then be placed in the case file.</p>	

Follow up on areas of interest identified in 10-11 Annual Report:

SMCRP will seek information in regard to 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 and services they need and would be provided if they remained in the system. SMCRP 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.

Follow-up on “incompetent youth” discussion - March 19, 2012

Panel members discussed what they have learned about this issue of concern – the fact that some young people are deemed by the court to be “incompetent”, i.e. unable to participate in their own defense in a legal setting. The causes for this finding may be related to age, mental/emotional capability or other factors. If they cannot participate in their defense, the proceedings are dropped and they are not afforded the protection of being a ward of the court. In some cases this results in lack of needed supports and services. The Panel has received information from Probation that about 6 youth fall into this category currently. The San Mateo County Juvenile Court is aware of the problem, according to Bonnie Miller and to Judge Etezadi and some action is being taken, though no information has been made available to CRP at this point except for the Santa Clara County Procedures used as youth are assessed for competency.

The Panel decided to take the following steps:

Drafted a letter that described CRP’s concerns and sent to Judge Etezadi, Presiding Judge, Juvenile Court.

Ruth Laya, CRP’s Probation representative, shared the Santa Clara County protocols with the Deputy Chief of Probation.

SMCRP is concerned about cases in which children are not detained by social workers when detention seems appropriate. In some of these situations, social workers are asking the court to make the decision regarding detention and setting up a potentially explosive response in the court setting.

Follow-up

CFS provided specific information about its POLICY ON FAMILIES WITH MULTIPLE REFERRALS in the Response to CRP Recommendations, received July 2012.

SMCRP will actively follow implementation of AB 109 in regard to the impact on families of incarcerated family members being returned to the county.

No specific follow up was undertaken.

SMCRP will actively follow the implementation of AB 12 that extends federal matching funds for youth to remain in foster care until their 20<sup>th</sup> birthday.

Follow-up

CRP receives information from CFS in monthly Director Updates – some of these updates have addressed AB 12 implementation.

## **SMCRP's Formal Recommendations for 2012-13 for County and State**

*CRP recommends that CWS use qualitative and quantitative measures to evaluate the effectiveness of the TDM model currently in use in relation to the primary objectives of the program. In addition, CWS should assess whether TDM is the most appropriate process for the variety of situations in which it is being used.*

*CRP recommends that CWS select two to three additional programs/services being offered to reunifying families and implement efforts to assess how effective they are in helping families successfully reunify.*

*In both of these recommendation areas, SMCRP hopes to partner with CWS to ensure adequate resources are available to conduct the evaluations. SMCRP requests regular progress reports for each of the two recommendation areas.*

### **Follow-up on the prior year's annual report recommendations, including any County and State responses to the recommendations**

#### **Status of past SMCRP recommendations:**

Institute **Team Decision Making (TDM)**: accepted and implemented. CRP continues interest in this program and has developed subsequent recommendations over the years designed to ensure program quality and accountability.

Address factors that contribute to **re-entry** rates: accepted and in process of implementation.

This is an area of ongoing interest for CRP. Since 2010, the focus has moved to family reunification, though the concern relating to re-entry rates following unsuccessful reunification remains a priority.

Implement effective **parent education** program: accepted and in process of implementation.

CWS implemented a proven parent education program and CRP monitored implementation for at least two years. The Panel continues to believe that parents who are in the child welfare system could benefit from training and coaching in the best parenting practices.

Improve efforts to **help families understand the child welfare system**: accepted and implemented.

CRP recognizes this is a complex undertaking because of the multiple factors that impact a family's ability to understand and participate effectively in the child welfare system. CRP has undertaken a significant effort in reviewing written materials used to educate parents. Last year (2010-11) CFS worked with CRP to conduct a thorough review of all material being used with families and to put in place systems to ensure consistency with material being used throughout the county. A CFS staff member was made the "point person" to follow up each year to ensure the most up to date materials are consistently in use. CFS now has in place a system to ensure it is consistently using current and accessible materials to help families understand the child welfare system.

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

SMCRP will provide the Director of the San Mateo County Human Services Agency (HSA) and the Director of Child Welfare Services (CWS), a division within HSA, with a complete copy of the Annual Report and Recommendations at the time the report is submitted to the State Office of Child Abuse Prevention (OCAP) in November. The report will also be posted on the SMCRP website ([www.smcrp.org](http://www.smcrp.org)) and presented to the local Child Abuse Prevention Committee known as the Children's Collaborative Action Team (CCAT). In addition, excerpts from the report will be used in outreach presentations to CWS staff, the Foster Parents Association and other groups in San Mateo County. Any comments that result from this process will be presented to SMCRP for consideration.

**Future Directions – Briefly discuss the activities that the panel expects to undertake during the 2012-2013 program year (Updated work plan for 2012-13 is attached.)**

SMCRP will continue to meet monthly to monitor its recommendations and the delivery of child welfare services in San Mateo County. Time in each meeting will be allocated to reports and presentations relevant to the Panel's stated interests and an opportunity for new issues/ concerns to be identified and explored. SMCRP, recognizing the continuing fiscal constraints that child welfare organizations are experiencing, will continue to look for ways to promote and support productive collaboration that leverages resources to achieve shared goals.

SMCRP, in partnership with CFS, will be monitoring the impact of the Katie A. Settlement.

**4. Public input (Work plan Goal # 4)**

**Briefly describe any public input that the panel obtained during the reporting period and how this input was taken into consideration when making your final recommendations for this annual report.**

SMCRP did not receive direct public input during this reporting period.

The Panel plans to take the following approach to seeking public input after this annual report is developed and published:

Present to Children's Collaborative Action Team – John Ragosta, SMCRP Chair, will present the Annual Report and Recommendations early in 2013.

Provide interested groups within the child welfare system and in the community with presentations about CRP's work.

This report was submitted to the California Department of Social Services', Office of Child Abuse Prevention on November 19, 2012 at 2:50pm.

## Attachment A

### SMCRP Roster and Terms as of October 2012

The following table lists current SMCRP members, their affiliation and their status in relation to the two-term limit contained in the group's operational guidelines.

Name	Affiliation	Term
Baumel, Jan	Licensed Educational Psychologist and Retired Special Educator	First term – 9/06-9/09 Second – 9/09-9/12 Third – 9/12-9/15
Chang, Paul	Executive Director, Pyramid Alternatives	First term 9/10-9/13
Cherniss, David	Juvenile Mediation Program	First term – 9/08-9/11 Second term – 9/11-9/14
Laya, Ruth	Probation Services Manager, San Mateo County Probation	First term - 9/10-9/13
Loewy, Ben	Administrator, San Mateo County Office of Education	First term – 9/06-9/09 Second – 9/09-9/12 Third term – 9/12-9/15
McCallum, Jamila	Manager, Edgewood Center	First term – 9/06-9/09 Second term – 9/09-9/12 Third term – 9/12-9/15
Miller, Bonnie	Public Defenders Office	First term – 9/07-9/10 Second term – 9/10-9/13
Pimentel, Anna	Differential Response Case Manager	First term – 5/11-9/13
Plotnikoff, Bernie	Community member	First term – 9/06-9/09 Second term – 9/09-9/12 Third term – 9/12-9/15
Ragosta, John	Advocates Supervisor, CASA of San Mateo County	First term – 8/09-9/12 Second – 9/12-9/15
Stewart, Ginny	Licensed Clinical Social Worker	First Term – 9/08-9/11 Second – 9/11-9/14

This year, due to changes in leadership of Children and Family Services, participation by the Director was less consistent. Deborah Torres attended a few meetings, and then Jenell Thompson acted as liaison as the new Director, Dr. Loc Nguyen, assumed his position. Dr. Nguyen has confirmed that he will participate regularly with CRP for the upcoming year.

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

## Attachment B

### SAN MATEO COUNTY HUMAN SERVICES AGENCY CHILDREN AND FAMILY SERVICES (CFS)

Response to

#### Citizens Review Panel Recommendations for 11-12

SMCRP used its meetings in August through October 2012 to review its current recommendations, approaches used to monitoring those recommendations and the San Mateo County Response to the recommendations. The product of this effort is reflected below:

**Recommendation #1** SMCRP suggests that CWS add a “quality assurance” protocol to the process that it has put in place to maintain and update materials used to educate families about the child welfare system annually. This protocol would ensure that the same materials are consistently used throughout the county.

**Current Procedure** Currently, there is a periodic evaluation of documentation and material given to families to update forms and other paperwork and make it user-friendly as needed. This evaluation, however, is infrequent and is only done as necessary. At the same time, there is no oversight as to whether the changes are consistent between hard copies of the materials distributed to the public and material available online.

**Quality Assurance Protocol Proposal** To develop a “quality assurance” protocol as requested by the recommendation, CFS is currently developing a proposal to conduct a more consistent, thorough evaluation of the material given out to families, similarly to the way the State Office of Child Abuse Prevention (OCAP) has a “checklist” of documentation quality requirements for their own materials. This evaluation would apply simultaneously to both the hard-copy forms of documentation available, as well as electronic forms, to ensure consistency and to reflect current needs for the public. This evaluation would involve a close look at the language offered in forms and other materials that would be considered as not “user-friendly” or not deemed widely accessible by the general population, and would be changed as needed, while ensuring that the exact same material is available across all different mediums and phasing out the older forms of widely circulated documentation as time progresses. As necessary, CFS will work to have a similar process in place for forms that can be translated into another language, such as Spanish. This proposal is still in development.

**Recommendation #2** SMCRP recommends that the State Department of Social Services (Office of Child Abuse Prevention) communicate with state level providers (i.e. Administrative Office of the Courts) of educational materials used with families to facilitate development and distribution of current, accurate and accessible information for use by County Child Welfare providers.

**OCAP Website Material - Context** In mid-2011, the California Courts website manager was contacted regarding the state of child welfare forms that were still available on their website, particularly JV-050 and JV-055. Initially, corrections were requested regarding minor errors in the forms which would have been crucial for the individual completing it. However, it was later discovered that the English-language versions of the forms that were still accessible at the time had not been updated since the years 1999 and 2002, respectively, and contained language that was not considered friendly to those who are less educated or who speak English as a second language. At the same time, it was discovered that the content on the website relevant to the forms was substantially easier to understand compared to the available paper forms of documentation. Taking into account that the documentation was used statewide and that it was not updated to reflect current needs, attempts were made to request changes to the language of the forms using the more revised, “user-friendly” language available on the website. Eventually, the California Courts website underwent a significant redevelopment; however, the forms had still not been updated. By this time, a request was sent to the forms management division of the Administrative Office of the Courts (AOC) to assess the current state of the forms being used.

**CDSS Response** On June 27, 2012, the CDSS contacted the Chair of the SMCRP in regard to this recommendation. The CDSS sought information from its own Public Information Office, the Dept. of General Services, Office of State Publishing and the Dept. of Public Health. It has been determined by the CDSS that there are neither statewide criteria nor written guidelines for creating and publishing educational materials for public distribution. The CDSS has no authority over the written material produced by other state-level agencies, but this recommendation prompted a discussion regarding the materials being produced for public use. The Office of Child Abuse Prevention (OCAP) is currently formulating a “checklist” of documentation quality requirements, modeled after the Dept. of Public Health’s WIC documentation standards entitled “Criteria for Developing and Evaluating Educational Materials,” to ensure that all educational material in use is written at a level of comprehension suitable for the majority of the audience. This is expected to be shared with the CDSS Public Affairs Office to be used as a department-wide resource in developing material for public distribution.

**Recommendation #3** CWS should monitor how families in the process of reunifying are accessing and using support services and should analyze the impact of these programs on rates.

**Case Management System (CMS) and Limitations** Currently, CWS does not have a formal way to track the specific, individualized services that are offered to families using the Case Management System (CMS). Though CFS tracks the general types of services that clients receive (such as counseling, case planning, visitation services, etc.), the social workers assigned to each individual case would have to dedicate time to document specific information on services provided, such as where families are receiving it and at what frequency. This kind of follow-up and documentation of detail is tedious and would impact the social worker's ability to provide the services they are tasked to do. Certain services, such as medical and dental visits, are documented in more detail, but other, more individualized services (such as crisis interventions and bilingual services), simply cannot be documented to that amount of detail, and the categories of the services that are rendered are the only kinds of information available in the CMS. Also, the quantity of active cases and the quantity of services rendered per client should be taken into account that would require this information. Ideally, it would be feasible to require social workers to have this information documented; in reality, dedicating time to document specific information would take the workers away from their jobs – helping clients in their situations.

**AB 636 Quarterly Review** CFS continually monitors SMC's performance in meeting the C-CFSR performance measures through quarterly review of the C-CFSR (also known as AB636) Data Report. The C-CFSR Data Report is shared with the CFS Management Team, Policy Team, composed of managers and supervisors, and the community, through CRP. The Quarterly C-CFSR highlights CFS achievement in the quarter, identifies areas for improvement and makes recommendations.

**Internal Peer Case Record Review** CFS conducts an Internal Peer Case Record Review on a quarterly basis. The Peer Record Review (PRR) is a component of a comprehensive quality improvement plan, designed to ensure the Agency is maximizing the service delivery efforts. During a Peer Record Review, designated internal reviewers examine the quality and appropriateness of services provided to clients by looking at the documentation and quality of service delivery in the client record. The internal reviewers document their findings and this information is used as a quality improvement tool to:

identify staff training needs and provide the necessary information/training;  
identify and eliminate obstacles that may be keeping staff from providing the highest quality services to their clients and documenting that work; and  
improve the staff learning process through their participation as reviewers and those reviewed.

CFS Peer Case Record Review is conducted by CFS managers, supervisors, and social workers. A valid sample size of open and closed cases, approximately 100 cases per year, is reviewed using three tools: the Quantitative Peer Case Record Review, Qualitative Peer Case Record Review and the Internal Peer Record Review Feedback. Cases are reviewed for elements including required forms, documents, and case notes. The Quantitative Peer Case Record Review is comprised of a checklist of required documents and forms that are marked as complete or incomplete/missing. The Qualitative Peer Case Record Review captures information about the quality of various aspects of the case including, assessments, service plans, progress notes, case closures. The Internal Peer Review Feedback documents any Areas for Corrections that needs to be reviewed. Upon completion of the case review, the social workers and their supervisors receive a feedback document noting corrections needing to be made as well as giving positive feedback on what was well done. Social workers will then note responses to the needed corrections and will submit, through their supervisors, the completed feedback form to show compliance of the cited deficiencies.

**Program Manager Assignment**

To monitor mental health services, CFS assigned a Program Manager to oversee the MOU with Behavioral Health and Recovery Services (BHRS) to provide mental health treatment to CFS children. All referrals are submitted to a point person who tracks the referrals on a spreadsheet. BHRS provides quarterly data reports for each program describing the number of clients served, services provided, and client progress. A Program Committee composed of CFS Program Manager, a BHRS Manager and Staff, Senior Public Health Nurse, and the contract providers, Edgewood and Star Vista, meets quarterly to discuss what is working and what is not working. In addition to receiving data on mental health, CFS is also receiving data for services provided by the nurses to ensure the needs of the children are holistically addressed. Nurses provide an array of services including nutrition education, general medical counseling, and information and referral.

**Recommendation #4**

CWS should develop a concise list of services it offers to families that are in reunification, identifying those services that are mandated and

those that are voluntary for families.

**Service distinction** Services that are offered are case-dependent and may fall in both categories. These are categories of services that receive contracted funding, and do not include agencies that are partnered with the County.

*Grayed areas are prevention services that are available to the community.*

**Services offered**

Type	Brief Description	Internal or External	Mandatory or Voluntary
Parenting Classes	Parents are given the Parent Education Resource List that shows the parenting classes offered throughout the county.	External	Mandatory
Counseling Services	Individual and family counseling, mental health assessment and treatment are provided for family members experiencing mental health issues.	External	Mandatory
Transportation	Transportation to and from appointments, court hearings, etc. Transportation is provided by CFS staff or bus passes are provided.	Both	As needed, based on availability
Treatment Services	In addition to mental health treatment services, sex offender treatment program, substance abuse testing and treatment, and Domestic Violence treatment programs are provided.	External	Mandatory
Translation	Translation services are	Both	Mandatory

	provided in multiple languages.		
Social Security Assistance	This service is intended to help children apply for and receive income to which they are entitled.	External	Mandatory
Educational Assistance	Educational liaisons perform a myriad of education-related tasks to assist children and families.	External	Voluntary
Supervised Visitation	Assess the quality of the parent/child relationship, examine strengths and needs in the relationship.	Internal	Mandatory
Fatherhood Collaborative	The Collaborative supportive services help strengthen the bond between fathers and their children.	Internal	Voluntary
Housing Vouchers	Housing vouchers that were awarded to HSA from HUD to assist homeless/un-housed families with Section 8 certificates who are in the process of reunification. Also available to youth who have aged out of the system.	External	Voluntary
Transitional Group Home Services	For youth stepping down from higher levels of care, transitioning to a local home from out-of county placement or between placements.	External	Voluntary
Independent living skills classes	ILP provides training classes to begin to prepare youth for a successful transition to	External	Voluntary

	adulthood.		
Differential Response	Community-based early prevention and intervention case management services to families.	External	Voluntary
Kinship services	Kinship support services and counseling services for kinship care families.	External	Voluntary
Mandated Reporter Training	Training provided to staff and the community.	External	Mandatory
Core Service Agencies	Community based service providers across the county who act as the primary community services resource in their community for emergency shelter, food, financial assistance, etc.	External	Voluntary
Medical Evaluation	Pediatric specialist for Medically Fragile children in care.	External	Mandatory
Post Adoption Services	Education Groups for adoptive parents.	Both	Voluntary
Shelter Networks	Housing services for homeless families.	External	Voluntary
Educational Support Services	In home tutoring.	External	Voluntary
Youth Services	Counseling, runaway youth services, Respite Care, Youth 16-20 homeless shelter, aftercare services for transition age youth, transitional housing program for emancipated youth.	External	Voluntary

**Recommendation #5** CWS should employ evaluation tools/methods with existing services to assess whether they are effective.

**Limitations Regarding Service Effectiveness Evaluation** Realistically, there is no clear way to evaluate the effectiveness of services when services are being rendered. Due to legal limitations, an increasingly limited amount of resources and a difficulty to evaluate and implement organization-wide changes due to constant scrutiny and review, there is no definite measure to assess the effectiveness of existing services on families. The only concrete way effectiveness can be measured is internally in CFS, with a comprehensive evaluation of internal processes and management practices that ultimately lead to responsibilities and objectives being delegated to the organizations and services that provide to families in the child welfare system. Even then, the measure is quantitative in nature, and does not truly represent the effectiveness on families in the long term.

**Monitoring Active CFS Contracts for Services** HSA designated a Program Manager (PM), Contract Monitor (CM) and Fiscal Analyst (FA) to oversee currently active contracts with CFS. The PM represents HSA in negotiations, meetings and check-ins. The CM's responsibilities include providing technical assistance in developing short-term, intermediate and long-term goals, developing satisfaction surveys and evaluation tools, collecting and reviewing mandated quarterly activity reports, and conducting service site visits. The FA ensures that services meet the funding sources' requirements, monitors invoices and tracks funding use. The PM, CM, and FA meet on a quarterly basis to review the status and assess the quality of contract services.

**Site Visits** Site visits consist of a program review and evaluation of outcomes to target goals set by HSA, as well as review of policies, training resources and participation records, and are documented and reported to the contractor stating if the program is meeting goals or corrective action is needed. Contractors are required to respond to the report, providing a corrective plan to address areas not meeting HSA standards, and are expected to implement the plan and demonstrate significant improvement. Following implementation of the plan, a follow-up site visit is conducted to reassess the areas that did not meet HSA standards.

**Team Decision-Making (TDM)** TDM should be held when family reunification is planned. This TDM will review the family's accomplishments and identify areas for continued follow-up and create an exit plan for the family. Although currently not consistently done, TDM at case closure is one of the strategies CFS will implement to ensure successful reunification and prevent re-entry.

**Recommendation #6** SMCRP recommends that CWS continue the process of developing protocols to review families in which numerous referrals have been made to ensure that these situations are closely monitored and appropriate decisions about how to proceed are made.

**Current Protocol & Monitoring of Families with Multiple Referrals**

**EMERGENCY RESPONSE PROGRAM: POLICY ON FAMILIES WITH MULTIPLE REFERRALS**

Screening Unit:

Upon receiving a referral in which SDM determines that the issue “Does Not Meet Criteria” and is therefore to be evaluated out and there has been two (2) previous referrals in the last 12 months or any case history, the **Screening Social Work Supervisor** or **Regional Intake Supervisor** will:

Consult with the Intake Manager by the end of the next business day (this timeframe was added to accommodate weekend workers)  
Document what was discussed in contact notes

Regional Intake Supervisor:

Upon receiving a referral where a family has had at least 3 referrals but no more than 5 in the last 12 months then the **Regional Intake Supervisor** must:

Consult with the Intake Manager after the Social Worker has made the first contact with the family. (This allows the supervisor to provide the manager with the most current information.)

Document in the narrative under the “Supervisor Consultation” section the instructions provided by the Intake Manager on how to proceed with the referral/case.

Upon receiving a referral where a family has had 6 referrals in the last 12 months, then the following must occur:

**Social Work Supervisor** will consult with Intake Manager after the Social Worker has made the first contact with the family.

**Intake Manager** will consult with the CFS Director.

**CFS Director** will review the case information and complete a document that will outline his/her direction for further case management (i.e. further assessment or close case). The document will then be placed in the case file.

# San Mateo County



## Citizen Review Panel

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

### **Notes from Meeting**

**January 28, 2013**

**400 Harbor Boulevard, Bldg. B, Belmont CA 94002**

Panelists present: Baumel, Chang, Laya, Loewy, McCallum, Miller, Plotnikoff, Ragosta, Stewart

Others: Loc Nguyen, Pat Brown

#### Follow-up from last meeting

- a) Review notes from last meeting – two grammar errors identified and corrected
- b) Presentation to CCAT re. CRP Annual Report and Recommendations  
There was a lengthy discussion about the effectiveness of using CCAT as the venue for publicizing CRP's work. Out of this discussion came the agreement that past presentations did not really meet the interests of CCAT members, but there was a need to let CCAT members know of CRP's work and CRP could benefit from input from CCAT members as direct service providers for children and families. This year, the approach to CCAT will be twofold:
  - CRP will briefly describe the recommendations it has included in its annual report
  - CRP will also explore with CCAT members their ideas about issues related to child welfare that impact the effectiveness of the system. This input will then be used to guide future CRP discussions.
  - John Ragosta will make the brief presentation and Paul Chang agreed to lead the discussion with CCAT members.
  - Pat will contact CCAT about scheduling this activity
- c) CRP was notified of Anna Pimental's resignation due to a change in duties. Paul volunteered to talk with the Daly City Partnership, which administers differential response in North County, about participating in CRP.
- d) CRP approved the PPT prepared for use at the National CRP conference. Jamila offered to assist with formatting the presentation. Pat noted that the success stories had been gathered by Gary Beasley from CFS and Probation.

#### **Report from CFS Liaison**

Loc presented information about trends in San Mateo County that will require steps to be taken to address the increasing child welfare caseload. The PPT will be made available to CRP within the next few weeks, but a few of the key points are listed below:

- San Mateo County is the 14<sup>th</sup> largest county in the US.
- SMC recently was re-accredited by the Council on Accreditation.
- Since 2010, there has been a 12% increase in referrals to CWS.
- This concerning trend is not easily explained, but probably relates to the “self-sufficiency gap” – the number of working families who do not qualify for safety net services because the Federal Poverty Level criteria does not take into account the high cost of living in this community.
- There appears to be a connection between food insecurity and mental health disorders.
- In addition, it appears that the latest recession has taken a toll on mental health in children – schools, now are reporting increased needs for mental health services among entering primary students.

While putting his presentation together, Loc found that the information technology currently in use is not adequate for providing timely data for use in decision-making. Loc noted that he has started discussions with the John Gardner Center at Stanford about using the Youth Data Archive to assist with data analysis.

He will be sharing this presentation with a number of key audiences in the next months.

CRP thanked him for his efforts to describe the current challenges in our county and offered support as he is moving forward with efforts to raise awareness and engage in problem solving efforts.

### **Review Annual Report and Recommendations for 12-13 and discuss approaches to monitoring recommendations**

CRP members reviewed the two recommendations included in the annual report submitted to OCAP in November 2012. The Panel clarified that the recommendations were not intended to limit the present and future scope of CRP’s interest, but were “next steps” in the effort to help families move toward reunification with the quality programs they need.

1. *CRP recommends that CWS use qualitative and quantitative measures to evaluate the effectiveness of the Team Decision Making model currently in use in relation to the primary objectives of the program. In addition, CWS should assess whether TDM is the most appropriate process for the variety of situations in which it is being used.*

CRP decided to request an update on progress related to this recommendation in April 2013.

2. *CRP recommends that CWS select two to three additional programs/services being offered to reunifying families and implement efforts to assess how effective they are in helping families successfully reunify.*

CRP requests that CFS report on the programs selected for assessment by the March CRP meeting.

### **Approval of SMCRP’s work calendar for 2013**

Pat will revise the draft work calendar based on issues raised during the meeting. This calendar is used to plan upcoming CRP meetings.

**Follow-up from presentation: Supporting Children and Youth in Foster Care: The Need for Across Agency Information and the Engendering of Multilevel Support**  
Tom Mohr was not present, so this item was deferred.

**Discussion regarding Scope of CRP's Oversight: Should CRP begin sharing its work with a broader cross section of the system**  
Deferred due to lack of time.

**Items for next agenda**

# San Mateo County



## Citizen Review Panel

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

**Notes from Meeting  
February 25, 2013  
400 Harbor Boulevard, Bldg. B, Belmont CA 94002**

Panel Members Present: Jan Baumel, David Cherniss, Ruth Laya, Ben Loewy, Bonnie Miller, Bernie Plotnikoff, John Ragosta, Ginny Stewart  
Others: Tom Mohr, Loc Nguyen, Jenell Thompson, Pat Brown

### **Follow-up from last meeting**

- a) Review of notes from last meeting: There were no changes/corrections suggested.
- b) Meeting with CCAT: The Panel confirmed that the presentation to CCAT in April will be a brief update about CRP and its current recommendations and a more in-depth discussion with CCAT attendees about their perception of key issues or concerns with the child welfare system in San Mateo County. There was some interest in having a discussion with the CCAT Oversight Committee about possible interest in looking at environmental prevention strategies for child abuse prevention in San Mateo County.
- c) Follow up with Daly City Partnership regarding participation on CRP: This item was deferred to next meeting since Paul was not present.
- d) With Jamila's help, and information gathered by Jenell, CRP put together a PowerPoint presentation to be submitted to the National Conference on Citizen Review Panels. The presentation describes how CRP's encouragement of education for parents of children in the child welfare system resulted in success stories.

### **Report from CFS Liaison**

- a) Update/issues of interest: Loc will be making his Director's presentation to the Board of Supervisors tomorrow morning. He reviewed some of the key points he will be making, noting that the spike in referrals to child welfare that

SM County is experiencing is not reflected at the state level. January's stats show that the spike is continuing. The largest number of referrals are coming from educators. Clinicians are the next most frequent source, with law enforcement holding at a steady rate. The number of sustained petitions has increased by 20%, mostly relating to general neglect. The local cost of living coupled with the lowest rate of utilization of SNAP (food stamps) are factors in the increased impact of more cases, which are affecting all family support providers, not just CFS.

While he will not be making a specific "ask" of the Board tomorrow, Loc will report that his five highest priorities are funding for: the camp, family resource centers, Katie A., the Visitation Center and after hours staffing. CFS will also be seeking state and local grants to address these areas of need.

There was a suggestion that Loc should make a presentation to school administrators in San Mateo County – starting with Superintendents. Ben and Tom offered to make the arrangement.

- b) CFS Dashboard – there were no comments on the January 2013 Dashboard

**Follow-up from presentation: Supporting Children and Youth in Foster Care: The Need for Across Agency Information and the Engendering of Multilevel Support – Tom Mohr**

Tom was present to provide an update on the work of the Blue Ribbon Commission. He told CRP that five work groups have been formed by the Commission:

- Information and data sharing
- Educational decision making
- Systematic data collection – models in other counties
- Middle School Court Model – provides oversight of education for middle school aged foster children
- Training for stakeholders who interact directly with children – the training will start with information about the impact of trauma on children, with the goal of creating understanding among all professionals (including therapists and counselors) that care for children.

These groups will be gathering information from other counties. SM County Counsel is looking into what data can legally be shared by agencies. There are many questions about how much data/information is needed to accomplish the goal of more coordinated and effective child and family support. CRP members agreed that it makes sense to establish some structure for information sharing between child welfare workers and teachers.

Loc told the group that he would be willing to share information about where foster children are attending school – a big first step in this effort at collaboration.

There were questions about how professional providers in San Mateo County are "vetted" before they are allowed to interact directly with children in the child welfare system.

The next Blue Ribbon Commission meeting is on March 12, 2013. Tom, David and John, who all serve on the Blue Ribbon Commission, agreed to keep CRP informed on progress.

**Discussion regarding Scope of CRP's Oversight: Should CRP share its work with a broader cross section of the system.**

Given the content of the previous discussion, it was apparent that CRP is interested in and willing to broaden its scope beyond Children and Family Services to include other public and private components of the child welfare system in San Mateo County. This led to a discussion of enhancing CRP's current membership to include mental health providers (BHRS), Health System, domestic violence prevention representation. There was also a suggestion about a former child welfare parent who might be interested in serving. Any potential member would go through the established process for bringing new panelists on board.

The Panel held a closed session to discuss Issues of current concern relating to the Probation Department.

The editorial on child welfare (System's Fatal Lapses), from the Feb. 24, 2013 San Francisco Chronicle, was shared with Panel members. The editorial identified weaknesses associated with large bureaucracies (communication and coordination), proper investigation and training, coordinating information with other agencies, a mismatch between skills and assignments and the biggest problem, the "paperwork nightmare".

**Items for next agenda**

- a) Child Welfare Internal Dashboard
- b) Update on CFS selection of programs to assess (Rec. #2)
- c) Follow-up on CFS plans to address self-sufficiency gap issues
- d) Discussion re. CRP outreach/public awareness efforts – What are the audiences in SM Co. that should be aware of CRP's work?

The meeting was adjourned at 1:35 PM.

# San Mateo County



## Citizen Review Panel

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

### **Meeting**

**March 18, 2013**

**400 Harbor Blvd, Building B, Belmont, CA 94002**

Panelists present: Paul Chang, David Cherniss, Ruth Laya, Ben Loewy, Bonnie Miller, Bernie Plotnikoff, John Ragosta, Ginny Stewart

Others: Tom Mohr, Loc Nguyen, Jenell Thompson, Pat Brown

### **Follow-up from last meeting**

- a) Review notes from last meeting – changes/corrections  
Though Jan was unable to make this meeting, she found two typos in the notes from 2/25 and reported them to Pat for correction.
- b) Follow up with Daly City Partnership re. participation with CRP  
Paul had no report for this meeting, but he will contact the DC Partnership and provide an Update to CRP in April.
- c) Follow up on membership ideas – define next steps
  - BHRS/ Mental Health providers – David contacted Toni DeMarco of BHRS and she expressed interest. She has been provided with information about CRP and invited to the April meeting.
  - Law enforcement – CRP asked Pat to contact the Police Chief's Association and ask for a representative
  - Domestic Violence Prevention – Paul will follow up with CORA

### **Report from CFS Liaison - Update/issues of interest**

#### Follow up on presentation to Board of Supervisors

Loc thanked CRP members for attending the meeting and supporting him.

He is proposing specific next steps for consideration:

- Establish a residential facility to serve non-minor dependents (AB 12). There are a growing number of youth/young adults in this category since 98% are opting to stay in the system when they reach age 18 years. Also included as part of this proposal was to expand the STEP Program which in the past has offered summer jobs with the County to CFS youth – move to a year round program that would provide 10 full time positions with the County.
- Implement the Katie A. Core Practice Model for open cases (600 in SM County).

- Develop and use Child/Family Teams to provide consistent support similar to the model of TDMs.
- Hire three Katie A. Coordinators, one for each region.
- Expand opportunity to offer mental health services to parents.
- Develop an “after hours” unit (should be at the same level as implementation of Katie A.)
- Have five additional FRCs in that county and set up a system to provide rotating Benefit Analyst support to FRC sites.
- Implement congregation-based service centers (10-15 around the county) that would make it easy for families to access supervised visitation (reunification visits to supplement SW visitation oversight) – anticipate equivalent of 3 full time positions – congregations would be asked to identify potential “visitation facilitators”.

Discussion:

- 1) Family Court-ordered supervised visitation and CFS reunification visits have different standards – would need to be clear about the criteria for congregation-based visits.
- 2) The Blue Ribbon Committee has a sub-committee looking at the spectrum of visitation.
- 3) Katie A Implementation of Core Standards:  
There will be changes to the way that mental health services are provided. Currently, BHRS can provide mental health services based on MediCal qualification and Medical necessity. Under Katie A., more CFS families will benefit because of early identification and regular review of cases.
- 4) CRP continues to be concerned about gaps in services where some youth in great need of services are not getting the help they need (example – 602 youth declared incompetent to participate in the court process).
- 5) Educators need to be linked more closely with the continuum of services since they are in a position to provide early identification and opportunity for interventions that could reduce more serious involvement with the child welfare system.

Loc noted that BHRS and Probation have submitted a proposal for funding to the Juvenile Justice/Delinquency Commission asking for \$20,000 to support implementation of a “restoration to competency” program similar to an approach used in Santa Clara County with their 602 youth.

Measure A Funding

Loc told CRP that the County Manager has asked him to work with BHRS and Probation to come up with a proposal for Measure A funding that addresses the needs of high risk youth and families. He went over the proposal (below) and asked for feedback from CRP members.

*Measure A Proposal*

- 1) *Pilot a hotline (or integrate it into our current hotline) for educators, members of the community, etc. to call to notify county agencies if a child shows any symptoms of risk (we develop a brief tool/checklist) that can be used by anyone in the community.*

- 2) *Have whoever receives the call relay info to a Psych Social Worker (or similar position) whose responsibility would be to do initial screening and follow-up of referrals (this could include follow up with the caller to see what the issues are.)*
- 3) *Expand (or use a similar model) the Assessment Center at the Youth Services Center (which currently focuses on cases in which a teenager was arrested, but there was no case for Probation or CFS opened) This would be similar to a Differential Response for teenagers and might offer the following services:*
  - *Early counseling, support and education services;*
  - *Case management for at risk youth;*
  - *Continuum of care to bridge services to best meet needs of youth/families;*
  - *Identify and/or offer range of services and continuity of care for support and supervision*
  - *Provide on-site access to records from different agencies*

*Resources needed:*

- *4 Service Navigator Positions (at the level of a social worker), one from each of the following departments: HSA (psych social worker), BHRS, Probation, and County Office of Education. A combination of these representatives would form the MDTs for each child.*
- *2 Community Workers (staff calls and provide other direct services)*
- *1 program supervisor*
- *1 office assistant to support the unit*
- *\$400,000 to provide DR type services to high risk families (on the DR side this provides services to about 300 families).*
- *\$100,000 for training and outreach*

CRP members had a wide ranging discussion and provided the following feedback:

- 1) CRP feels that youth declared “incompetent” and others that are impacted by service gaps should be included in the group identified as “high risk” youth
- 2) “High risk” needs to be defined.
- 3) Consider using a “mentor grandparent” model with some youth.
- 4) Identify any policy solutions that might be addressed – for example, provide resources to develop a pilot program to serve “gap” youth – those who for some reason are not receiving the services they need.
- 5) CRP would like to provide input to the Juvenile Justice and Delinquency Commission about the need to fund services for youth who are currently being denied support because they fall into a “gap”. Pat will draft a letter to the Commission, based on last year’s letter to Judge Etazadi, and circulate it to CRP members for review.

CFS Dashboard- no dashboard was available for February due to the timing of this meeting.

**Update on CFS selection of child/family support program(s) to assess (CRP recommendation #2)**

CFS has not selected programs for evaluation of effectiveness. The System Improvement Process will guide this selection and SIP has been delayed at the state level. The programs that are identified will align with SIP goals. Parenting classes and therapy/counseling are being considered.

**Follow-up on CFS plans to address self-sufficiency gap issues – discussion postponed until April meeting.**

This topic was deferred to the April agenda.

**Discussion regarding CRP outreach/public awareness efforts: *What are the audiences in SM County that should be aware of CRP's work?***

Deferred to next agenda.

**Items for next agenda**

- Discussion re. CRP outreach target audiences
- Update on selection of programs to be evaluated for effectiveness (Recommendation #2)
- Update on TDM implementation (Recommendation #1)
- CFS plan to address self-sufficiency gap issues
- Follow up on discussion re. 602 youth as sub-group and the need to ensure their access to services
- CFS Ombudsman Program

**Announcements**

- Paul asked CRP members to hold April 16, 4-7 PM, to attend the open house at Pyramid Family Services Center in San Mateo. Invitations are forthcoming.
- John reported that the CRP website has received submissions requesting CRP to respond to concerns about a specific CFS case. John responded to the email and referred the community member to the CFS Ombudsman, Jenell Thompson.

**Citizen Review Panel  
Annual & Recommendations Report  
(2011/2012 Program Year)**

**County:** Ventura

**Contact Person for this Report:**

Name: Louanne Shahandeh  
Email: l.shahandeh@att.net

**Date Submitted to OCAP:** January 25, 2013 5:00 pm

**Date & Person Submitted to at the local County Agency:** Judy Webber, January 25, 2013

**1. County Profile** (OCAP will provide current data from current annual report)

**2. Panel Activities**

A. Panel structure and development

I. Membership (Work plan Goal #1)

Louanne Shahandeh was contracted to facilitate the CRP workgroups/activities and reports to OCAP.

II. Panel Training (Work plan goal #2)

As a means of on-going trainings and informational updates, the CRP continues to utilize presentations from Community Based Organizations providing services to youth placed out of home in Ventura County. These presentations continue to update the committee as to services and resources being offered to the children and families in Ventura County. Included in these updates were CASA's, California Youth Connection, and the Ventura County Special Education Local Plan Area (SELPA) along with quarterly updates from Probation, Behavioral Health and the Department of Children and Family Services.

Several members of the CRP participated in the Agency 101 daylong conference in the spring of 2012. This conference focuses on providing information on resources available to families of at risk children and youth and is sponsored by the Department of Children and Family Services, Behavioral Health and the local SELPA. This forum provides presentations from agencies that focus on prevention, employment, education, mental health, health, child care, etc.

III. Panel self-evaluation activities – (Work plan Goal #6)

The Committee completed a Self-Evaluation Survey in the spring of 2012. The survey itself was designed by the members, in an effort to ensure that significant information

was captured, that would assist the CRP/Children's System of Care (CSOC) Committee in determining areas of improvement the panel can focus on regarding the facilitation of the CRP Work Plan Objectives. (See attachment for full survey results).

The Committee reviewed and discussed the compiled evaluation information at its regular monthly meeting.

Following are some of the highlights of the survey.

### **Panel Composition:**

The average length of membership for the Ventura County CRP/CSOC Committee is between two and three years. While there was agreement among panel members (84.6%) that number wise there were enough members on the panel to facilitate the oversight work involved, the group did note that important perspectives not currently represented include Drug and Alcohol Agencies, Foster Parents or Group Home Providers and current parent consumers. Currently two Parent Partners are members of the Ventura County CRP/CSOC Committee.

No decisions at this time have been made to include Foster Parents or other care providers. The committee will continue to discuss membership composition and expansion.

### **Communication/Meeting Structure:**

Regarding communication and meetings, the survey indicated that 92.3% of the committee members felt that meeting frequency and communication met the needs of the committee. The current meeting structure provides the members enough time to discuss the issues and agenda items at each meeting and the meetings are organized and run efficiently.

The committee discussed and agreed that the current monthly meeting schedule would be changed to meeting every other month (6 times yearly), effective January 2013.

### **Participation/Decision Making/ Roles**

Regarding participation, contributions and decision making, the Committee agreed that members feel they have the ability to make contributions that help reach the work plan goals, and that the goals and activities of the panel are prioritized effectively. The comments provided by members regarding the CRP/CSOC Committees goals and objectives outline in the work plans suggest that a look at the Charter and committee structure be explored in the coming year. The previously utilized sub-committee workgroup structure was modified this year. All activity work was facilitated during the monthly scheduled meetings with the exception of the Outcomes Measure Work Group and Agency 101 committee

### **Goals and Objectives**

The survey indicated that for the most part, members felt that the priorities and objectives set by the Committee were on target and obtainable.

### **Overall Discussion/Impressions:**

The CRP/CSOC Committee will continue to utilize the information obtained in the self-evaluation survey to continue to strengthen the group's ability to focus on issues outlined, give and receive the necessary information to make informed decisions and recommendations, and provide a forum for continued sharing of programs and information.

### 3. CRP objectives (Work plan Goals #3 & 5)

The focus of the CRP workgroup activities continued to be targeted toward the length of stay aspect 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 or group home placement

Only two subcommittees met to undertake activities of the group. The Outcome Measure Sub-committee continued to meet throughout the year and report back to the full CRP/CSOC committee. The Agency 101 Committee met frequently to organize the annual Agency 101 event. All other activities were discussed and facilitated through the monthly meeting structure

### **Outcome Measures Sub-committee:**

This sub-committee continued to focus on the need to develop outcome measures that can be used by all programs in the county that reflect permanency, safety and well-being while additionally monitoring the previous year recommendations which included:

-Develop a mechanism to continue to collect base line information from all providers in Ventura County regarding program effectiveness.

-Use IPERC and other government structure components to get "buy in" from out of home care providers regarding the need to measure outcomes and collect data.

In addition, this sub-committee continued to work closely with IPERC in providing input into the development of a pilot Outcome Measure Survey, and continues to monitor the ongoing survey facilitation. CRP/CSOC Committee members have participated in the training of Group Home Providers in the utilization of the survey. Subcommittee updates have been provided to the general CRP/CSOC membership.

### **Agency 101 sub-committee:**

This committee met several times throughout the year to organize the annual Agency 101 event. This event showcases over 60 Ventura County public agencies serving at risk children and youth and their families. Each agency brings speakers and materials to share with the audience. Over 300 people attend each year, and receive a directory of many public agencies serving this population. The costs of the event are shared

between Ventura County Probation Agency, Ventura County Office of Education, Ventura County SELPA, Child and Family Services, and Ventura County Behavioral Health.

***Findings and Recommendations:***

The CRP/CSOC Committee continues to see the importance of having unified outcome measures for all group home care providers. While this project is still in the early stages of facilitation, the following recommendations are made:

All placing agencies (CFS and Probation), continue to support the facilitation of the Outcome Measure Survey by continuing to provide assistance via the Inter Agency Placement Expansion Review Committee (IPERC) in the oversight of the Outcome Measure Survey Project.

Provide the CRP/CSOC Committee with a report summary of the project annually, to include Group Home Outcome Measure Survey Summary and any recommendations programming recommendations.

**Group Home Family Inclusion Survey:**

The CRP/CSOC Committee continued to discuss and assess the role of group home programs in order to understand their role in a 'continuum of care' that promotes community-based, family-involved, best-practice services that address the specific needs of Ventura County youth. The Committee drafted and facilitated a Family Involvement Survey as one of their primary review activities.

The goal of the survey was to better understand how the inclusion of family members, adult supporters and/or relatives is supported in Group Home program components.

All Group Homes operating in Ventura County that provide services to Ventura County youth and children were asked to participate in the survey. There was 100% compliance with this request.

***Findings and Recommendations:***

The CRP/CSOC Committee recognizes the importance in including family members, adult supports etc., within the program structure of the Group Home. While gaining a better baseline understanding of how Group Home Providers view and utilize family involvement, the committee recognizes that significant work in shifting the current "family involvement" philosophy that exists in most community based Group Homes must take place.

The survey allowed for Committee discussion on the barriers and challenges the Group Home Providers face in developing a more supportive program structure for the inclusion of family, which include but are not limited to monetary limitations, staff scheduling, availability of a forum to openly discuss program issues, constraints etc. In addition, the Committee recognizes the limits of the placing agencies in mandating both the Group Home Providers to develop a family inclusion/adult support program within their existing structure as well as the ability to mandate that families/adult supporters participate.

The Committee recommends that IPERC gather more specific information from the local Group Home Providers, to assist in a more in-depth assessment of family support components being utilized in the programs. Topic areas to be considered include:

- Issues/attitudes and challenges that may inhibit consistent inclusion of birth parents/family members, adult supports in the Group Home program.
- Specific strategies being used or that could be used to assist in getting parents, adult supporters involved in the child/youths life.

In addition, the Committee makes the following activity recommendations to IPERC: Consider the use of a “Family Survey”, (Building Bridges Program Model), to obtain information directly from adult supporters/family members regarding Group Home Program components and inclusion.

Facilitate a meeting with Group Home Providers targeted at discussing family/adult support inclusion strategies. The Committee acknowledges that it is important for the Group Home Providers have a forum in which they can openly discuss expectations, what is working and not working and problem solve strategies.

Provide training for Group Home Providers focused on changing staff/program culture and family inclusion models.

### **Funding Re-alignment:**

The CRP/CSOC Committee spent many discussions this past year on the changes in funding for the AB 26.5 clients. Presentations by SELPA and the Department of Children and Family Services provided the committee with information regarding the changes in funding, new program components put in place and the impact of this on children and families.

Discussions highlighted the gaps in crisis services for these children and families that were previously served by AB26.5.

In order to assist the Committee in gaining a better understanding regarding the program realignment that has taken place to address this, a Placement Prevention Services Comparison Chart was created.

As a result the CRP/CSOC committee makes the following recommendations to the Deputy Directors and or Directors of SELPA, Behavioral Health and the Department of Children and Family Services:

The issue of gaps in crisis services for children and families previously served by AB26.5 is taken to the Interagency Policy Council for discussion at a higher level.

The CRP/CSOC Committee will continue to review this issue and the services being provided through the various placement services programs (COEDS, Wraparound, IFS) quarterly.

## **Previous Year Recommendations Oversight**

The CRP/CSOC Committee received two update reports from the Interagency Planning Expansion Review Committee. These reports focused on IPERC's continued review of Group Home providers programs, policies and support programs.

Last year, the CRP/CSOC Committee recommended that IPERC (Interagency Placement Expansion and Review Committee) formalizes a uniformed Quarterly Report template that all Group Care Providers will be mandated to utilize for Ventura County children/youth placed in out of home care. To date, this report has been facilitated and is being utilized by all Group Home Providers. IPERC is pleased with the report format, which ensures that the type of information being provided quarterly for the children and youth placed in out of home care is uniformed.

	<b>MEMBER NAME &amp; AGENCY</b>	<b>AGENCY ADDRESS</b>
	<b>AGUAYO-SALDANA, DIANA</b> HSA	855 Partridge Drive Ventura, CA 93003
	<b>ARNER-COSTELLO</b> <b>FRAN</b> SELPA	5100 Adolfo Road Camarillo, CA 93012
	<b>BENNETT, KRIS</b> Aspira Foster Family Agency	1838 Eastman Avenue #100 Ventura, CA 93003
	<b>CARDENAS, BERNADETTE</b> C.A.S.A.	POB 1135 Camarillo, CA 93011-1135
	<b>DEAN, STEVE</b> Probation	1911 Williams Drive #175 Oxnard, CA 93036
	<b>ESPINOZA, MARISSA</b> Casa Pacifica	975 Flynn Road Camarillo, CA 93021
	<b>FRIEDLANDER, DAVID</b> Kids & Families Together	856 E. Thompson Blvd. Ventura, CA 93001
	<b>GONZALEZ-SEITZ, NICHOLLE</b> Interface Children Family Services	1305 Del Norte Road #130 Camarillo, CA 93010
	<b>HART, TERRY</b> Probation	800 S. Victoria Avenue Ventura, CA 93009
	<b>JOHNSON, DONNA</b> Parents with Purpose/ United Parents	391 S. Dawson Dr. 1A Camarillo, CA 93012
	<b>KUSSIN, JODY</b> Casa Pacifica	975 Flynn Road Camarillo, CA 93012
	<b>LACHBERG, LETICIA</b> <b>CFS</b>	<b>855 Partridge Drive</b> <b>Ventura, CA 93003</b>
	<b>LINDER, ELLEN</b> United Parents	391 South Dawson Drive Suite 1A, Camarillo CA 93012
	<b>MACK, MIRIAM</b> C.A.S.A.	
	<b>MARTINEZ CURRY, ELAINE</b> The Partnership / Child Abuse Prevention Council (CAPC)	1838 Eastman Avenue, Suite 100 Ventura, CA 93003
	<b>MIRANDA, CRISTINA</b> California Youth Connection	Casa Pacifica 1722 S. Lewis Road Camarillo, CA 93012

	<b>OLIVAS, DINA</b> Behavioral Health	72 Moody Court Thousand Oaks, CA 91360
	<b>SALTOUN, MYRA</b> Casa Pacifica	1722 S. Lewis Road Camarillo, CA 93012
	<b>SHAHANDEH, LOUANNE</b> CFS Consultant	2928 Woodflower Street Thousand Oaks, CA 91362
	<b>SHERRY, STEVEN</b> VCBH	1911 Williams Drive # 200 Oxnard, CA 93036
	<b>SINGER, LESLIE</b> Casa Pacifica	1722 S. Lewis Road Camarillo, CA
	<b>TALLEY, ANITTA</b> CANEC/United Parents	391 S. Lewis Road Camarillo, CA 93010
	<b>WELBOURN, LAURA</b> Ventura County Schools	VCOE 5189 Verdugo Way Camarillo, CA 93012
	<b>WEBBER, JUDY – Chair</b> Children and Family Services	855 Partridge Drive Ventura, CA 93003
	<b>WEINREICH, DAVID</b> Children and Family Services	4245 Market Street, Suite 206 Ventura, CA 93003
	<b>WEST, LYNNE</b> Big Brothers, Big Sisters	445 Rosewood Suite Q Camarillo, CA 93010-5931

In addition it was recommended that IPERC continue to work with the local CYC (California Youth Connections) Chapter, Group Home Providers and adult supporters (parents, adult mentors, relatives, friend’s parents, etc.) in developing programs that support permanency and transition, through the implementation and utilization of the Guiding Principles adopted in the Connecting with Compassion Youth/Adult Supporter Conference. As reported by the IPERC Committee, there has not been significant progress made in the Group Homes utilizing the Guiding Principles in the program components.

The CRP/CSOC Committee encourages IPERC to continue to build an opportunity/forum for the Group Home Providers to discuss strategies, what is working and not working, and program ideas that will support the daily use of the Guiding Principles within the Group Home programs.

#### 4. Public in-put (Work plan Goal # 4)

The Ventura County CRP-CSOC Annual report will be disseminated to Parent Consumers including both Biological and Foster Parents, coordinated by United Parents. The local chapter of the California Youth Connection will be provided the report for review and comment. In addition, the report will be posted on the Ventura County Partnership for Safe Families and Communities, which also serves as the regional CAPC website, as well as the Ventura County Human Services Agency website. An email address has been set up to collect all comments issued regarding the report. All comments will be reviewed by the CRP and will be taken into consideration when determining future activities and recommendations.

This report was submitted to the California Department of Social Services', Office of Child Abuse Prevention on January 25, 2013 at 5:31pm.

**VENTURA COUNTY CITIZEN'S REVIEW PANEL / CHILDREN'S SERVICES  
OVERSIGHT COMMITTEE MEETING  
November 28, 2012 Minutes**

**Members Present: Elaine Martinez, Children and Family Services  
Marissa Espinoza, Wraparound Casa Pacifica  
Beau Godtel, Casa Pacifica  
David Friedlander, Kids & Families Together  
Elaine Martinez-Curry, The Partnership  
Dina Olivas, Behavioral Health  
Susan Kelly, Behavioral Health Department  
Diana Aguayo-Saldana, Human Services Agency  
Kris Bennett, Aspira Foster Family Agency  
Teresa Cole, Behavioral Health  
Ralph Valarde, Ventura County Office of Education  
Fran Arner-Costello, SELPA**

**Meeting Facilitator: Elaine Martinez**

Meeting Called to Order at 9:03 a.m. Introductions took place around the table.

Review of Minutes:

Minutes did not reflect discussion on Education. Please note addition to minutes from August 22, 2012, General Education does not have access to school database unless a parent provides clearance. Special Education can assign educational rights to get information from database.

Additional follow ups from minute review:

As a follow up to last month's discussion regarding the Foster Focus database, the residency and educational information will be updated for all foster care children in Ventura County. This information is currently being entered into the system. The idea is to get together with school liaisons to receive approval to access schools educational database. Laura Welbourn is working with Daryl Woodward to find solutions. Daryl, Laura and Ralph shall prepare an update to bring to a future meeting.

Agency and Community Partner Reports:

Probation: Absent

Ventura County Behavioral Health:

Dina Olivas reports Conejo Clinic has relocated to 125 Thousand Oaks Blvd. Telephone numbers to remain the same. Conejo Clinic moved into a very nice facility that is shared by Youth and Family Services, Adult Services, DUI Urgent Care and Outpatient Pediatric Clinic.

Santa Paula Clinic is also moving to 725 E. Main Street. All telephone numbers will be changed, operator message in old line provides new telephone number. Dina will email updated phone lists to Mayra Campos to distribute to CSOC committee members.

Children and Family Services:

Elaine Martinez reports Central Programs and Hotline have relocated to Telephone Rd. Ventura Region to move to Telephone Rd in mid-December. Some telephone numbers were changed, Mayra to send out updated CFS phone lists to CSOC Members.

County Self-Assessment has been completed.

AB12 initiative and detentions are contributing to increasing caseloads in CFS. As of January 1, 2012 youth who turned 18 could remain in care until age 19. Approximately mid-year, revisions were made so that youth could remain in care until age 21.

Transitional Housing Plus Foster Care (THP+FC) has been introduced by CDSS as a new placement option for non-minor dependents (foster youth ages 18-21). THP+FC is a semi independent living environment intended to support youth to continue education/vocational endeavors as well as gain employment.

The Supervised Independent Living Plan (SILP) allows for the foster care payment to go directly to the youth so they can manage the funds. Casa Pacifica Housing Programs and Kids and Families "Alice's House" have youth participating in SILP's.

Transitional Housing Plus (THP+) is a housing assistance program for youth who have exited out of foster care. Participants receive between \$500-\$250 per month.

Transitional Housing Placement Program (THPP) is a semi-independent placement for youth ages 16-18 (or 19) youth can transition to THP+Foster Care without restrictions. THPP is a semi independent living environment intended to support youth to continue education/vocational endeavors as well as gain employment.

Attendees expressed interest in having a presentation of this initiative. Training is scheduled for October 18<sup>th</sup> at 1:00 p.m. at Partridge. Mayra will send out AB12 Community Partners Training flyer to all CSOC committee members.

Kids & Families Together:

David Friedlander reports the opening of another location in anticipation of THP+Foster Care. Home will be in Ventura.

David is currently the planning of remodeling Alice's House to add 3 more rooms. Remodel to happen after the opening of the second house. In the year 2013, David reports to open another center in Thousand Oaks. Center will also provide Attachment Therapy.

David informed committee members that Administration Kinship Program is moving to Camarillo with United Way. Interface will also be moving to same building.

Ventura County Office of Education:

Ralph Velarde reports working to develop Foster Care Focus. He has added preliminary school information into database. The next step is to meet with school liaison as he needs to be allowed into the school system due to confidentiality. Once this occurs, he will be working on matching information from CFS, Cal pads and the school system. The primary focus will be on older children to assure correct transitional information has been uploaded.

SELPA:

Fran Arner-Costello reports 22 School Districts in Ventura County, 4 new Special Ed Directors, Fran to bring updated Special Education phone list at next meeting or will send to Mayra Campos.

Over 750 students are receiving Isis Services. Behavioral Health has been very collaborative. 54 Co Ed, 19 residential placements 7 of which are residents from LA County.

Fran reports a new non-public school, TLC Plus located on Arneil Rd for K-12, currently 5/6 students are enrolled.

Series of trainings are being offered around the county for all school psychologists and therapists. Training involves the referral process for ISIS and the Residential Assistance process.

Aspira Foster Family Agency:

Kris Bennett reports SELPA has grown from 24 children to 54.

Casa Pacifica

Marissa Espinoza reports that Wraparound is serving 59 kids which 49 of them are Ventura County CFS.

IFS program has had 2 graduations, program is at capacity, and families are on the waiting list. 35 of 59 kids are CFS, 5 sibling groups

The Partnership

Elaine Martinez-Curry reports a total of 277 mandated reporters for last year. This year it has double. Requests for trainings have increased. Private Schools and the Faith Based Community have had an attendance increase in participation. October is Domestic Violence month. The general partnership meeting will be held on October 3, 2012.

EPSDT Funds/Realignment and Impact to Local Services – 10:00 a.m.

Barry Zimmerman presented on the Realignment Superstructure SB IC20 (Chapter 40, Statutes of 2012), power point presentation.

Barry reviewed previous year's budget cycle, highlighted on proposed superstructure that provides a "rolling" allocation from prior year to be available to use at next fiscal

year and years to come. Explained the “firewall” between Law Enforcement and Health and Human Services. Reviewed the Local Revenue Fund and how it is divided between agencies; he explained the use of a sub account and informed group that Board of Supervisors can at any time reallocate funds to make a special sub account.

Barry highlighted on each of programs listed under the sub accounts. He explained how the Department of Finance with CSAC and other departments have been meeting to determine how funds will be allocated within the 58 counties.

Barry answered questions brought up by committee members. Mayra will send power point presentation to all CSOC Committee members.

Other

Fran Arner-Castello asked committee to provide updates to Agency 101 directory. Email updates to Fran.

**VENTURA COUNTY CITIZEN'S REVIEW PANEL / CHILDREN'S SERVICES  
OVERSIGHT COMMITTEE MEETING  
January 23, 2013 – Minutes**

**Members Present:**

**David Weinreich, Children and Family Services**  
**Judy Webber, Children and Family Services**  
**Marissa Espinoza, Wraparound Casa Pacifica**  
**Jody Kussin, Casa Pacifica**  
**David Friedlander, Kids & Families Together**  
**Teresa Cole, Behavioral Health**  
**Diana Aguayo-Saldana, Human Services Agency**  
**Kris Bennett, Aspiranet**  
**Bernadette Cardenas, C.A.S.A.**  
**David Friedlander, Kids & Families Together**  
**Leticia Lachberg, HSA**  
**Raquel Montes, California Youth Connection**  
**Lynne West, Big Brothers/Big Sisters**  
**Marika Collins, Casa Pacifica**

**Meeting Facilitator: Louanne Shahandeh, CFS Consultant**

Meeting Called to Order at 9:10 a.m. Introductions take place around the table.

Approval of the November 28, 2012 minutes reviewed and approved as amended.

Under Members Present – Correct Aspirante to AspiraNet

Page 2, Section 5, Under COEDS – AspiraNet will not be targeting marketing in the Oxnard Plains area. AspiraNet has no responsibility for marketing the COEDS program at all, as it is an IEP team service to be made available by the IEP team, and AspiraNet is just the provider.

The Special Education directors are aware of the disparity in services between East and West County, and are trying to address it, but it would not be AspiraNet's role to advertise or market.

Annual Report / Work plan Review – Louanne Shahandeh

Louanne informed everyone that the annual report needs to be sent to OCAP by the end of next week. Members are encouraged to provide her with any comments, recommendations via email before Friday, January 25, 2013 so she can finalize it.

Lynne added that she would like to see an YSD report produced to reflect a general overview of 504E outcomes. Ilene will include this item on the March agenda for further review and discussion.

A discussion ensued regarding Annual Group Home Reports/Outcome Measures being placed on the committee report schedule. Louanne will revise the schedule and forward to Ilene for distribution to all CSOC members.

#### Committee Report Schedule – Louanne Shahandeh

Everyone received a draft copy of the Systems Review Committees Quarterly Report Schedule for 2013 for their review and/or feedback.

It was agreed that the items in March and May would be flipped around. There will also be an Outcomes Report added twice during the year and an ILP added once. Louanne will revise and forward to Ilene for distribution to the entire group.

#### Outcomes Committee Updates – Louanne Shahandeh

Myra passed around copies of the Ventura County Group Home Indicators Report which illustrated data collected for the period of July 2012 through September 2012.

A discussion ensued regarding the possible measuring of out of county group home performance as well as that of this county's and that this information be provided at the CSOC meeting twice a year as part of the report outs.

Everyone follows as Myra briefly reviews the report and highlights important points of interest such as the number of kids that are engaged in substance abuse and the need for adequate resources in that area. Louanne added that the issue of substance abuse was and is a big concern to IPERC so she asked CSOC members if they wanted to form a workgroup where they would brainstorm and map out what substance abuse services are currently in place for group homes. A representative from Alcohol & Drug Programs, Behavioral Health, Schools and Myra were identified as part of the new workgroup.

Teresa will provide information regarding Alcohol and Drug Programs for youth at the next CSOC meeting.

A discussion ensued regarding children's universal passports and the fact that they are not working as prior group home providers do not always fill them out correctly and some are not even aware that these exist. Bernadette added that there is also a problem with educational rights for those children with incarcerated parents. There is Educational Rights Training taking place on February 13, 20 & 28 that CASA's will be attending.

Raquel commented that youth have concerns regarding their education and that group home providers do not always have the knowledge or are aware of the resources available to the youth. Louanne will arrange a training to group home providers at the next IPERC meeting regarding education topics such as educational rights, guardian scholars, etc.

Agency and Community Partner Reports  
Probation, VCBH, CFS, County Schools, SELPA

Community Partner Organizations (i.e.-BBBS, AspiraNet, Casa Pacifica, KFT, Interface, etc.).

### Probation

Louanne stated that Steve Dean reported at the IPERC meeting that Probation is having difficulty with placing youth with severe mental health issues currently in Juvenile Hall and are looking at out of state placements.

### Children and Family Services

David stated that at the last IPERC Committee meeting concerns were raised regarding the handling of youth with substance abuse problems. Guiding our Youth Group Home had an incident where three youth were using illegal substances. When law enforcement was called they did not cite these youth or arrest them.

IPERC held a special meeting on November 29, 2012 where they addressed the problems with the group home and out of this discussion the following issues came out regarding the structure and treatment intervention of the program. The areas of concern fell under the following four areas:

Intake Process

Program Scope of Treatment

Partnership Relationship Development

Program Philosophy

A letter was sent by David as the chair of the IPERC Committee delineating the four areas. The group home was asked to respond to the concerns with modifications by January 17, 2013. They responded by advising IPERC that they were already in the process of working on some of the areas and that they were open to making changes to their intake process and program philosophy.

IPERC accepted the response letter and agreed that the placement agencies could continue to work collaboratively with the group home.

Judy reported that there has been a huge impact on group home providers with Sex Trafficking. It is important that group home providers receive training in this area so that their youth don't fall victims to the traffickers. Lynne added that there will be a Sex Trafficking Symposium in Oxnard in the near future. Lynne will forward date and location information to Louanne for distribution to the entire group and the Group Home Providers.

CFS is working on contract renewals and the notion of developing a core practice model. This incidentally coincides with CFS and BHD mapping out their services.

### Casa Pacifica

Myra stated that there will also be prevention training called "My Life, My Choice" in the near future. She will forward training details to Louanne as well. She also provided a flyer regarding Core Psychotherapeutic Tasks of Working with 'High-Risk' Children, Adolescents and their Families. This training will be taking place on Wednesday, February 6, 2013.

Jody reported that Casa Pacifica is looking at their preparedness for any school violence that may occur. She stated that she may be reaching out to group members for their feedback, services, etc. Myra added that there were two threats made at the campus after the Sandy Hook Elementary School incident occurred.

Marissa provided an update on the numbers for the Wraparound and IFS Program. Judy asked Marissa to forward a copy of the Wraparound Fidelity Index to her.

### CASA

Bernadette reported that there is currently a CASA appointed to 163 children with 45 on the wait list. There is a potential of acquiring 40 more CASA's in the next month or so. Training for new CASA's will be available on February 13, 20, and 27, 2013.

The Heart to Heart Program allowed for each of their youth to receive \$100.00 each along with a pillow case during the Christmas holiday.

### Kids & Families Together

David stated that the Alice's House project has a total of two houses, one of which is in the process of expanding by three bedrooms, which will increase the number of beds available to transitioned foster youth, ages 18-24, to 9.

He also reached out to the group for any furniture donations that they may have for The Partnership which will be moving soon. Those who may have an interest can connect with Elaine Martinez-Curry.

### Aspiranet

Kris reported that they have been approved for extended THPPlus Foster Care and are waiting for a CCL site visit so they can be re-licensed as a single site.

### Boys & Girls Club

Boys & Girls Club recently partook in an ice skating outing with their mentors and were also treated to lunch thanks to a fundraiser put on by California Pizza Kitchen. Lynne stated that activities are always an issue for them due to the lack of funds.

Other - All

Agency 101 will take place next Wednesday, January 30, 2013 at the Ventura County Office of Education and all are encouraged to attend.

Next Meeting – March 27, 2013 at Casa Pacifica Community Based Services, 975 Flynn Road, Camarillo, CA 93012, Training Room 2

**VENTURA COUNTY CITIZEN'S REVIEW PANEL / CHILDREN'S SERVICES  
OVERSIGHT COMMITTEE MEETING  
March 27, 2013 – Minutes**

**Members Present: David Weinreich, Children and Family Services  
Judy Webber, Children and Family Services  
Marissa Espinoza, Wraparound Casa Pacifica  
Jody Kussin, Casa Pacifica  
Diana Aguayo-Saldana, Human Services Agency  
Kris Bennett, Aspiranet  
Bernadette Cardenas, C.A.S.A.  
David Friedlander, Kids & Families Together  
Leticia Lachberg, HSA  
Raquel Montes, California Youth Connection  
Lynne West, Big Brothers/Big Sisters  
Myra Saltoun – Casa Pacifica  
Laura Welbourn Ventura County Schools  
Charlene Patt, Aspiranet**

**Meeting Facilitator: Louanne Shahandeh, CFS Consultant**

Meeting Called to Order at 9:10 a.m. Introductions take place around the table.

Approval of the January 23, 2013 minutes reviewed and approved as written.

California Youth Connection – Raquel Montes

Raquel provided a handout illustrating important accomplishments of CYC such as their Mission Statement and top ten achievements.

California Youth Connection (CYC) is a youth led organization that develops leaders who empower each other and their communities to transform the foster care system through legislative and policy change.

CYC has 33 chapters throughout California and each CYC chapter identifies what is most needed by foster youth in their county. The ultimate goal is for chapters to work on local issues which change child welfare policy or practice. Many also work on community engagement activities. During conferences chapters come together to work on statewide issues that affect all foster youth in California.

As of April 2<sup>nd</sup>, CYC will move towards a new type of leadership that will consist of 3 co-leaders instead of the past structure involving co-chairs and presidents positions.

Raquel briefly reviewed some of the top ten achievements such as re-instating the Ventura County Chapter, facilitating the “Speak-Out” event, leading speaking engagements, publishing a book and other important community efforts.

CYC's 2013 policy goal is to pursue legislation that further supports youth in a foster family home with parents that have been well trained, are well supported, and held accountable for the well-being of children and youth in their home.

This year is the 25<sup>th</sup> anniversary of CYC.

Raquel shared with the group a couple of words from Jenina Berg describing her experience with CYC leadership and how it has impacted her life.

A discussion ensued regarding the voice of the youth in rating foster parents and the importance it plays when matching kids with placements that can best address their educational/medical needs.

Possible survey monkeys and/or focus groups will be used to attain feedback from youth on foster parents.

A discussion ensued regarding foster children benefiting from adequately trained caregivers.

AB 1856 training will need to be incorporated into CFS's curriculum for foster parents.

Louanne announced that all Foster and Kinship Care Education (FKCE) staff will be receiving LGBTQ training in April. Currently, there are no resources for this type of training here; however, Louanne will work with FKCE in developing this training for all Caregivers.

Action Item: Myra Saltoun will forward local LGBTQ Training information to Ilene/Louanne for distribution to the entire group.

Judy added that CFS has hired Elizabeth Thasiah as the new Foster Family Recruitment Manager and she will begin on April 15, 2013.

ILP Program – David Weinreich

David reported that the majority of youth in the ILP Program fall into Supervised Independent Living Placement (SILP) and therefore the department is working on developing THPPlus in order to be able to provide intensive case management.

SILP is an independent option for a youth who reaches 18 and wants to remain in foster care as an adult. He/She becomes a Non-minor dependent (NMD) and is allowed to rent a room or stay in dorm room. However, the foster care money of \$799.00 is either paid to the NMD or caretaker. This is the most independent living arrangement the department has for the NMD.

ILP classes in Oxnard and Simi Valley have been very successful although there is more youth than available classes at this time. Four classes will be added in the new fiscal year.

Work is also progressing on Tay Tunnel, Youth Specific Group Conferences, Children Services Auxiliary, Special Immigrant Services and Guardian Scholar Committee.

Laura Welbourn stated that at this time there is representation from all community colleges for the Guardian Scholar Program including California State University Channel Islands (CSUCI) which will be joining very soon.

Action Item: Laura to add Lynn to the distribution list for the Guardian Scholar Committee Meetings.

Bernadette took the opportunity to ask David what may be the cause of NMD's receiving their stipend very late as she is currently mentoring an individual that is having difficulty paying his rent because of this.

Action Item: David will follow up with Bernadette off line regarding this specific case.

Workplan – Louanne Shahandeh

Louanne reported that as part of the workplan, CSOC will begin to review AB12 implementation strategies, current group home program components related to “step down” activities, and other county practices regarding contracts or MOU's utilized with group home providers.

A presentation on AB 12 will be added to the May CSOC agenda.

Action Item: Fran added that she would forward generic Parent Partner Training information to Louanne for distribution to the entire group.

Other - All

Judy added that she is working on possibly bringing in Parents Anonymous into Ventura County.

Raquel stated that Building Bridges is a good resource for parents who are considering residential placements for their children.

Fran reported that Carpe Diem is taking place on May 21 & 22, 2013, CSOC members to send Fran their contact info if they would like to be added to the distribution list.

Jody reported that Casa Pacifica received their license for FFA and will keep everyone posted on the progress.

Lynn stated that Chabad Jewish Center of Camarillo is looking for youth interested in heading their “Saving Lives” coalition.

Bernadette passed around business sized “Save the Date” cards for the Milestones event that will be taking place on Tuesday, June 11, 2013. Any questions should be directed to CYC co-chairs Antoinette, Jaclyn, or Dominique.

# CSOC/CRP Member Feedback



## 1. How long have you been a CSOC/CRP member?

Response Percent		Response Count
Less than one year		1
One year		3
Two years		4
Three years		1
More than three years		4
<b>answered question</b>		<b>13</b>
<b>skipped question</b>		<b>0</b>

## 2. What do you feel are the most important issues facing children/youth placed out of home?

Response Count

13

**answered question 13**

**skipped question 0**

### 3. Are these issues being addressed adequately by the following agencies?

	Yes	Somewhat	No	Response Count
Department of Children and Family Services	30.8% (4)	<b>61.5% (8)</b>	7.7% (1)	13
Probation Agency	25.0% (3)	<b>50.0% (6)</b>	25.0% (3)	12
SELPA	33.3% (4)	<b>41.7% (5)</b>	25.0% (3)	12
Behavioral Health	33.3% (4)	<b>50.0% (6)</b>	16.7% (2)	12

If somewhat or no, what do you think are some major barriers in addressing these issues?

11

answered question

13

skipped question

0

### 4. To what extent do you think CSOC/CRP can help address these issues/problems?

Response Percent		Response Count
Significant effect		<b>61.5% (8)</b>
Some effect		38.5% (5)
Not much effect		0.0% (0)
No effect		0.0% (0)

Comments

4

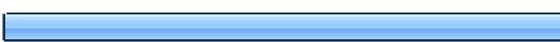
answered question

13

skipped question

0

**5. Do you feel there are too many, just enough or too few members on the committee/panel?**

Response Percent		Response Count
Too many		0
<b>Just enough</b>		<b>11</b>
Too few		2

Specify your recommendations for representation. 3

<b>answered question</b>	<b>13</b>
<b>skipped question</b>	<b>0</b>

**6. There are important perspectives not currently represented on CSOC/CRP.**

Response Percent		Response Count
Strongly Agree		2
<b>Agree</b>		<b>6</b>
Disagree		5
Strongly Disagree		0

List those you feel are not represented. 6

<b>answered question</b>	<b>13</b>
<b>skipped question</b>	<b>0</b>

## 7. CSOC/CRP meets and communicates:

Response Percent		Response Count
Too frequently		7.7% 1
<b>Judt enough</b>		<b>92.3% 12</b>
Not enough		0.0% 0

Comments 3

answered question 13

skipped question 0

## 8. Enough time is given to discuss the issues at hand in each meeting.

Response Percent		Response Count
Strongly agree		7.7% 1
<b>Agree</b>		<b>76.9% 10</b>
Disagree		15.4% 2
Strongly disagree		0.0% 0

Comments 2

answered question 13

skipped question 0

### 9. The meetings are run efficiently.

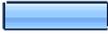
Response Percent		Response Count
Strongly agree		15.4% 2
<b>Agree</b>		<b>76.9% 10</b>
Disagree		7.7% 1
Strongly Disagree		0.0% 0

Comments 3

answered question 13

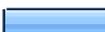
skipped question 0

### 10. I feel my time spent at meetings is used wisely.

Response Percent		Response Count
Strongly agree		15.4% 2
<b>Agree</b>		<b>69.2% 9</b>
Disagree		15.4% 2
Strongly Disagree		0.0% 0

Comments 2

**11. Everyone on the CSOC/CRP contributes to reach the committee/panels goals.**

Response Percent		Response Count
Strongly agree		7.7% 1
<b>Agree</b>		<b>76.9% 10</b>
Disagree		15.4% 2
Strongly Disagree		0.0% 0

Comments 2

answered question	13
skipped question	0

**12. As an individual, I feel I have a voice in the CSOC/CRP's decisions and activities.**

Response Percent		Response Count
Strongly Agree		30.8% 4
<b>Agree</b>		<b>53.8% 7</b>
Disagree		15.4% 2
Strongly Disagree		0.0% 0

Comments 2

**13. I feel that the priorities and tasks set by CSOC/CRP are the most pressing.**

Response Percent		Response Count
Strongly Agree		2
Agree		10
Disagree		1
Strongly Disagree		0

Comments 2

answered question 13

skipped question 0

**14. I feel the goals and objectives set by the CSOC/CRP can be obtained by the current activities.**

Response Percent		Response Count
Strongly Agree		2
Agree		8
Disagree		3
Strongly Disagree		0

Comments 5

answered question 13

skipped question 0

**15. What might help the CSOC/CRP achieve their goals?**

Response Count

9

answered question

9

skipped question

4

**16. What are the barriers to CSOC/CRP achieving their goals?**

Response Count

8

answered question

8

skipped question

5

**17. Are there any issues that CSOC/CRP should consider regarding children/youth in out of home care that are not currently being looked at or addressed?**

Response Count

9

answered question

9

skipped question

4

**18. What do you think is the greatest strength of the CSOC/CRP work?**

Response Count

13

answered question

13

skipped question

0

**Ventura County Human Services Agency  
Department of Children and Family Services  
Response to the Citizen's Review Panel's  
Annual & Recommendations Report  
(2011/2012 Program Year)**

The Ventura County Department of Children and Family Services staff sincerely appreciates the members of the Ventura County Citizen's Review Panel (CRP) for their willingness to assist us in improving our Child Welfare Services. We are pleased that you have chosen to continue to focus your efforts on program and service components that may affect the length of time in care 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 or group home placement.

These activities continue to support the focus of the Interagency Placement Expansion Review Committee (IPERC). IPERC has committed to the development of strategies that will meet the following goals:

1. Reduce the length of stay a child/youth remains in congregate treatment care.
2. Develop a seamless continuum of services that will support the child/youth in "stepping down" or transitioning to a lower level of care successfully.
3. Increase the qualitative aspects of the local group home providers behavioral and intervention programs to better meet the individual needs of the child/youth and families they serve.

Here are our responses to the findings and/or recommendations from the Annual & Recommendations Report (2011/2012 Program Year):

**A. Outcome Measures Sub-Committee Recommendation**

- Develop a mechanism to continue to collect base line information from all providers in Ventura County regarding program effectiveness.
- Use IPERC and other government structure components to get "buy in" from out of home care providers regarding the need to measure outcomes and collect data.

**Ventura County CFS Response:**

The Interagency Placement Expansion Review Committee continues to be responsible for the administration of the monthly Outcome Measures Survey to all local Ventura County Group Home Providers. In addition, IPERC reviews quarterly

Summaries of the Outcome Measures Surveys and presents those findings to the CSOC/CRP Committee. The next Outcome Measure summary presentation is

scheduled for July 2013 and will focus on the health and wellbeing portions of the Outcome Measure Survey.

During the initial Outcome Measure Survey summary findings report, presented to the CSOC/CRP during the fall of 2012, it was determined that all Group Home Providers could benefit from an extensive training from the Ventura County Office of Education regarding all aspects of education as it pertains to the enrollment and educational services of Foster Youth. This recommendation was made by the CSOC/CRP membership during this meeting to CFS and a subsequent training took place in the January IPERC meeting with the Group Home Providers. This training was organized by IPERC and facilitated by the Foster Care Liaison from the Ventura County Office of Education.

CFS continues to chair and provide administrative support services to IPERC.

## **B. Increase Family Support Components within the Group Home Program Structure**

- The Committee recommends that IPERC gather more specific information from the local Group Home Providers, to assist in a more in-depth assessment of family support components being utilized in the programs. Topic areas to be considered include:
  - Issues/attitudes and challenges that may inhibit consistent inclusion of birth parents/family members, adult supports in the Group Home program.
  - Specific strategies being used or that could be used to assist in getting parents, adult supporters involved in the child/youths life.
  - Consider the use of a “Family Survey”, (Building Bridges Program Model), to obtain information directly from adult supporters/family members regarding Group Home Program components and inclusion.
  - Facilitate a meeting with Group Home Providers targeted at discussing family/adult support inclusion strategies. The Committee acknowledges that it is important for the Group Home Providers have a forum in which they can openly discuss expectations, what is working and not working and problem solve strategies.
  - Provide training for Group Home Providers focused on changing staff/program culture and family inclusion models.

### Ventura County CFS Response:

The Department of Children and Family Services continues to support activities that will foster and sustain the engagement of birth parents, family members and/or adult supporters for children/youth placed in out of home care. The CRP recommendations have prompted CFS to assign the Interagency Placement Expansion Review Committee the following tasks:

1. Explore the correlation between length of stay and parental/adult supporter involvement.
2. Develop a one year work plan that will focus on the following:
  - a. Provision of quarterly trainings to Group Home providers that will include topic areas that focus on reaffirming/changing the culture of group home staff to be more in line with the Five Protective Factor and Strengthening Families focus of the agency.
  - b. Facilitate a “family inclusion forum” that will focus on utilizing program components that support the inclusion of family members in the various aspects of each group home program.
  - c. Explore developing language within the Group Home MOU that is preparing to be utilized, to include family inclusion components.

### **C. Funding Re-Alignment**

CRP/CSOC committee makes the following recommendations to the Deputy Directors and or Directors of SELPA, Behavioral Health and the Department of Children and Family Services:

- The issue of gaps in crisis services for children and families previously served by AB26.5 is taken to the Interagency Policy Council for discussion at a higher level.

#### Ventura County CFS Response:

The Department of Children and Family Services continues to see this as a priority for the families and children in Ventura County in need of crisis services. Several projected initiatives are being discussed with our county partners, with the goal of coordinating services for these vulnerable families. Many of these families have come into the Child Welfare system, and our goal is to strengthen and reunite them as quickly as possible by providing multi-disciplinary services that will support this goal. We look forward to continuing to discuss this specific issue with the Health Care Agency Department of Behavioral Health as well as our local SELPA.

In closing, once again thank you for your time and efforts into making these recommendations. We look forward to another year of working together.

Judy Webber  
Ventura County Human Services Agency  
Department of Children and Family Services  
Deputy Director

Submitted to OCAP: June 13, 2013  
Submitted to Ventura County CRP Membership- June 13, 2013