Child and Family Services Plan 2015-2019

Annual Progress and Services Report
June 30, 2015

744 P Street ● MS 8-12-91 ● Sacramento, CA 95814
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INTRODUCTION

Child and Family Services Plan

The submission of the 2015 Annual Progress and Services Report (APSR) highlights progress made since the June 30, 2014 APSR and is the first year of the five-year Child and Family Services Plan (CFSP)\(^1\) for Federal Fiscal Years (FFYs) 2015 through 2019\(^2\). Since the implementation of the CFSP, programs, initiatives, legislation and social work practice models are in various phases of implementation. These new activities are designed to link key initiatives together to transform the landscape of child welfare in California. Some of these include:

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

The CCR will also integrate elements from the following initiatives:

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

- *Mental Health Coordination* – intended to transform the way children and youth in foster care or who are at risk of foster care placement, receive access to mental health services.

- *California Wraparound* – a family centered, strengths-based, needs-driven planning process for creating individualized services and supports for children, youth, and families.

- *Quality Parenting Initiative (QPI)* – to develop a statewide approach to recruiting and retaining high quality caregivers for children and youth in foster care.

- *Resource Family Approval (RFA)* – aims to provide a streamlined, family-friendly, and child-centered process for approving relatives, Non-Relative Extended Family Members (NREFM), foster parents, and adoptive parents to care for foster children.

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\(^1\) Current and historical copies of the reports can be found at: http://www.childsworld.ca.gov/PG1995.htm

\(^2\) Federal Fiscal Year represents October 1 through September 30 for the indicated year.

\(^3\) For more information on the Continuum of Care Reform efforts, see: http://www.childsworld.ca.gov/PG2976.htm
The state continues to evolve key strategies in the areas of Prevention and Tribes. These include:

- **Grow Strong Families Initiative** – preventing children from ever coming into the Child Welfare System (CWS) by focusing on federal outcomes and systemic factors that apply to child welfare children.

- **California Partners for Permanency Project (CAPP)** – a federal demonstration project designed to improve permanency outcomes among children in foster care who have the most serious barriers to permanency.

- **Tribal Consultation Policy (TCP)** – this policy is in development in collaboration with California tribes to guide the California Department of Social Services (CDSS) interactions with tribes related to child welfare matters.

**Role of the CDSS under Realignment**

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

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

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

The CDSS continues to oversee and monitor the state’s CWS system. The programmatic oversight is data informed to ensure compliance with state plan requirements necessary to

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4 For more information on California Partners for Permanency project, see: [http://www.reducefostercarenow.org](http://www.reducefostercarenow.org)
guarantee maximization of federal financial participation. Additionally, CDSS continues to utilize its oversight system to identify and support replication of county promising practices that lead to the improvement of family functioning, child safety, and well-being. Towards this end, CDSS continues to conduct programmatic and fiscal reviews and audits of counties.

**Child Welfare Services in California**

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

**Child Welfare Overview**

As the most populous state in the country with nearly 9.5 million children, one of the most linguistically diverse regions in the world with the largest minority population in the country, including 109 federally recognized Native American tribes and an estimated 79 tribes seeking federal recognition, California undoubtedly has a complicated CWS system. The strength of this system can be found within its 58 counties, each governed by a Board of Supervisors (BOS) and each responsible for administering a vast array of child welfare services and programs to meet the needs of local communities. Counties organize and operate child protection programs based on local needs while complying with state and federal regulations. Counties are the primary governmental entities that interact with children and families when addressing child abuse and neglect.

**Principal Data Source and Tools**

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

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

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

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

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

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

State Data Profiles are produced from AFCARS data files and provided to the state by the Children’s Bureau (CB) after the semi-annual AFCARS submissions. These reports are considered the official data for determining whether the state is in substantial conformity with the Child and Family Services Review (CFSR) national standards on safety and permanency, as well as determining the state’s performance on achieving the CFSR Program Improvement Plan (PIP) target goals. The AFCARS data are reported twice a year, every 6 months, on a FFY basis. The data profiles do not include youth in the extended foster care program.

*Center for Social Services Research (CSSR)* at the University of California at Berkeley (UCB) - The California Child Welfare Performance Indicators Project (CCWPIP) is a collaborative venture between UCB and CDSS. The project aggregates California’s administrative child welfare and foster care data into customizable tables that are refreshed quarterly and made available on a public website. This comprehensive data source allows those working at the county and state level to examine performance measures over time. In addition to stratifications by year and county, data can also be filtered by age, ethnicity, gender, placement type, and other subcategories to craft individualized reports. This project provides policymakers, child welfare workers, and the public with direct access to information on California’s entire child welfare
The UCB-CSSR site is available via the following link: http://cssr.berkeley.edu/ucb_childwelfare/

The Latino Practice Advisory Committee (LPAC) Data is a fairly new addition to the CSSR menu. The LPAC Data became available to the public in late 2013 and it provides assistance in the review of prevalence rates in county population analyses. The LPAC Data differs from prevalence rates in that it takes into account the ethnic breakdown of the absolute number of children in foster care. In California, the prevalence rate per 1,000 children for Latinos is not high in comparison to the Native American and Black Ethnic groups, however, when you examine the combined In-Care population for all ethnic groups (54,210)⁵, the Latino ethnic group made up nearly half (26,762) of all the children in foster care. Counties who have a high number of any ethnic group(s) of children in their foster care population should address and describe that ethnic groups’ focused service provisions for their population majority. Data templates to assist with this type of analyses are available at: http://cssr.berkeley.edu/cwscmsreports/lpac-templates/.

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

SafeMeasures®⁶ is a web-based database maintained by the Children’s Research Center (CRC) that extracts data from CWS/CMS to report statewide and individual county data related to state and federal outcomes. Unlike data from the CSSR, data extracted from SafeMeasures® are real-time. SafeMeasures serves as a quality assurance tool by presenting the information needed to assess whether federal, state, and local requirements are being met, track agency, unit, and worker performance over time, monitor workloads, and identify out-of-compliance cases. The SafeMeasures database also contains aggregate data for counties using Structured Decision Making® (SDM) risk and safety assessment.

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

Business Objects® Desktop Intelligence is a reporting tool utilized by the state and counties to create individualized queries about certain data aspects contained in the CWS/CMS. It combines a SQL (Structured Query Language) report-writer with formatting and publishing features familiar to Microsoft Office programs users. Business Objects simplifies the complex

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⁵ LPAC Templates: California Child Welfare Indicators Project (CCWIP), University of California at Berkeley, Number in Care, Agency Type: Child Welfare, Oct 1, 2013.

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

⁷ http://fcda.chapinhall.org
The application.

The Child Welfare Outcomes Report Builder is produced by the CB and was made publically available in early 2014. Through the site, states can gauge their data before it is fully incorporated into the next Child Welfare Outcomes Report to Congress. The Child Welfare Outcomes Report Builder provides information on the performance of seven outcome categories for data from 2009 to 2012. The report builder can be accessed via the following link: http://cwoutcomes.acf.hhs.gov/data/overview

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

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

A referral is opened if the alleged maltreatment meets the definitions of abuse or neglect and further investigation is required. The severity of the alleged maltreatment and risk of harm determines the response time; more serious allegations with imminent risk of harm, such as physical abuse, require face-to-face contact with the alleged victims and perpetrators within 24 hours while less serious allegations are assigned initial face-to-face contact within ten calendar days.

During face-to-face contact with the identified parties, the investigating worker determines the disposition for each allegation in the referral; a substantiated referral confirms 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.

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

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

c) 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 or Probation Agencies (agency) are responsible for:

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

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

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

As illustrated below, cases receiving PP and Pre/Post-Placement services have declined while an increasing proportion of cases have received FR services (Post-Placement (FM) are FM case services provided after FR and/or PP case services). This trend highlights the state’s continued commitment to increasing timely permanency and safely maintaining children in their homes. Also, there is an increasing trend in the proportion of cases with the Supportive Transitional service component which highlights the continued need for the After 18 program.
Separating data by age illustrates varying experiences of children through the child welfare system. The figure below shows the proportion of older children receiving FR services decreases with age, while PP services increases with age.

Figure 1: Point-in-Time Caseloads by Service Component, Oct 1, 2012 to Oct 1, 2014
Caseloads by Service Component, Agency Type: CW, Ages 0-20, CSSR CWS/CMS, Q4 2014

<table>
<thead>
<tr>
<th>Service Component</th>
<th>Oct 1, 2014 n=95,543</th>
<th>Oct 1, 2013 n=93,101</th>
<th>Oct 1, 2012 n=89,944</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Response</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Family Reunification</td>
<td>18%</td>
<td>19%</td>
<td>21%</td>
</tr>
<tr>
<td>Supportive Transitional</td>
<td>10%</td>
<td>10%</td>
<td>11%</td>
</tr>
<tr>
<td>Pre-Placement (FM)</td>
<td>28%</td>
<td>27%</td>
<td>26%</td>
</tr>
<tr>
<td>Permanent Placement</td>
<td>33%</td>
<td>33%</td>
<td>35%</td>
</tr>
<tr>
<td>Post-Placement (FM)</td>
<td>7%</td>
<td>6%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Figure 2: Point-in-Time Caseloads by Service Component and Age, Oct 1, 2014
Caseload by Service Component, Agency Type: CW, Ages 0-20, CSSR CWS/CMS, Q4 2014

<table>
<thead>
<tr>
<th>Age Group</th>
<th>All n=95,543</th>
<th>Under 1 n=6,480</th>
<th>1-2 yrs n=13,336</th>
<th>3-5 yrs n=16,152</th>
<th>6-10 yrs n=22,640</th>
<th>11-15 yrs n=19,703</th>
<th>16-17 yrs n=8,997</th>
<th>18-20 yrs n=8,235</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.9%</td>
<td>9.9%</td>
<td>5.3%</td>
<td>5.4%</td>
<td>5.0%</td>
<td>5.0%</td>
<td>10.8%</td>
<td>14.5%</td>
<td></td>
</tr>
<tr>
<td>17.6%</td>
<td>24.0%</td>
<td>18.7%</td>
<td>20.5%</td>
<td>21.5%</td>
<td>18.0%</td>
<td>6.1%</td>
<td>82.2%</td>
<td></td>
</tr>
<tr>
<td>9.8%</td>
<td>5.2%</td>
<td>12.9%</td>
<td>13.3%</td>
<td>12.2%</td>
<td>9.4%</td>
<td>19.3%</td>
<td>8.1%</td>
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<td>28.0%</td>
<td>46.5%</td>
<td>35.0%</td>
<td>32.8%</td>
<td>30.7%</td>
<td>25.4%</td>
<td>60.2%</td>
<td>36.5%</td>
<td></td>
</tr>
<tr>
<td>32.5%</td>
<td>14.4%</td>
<td>28.6%</td>
<td>28.1%</td>
<td>30.2%</td>
<td>42.3%</td>
<td>60.2%</td>
<td>36.5%</td>
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The 58 counties are a reflection of the complexity of California’s CWS system. The 2014 California Department of Finance Child Population Projections ranges from 2.8 million children in metropolitan Los Angeles County to 287 children in rural Alpine County. The thirteen counties listed below (Figure 3) account for nearly 80 percent of the total out-of-home placements on January 1, 2014, while the twenty small counties account for less than two percent.

Figure 3: Point in Time Children in Foster Care
Agency Type: All (CW, Probation), Ages: 0-20, Jan 1, 2015, Extract CWS/CMS Q4 2014

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

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

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

Five branches and one 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) oversees the development and implementation of the federal CFSR, CFSP, and APSR; oversees county administration/delivery of CWS; Adoption Assistance Program (AAP) policy and monitoring; coordinates child welfare and probation disaster plans; ensures interstate placements are in compliance with the Interstate Compact on the Placement of Children (ICPC) and the Interstate Compact on Adoption and Medical Assistance (ICAMA); conducts reviews of child fatalities/near fatalities which are reported via statements of findings and information submitted by counties; provides

adoption services on behalf of 16 counties; maintains, manages and ensures confidentiality of all California adoption records and makes available post-adoption services.

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

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

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

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

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

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

Collaboration is the invaluable foundation to California’s continuous progress to create 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, CPOC, and the counties are the state’s primary partners with whom consistent collaboration occurs to discuss ever-evolving policies and processes governing CWS 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. For example, stakeholders and partners were involved in the implementation of the CAPP to reduce long-term foster care; the CCR efforts; the development of the CFSP and the APSR.

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.

California Child Welfare Council (CWC)
An overall description of the CWC is provided in California’s 2015-2019 CFSP. Detailed information regarding the CWC’s activities can be found on their webpage at http://www.chhs.ca.gov/Pages/GeneralInformation.aspx. This page contains meeting agendas and various reports produced by and for the council and subcommittees. During the fiscal year, the Council built on work begun in prior years and initiated several new projects. In all of this work-essential components include multi-system collaboration, process improvement and effective partnerships as envisioned in the statute that created the Council. These are not only the foundation of the Council’s philosophy, but are essential to achieve continued improvement within the child welfare system.

The Prevention and Early Intervention (PEI) Subcommittee is supported by ongoing technical assistance from OCAP. The PEI Subcommittee also serves since 2014 as the Statewide Citizen’s Review Panel (CRP) and makes substantive recommendations to the CDSS/OCAP that pertain to
critical statewide issues. Among the PEI-CRP’s recommendations is to identify key California leaders to actively participate in and help shape the ongoing national conversation regarding federal child welfare finance reform. This involves bringing together persons with influence to define the “California voice” with respect to federal reform of child welfare financing. Broad national conversations are being conducted with key partners to build consensus around federal finance reform policy and to identify a set of principles to guide reform work. According to the PEI-CRP, California is recommended to actively participate in these dialogues to proactively influence outcomes and to avoid potential negative consequences. Having a uniform voice will strengthen the state’s influence.

In consultation with the CDSS, the Statewide CRP facilitator created and implemented the PEI-CRP Orientation Manual to assist with:
- Role orientation for members of the California Prevention and Early Intervention Subcommittee
- PEI-CRP of the CWC
- Specification of the relationship between the California CWC and PEI-CRP
- Clarifying guidelines for PEI-CRP activities and decisional processes
- Developing and organizing PEI-CRP policy review activities

The Orientation Manual includes resources that may be utilized to train the PEI-CRP members as well as to assist the CRP in connecting to various resource avenues that may be useful during. In person review of the orientation and training related to the role of the Panel Members was conducted at a regular CRP meeting.

**Ending Commercial Sexual Exploitation of Children (CSEC) and Preventing Victimization**

In June 2013 the Council approved the formation of the CSEC Action Team for the purpose of implementing the recommendations set forth in its report entitled *Ending the Commercial Sexual Exploitation of Children: A Call for Multi-System Collaboration in California*. The recommendations are designed to improve the processes affecting CSEC and youth at-risk of commercial sexual exploitation in California. They focus on four priority areas: 1) prevalence and assessment, 2) specialized services, 3) prevention and training, and 4) multi-system and data coordination. The CSEC Action Team is made up of 44 individuals who have authority within their respective state, county, and community-based agencies to implement the agreed upon strategies to improve responses and services to CSEC and at-risk youth. Membership is diverse in discipline and geographic representation. CSEC Action Team members agreed that their overarching goal was “to ensure that CSEC and at-risk children who are involved with the child welfare, juvenile justice, and other child-serving systems (e.g., mental and physical health, education, the courts, and nonprofit providers) are identified and receive the services they need to overcome trauma and thrive.”

The groundwork laid in the past year will serve as a strong foundation for recent developments at the state policy level to address the CSEC issue. The Legislature passed and the Governor approved legislation that creates a CSEC Program, funded by $5 million for start-up in the next year and $14 million ongoing in future years for counties who agree to participate in serving
CSEC victims. Also of significance, the legislation clarified that CSEC victims may be served in CWS as victims of abuse or neglect whose parents are unable to protect or provide them with care and supervision. The CSEC Action Team plans to work closely with ten counties who have already opted to start a CSEC Program.

The Permanency Committee focused on efforts made towards FR, one of the four program components of the California CWS system. Focusing on reunification efforts reflects the understanding that, whenever safely possible, children should be raised by their birth parents. With that in mind, the Committee explored and made recommendations on how to improve FR efforts. Utilizing the five theories of change related to reunification, the following areas and action steps were identified as follows:

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

The current areas of focus for the Child Development and Successful Youth Transitions committee are: 1) improving response to, and prevention of, commercially sexually exploited children; and 2) ensuring that children receive school credit when transferring between schools. In addition to these areas of focus, the committee will continue its studies of: 1) services to young children in care which will ensure that the needs this sub-population are met at a time in their lives where brain development is at its most rapid pace, and where meeting attachment and nurturing needs is crucial to long-term health and well-being; and 2) the benefits and drawbacks of requiring group homes be accredited. The committee is partnering with the First 5 campaign, “Read, Talk, Sing” and is planning an outreach media campaign focused on children in foster care ages 0 to 5.

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

The committee continues efforts toward maintaining and expanding its best practices website, including adding new resources and reorganizing the site for more efficient usability. The committee also continues efforts toward expanding the Health Information Exchange (HIE) for Children in Foster Care Use Case for Immunizations to include all aspects of health information, and renewed its efforts towards advancing the California HIE federal goal of Personal Health Records for Children in Foster Care. The committee engages in collaborative activities with the Stewards of Change, the State Interagency Team (SIT), local Blue Ribbon Commissions (BRCs) and various state departments including the Administrative Office of the Courts (AOC), the staff agency of the JCC, which has policy-making authority over the state court system, Department of Health Care Services (DHCS), DDS, and the California Department of Education (CDE).

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

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

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

*The Court Improvement Program* - Collaboration supported by the federal Court Improvement Program continued in FY 2014-2015. California HHSA staff joined judicial officers and court staff at the national Court Improvement Meeting for state level needs assessment and strategic planning activities. The JCC Court Improvement Program staff plays a major role in staffing the CWC, serving as co-staff with HHSA and staffing two committees: Permanency and Data Linkage. The Court Improvement Program also partially funded the activities of the Council’s Prioritization Workgroup.

The JCC continued to provide *custom reports* from UCB CSR 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 BRCs and are also on the California Dependency Online Guide (CalDOG) website. CalDOG provides assistance to attorneys, judicial officers, and other professionals working in California’s CWS system.

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

**Charge and Duties**

The forum makes recommendations to the JCC for improving the administration of justice in all proceedings in which the authority to exercise jurisdiction by the state judicial branch and the tribal justice systems overlap.

In addition to the duties described in rule 10.34, the forum must:
- Identify issues of mutual importance to tribal and state justice systems, including those concerning the working relationship between tribal and state courts in California;
- Make recommendations 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;
- Identify, develop, and share with tribal and state courts local rules of court, protocols, standing orders, and other agreements that promote tribal court–state court coordination and cooperation, the use of concurrent jurisdiction, and the transfer of cases between jurisdictions;
- Recommend appropriate activities needed to support local tribal court–state court collaborations; and make proposals to the Governing Committee of the Center for Judicial Education and Research on educational publications and programming for judges and judicial support staff.

- Focus on Child Welfare: rule proposals, legislative proposals, and legislative reports

- Appeals: developed a rule proposal to revise the rule governing sending the record in juvenile appeals to clarify that, if a Native American tribe has intervened in a case, a copy of the record of that case must be sent to that tribe. The JCC adopted the rule proposal, effective January 1, 2013. (http://www.courts.ca.gov/documents/SPR11-12.pdf)

- Access to Records: developed a legislative proposal to amend W&IC Section 827 to share juvenile records between tribal and state courts. This proposal was adopted by the JCC and introduced by Assembly member Wesley Chesbro. Chaptered as Stats. 2014, Ch. 37, effective January 1, 2015. (http://www.leginfo.ca.gov/pub/13-14/bill/asm/ab_1601-1650/ab_1618_bill_20140625_chaptered.pdf)

- Psychotropic medication: recommended a rule proposal to provide notice to tribes in juvenile cases where psychotropic medication is being considered. (http://www.courts.ca.gov/documents/SPR13-18.pdf)

- Tribal Customary Adoption: Provided expertise in the preparation of the statutorily mandated report on tribal customary adoption from the JCC to the State Legislature. (http://www.courts.ca.gov/documents/Ir-Tribal-Customary-Adoption-Report_123112.pdf)

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

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
6) sharing information and data.

The SIT workgroups are described below:

The Workgroup to Eliminate Disparities and Disproportionalities (WGEDD) continues 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 accomplishments and continuing work include 1) developed training materials and made available to Regional Training Academies (RTA); 2) developed a training and resource list, posted to WGEDD website; 3) information sharing and training on data collection; 4) initiated Interagency Collaboration Project forum for sharing efforts to address disproportionality and disparity; and, 5) developed and adopted Racial Impact Statement (RIS), tested at 2013 Beyond the Bench Annual Conference.

Led by the JCC, the CDE and the National Center for Youth Law, the Improving Educational Outcomes for Children in Care (IEOCC) workgroup is developing training and technical support to assist California counties in 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 (FYS) funds at the state, rather than the county level.

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

The Child Welfare Co-Investment Partnership
The Child Welfare Co-Investment Partnership is a collaboration of private and public organizations working to improve outcomes in the child welfare system through smart, strategic cross-sector collaboration. 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 Essentials for Children (EFC) Program, supporting CAPP, and communicating the findings of a report on educational outcomes for foster youth (At Greater Risk). The Partnership members include five philanthropic organizations (Casey Family Programs, Conrad N. Hilton Foundation, Stuart Foundation, Walter S. Johnson Foundation, and Zellerbach Family Foundation) CDSS, JCC, and CWDA.
In addition, the Co-Investment Partnership disseminates child welfare information based on data provided by CDSS and relevant to the program work at the state level. An archive of recent reports produced in cooperation with CDSS can be found at http://co-invest.org/home/?page_id=432.

Collaboration with Tribes
The CDSS’ ICWA Workgroup continues to expand its membership and now consists of 105 tribal ICWA workers/advocates, 62 county child welfare and probation representatives, 36 CDSS staff and state/university representatives, and 20 other interested parties including a representative from the Bureau of Indian Affairs (BIA). Tribal representation consists of tribal council members, social workers, tribal legal representatives, and ICWA advocates. Other external stakeholders include county social workers, CDSS staff, and other interested parties.

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 that emerge from discussions in the workgroup, or in discussions that occur as CDSS staff consult with tribal and county representatives throughout the state. Tribal consultation process considerations have been incorporated into CDSS’ efforts to promote collaboration within the ICWA workgroup.

Although CDSS has utilized the ICWA Workgroup as the primary means of consulting and collaborating with tribes on issues related to child welfare, California is committed to improving its process for engagement with all Native American nations who serve at-risk and vulnerable children and their families within its borders. Through discussions with the ICWA Workgroup and its Tribal Caucus, the state acknowledges that utilizing this workgroup as the primary process for engaging and soliciting tribal feedback is not appropriate in all occasions. There have been instances when CDSS has sought feedback from workgroup participants in an area beyond what their tribal leadership has approved or that are best addressed at the local levels between the county CWS and tribal agencies. The CDSS has actively engaged tribal leaders throughout 2013, 2014, and 2015 to assist with establishing an improved dissemination process for broader outreach to all 109 federally recognized California tribes.

CDSS seeks to include tribal organizations in the dissemination of programmatic letters and notices, engaging in more frequent dialogs with tribal representatives and continuing to support local tribal engagement. Additionally, CDSS has worked with the CWDA to create regional county liaisons to increase and broaden tribal connections to county child welfare agencies. The Department has been working on methods for increasing outreach, communication, and consultation with tribes that do not participate as part of the workgroup by attending tribal council meetings and local meetings such as the Los Angeles ICWA Taskforce Meeting.
Transcripts from these listening sessions are available on the CDSS website with a goal to promote awareness and to increase accessibility by interested parties. Since the ICWA Conference, the development of a tribal consultation policy remains a priority within CDSS. In 2014 and 2015, several visits to California Tribes allowed CDSS to better understand the process needed to successfully develop a formal government-to-government tribal consultation policy. The foundational framework for a Tribal Consultation Policy Committee (TCPC) partnership with CFSD has been established, and five convenings with the TCPC have occurred to further develop the consultation policy.

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 submitted to the National Resource Center for Tribes and the National Child Resource Center for Organizational Improvement, which is funded by CB. The request approved in March 2013, was for assistance with increasing understanding and capacity by CDSS for broader and more meaningful consultation and collaboration with tribal governments. In addition, it was to assist in achieving sustainable, systematic change that results in greater safety, permanency and well-being for children, youth, and families. The purpose and framework for the ICWA Workgroup was to be clarified and future workgroup activities improved. Due to improvements in the areas outlined in the original request achieved through collaboration with the Co-Chairs of the ICWA Workgroup, in 2014 the CDSS and ICWA Workgroup Co-Chairs agreed to withdraw the technical assistance request.

An ICWA Workgroup Subcommittee was established to assist in tribal community engagement and input for the implementation of Assembly Bill (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 EFC 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 EFC Program, particularly California Native American Tribes. 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 Native American youth and families. Additional convenings will continue to be scheduled as needed.

New ICWA curricula 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. In an effort to increase transparency, the CDSS ICWA website has

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9 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
links to all ICWA job aides and trainings that have been successfully implemented to county social workers via CalSWEC and its RTAs. Essential topics covered in training included: tribes’ rights and roles per ICWA; understanding the child welfare system and courts; and the availability of resources to respond to ICWA issues. The CFSD continues to collaborate with tribes, the ICWA Workgroup and CalSWEC to ensure the most accurate, culturally appropriate and effective trainings are being provided to new and seasoned social workers.

Family Development Matrix
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. Beginning next state fiscal year, the FDM will no longer be funded through a grant administered by CDSS. However, the program will continue to be funded and utilized through the administering organization.

Division 31 Regulations
CDSS recognizes that the Manual of Policies and Procedures, Division 31 ICWA regulations have not been updated since 1993. Previously, ICWA has been addressed in separate insular sections, rather than having the ICWA requirements throughout the manual, at key decision making points. CDSS is committed to the principles of ICWA and is looking to improve compliance at the county level. The CFSD has collaborated with the ICWA Workgroup, the CWDA, and other external partners for the revisions to the Division 31 regulations. Through this process many revisions have occurred to strengthen the intent and spirit of the ICWA as outlined in federal and state law. The Division 31 regulations were formally submitted to the Office of Regulation Development in February 2015. It is anticipated the regulation package will be sent out for public comment in August 2015. Upon release for public comment, the process can be up to a year for regulation implementation. This length of time is due to the extensive review process and the integration of the regulations embedded within the current regulations. This requires renumbering and reformatting to ensure consistency and accuracy of the regulations.

THIS MARKS THE END OF THE INTRODUCTION SECTION
CALIFORNIA’S EFFORTS TOWARD IMPROVEMENT

Goals and Objectives

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

California’s Program Improvement Plan

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

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

The ACF provided their preliminary findings to CDSS at the conclusion of the review and gave CDSS 45 business days to address any of the findings before finalizing their report. ACF will provide the final report within 90 business days after March 6, 2015, and any remaining action items may be included in a new AIP.

Extraction Code Improvements

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

- Revising the foster care population inclusion to be based on discharge transaction dates as opposed to actual discharge dates;
- Excluding court hearing types and disabilities that do not meet the federal definitions;
- Setting a limit on how long a response of ‘not yet determined’ can be reported for a disability diagnosis;
- Modifying the reporting of race values;
- Modifying the reporting of the caretaker family structure;
• Modifying the reporting of a child’s relationship to adoptive parents;
• Correcting the reporting of current placement setting when a child runs away or is on a trial home visit;
• Modifying the reporting of most recent case plan goal;
• Correcting the reason for discharge to report as ‘not applicable’ instead of blank if the child has not discharged from foster care;
• Removing the limit on the amount of monthly foster care payment.

Field Instruction Improvements
In January 2013, the CDSS released All-County Information Notice (ACIN) I-03-13, reminding counties of the need to record complete, accurate, and timely case information in the SACWIS. A second letter in July 2013, All-County Letter (ACL) 13-36, again reminded counties and provided specific instructions on how to navigate and enter the required data fields for the seven AFCARS data elements found to be out of compliance with federal standards. In 2013, CDSS began to post county-level summary reports on the Child Welfare Data Extranet website following each federal submission, identifying missing data counts for noncompliant data elements. Counties are encouraged to use these reports to identify problems, target data entry efforts, train staff, and monitor their progress. In addition, reports were developed in June 2014 that allow counties to easily track missing data by case, specific data element, caseworker or supervisor. Furthermore, reports that will assist counties in monitoring the timeliness of data entry are in development.

Title IV-E Plan PIP - Successor Guardian Requirement
CDSS has requested a delayed implementation of October 1, 2015, (first day of the first calendar quarter after the first regular session of the state legislature after enactment) due to the need for state legislation to implement the successor guardian provision in 42 U.S.C. 473(d)(3)(C) of the Act (revised Section 6.A.2). The CDSS has been advised that California’s current law does not meet the federal requirements for successor guardians and that, therefore, state legislation is necessary. An ACL 15-66 and state regulations pertaining to the Successor Guardian requirement are currently in process and release is expected prior to October 1, 2015.

Technical Assistance Needs
In FY 2016, the state anticipates technical assistance regarding case reviews and continuous quality improvement. In the CFSP, enhancements to the state quality assurance system were identified as specific goals over the next few years. We have already begun the process of seeking technical assistance from the Capacity Building Center through the Children’s Bureau. The state expects that this assistance will be able to strengthen this process in advance of the Federal Child and Family Services Review due to begin this FY.

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

Data for California’s systemic factors is not robust. As such, a large part of our quality assurance efforts including the development of a Continuous Quality Improvement (CQI) program will focus on case reviews and developing other mechanisms to collect quantifiable data on the functioning of these systemic factors.

Information System

The CWS/CMS is a personal computer (PC)-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 CWS/CMS is designed so caseworkers can move through the application, performing work in the sequence that is most appropriate. 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. The system also enables 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 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.

Functionality

The CWS/CMS has eleven functional components designed to reflect the processes employed by child welfare social workers in investigating, servicing and managing a child welfare case. Combined, these 11 components automate the many phases and programmatic functions of CWS. The 11 components and their functions are as follows:

- Intake -- referral screening, investigation and cross reporting;
- Client Information -- recording and accessing information on clients;
- Service Delivery -- recording of services delivered to clients;
- Case Management -- development of case plans, monitoring service delivery, and progress assessment;
- Placement -- placement management and matching of children to placement alternatives;
- Court Processing -- hearing preparation, filing of petitions, generating subpoenas, citations, notices, and recording court actions;
- Caseload -- assignment and transfer of cases;
- Resource Management -- information on resources available for CWS (services providers, county staff resources, etc.);
- Program Management -- caseload, county, and program-level information for program management purposes;
- Adoptions -- recording of information for reporting purposes; and
- Licensing -- information on licensees used in placement decisions.
Each functional component captures information and provides automated tools for case management, service provision, program management or documenting case history.

In order to effectively protect California’s at-risk children and preserve families, a multi-agency, collaborative service approach supported by a comprehensive case management system is required. The case management system must provide data exchange with other systems, support evolving mobile computing devices, and have enhanced and expanded operational functionality to meet CWS business needs and federal SACWIS requirements. The new system must have robust case, process, and outcome data reporting capability to ensure state and county-level analysis for program monitoring, evaluation, and policymaking. This is critically important in the CWS realigned environment.

By and large the data in CWS/CMS are accurate. California’s greatest challenge is the need to remove outdated records that were entered into CWS/CMS upon its creation. As indicated above, our AAR was conducted resulting in the identification of a number of changes necessary to improve the accuracy of the case management information and address concerns regarding the status of this systemic factor.

The current automated system was implemented in the early 1990’s based on the CWS business needs and practices at that time. The CWS/CMS is a legislatively mandated statewide application pursuant to the provisions of Senate Bill (SB) 370 (Chapter 1294 of 1989). Today, it does not fully support child welfare practice and is no longer an economical, efficient or effective automated tool for child welfare management and staff support. State and county CWS social workers do not have the appropriate tools or the ability to access all the available information needed to effectively do their jobs. Furthermore, the system does not meet SACWIS requirements, which may jeopardize the state’s future ability to obtain the highest level of Federal Financial Participation (FFP) (i.e., a 50 percent funding rate).

In addition to the AAR PIP, California’s plan for improving in this area includes an updated Child Welfare Services New System (CWS-NS). In California’s 2015-2019 CFSP, the state indicated that a new case management system is in development. Currently the CWS-NS is scheduled to be in operation in late 2019. A more detailed description of the history of the development of the CWS-NS and the long-term objectives can be found in the CFSP.

**Case Review**

**Written case plan.** In California, county social workers are required to complete a case plan, in coordination with the family, for child welfare services. The worker has the responsibility to include:

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

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

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

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

Quality Assurance

For states’ APSRs, the CB required a complete description of the quality assurance process present. In response to these program descriptions, CB provided feedback regarding the relative strengths and suggested enhancements to the system. In the state’s CFSP, there is a detailed description of how California has included these continuous quality improvement principles into our quality assurance program.

Foundational Administrative Structure

Since the development of our CFSP, CDSS has worked to strengthen this area; California is committed to fully developing the administrative structure for supporting CQI. Activities during this plan period to achieve this goal are listed below:
• Update and enhance written policies, procedures and practices for all levels of administrative functionality of CQI and ensure the CQI guidance and directives are readily available to staff at all levels. The CDSS drafted CQI guidelines for the state CQI process in

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10 OSRI Item 13 Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis.
2015 that is currently under review by stakeholders. In addition, these guidelines encourage counties to similarly employ the principles contained in that document.

**Quality Data Collection**
California continues to exhibit quality data collection as a strength. Complete information regarding the vast array of data sources and tools for using data are described in the CFSP as well as at the opening section of this APSR. Efforts to further enhance data quality have been undertaken by both the CDSS Data Committee and OSI.

**Case Record Review Data and Process**
California began the implementation of the case reviews component based on a statistically significant sampling universe of children statewide who are/were recently in foster care and children served in their homes and that collects specific case-level data that provides context, addresses agency performance and includes the completion of key case-level interviews. These reviews are anticipated to be fully operational in October 2015.

**Analysis and Dissemination of Quality Data**
Dissemination of data is critical to meaningful engagement of stakeholders in evaluating and developing child welfare systems. Partner agencies, service providers, advocates, and decision makers at all levels are expected to use data in order to assist in program planning. California noted in the CFSP that it has long enjoyed a number of processes for sharing data and increasing transparency of the effectiveness of child welfare programs. The CDSS promotes sharing of research findings as a way of providing feedback to policy makers through the use of a Quarterly Research Series.

**Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process**
The goals for improving California’s feedback to stakeholders and decision-makers will be accomplished by strengthening both the state’s CQI process and the identified steps to enhance collaboration with external entities.

Earlier in this APSR a number of entities are described with whom the CDSS coordinates the use of data to increase the dissemination of information and confer with stakeholders. In addition, the CQI guidelines developed in 2015 addresses issues of data utilization to inform stakeholders and change practice.

**Staff Training**
During the 2008 CFSR PIP, California included the mandate for standardized training in child welfare. The CDSS, in cooperation with the Statewide Training Education Committee (STEC), has developed standardized curricula in the Core Training Program to be used statewide for the mandatory training of child welfare social workers and supervisors. Instructors are experts in the field of child welfare who use a variety of teaching methods based on adult learning theory and best practices.

The 2015-2019 CFSR noted that the current evaluation method of the State’s standardized training has been inefficient in providing data and information that shows the Departments ability to
ensure that the necessary training is being provided. To address this concern a committee has been put together to create a more functional overall evaluation method to ensure that the necessary training is being provided and also to ensure that the State’s standardized training is able to properly transfer the knowledge learned in the classroom to the practice in the field. The committee consists of participants from CDSS, CWDA, CalSWEC, the RTAs, as well as county representatives. The committee plans to increase the capacity and expand the information gathered by CDSS on the annual training plan. It will also expand the modalities of the State’s standardized training to include field activities that social workers will use to learn skills while they are concurrently working in practice.

The CDSS must increase their internal capacity to ensure that initial basic skills and ongoing training are being conducted effectively to social workers statewide. The CDSS will grow their resources that are available to monitor and evaluate the current and ongoing training. This will allow CDSS to increase its oversight of contracts with training partners in an attempt to increase standardization, reduce duplication of services and ensure fiscal responsibility of training partners. These efforts will allow CDSS to ensure the proper training is being provided with potential cost savings as well.

A more detailed assessment of current and planned training activities for child welfare is provided in the Training Plan section of this document.

Service Array

Each of the initiatives contained in the plan for improvement identify service descriptions.

Agency Responsiveness to the Community

Descriptions of the agency responsiveness to the community can be found in the Collaboration section above. Additionally, each of the program descriptions includes the ongoing engagement of community members as critical components. The information shared between the community members and other stakeholders is routinely incorporated into California’s programs. Over the past few years, CDSS stakeholder groups for program planning and implementation have grown considerably to include foster parent, youth, etc.

Included in the tribal section of the APSR is a more detailed discussion of the engagement with tribes. Also, in our 2015-2019 CFSP, a full description of the ongoing Tribal Consultation work is provided. As part of this latter process, CDSS shares the CFSP and APSR with tribes. For the 2015-2019 plan, a presentation and feedback session was conducted at a tribal conference.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

A comprehensive discussion of licensing, recruitment, and retention is found in the separate Foster and Adoptive Parent Diligent Recruitment Plan. Additionally, several of the programs included in the plan for improvement address licensing, recruitment, and retention as key areas.
Requirements for Criminal Background Checks  CDSS is working between our divisions (CFSD and Community Care Licensing (CCL)) to obtain data regarding descriptive aspects of licensed and approved homes. All approved homes have completed background checks before the local agency is allowed to place children/youth. If a background check comes up positive for safety concerns when child is in the home, homes are re-evaluated for approval. The law requires that the subsequent arrest notification service be applied to each adult residing in the home; this service alerts the county approval agency of criminal activity after the initial clearance.

State Use of Cross-Jurisdictional Resources for Permanent Placements  In calendar year 2013, the most recent year for which data is available, California counties received 1140 home study requests to ensure safe and appropriate interstate placement of children into the following placement types: foster family homes, NEFRM, biological parent, and adoptive placements. Of those home study requests, 58 percent (666 requests) were completed within 60 days of the initial request from another state.

At present, the CDSS does not have an efficient mechanism of collecting timeliness of home study requests from the 58 counties. Additionally, the percentage of home study requests completed within 60 days is measured differently among counties. Some counties include the time to conduct training of prospective foster and adoptive parents, while other counties only measure the time to complete the study assessment of safe and appropriate placement for the child. The CDSS is exploring implementation of the National Electronic Interstate Compact Enterprise (NEICE) to improve compliance with the Safe and Timely Interstate Placement of Foster Children Act of 2006. The NEICE will allow the state to collect data on the number of home study requests and timeliness of home study request completion through the unified tracking system. The NEICE will also improve the timeliness and efficiency of communication and transmission of information between states, increasing California’s compliance with the Safe and Timely Act.
SAFETY

Promoting Safe and Stable Families (PSSF)

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

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

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

<table>
<thead>
<tr>
<th>Table 1: Distribution of PSSF Categories</th>
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<tbody>
<tr>
<td>Family Preservation: 23%</td>
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<tr>
<td>Family Support: 29%</td>
</tr>
<tr>
<td>Adoption Promotion and Support: 24%</td>
</tr>
<tr>
<td>Time-Limited Family Reunification: 24%</td>
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In total, $27,774,085 in PSSF funding was allocated to 58 California counties for service provision in SFY 2015. Through the C-CFSR process, counties develop an integrated program/expenditure plan for state and federal funds, including PSSF, which focuses on services to families spanning the continuum of care from prevention to permanency.

Each California county that receives funding for the PSSF programs must report annually on their client participation rates for funded program activities and provide a program sample of outcomes achieved in each PSSF component that includes parent, child, and family engagement; the braiding of funding sources; collaboration and coordination efforts, and on their quality assurance process. According to the annual report for SFY 2015, 21% of California counties reported that their primary outcome achieved with PSSF funding was no recurrence of maltreatment within a six-month period.
CFSP 2015-2019 Prevention Progress

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

Progress to date on this goal includes the following:

1) Selecting, procuring, and launching online web-based reporting system, Efforts to Outcomes (ETO), for counties. This was a multi-year effort that will culminate in producing data in greater detail and with much more ease than previous methods. All 58 counties will be able to report on an ongoing basis to the OCAP if they choose, and can download and utilize their information through automated reports. The OCAP in turn can share aggregate information with other counties and will learn much more about types of programs and services that counties purchase with OCAP funding, including outcome data.

2) Phase 2 of the ETO will include allowing community based organizations to report directly to either counties or OCAP on program information, including outcomes. Steps to launch this phase will begin in 2016 but are not expected to be accomplished until the end of this CFSP cycle.

3) The OCAP will be designing a statewide performance measurement system in an effort to capture common outcome data for families. Outlining steps to achieve this will occur in 2015-2016 and will be the result of working with an evaluator.

**PSSF – Family Preservation**

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

Family Preservation services assist families in crisis by providing short-term family focused services. Values that underlie Family Preservation services are:

1) Parents and families are respected,
2) Services build on families strengths,
3) Families can take an active role in identifying needs and developing a service plan,
4) Services are flexible,
5) Identified family goals determine services, and
6) Families are a part of a community.
Families receiving Family Preservation services can be identified as at-risk of abuse or neglect or families may have already demonstrated the need for intervention and have an open child welfare case. The following outputs were achieved in FY 2013-14 through the Family Preservation component of PSSF:

- **130,376** total recipients of PSSF-Family Preservation supported services
- 55 percent of California counties provided parenting education with Family Preservation monies
- Nearly 21 percent of those served received basic needs (concrete supports) services

Counties noted the most implemented parenting education models included Triple P, Nurturing Parenting, The Nurturing Father’s Program, and Strengthening Families. Behavioral and mental health services, as well as substance abuse services rounded out the top five services provided with PSSF–FP funds across California during FY 2013-14.

Statewide, a total of 49,739 families and 80,637 individuals received Family Preservation services in FY 2013-14. Of all families and individuals who received Family Preservation funded services, a total of 5,190 received parenting education, 27,103 received basic needs (concrete supports), and 18,283 benefited from case management services. In addition, it is noted that more counties...
elected to fund mental health services and basic needs (concrete supports) than home visiting programs, a variation from FY 2012-13.

**PSSF – Family Support**

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

During FY 2013-14, Family Support funded services were provided to California families and individuals. The most common services funded in FY 2013-14 were parenting education, case management, and basic needs (concrete supports). Compared to FY 2012-13, fewer counties elected to use Family Support funds for home visiting programs and an increased number of counties funded case management, basic needs (concrete supports), and behavior health (mental health services). Although 35 counties allocated Family Support monies to parenting education and 26 counties provided basic needs (concrete supports), 20,460 more families received basic needs (concrete supports) than parenting education.
The following outputs were achieved in 2013-2014 through the Family Support component of PSSF:

- **153,638** total recipients of PSSF-FS funded services and supports
- 60 percent of California counties provided parenting education with Family Support monies
- 21 percent of those served received basic needs (concrete supports) services
- 18,817 (12 percent) of those served received health services funded by Family Support
PSSF – Time Limited Reunification

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

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

The figure below reflects that counties prioritized funding for behavioral health (mental health) services, transportation, and substance abuse treatment. Nearly 45 percent of counties utilized TLFR funds for transportation, which is a frequent barrier to accessing and receiving support services, and 36 percent of counties used these funds for substance abuse treatment. According to the OCAP’s FY 2013-14 Annual Report from counties, substance abuse remains one of the top three drivers of children into the child welfare system. Rounding out the top 5 services provided under TLFR domestic violence services and peer support. Compared to FY 2012-13, five additional counties utilized funding for transportation, while behavioral health and substance abuse treatment remain unchanged.

Figure 6: Time-Limited Family Reunification Services Across California FY 2013-14 (OCAP Annual Report)

PSSF Time-Limited Family Reunification Services FY 2013-2014

The following outputs were achieved in FY 13-14 through the TLFR component of PSSF:

✓ Total recipients served by PSSF-TLFR funds: 33,241
✓ 41 percent of those served received transportation services
✓ 19 percent of those served received behavior health (mental health) services
A total of 13,784 recipients utilized transportation assistance, 6,392 recipients engaged in behavior health (mental health) services while 1,329 recipients received substance abuse treatment services with TLFR dollars. Typically these services are provided “in-house” within Child Welfare Services and evaluation is limited.

During this reporting period, 31 California counties utilized TLFR funding to provide mental health services; often parents have a dual diagnosis of substance abuse and mental health. TLFR funding supports critical services such as psychological evaluations, mental health assessments, and clinical treatment to meet the individual needs of children and families.

**PSSF – Adoption Promotion Services (APS)**

When children enter into the child welfare system, the primary goal is permanency whether through reunification, adoption, or guardianship. Providing supports to adoptive families is imperative to the stabilization of families.

Case management was the primary service component used to stabilize children and their adoptive families. Further, adoptive families benefited from educational services to learn of the specific challenges and supports available to achieve healthy and safe homes for their children.

A wide range of support services are available to adoptive families, including basic needs and concrete supports, behavioral health and mental health services, and peer support networks. Although families report that these types of services are helpful, there is very little rigorous research on the effectiveness of post-adoption services in preventing disruption and dissolution of adoptions.
Figure 7: Adoption Promotion and Support Services across California FY 2013-14 (all 58 counties represented)

PSSF Adoption Promotion and Support
FY 2013-2014

The following outputs were achieved in 2013-14 through the Adoption Promotion and Support Services (APSS) component of PSSF:

- 58,489 individuals received PSSF-APSS funded services
- 30 percent of those served received case management services
- 18 percent of those served received Family Resource Center (FRC) services

Across the board, the number of counties offering an array of PSSF-APSS funded services has increased in comparison to the previous report period. PSSF APSS funds continue to support the activities used to enhance adoptive support in California. With a push towards permanency in California and many children placed in concurrent planning homes, 19 counties placed a priority on spending APSS funds to support adoptive parent recruitment. Ten percent of counties reported having more children in the permanency process in FY 2013-14 than in the prior year. Counties are exceeding the 20 percent threshold of spending on APSS and smaller counties are partnering and engaging adoptive parents in creative ways. In particular, smaller/medium counties who do not have their own county adoption programs work with the State Adoption Regional Offices to process county adoptions and collaboratively determine the best methods to utilize APSS monies based on priority need. In addition, small/medium-sized counties may utilize APSS funds to
provide support to caregiver relatives and/or concurrent adoptive parents who may reside out of county or out of state.

The OCAP continued to provide technical assistance to counties to ensure proper expenditure of AP&S funds. Technical assistance includes the identification of unmet needs identified in the counties CSA to fund pre and post adoptive services. Assisting California counties with the matching of their APSS funds to the needs of individuals and families continues to be a priority the OCAP addresses.

**Prevention and Early Intervention**

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

As the CDSS leads in prevention and early intervention efforts across California, the OCAP engages in multiple efforts to prevent child abuse and neglect including the *Strengthening Families Framework Initiative*, the *Family Development Matrix Project*, the *California Evidence-based Clearinghouse*, dissemination of the *Supporting Father Involvement* research, and *Parent Leadership Academies*. Through these efforts the OCAP shapes policy, builds capacity among service providers, engages parents and other key stakeholders, and promotes innovation and use of evidence-based programs and practice.

As discussed previously, OCAP also provides oversight of the state for CAPIT as well as the Community Based Child Abuse Prevention (CBCAP) and PSSF programs by requiring counties to prepare plans that address how prevention and early intervention activities are coordinated and how services will be provided as part of their 5-year System Improvement Plans (SIPs). The CAPTA chapter of this report provides additional information into California’s child abuse prevention programs.

**Indicators of Progress**

The following figure reports annual substantiation rates based on population projections from the California Department of Finance. Substantiation rates show how many children with an allegation of maltreatment have had that allegation confirmed through an investigation. The substantiation rate for a given year is computed by dividing the unduplicated count of children with a substantiated allegation by the child population and multiplying by 1,000. Overall, the rate of substantiated referrals in California has decreased by nearly 7.3 percent from Calendar Year (CY) 2010 at 9.6 per 1,000 to 8.9 per 1,000 in CY 2013.

As illustrated in Figure 8, children ages 0-5 have disproportionately higher rates of substantiated referrals and enter care (see Permanency section) at significantly higher rates than any other age group. Young children’s dependency on caregivers and their social invisibility place them at greatest risk for maltreatment. The following section will highlight services and programs specifically targeted towards this population.
Factors Affecting Progress

The OCAP partnered with Children’s Services Outcomes and Accountability Bureau (CSOAB) and counties to facilitate California’s Child and Family Service Review (C-CFSR) process. The integration of the two bureaus in this process, led to clearer objectives during the C-CFSR process and better customer service to the counties. The OCAP consultants sought to ensure that counties engaged in continuous quality improvement activities, strengthened interagency partnerships, and encouraged community involvement and public reporting of program outcomes.

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

The core elements of the process are the County Self-Assessment (CSA), Peer Review, and SIP. OCAP consultants provided orientations as well as training and technical assistance to counties and their stakeholders regarding child abuse prevention. Further, OCAP consultants aided in data collection, stakeholder engagement, the analysis and development of prevention-focused, coordinated service plans, and the associated budget and evaluation plan. The goal was to address unmet community needs and measure program effectiveness. In FY 2013-14, 12 counties and an estimated 2,000 community stakeholders participated in the C-CFSR process. Counties reported a number of programs that contributed to systems change and improvements as a result of the process.
The OCAP saw a tremendous increase from FY 2012-13 to FY 2013-14 in collaborations between systems – public, private, and community. A ten percent increase (rising from 50 to 57) in partnerships with behavioral health/mental health service providers occurred; a 20 percent increase in partnerships with disability focused organizations occurred, rising from 29 to 41; and a 19 percent increase in leveraging faith based agencies occurred, rising from 33 to 44. In addition, there were increased collaborations with FRCs, Law Enforcement, CAPCs, AOD, and Court Systems. Clearly, California is making strides in effectively utilizing available resources within communities and improving family supports through collaboration and coordination.
Effective collaboration and coordination are critical components in providing prevention and early intervention supports within the child welfare continuum of services that align with the broader goal of safety.
CFSP 2015-2019 Prevention Progress

STRATEGY: The OCAP will use the data to tell the story of abuse and neglected children, and continuously monitor progress and effectiveness of services.

As part of the CFSR process, the OCAP consultants ensured county plans focused on services that span the continuum of care with emphasis on prevention and early intervention. The OCAP consultants assisted counties in accessing resources and information within the CDSS, including connecting counties to other bureaus, branches and divisions. The OCAP consultants provided technical assistance to counties in data analysis, access to current literature, and research on Evidence Based Practice/Evidence Informed Practice identified through the California Evidence Based Clearinghouse (CEBC) and supported the county in the development of stakeholder engagement activities. Counties engage their stakeholders to provide input and insights into the development of their prevention plans and associated investments. Both quantitative and qualitative data was used to evaluate their greatest need areas and identify appropriate services to address their needs.

Summary
Overall, the rate of substantiated referrals in California has decreased by nearly 7.3 percent from CY 2012 at 9.3 per 1,000 to 8.7 per 1,000 in CY 2014. While it is difficult to determine the extent to which individual CWS practice/program changes led to the improved outcomes, state, and county reform efforts overall appear to have had a positive effect. CDSS continued to facilitate C-CFSR process and promote continuous quality improvement. The integration of prevention and early intervention planning into the C-CFSR process resulted in broader engagement of community stakeholders into the self-assessment and system improvement plan. The C-CFSR operates on a philosophy of continuous quality improvement, interagency partnerships, community involvement, and public reporting of program outcomes. Its purpose is to significantly strengthen the accountability system used to monitor and assess the quality of services for children and families across the continuum of care (i.e. prevention, intervention, treatment, and after care). This oversight process aligns with the federal CFSR monitoring system and recognizes promising practices in CWS and Probation.

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

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

Indicators of Progress
The following figure represents the percentage of children who were victims of substantiated child abuse and/or neglect during a 12 month reporting period and who did not have subsequent report substantiated within 12 months. The state has experienced a slight increasing trend in the number of children with at least one subsequent substantiated report over the last three years and will continue efforts to improve performance to the national standard level.
Factors Affecting Progress

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

- Differential Response
- The Standardized Safety Assessment System

**Differential Response (DR)**

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

Although many California counties utilize a three-path DR model, each year fewer do so. This year 29 of 58 (50 percent) counties are using a three-path DR model, six fewer counties than last year. Some counties may be implementing an alternative response model with variations to the three-path DR model, but alternative response information was not captured in the SFY 2015 annual report. Availability of funds has been a major factor in sustaining the program. The most common source of support for DR has been funding raised at the local level (e.g. First 5, Children’s Trust Funds, private or corporate foundations, hospital systems, and/or individual donors). There is currently a heavy reliance on funding from local First 5 Children and Families Commissions to support DR services to families with children, ages 0-5, but this is a dramatically declining source of funds.

There is disagreement within the field of the effectiveness of DR. Some counties feel very strongly that DR is a vital part of the prevention spectrum; others do not feel the evidence
supports the use of DR or alternative response. A further assessment of the use of DR and its effectiveness is planned for SFY 2016. According to those counties utilizing CBCAP, CAPIT, and PSSF funds for DR families, these at-risk families obtained increased knowledge of parenting and child development, as well as concrete supports in times of need. Further, several counties noted in their OCAP Annual Report that these low to moderate risk families were able to keep the children safely in their homes.

Table 2: Number of Children/Families who were and were Not Assessed Using Differential Response, SFY 2013/14 (Based on 29 Counties), Ethnicity of Children

<table>
<thead>
<tr>
<th>DR</th>
<th>Number of Children</th>
<th>Number of Families</th>
<th>DR Path 1</th>
<th>DR Path 2</th>
<th>DR Path 3</th>
<th>% Hispanic</th>
<th>% White</th>
<th>% Af American</th>
<th>% other</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON DR</td>
<td>4,741</td>
<td>2,213</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>70.25</td>
<td>12.49</td>
<td>7.12</td>
<td>10.14</td>
</tr>
<tr>
<td>DR</td>
<td>5,262</td>
<td>2,239</td>
<td>574</td>
<td>1,401</td>
<td>264</td>
<td>60.05</td>
<td>19.73</td>
<td>13.97</td>
<td>6.25</td>
</tr>
<tr>
<td>Total</td>
<td>10,003</td>
<td>4,452</td>
<td>574</td>
<td>1,401</td>
<td>264</td>
<td>65.72</td>
<td>15.7</td>
<td>10.17</td>
<td>8.42</td>
</tr>
</tbody>
</table>

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

It is important that not only social workers understand the proper use of the tool but that supervisors and managers are familiar with the assessment tool, monitor its consistent use throughout the life of a case, and provide guidance and support to social workers regarding its implementation as well as the interpretation of the indicators.

Currently, California counties have the option of using either the SDM or Comprehensive Assessment Tool (CAT) assessment tools. The existence of two tools statewide creates some inconsistency in reporting, as does the insufficient data from the four counties utilizing CAT. However, California continues to help improve the design and content of the SDM assessment tools, in addition to the SDM-related training for county users, to address assessment-related issues in California’s child welfare system. Additionally, CDSS, through its annual county data comparison report, will identify how social workers are using these tools and determine what changes may be needed to strengthen the assessment of safety and risk.

SDM Hotline Screening Tool
The SDM Hotline Screening tool assists California’s hotline workers screen and assess calls to the counties’ child abuse hotlines and determine if the report requires a child welfare services investigation. The response priority section helps responders determine how swiftly an
investigation must be initiated for those reports accepted for investigation. Over the last year, the Hotline Tool has been enhanced to include components to specifically address CSEC. In addition, the tools’ definitions of the appropriate usage of overrides have been clarified and the tool focuses on the caregiver behaviors and the impact those behaviors have on the child. These enhancements will continue to contribute to ensuring timely investigations of maltreatment.

SafeMeasures®
SafeMeasures® contributes to California’s success rate for timely response by providing child welfare agency management with data to assist with program administration, planning, evaluation, and budgeting. The Referrals-Timely Due to Attempted Contact Report on SafeMeasures® is a new report limited to referrals with a contact status of ‘attempted’ and identifies those referrals within a specific month. The report can be filtered by supervisor or staff member and contains the frequency of attempts and response priority (immediate/10-day). In addition, the Measure 2D – Time to First Completed Referral Contact Report is a new quarterly report which includes immediate and 10-day referrals but is limited to referrals with a contact status of “completed.” This new report was a direct result of the collaborative workgroup discussed previously.

SDM Risk Assessment Tool
The CDSS CFSD contracted with the CRC, a division of the National Council on Crime and Delinquency (NCCD), to conduct a validation study of the SDM Risk Assessment Tool to assess the likelihood of future child maltreatment among families investigated by county child welfare agencies. The findings of the study were published in October 2013 and updated in March 2014. The chief objective of the validation study was to assess how well the SDM Risk Assessment Tool estimates future maltreatment. A second objective was to explore opportunities to improve the classification abilities of the assessment tools. The validation study concluded that the current risk assessment tools classified the risk level of families reasonably accurate overall but that performance could be improved and subsequent enhancements were recommended. The anticipated SDM tool enhancements are described below:

California anticipates that implementation of the SDM enhancements will improve social workers’ ability to accurately assess a family’s risk of future maltreatment through a greater descriptive specificity than the current tool (i.e. fewer families classify as high or very high risk, but a higher proportion of these families were subsequently involved with CPS). This, in turn, would permit the county child welfare agency to reduce subsequent maltreatment by more effectively targeting service interventions to high-risk families. County child welfare agency monitoring and quality improvement efforts may also improve the accuracy of social worker risk assessment estimates and the management of service delivery.

Currently, there is a large core workgroup comprised of county members, CDSS staff, SDM representatives, other stakeholders and RTA trainers, who are working to enhance all the SDM tools and the web-based program for functionality as well as to ensure compliance with new

federal and state law. It is anticipated that the following SDM tool enhancements are to be implemented by November 2015.

**SDM Tool Updates Related to Future Maltreatment & Child Abuse Prevention Hotline Tool**
- Information on prior child deaths clarified in several areas.
- Clarification added to focus on caregiver behaviors and the impact those behaviors had on the child.
- Added CSEC components throughout the hotline tool.
- A number of clarifications added to reduce overrides.

**Safety Assessment Tool**
- Added a Domestic Violence assessment component.
- Added CSEC language and identifiers for safety throughout the safety assessment tool.
- Definitions focus on the actions of the caregiver and impact on child.
- Added caregiver complicating behaviors that are (not an immediate threat but may contribute to the child’s safety).
- Safety Interventions updated to clarify in-home vs. out-of-home.

**Risk Assessment Tool**
- Distinguished between families that received CWS in the past versus currently.
- Added the evaluation of the secondary caregiver to the primary caregiver’s characteristics items (history of abuse or neglect as a child, mental health, alcohol/drug problem, criminal arrest history).
- New item added to the tool: “Primary caregiver blames the child.”
- Fewer items/less redundancy to reduce scoring errors.
- Use of neutral language to create a more balanced assessment.
- Open-ended questions are encouraged to identify how caregiver disciplines the child.

**Family Strengths and Needs Assessment (FSNA)**
- The new structure provides a focus on caregiver behaviors and impact on child.
- The FSNA will begin with an evaluation of several pieces of information not all currently available and which are important to case planning, such as Tribal Affiliation, Sexual Orientation, Gender Identity/Expression, Religious/Spiritual Affiliation, and Other Cultural Identity important to either the caregiver or the child/youth/young adult.
- Point values have been removed. These were primarily used to aid prioritization but are unnecessary in this structure.
- “Prior Adverse Experiences/Trauma” has been added to the caregiver domains.
- “Cognitive/Developmental Abilities” has been added to the caregiver domains.

**Risk Reassessment**
- Use of neutral language to create a more balanced assessment.
- Definitions rewritten to focus on changes in behavior (not just service participation.)
Reunification Safety Assessment
- Substantial changes – workers must list safety threats that led to removal
- Were the safety threats mitigated? If so, how?
- New safety threats since initial assessment?
- If not, could a safety plan be established for reunification?
- Could a new safety plan be implemented to allow child’s return home?

CAT
The CAT is currently used in the remaining four counties that do not utilize SDM; this tool 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.

Summary
Even though the state has experienced a slight increase in the number of children with at least one subsequent substantiated report over the last three years, CDSS will continue efforts to improve performance to the national standard level. While there is no identifiable single factor responsible for avoiding repeat maltreatment, several efforts contribute to maintaining strong progress. One improvement that likely contributed to the successful interventions with children and families is the use of differential response.

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
This measure represents dependent children in out-of-home foster care who were not subject to maltreatment during their placement. In order to monitor the State’s effectiveness in meeting this measure, CDSS reviews the number of children placed in out-of-home foster care who were not victims of a substantiated maltreatment report regarding a foster parent or other facility staff. As figure 12 shows, California has made improvement in the maltreatment in foster care safety measure from FFY 2013 to FFY 2014, showing a nine percent decrease in the number of instances of victimization in foster care per 100,000 days in care. Youth under the care of probation agencies reported far fewer instances of maltreatment (3.18 in FFY 2014) than youth supervised by child welfare (9.42 in FFY 2014). Also, in all agencies, females were more likely to be maltreated in foster care (9.95 in FFY 2014) than males (8.22 in FFY 2014). CDSS will strive to improve in protecting children from and abuse and neglect while they are placed in foster care, and work to achieve the national standard of 8.5 victimizations.
Factors Affecting Progress
An analysis of the data by demographic factors such as age, gender, and race/ethnicity reveals minimal differences between these groups. Similarly, there are few variations across the 58 California counties. The State’s consistency in surpassing this measure, as well as the lack of variation among demographic groups and counties, may be attributed to the controlled and protected nature of foster care environments. Each must adhere to multiple protection requirements including consistent contact with case workers and compliance with caregiver licensing and approval processes. Although California has a consistent record of surpassing the federal standard, the State continues to pursue improvement in the prevention of maltreatment to children placed in out-of-home foster care.

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

✓ Safety Assessment tools, Substitute Care Provider Tool

Safety Assessment Tools, Substitute Care Provider Tool (SCP tool)
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 substitute caregiver’s willingness and abilities to provide care at that level. The SCP Module continues to be used by San Francisco, Riverside, and San Luis Obispo. Under a county-funded contract, the CRC focused 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 established a webinar to present training enhancements to the counties and other interested
parties using the Data Collection System (DCS). There were some inquiries but only Madera County has elected to implement the SCP model.

Summary
Though California does not meet the national standard for maltreatment in foster care, it has shown improvement by decreasing the number of victimizations per 100,000 days from 9.99 in FFY 2013 to 9.05 in FFY 2014. California’s improvement in this measure may also be attributed to the Office of California Foster Care Ombudsman, which serves as an additional resource to assure the safety of children and youth in foster care. Additionally, the use of the Safety Assessment/SCB tool in four counties may contribute to absence of abuse in foster care.

Timely Response
*Ensure investigations of maltreatment are initiated within state policy timeframes*

Indicators of Progress
Timeliness to Investigation reports count both the number of child abuse and neglect referrals that require and then receive an in-person investigation within the time frame specified by the referral response type. The response time frame could be either immediate (within 24 hours) which would apply to more severe allegations and ten days, which would apply to less severe allegations. Over the last three years, California has performed well above the state goal of 90 percent for all counties, with immediate responses hovering around 98 percent between 2012 through 2014. In the same time period, the ten-day responses maintained around 94 to 95 percent between 2012 and 2014.

![Figure 13: Timely Response to Investigations](image)

**Agency Type: CW, Ages: 0-20, Timeframe: July 2012 to Sept 2014, Extract CWS/CMS 2014 Q4**

Factors Affecting Progress
The state utilized the efforts of the Pre-Placement Policy Workgroup (workgroup) to assist in development and communication of effective statewide timeliness and investigation practices. The CDSS established the workgroup, in collaboration with county CWS agencies and the Child CWDA to improve efforts towards timely investigations. The workgroup includes representatives from CDSS, CWDA and 13 of California’s 58 counties. Workgroup members represent the diversity of California’s CWS system, including program managers, analysts and ER supervisors and...
caseworkers from Northern, Central, and Southern California and both rural and urban regions. The diversity of the workgroup ensures that proposed policies or practices are informed by the needs and experiences of different staff members and member counties.

The current scope of the workgroup includes many issues related to safety practices. At the workgroup, the combined expertise of multiple counties, CWDA, and CDSS has led to the sharing of best practices, identification of areas in need of improvement or further study and clarification on the requirements in regulations and statute.

The workgroup worked collaboratively to produce two ACINs that provide informational guidance to county child welfare departments. ACIN I-52-14 reviewed best practices for ensuring county social workers make in-person contact with a referred child within the stated 24-hour or ten-day time period. ACIN I-07-14, released on April 14, 2014, reviewed the regulations, and provided best practices for transitional care centers, where children wait for a foster care placement after being removed from their homes.

Timely investigations are essential to protect children in unsafe homes as it allows the caseworkers to complete timely risk and safety assessments to prevent further maltreatment. California has developed two state process measures, Timely Investigations (2B) and Timely Investigations Excluding Attempted Visits (2D), which determine the percentage of child abuse and/or neglect referrals that have resulted in a timely in-person investigation. Where the measure for Timely Investigations counts the frequency of either contact or attempted contact within stated timeframes, the Timely Investigations Excluding Attempted Visits measure excludes attempted contacts from the count. These measures allow counties an avenue to monitor and evaluate how often caseworkers are successfully making completed contacts with alleged victims within the stated 24-hour or ten-day response requirements. The monitoring of this data allows counties to adjust practice and policies to improve this indicator.

**Summary**
Timely response of child abuse and/or neglect referrals is essential to the protection of children in unsafe homes. Over the past three years California has consistently performed well above the statewide goal of 90 percent for immediate and ten-day responses. Many efforts have contributed to California’s success such as the C-CFSR outcome and accountability practice, statewide safety assessment tools, DR, the Pre-Placement Policy Workgroup’s collaborative efforts and the use of the state’s two process measures, Timely investigations and Timely investigations excluding attempted visits. The CDSS provided oversight and compliance review procedures to ensure children were visited within policy timeframes. Continuous improvements of the safety assessment tools have increased the consistency and accuracy of emergency response in child welfare statewide.

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

**Indicators of Progress**
Entries into foster care have remained flat over the last three years. This is an indication that the services provided in California are working as intended to prevent removal of children and keep
them safely in their homes. A further exploration of the entries into care by age and race/ethnicity reveals that infants, African-Americans, and Native Americans are at greatest risk for entering into out-of-home placement (Figures 14b and c). 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 California Partners for Permanency (CAPP); both of these focus areas are discussed in more detail in the Permanency Chapter of this report.

Figure 14a: Entries into Care per 1,000

![Figure 14a: Entries into Care per 1,000](http://cssr.berkeley.edu/ucb_childwelfare)

Figure 14b: Children with Entries by Age

![Figure 14b: Children with Entries by Age](http://cssr.berkeley.edu/ucb_childwelfare)
Figure 14c: Children with Entries by Ethnicity

Factors Affecting Progress
CDSS has continued to collaborate with other department agencies, stakeholders, and community-based service providers and organizations to ensure 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
- Family Participation in Case Planning
- Safety Organized Practice
- Caseworker Visits

Linkages:
Linkages is a service coordination partnership between CWS and California Work Opportunity and Responsibility to Kids (CalWORKS) that addresses common barriers limiting parents’ ability to work and keep their children safely at home.

Since 2002, Linkages has been a critical part of the OCAP’s efforts to heighten and improve collaboration among two of the most critical child safety and family support systems. This year was the last year the project was funded by the OCAP as it moved to be sustained by the counties.

Families must be strengthened and receive much needed services and support during their times of need and vulnerability. Over the course of the reporting period, the CFPI continued to
disseminate strategies from across Linkages counties to connect vulnerable families to the training, employment, asset building, housing, and other benefit programs to help address poverty-related safety risks for children and keep families together.

There were two annual conventions where the Linkages model was discussed, which were the following:

- “Opportunities for Learning” annual coordinators’ convention—summarized results from the survey that showed the strategies on which counties elected to focus their resources, shared an update on CWDA funding for going forward, further developed the 2014-2015 work plan, discussed the issue of Benefit Access, and conducted a self-evaluation.

- “Walk This Way!” was an annual statewide convention for counties and implementation teams. The gathering featured structured planning events focused on transitioning Linkages toward sustainable, county-level funding, and skills and knowledge workshops on the topics of: the California Emerging Practice Model, State changes to the CalWORKs program, extended foster care services to age 21, fiscal creativity, and evaluation practices.

**Wraparound:**
While the Wraparound program has continued to be 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 a needs-driven, strengths-based approach. Quarterly extracts from August 1, 2014 through March 31, 2015 show approximately 12,000 youth open to CWS/CMS receiving Wraparound since the CFSP was submitted in June 2014 (Figure14d) but because this program supports a multitude of agencies statewide in addition to child welfare services, it is not possible for the state to quantify the total number of children and youth served. However, Wraparound is currently in a stage of sustained implementation in 46 counties, with an additional county actively engaged in planning to launch Wraparound.

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, mental health, probation, and other formal support systems and families, so that these systems are viewed as a resource and not an adversary. Many of these practice elements can also be seen in other programs statewide including Pathways to Mental Health Services and CCR efforts.
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 Rate Classification Level (RCL) of ten or higher (the RCL process uses a point system to measure the level of intensity of care and supervision provided), 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.

The California Wraparound Advisory Committee (CWAC), a stakeholder collaborative process for gathering feedback from the field of Wraparound service provision, identifying and disseminating strategies and strengths, promoting best practice and fidelity to the Wraparound model, and making recommendations on policy/regulatory/practice changes that may be needed to support and sustain Wraparound, continues to meet on a twice yearly basis. At the end of 2014, the CWAC completed a review and revision of the Wraparound Program Standards, which is used to provide a framework for high-fidelity Wraparound practice and define key values, principles, and processes that guide implementation of the program statewide. These updated standards were released, completing the work described in California’s CFSP 2015-2019 (p. 59).

During its first meeting of 2015, the CWAC convened three new workgroups to address emerging needs within the Wraparound statewide network; these included providing Wraparound services to families receiving AAP funds, serving children ages 0-5 in Wraparound, and review/revision/re-development of the Wraparound Training Curriculum. A discussion of the Early Childhood Wrap and AAP Wrap workgroups can be found in the Permanency section of this report (addressing Goal 7: Services for Young Children 0-5 Years Old and Goal 9: Ensure Reducing Time in FC to Adoption, respectively).
The CWAC Training Curriculum Workgroup has been convened in 2015 to examine current and evolving needs for updated Wraparound training processes and materials that reflect present—especially best—practices, the updated Wraparound Standards, which included specific guidelines for training families in care as well as direct service, supervisory, and administrative staff working in Wraparound, and fiscal and policy-related matters—such as CCR, which is discussed in the Permanency section of this report—that impact daily provision of Wraparound services. It is the intention of the Training Workgroup to produce a framework for statewide Wraparound training that is aligned with the new standards and defines the necessary elements that must be included in a training program to be considered “basic Wraparound training,” sample syllabi based on the framework that can be used as a template for training sessions, and guidelines for regions, counties, and practitioners to develop “advanced” practice trainings and other skill-building opportunities. The group has determined that a training needs assessment and analysis of current curricula in use for Wraparound training is a necessary next step and is working develop these processes with input from key stakeholders in the Wraparound statewide network.

Case Worker Visits:
Case Worker Visits will be discussed in more depth in the Well Being section of this report. It is identified as a factor contributing to maintaining children in the home and improved safety outcomes 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. Caseworker visits has steadily improved by 35 percent from FFY 2009 to FFY 2013 and is a vital factor for ensuring the safety of children in their home while preventing removal.

Summary
The CDSS in collaboration with counties continues to support services for children and families aimed at preventing removal. Key initiatives and strategies include Linkages, Wraparound, and social worker visits. In addition, the state uses Team Decision Making (TDM), DR, and participatory case planning, all described in more detail in the 2015-2019 CFSP. The hallmark of these approaches is family engagement, collaboration across service systems, early intervention and support, and social worker contact with children and families.

Data continue to show that California’s rate of foster care entry, ages, and ethnicity overall has remained relatively unchanged over the last three years. The data show that the most common provision of services in response to safety assessments is the use of family/neighbors/others and of community agencies/services. These service provisions represent the last three years of continued efforts focused on collaboration with other department agencies, stakeholders, and community-based service providers and organizations in order to prevent the need for removal of children from their families.
PERMANENCY

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.

The three permanency measures are provided below. California currently meets the national standard for one out of the three measures. Since this measure is comprised of reunifications, adoptions, and guardianships, more detail will be provided in their respective sections below. Please note that FFY 2014 data is not currently available for Figure 15, Permanency in 12 Months for Children Entering Foster Care In 12 Month Period.

Figure 15: Permanency in 12 Months for Children Entering Foster Care In 12 Month Period, FFY 2011-2013, CWS/CMS CSSR Data Q1 2015, Agency: All, Ages: 0-17
Figure 16: Permanency in 12 Months for Children In Foster Care for 12-23 Months, FFY 2012-2014, CWS/CMS CSSR Data Q1 2015, Agency: All, Ages: 0-17

Figure 17: Permanency in 12 Months for Children In Foster Care for 24+ Months, FFY 2012-2014, CWS/CMS CSSR Data Q1 2015, Agency: All, Ages: 0-17

Entries into Care by Placement Type

After an increase in the rate of entries into care between FFY 2012 and FFY 2013, there was a decrease in entries in FFY 2014 (Figure 18a). The reason for this increase is unknown at this time and bears further analysis as future data is received. Most notably, of these entries, the number of children first placed with relatives continued to increase (13 percent in two years) from 7338 in FFY 2012 to 8,293 in FFY 2014. The number of children entering into shelters and group homes increased slightly from FFY 2013 to FFY 2014. As shown in Figure 18b below, there was a sharp
increase in entries from FFY 2013 and FFY 2014 into care in Supervised Independent Living Placements (SILPs), the housing option created for Non-minor Dependents (NMDs) participating in After 18.

Figure 18a: All Entries into Care by Placement Type, CWS/CMS CSSR Q4 2014 Data, Agency: All, Ages: 0-17, Excludes Pre-Adopt and Court Specified Home

![Bar chart showing entries into care by placement type for FFY 2012, 2013, and 2014.]

Figure 18b: All Entries into Care by Placement Type, CWS/CMS CSSR Q4 2014 Data, Agency: All, Ages: 18-20, Excludes Pre-Adopt and Court Specified Home

![Bar chart showing entries into care by placement type for FFY 2012, 2013, and 2014.]
Point in Time Caseload by Placement Type

California continues to increase the proportion of children placed with relatives, which is the preferred placement and is recognized as being the most beneficial to children and youth when they are removed from their homes. As shown in Figure 19a, between October 2012 and October 2014, the number of children placed with relatives increased 2.5 percentage points. In addition, there has been a slight decline in the number of children and youth placed into group homes, with 10.1 percent of children and youth in group homes in October 2012 to 9.1 percent in October 2014. This decline is likely a result of focused efforts to reduce the number of children and youth placed in group homes as well as limit the length of stay for children and youth in group home placements. Efforts such as CCR and policy changes that require a higher level review and approval for children placed into group homes and continuous evaluations of children and youth in group home placements are contributing factors in the overall reduction in the number of children and youth in group home placements.

Since implementation of After 18, a program where youth aged 18 or over may voluntarily remain in foster care up to age 21 (provided they meet one of five participatory criteria), there has been a 60 percent increase in the number of youth ages 18-20 in care, with 9.6 percent in care January 2013 and 13.9 percent in care January 2015 (data not illustrated here). The increase in the number of youth in care as a result of After 18 also reflected the increase in the number of youth in a SILP and in THP. As shown in Figure 19b, the number of NMDs in SILPs has increased from 16.8 percent in October 2012 to 40.1 percent in October 2014 and the number of youth in THP has increased from 2.2 percent in October 2012 to 12.6 percent in October 2014.

Figure 19a: Children in Foster Care by Placement Type, Point in Time Oct 1, 2012 to Oct 1, 2014
Agency Type All, Ages: 0-17, CWS/CMS CSSR Q4, 2014 (Other includes: Other, runaway, court specified, trial home visit, shelter and non-fc)

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<td>37.0%</td>
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<td>9.2%</td>
<td>9.4%</td>
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<td>25.3%</td>
<td>25.8%</td>
<td>26.2%</td>
</tr>
<tr>
<td>Group</td>
<td>10.1%</td>
<td>9.5%</td>
<td>9.1%</td>
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<tr>
<td>Guardian</td>
<td>11.8%</td>
<td>10.9%</td>
<td>10.1%</td>
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<tr>
<td>Other</td>
<td>6.6%</td>
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<td>5.3%</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>SILP</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
Figure 19b: Children in Foster Care by Placement Type, Point in Time Oct 1, 2012 to Oct 1, 2014, Agency Type: All, Ages 18-20, CWS/CMS CSSR Q4, 2014 (Other includes: Other, runaway, court specified, trial home visit, shelter and non-fc)

<table>
<thead>
<tr>
<th></th>
<th>Oct 1, 2014 n=9,102</th>
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<th>Oct 1, 2012 n=5,110</th>
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<tr>
<td>Pre-Adopt</td>
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<tr>
<td>Kin</td>
<td>16.2%</td>
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<td>7.4%</td>
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<td>Foster</td>
<td>4.7%</td>
<td>3.3%</td>
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<td>FFA</td>
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</tr>
<tr>
<td>Group</td>
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<td>8.4%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Guardian</td>
<td>10.5%</td>
<td>10.1%</td>
<td>9.7%</td>
</tr>
<tr>
<td>Other</td>
<td>23.9%</td>
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<td>Transitional Housing</td>
<td>2.2%</td>
<td>6.4%</td>
<td>12.6%</td>
</tr>
<tr>
<td>SILP</td>
<td>16.8%</td>
<td>33.5%</td>
<td>40.1%</td>
</tr>
</tbody>
</table>

Exits by Placement Type

For FFY 2014, the total number of children exiting foster care has decreased by 3 percent, with 26,905 exits for FFY 2014 compared to 27,676 exits for FFY 2012. As illustrated in Figure 20a, for children and youth ages 0-17, exits to reunification, adoption, and guardianship have remained fairly consistent over the last few years.

As seen in Figure 20b, for young adults 18 years of age and older, the majority exit foster care to emancipation, although there has been a decline in the proportion of youth emancipating. This decrease is likely a result of young adults opting to remain in care and receive services through After 18. There has been a slight decrease in the number of young adults exiting foster care to reunification, with 13 percent in FFY 2013 and 11 percent in FFY 2014.
Figure 20a: All Exits from Foster Care FFY 2012-2014
Agency Type All, Ages: 0-17, CWS/CMS CSSR Q4 2014 Data

Figure 20b: All Exits from Foster Care FFY 2012-2014
Agency Type All, Ages: 18-20, CWS/CMS CSSR Q4 2014 Data

Programs and Initiatives

Key efforts are underway which are aimed at changing the landscape of California’s foster care system to further improve permanency and well-being outcomes.

- **CCR**
- **After 18 (see Section 11 Another Planned Permanent Living Arrangement)**

**CCR**
The CCR is an initiative headed by CDSS designed to make sweeping changes to the entire continuum of foster care in California. These proposed changes are aimed at creating a system that better promotes permanency and improved well-being, which will impact various areas of the current foster care system, including: assessment, payment rates, supports and services, team decision making, performance measures and outcomes, as well as mental and behavioral health services.
By more accurately matching services and placement types to the needs of families and children/youth in foster care, permanency outcomes can be more quickly met. Each child and family at risk of out-of-home placement will be assessed with a standardized set of domains to identify the strengths and needs of children/youth/family to determine what mental and behavioral health treatments are most appropriate, what community-based services and supports would be most beneficial, and what living situation would best promote a permanency outcome and improved well-being. Resource families and group homes will also be assessed to determine which group home or family-based setting would most match the needs of the child/youth and family’s quest for permanency.

In the past, many group homes throughout California have played a role as long-term residential options for children/youth. The CCR intends to repurpose group homes to become short-term intensive interventions for children/youth that cannot function in a family-based setting. The treatment and support services shall be tailored to each child/youth while in residential care. After the child/youth is able to move into a family-based foster care option or return home to their original caregiver, such treatment and support services will continue to be delivered until no longer deemed necessary to stabilize the family.

Once a child/youth is placed in foster care, a multi-faceted team will meet and discuss to provide ongoing analysis of the status and progress of the child/youth. This team will potentially be composed of county case workers, mental health professionals, physicians, foster care provider staff, family members and even the child/youth when age appropriate. Through this teaming process, more effective treatment and placement decisions can be made, resulting in more progressive permanency results.

This new approach to residential foster care requires a different financial methodology. The current RCL system will be replaced with a rate system that allows for greater flexibility and at the same time maximizes federal financial participation. As a result, CCR will propose a statewide group home rate that will be accompanied by funding for support services, as well as mental and behavior health treatment. The rate structure for family-based placement options will remain mostly unchanged, with the exception of a proposed increase to relative placements.

It is the belief of CDSS, along with county partners, foster care providers, and advocacy groups that these proposed changes will positively impact the quality of care delivered across the foster care system, resulting in improved permanency and well-being outcomes statewide.

**Stakeholder Collaboration**

The initial meeting of the CCR workgroups included representatives from a variety of stakeholders including youth and parent partners, tribal representatives, service providers, state agencies, and legislative staff among others. At this meeting, stakeholders chose which of the workgroups they would be contributing to. The CCR Steering committee is also comprised of representatives of these same stakeholder groups. Meetings have been held regularly since September 2012. Although the workgroup objectives are coming to a close, the ongoing implementation of the program will continue to be guided by the Steering committee.
Measure of Progress
Since the measures of progress below were first introduced in the CFSP, CDSS focused on successfully finalizing the legislative report to the State Legislature in January 2015 that described the recommendations and implementation framework of the initiative. In addition, the CDSS is working collaboratively with providers and other stakeholders in regularly scheduled workgroups to determine rate structures for Group Homes and FFAs. Lastly, the policy framework for this significant change has been introduced (AB 403, Stone) and is proceeding through the legislative process.

In addition to the completion of rate structures for Group Homes and FFAs, CCR implementation will include the following in following years:

1. Establish ongoing implementation governance structure (linked to Katie A.) that includes:
   a. Executive committee (similar membership to CCR, possibly include CMHDA)
   b. Steering committee (similar to membership in CCR)
   c. Public Agency Leadership Team (State, Counties [CWS/Probation/MH]
   d. Implementation teams;

2. Determine provider licensing/approval process;
3. Revise licensing regulations consistent with new provider requirements;
4. Train providers/counties in approval process;
5. Train providers in use of performance data consistent with CQI; and
6. Recruit and retain foster parents.

What is the CDSS doing to support counties to prepare for the CCR roll-out?
Counties will be provided ongoing technical assistance as needed to support their efforts to sustain integration of the Pathways to Mental Health Services (formerly known as Katie A. Implementation) Core Practice Model, strategies, and successes into their policies, procedures, and practices. In addition, the CDSS will provide counties with training on the RFA Process as described below and connect them with information to support continued learning related to the Quality Parenting Initiative as described in other sections of the plan.

There are two projects that are incorporated into the CCR initiative:
   1) California Partners for Permanency, and
   2) Resource Family Approval.

*California Partners for Permanency (CAPP)*
The CAPP is one of six projects nationwide funded through the Presidential Permanency Innovations Initiative (PII), a five-year multi-site federal project designed to improve permanency outcomes among children in foster care who face the most serious barriers to permanency. The CAPP intervention, the Child and Family Practice Model (Practice Model) is a multi-faceted, multi-dimensional approach to child welfare practice based on a theoretical framework, values and principles, organizational and system standards and 23 practice behaviors. CAPP aims to simultaneously improve permanency outcomes for all children and reduce disparities in permanency outcomes among those who are in care the longest, especially African American and Native American children through improved culturally sensitive casework and other changes in
practice. Four counties are participating in this effort: Fresno, Humboldt, Los Angeles and Santa Clara. CAPP jurisdictions continue to embed and sustain the Practice Model and related system-level changes to address the following barriers to improved outcomes for children and their families:

- Child welfare system practice does not adequately understand, engage, or value the strengths and resources of African American and American Indian families, communities, and Tribes due to mutual mistrust (at both the individual and system levels) and lacks understanding of the differences in the lived experiences of each population; and

- Child welfare system practice has not consistently partnered with communities and Tribes to address the underlying grief, trauma, and loss that their children and families are more likely to experience in their lives and to identify, develop, fund and make available culturally-based and trauma-informed support services to meet their needs.

In implementing the Practice Model, CAPP sites apply the principles of implementation science at all levels of child welfare, from frontline social workers and supervisors to leadership and the larger organizational systems that protect children. Community and Tribal Partners have provided critical perspectives and contributions since the beginning of CAPP and continue to be involved in implementation and evaluation—specifically, training, coaching and fidelity assessment. Based on current implementation data, a conservative estimate of the proportion of California’s child welfare population affected by the CAPP Practice Model is 9 percent.

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

- Continued implementation of the Practice Model and CAPP Fidelity Assessment processes;
  - Most CAPP counties have fully rolled out the Practice Model or are currently in that process.

- Using data for decision-making and to guide improvements;
  - Each site continues to move forward with Fidelity Assessments, teaming meetings in which both county staff and trained community partners come together to observe, and independently assess how the system has supported the social worker to use the practice behaviors.

- Strengthening and expanding partnerships with communities and Tribes to support implementation and system change;
  - The CAPP partners continue to deepen their implementation support through training participation, practice and cultural coaching, and as Fidelity Assessment Team members. Partners have also become consistent participants in regularly occurring venues where shared vision is created and decisions are made regarding both the system and practice, such as in local leadership, policy, unit and section meetings.
• Formative evaluation learnings and implications for the next phase of CAPP evaluation.
  o Evaluation challenges have emerged, which stem from the complex nature of the Practice Model and its continuing development; hard-to-measure systemic factors such as availability of a local continuum of culturally sensitive services and supports to meet individualized family needs; errors, gaps and limitations in Child Welfare Services/Case Management System administrative data; and a low response rate to an effort to obtain anonymous feedback from parents and guardians via the Parent/Legal Guardian Survey. As a result, CAPP has improved its strategy and hopes to obtain anonymous feedback from parents and guardians prior to the end of the grant. This data will demonstrate whether practice behaviors are being implemented at the case worker level, and whether parents and guardians feel they have been engaged in a culturally effective, strengths based way that has lifted up the voices of family and community.

**CAPP continues to forge ahead by:** Integration of the Practice Model with strategic plans and the Statewide Practice Model

While CAPP sites are utilizing partnerships with Communities and Tribes and the principles of Implementation Science to develop their organizations and make needed changes in their practice and systems, it is becoming increasingly clear that alignment of systems and processes at state and federal levels is another important factor in implementation and sustainability. In this vein, some significant work has been occurring between CDSS CSOAB staff and Fresno County staff to utilize the Fresno Strategic Plan and ongoing Fresno CAPP activities, such as Fidelity Assessment processes and data, in the new cycle of Fresno Self-Assessment, Peer Review and System Improvement Plan Development. As CDSS works with Fresno County to adapt System Improvement processes to build on local strengths and strategic system improvement work in Fresno, CDSS is also working with Federal Region Partners to help them understand why and how some flexibility and adaptation of existing state processes can serve as an “improvement cycle” in the interests of achieving collective goals of improved outcomes for the children and families being served in Fresno. The need for flexibility and partnership as well as the purposeful use of improvement cycles and communication and feedback loops across local, state and federal levels cannot be overstated.

**Humboldt County** leadership continues to work on strategic planning to support and sustain CAPP implementation, integrate other local priorities and practices with the Practice Model and manage many adaptive issues and needs.

In **LA County**, the **Pomona** office has fully rolled out the Practice Model and **Wateridge** has yet to reach full implementation. Both offices and department leadership are working together to develop adaptive solutions and supports that can move the Wateridge office and its implementation of the Practice Model forward in the most strategic way.

In **Santa Clara County**, the Leadership team and the Implementation Team continues intensive work to build local implementation infrastructure and support for the Practice Model in critical areas such as communication, leadership and teaming structures within the organization. The
Statewide CAPP Team and Leadership together with Technical Assistance (TA) providers will be collaborating on strategic alignment in this last year of the grant.

At the State level, CAPP Statewide and County site leads continue to be involved in developing the California Child Welfare Core Practice Model. The Practice Model integrates existing initiatives and practices, such as CAPP, Katie A. and Safety Organized Practice. There have been local and regional focus groups during the reporting period that have:

A. Provided an orientation to the theoretical foundation, values, principles and draft practice behaviors in the model;
B. Identified aspects of the practice model that need modification; and
C. Helped build consensus at local, regional and state levels for moving forward.

The diverse input received from California counties and their local, regional and state partners is being incorporated by the Design Team to ensure that critical components are not omitted from California’s Core Practice Model. In addition, CAPP staff is involved in sub-committee work to draft organizational and system standards for the practice model support to support continuing alignment and contribute CAPP processes, tools and lessons learned that may be of assistance.

Continued Training and Coaching
Fresno has an active team of coaches and trainers with expertise in Safety Organized Practice, Cultural Humility/Racial Sobriety and the Child and Family Practice Model. In addition, they have developed a coaching framework and established communication and feedback loops between leadership and practitioners as well as between leadership and coaches. As a result of feedback received, there has been targeted focus in recent months on visitation, coaching and strengthening practice in the areas of culture and trauma. The team is providing training, helping to develop the coaching capacity of Fresno supervisors and managers and participates in fidelity assessment and other system alignment and support activities. A visitation model has been developed and a small group of staff are testing the model and related tools and guide. Initial feedback is positive and plans to expand use of the visitation model are being developed.

Coaching is a system-wide priority in the Los Angeles Department of Children and Family Services. It is critical not only to sustain the Practice Model in Pomona and Wateridge, but also for scaling the Practice Model across all LA offices. The department has strengthened coaching capacity across LA offices by moving staff who were formerly Team Decision Meeting (TDM) facilitators into Coach Facilitator positions, where they coach supervisors and staff in using the 23 Practice Behaviors and supporting Child and Family Teams. Parents-in-Partnership and Cultural Broker programs are adding additional community-based perspectives and supports in many LA offices to strengthen engagement, self-advocacy and culturally responsive practice.

Partnerships between the Social Service Agency, Tribal communities and the Northern Regional Training Academy are key to local CAPP sustainability, bringing important expertise and perspective to training and coaching in Humboldt County. External coaches are building the capacity of supervisors and managers to assist staff to use the Practice Model in culturally sensitive ways.
Coaching is an important piece of Practice Model sustainability in Santa Clara. A commitment to coaching at all levels of the organization is reflected in their Coaching Service Deliver Plan, and external coaches are working intensively to build the capacity of supervisors and managers to sustain coaching within the organization at the end of the grant period.

Data
CAPP sites have been developing and testing data review and feedback processes that include leadership, implementation team members and community partners. Once sufficient fidelity data is available, such as in Santa Clara, LA Pomona and Fresno, fidelity data has been combined with other Decision Support Data System (DSDS) implementation data and SACWIS outcome data in tables, graphs and charts. These have been used in TA and local meetings to look at trends and consider implications for improving training, coaching and other organization and system supports. These data sessions have provided opportunities to validate and support the hard work of supervisors and staff and gathered important insights from both agency and community partner perspectives regarding what is working, what needs to be improved, and potential next steps.

Sustainability
As CAPP enters the last year of the grant, agency leaders and community partners are exploring how and in what ways ongoing involvement, inclusion and engagement of community and Tribal partners will be sustained in the future. The CAPP sites have consistently built community partnerships into their system improvement and strategic plans; are implementing new programs such as Cultural Brokers and county-wide community advisory committees, and are expanding Parent Partner programs and other efforts that deepen the engagement of local communities. State partners continue to participate in statewide forums such as the CDSS ICWA Workgroup and other SIT meetings. Trainings around implicit bias and cultural humility are becoming more accessible. Staff have led Listening Sessions with under-represented communities and are seeking ways to take action on community needs, and system staff and partners are exploring ways to eliminate contributors to racial disparity in establishing and implementing policies throughout the state.

Resource Family Approval (RFA) Project
The RFA Program, initially authorized through AB 340 (Chapter 464, Statutes of 2007) as a Resource Family Pilot Project, was reauthorized through SB 1013 (Chapter 35, Statutes of 2012) as a RFA Program, and required CDSS, in consultation with county child welfare agencies, foster parent associations, and other stakeholders to implement a unified, family friendly, and child-centered resource family approval process. The new approval process will replace existing processes for licensing foster family homes, approving relatives and NREFM as foster care providers or legal guardians, and approving adoptive families into a single approval standard. A family approved through this process has the ability to care for a child temporarily or permanently, eliminating the requirement for any other approval, license or certification.

The program has been implemented in five counties selected by CDSS during this early implementation phase. The five counties and dates of implementation are as follows: San Luis Obispo (November 1, 2013), Kings (January 15, 2014), Santa Barbara (March 1, 2014), Santa Clara
(July 31, 2014) and San Francisco (August 1, 2014). Per SB 1013, statewide implementation of the RFA program is to commence after the end of the third full fiscal year of early implementation, which is July 2017. However, AB 403 has proposed legislation to align statewide implementation of RFA with CCR as of January 1, 2017.

SB 1460 (Chapter 772, Statues of 2014) enacted key amendments to RFA including allowing additional counties to participate in the early implementation phase. Letters of intent will be accepted in late Spring 2015 from counties interest in joining a second cohort of early implementation counties. Additionally, SB 1460 requires FFAs to use RFA standards effective July 1, 2017, although more recent proposed legislation (AB 403) will amend the implementation of RFA with FFAs to January 2017.

**Data Updates**

Early implementing counties were provided instructions in June 2015 to enter data into CWS/CMS regarding the application status of potential Resource Families. Prior to this, counties were tracking the status of applications outside of the system until families were fully approved unless it was an emergency placement. As counties only recently began entering all application data into CWS/CMS, the numbers below may not be an accurate total as not all of the early implementing counties have entered their back data. It is expected that counties will have all data current by the end of the calendar year 2015. One of the challenging data collection issues has been identifying which resource family homes are relatives. The new data entry instructions address this issue although these families can only be identified once a child is placed in the home.

Since RFA implementation there have been 731 applications submitted. As of August 2015, there are approximately 228 approved Resource Families, 70 relatives with emergency placements pending approval and an additional 139 applications that are in the process of approval. The remaining applicants either: withdrew, were denied, or requested to suspend their approval. When a child comes into care the counties will identify multiple family members as potential caregivers for the same child. Once the most appropriate relative has been identified and assessed other family members may choose to withdraw their application.

As RFA is a new process, as such more data will need to be gathered over an extended period of time to gain an accurate picture of the outcomes such as timeliness to permanency, placement stability, successes, and challenges with the new process. Some of the feedback to date includes:

- Prospective resource families have reported feeling more supported and informed
- Social Workers have a much better understanding of the families they are working with and in identifying strengths or areas a family may need more support
- Families appreciate the streamlined approach
Stakeholder Collaboration
The CDSS is working in consultation with county child welfare agencies, including juvenile probation, the CWDA, foster parent associations, providers, tribal communities and other stakeholders to implement the statewide RFA Program.

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

The Implementation Workgroup, which includes CDSS and county planning teams, continues to meet for interactive webinars hosted by CDSS. Initial meetings were held to collaborate on the development of policies, procedures, and guidelines for implementation of the program. These meetings are currently held on a monthly basis to provide an opportunity for counties to learn from each other, to identify challenges, organizational and system barriers, and potential needed revisions of the Written Directives for the program going forward.

The Implementation Workgroup is also working together to determine the methods of data collection and the data elements that will be reported quarterly to CDSS. This will also include a client satisfaction survey of families participating in the process. A workgroup focused on implementing this process in FFA will begin this summer.

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

FFA meetings took place with CDSS RFA staff and other stakeholders beginning in August 2014 in order to collaborate on the inclusion and transition of FFAs into the RFA process.

Over the course of the next year, CDSS will continue to collaborate with county partners and stakeholders on the refinement of the RFA program. Two key areas will be data collection/reporting and oversight. Collecting and analyzing quarterly reports from counties will inform both ongoing adjustments to the program and the evaluation process. In the near future attention will be directed to identifying specific data and collection processes for evaluation purposes as well as establishing procedures for oversight at state and county levels. Additionally, finalizing Written Directives (v-2) and review/approval of county implementation plans are slated for completion. Project activities will be reported to the legislature.

Outcomes and Systemic Factors Impacted
The RFA Program will primarily affect the Foster and Adoptive Parent Licensing, Recruitment and Retention systemic factor and Permanency Outcome 1 ensuring that children have permanency and stability in their living situations. The RFA Program is governed by the Written Directives, which have been created with the early implementation county teams and other stakeholders. The Written Directives incorporate requirements from current licensing regulations of foster care
homes, approval requirements for relative and NREFM homes, as well as current regulations for approving adoptive families. The Written Directives have the full force and effect as state regulations and are inclusive of federal requirements for criminal background clearances, and the requirements set forth in the Multi Ethnic Placement Act.

The RFA Program will also impact Permanency Outcome 2 ensuring the continuity of familial relationships by ensuring that placements with relatives and NERFMs remain a priority. Some of the RFA activities that support these outcomes include requiring training for resource families that will better prepare them for parenting children in foster care by increasing their parenting knowledge and skills and create a better chance for improved placement stability. In addition, once a resource family is approved for RFA, they are approved not just to provide foster care but also for guardianship and adoption so that if the family and child wishes to consider one of these legal permanency options they can do so quickly, reducing the time it would take to be approved under separate processes and reducing the chance that the caregiver will be denied for guardianship or adoption approval through the separate processes. In addition, the completion of a psychosocial/permanency assessment could improve child-family matches increasing the likelihood that the resource family will have the capacity to meet the needs of the individual child. Because the RFA Program is inclusive of relatives and NERFMs, all of these activities support the continuation of familial relationships.

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

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

Challenges to the implementation of the RFA Program include:

- County fiscal constraints due to RFA funding being realigned to all California counties, rather than specifically to the early implementation counties;
- Integrating three separate processes that have conflicting requirements and regulations;
- Maintaining consistency with similar key initiatives such as QPI and the CCR; and
- Educating and promoting the goals and objectives of the program and cultivating the acceptance of various stakeholders on the intended benefits and positive outcomes of the program.
RFA initiative objectives and goals for FFY 2015-2019 include:

- Successful implementation of RFA in early implementation counties through updating Written Directives as necessary, requiring and reviewing early implementation county plans and providing ongoing technical assistance and training of county staff;
- Identification of barriers to RFA implementation in early implementation counties to address and resolve them before statewide implementation by problem solving and researching alternatives;
- Ensure quality of resource families approved through the RFA Program providing care to foster care children by gathering data on the number of, complaints, and nature of incidents reported on RFA families;
- Track Permanency Outcomes such as timeliness to permanency and placement stability by using the CWS/CMS application data;
- Gather data through satisfaction surveys from RFA resource families about whether the RFA approval process is family friendly;
- Engaging and collaborating with external stakeholders such as FFAs, tribes, foster care youth, ICPC, foster parent associations, probation, and counties through meetings and outreach communication materials; and
- Successful implementation of the RFA program statewide by developing a plan to roll out the program to all counties.
- On site case review of early implementing counties plus gathering qualitative data through focus groups with county staff.

The following activities are ongoing since the inception of RFA and will continue until RFA is implemented statewide:

- On-site technical assistance visits with early implementation counties to train and educate county staff on RFA
- Monthly interactive webinars with early implementation counties to discuss implementation barriers and successes, provide collaborative technical assistance, discuss policy issues and propose solutions to incorporate into future versions of the Written Directives, and data collection challenges
- Monthly meetings with foster family agencies to discuss barriers and needed resolutions for implementation of RFA
- Regular meetings with counties to discuss data collection issues
- Include RFA in the Continuum of Care Reform efforts and activities to ensure consistent policies are developed
- Development of Terms and Conditions/Memorandum of Understanding (MOU), which are being executed with early implementing counties

During FFY 2015, CDSS continues to collaborate with county partners and stakeholders on the refinement of the RFA program. Some of the goals accomplished are:

- Requests were sent to counties asking them their intent to declare their participation in the second cohort of counties to implement RFA during the early implementation phase. The second cohort of counties are to be determined by July 2015
- A convening of interested early implementation second cohort counties was held in May 2015
• Version 2.0 of the Written Directives are being written and reviewed to clarify, revise or create new policies to address barriers and challenges learned during the first year of early implementation

• Finalized data instructions to gather and analyze data about resource families applicants to assess permanency outcome measures and well-being outcomes for children placed with resource families

• Created and finalized family satisfaction surveys of resource family applicants which is currently being piloted in one county

• Annual on-site reviews of early implementation counties for evaluation of implementation of the RFA program including case file reviews and focus groups with county staff

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

Over the course of the next year, CDSS will:

• Collect and analyze information regarding resource family satisfaction through online surveys sent to resource family applicants

• Analyze data from county staff focus groups and from applicants who withdrew from the process to identify any barriers in becoming a resource family

• Analyze data from on-site county reviews to identify policy gaps, implementation challenges and potential promising practices for implementation

• Continue outreach and education to counties and stakeholders to prepare them for statewide implementation

• Gather and analyze data to look at trends in permanency outcome measures and well-being outcomes for children placed with resource families

• Onboard the second cohort of early implementation counties

Services for Young Children Zero- to Five-Years Old

The following updates are provided, to address the services provided to all young children as required by Public Law (PL) 112-34, the Child and Family Services Improvement and Innovation Act and other recent legislation.

Figure 21 illustrates the number of children zero to five years old who are in care at a point in time (January 1) and the number of children who entered and exited between CY 2012-14.
Demographics and Characteristics of Young Children
In California, young children under six years old represent the majority of entries into care (52.4 percent in CY 2014), however they almost represent the majority of exits as well (48.6 percent in CY 2014).
Figure 22: Proportion of children 0-5 years old compared to total CW population who enter, exit, or remain in care 2012-2014, Ages 0-17, CWs/CMS Q4 2014

![Bar Chart]

Figure 23 illustrates children zero to five who remained in care on July 1, 2013 by race, age, and placement type.

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

**Figure 23: In Care on July 1, 2014 Prevalence Rate per 1,000 by Age (0-5) and Race (CSSR); Agency: CW**

![Bar Chart]
Table 3: Number of Young Children in Care on Jan 1, 2015 by Race, CWS/CMS CSSR Q4 2014 Data

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<td>34</td>
<td>8,336</td>
</tr>
<tr>
<td>3-5 yrs.</td>
<td>1,904</td>
<td>2,161</td>
<td>5,185</td>
<td>160</td>
<td>137</td>
<td>28</td>
<td>9,575</td>
</tr>
<tr>
<td>Total</td>
<td>4,258</td>
<td>5,276</td>
<td>11,452</td>
<td>400</td>
<td>298</td>
<td>118</td>
<td>21,802</td>
</tr>
</tbody>
</table>

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 24: In Care on Jan 1, 2015 by Placement Type Agency: CW, Ages: 0-5, CWS/CMS Data CSSR 2014Q4

Policies and Programs That Support 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 disproportionally 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. As previously reported, policies and programs such as accelerated timeframe and reunification, the use of developmentally appropriate assessment tools, integrated multi-agency services, early interventions services, home visiting, and special court teams continue to be implemented.

- Integrated multi-agency services are evident in county programs that are designed 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 continues to demonstrate the value of a collaborative multi-agency approach. Services include front-end assessment services, specialized treatment services for parents who have been
involved with the abuse of methamphetamine or other drugs; developmental screening and intervention services for young children; and providing young child mental health expertise on the court team, Fresno Child Focus programs provides very valuable lessons learned in building a collaborative system. Additionally, Contra Costa provides a wraparound program providing comprehensive and coordinated approach for young children in the child welfare system.

- Yolo County leverages First 5 funding to provide services to foster parents who care for young children.

- Local agreements and contracts as well as statewide collaboratives continue to ensure that this vulnerable age group receives priority consideration for receiving services. Examples previously provided in the last reporting continue to provide services to young children and their families such as First Steps in Merced County, The Birth and Beyond supports in Sacramento, and any First 5 Commission funded activities.

- **Family/child visitations are critical for stabilizing an infant.** 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 evidenced based approach *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.

- Wraparound for children ages 0-5: Wraparound has long been a practice in California to keep families together or facilitate timely reunification for children in foster care. To further this effort, members of the CWAC formed a stakeholder collaborative workgroup during the April 17, 2015 meeting to focus on provision of Wraparound services to the 0-5 population. Workgroup members included county representatives, service providers, and CDSS; additional parties including First 5 California, DDS, and the CDE will be engaged to participate in the workgroup going forward. The goal of the workgroup is to improve visibility of the need of children ages 0-5 receiving child welfare services for Wraparound (in particular, to support healing of disrupted attachments with birth parents/caregivers and trauma as well as reunification efforts) and development of a standard model program for this age group. The workgroup defined first steps to achieve these goals, including research into the effectiveness of current programs that are serving youth in the 0-5 age group, such as Contra Costa and Solano county, and gathering data regarding the 0-5 CWS population. The workgroup will reconvene in May of 2015 to review the results of their independent research tasks.

- **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 the 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. Local management of kinship support services are now controlled by the counties and accountable to local boards. The last report cited 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 Developmental Needs**

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

State-level initiatives such as the California First 5 Commission and the Early Start program, and the Zero to Three Institute, and the Infant Development Association have heightened their interest in young foster children, and most recently in the CWC subcommittee’s work plan, which highlights California’s commitment and recognition that early childhood and care are a critical stage in development and deserves added attention.

- As previously reported, pursuant to 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 local Regional Centers. However the Interagency Agreement (IA) has not been executed. Plans will continue to finalize the IA for this year and to examine outcomes based on the Office of Special Education requirements for DDS and regional centers.

- Counties continue to screen for *developmental and mental health issues when children first enter care and perform assessments for child strengths and needs continually thereafter*. Additional instructions for capturing this information in the CWS/CMS was recently provided to the counties earlier this year. Many counties continue to utilize the support of Public Health Nurses, employing the use of the most popular developmental screening tool called the Ages and Stages Questionnaire. It is being used to engage parents in understanding what their children need through a conversation via the tool.

- Counties continue to utilize a variety of *team meetings* to help ensure that all critical information regarding the young child is assessed and conveyed to the caregiver.

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

- **Dependency Drug Courts** are still in existence as an option that includes intensive drug and alcohol services that support expedited reunification timelines in 30 California counties.
- Santa Clara’s, Family Wellness Court 12 continues as an establish program that provides a comprehensive focus including interventions for young children with developmental delays. Local Head Start programs have been given a State bulletin to prioritize foster children in their programs to improve educational services to young children.

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

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

- All social workers with a Bachelors of Social Work (BSW) or Masters of Social Work (MSW) receive courses on child development as a part of the completion of their degree. Once employed by a county welfare agency, a newly hired social worker must receive standardized training on child development in a child welfare context through the Common Core Curricula within 12 months of hire. The focus of this training is to ensure that social workers obtain specific learning objectives that include13:
  - Knowledge of developmental theories and their application to child welfare
  - The ability to explain and provide examples of the processes and milestones of normal development of infants, toddlers, preschoolers, school-age children, and adolescents across the physical, cognitive, social, emotional, and sexual domains, as well as the ability to identify delays in milestones and processes.
  - The ability to explain and provide examples of the effects of cultural variations on the manifestation and timing of developmental skills and stages, and the parent child interactions on early brain development.
  - Trainees are also expected to explain how physical and emotional trauma and neglect affect brain function and development, and to recognize the symptoms of PTSD in children and adolescents, and be able to articulate when a mental health referral is useful or necessary.

- Other objectives include the ability for the trainee to identify delays and consequences of substance use, symptoms associated with failure to thrive, characteristics of Attention Deficit Hyperactivity Disorder and autism, and the ability to articulate when and why medical assessments, interventions, and treatments are necessary. It is imperative that

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12 http://www.sccgov.org/ssa/op/09_courtrelated/9-3.3html#fwc_team
13 http://calswec.berkeley.edu/CALSWEC/CCCCA_CD_v1_0.html
social workers are able to identify any of the above symptoms in order to provide the most effective services to assist in either the amelioration of the symptoms or increasing the developmental supports for children to increase overall well-being. The state has partnered with the California Statewide Screening Collaborative and the California First 5 Association to address prioritization of foster children. However with a shift in the funding and leadership, the prioritizations of foster children were delayed and will be addressed during SFY 2013-14. The UC Davis Resource Center for Family Focused Practice (RCFFP) is a statewide training entity responsible for promoting family focused practice.

- As mentioned above Early Start is California’s response to young children with or at risk of a developmental disability. The RCFFP is a statewide training entity responsible for promoting family focused practice which 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, FRCs, and other professionals who may assist children and their families to achieve well-being. The RCFFP continues to further identify successful coordinated models of service delivery in identifying and providing early intervention for young children; training in specific validated developmental screening tools such as Ages and Stages Questionnaire, Parents’ Evaluation of Developmental Status (PEDS), and expanding promoting the use of trauma informed screening tools.

- Through the state contract with CalSWEC, a new training tool has been developed using Just In Time training videos to support resource families and birth families with continuing to learn positive parenting techniques as well as the developmental needs of young children. This is also in partnership through our QPI project. These training videos are housed on-line for public access at any time of the day.

- As part of the collaborative work with the CWC and First 5, a toolkit of resources were added to their large scale campaign of “Talk, Read, Sing”, which targets resource and birth families. The information provides families with additional information on how trauma impacts the brain development of young children, and how families can help mitigate these impacts.

- The State Interagency Coordinating Council (ICC) on Early Intervention promotes and enhances coordinated family service systems for children, birth to three years, who are developmentally delayed or have a disability. The CDSS continues to participate in the ICC’s strategic planning and participates in quarterly meetings providing insight regarding state-wide initiatives for children and families. The ICC is currently developing a strategy to use social media in communicating core values to the community as well as expanding its collaboration efforts with other agencies and members of the public.

- The STEC is currently undergoing a review and revision of the 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 programs, child development, understanding the needs of emerging adults, and how to better engage families.

  o San Diego County continues to work closely with their First 5 Commission, Regional Center, Education and Behavioral Health and provides the training, cross-
collaborative supports to parents reported in the last report. 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’s Child Focus Team, multi-disciplinary team continues to operate at full capacity addressing the needs of 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 continues to be offered and provided for foster parents, substitute care providers, and parents. 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) fragile children and their families. There are varied services and resources that continue to be available in each county.

**Summary**

Over the past five years, the focus on young children has been elevated commencing with the reauthorization of CAPTA and PL 112-34. California’s policies and procedures have been foundational in getting children reunified or adopted with the exception of this last year.

However, the Department has momentum and can leverage partnerships that will support the needs of young children in care. With the authorization of key legislation (i.e. PL 110-351, PL 112-34, and other federal legislation) the needs of young children is swiftly being elevated as a shared responsibility between but not limited to Early Childhood Education, Regional Centers, 211 Centers, the Zero to Three Policy Institute, Infant Mental Health, Public Health and Early Head Start. Areas of focus that will support the needs of young children in care will be addressed by the following:

- In consultation with the counties, a more thorough analysis is needed to understand the data regarding the emerging delay in exits to permanency for young children.
- Expand training to social workers, parents, community based organization, all resource families; exposing them to relational based practice, trauma informed knowledge and conveying its correlation to healthy attachments and life span development.
- Maximize fiscal leveraging and programming by partnering with the State and local First Five Commissions to prioritize the needs of foster children within their strategic efforts and programming.
- Disseminate information, raise awareness and facilitate the rollout of the CWC’s recommendations to educate the Courts and other partners about the importance of meeting the needs of young children in the child welfare system.
**Reunification**

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

After the child welfare agency has made reasonable efforts to prevent children’s removal from their home, the first choice for permanence is to achieve reunification quickly and as safely as possible in order to minimize disruption to the family. Child welfare agencies implement multifaceted strategies that build on strengths and address concerns. Returning children home often requires intensive, family-centered services to support a safe and stable family. As will be described in succeeding sections, reunification is the most common permanency plan and most common exit from foster care; in FFY 2014, 62 percent of children exited into reunification.

However, reunification cannot be considered a successful outcome on its own. Successful permanency 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**

As shown in figure 25, exits to reunifications have remained static at 62 percent of all exits from foster care during FFY 2012-2014. Youth aged 11-15 were more likely to reunify upon exiting foster care (68 percent in FFY 2014), whereas youth aged 16-17 were less likely (57 percent). There were 27 counties whose exits to reunification exceeded the statewide average. Though most of these counties were rural counties, with smaller child welfare populations, there were a few large counties who ranked above the state average as well, including Sacramento (68 percent), Los Angeles (66 percent), and San Diego (66 percent).

**Figure 25: All Exits from Foster Care FFY 2012-2014**

*Agency Type All, Ages: 0-17, CWS/CMS CSSR Q4 2014 Data*
Factors Affecting Progress
California law requires that reasonable efforts to return the child to his or family occur at six months for children three years and under, otherwise 12 months is the model, except in specified exceptional circumstances. Further, FR services may be extended to 18 months if, at the 12 month permanency hearing, the court finds that there is substantial probability of reunification if services are extended an additional six months. In addition, recent state legislation allows an additional six months of FR services to be extended up to a total of 24 months by court order in the event that a parent who has been incarcerated, enrolled in an in-patient substance abuse program, or other institution, can prove in court that their circumstance prevents them from accessing or being provided adequate FR services. Such parent must show that they will be able to provide the child with a safe and stable living environment if returned to their care and custody by the end of the additional six month provision of services. Note these timeframes do not preclude the social worker from recommending return home at any time during the reunification process. There have been efforts, through the work of the Priority Access to Social Services (PASS) from the CWC, which is actively seeking to eliminate barriers for reunification to those parents who are incarcerated or recently released from state prison/county jail.

In practice, successful and timely reunification requires appropriately and accurately identifying parental needs and effective delivery of services and interventions to improve outcomes for children. For 55 counties using SDM, social workers use the Family Strength and Needs Assessment tool (discussed further in the Well Being section) to guide them in identifying areas that present the greatest barriers to reunification and highlight areas where additional or more intensive service interventions may be required to improve case outcomes. Social workers exercise clinical judgment in collaboration with the family and age appropriate youth in identifying the issues that must be addressed in order for reunification to occur. These issues are generally focused around addressing the safety and risk concerns that prompted the initial removal. Many counties incorporate various strategies (TDMs, FGDMs, Permanency Teaming, Icebreakers, Cultural Brokers, parent mentors, etc.) to more effectively engage families and to identify extended family and community supports. Discussed further in the succeeding section, concurrent planning is established early in the process. Social workers have frequent contact with families, foster parents, and service providers to evaluate progress towards meeting reunification goals, and the court also reviews progress every six months and may order reunification with parents when safety concerns have been adequately addressed.

Summary
There are several services and interventions through Promoting Safe and Stable Families that are being utilized by counties in California to help aide in the timeliness of reunification and permanency of reunification. More quantitative and qualitative outcome data is still needed in this area. However, the OCAP learned this year that 74 percent of the counties report the major driver of children into the child welfare system is substance abuse. We know that transportation issues are often a barrier for families to receive the services needed, and we know that mental health services are critical as many families have had a dual diagnosis of substance abuse and mental health issues. The top three services being funded by counties with TLFR funds are: mental health, transportation, and substance abuse treatment services, reflecting an appropriate use of funding. Counties may in fact spend more on substance abuse treatment but resources are limited, especially in small counties.
**Adoption**

*Ensure that the state is reducing time in foster care to adoption*

**Indicators of Progress**

As shown in figures 26-28, exits to adoptions have remained steady at 21-22 percent of all exits from foster care during FFY 2012-2014.

**Figure 26:** Represents children exiting care to adoption at less than 12 months from entry.

<table>
<thead>
<tr>
<th>Interval</th>
<th>OCT2011-SEP2012 %</th>
<th>OCT2012-SEP2013 %</th>
<th>OCT2013-SEP2014 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exited to adoption</td>
<td>4.6</td>
<td>4.6</td>
<td>4.4</td>
</tr>
</tbody>
</table>

**Figure 27:** Represents children who exited to adoption between 12-23 months after entering care.

<table>
<thead>
<tr>
<th>Interval</th>
<th>OCT2011-SEP2012 %</th>
<th>OCT2012-SEP2013 %</th>
<th>OCT2013-SEP2014 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exited to adoption</td>
<td>19.4</td>
<td>18.5</td>
<td>19.2</td>
</tr>
</tbody>
</table>

**Figure 28:** Represents children who exited to adoption after 24 months of entering care.

<table>
<thead>
<tr>
<th>Interval</th>
<th>OCT2011-SEP2012 %</th>
<th>OCT2012-SEP2013 %</th>
<th>OCT2013-SEP2014 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exited to adoption</td>
<td>17.3</td>
<td>17.2</td>
<td>17.5</td>
</tr>
</tbody>
</table>

**Factors Supporting Permanency Outcomes**

California statutes mandate a permanency hearing be held within 12 months after the child entered foster care, or immediately if reunification services are not ordered. Subsequent permanency hearings are also held every 12 months, with an administrative hearing at the six month interval. Adoption must be considered at each review hearing following the termination of reunification services. At which point, Termination of Parental Rights (TPR) is initiated unless evidence suggests 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. Additionally, concurrent planning has been identified by several counties as a key tool for successful outcome measures to timeliness to adoptions. By assigning permanency staff as
secondary case workers at the outset of a child’s case, significant progress towards achieving permanency is already well underway when reunification is unsuccessful. Other factors include:

- AAP
- Private Adoptions Agency Reinvestment Program
- Adoption Incentive Funds
- Tribal Customary Adoptions (TCA)
- Inter-Country Adoptions

These factors, as discussed in more detail below, continue to assist the state with improving our permanency outcomes. Counties have used these funding sources and practices to recruit more diverse families, decrease financial concerns of adoptive families, allow more children to achieve permanency, and to move families through the adoption process expeditiously. They are available statewide, though more specific use may vary from county to county.

**Figure 29: All Exits from Foster Care FFY 2012-2014**

*Agency Type All, Ages 0-17, CWS/CMS CSSR Q4 2014 Data*

<table>
<thead>
<tr>
<th>Year</th>
<th>Reunified</th>
<th>Adopted</th>
<th>Kin-GAP</th>
<th>Other Guardianship</th>
<th>Emancipated</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFY 2014 n=26,905</td>
<td>62</td>
<td>22</td>
<td>5</td>
<td>6</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>FFY 2013 n=26,391</td>
<td>62</td>
<td>21</td>
<td>5</td>
<td>6</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>FFY 2012 n=27,676</td>
<td>62</td>
<td>22</td>
<td>4</td>
<td>6</td>
<td>1</td>
<td>6</td>
</tr>
</tbody>
</table>

- **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\footnote{http://aspe.hhs.gov/hsp/05/adoption-subsidies/} 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. A provision of the After 18 Program allows for NMD to be adopted through the juvenile court.
while retaining the extension of benefits. AAP benefits will be available to a NMD and their adoptive parent(s) who complete an adoption through the juvenile court provided all other AAP eligibility criteria is met. The three years of extended support through AAP assistance will provide adoptive parents additional aid in caring for their non-minor children as they prepare to become independent adults.

The implementation of the extended AAP program for youth who entered into an AAP agreement at 16 years or older has been through the release of an ACL and revisions to the AAP statutes, regulations and the AAP agreement. ACL 11-86 dated March 1, 2012, provides instructions regarding the extension of Kin-GAP program benefits and AAP to age 21, effective January 1, 2012. This ACL also provides instructions related to the notification of the provision of extended AAP benefits to adoptive parents. W&IC section 16120(d)(3), the AAP regulations Section 35333(g)(A)1.a., and the AAP agreement (AD 4320) item #15 reflects the provision for the extension of AAP benefits for the child/youth whose initial AAP agreement was signed on or after their 16th birthday. SB 1013 (Chapter 35, Statutes of 2012) deleted the age phase as stated in ACL 11-86. This population of AAP eligible children/youth is 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 (AB 12). ACL 13-100 provides instructions regarding the policies and procedures for the adoption of NMDs that remain in Extended Foster Care and are under the jurisdiction of the juvenile court. This ACL was disbursed to the county child welfare departments, county probation departments, licensed private adoption agencies, and the CDSS Adoption Regional and Field (R/F) Offices. 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 R/F) 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. ACL 13-100 provides instruction regarding the AAP policy and procedures specific to NMD adoptees. In addition, the Eligibility Certification AAP form (AAP 4) was revised to reflect the eligibility criteria specific to NMD adoptees. The Adoptions Services Bureau (ASB) staff attend and/or participate quarterly in the following meetings: Public Agency Adoptions Supervisors, Southern County Adoption Managers, CWDA-Adoption Subcommittee and CDSS District Offices Managers.

Another stakeholder collaborative group with a focus on AAP is the CWAC. This committee has agreed to look at the following issues:

- Providing Wraparound services to families receiving AAP: A workgroup was convened during the April 17, 2015 meeting of the CWAC to examine the current and prospective use of the Wraparound model to support AAP children and
families. Workgroup members included county representatives, service providers, and CDSS. The group identified goals including best practice recommendations that address particular issues that arise in the provision of Wraparound services to AAP families (e.g. family requests Wraparound from a provider that does not have a county contract, supporting finalized adoptions with Wraparound), educating county staff, Wraparound providers, and AAP families about mandated AAP financial responsibilities, understanding AAP regulations/funding/expectations, and gathering AAP Wraparound successes to be shared/replicated statewide.

In addition to the best practice recommendations, the workgroup hopes to produce a set of FAQs to educate Wraparound providers on adapting services to AAP program requirements and unique needs of adoptive families and children, document samples (i.e. authorization to use AAP funds for Wraparound, information for AAP families on what to expect when participating in Wraparound), possible outcome measures to identify successes, and developing an AAP Wraparound workshop for the 2016 Partnerships for Well Being Institute, a biannual conference that highlights family-focused practice models such as Wraparound and Pathways to Mental Health Services (Katie A.).

The workgroup identified its next steps including an assessment of counties/providers to determine strengths/successes and challenges in current provision of Wraparound to AAP families, inclusion of this topic during the CWDA conference call in June 2015, and reconvening the workgroup in mid-late June 2015 to discuss results of these tasks and address the next set of steps toward completing the group’s stated goals.

In FY 2013-14, there were a total of 6,140 adoption finalizations and a total of 5,563 of all finalized adoptions received AAP.

**Plans for Documenting AAP savings and expenses** - As a result of PL 112-34, CDSS in conjunction with the CWDA has developed an estimate methodology to identify the savings for each county and a reporting system for the counties to document how the savings was spent on child welfare related services specific to the Titles IV-B and IV-E state plans. County Fiscal Letter (CFL) NO.14-15-17 dated November 6, 2014 provided counties with the estimated methodology, the savings amount for each county for FY 2012-13 and instructions on how the counties are to report the savings via the completion of the AAP De-Link Savings and Reinvestment Reporting Form. The savings for FY 2012-13 was $218,330 and based on completed reporting forms submitted by the counties the savings was spent on foster care, adoption, and post adoption services. The CFL for FY 2013-2014 is expected to be released by the end of May and the expected due date for the completed reporting forms to be submitted by the counties is June 30, 2015.

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

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

Table 4: Number of Eligible Private Adoption Agencies and Claims Processed, SFY 2010-2014

<table>
<thead>
<tr>
<th></th>
<th>FY 2010</th>
<th>FY 2011</th>
<th>FY 2012</th>
<th>FY 2013</th>
<th>FY 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible Private Adoption Agencies Signed up to Claim</td>
<td>71</td>
<td>73</td>
<td>76</td>
<td>76</td>
<td>79</td>
</tr>
<tr>
<td>Number of Claims Processed</td>
<td>3,512</td>
<td>2,784</td>
<td>4,028</td>
<td>3,160</td>
<td>3,716</td>
</tr>
</tbody>
</table>

Following the transition period wherein counties were adjusting to the 2011 Public Safety Realignment provisions, the number of PAARP claims have returned to near pre-alignment levels. Now that the counties have become fully operational with their programs and have solidified their processes for working with the private adoption agencies, there was an increase to the number of private adoption agencies as well as increased adoptions. It is expected that the number of adoptions will continue to modestly increase each year as was the trend prior to SFY 2013-14.

- Adoption Incentive Funds - Since 2009, California has not received Adoption Incentive funds as it has not exceeded the baseline number of adoptions established in 2008 (7,679) that are needed to qualify. 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. The number of finalized adoptions shown below is inclusive to all specified adoptions. However, this number does not include Non-Minor Dependent (NMD) Adoption introduced in 2013 as an additional permanency option offering extension of adoption and Adoption Assistance Program eligibility for young adults age 18-21 that are in the after 18 program. To date, 27 young adults have obtained permanency via this option.
In 2014, the Adoption Incentive Act was reauthorized and renamed The Adoption Incentive and Legal Guardianship Incentive Payments Program (PL 113-183, effective September 29, 2014). The Act makes structural changes to how incentive payments are calculated and spent by states. Incentives will be determined based on improvements in rates rather than the current formula of basing the reward on the number that exceeds a set baseline. It also expands reporting to include exits to guardianship as a qualifying permanency option and extends the amount of time states can expend incentives from 24 months to 36 months. CDSS is ensuring that state law complies with the new Act’s requirements.

In the past, state law provided for how adoption incentive funds received would be allocated and spent per Assembly Bill (AB) 665 (Chapter 250, Statutes of 2009)). California uses the funds to support additional types of permanency besides adoption. Counties may use funds to improve or sustain legal permanency for older children, including reunification and guardianship. Given that California is a county administered system, Adoption Incentive funding was allocated directly to counties and California Department of Social Services’ (CDSS) Regional and Field Offices allowing for more local control over specialized programs while CDSS provides technical assistance and monitors county expenditure data.

Expenditure data was collected on generalized claiming costs (e.g. direct services, contracted services, etc.) rather than focused on specific expenditures related to programs. All County Letter 10-36 provided instructions which outline the distribution of adoption incentive funds to counties and CDSS’ Adoption Regional and Field Offices. The methodology for distribution of funds is based on the percent to total of the Adoption and Foster Care Analysis and Reporting System caseload growth of each individual permanency outcome including: Adoptions, Kinship-Guardianship Assistance Program, Other Guardianship, and “Second Chance Reunification” of children with parents whose reunification services were previously terminated. New instructions will be developed and sent to counties that outline the distribution of incentive funds based on the reauthorized Adoption Incentive and Legal Guardianship Incentive Payments Program per PL 113-183.

Any future adoption and guardianship incentive funds will be distributed as outlined in statute. In addition to supporting programs that focus on establishing permanent connections for youth, incentive funds may be utilized by counties and CDSS’ Regional and Field Offices to provide or contract for services from private providers that support sustaining permanent connections and placements. This may be accomplished through evidence informed programs such as intensive home and community-based wraparound services.

- The California Wraparound Advisory Committee (CWAC) AAP Workgroup is in the process of exploring ways the Wraparound model can be applied to affect positive outcomes in the areas described above; see additional discussion in the preceding section on the Adoption Assistance Program.

The CDSS Regional Adoption Offices support flexible and innovative post adoption community specific programs and services that meet CDSS’ objective of supporting and sustaining permanency. CDSS has a contractual relationship with five private adoption agencies to provide post adoption services for the 23 counties served by CDSS. The goal is
to provide a variety of services to all adoptive families requesting services in those counties. Services may include:

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

All services are based on local needs as identified by the public adoption agencies in each participating county.

In 2014, new statute was enacted that requires county mental health plans to provide specialty mental health services capable of meeting the specific needs of adopted children to eligible children in their county. CDSS has recently convened a stakeholder group to identify barriers to the provision of mental health services by mental health professionals with specialized clinical training in adoption or permanency issues.

Furthermore, CDSS will provide guidance and technical assistance for adoption and guardianship incentive expenditure claiming requirements. This will include support in meeting the provisions of section 473A of the Social Security Act which requires California to spend incentive funds anytime within a 36-month period, beginning with the month in which the funds are awarded to the state. The CDSS will work with the Fiscal Branches of the Department to provide new instructions to counties on how to claim adoption and guardianship incentives reauthorized under the Adoption Incentive and Legal Guardianship Incentive Payments Program per PL 113-183.

- **Tribal Customary Adoptions** - Effective July 1, 2010, the option of California’s Native American children and youth obtaining permanency through Tribal Customary Adoption (TCA) was realized. TCA provides an additional permanency option for ICWA eligible dependent children. In a TCA the customs, laws, or traditions of a child’s tribe are considered in an adoption but TPR is not required. TPR is contrary to the majority of Native American customs and cultures. The CDSS, working with the federally recognized California Native American tribes, continues to provide TA to county child welfare adoption agencies, CDSS Adoption Regional Offices, and private adoption agencies in the implementation of TCA.

Since July 1, 2010, there have been 44 TCA finalizations throughout California. The numbers of TCA finalizations have increased with each passing year. During this past FFY 2013-14, nineteen TCA finalizations have occurred. Table 5 below presents the TCA finalizations by FFY and age range of the children. As the graph demonstrates, TCA has greatly increased the number of adoptions of Native American children since its inception in 2010; including nearly doubling the number of adoptions from FFY 2013 to FFY 2014.
Table 5: Ages of Children Obtaining Permanency Since the Inception of TCA

<table>
<thead>
<tr>
<th>Ages:</th>
<th>0 - 3</th>
<th>4 - 6</th>
<th>7 - 10</th>
<th>11 - 14</th>
<th>15 - 21</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009 - 2010</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2010 – 2011</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>2011 - 2012</td>
<td>0</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>2012 - 2013</td>
<td>1</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>2013 - 2014</td>
<td>4</td>
<td>10</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>20</td>
<td>14</td>
<td>4</td>
<td>1</td>
<td>44</td>
</tr>
</tbody>
</table>

The CDSS has issued a number of ACLs regarding the implementation of TCA while regulations are being developed. ACLs 10-17; 10-47; 13-91; and 14-10 define and explain TCA as well as set guidelines that serve as regulations in the interim. The Division 31 regulations, which include references to adoptions and TCA, are in process. Given this extensive official review process yet to take place, it is anticipated that the regulations will be published for public comment in August 2015. From then, the process can take a year to complete and the regulations implemented.

- **Inter-Country Adoptions** CDSS continues to provide regulatory oversight and technical assistance to licensed private inter-country adoption agencies. The Department’s program and policy and licensing divisions work together to monitor inter-country adoption agency practices to ensure that agencies are in compliance with federal and state law requirements including those related to the safety and permanency of children adopted from abroad.

Instructions related to the implementation of the Hague Convention were issued to all California inter-country adoption agencies in 2009. California is currently working on issuing instructions related to implementation of The Universal Accreditation Act (UAA) of 2012 to all California inter-country adoption agencies. The UAA, which became effective on July 14, 2014, provides for uniform standards and accountability for service provider conduct regardless of whether the case falls under The Hague Adoption convention or under the orphan process. Agencies that do not comply with the UAA are subject to civil and criminal penalties.

California currently captures data on inter-country disrupted and dissolved adoptions from two sources. Child welfare departments provide information on children who enter foster care from disrupted or dissolved adoptions in the statewide automated CWS/CMS. More detailed information on disrupted and dissolved adoptions from inter-country adoptions is gathered from private inter-country adoption agencies in the form of a quarterly report called the Inter-Country Adoption Program Quarterly Statistical Report (AD 202B). Data gathered from these two data collection tools show a very low number of cases. Data from the CWS/CMS indicator reported three cases of children who entered the foster care system from dissolved inter-country adoptions. Data from the Inter-Country Adoption Program Quarterly Statistical Report (AD 202B) reported one case entered foster care from a dissolved finalization, four cases entered alternate placements, and there were no disrupted placements that entered foster care and two disrupted placements entered alternate placements. CDSS is in the process of issuing new instruction via an ACL for
completing the AD 202B, which will require inclusion of the following detailed information on disrupted placements or dissolved adoptions:

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

- **Dissolved Adoptions**
  - The country from which the child immigrated.
  - The age of the child.
  - The date of the child’s initial placement for adoption.
  - The services provided to the family and child.
  - The reason, attempts at intervention; and resolution of the dissolution of adoption.
  - The plans for the child.

CDSS anticipates the first full cycle of data collection will be in FFY 2015-16 and will be included in subsequent reports as required.

The table below represents the number of disrupted and dissolved adoptions and the agencies involved for SFY 2013-14 as reported from private inter-country adoption agencies on AD 202B.
Table 6: Disrupted Adoption Placements of Foreign Born Children In California, SFY 2013/2014, By Quarter

<table>
<thead>
<tr>
<th>Agencies</th>
<th>SFY 13-14</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jul-Sep13</td>
</tr>
<tr>
<td>BETHANY CHRISTIAN SERVICES SO.</td>
<td></td>
</tr>
<tr>
<td>AMERICAN WORLD ADOPTIONS</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies</th>
<th>SFY 13-14</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jul-Sep13</td>
</tr>
<tr>
<td>HOLT INTERNATIONAL CHILDREN'S SERVICES</td>
<td>1</td>
</tr>
<tr>
<td>VISTA DEL MAR</td>
<td></td>
</tr>
<tr>
<td>BAL JAGAT</td>
<td></td>
</tr>
<tr>
<td>NIGHTLIGHT CHRISTIAN ADOPTIONS</td>
<td></td>
</tr>
</tbody>
</table>

Summary

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

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

Guardianship

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

Subsidized relative guardianship is an important permanency option that provides children with a permanent home, while providing caregivers the resources and legal authority to keep children in a stable and safe home. Subsidized relative guardianship is a permanency option that does not require the termination of parental rights. This is especially significant in family situations as some relative caregivers may be reluctant to adopt due to the termination of parental rights. Guardianship serves as a viable alternative to prevent children from growing up in foster care. Prior to guardianship, children in care had three permanency options: reunification, adoption, and long-term care as a third and least desirable option.
California implemented a state-only funded Kin-GAP Program January 2000. California chose to opt into the federal Title IV-E subsidized guardianship program through the enactment of the After 18 Program, effective January 1, 2011. Based on information reported by counties, approximately 46.6 percent of the cases in the Kin-GAP Program will receive federal participation. In SFY 2013-14, the Kin-GAP caseload was approximately 13,700 cases with 6,380\(^{15}\) cases eligible for the federal Kin-GAP program and 7,320 cases remaining in the state-only Kin-GAP program.

Table 7: Permanency for Children in Foster Care
Children in Foster Care First Day of 12 Month Period: Exit Status at 12 Months; Time in Care: Less Than 12 Months

<table>
<thead>
<tr>
<th></th>
<th>FFY 2012</th>
<th>FFY 2013</th>
<th>FFY 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exited to reunification</td>
<td>38.5</td>
<td>34.3</td>
<td>34.5</td>
</tr>
<tr>
<td>Exited to adoption</td>
<td>3.9</td>
<td>4.1</td>
<td>3.7</td>
</tr>
<tr>
<td>Exited to guardianship</td>
<td>8.2</td>
<td>9.1</td>
<td>8</td>
</tr>
<tr>
<td>Exited to non-permanency</td>
<td>0.7</td>
<td>0.5</td>
<td>0.7</td>
</tr>
<tr>
<td>Still in care</td>
<td>48.7</td>
<td>52</td>
<td>53.1</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 7 illustrates exits from out-of-home placement into state Kin-GAP or other guardianship has decreased from 8.2 percent to 8 percent between FFYs 2012 and 2014. This decrease is likely attributable to children being eligible for federal Kin-GAP. It is also worth noting that a guardianship in less than 12 months could be difficult to achieve in that the dependent child needs to be in placement with the approved relative for six consecutive months prior with the prospective relative guardianship for both state and federal Kin-GAP (W&IC sections 11363 (a)(2) and 11386 (a)(2)).

\(^{15}\) Based on the May 2015 Revision to the Governor’s Budget
Table 8: Permanency for Children in Foster Care
Children in Foster Care: Exit Status at 12 Months; Time in Care: 12 to 23 Months

<table>
<thead>
<tr>
<th></th>
<th>FFY 2012</th>
<th>FFY 2013</th>
<th>FFY 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exited to reunification</td>
<td>20.4</td>
<td>17.1</td>
<td>17.5</td>
</tr>
<tr>
<td>Exited to adoption</td>
<td>19</td>
<td>18.3</td>
<td>20.1</td>
</tr>
<tr>
<td>Exited to guardianship</td>
<td>17.3</td>
<td>19.8</td>
<td>17.8</td>
</tr>
<tr>
<td>Exited to non-permanency</td>
<td>1</td>
<td>0.6</td>
<td>0.7</td>
</tr>
<tr>
<td>Still in care</td>
<td>42.2</td>
<td>44.1</td>
<td>44</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 8 illustrates exits from out-of-home placement into state Kin-GAP or other guardianship has slightly increased from 17.3 percent to 17.8 percent between FFYs 2012 and 2014 (with a jump to 19.8 percent in FFY 2013). As noted above, a dependent child needs to be in placement with the approved relative for six consecutive months prior with the prospective relative guardianship for both state and federal Kin-GAP (W&IC sections 11363 (a)(2) and 11386 (a)(2)). Therefore, this time period (12 to 23 months) shows the highest exit to state Kin-GAP of the three tables. This is reflective of the success and permanency of relative care.

Table 9: Permanency for Children in Foster Care
Children in Foster Care: Exit Status at 12 Months; Time in Care: 24 Months or Longer

<table>
<thead>
<tr>
<th></th>
<th>FFY 2012</th>
<th>FFY 2013</th>
<th>FFY 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exited to reunification</td>
<td>2.9</td>
<td>3.9</td>
<td>3.3</td>
</tr>
<tr>
<td>Exited to adoption</td>
<td>25.4</td>
<td>26.1</td>
<td>27</td>
</tr>
<tr>
<td>Exited to guardianship</td>
<td>11.2</td>
<td>12.9</td>
<td>11.1</td>
</tr>
<tr>
<td>Exited to non-permanency</td>
<td>2.6</td>
<td>1.9</td>
<td>1.8</td>
</tr>
<tr>
<td>Still in care</td>
<td>57.9</td>
<td>55.2</td>
<td>56.9</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 9 illustrates exits from out-of-home placement into state Kin-GAP or other guardianship has decreased slightly from 11.2 percent to 11.1 percent between FFYs 2012 and 2014. This decrease is likely attributable to children being eligible for federal Kin-GAP.
Figure 30 illustrates exits from out-of-home placement into Kin-GAP or other guardianship has increased from 8.7 percent to 9.4 percent between FFYs 2012 and 2014. Data indicates a slight increase in exits to Kin-GAP (rather than all guardianships) from FFY 2012 to FFY 2014. While some increase is likely attributable to the federal implementation of Kin-GAP, it is also reflective of the success and permanency of relative care.

**Figure 30: Exits from Placement into Guardianship. CWS/CMS Q4 2014, Agency: All, Ages: 0-20**
(Note: Other Guardianship is defined as Non-related Legal Guardian (NRLG))

Further examination of the data reveals that although guardianship accounts for a relatively small proportion of total exits out of care (9.4 percent in FFY 2014); it provides additional permanency options for older youth who are unable to reunify or be adopted. As illustrated in the figures below, although the proportion of youth who are adopted decreases with age, youth exiting into guardianship increases through age 10 and decreases at age 16-17.

**Figure 31: Exits by Age Group and Exit-To Type, CY 2014, CWS/CMS CSSR Data Q4 2014**
(Agency: All, Ages: 0-20)
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 (13 percent of Black and Native American versus 8 percent of White youth) into guardianship, thereby supporting the assumption of a net permanency gain. Prior to the implementation of subsidized guardianship, these youth may likely have exited care through emancipation and never have achieved permanency.

Figure 32a: Exits by Race/Ethnicity, CY 2014 CWS/CMS CSSR Data Q4 2014
Agency: All, Ages: 0-20

Figure 32b: Exits by Race/Ethnicity and Exit-To Type, CY 2014 CWS/CMS CSSR Data Q4 2014
Agency: All, Ages: 0-20
CDSS continues to provide TA to counties concerning both Kin-GAP and Extended Kin-GAP. Regulations were promulgated and will be effective October 2015.

In 2015, the California state legislature introduced a federal compliance bill, SB 794 Child Welfare Services, to amend state statute to comply with federal statute enacted through PL 113-183. Specific to Kin-GAP are amendments regarding Successor Guardianship and including incentive payments for guardianships in the Adoption and Legal Guardianship Incentive Payments. Further, an ACL and regulations will be finalized prior to October 1, 2015 regarding the Successor Guardianship language. The state plan will be amended to encompass these changes.

The Kin-GAP Program has two components – a federally funded component when the child is eligible for Title IV-E foster care and a state funded component when the child is not eligible for Title IV-E foster care. Kin-GAP benefits can also be extended to age 21 has a documented physical and mental disability or for a youth who attained 16 years of age before the Kin-GAP negotiated agreement payment began and who meets certain participation criteria, such as completing secondary education, enrollment at a postsecondary or vocational institution, or employment of at least 80 hours per month.

Summary
Through federal participation, California has realized savings in grant amounts, incorporated aspects of the federal program that streamlined and simplified eligibility determinations and provided fiscal incentives to transition a court-dependent child from foster care to permanency with a relative caregiver via the federally funded program. California’s program allows guardians to renegotiate a rate if the child’s needs or relative’s circumstances change. Additionally, dependent children placed out-of-state with relatives may receive Kin-GAP benefits as well as allow existing guardians to move out-of-state without losing benefits.

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

Other Planned Permanent Living Arrangement
Ensure the state is establishing planned permanent living arrangements for children who are 16 and older including non-minor dependents in foster care who do not have the goal of reunification, adoption, guardianship, or placement with a fit and willing relative, and that the state is providing services consistent with this goal.

As specified in the Preventing Sex Trafficking and Strengthening Families Act (The Act) as contained in the PL 113-183, the child welfare agency must find permanent placements for all children in foster care; including Another Planned Permanent Living Arrangement (APPLA) when other suitable permanency options cannot be established for those youth who are 16 and older. APPLA is the last and least preferable option and only considered after the agency has undertaken
reasonable efforts to exhaust other possibilities.

APPLA will be a court determination after the agency has demonstrated adoption, guardianship, and return home are not viable options for the child. The agency must continue to document, intensive and on-going efforts in the court report to establish permanency for the child thus ensuring that the child’s provider is following the reasonable and prudent standard. The agency will further ascertain whether the child has regular, ongoing opportunities to engage in age or developmentally appropriate activities, including consulting with the child about opportunities for the child to participate in the activities. The agency must also document a description of the barriers that may prevent a child from participating in age or developmentally appropriate activities. APPLA will not apply to children 15 and under as the permanency options for these youth will be return home, adoption, or guardianship. The agency will need to continue efforts and provide those services to eliminate the barriers to their permanency plan.

Indicators of Progress
Figure 33 illustrates the proportion of children in foster care for at least three years relative to the total in-care caseload for each year. Again, the data below includes both child welfare and probation foster youth. While caseloads are decreasing overtime, there have also been steady decreases in the proportion of children growing up in foster care. What this data tells us is that the number of children growing up in foster care is going down in conjunction with the overall number of children in foster care. In fact, the number of children in care for at least three years has continued to go down or remain the same when the total caseload has increased in 2014. California’s focus on increasing permanency options is exemplified in the reduction of children in care for extended time periods.

Figure 33: Point in Time, Proportion of Children in Care at Least Three Years Relative to Total Caseload, CWS/CMS, CSSR Q4 2014 Data, Agency: All, Ages: 0-20

Extension of Foster Care to Age 21
California also focuses on ensuring that youth who turn 18 while in foster care receive support and permanent placement services up to age 21. Providing youth more time to develop employment and daily living skills and to complete educational goals leads to better outcomes for successful independence as adults. Although there is a focus on independent living, helping youth cultivate permanent connections remains a central component of the program.

The After 18 Program began on January 1, 2012, allowing foster youth over the age of 18 to remain in care as NMD up to the age of 21, provided they meet one of the five criteria outlined in
the Fostering Connections Act. 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 up to age 21 with FFP. The program represents a paradigm shift in delivering services in a manner that respects that the youth is no longer a child but a developing adult who is voluntarily remaining in foster care. This shift needs to occur not only with the caseworker but also with attorneys, housing providers, care providers, courts, and others who provide services to this population.

The After 18 Program, now in its third year, has achieved full implementation. Figure 34a includes point in time data, which shows the increase in the number of foster youth from January 1, 2013 through January 1, 2015, and reflects a 60 percent change. Overall totals have increased, but this is most evident by looking at the 20 year olds. There has been an over 500 percent increase in the number of 20 year olds in foster care from January 1, 2013 until January 1, 2015. The increase for this age group was the largest. This reveals that youth are not only participating in the After 18 program at age 18 but that many of them are remaining until age 21. The increase in the number of 18 year olds from year to year has leveled off, which is to be expected as CA does not allow youth to enter foster care for the first time at age 18.
Exit data helps to support the conclusion that NMDs are taking advantage of the opportunity to stay in care after age 18. Figure 34b shows a steady decline in exits for foster youth. Some of the decline is due to the overall lower numbers of children in foster care. However, the impact of the After 18 program can be seen by looking at the two categories of 18 year old exits. The “18 +<60 days” category includes youth who are within 60 days of their 18th birthday, whereas the other category contains youth who have exceeded age 18 plus 60 days. The purpose for the distinct categories is to determine how many youth have opted to not participate in After 18. As the hearing to terminate the court jurisdiction would not fall exactly on a youth’s 18th birthday, the 60 days accounts for the time the youth would be waiting for a court hearing. Each category shows the number of 18 year olds exiting foster care to independence between FFY 2012 and 2014 decreasing by around 30 percent. This decrease is not accounted for by the decrease of children in foster care as the decrease of 17 year olds in care during 2011 and 2013 (the previous years) was approximately nine percent. Nor are we seeing an increase in exits at age 19 suggesting that youth are likely taking advantage of the program up to age 21. The number of 20 year olds exiting foster care started to increase in FFY 2014 as youth who extended in 2012 are approaching age 21.
Re-Entry
California’s After 18 program allows youth to leave foster care at any time between the ages of 18-21 and later re-enter if they choose to return to the foster care system. Re-entry was authorized with the implementation of the After 18 program in 2012. Table 10 shows the number of youth re-entering foster care for calendar years 2012-2014. The graph shows a steady increase in re-entries as more youth discover the benefits of extended foster care.

Table 10: Number of NMDs Re-Entering Foster Care, CYs 2012-2014

<table>
<thead>
<tr>
<th>NMDs Ages 18-21</th>
<th>CY 2012</th>
<th>CY 2013</th>
<th>CY 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-Entries</td>
<td>99</td>
<td>337</td>
<td>442</td>
</tr>
</tbody>
</table>

Placements
Administration for Children and Families (ACF) Program Instruction Administration for Children, Youth, and Families (ACYF)-CB-PL-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 SILP. The THP-Plus- FC program is similar to the existing THP for minors with a rate structure that was developed through the workgroup process. This option will provide more frequent case management visitation than the SILP which is a much
more flexible option for youth assessed ready for a higher level of independence than traditional foster care settings, such as a dorm or an apartment.

Figure 34c below shows NMD placements over time. The use of a SILP has significantly increased with the most recent data showing over 3600 NMDs in SILPs. SILPs are an entirely new concept for child welfare placements and have proven to be very popular; counties report that youth favor SILPs due to the high degree of independence afforded to them. THP have also increased significantly due to the other new placement option, THP-Plus-Foster Care. Most other placements have decreased slightly since the new options for placement were added with the exception of guardianships which have steadily increased, possibly due to more youth maintaining positive connections with their guardians.

Figure 34c: NMD Placement; Agency Type: All, Ages: 18-20, CWS/CMS CSSR

These new placement options continue to evolve as issues arise and innovative solutions are developed. THP-FC programs are offering more services as the needs of youth inform service options. Currently, the CDSS is working with counties and providers to improve the response to the mental health needs of NMDs by identifying ways to increase access to Early Periodic Screening, Diagnosis, and Treatment (EPSDT) funding and create partnerships between program and mental health providers. The option of allowing youth to reside in SILPs with their parent(s) is
under development and will offer youth the opportunity to maintain permanent familial connections while still receiving the support of EFC.

**Participation Criteria**

Youth are eligible to participate in After 18 program if they meet one of five participation criteria. Table 11 below shows how many youth are participating in After 18 through each category. Working toward an educational goal is the most common way youth are maintaining eligibility for After 18, accounting for over 55% of youth. This indicates that obtaining an education is a priority for a majority of youth. Over 25% are either employed or working toward eliminating barriers to employment. Only around 2% of youth qualify because of a medical condition. The participation criteria were not entered for about 16% of youth but we can assume that those youth would be participating in the criteria in roughly the same percentages as the others.

**Table 11 Extended Foster Care Population by Participation Type**

**Point in Time July 1, 2015, Agency: All**

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

The CDSS continues to work with counties to identify concerns with the After 18 program that need addressing through additional state and federal policy clarifications. Primarily, there has been continual guidance provided to the counties and stakeholders to clarify program and placement eligibility.

The SOC 405E Exit Outcomes data report has been used to measure outcomes for emancipating youth. This report was replaced by the SOC 405X for child welfare and the SOC 405XP for probation in June, 2015. The new reports will separately capture outcomes for youth exiting at age 18, 19, 20 and youth who re-enter foster care. This will allow CDSS to evaluate the outcomes for youth who participated in After 18 to gain a better perspective on how the program has benefited youth. Additionally, youth who continued in foster care after turning 18 in 2012 (the first year of the After 18 program) are turning 21 in 2015. This is the first cohort of NMDs who will have received the full benefit of three additional years in foster care. Therefore, the data that will be obtained about those youth in 2015 and reported on in 2016 will more accurately reflect how the program assists youth in preparing youth for successful independence than any current data that would only include youth who exited without experiencing the full benefit of After 18. More information on the services being provided to youth in After 18 can be found in the CFPIC and ETV Program chapter.
The intent of the Fostering Connections legislation recognizes the importance of family and permanency for youth by also extending payment benefits and transitional support services for AAP and Kin-GAP up to age 21 for youth entering those arrangements at age 16 and older, as well as for youth placed in non-related legal guardianships (NRLGs) at any age. Thus, youth are not forced to make a choice between having a permanent family and extended support. AB 787 (Chapter 487, Statutes of 2013) allows youth whose guardian or adoptive parent dies, when the youth is between the ages of 18-21, to re-enter foster care. Additionally, AB 2454 (Chapter 769, Statutes of 2014) grants youth receiving Kin-GAP or AAP during the ages of 18-21 the ability to return to foster care if their guardian or adoptive parent no longer supports them. Table 12 shows the number of Kin-GAP, NRLG and AAP youth who are receiving benefits between the ages of 18-21. The Kin-GAP and AAP figures are based on the FFY average of paid claims and the NRLG figures are based on the number of youth in that placement type at the indicated point in time.

Table 12: Extended Benefits for Kin-GAP/Fed-GAP, AAP, and Nonrelated Legal Guardians, 2012-2014

<table>
<thead>
<tr>
<th>NMDs 18 to 21 Years of Age</th>
<th>July 1, 2012*</th>
<th>July 1, 2013*</th>
<th>July 1, 2014*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kin-GAP/Fed-GAP</td>
<td>6</td>
<td>88</td>
<td>218</td>
</tr>
<tr>
<td>AAP</td>
<td>2</td>
<td>62</td>
<td>287</td>
</tr>
<tr>
<td>Nonrelated Guardianships</td>
<td>364</td>
<td>594</td>
<td>739</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>371</strong></td>
<td><strong>744</strong></td>
<td><strong>1,244</strong></td>
</tr>
</tbody>
</table>

* Source: For Kin-GAP and AAP, SFY monthly average, based on actual paid claims. For Nonrelated Guardianships, CWS/CMS, point-in-time July 1, 2014.

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

**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. The county placing agencies are to document their intensive and ongoing efforts to permanency. For children that are 15 years and younger, county placing agencies must continue to provide services to alleviate the barriers to adoption, guardianship, placement with a fit and willing relative or return home.

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 implemented to improve permanency include:

- Family to Family
- Additional funding for adoption and family engagement activities
✓ Concurrent Planning

- **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. Many counties utilize these principles through Child and Family Teams, TDM, Family Group Decision Making (FGDM) or a Wraparound team process.

- The **additional funding for adoption** (discussed in Section 9: Adoption) is intended to encourage potential families in adopting former foster children, including older youth, and children with special needs. The following three programs support improving timeliness to permanency: APSS, AAP, and PAARP. All of which are practiced statewide, targeting families who want to adopt and children whose permanency plan is adoption. Additional funding in conjunction to the CFSR PIP was also made available to counties to increase family finding and engagement efforts.

- 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 a child or youth 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. Local management of kinship support services is now controlled by the counties and accountable to local boards. The last report cited 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.

**Summary**

California focused on reducing the number of children remaining in care for extended time periods, and decreasing the number of youth who emancipate or turn 18 in a given year and who were in care 3 years or longer. The factors affecting progress that are mentioned above continue to be relevant and have helped California make an overall improvement in achieving permanency for children and youth in foster care for extended time periods. Some challenges that may have hindered greater improvements are the difficulties in identifying and recruiting foster families that can provide permanency.

In addition, according to the Child Welfare Information Gateway another barrier to permanency could be older youth may have resistance to a permanency plan involving termination of their birth parents’ rights because they feel an emotional tie. As a result, they remain in care until they emancipate.

**Placement Stability**

*Ensure that the state is minimizing placement changes for children in foster care.*

Since 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**
As shown below, California does not meet the national standard for placement stability. However, there has been improvement performance in this measure, reducing the number of moves per 1,000 days from 5.72 in FFY 2012 to 5.26 in FFY 2014, an 8 percent decrease. Youth that are 11-15 years of age have the highest number of moves per 1,000 days than any other age category (6.22 in FFY 2014).

**Figure 35: Placement Stability, FFY 2012-2014, CWS/CMS CSSR Data Q1 2015, Agency: All, Ages: 0-17**

![Placement Stability Graph]

**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 and allows for a more focused approach in mitigating the number of unnecessary placement disruptions. Admission type is one of those characteristics, whether children are entering for the first time (First Entry) or children had prior placement episodes (Other Entry). The state has developed a measure with the UCB 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\(^{16}\).

Figure 36 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, 66.1 percent had two or fewer placement changes in 2008 as compared to 81.8 percent in 2014, representing an improvement overall by 16 percentage points.

**Figure 36**: Entry Cohort, 1st vs. Other Entry, Two or Fewer Placements for 3 or 6 months in Care, CWS/CMS CSSR Data Q4 2014, Agency: All, Ages: 0-17

![Figure 36](image)

Figure 37 below illustrates that on average, when comparing First Entries to Other Entries from 2009 to 2013 for children who have been in care for either 12 or 18 months that have two or fewer placement disruptions, there is an improvement over time by 12 and 16 percentage points, respectively.

\(^{16}\) 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 2014 only have data available for 6 months, while children between January through June 2009 have data available for up to 60 months.
Figure 37: Entry Cohort, 1st vs. Other Entry, Two or Fewer Placements for 12 or 18 months in Care CWS/CMS CSSR Data Q4 2014, Agency: All, Ages: 0-17

Figure 38 illustrates that on average, when comparing First Entries to Other Entries from 2009 to 2012 for children who have been in care for either 24 or 30 months that have two or fewer placement disruptions, there was an improvement over time by 9 and 7 percentage points, respectively.
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. The services and strategies for enhancing placement stability are described in detail in California’s 2015-2019 CFSP and last year’s APSR. They include:

- **Core Strategies as identified by counties**
- **Training and Supports**
- **Coordination and Community**
- **Centralized Placement Selection and Matching**

**Limitations**

While the limitations of the placement stability measure have been discussed at length, it is 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.
Summary
There are several services and interventions utilized by counties that are positively impacting the ability to maintain and limit the number of placements. Early engagement efforts with families and their network of support have been instrumental in planning for permanency and placing children with relatives/NREFMs where out of home care situations are necessary. The expansion of collaborative work including service providers, family members, and professionals at critical decision making points in cases provide transparency for all parties involved, development of cooperative case planning, identification of potential permanent plans, and transitioning families from the supportive services received via local child protection agencies back to their support networks. In some instances increased focus on in-placement services have assisted in attaining placements and preparing children for transitions back to their birth parent(s) or to their identified permanent plan living arrangement. The aforementioned efforts and interventions represent a portion of the work surrounding the CDSS commitment to placement stability for children in out of home care. The implementation of said efforts and services, along with Wraparound programs, TDM/FGDM, improving recruitment and retention of resource families, and safety planning efforts with families allow for optimism that California will continue the positive strides in this outcome measurement and meet or exceed the National Standard in the immediate future.

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

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

Indicator of Progress
The measure in Figure 39 provides the percent of children who enter care in the 12-month period, discharged within 12 months to reunification or guardianship, and re-entered foster care within 12 months. Though California does not meet the national standard for this measure, improvement in performance is evident when comparing FFY 2011 to FFY 2012 (a decrease of 1.1 percentage points).
Reentries by Placement Type and Age
A further review of these data by placement type and age for FFY 2012 reveals that relative placements reenter at a low proportion of 7.5 percent and children in group home placements reenter at nearly double the rate at 19.3 percent. The data further underscore California’s focus on prioritizing kin placements above all other placements. As well, 15 year olds have the highest re-entry rate at 19.3 for FFY 2012. 14 year-olds have the second highest re-entry rate at 18.6 percent for the same FFY.

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 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 which are described in greater detail in the 2015-2019 CFSP:

- SIP Strategies
- Reassessment Tool and Reunification Reassessment Tool
- Visitation Evaluation Tool in SDM
- TDMs
- Voluntary Family Maintenance (VFM)
**Summary**
At the core of Child Protection agencies is the issue of reunifying families as quickly as possible and for the family to have mitigated the circumstances around the initial reason(s) that required the child(ren) to be placed out of home care. California remains under the National Standard for this outcome but is trending towards the standard of 8.3 percent. Local county child protection agencies are well aware of the significance of this outcome measurement and the balance in practice that it must demonstrate between timeliness and the permanency of reunification.

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

**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**
Figure 40 below is a distribution of the distance, in miles, between a child’s removal address and placement address at 12 months between kin and non-kin placements for CY 2011-13. 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 continues to be the ends of the distribution, closest (less than one mile) and furthest (greater than 11 miles) distances. Kin placements within one mile of the child’s home address increased from 2012 to 2013, while placements beyond one mile slightly decreased from 2012 to 2013. Comparing the two fiscal years, the majority of kin placements (61.1 percent in 2012, and 62.2 percent in 2013) occurred within five miles of the removal address. Figure 40 indicates that California continues to show strength in ensuring efforts are made to place children in foster care placements that are close to their parents or relatives. Over the period 2011 through 2013, placements with kin within five miles of the home of removal remained above 60 percent.
Factors Affecting Progress

The CDSS recognizes the importance of preserving connections for children in care. Because this measure is closely correlated with relative placement, sibling placement, and parental involvement, the specific factors that affect this outcome cannot be specifically 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

- **Kin and Sibling Placement** - Past efforts which have focused on placement of children with kin, with siblings, and in their own communities continue as 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.

- **Placement Considerations** - When determining the type of placement for a child, W&IC Section 16501.1(c) requires that a child 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 the placement decision must consider proximity to the child’s school.

- **School of Origin** – State statute 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 by working with the caregiver to transport a child to the school of attendance prior to removal.

- **Core Training** - The core training provided to social workers supports state law and policy to place children in close proximity to the parental home and the child’s school. 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 also instructed of the requirement to document in the child’s case file and court reports the reason(s) why a placement may be a substantial distance from the home of the parent or guardian.

- **Family to Family** continues to focus on family centered practice principles, which include placement in the community and/or with relatives, and establishing and maintaining mentoring relationships between parents and resource families.

- **Educational Stability** - ACC 11-51 provided information and instruction to counties regarding reimbursement to caregivers 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. This additional support for promoting educational stability is an additional assurance that children remain connected to their 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 needing to be transported to different schools of origin.

**Future Plans**

The QPI continues to pursue its main goal to develop a statewide approach to recruiting and retaining high quality caregivers who provide excellent care to children in California’s child welfare system. Eighteen participating counties have developed local QPI teams of public and private stakeholders whose focus is to develop caregiver recruitment and retention strategies, enhance relationships between child welfare professionals and foster families, and build linkages between foster caregivers and birth families. The potential for increased recruitment as a result of QPI may allow for a greater number of children to be placed in their own communities when they cannot be placed with relatives.

The rollout of the CCR initiative continues. One of the primary goals of CCR is to ensure that the time a child is placed in group care is limited by the provision of community based services aimed at reconnecting the child with family and his or her community. Increased community services
and limitations on time in care as a child welfare services practice can foreseeably result in fewer children leaving their community and maintaining family connectedness at the outset of a child’s out of home episode. As CCR continues to be implemented, data will be collected and analyzed to learn what impact the initiative has concerning this goal. Retention and recruitment strategies and practices instituted under CCR will likely consider building a pool of foster parents in communities where foster children come from.

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

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

Indicator of Progress
California has remained fairly constant over the last five years with ensuring sibling groups remain together when placed in foster care. The data in Figure 41 shows a point-in-time count of sibling groups placed in Child Welfare supervised foster care. The data illustrates California is maintaining within a percentage point or two the number of sibling groups being placed together. According to data from the CSSR the percentage of all children with siblings who were placed with all of their siblings decreased from 53.8 percent in January of 2013 to 50.3 percent in January of 2015, and those placed with all or some of their siblings decreased from 73.3 percent in 2013 to 71.1 percent in 2015. This decrease in performance may be explained by the 3.6 percent increase in the number of sibling groups in the foster care system from 37,487 in January of 2014 to 38,833 in January of 2015. The number of available placements for siblings is reduced when there are a higher number of sibling groups entering the system.
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 determined that it is contrary to the safety or well-being of any of the siblings. California statute mirrors and in some areas has a higher standard than federal law in the provision of keeping siblings placed together in foster care. The Preventing Sex Trafficking and Strengthening Families Act, PL 113-183, came into effect on September 29, 2014. The PL 113-183 encourages the placement of children in foster care with siblings. It also ensures that when a child is removed from their home, that agencies also notify all parents of siblings to the child (where the parent has legal custody of the sibling) within 30 days after the removal of a child from the custody of the parent(s). In addition, recent state legislation requires social workers to notice 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. 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:

- CCR
- RFA
- Family Finding Efforts (FFE)
- QPI

- The CCR makes several recommendations that may increase the number of sibling placements in the State. Placing agencies will utilize tools with common domains and Child and Family Teams to assess the child’s needs and strengths and use that assessment for case planning and appropriate placement settings which will include the investigation of possible placements.
with siblings. In addition, the CCR plans to strengthen resource family recruitment and retention strategies that will aid in having an available pool of resource families for sibling group placements.

- The RFA program will ensure that all caregivers receive appropriate training as part of their resource family approval process to better prepare caregivers for the possibility that they may be asked to accept sibling groups and the importance of keeping siblings together. In addition, the permanency assessment piece of the approval process will obtain information about the resource family that provides an assessment that will aid in strengthening the matching process of a resource family and a child or sibling group placed in their care.

- California policy has long supported sibling placements and prioritized placements with relatives. Local child welfare agencies continue to find kin families who may be more willing to have siblings placed with them. Data indicates children placed with kin are more likely to be placed with siblings.

- The QPI (discussed in detail in Goal 17) 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.

- In addition, The Preventing Sex Trafficking and Strengthening Families Act (PL 113-183) now requires that as part of the state’s IV-E plan requirements for relative notification to include notifying parents of the child’s siblings. This requirement will include the notification of any parent who is caring for a child’s sibling including adoptive parents and guardians. This requirement will aid in finding possible families who would be able to parent siblings of a child already in their care which supports keeping siblings together in a placement or if that is not an option keeping siblings connected to each other.

Sibling Visitation
In addition to the factors affecting progress outlined above regarding siblings placed together. SB 1099 (Chapter 773, Statutes of 2014) targets the importance of keeping sibling groups connected in the event that they are not placed together. The statutory changes identify the requirements that the court shall consider whether there are any siblings under the court’s jurisdiction or any nondependent siblings in the physical custody of a parent subject to the court’s jurisdiction. Additionally, the court shall determine the nature of the relationship between the child and his or her siblings, the appropriateness of developing or maintaining the sibling relationships, and the impact of the sibling relationships on the child’s placement and planning for legal permanence. The court then has the authority to develop a visitation plan for the siblings; unless it has been determined that visitation is contrary to the safety or well-being of any sibling.

- For youth in juvenile dependency, SB 1099 allows a transition dependent, NDM, or ward of the juvenile court to petition the court and assert a sibling relationship with a child who is not a dependent or ward of the court and request visitation. A ward may also request placement with or near the ward. Additionally, a dependent child or NDM may petition the court to
assert a sibling relationship with a nondependent sibling who is in the physical custody of a common legal or biological parent and request visitation.

Future Plans
California’s future plans involve the ongoing commitment and acknowledgement of the importance of keeping sibling groups intact. The state activities related to ensuring sibling placement and visitation support the federal Permanency Outcome 2 ensuring that family relationships are preserved for children in foster care as outlined in the state’s CFSP. This can be exemplified in the state’s continued support of legislation and initiatives that focus on keeping siblings together in foster care. Implementation efforts of the CCR and the RFA program will include recruiting, training, and retaining quality caregivers who will be prepared to take sibling groups. Family finding efforts, child and family teams combined with the QPI will continue to strengthen efforts to maintain sibling groups in care. As the CCR, RFA program, and QPI continue to be implemented, it is anticipated that these initiatives will aide in the expansion of the number of quality foster parents and provide supports that improve the likelihood that foster parents will be willing and available to take sibling groups. CDSS will provide instructions on the new Title IV-E relative notification requirements of The Preventing Sex Trafficking and Strengthening Families Act to counties in the coming year.

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
The data in Figure 42 below are the proportion of children who entered care for the first time and who were placed with relatives. Looking at this data, California experienced a very slight (two percent) decrease in first time placements with relatives. This decrease is believed to be attributable to the normal change of characteristics associated with children who come into care (i.e., number of relatives available or eligible for placement) as kin placement practices have not changed.
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. The following policies that prioritize placing children with relatives remain in place.

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 to maintain connections to school and community and facilitate reunification efforts.

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 which allows more options for placement.

3. Caseworkers are required to search for relatives to notify them of the child’s removal and approve relative home placements.

4. California law provides for emergency placement with relatives to strengthen the opportunity for children to remain with family while in out of home care. Counties have maintained funding to the realigned Kinship/Foster Care Emergency Fund, a program, which provides one-time non-recurring financial assistance to caregivers to remove barriers for new or continued placement of a foster child. This financial assistance often enables a relative who might otherwise be unable to take placement to do so.

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. Discovery of other relatives through family finding and engagement
activities creates a pool of potential caregivers who may be a placement option or who may otherwise provide family supports throughout a child’s foster care episode.

6. Extending Kin-GAP Program benefits to age 21 for eligible dependents living with a relative guardian further strengthens the placement and alleviates potential homelessness and related poor outcomes for these court dependents.

7. State law requires preferential consideration be given to a relative who requests placement of a related child who has been removed/detained due to abuse or neglect. Case law has interpreted the preferential consideration statute to mean the consideration continues throughout the dependent child’s entire out of home episode and is applicable regardless of a child’s change of placement.

8. Recent legislation (SB 1064, The Reuniting Immigrant Families Act) amended statute to address problems confronted by caseworkers of children whose parent(s) may have been detained or deported by the Department of Homeland Security. One such provision of the Act is the provision that prohibits using immigration status alone as a disqualifying factor when making placement and custody decisions, thereby increasing the likelihood that children of detained or deported parents can be placed with a relative.

Factors that may be affecting progress are listed below and described in California’s current CFSP:

- Stakeholder Collaboration
- Kinship Support Services Program
- Relative Notification when a child is placed in foster care (AB 938)
- The After 18 Program – Extending Kin-GAP
- California Parent Locator System access
- Approved Relative Caregiver Funding Option Program

**Summary**

As indicated by the data, placement of children with relatives has remained the “placement of choice.” County child welfare agencies have continued to refine their practices to find and place children with relatives, as evidenced by the continuation of realigned programs that serve and support relatives. New tools have been provided to assist in the location of noncustodial parents and relatives to increase opportunities for children to remain connected to family. Best practice guidance has been provided to county child welfare agencies through the release of information and instructions to locate and contact relatives early in the child’s out of home episode, seeking their input and utilizing them as placement options whenever possible. The Kin-GAP Program continues to function as an incentive for relative placement by continuing financial support a relative received while a child was in care once the child leaves dependency.
Foster and Adoptive Parent Recruitment

Resource Family Recruitment
The 2015-2019 CFSP identified recruitment, retention, and support of resource families as an area needing improvement. California seeks to improve the state’s recruitment and retention of resource families. The state’s overall goal is to attract quality resource families who reflect the diversity within California and of the children in foster care, and to provide services that support resource families as they work to improve the lives of children in their care. California continues to consolidate and better coordinate existing efforts, improve customer service and initiating, with philanthropy and counties, a pilot program aimed at enhancing the state’s recruitment and retention of quality foster parents. California’s efforts are exemplified in the following activities:

- QPI
- Foster Care and Adoptive Resource Families Recruitment and Training web page
- California Kids Connection Program/Website
- Foster Parent and Relative Caregiver Education Program
- Caregiver Advocacy Network (CAN) Meetings
- Diligent Recruitment

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

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

Targeted recruitment activities are used to recruit foster families that reflect the foster youth population being served and the ethnic diversity of children in care; many of these activities are consistent with the MEPA requirements. As examples of targeted recruitment activities, Los Angeles, Orange, and San Diego counties report the following as effective strategies for recruiting and retaining a diverse pool of foster and adoptive homes. Although data are unavailable that indicate how the efforts to address this item impact strategy adjustment, the CDSS will work with counties over the next year to develop a plan for collecting the required information and incorporating what is learned into our programs.
The Quality Parenting Initiative (QPI)
The QPI is a collaborative effort between the CDSS, the Youth Law Center (YLC) and the CWDA, with philanthropic support from the Stuart Foundation, Taproot Foundation, Walter S. Johnson Foundation, Annie E. Casey Foundation, David P. Gold Foundation, and The California Endowment. A more detailed description can be found in the 2015-2019 CFSP.

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

QPI Conferences and Meetings:

- The QPI California/Nevada Conference was held on September 9-10, 2014, in Sacramento, CA with 175 attendees. Trainings were conducted on Transitions, Foster Parent Supports, Normalcy, Babysitting, Using the QPI Committee Effectively, Mentoring Programs, Recruitment and Licensing, Use of the Partnership Plan and Enhanced Training. This conference provided opportunities for collaboration and sharing of material and strategy, as well as relationship building among California and Nevada QPI sites.

- The QPI National Conference was held on January 20-22, 2015 in San Diego, CA for all QPI sites to develop a national network, share best practices, receive peer technical assistance, and develop plans for next steps. There were 380 attendees, 165 from California. The highlight of the conference was our keynote panel of former foster youth, speaking to the qualities that make an exceptional parent. This conference allowed space and time for collaboration and sharing material and strategy, as well as relationship building among QPI sites throughout the U.S.

A number of QPI California Counties have held local conferences to introduce QPI to community members, child welfare professionals, and foster family caregivers in their county.

- Orange County QPI sponsored an event on “Quality Caregiving” for both foster parents and child welfare staff.
- Sonoma County conducted trainings that included both caregivers and child welfare staff on the Partnership Plan.
- Fresno County provided trainings called “Let’s Talk” a whole day event with Caregivers, social workers, and community members.
- Madera County has conducted a survey of care provider issues and the Child Welfare Department is working on addressing the concerns of care providers.
- San Luis Obispo County sponsored two trainings for both foster caregivers and social workers on QPI and related topics.
- Kern County has created a team to work on transitions by actively seeking out better ways to coordinate transition for the foster children between placements.
QPI Addressing Barriers and Issues:
The QPI counties have identified a number of barriers and issues that are being addressed by the QPI Leadership Team. YLC has worked closely with the CWDA and CDSS staff to address the issues posing barriers to excellent care to children. QPI hosted several webinars with CDSS Director Will Lightbourne to provide foster parents the opportunity to share their experiences and recommendations around challenges with appropriate transitions, adequate information sharing, developmentally appropriate non-traumatic respite care, and addressing quality in licensing. The following are examples of some of the work done by QPI and CDSS in partnership with stakeholders to address various issues:

- **The Community Care Licensing (CCL) process of investigating allegations against foster family caregivers:** The QPI/CDSS workgroup is working on developing a CCL investigative process that focuses both on child protection and a corrective process so that foster families can learn the CCL licensing requirements and appropriate interactions with foster children. A webcast was provided on June 24, 2015, which provided a statewide open forum for caregivers with the CDSS Director.

- **Lack of clarity regarding application of the Prudent Parent Standard, particularly as it applies to babysitting and respite care:** CDSS and the QPI Leadership Team have been working on clarifying policies on babysitting and respite care. CDSS has issued ACIN No. I-17-13 about applying the Prudent Parent Standard under a variety of scenarios. This ACIN was prepared with input from youth from the California Youth Connection (CYC) and the California Foster Care Ombudsman Office. The ACIN can be accessed at: http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acin/2013/I-17_13.pdf. Following an August 2014 QPI webinar focused exclusively on respite care issues, CDSS began working on revisiting existing policy and regulations around respite care to ensure that caregivers have the flexibility to use the Prudent Parent Standard in selecting a short term babysitter, who is already familiar to the child, in case of an emergency or unavoidable absence from the children. Clarification on this policy was provided in ACIN No. I-28-15, and was released on June 10, 2015. The ACIN can be accessed at: http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acin/2015/I-28_15.pdf.

- **Lack of clarity about sharing information concerning the child with caregivers:** The CDSS released ACIN No. I-05-14 clarifying the statutory and regulatory requirements, which provide that foster parents must be provided with all available information about the child in their care that is needed to provide excellent parenting. The ACIN also addresses important issues about maintaining relationships between the caregiver and child once the child leaves the home and working with biological families. The ACIN has been well received by both foster parents and child welfare departments. Many QPI sites are currently holding trainings for caregivers and child welfare staff based on this ACIN. The ACIN can be found at: http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acin/2014/I-05_14.pdf

QPI is working with counties to collect data on the quality of care and the effectiveness of the QPI process in impacting recruitment and retention of foster families. QPI has also been working with
the CDSS Research Bureau to develop a sample survey for caregivers and child welfare staff, and plans to assist counties in collecting data and analyzing results.

**California Kids Connection Website and Activities**
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.

The CKC 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 CKC website to the placing agency identified for each child. CKC has been very successful in finding permanent families for our foster children/ youth through the CKC website.

From July 1, 2014 through March 1, 2015, an average of 475 children were listed on the CKC website, and an average of 240 families inquired about waiting children each month. Information regarding the success of this program can be found later in this section.

During this time period:

- 48 percent of the children were on the public section of the website.
- 52 percent were on the secure section of the website.

At the present time, 43 percent of all public agencies (25 counties) participate in exchange meetings activities. There are 46 private agencies that currently utilize the CKC website to search for available youth or who have posted families with approved home studies on the website.

In addition to the online registry, CKC services include exchange meetings, matching events, and training and education for caseworkers. CKC participated in the facilitation of five regional adoption exchange meetings in California. Adoption exchange meetings are held in the San Francisco Bay Area (monthly), Sacramento (monthly), the Central Valley (quarterly), Southern California (bi-monthly), and Northern California (quarterly).

From July 1, 2014 through March 31, 2015, CKC staff organized and participated in five adoption matching picnics and two adoption matching family fairs. CKC has continued to increase the number participating counties and in this period, Calaveras and Madera County have joined in exchange activities and have Website Authorization Agreements on file.

For this reported timeframe, there have been a total of 105 matches as a result of ALL CKC Activities, which includes exchange meetings, family fairs, picnics and the website.

- Of all children matched through CKC activities, 48 percent of the youth were over the age of six years old.
- Of all children matched through CKC activities, 32 percent of the youth matches were part of a sibling set.
Table 13: Age/Race of Children Matched Through All CKC Activities

<table>
<thead>
<tr>
<th>Age Group of Children Matched Through ALL CKC Activities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0-5</td>
<td>54</td>
</tr>
<tr>
<td>Age 6-9</td>
<td>33</td>
</tr>
<tr>
<td>Age 10-17</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td>105</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/ Ethnicity of Children Matched Through ALL CKC Activities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>28</td>
</tr>
<tr>
<td>Caucasian</td>
<td>36</td>
</tr>
<tr>
<td>Latino/ Hispanic</td>
<td>36</td>
</tr>
<tr>
<td>Mix Race/ Ethnicity</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>105</td>
</tr>
</tbody>
</table>

Table 14: Siblings Groups Matched Through All CKC Activities

<table>
<thead>
<tr>
<th>Individual Children</th>
<th>29</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in sibling groups of 2</td>
<td>24</td>
</tr>
<tr>
<td>Children in sibling group of 3</td>
<td>5</td>
</tr>
<tr>
<td>Children in sibling group of 4</td>
<td>2</td>
</tr>
<tr>
<td>Children in sibling group of 5</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 15: Types of CKC Activities

<table>
<thead>
<tr>
<th>Regional Exchange Meeting Matches</th>
<th>66</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Exchange Matching Picnic</td>
<td>9</td>
</tr>
<tr>
<td>Regional Family Fair Activity</td>
<td>3</td>
</tr>
<tr>
<td>Website</td>
<td>27</td>
</tr>
<tr>
<td>Total</td>
<td>105</td>
</tr>
</tbody>
</table>

Table 16: County of Origin of Children Matched Through All CKC Activities (July 2014 – March 2015)

<table>
<thead>
<tr>
<th>County</th>
<th># of Children Matched</th>
<th>2.0 Adoption Navigator Match</th>
</tr>
</thead>
<tbody>
<tr>
<td>Riverside</td>
<td>36</td>
<td>29</td>
</tr>
<tr>
<td>Orange</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>San Bernardino</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Alameda</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Shasta</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Chico</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Sacramento</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Butte</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Lake</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Sierra Forever Family</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Sonoma</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>San Joaquin</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>San Francisco</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Tehama</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>105</td>
<td>47</td>
</tr>
</tbody>
</table>
Adoption Navigator Services
CKC has navigation agreements with five participating counties to provide “Adoption Navigator” services for the children listed on the California Kids Connection website. There are two CKC support staff that provide Internet based recruitment assistance to the following counties:

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

The Adoption Navigators list a child’s profile on the public section of the CKC website and then respond to inquiries about the children from inquiring families. The Adoption Navigators provide critical support and guidance to interested families as they navigate through the adoption process.

From July 1, 2014 through March 31, 2015, the Adoption Navigators have served 206 NEW children and 47 children have been matched with adoptive families with assistance from the 2.0 Adoption Navigators. It should be noted that this is a 350 percent increase from the previous year. These are children who may have otherwise remained in care. Thus, these services assist the State with meeting the well-being and permanency goals for children in foster care.

AdoptUSKids Recruitment Response Team
The CKC partners with AdoptUSKids by serving as the AdoptUSKids California Recruitment Response Team (RRT). The AdoptUSKids website is a program of the CB, and is funded by the Adoption Exchange Association, the federal Health and Human Services/ACF, and the CB.

The CKC RRT 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, 2014 through March 31, 2015, the RRT has answered inquiries of 655 families.

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

From July 2014 to March 2015, CKC staff answers an average of 51 calls each month. Approximately 27 percent of all calls are about foster care and the adoption process in California. Though most calls are in English, there is an average of five calls per month that are with Spanish Speakers.
Table 17: Average Calls Per Month, By Language (July 2014- March 2015)

<table>
<thead>
<tr>
<th>Average English Emails</th>
<th>Average English Packets Sent</th>
<th>Average Spanish Packets Sent</th>
</tr>
</thead>
<tbody>
<tr>
<td>18/ month</td>
<td>8 month</td>
<td>3</td>
</tr>
</tbody>
</table>

As a response to the information and referral calls, the CKC staff sends out an average of eight information packets in English and three information packets in Spanish per month. Information packets are also provided electronically through email and an average of 18 informational emails in English are provided each month.

Foster and Kinship Care Education Program
The CDSS collaborates with the California Community Colleges Chancellor’s Office to provide education and training of foster parents and relative care providers through the Foster and Kinship Care Education Program (FKCE) and 62 participating colleges. Through an interagency agreement, statewide meetings, and advisory groups, CDSS and the Chancellor’s Office determine state mandated topics to be delivered by the FKCE program. At the local level, each college conducts advisory meetings that include local social service departments and care providers to further identify needs for training. As a provision of the interagency agreement, CDSS encourages execution of a Letter of Agreement for the purpose of memorializing the collaborative efforts in which the county child welfare departments and community colleges will engage for the provision of training. The Letter of Agreement details the training agreement developed between each participating department and the community college, and illustrates the coordinated efforts made with input from foster parents and kinship caregivers. 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 W&I Code 16003. The colleges are doing an amazing job and offer over 35,000 hours of training in total throughout the state annually. Colleges offer a multitude of community-based training opportunities, both pre-service and in-service training, including specialized topics to assist care providers in meeting the needs of the vulnerable children in their homes.

New in FY 2015-16: the FKCE statewide program will offer care provider training on Awareness & Identification of CSEC. The following is a sample of the topics offered, however, many additional ones are offered by local training programs:

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

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

- California’s four RTAs continue to provide training to new social workers on MEPA and Individualized Education Program (IEP) as part of their core training program.

- CDSS has received federal technical assistance on MEPA in the past to support counties’ compliance with MEPA and continues to attend National Resource Center Diligent Recruitment webinars.

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

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

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

San Bernardino County targets Hispanic and African American via:

• Outreach to Hispanic and African American faith based organization to do recruitment presentations, participate in church events, and booths at community fairs.
• Presentations during holidays at African American organizations and sororities.
• “Taking Care of Business” – held once a month, the county helps prospective foster parents fill out forms, gives the prospective foster parent a TB test and live scan (finger printing), orientation, and information on becoming a foster parent. Spanish speaking staff is utilized to serve the Hispanic community. Usually 100-125 prospective foster parents attend; half tend to drop out due to not meeting 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:

• QPI
• Outreach to Hispanic and African American communities by participating in community events and doing presentations at Hispanic and African American churches.
• Offering foster parent orientation and training classes in Spanish.
• Airing public media messages (radio, billboards, etc.) specific to Hispanic and African American foster parents.

As illustrated in Figure 43 below, the state is faring well in finding foster parents who reflect the race and ethnicity of children in care, with the exception of Native American foster parents. Recent legislation has provided authority for tribes to receive criminal offender record information from the California Department of Justice, thereby allowing tribes to fully approve a tribal home without county child welfare department participation. It is anticipated that this authority will result in an increase in the number of homes available for Native American children.
Figure 43: Ethnicity of Children and Foster Parents of Children Placed in a Family Setting, excludes unable to determine or missing.*

![Figure 43: Ethnicity of Children and Foster Parents of Children Placed in a Family Setting](chart.png)

Source: CWS/CMS AFCARS 2014B Submission

*Child welfare and Probation supervised children in pre-adoptive, kin, foster, FFA, court-specified home, or dependent guardian placements. More than one ethnicity can be reported for each child or foster parent.

**Latino Indicator of ‘yes’ overrides all ethnicities and is reported as Latino only, even if other ethnicities are present.

- **Caregiver Advocacy Network (CAN) Meetings** – CDSS developed the CAN in 2009 to establish a communication network for caregiver advocates, share information, and improve caregiver support services. The meetings are hosted by the Office of the California Foster Care Ombudsman (FCO) and held annually. Caregivers that participate in the Advocacy Network include relative caregivers, county foster parents and foster family agency foster parents. The CAN has identified key issues and recommendations that impact caregivers, which are now the focus of advocacy.

The FCO hosted the CAN annual meeting on May 20, 2014 in Sacramento. The participants received updates on the QPI, CCR, California Foster Parent Conference, RFA and the Caregiver Website www.fosterfamilyhelp.ca.gov. In addition, participants discussed caregiver issues, concerns and challenges. The next meeting is scheduled on May 28, 2015 in Sacramento at CDSS.

*The CAN website:* http://www.fosterfamilyhelp.ca.gov. The CAN Website links CDSS webpages that may be of interest or use to foster parents and caregivers and provides links to other websites that contain useful information and support. The website is a centralized source of information and resources to foster families and caregivers. There is an email link to the FCO’s Office where caregivers can ask specific questions, register complaints, and make suggestions. The CAN website also contains information about the QPI, which coordinates efforts in 18 counties to provide quality caregivers for our foster children and youth. This website also utilizes 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 are included on the CAN website.
Summary
The state collaborated with stakeholders, counties, and philanthropy organizations to consolidate and better coordinate existing efforts, improve customer service and initiate the QPI. The state’s recruitment and retention efforts are exemplified in the following activities:

- Foster Care and Adoptive Resource Families Recruitment and Training web page
- CKC Program/Website
- Foster Kinship Care Education Program
- CAN Meetings
- Diligent Recruitment

Future Plans
Consistent with the work being undertaken related to the CCR Initiative, activities are planned to address the retention, recruitment, and support needs of foster caregivers as a means of increasing the number of placements available to teen minors and non-minors. In August 2015, CDSS hosted a convening of county and state staff to explore strategies, discuss challenges, develop action steps and identify shared learning opportunities regarding retention, support and recruitment. Presentations were made by community based organizations, nonprofit child and family supportive services entities, and county program directors to inform participants of existing strategies and practices. In September 2015 CDSS, the YLC and California State Foster Parent Association will host county thought leaders and foster parents of children with special needs, sibling groups, and teens for the purpose of learning from foster parents what works and what is needed to get and keep quality foster parents.

Juvenile Justice Transfer

Table 18 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 FFY 2014. Data from CWS/CMS are used to identify cases that closed during the federal fiscal year with one of the Incarceration closure reasons noted below.

Table 18: All CWS/CMS cases that closed during the Federal Fiscal Year (10/01/2013 to 9/30/2014) with an indicated closure reason of probation or non 601/602 incarceration.

Period of Report: 10/1/2013 to 9/30/2014

<table>
<thead>
<tr>
<th>Federal Fiscal Year</th>
<th>Case Closure Reason (Cases Closing to Probation or Incarceration)</th>
<th>Count of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>Incarcerated – Adjudicated 601/602</td>
<td>572</td>
</tr>
<tr>
<td></td>
<td>Not Incarcerated – Adjudicate 601/602</td>
<td>73</td>
</tr>
<tr>
<td></td>
<td>Incarcerated – Adjudicated Non 601/602</td>
<td>74</td>
</tr>
<tr>
<td></td>
<td>Child Receiving Services From Probation, Case Suspended</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td>Year Total:</td>
<td>770</td>
</tr>
</tbody>
</table>
WELL BEING

Well Being Focused Services in PSSF

As part of the Quality Assurance process, counties evaluate quantitative and qualitative data, and engage stakeholders including parents to inform and identify community needs. The OCAP consultants work with the counties to ensure engagement of various stakeholders and to navigate counties in the direction of matching needs with appropriate community services that strengthen families, prevent child maltreatment, and improve overall community well-being. Accordingly, a number of strategies have emerged that focus on ways to better coordinate and integrate services that support families. The goal of these strategies is to make better use of our community resources, increase community responsibility for children, and create safe and nurturing environments/communities for all children through which parents are supported through both formal services and normative values that foster mutual reciprocity. The examples below describe a number of innovative, integrated approaches to serving victims of maltreatment and their families, promoting overall well being in FY 2013-14:

Santa Cruz County
Santa Cruz County braids PSSF, CAPIT, and local funds to support Families Together, an innovative program providing home-based services to families. The overall goal is to reduce the number of referrals to CWS by improving child and family well being. Families Together mitigates the personal and life stressors that may trigger child abuse by offering services that emphasize safety, child health and development, and parent-child relationship. Children receive regular screenings to assess their developmental progress and to identify any areas that might be of concern. Depending on their needs, parents are provided linkages to a public health nurse, Head Start, support groups, drug and alcohol treatment, disability services, and medical facilities.

Orange County
Funded with all PSSF streams, CAPIT, and CBCAP monies, Orange County contracts with various service providers and the Orangewood Children’s Foundation to offer the Families and Communities Together (FaCT) and Administrative Support Services program, which consist of 12 FRCs located in high poverty neighborhoods in Orange County. All FRCs offer the same 5 core services that focus on prevention and early intervention of Child Abuse, and various additional services.

San Mateo County
A Child Abuse Prevention Council (CAPC) Parent Leader, who is also an advocate for at-risk Native American children and families, participated in the planning and presentation of San Mateo’s annual report to the County BOS. She attended the meeting, spoke about the importance of child abuse awareness and prevention and hosted a table after the meeting along helping to hand out materials and answer questions. The parent partner also played a critical role in the Request for Proposal review process for the awarding of Prevention Funding (PSSF/CAPIT/CBCAP). She took the time to review all the submitted proposals and participated on the review committee that made the funding decisions.
Ventura County
Making use of PSSF monies, Ventura County continued funding the successful “Healthy Start” program. Social workers, supervised by a Child Welfare Supervisor, are strategically integrated at two elementary schools. Through a variety of mechanisms, the Healthy Start Social Workers assessed 221 children and a total of 285 caregivers during this tracking period. One school’s API overall score increased from 712 in 2012-2013 to 738 in 2013-2014; the other school’s API overall score increased from 701 in 2012-2013 to 713 in 2013-2014. In addition, attendance rates continue to increase. Changes to next year’s program will include the implementation of the FDM system to measure outcomes, additional peer support groups for the children, and collaboration among new school counselors, Outreach Specialists, and Healthy Start social.

San Francisco County
Funded by PSSF-FS monies, the FRC initiative works with 22 different FRCs. PSSF funds support those FRCs serving non-CWS clients who need more intensive services and who are in or at risk of child welfare intervention. Within their service and program array, the network of FRCs offered one-time workshops, School Success workshops, and Parent Leadership opportunities. Of a total 608 parent education program participants, 224 had total scores 3.1 or higher at pre-test on the Parenting Scale (indicating problematic parenting). Of these, 84 (82 percent) demonstrated a total score improvement at post-test.

Fresno County
The Fresno County Department of Social Services vendor Westside Family Preservation Services Huron Neighborhood Resource Center serves an immigrant, farm worker community that is geographically isolated and culturally distinct in Central California’s Great Valley. The people of Huron are the campesinos or the traditionally lowest, poorest class in Mexican society with 30 percent comprised of indigenous, Mexican ancestry. Members of indigenous subgroups do not speak either Spanish or English.

Through a single service of this FRC, more than 800 unduplicated families receive emergency food each month; an estimated 3,200 children eat ten meals every month. The program’s 48 volunteers, staff, and a local capacity to use city space and city liability insurance, are critical factors that allow the Fresno Community Food Bank to distribute food at this scale. As a result of an investment by the Fund for Rural Equity, this FRC is building the capacity to grow beyond its history as a grassroots operation into a data-driven, evidence-based program that is scalable and fundable. The opportunity to build a true asset in this rural area is possible due to a backbone of PSSF-FP funding.

Addressing Developmental Needs for Young Children and Well-Being
Thirty-eight counties use PSSF funding for evidence-based parenting classes, which continued to be offered by local CAPCs throughout the state, and in many communities are taught at neighborhood resource centers (see Safety section for PSSF services charts). In this reporting period, counties reported a 15.5 percent increase in the use of evidence-based programs. Providing easily accessible training within neighborhoods increases parents’ connections within the community increases parents’ knowledge of neighborhood service centers and the array of
supports available to them. Developing networks of support will promote and sustain permanency for families.

- In the OCAP Annual Report, counties reported that the outcome most frequently achieved with OCAP funding is that of increasing parental knowledge, one of the 5 protective factors. Parent Services Project and Strategies’ Strengthening Families program, both OCAP grantees, will continue provide parent education on the 5 protective factors across the state.

State-level initiatives such as the California First 5 Commission and the Early Start program, the Zero to Three Institute, and the Infant Development Association have heightened their interest in young foster children, and most recently in the CWC subcommittee’s work plan, which highlights California’s commitment and recognition that early childhood and care are a critical stage in development and deserves added attention.

- As previously reported, pursuant to CAPTA, children under two are referred to early intervention services through Early Start, which is administered by DDS, CDE and the local Regional Centers. However, the Interagency Agreement has not been executed. Plans will continue to finalize the IA for this year and to examine outcomes based on the Office of Special Education requirements for DDS and regional centers.

- Counties continue to screen for developmental and mental health issues when children first enter care and perform assessments for child strengths and needs continually thereafter. Many counties continue to utilize the support of Public Health Nurses, employing the use of the most popular developmental screening tool called the Ages and Stages Questionnaire. It is being used to engaged parents in understanding what their children need through a conversation via the tool.

- Counties continue to utilize a variety of team meetings to help ensure that all critical information regarding the young child is assessed and conveyed to the caregiver.

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

- Dependency Drug Courts are still in existence as an option that includes intensive drug and alcohol services that support expedited reunification timelines in 30 California counties.
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 care providers; engage biological and care providers in developing case plans; assess permanency options for the child; monitor family progress toward established case plan goals; and ensure that children and parents are receiving necessary services. At each stage of the intervention, caseworkers, with the support of their supervisors, determine the type of supports that children and their families need to ensure that the children are safe, are in or moving toward permanent homes and have stable living arrangements that promote their well-being.

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 who were visited each and every month while in care, and 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 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.

As required by ACF, for FFY 2014, 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 2014 must not be less than 95 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 2014 must occur in the child’s residence.

Data for FFY 2014 indicates California's performance as follows:

1. Monthly Caseworker Visits: The actual percentage achieved for monthly caseworker visits for FFY 2014 was 93.4% percent, which is 1.6-percentage points less than the 95 percent performance standard.

2. Visits in the Home: The actual percentage achieved for visits in the home for FFY 2014 was 79.0 percent, which is 29 percentage points greater than the 50 percent performance standard.
Monthly Caseworker Visit Grant

For the FFY 2013-3014, counties continued to use the Monthly Casework Visit Grant for improving the quality of monthly caseworker visits with an emphasis on caseworker decision-making and caseworker recruitment, retention and training. Additional funds were provided and realigned to counties to aid them in achieving the federal requirements. This funding is associated with:

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

- Improved Data Collection Processes for Probation
- Statewide Training Efforts
- Focused Examination of the Data
- Improved Internal and External Collaboration

Future Plans
For compliance with PL 112-34, California will continue to improve its visit performance to meet the 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. To comply with the federal caseworker visit mandates established in PL 109-288; PL 112-34, and to implement the new case review requirements in PL 113-183 as well as further the goals of the CCR Initiative, the CDSS’ future plans include:

1. Continue to partner with CalSWEC on updating the social work curriculum by incorporating the caseworker visits with children regulations. Full implementation of the revised curriculum is planned for 2017.

2. Continue to work with counties to ensure compliance with new state requirements to ensure that no more than two consecutive monthly visits be held outside the residence of the foster child.

3. 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.

4. Continue to improve the quality of caseworker visits with an emphasis on activities to finding permanency for children and young adults in foster care, engaging children and young adults in developing their case plans, and serving the needs of children and youth placed in group homes as they transition from traditional group home care to short term intensive treatment homes per the CCR Initiative.

Summary
Caseworker visits continue to remain a vital factor of the child welfare system process for foremost ensuring the safety of children, as well as evaluating the ongoing service needs of the child that promote their well-being and that of their families. California’s PIP to Conform to PL 109-288 Caseworker Visits with Children has been a demonstrated success. California Caseworkers have steadily improved performance each fiscal year, improving by 37.7 percent when compared with the California’s baseline data on the number of monthly visits with FFY 2014 data. Visits that took place in the residence of the child have also shown a steady improvement of 22.3 percent when comparing FFY 2014 data with California’s baseline data.

Although the state of California has succeeded in meeting the targeted federal goal of 90 percent, for FFY 2014, the state must continue to improve in order to meet the 95 percent threshold for FFY 2015 and thereafter. Ensure compliance with new state requirements that no more than two consecutive monthly visits be held outside the residence of the foster child as authorized by
SB 342 (Chapter 492, Statutes of 2013) ACL 14-50. California will continue to work with counties and other partners to ensure continued improvement in monthly caseworker visits.

Educational Services

Indicators of Progress
Educational services are provided to children under 18 in foster care through the CDE’s FYS. The FYS provides services to foster students via local education agencies and serves foster children placed in licensed facilities, such as group and foster homes. Currently, FYS does not serve students placed in guardianship, kinship homes, with NREFMs or to those youth who have returned home under a family maintenance plan. Recognizing the importance of this service, legislators have introduced a bill in 2015 that would extend the FYS program to serve all children, and youth under 18 in foster care, including foster youth in non-licensed homes.

FYS Programs support youth in foster care by ensuring that health and school records are obtained to establish appropriate school placement. FYS Programs also coordinate and provide instruction, counseling, tutoring, mentoring, vocational training, emancipation services, independent living training and other supportive education services. The services are designed to improve the child’s educational performance and academic achievement.

FYS programs have educational liaisons (ELs) who are responsible for supporting and assisting foster youth academically. Each local education agency designates a staff person as the EL for foster children. EL duties include facilitating a foster youth’s proper educational placement, school enrollment, and assisting foster youth when a school change is necessary so that their grades, credits, and records are efficiently transferred.

The school boards approved the first round of Local Control Accountability Plans (LCAP) by July 1st of 2014. The first annual updates of LCAPS are to be approved by boards by July 1, 2015. Given that this was the first year of the Local Control Funding Formula (LCFF), there were some issues with many of the districts’ LCAPs, including the following:

- The draft LCAP template that LEAs were required to use was problematic. There were many cells and tables and completing it was confusing and cumbersome to many. An updated template was created by the State Board of Education for 2015-16.
- Most LCAPs did not distinctly address the needs of foster youth; apart from saying they would receive the same services as all students.
- LCAPs frequently failed to link a district’s goals to its actions. For example, although a district may write a goal addressing school climate (one of the state’s 8 priorities for LEAs to address in the LCAPs), the district may not propose actions focused on behavior management practices or policies.
  (Carrie Hahnel, “Building a More Equitable and Participatory School System in California: The Local Control Funding Formula’s First Year,” The Education Trust-West, 2014).

The LCFF legislation requires the CDSS to share foster youth data with the CDE, so that the CDE can identify the foster students at each school district for funding purposes, and to ensure that these students are provided with the services they are entitled to. CDSS and CDE executed a Memorandum of Understanding (MOU) to allow the CDSS to share foster youth data with the CDE.
In October 2014, CDSS began sharing weekly reports of foster data with the CDE. The data share has resulted in school districts being able to successfully identify and serve over 80 percent of foster youth enrolled in California schools. A few data entry problems have been identified in the first few months of the data exchange and strategies have been implemented to address those issues which will likely result in an increased match rate. The CDSS is also in the process of developing a second MOU with the CDE to allow additional sharing of foster youth data. This MOU will allow the CDE to share educational information with the CDSS regarding students in foster care. This information will allow the CDSS to more closely monitor the educational services of youth in foster care. The more information CDSS and ultimately the child welfare agencies have about foster youth, the better we serve these children and families.

Since implementing the LCFF, there is an increased need for partnership between educational agencies and child welfare, in order to serve the needs of foster youth students. Currently CDSS is working with the CDE to ensure that FYS programs and Child Welfare agencies are working together at the local level. A first step to this process has been to survey FYS coordinators throughout the state. Once CDSS receives survey responses from a majority of the FYS Coordinators, the CDSS and CDE will share our general findings with FYS Coordinators, in order to establish best practices for effective partnering with child welfare agencies to serve their foster youth students. Based on the feedback received from these surveys, CDSS and CDE can learn where additional training and resources are needed at the local and state level. Additionally, the CDSS hopes that the survey responses will reveal what is working well with LCFF and LCAPs and we can try to promote these best practices throughout the state and to other regions where help and support may be needed.

**Summary**

In recent years, California has passed and/or implemented several laws which further educational outcomes for children in foster care including but not limited to laws affecting children and youth attending K-12 local education agencies, and youth attending community colleges. Implementation for these laws at the county and school district level is just beginning, but shows promise. Currently, CDE is responsible for the maintenance of statewide data regarding educational outcomes for students. The MOU that has been developed by CDSS and CDE is allowing for data sharing amongst the two agencies. This data exchange will assist both agencies with better meeting the educational needs of students in foster care.

CDSS continues to ensure educational oversight of these statutes via policy and program guidance through continued participation in statewide workgroups and with the issuance instructional letters and notices to Child Welfare agencies and key stakeholders.

**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 support and continuous improvement of a coordinated 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 ongoing alignment of myriad statewide priorities and
initiatives in an environment that is constantly being reshaped to respond to shifts in evidence-based best practice and evolving policy. It also requires continued partnership with the State Title XIX Medicaid agency, known in California as the DHCS, and other state agencies as necessary.

Assurances that physical and mental health needs are identified are currently addressed through the state’s Healthcare Oversight Plan. Mental health screening and assessments are 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. In addition to these assurances, the State recently released an information notice to the counties (ACL 15-11, March 24, 2015) clarifying data entry procedures to collect mental health screening and referral information in the CWS/CMS.

As the implementation phase of the Katie A. Settlement Agreement draws to a close, the resulting policies, procedures, and practices developed by the State and counties will inform ongoing training and technical assistance efforts as well as system and program-level evaluation processes that can support and sustain the Pathways to Mental Health Services going forward. That work, as well as other programs and services that address physical and mental health will be described at the end of this section.

- Future APSR submitted by CDSS will refer to program activities once included in the Katie A. Settlement Agreement (commonly abbreviated in prior reports as “Katie A.”) as components of the Pathways to Mental Health Services, a coordinated child welfare and mental health services system with joint oversight by CDSS and DHCS.

Through an interagency agreement, CDSS provides an annual appropriation to DHCS, for allocation 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 CHD 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 collaborated throughout the past year 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 2015-16.

**Schedule for Initial and Follow-up Health Screenings**

There have been no changes in the implementation of the EPSDT standards of care for Medicaid-eligible children and youth in foster care. California foster youth must have an exam by the end of their age period, based on the schedule outlined in Table 19 (for fee-for-service Medi-Cal counties) and Table 20 (for children placed in managed care counties). Both Medical Exam Periodicity Schedules meet reasonable standards of medical practice. 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. Additional information regarding health and dental screenings will become available upon implementation of qualitative case reviews in 2015.
Through the state’s quality assurance system (described previously), California monitors and oversees county performance on the schedule of physical health screenings. If a county is declining or performing poorly, CDSS consultants include a discussion of the measure as part of a county’s monitoring. Consultants discuss the factors that may be contributing to the decline or poor performance and the county’s plans to address them. A county may also choose to include the outcome as part of their SIP, the county’s operational agreements between the county and the state outlining how the county will improve their system of care. In recent years, no county has included Timely Medical Exams in their SIP. As illustrated in Figure 46, the state’s average percentage of children who receive timely exams is approximately 84 percent. Recent data indicates a decrease in percentages of children receiving timely medical and dental exams in 2014. The Department will be working closely with counties showing decreases in timeliness of medical and dental exams to address these problems and develop plans to make improvements. Additionally, during the past year, the number of PHNs applying for vacant positions has decreased. The Department has identified an increased vacancy rate that has resulted in larger caseloads for PHNs in many counties. Counties have reported that the pending transition of the HCPCFC program to the local level is a contributing factor regarding the increased vacancy rate and the reluctance of applicants to apply for open positions. CDSS is working closely with DHCS and PHNs from the HCPCFC to identify additional factors contributing to the declining percentages and to develop strategies to improve outcomes in this area.

<table>
<thead>
<tr>
<th>Table 19: Medical Exam Periodicity (fee for service)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of Child</td>
</tr>
<tr>
<td>Under 1 month old</td>
</tr>
<tr>
<td>1 – 6 months</td>
</tr>
<tr>
<td>7 – 15 months</td>
</tr>
<tr>
<td>16 – 23 months</td>
</tr>
<tr>
<td>2 – 3 years</td>
</tr>
<tr>
<td>4 – 5 years</td>
</tr>
<tr>
<td>6 – 8 years</td>
</tr>
<tr>
<td>9 – 19 years</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 20: Medical Exam Periodicity (managed care)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of Child</td>
</tr>
<tr>
<td>Under 1 month old</td>
</tr>
<tr>
<td>1 – 6 months</td>
</tr>
<tr>
<td>7 – 15 months</td>
</tr>
<tr>
<td>16 – 30 months</td>
</tr>
<tr>
<td>3- 20 years</td>
</tr>
</tbody>
</table>
Monitoring and Treating Identified Health and Mental 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. Several different tools are currently being used by county mental health and child welfare agencies. Counties screen for developmental, 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 PHN’s who employ a variety of tools and strategies such as the Denver II, the ASQ, 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. A list of validated developmental screening tools that were determined to have a reliability rating of 70 percent or more is available to counties.

The CPM referenced previously describes details of the mental health screening that all children and youth involved with child welfare will receive. Within the CPM the term “screening” is defined to include activities done by child welfare – including screening for mental health needs, while “assessment” is 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 practices that identify child welfare as being responsible for ensuring initial and no fewer than annual mental health screenings are completed.

- Currently, CDSS staff assigned to support the Pathways to Mental Health Services system are collaborating with county CWS and county Mental Health Plan (MHP) liaisons to explore behavioral health screening/assessment tools that can be added to the Safe Measures database and CWS/CMS.

Support and Sustainability of the Pathways to Mental Health Services (PMHS) involves continuing efforts of numerous staff from CDSS and DHCS working closely with counties, youth, parents, the provider community, and others. The work that has been completed to date has demonstrated improvements in the delivery of medically necessary mental health services to children in or at risk of placement into foster care, with the primary focus on Medicaid eligible children and youth in need of intensive specialty mental health services. Currently all 58 counties have implemented many components as outlined in the court implementation plan, with 51 counties providing Intensive Care Coordination (ICC) and/or Intensive Home Based Services (IHBS) (see page 53 of the California CFSP for a description of these services). Figure 47, below, shows the progression of implementation for these specialty mental health services and increased capacity of county systems to identify and serve children in foster care with mental health needs. A shared management structure is being implemented at the state level, with corresponding structures being developed or strengthened in many counties to support child welfare and mental health with their collaborative efforts to serve children with mental health needs.

**Figure 47: Key Indicators of County Progress Between the May and October 2014 Katie A. Progress Reports**

<table>
<thead>
<tr>
<th>Measure</th>
<th>May 2014</th>
<th>October 2014</th>
<th>Percent Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subclass Members Identified</td>
<td>16,577</td>
<td>19,728</td>
<td>↑ 19 percent</td>
</tr>
<tr>
<td>Counties Providing ICC and IHBS</td>
<td>42</td>
<td>51</td>
<td>↑ 21 percent</td>
</tr>
<tr>
<td>Children &amp; Youth Receiving ICC</td>
<td>3,969</td>
<td>5,800</td>
<td>↑ 46 percent</td>
</tr>
<tr>
<td>Children &amp; Youth Receiving IHBS</td>
<td>2,862</td>
<td>4,006</td>
<td>↑ 40 percent</td>
</tr>
<tr>
<td>Children &amp; Youth Projected for Services by Next Report Period</td>
<td>7,353</td>
<td>8,558</td>
<td>↑ 16 percent</td>
</tr>
</tbody>
</table>

*Source: Katie A. Semi-Annual Progress Reports, Sept 1, 2013-Feb 28, 2014 and March 1, 2014-August 31, 2014*

Additional work completed thus far includes:

- Since the state submitted its CFSP, the Joint Management Task Force (JMT) completed and presented its recommendations for a Shared Management Structure (SMS) to the CDSS and DHCS leadership. In February 2015, a joint letter was issued by the State Departments announcing the SMS, which includes an Executive Team (ET), a Community Team (CT), a Transformation Manager, a State Team, and ad hoc workgroups as needed.
The ET has leadership and decision-making responsibility for the implementation of Child Welfare/Mental Health state inter- and intra-agency collaborative policy and practice as outlined in the CPM and will operate with direction and input from the Community Team, described below. Matters that cannot be decided by this team will be elevated as appropriate to the Secretary of the Health and Human Services agency for resolution. The ET began meeting in January 2015 and will meet quarterly or more frequently as needed.

The CT is comprised of youth, parents, providers, advocates, a representative each from a local CWS and MHP, a CWDA representative, a County Behavioral Health Directors Association representative, a Probation representative, a CDSS state team member and a DHCS state team member, and two members of the ET. Members of the CT are asked to commit to a minimum one year term of service and will meet monthly, with the first meeting completed in May 2015.

The Transformation Manager will provide staff support and facilitation for both of the shared management teams described above and report directly to the ET. Both CDSS and DHCS have selected a candidate for this position and are in the process of defining the duties and expectations of this position.

Pending full installation of the SMS, the existing State Team, comprised of representatives from both CDSS and DHCS, will continue its role of operationalizing the PMHS existing work and other work that may emerge from the leadership teams. The State Team will address policy and practice areas and provide technical assistance and strategies to counties and providers. The State Team will continue to meet on a bi-weekly basis and will develop a communication and feedback strategy during the transition to the SMS.

The JMT also recommended establishing FixIT Teams (time-limited, focused work groups) comprised of subject matter experts on an as-needed basis to deal with specific issues identified anywhere within the SMS. The CDSS and DHCS have chosen to embed the FixIT Team functions within the current State Team infrastructure; State Team members will reach out and include internal/external stakeholders in these ad-hoc teams to address issues that require special review and specific expertise. Frequency of meetings will depend on the issue.

The work of the Accountability, Communication, and Oversight Taskforce within the Joint Management Taskforce and the Core Practice Model Fiscal Taskforce has likewise been completed and their recommendations submitted along with those of the JMT. Additional collaborative efforts are continuing with the county CWS and MHP, DHCS Performance Outcome System and members of both State Teams to determine what will be measured to evaluate progress in implementing and providing access to CPM activities and EPSDT services.

An IA between the CDSS and DHCS was executed in October 2014 to allow sharing of data relevant to support the ongoing implementation and continued quality improvement of PMHS. The production and analysis of the first two sets of matched data between CWS and MHP services, covering the service review periods between 9/1/2013 and 8/31/2014, is in progress and will inform current and future efforts to capture the reach and evaluate
The effectiveness of services delivered in the coordinated system of care. Data indicators under consideration for these reports include service array (general mental health, intensive EPSDT, inpatient mental health, ICC/IHBS, Wraparound), number of placement changes, group home placements, specialized care rate, psychotropic medication utilization, diagnosis, and demographics (age, ethnicity, gender).

- The regional learning collaboratives discussed in the prior report held their final meetings in April and May 2015; a final statewide convening of the seventeen participating counties will take place in August 2015 to share promising practices and lessons learned through the implementation of the new Medi-Cal service codes, the CPM, identified needs for training and technical assistance, and additional county strategies to overcome barriers and challenges to providing services.

- Provision of technical assistance via twice monthly phone calls with county child welfare and mental health agencies continue with facilitation from both CDSS and DHCS. Topical webinars continue to be offered to further address the policy and program implementation needs of counties as identified through their on-going inquiries submitted to the State Teams either by phone, in-person at site-visits or meetings, or by email.

- CDSS and DHCS partners met in April 2015 to identify internal tasks to be completed prior to reconvening the larger Therapeutic Foster Care (TFC) workgroup, one of the topic-focused committees convened during the Katie A. Settlement Agreement implementation period. TFC is identified as one of the major services provided through Pathways to Mental Health Services (alongside ICC and IHBS) and is included in the Core Practice Model. TFC is not currently operational, as approval is needed through the Centers for Medicaid and Medicare Services (CMS). The DHCS and CMS have been working together for the past two years on clarifying the details to make TFC an approved service in California. The TFC workgroup will be tasked with aligning implementation of TFC in PMHS with the recommendations of CCR (discussed in the section of this report addressing Permanency); identified next steps in preparation for reconvening the workgroup include state completion of a training needs assessment around TFC for counties and providers, conference call between CDSS and DHCS leadership and county CWS and MHP directors to discuss TFC rate structure and issues around recruitment, training, support, and retention of TFC foster parents, and accessing lessons learned from the implementation of Multi-Dimensional Treatment Foster Care/ Intensive Treatment Foster Care (MTFC/ITFC) as part of the development process for TFC.

- MTFC/ITFC foster parents receive intensive training and on-going support, and are provided with all known information 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. Statewide ITFC programs serve 187 children. The small number of children served might correlate with the anticipation of implementing the MTFC model as a Medicaid service required by Katie A.

- 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 is 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.\(^\text{17}\)

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’\(^\text{17}\). 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 collaborative process between the Mental Health Plans and County Child Welfare systems will identify what children that are 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 previous report noted that the CAPP described previously in the Permanency section of this report, and Katie A. Core Practice Workgroup were in the process of integrating the Core Practice Models developed for each initiative. The CWDS continues to partner with CalSWEC, CDSS and other stakeholders to examine the intersections of policy and practice among a range of Child Welfare and related initiatives currently being implemented statewide and recommend an integrated Statewide Core Practice Model that aligns common policy and practice elements among the emerging and established programs and articulates a clear and consistent statewide approach to a coordinated child welfare system of care.

  - The California Core Practice Model workgroup has reviewed the CAPP, PMHS, CCR, Family to Family, Linkages, Parent Partners, QPI, RFA Process, SOP, and Wraparound in order to identify common Casework Components and Practice Elements that are reflective of those developed and supported by state and local partners. Development and/or implementation of these practices included state, county, community, and tribal stakeholders. The workgroup has completed an overview of a statewide practice model as well as drafted model practice behaviors and identified a series of next steps including sharing the draft practice behaviors with key stakeholders throughout the state for review and feedback to ensure no critical component is missing from the integrated model.

Sharing Medical Information, with the option for an electronic health record
Through the establishment of California’s Health Information Exchange system\(^\text{18}\) the CDSS is exploring mechanisms to share medical information. The Department is also exploring the ability to use the BRC’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.

\(^{17}\) [http://www.chhs.ca.gov/Pages/search.aspx?q=Out%20of%20County%20Mental%20Health](http://www.chhs.ca.gov/Pages/search.aspx?q=Out%20of%20County%20Mental%20Health)

\(^{18}\) [http://ehealth.ca.gov](http://ehealth.ca.gov)
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.

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

Transition Plan for Youth Aging Out
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. The W&IC Section 391 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, and that youth are provided the Advanced Health Directive form, which informs youth of their option to execute a power of attorney for healthcare. State law 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 a state measure 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. This measure is computed via form SOC 405E which is submitted by counties to CDSS on a quarterly basis. The measure 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.
Table 21: Outcomes for Youth Transiting Out of Child Welfare (Measure A/SOC 405E)

<table>
<thead>
<tr>
<th>Measure 8A, Quarter 4 of 2014 (January – March)</th>
<th>Child Welfare</th>
<th>Probation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed high school or the equivalency</td>
<td>74.2</td>
<td>53.9</td>
</tr>
<tr>
<td>Obtained employment</td>
<td>38.1</td>
<td>21.3</td>
</tr>
<tr>
<td>Had housing arrangements</td>
<td>88.1</td>
<td>80.9</td>
</tr>
<tr>
<td>Received ILP services</td>
<td>89.4</td>
<td>87.6</td>
</tr>
<tr>
<td>Had a permanency connection</td>
<td>88.6</td>
<td>92.1</td>
</tr>
</tbody>
</table>

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. In consultation and collaboration with the primary physician, prescribing psychiatrist, and county social worker/probation officer, the public health nurses employed by the HPCFC program ensure that every child in foster care has a current record of prescribed medications. As part of their health care planning and coordination responsibilities, public health nurses document medication information in the Health and Education Passport in the CWS/CMS. PHNs and social workers are able to enter the name of the medication, the condition(s) the medication addresses, whether the medication is psychotropic, and whether the medication is administered for psychiatric reasons.

The juvenile courts are responsible for the direct, case specific, oversight of psychotropic medications for children in foster care. Judicial approval is mandated by California law prior to the administration of psychotropic medications to children and youth in foster care. Existing California law established processes and protections in regards to the administration of psychotropic medications for dependents of the court. The Psychotropic Medication Protocol, also referred to as the JV220 process, initiates the court authorization of psychotropic medications for dependents of the court. Only a juvenile court judicial officer may make orders regarding administration, unless the court finds the parent is capable of making the decision. The court-ordered authorization is based on a request from the child’s doctor indicating the reasons for the request, a description of the child’s diagnosis and behavior, and the expected results and side effects of the medication. County child welfare agencies must request authorization 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 county social worker coordinates with the juvenile court staff to obtain official documentation of the court’s approval or denial of the use of psychotropic medications for any child or youth in foster care. This authorization becomes part of the case file and updated information must be provided to the court every six months if the child or youth is to continue taking psychotropic medication, and the court must renew the order for authorization.

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. This data illustrates that between 11.1 and 12.3 percent of children in foster care have been prescribed psychotropic medications annually since 2012.
Psychotropic medication data which has been entered in the CWS/CMS system can be queried and analyzed and is being used as part of a Quality Improvement Project: Improving the Use of Psychotropic Medication among Children in Foster Care (QI Project- see below for more information). This effort is part of an ongoing collaboration with the Department of Health Care Services. Access to additional data is now available under a data sharing agreement executed between CDSS and DHCS that allows for comparison and analysis of existing data in the CWS/CMS with DHCS pharmacy claims data. During the past year the Department has continued to perform psychotropic medication data matches between CWS/CMS and DHCS data to produce client-level reports. The first client-level reports were recently sent to each county child welfare director and will continue to be distributed quarterly. These reports are intended to provide an alert to counties for children who lacked a court-ordered authorization documented in CWS/CMS optional data field(s) that preceded a Medi-Cal pharmacy paid claim for a psychotropic medication. The results from these reports, the Child Welfare psychotropic medication measures developed through the QIP and subsequent data matches will guide the Department in policy development, providing an additional monitoring mechanism and evaluating the effectiveness of practice and policy change. In addition, the Department will be reviewing these data reports to determine the need for system or regulatory modifications and to provide technical assistance and support to county child welfare agencies.

The United States Department of Health and Human Services, Office of Inspector General (OIG) conducted a study of five states including California to examine quality of care concerns for Medicaid enrolled children being prescribed Second-Generation Antipsychotic drugs (SGAs). Medicaid claims records from 2014 were reviewed for dosage rates, duration of use, indications for use, monitoring, polypharmacy, side effects and patient age. Results revealed quality of care concerns in 67 percent of the cases reviewed. Lack of monitoring was the most commonly identified quality of care concern and only 8 percent of the SGAs were prescribed for medically accepted pediatric uses.

Data indicating the prevalent use of psychotropic medication among children in foster care prompted the implementation of the Quality Improvement (QI) Project to examine many of the same factors reviewed in the OIG study. CDSS and DHCS have conducted ongoing reviews of data collected from the Medi-Cal Pharmacy paid claims information and the CWS/CMS system.
Table 22: Number of Foster Youth Ages 0-17 With a Paid Claim for a Psychotropic Medication in Medi-Cal Managed Care and Fee for Service, During SFY 13-14

<table>
<thead>
<tr>
<th>Age-Group:</th>
<th>Total Unique Number of FCC On Psychotropic Medication In Medical MC 0-17 Years Old</th>
<th>Total Unique Number of FCC In Medical MC 0-17 Years Old</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>00-05 Yrs. Old</td>
<td>39</td>
<td>10,313</td>
<td>0.38%</td>
</tr>
<tr>
<td>06-11 Yrs. Old</td>
<td>783</td>
<td>8,109</td>
<td>9.66%</td>
</tr>
<tr>
<td>12-15 Yrs. Old</td>
<td>998</td>
<td>4,832</td>
<td>20.65%</td>
</tr>
<tr>
<td>16-17 Yrs. Old</td>
<td>835</td>
<td>3,379</td>
<td>24.71%</td>
</tr>
</tbody>
</table>

Gender:

<table>
<thead>
<tr>
<th>Gender:</th>
<th>Total Unique Number of FCC On Psychotropic Medication In Medical MC 0-17 Years Old</th>
<th>Total Unique Number of FCC In Medical MC 0-17 Years Old</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>1,048</td>
<td>13081</td>
<td>8.01%</td>
</tr>
<tr>
<td>M</td>
<td>1,607</td>
<td>13552</td>
<td>11.86%</td>
</tr>
</tbody>
</table>

Race/Ethnicity:

<table>
<thead>
<tr>
<th>Race/Ethnicity:</th>
<th>Total Unique Number of FCC On Psychotropic Medication In Medical MC 0-17 Years Old</th>
<th>Total Unique Number of FCC In Medical MC 0-17 Years Old</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>1,062</td>
<td>9,852</td>
<td>10.78%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>867</td>
<td>10,338</td>
<td>8.39%</td>
</tr>
<tr>
<td>Black</td>
<td>501</td>
<td>4,036</td>
<td>12.41%</td>
</tr>
<tr>
<td>Other</td>
<td>225</td>
<td>2,407</td>
<td>9.35%</td>
</tr>
</tbody>
</table>

Placement Type:

<table>
<thead>
<tr>
<th>Placement Type:</th>
<th>Total Unique Number of FCC On Psychotropic Medication In Medical MC 0-17 Years Old</th>
<th>Total Unique Number of FCC In Medical MC 0-17 Years Old</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Family Agencies (FFA)</td>
<td>589</td>
<td>7235</td>
<td>8.14%</td>
</tr>
<tr>
<td>Foster Family Home</td>
<td>210</td>
<td>2509</td>
<td>0.083699</td>
</tr>
<tr>
<td>Group Home</td>
<td>759</td>
<td>1487</td>
<td>51.04%</td>
</tr>
<tr>
<td>Guardian (Non-Dependent)</td>
<td>296</td>
<td>2011</td>
<td>14.72%</td>
</tr>
<tr>
<td>Guardian Home (Dependent)</td>
<td>54</td>
<td>325</td>
<td>16.62%</td>
</tr>
<tr>
<td>Other</td>
<td>317</td>
<td>3260</td>
<td>9.72%</td>
</tr>
<tr>
<td>Relative/NREFM Home</td>
<td>430</td>
<td>9806</td>
<td>4.39%</td>
</tr>
<tr>
<td>Age-Group:</td>
<td>Total Unique Number of FCC On Psychotropic Medication In Medical FFS 0-17 Years Old</td>
<td>Total Unique Number of FCC In Medical FFS 0-17 Years Old</td>
<td>Percent</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>00 -05 Yrs. Old</td>
<td>95</td>
<td>14,814</td>
<td>0.64%</td>
</tr>
<tr>
<td>06-11 Yrs. Old</td>
<td>1,447</td>
<td>9,409</td>
<td>15.38%</td>
</tr>
<tr>
<td>12-15 Yrs. Old</td>
<td>1,880</td>
<td>7,025</td>
<td>26.76%</td>
</tr>
<tr>
<td>16-17 Yrs. Old</td>
<td>1,882</td>
<td>6,594</td>
<td>28.54%</td>
</tr>
<tr>
<td></td>
<td>Gender:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>2,057</td>
<td>17,815</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>3,247</td>
<td>20,027</td>
</tr>
<tr>
<td></td>
<td>Race/Ethnicity:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>2,961</td>
<td>18,071</td>
</tr>
<tr>
<td></td>
<td>Hispanic</td>
<td>1,224</td>
<td>11,500</td>
</tr>
<tr>
<td></td>
<td>Black</td>
<td>788</td>
<td>5,001</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>331</td>
<td>3,270</td>
</tr>
<tr>
<td></td>
<td>Placement Type:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Foster Family Agencies (FFA)</td>
<td>1056</td>
<td>9,679</td>
</tr>
<tr>
<td></td>
<td>Foster Family Home</td>
<td>448</td>
<td>3,164</td>
</tr>
<tr>
<td></td>
<td>Group Home</td>
<td>1633</td>
<td>3,006</td>
</tr>
<tr>
<td></td>
<td>Guardian (Non-Dependent)</td>
<td>472</td>
<td>2,207</td>
</tr>
<tr>
<td></td>
<td>Guardian Home (Dependent)</td>
<td>274</td>
<td>851</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>786</td>
<td>10,415</td>
</tr>
<tr>
<td></td>
<td>Relative/NREFM Home</td>
<td>635</td>
<td>8,520</td>
</tr>
</tbody>
</table>
Table 22 shows the data for youth receiving medi-cal services through a managed care plan and shows the data for youth in a fee-for service medi-cal program. This data indicates the rates of psychotropic medication use increases during adolescence, is prescribed at slightly higher rates for males and African Americans, and that prescription rates for children placed in group homes exceeds 50%. These data will be compared to SFY 2014-15 data to assist in evaluating the implementation of new state oversight and monitoring protocols for psychotropic medications in the upcoming year.

In 2013-2014, DHCS and CDSS continued the Psychotropic Medication Quality Improvement effort, the QI Project. This interdepartmental effort has informed new state protocols to improve the oversight plan for psychotropic medications and determined the strategies that can be implemented statewide. The goals of the effort include:

- Enhance psychotropic medication safety by:
  - Ensuring appropriate drug and dosage
  - Expanding the Medi-Cal Treatment Authorization Request (TAR) process for antipsychotics to ages 0-17
  - Partnering with courts on assessments and evaluations prior to approval.
- Support the use of psychosocial counseling in lieu of medications.
- Reduce inappropriate concurrent use of multiple psychotropic medicines.
- Engage medication prescribers in practice change via education and consultation
- Use data to analyze, monitor and oversee improvement in the safe use of psychotropic medication.
- Actively engage foster youth in their care, through education.

In order to meet the goals of the QI Project, three workgroups met regularly throughout the past year. The groups include a clinical workgroup, a data and technology workgroup and a youth, family and education workgroup. The QI Project also established an advisory panel comprised of experts statewide who provide guidance to the workgroups regarding their deliverables. The clinical workgroup aims to improve psychotropic medication oversight and monitoring by developing practical tools for prescribers and implementing changes to the court authorization process. The data and technology workgroup’s focus has been to use data to track quality improvement; to conduct data analysis regarding medication use post foster care; create data exchange amongst managed care, specialty mental health and fee-for service plans; and, to reconcile court authorization data with pharmacy claims data to provide an additional monitoring mechanism for court approval of psychotropic medication usage. The primary goals of the youth, family and education workgroup has been to develop education materials specifically to help parents and caregivers, social workers, pharmacists, juvenile court staff, and other key figures involved in supporting the foster care population improve their skills and knowledge about side effects and adverse symptoms related to medications.

The work groups have completed all of the aforementioned deliverables. The clinical workgroup is currently working to disseminate the Guidelines for Prescribers which also includes prescribing standards, monitoring parameters, medication supports, and a prescriber algorithm tool. Training webinars will be conducted over the next year to familiarize providers with the guidelines and to
encourage statewide usage of the tools. Collaboration is also occurring with the Judicial Council to begin implementation of more effective and efficient court authorization processes. The Youth, Family & Education workgroup is in the process of disseminating the Youth Mental Health Bill of Rights and Questions to Ask about Medications documents to all youth, families, social workers and other child welfare professionals. The group has also begun developing a Wellness Workbook: A Guidebook for Youth containing materials to assist youth in exploring their wellness needs and educate them about intervention strategies and options. As previously mentioned, CDSS has begun to provide counties with individual client level reports regarding psychotropic medication prescriptions for their foster youth. The state has issued informational letters to counties to provide technical assistance and guidance in order to utilize the data to effect system change and produce better outcomes for the children in their care.

The QI project team has also developed data measures to better evaluate psychotropic medication usage amongst children and youth in foster care. These measures will track the following:

- Use of psychotropic medications;
- Use of antipsychotic medications;
- Use of multiple concurrent psychotropic medications;
- Use of first-line psycho-social care;
- Initial metabolic screenings and
- Ongoing metabolic tests and follow-up care.

With input from the expert advisory panel members, a Global Data User Agreement for DHCS and CDSS and for DHCS/CDSS and counties has been completed. This will allow for increased data sharing amongst the two state departments as well as with all counties who sign on to the agreement. It is anticipated that this increased data sharing will lead to significant improvements for the oversight and monitoring of the children in foster care.

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.

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 Pathways to Mental Health Services Core Practice Model Guide discussed previously, as one mechanism of advance coordination. The Guide provides counties and community based providers information on how best to achieve integration and coordination of mental health services based on a prescribed set of family-centered values and principles. The Guide outlines practice components of engagement, assessment, service planning and implementation, monitoring and adapting and transition.
The CDSS and DHCS continues to provide joint technical assistance to counties to support identification of strengths and strategies, disseminate best practices, clarify policy barriers and training needs and evaluate effectiveness of services provided through Intensive Care Coordination/Intensive Home-Based Services for youth in foster care who meet medical necessity.

A workgroup is proposed to identify promising practices and lessons learned to incorporate into the Care Practice Model Guide and Medi-Cal Manual for Intensive Care Coordination (ICC), IHBS, and TFC for Katie A. Subclass Members, as well as to update these documents to reflect the transition from “Katie A.”/Settlement Agreement Implementation to the ongoing Pathways to Mental Health Services, possible inclusion of EPSDT claiming guidelines in the Medi-Cal manual, and identify areas where clarification is needed or additional guidance on implementation is available. It is anticipated that this work may begin as early as Fall 2015.

Medication Monitoring
Monitoring at both client and agency level is ongoing and achieved through the state’s electronic case management system. As described above, court authorization of psychotropic medications is entered in to the CWS/CMS system to track approvals and to ensure authorizations are renewed appropriately. Data is available at the state, local agencies and the public via UCB’s Dynamic Report Website (previously described). As described previously, CWS/CMS includes data fields for all medication names and indicators for whether the medicines are psychotropic or prescribed for psychiatric reasons. As previously stated, as part of the QI project, additional protocols to track this information have been developed in collaboration with PHNs, 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
CDSS will continue to engage the County Behavioral Health Directors Association’s Children’s Systems of Care Committee to identify ongoing strategies for accessing expertise and consultation regarding consent and monitoring issues. The QI Project for psychotropic medications also has an expert advisory panel that includes board-certified child psychiatrist. 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 psychotropic medications
Mechanisms for sharing accurate and up-to-date information related to psychotropic medication to clinicians, child welfare staff, and consumers, including both data sharing mechanisms (e.g., integrated information systems) and methods for sharing educational materials are being addressed within the QI project. Utilizing the CWS/CMS, CDSS has outcome measures that include Children Authorized for Psychotropic Medications, as well as Timely Medical/Dental Exams. The Children Authorized for Psychotropic Medications measure identifies percentage of children in placement episodes with a court order or parental consent that authorizes the child to receive psychotropic medication. The Timely Medical/Dental Exams measure provides percentage of children meeting the schedule for CHDP and the provision for medical and dental exams as required in the Manual of Policies and Procedures, Division 31 Regulations. Division 31 requires CWS and Probation agencies ensure 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. HEP is a document of information gathered from doctors, dentists, teachers, mental health, vision care 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 and build an enhanced plan that is consistent with the requirements of the ACYF-CB-IM-12-04 promoting well-being and the new APSR requirements.
CHILD ABUSE PREVENTION AND TREATMENT ACT

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:
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94-6001347
Introduction

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

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

The CAPTA Plan is a primary prevention component of the State’s Child and Family Services Title IV-B Plan, also known as the CFSP. The programs, services, and activities outlined in the CAPTA components are linked to the following goals and objectives included in the CFSP plan:

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

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

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

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 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 to improve their understanding of 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 substantiated referrals in California decreased from CY 2012 at 9.3 per 1,000 to 8.7per 1,000 in CY 2014. The largest rate of decrease was among ages 1-2 and 3-5.
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 contributed include:

- Increase in prevention and early intervention focused service provision as a result of the Child Welfare Services Redesign
- Integration of three year prevention/early intervention plan into the C-CFSR process, including the assessment of county efforts
- Counties’ implementation of DR
- 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**

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

The development of the CSA requires each county to review the full scope of Child Welfare and Probation services, from prevention and early intervention throughout the continuum of care. Additionally, counties conduct a thorough needs assessment providing an analysis on demographics, service provision, systemic factors, and unmet needs. Development of the SIP allows counties to specify their priority improvement goals and to establish a planned process for achieving improvement in those areas.

The SIP also includes a coordinated plan for service provision for programs funded with prevention and early intervention funding, providing evidence that services are meeting identified, unmet needs. As a part of this process, California counties also hold community meetings and focus groups in order to receive input from key stakeholders.

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

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

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

To assist in the measurement of the effectiveness of prevention and early intervention programs and services, OCAP funds the FDM, 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. The FDM is described in more detail in another section of this plan.

**Fatalities and Near Fatalities**

**CY 2012 and 2013 Child Fatalities**
The following information regarding fatalities resulting from abuse and/or neglect is a summary of the information that can be found in California’s Child Fatality Annual Report for CYs 2012 and 2013. In an effort to provide more current information regarding these critical incidents, the CDSS combined review and analysis of CYs 2012 and 2013. The information represents a comparison of child fatality information from CYs 2008 through 2013 that has been derived from the annual reports for those years. Also provided are analysis of child fatality incidents; outcomes from prior year’s activities to address fatality findings; and future plans to address findings from the review of CY 2012 and 2013 child fatality incidents, the most recent time period for which fatality incident analysis is available.

The purpose of the annual report is to meet the reporting mandates of the federal CAPTA and SB 39 (Chapter 468, Statutes of 2007). The CAPTA requires a state to have provisions which allow for the public disclosure of the findings or information about a case of child abuse or neglect which has resulted in a child fatality or near fatality. SB 39 requires a county welfare department or agency to notify CDSS of every child fatality that occurred within its jurisdiction that was the result of child abuse and/or neglect. The determination that abuse and/or neglect led to the child’s death can be made by the Coroner/Medical Examiner, Law Enforcement, and/or the CWS/Probation agency. The SB 39 also requires the CDSS to annually issue a report identifying the child fatalities and any systemic issues or patterns revealed by the notices submitted by the counties and any other relevant information in the Department’s possession.
Throughout the last few years, the CDSS has continued to refine its analysis of child fatality incidents resulting from abuse and/or neglect to provide a more comprehensive look at these incidents including: characteristics of children who are more likely to be victims of fatalities; a more in-depth analysis of incidents which were evaluated out and which had prior child welfare services history (CWS); level of involvement these children and their families had with the CWS system prior to or at the time of these incidents; number of incidents involving children with CWS history beyond five years; demographic information regarding the primary individual(s) responsible (PIR) and secondary individual(s) responsible (SIR) for these incidents including their ages and/or relationships to the children; and the common causes of these child fatalities and a comparison to the victim’s age range. In addition, new to this years’ annual report is a more in-depth analysis of the level of involvement these children and their families had with the CWS system one year prior to and at the time of these incidents as well as data analysis of third party homicides.

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

Update to CDSS Future Plans from CY 2011 Child Fatality/Near Fatality Annual Report Findings

As a result of the analysis of child fatality and near fatality incidents reported in CY 2011, CDSS identified several areas to explore that were intended to address the findings. In the section below, each goal is presented along with the activity and outcome.

**Risk and Safety Assessment Tools**

**2011 Goal:**
Enhance the SDM tools based upon a recent validity study to improve social workers’ estimates of a family’s risk of future maltreatment by more effectively targeting service interventions to high-risk families. Also, better integrate CWS/CMS and SafeMeasures data into the SDM application that will allow for more accurate safety and risk assessments.

**Update:**
During the past year, numerous enhancements to SDM have been completed as described on page 41 of this report. Counties are expected to implement the new SDM tools in November 2015.

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19 Third Party Homicides are situations wherein a child was a victim of homicide by a perpetrator other than a parent/guardian or a person acting as a caregiver and there was no contributory abuse or neglect by a parent, guardian or caregiver.
Best Practices

2011 Goal:
Disseminate data from the Child Fatality/Near Fatality Annual Report to the CDSS network of prevention partners for use in enhancing program delivery efforts and education of community stakeholders.

Update:
The OCAP disseminated the 2011 Child Fatality/Near Fatality Annual Report during Child Abuse Prevention Month via a prevention partner listserv that reaches 14,000 child welfare and prevention partners. In addition, by partnering with the California Family Resource Association, the OCAP reached 800 or more family resource centers, child abuse prevention councils, First 5 Commissions and family support organizations.

Case and Practice Review

2011 Goal:
Establish an advisory team to analyze existing child fatality and near fatality data to inform training, policy, practice and other supportive systems, thereby ensuring continuous quality improvement.

Update:
The CDSS convened a multidisciplinary-interagency Data Advisory Committee, which included representatives from Children’s Data Network, the CDPH, the California Department of Justice, and CDSS in order to: (1) explore what can inferred from existing data about child fatalities, near fatalities and maltreatment; (2) what data is still needed to create an accurate picture of the risk factors associated with these incident, including sources of such; (3) what trends or commonalities does the data reveal about child fatalities, near fatalities, and maltreatment; and (4) what issues/gaps exist with current data and practices. The Committee examined how differing agencies define maltreatment and what existing data sources may be available to provide a better understanding of risk factors and circumstances of these incidents to provide recommendations for prevention activities.

2011 Goal:
Conduct additional data analysis of Child Fatality/Near Fatality incidents involving families with prior child welfare services agency involvement to assess what additional trends may be evident.

Update:
The CYs 2012 and 2013 California Child Fatality Annual Report contains more in-depth analysis of the level of involvement children and their families had with the CWS system within one year of the fatality incident, including cases and/or referrals that were open to a CWS agency at the time of death. The data will primarily focus on those families who had a prior referral investigated within 6 months of the fatality and analysis includes type of CWS involvement; CWS agency contact with families and individuals associated with the family;
whether the victim and/or the individual responsible of the subsequent fatality were involved; services provided to families; safety and risk assessment information; and whether the families’ involvement was similar to the circumstances which resulted in a child’s death.

**Partnerships**

**2011 Goal:**
Explore and develop partnerships with hospitals to implement new parent education programs designed to prevent shaken baby syndrome (SBS). This program will be based upon current best practice models.

**Update:**
The OCAP hosted a hospital focus group meeting in February 2015 to identify current practices in parent education about SBS and to obtain feedback on ways OCAP can support hospitals in providing SBS parent education. From the feedback received, the conclusion was that while some hospitals provide parent education on SBS, the approach varied. Further, some resources being utilized were outdated, and hospitals would welcome information to guide their SBS parent education.

**Physical Abuse Prevention**

**2011 Goal**
Continue to provide SBS awareness literature to the general population and to organizations.

**Update:**
The SBS brochure can be downloaded by the general population, hospitals and community organizations via the OCAP website at http://www.cclld.ca.gov/PG550.htm. OCAP is in the process of reviewing existing materials, researching current studies, trends and programs available toward updating the brochure and making them available in additional languages.

**2011 Goal:**
Explore the feasibility of utilizing existing abuse and parental support crisis hotlines and expanding public education and awareness regarding this resource.

**Update:**
With feedback from the hospital focus group meeting held in February 2015 and research of resources provided in CDC-funded evidence based SBS parent education, the OCAP determined it would promote the Childhelp National Child Abuse prevention toll-free hotline 1-800-4-A-CHILD.

**Comparison of Child Fatality Data from CY 2008-13**
In the section below, child fatality data analysis is presented for CY 2012 and 2013, along with comparison to previous calendar year trends. As a result of the analysis, CDSS has recommended several activities to address the major findings identified. Outcomes of these activities are not yet
available; however, as part of the continuous quality improvement process utilized within the department, data collection has been further refined allowing better targeting of recommended interventions and prevention strategies. In this sense, the outcome of the previous year’s analysis has allowed for improved identification of the level of CWS involvement, individuals responsible, areas of similarity between most recent prior ER referral and the fatality, CWS contact, and services provided.

For CY 2012, California CWS agencies reported via the SOC 826 form 135 child fatalities determined to be the result of abuse and/or neglect with 133 children residing in the home of their parent or guardian and two children residing in an out-of-home foster care placement. For CY 2013, there were 128 child fatalities reported with 125 children residing in the home of their parent or guardian and three children residing in an out-of-home foster care placement. The number of fatalities reported steadily rose between CYs 2008 and 2010 and has fluctuated between CYs 2011 and 2013 \(^{20}\) (see Table 23). The number of fatalities of children in an out-of-home foster care placement declined between CYs 2008 and 2012 and increased in CYs 2013 and 2014.

**Table 23. Count of Fatalities by Calendar Year\(^{21}\)**

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Fatalities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-Home</td>
<td>113</td>
<td>118</td>
<td>127</td>
<td>117</td>
<td>109</td>
<td>97</td>
<td>88</td>
</tr>
<tr>
<td>Out-of-Home</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Third Party Homicides</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-Home</td>
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<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>24</td>
<td>28</td>
<td>5</td>
</tr>
<tr>
<td>Out-of-Home</td>
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<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>0</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total Fatalities</strong></td>
<td>119</td>
<td>123</td>
<td>131</td>
<td>119</td>
<td>135</td>
<td>128</td>
<td>95</td>
</tr>
</tbody>
</table>

**Determining Factors**

For CYs 2012 through 2013, fatality incidents have been determined to be the result of abuse and/or neglect most often by a CWS agency alone, compared to coroner, law enforcement, or a combination of agencies, which remains consistent with CYs 2009 through 2011 findings. The CWS agency may be the leading determining agency due to their responsibility to protect the safety of surviving siblings and the timelines associated with those investigations.

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\(^{20}\) CDSS is still currently receiving SOC 826 forms for CY 2014.

\(^{21}\) SOC 826 forms received from Counties as of April 1, 2015.

\(^{22}\) CY 2012 is the first year following implementation of SB 39 that the CDSS began identifying incidents as third party homicides.
Evaluated Out Fatalities
In CY 2012, there were 27 fatality incidents that were evaluated out. In CY 2013, there were 13 fatality incidents that were evaluated out. For both CYs 2012 and 2013, most of these fatalities were evaluated out because there were no other siblings in the home. The number of fatality incidents being evaluated out has decreased since the CDSS first collected and reported this data in the CY 2010 annual report from 31 fatality incidents in 2010 to 13 fatality incidents in 2013.

Victim Demographics
Hispanic children were more frequently victims of fatality incidents due to abuse and/or neglect in CYs 2012 and 2013, consistent with their general representation in the overall child population in California. However, for Black children, their representation in child fatalities was disproportionate to their representation in the general child population. The majority of the victims of fatalities in CYs 2012 and 2013 were male children less than five years of age. Ethnicity, gender, and age of the victims have remained consistent with CYs 2008 through 2011 with the exception of CY 2009 where there were more female victims than male victims.

CWS History and Involvement
For CYs 2012 and 2013, it was found that slightly over 40 percent of the families associated with child fatality incidents were not known to a CWS agency at the time of the incident nor had history within five years of the incident. On the other hand, over half of these families had history within five years of the incident. Fourteen percent of these families in CY 2012 and 16 percent of these families in CY 2013 had some type of involvement, such as an open case or services provided, with a CWS agency. In comparison to CYs 2008 to 2011, the percentage of families with no CWS history has steadily decreased through the years stabilizing around 40 percent and the percentage of families with CWS history has increased and has remained steady at around 60 percent. Furthermore, the percentage of families that were known to a CWS agency at the time of the incident fluctuated between CYs 2008 and 2013 (see Figure 50). Between CYs 2008 through 2013, the most recent prior referral to the fatality incident continues to occur 0-6 months prior to the fatality incident with neglect being the most reported allegation for these referrals. The disposition for these most recent prior referrals fluctuates between unfounded and substantiated dispositions.

The CDSS took a more comprehensive look at the level of involvement these children and their families had with the CWS system within the year prior to the fatality incident. More specifically, CDSS focused on the most recent prior ER referral that precedes the fatality incident for families who had a referral investigated within six months prior to the fatality.

In CY 2012, there were 26 families who had a referral investigated within six months prior to the fatality. Based on analysis of the 26 families, 11 of the incidents involved the same or similar circumstances and allegations to those in the fatality incident. Additional analysis revealed that 18 of the 26 referrals within six months prior to the fatality incident involved both the same PIR and fatality victim. The data found that for 20 families whose referral was investigated by a CWS agency aside from six referrals that were evaluated out, 11 families were provided services. Services were provided either during the investigation or through a case the family had open at the time of investigation. Types of services included parenting classes, substance abuse treatment, mental health services, public health nurse visits, counseling, and/or domestic violence...
services. Service referrals to local community resources were provided to 5 of the 11 families during the investigation. Data shows that the CWS agency made contact with families and collaterals in the majority of ER referral investigations. Of the 26 prior ER referrals within six months of the fatality, six referrals were evaluated out and four referrals were investigated by counties who did not utilize SDM. Therefore, analysis of these incidents is limited to the 16 referrals that were assessed using SDM. Out of the 16, 11 referrals were determined to be safe, three referrals were conditionally safe, one referral was unsafe and the remaining referral did not have a safety assessment. In CY 2013, there were 29 families who had a referral investigated within six months. Based on analysis of the 29 families, 8 of the incidents involved the same or similar circumstances and allegations to those in the fatality incident. Additional analysis revealed that 21 of the 29 referrals within six months prior to the fatality involved both the same PIR and fatality victim. The data found that of the 20 families whose referral was investigated by a CWS agency, aside from nine referrals that were evaluated out within six months prior to the fatality, three families were provided services and 11 families were provided with service referrals to local community resources. Six of the 20 families were not provided services or referrals. The CWS agency made contact with families and collateral contact in majority of the ER referral investigations. Of 29 prior ER referrals within six months prior to the fatality, nine referrals were evaluated out and one referral was investigated by a county who did not utilize SDM. Therefore, safety assessment analysis of these incidents is limited to the 19 referrals that were assessed using SDM. Out of the 19 referrals, 14 referrals were determined as safe, two referrals had a conditionally safe level, and three referrals were unsafe.

A more in depth analysis of families CWS history and involvement is available in the CYs 2012 and 2013 annual report which is expected to be published in September 2015. Data for CY 2014 is pending review and analysis by CDSS.

**Figure 50**

| Families Known to CWS at the Time of Fatality Between CY 2008 - CY 2013 |
|-----------------------------|-----------------------------|
| 12% | 14% | 18% | 15% | 14% | 16% |

**Cause and Allegation Type**

In CYs 2012 and 2013, blunt force trauma was the main cause of these fatalities and has been the leading cause of deaths since CY 2008. In recent years, the term “shaken baby syndrome” has been replaced with “abusive head trauma” by the American Academy of Pediatrics. Therefore, for CYs 2012 and 2013, fatalities in which the cause was shaken baby syndrome or abusive head trauma were categorized as blunt force trauma.
In CYs 2012 and 2013, neglect was the most reported allegation type that has remained the same since CY 2009. Despite blunt force trauma being the single most reported cause of fatalities, most of the acts of blunt force trauma involved referrals which were substantiated for allegations of abuse or combined allegations of abuse and neglect. Neglect allegations for blunt force trauma fatalities may be attributed to the caretaker(s) denial of causing the injury (no confession at the time of investigation); the explanation of how the injury occurred is inconsistent with the injury itself; failure to provide an explanation of the injury during the CWS investigation; failure to seek immediate medical care for the injury or illness; the autopsy report completed months after the CWS investigation showed abuse was the cause of the fatality; or the primary individual responsible is unknown.

**Individuals Responsible for Fatality**

In an effort to provide a more comprehensive analysis of those individuals responsible for fatality incidents, the CDSS revised its methodology in the CY 2010 report for collecting this data. As a result, CDSS can better distinguish between the primary individual responsible (PIR) for these incidents and other individuals who did not commit the acts which inflicted the fatalities but who were identified by a CWS agency as a party to the abuse and/or neglect that resulted in the fatality. In CY 2012, there were more female than male PIR and in CY 2012; there were more male PIR than female. For both CYs 2012 and 2013, biological mothers were more frequently responsible for fatality incidents, followed by biological fathers, and then by biological parents together. In CY 2013, there were slightly more biological mother’s significant others than in CY 2012 identified as the PIR. The age of the PIR for CYs 2012 and 2013 were primarily 30 years of age and under. In comparison to the previous CYs, CYs 2010 to 2013 data regarding the individual responsible for the fatality incidents cannot be compared to the data for CYs 2008 and 2009 due to the differences in methodology and data collection, although biological parents either individually or together have consistently been the individual(s) responsible/perpetrators of child fatalities. Since CY 2010, the gender of the PIR, age of the PIR, and the relationship between the PIR and victims remain relatively the same with the exception of CY 2012 where there were more female PIR than male.

**Secondary Individuals Responsible (SIRs)**

Since CY 2011, the CDSS has been gathering information regarding other individuals who did not commit the acts that caused the child fatality but who were identified by a CWS agency as a party to the abuse and/or neglect that resulted in the fatality incident. These individuals are referred to as “secondary individuals responsible (SIRs)” and may have in some cases been the person identified as the individual who failed to protect the child from the individual who committed the abuse and/or neglect. For CY 2011, there were 19 incidents and in CYs 2012 and 2013, there were equally 27 incidents in which there was an individual identified as a SIR. For CY 2011, these SIR were almost equally divided between males and females, which consist of biological mothers and biological fathers alone. In CYs 2012 and 2013, there were significantly more female than male SIR in which the SIR was more often the biological mothers followed by biological fathers alone. In addition, the SIR were identified as being most often 30 years of age or younger.
Third Party Homicides
In CY 2012, the CDSS began receiving incidents wherein a child was a victim of homicide by a perpetrator other than a parent/guardian or a person acting as a caregiver and there was no contributory abuse or neglect by a parent, guardian or caregiver. The CDSS identifies these incidents as third party homicides. In CY 2012, there were 24 fatalities and 31 in CY 2013 that were the result of a third party homicide. The determiners of these incidents were most often the coroners. All of these incidents were evaluated out by the CWS agency as they did not meet criteria for investigation by the CWS agency because there was no suspicion of in-home abuse and/or neglect. Investigation was conducted by a law enforcement agency. The children involved in these incidents were primarily Hispanic male teenagers between the ages of 15- and 17-years-old. The individuals responsible for these incidents were largely unknown, and of those individuals that were identified, they were not related to the victim child. The leading cause of these incidents was gunshot.

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

The sections below provide the future plans that CDSS will pursue as an outcome of the analysis of child fatalities reported during CY 2012 and 2013.

Zero to Five
Statewide, approximately four-fifths of all child fatalities occur in children under the age of five, with the greatest percentage of deaths occurring prior to age one. Very young babies, particularly those with prolonged unexplained crying that can last for hours each day for a period of weeks or months, are vulnerable to physical abuse from frustrated and exhausted caregivers. Older infants and toddlers are also vulnerable to physical abuse, as they lack the intellectual development to protect themselves in potentially dangerous situations and are often more socially isolated than their older peers, limiting their exposure to mandated reporters.

Injuries In Infants
The 29th Annual San Diego Conference on Child and Family Maltreatment held in January, 2015, presented the findings from a hospital study on child fatalities and near fatalities. Minor abusive injuries, also known as sentinel injuries, can precede severe physical abuse in infants, but are often not reported. Minor injuries other than superficial abrasions are uncommon in infants who aren’t mobile and, when they occur should raise a concern for abuse. Within a study of 401 infants identified for abuse, injuries in infants occurred 66 percent at 3 months of age and 95 percent at or before the age of 7 months. Medical providers were reportedly aware of the injuries in 41.9 percent of cases but didn’t report. Reasons for not reporting included thoughts of the injury being minor and didn’t seem significant, personal biases (family perceived as low risk), or the provider couldn’t imagine that someone would abuse.
Action Step:

- The OCAP will work closely with the DPH to ensure that mandated reported trainings strengthen information on sentinel injuries in infants and emphasize the subject of personal biases that could prevent reporting. The mandated reporter training needs to be updated to be more interactive and interesting, as it is currently a four-hour slide show. Updated mandated reporting trainings will be linked to the OCAP website. The OCAP will explore avenues to promote the trainings to law enforcement, social workers and healthcare professionals. Further, OCAP will obtain understanding of the requirements for mandated reported trainings by various professionals and discuss possible policy changes if professionals do not have periodic mandated reporter training requirements.

Abusive Head Trauma/Shaken Baby Syndrome (SBS)

The hospital study on child fatalities and near fatalities referenced above further discovered that abusive head trauma including SBS is common causes of infant deaths. The hospital study identified that parents/caregivers get overwhelmed and frustrated by the infant’s crying, as it can occur for up to 7-9 hours within a day, but this is normal for an infant. Infant crying typically peaks at six weeks of age. Abusive head trauma typically begins at two to three weeks and peaks at nine to thirteen weeks. Infant distress is more common when a child is abused. The primary prevention techniques noted include: educating parents on the normalcy of infant crying, implementing evidence informed curriculums for parent education such as The Period of Purple Crying, and supporting caregivers with respite. California hospitals are required by law to provide informational materials to parents or guardians of newborns to help prevent SBS. California is among the 34% of states requiring SBS materials be provided to parents. New York reports the implementation of the NY/Dias parent education program has reduced the incidence of abusive head injuries by 47%. New York also has legislation surrounding the NY/Dias program implementation that requires hospitals and birth centers to request parents to view a video on the dangers of shaking infants and small children.

Action Step:

- The OCAP will work closely with the DPH to promote the use of one of the two SBS programs, The Period of Purple Crying or the NY/Dias programs, within hospitals, clinics and doctors’ offices. The OCAP and the Child Welfare Policy & Program Development Bureau will explore adding more specific direction to legislation for hospitals regarding the SBS material dissemination through hospitals. The OCAP will explore implementation science models to assist hospitals implementing evidence-informed SBS parent education programs.

- The OCAP will review and update its SBS existing materials as well as Safe to Sleep materials; ensuring materials contain the most current information that is inclusive of resources for parents (i.e. the Childhelp National Child Abuse Prevention hotline, as well as
other hotlines and websites). Brochures will be downloadable and available in multiple languages. The OCAP will promote educational information available through its website, social media and partnering agencies (i.e. The Essentials for Childhood Initiative, The California Family Resource Association - reaching 800 family resource centers, Child Abuse Prevention Councils, First 5 Commissions and Strategies listserv reaching 14,000 child welfare and prevention partners)

- The OCAP will explore best practice models on leveraging community resources for respite care and develop a toolkit to be shared with County Child Welfare agencies.

Families with CWS Involvement
Working with our county partners, a variety of efforts are underway to aid improvement in services and supports to troubled families. The CDSS is continuously reviewing other state’s practices and national research for best practices and innovative policies to reduce child injuries and deaths.

Action Step:

- Explore new methodologies and evaluate utilization of predictive risk modeling to aid risk and safety assessments in the years to come.

- Partner with the DPH to identify and maximize opportunities to support families with education and services.

Risk and Safety Assessment Tools
The SDM is a series of assessment tools used to screen calls to the child abuse hotline and assess the risk and safety of families during investigation for child abuse and neglect. It is currently used in 54 of California’s 58 counties. The accuracy of the tools is crucial to determining when to investigate and whether to provide services to a family or remove a child from his or her home. Using research from the Children’s Research Center and feedback from a multiagency workgroup, the CDSS has conducted an extensive research and validation process to improve the performance of the screening and assessment tools.

Hotline Assessment
The child abuse reporting hotline tool is the first assessment of a family’s risk. The updated hotline tool was revised in 2014 to clarify information on prior child deaths – hotline screeners are asked to assess whether a child in the home previously died of suspected abuse or neglect (as opposed to only cases where abuse or neglect was substantiated or determined by law enforcement) and previous child death from abuse has been separated from previous child death due to neglect. The tool was also modified to focus more on caregiver actions than caregiver characteristics – mental health issues, substance abuse and presence of domestic violence alone are no longer risk factors; the tool focuses on caregiver actions stemming from those conditions to assess risk.
In-Home Investigation – Risk and Safety Assessments
When families are investigated by an emergency response social worker for abuse and neglect, the social worker completes a risk assessment and safety assessment to determine if services are required and if the child is safe to remain in the home.

The risk assessment is the key determinant of what level of action is taken when a family comes into contact with CPS. In 2013, the risk assessment tool underwent a validation study, the chief objective of which was to assess how well the current risk assessment tools estimated future maltreatment. A second objective was to explore opportunities to improve the classification abilities of the assessment tools. The validation study concluded that the current risk assessment tools classified the risk level of families reasonably accurately overall, but that performance could be improved and subsequent enhancements were recommended. Among other changes, the new risk assessment tool now evaluates the secondary caregiver in addition to the primary caregiver and distinguishes between families that received CWS services in the past vs. currently.

The updated safety assessment tool adds a more specific domestic violence screening component and added caregiver complicating behaviors that are not an immediate threat but may contribute to the child’s safety. The family strengths and needs assessment was updated to include “prior adverse experiences/trauma” and “cognitive/developmental abilities” to the caregiver domains.

The new tool will also incorporate data from CWS/CMS and SafeMeasures to create more accurate risk and safety assessments. These revisions will allow CPS to more effectively focus its efforts on the families who are at the highest risk of seriously injuring their children.

Action Step:

- It is anticipated that county CWS agencies will begin implementing the new SDM tools in November 2015.

Case and Practice Review
When reports are called into the child abuse hotline that do not appear to meet the statutory definition of abuse or neglect minimum to conduct an in-person investigation, the reports are “evaluated out.” A report that is evaluated out may be closed with no further action, or the reporter or family may be referred to another agency or community organization that better meets their needs, if appropriate.

Cases Evaluated out Where There was a Later Child Fatality
An area of particular concern is the event of a child fatality where the unsafe home environment was previously reported to a child abuse hotline and the referral was evaluated out to another agency.

Child Fatalities Evaluated Out to Law Enforcement
In instances in which a CWS agency receives a report following a child fatality, the report may be evaluated out if there are no other children present in the home. Since there are no living children in need of protection, the CWS agency will instead refer the case to law enforcement for
investigation and prosecution, if necessary. However, this has the potential to create no record of a child death within the statewide CWS/CMS case tracking system, which may exclude vital information for future risk and safety assessments from being known.

**Data Entry and Allegations Regarding Non-Caregivers**
As child welfare is specifically tasked with protecting children within their homes, there can be a variety of practices as to how a CWS agency may investigate and record allegations for perpetrators who are not a parent, guardian, caregiver or household member of the child victim. In some referrals, if a household visitor fatally injures a child, the CWS agency might substantiate neglect against the parent (for allowing an unsafe person access to the child), and defer the investigation and prosecution of the perpetrator to law enforcement. This poses an issue where the perpetrator is not tracked in CWS/CMS, again potentially excluding vital information for future risk and safety assessments from being known.

- The CDSS will review selected child fatality cases in order to identify any patterns and practices that may lead to inappropriate response determinations.

- The CDSS will work with counties to clarify best practice and ensure that all perpetrators are entered in CWS/CMS with an appropriate allegation of abuse or neglect.

**Partnerships**
Explore and develop partnerships with various sources for continual quality improvement and greater prevention effectiveness throughout the State.

**Action Step:**

- The OCAP will stay abreast of current and emerging practices toward preventing child abuse and neglect fatalities, monitoring a variety of resources including the CDC, the Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF), and the California SIDS Advisory Council.

- The OCAP will present the findings of the child fatality report with the First 5 Commission, The Essentials for Childhood Initiative, and the CDC to discuss how this information affects our respective organizations.

- The CDSS is exploring establishing a multidisciplinary team to review aggregate data and case information for victims of child fatalities and near fatalities determined to be the result of abuse and/or neglect. The team will evaluate case data from multiple vantage points to identify antecedent risk factors, recommend practice and policy changes, and discover new opportunities for improved assessment, intervention and prevention of child maltreatment that can lead to death or near death.
Efforts to Implement Near Fatality Legislation

During 2014-15, the CDSS worked extensively with stakeholders to develop legislation that would accomplish the following: 1) ensure statutory alignment with the public disclosure requirements set forth in the Child Welfare Policy Manual section 1.2A.4 #8 and 2) ensure that the State’s definition of “near fatality” aligns with the definition provided in CAPTA section 106(b)(4)(A).

Lack of consensus among the stakeholder groups meant that it was not feasible to have legislation passed in 2015. The primary obstacle to consensus has been debate over satisfying federal disclosure law through the issuance of written summaries as opposed to the release of redacted case-file records, either of which would be federally compliant. In order that the issue of near-fatality disclosure not be delayed any further, CDSS is drafting an ACL, to be released later in the year, which updates California’s definition of “near fatality” to match the federal definition and instructs counties to release information to the public in near fatality cases.

In addition to the difficulty in reaching stakeholder consensus on near fatality legislation, CDSS and its county partners continue to have operational concerns over the federal definition of a “near fatality.” Federal law states that a near fatality occurs when a physician diagnoses a child as being in a “critical” or “serious” condition as the result of abuse or neglect. Interviews with medical experts have demonstrated that, while the term “critical condition” is consistently applied, the term “serious condition” varies much more widely in its application, leading to inconsistent reporting and cases in which a child who has not suffered a life-threatening injury could be designated as a “near fatality.” This could lead to ramifications for a living child abuse victim and his or her family when otherwise confidential juvenile case-file information is disclosed and becomes public. In June, California offered public comment on CAPTA, requesting that the CB advocate that Congress limit the definition of “near fatality” to cases involving life-threatening medical conditions.

Child Fatality Regulations Update

In 2011, the Children’s Advocacy Institute (CAI) brought a lawsuit against CDSS (Butterfield vs. Lightbourne), alleging improper implementation of SB 39, which mandated public disclosure in child fatality cases. CAI alleged that CDSS’ regulations improperly limited disclosure to cases where a child’s death was caused by the parent or guardian and to cases where abuse or neglect was the direct cause of death (as opposed to a contributing factor over time). CAI also alleged that disclosure was limited by permitting law enforcement to redact or seal a case file, as opposed to reserving that right only to the district attorney, as was listed in SB 39. The judge ruled in CAI’s favor in December 2012, and CDSS undertook extensive collaboration with CAI to revise its regulations and bring them into compliance with the court’s ruling.

The revised State regulations package was approved in May of 2015 and took effect on July 1, 2015. CDSS has prepared an ACL explaining the changes in the regulations and practice. The updated regulations and ACL clarify which cases are subject to disclosure, describe in detail the documents that must be disclosed in a variety of specific circumstances and revise the regulations that require the district attorney’s office to redact information that would jeopardize a criminal investigation or court case.
Data Limitations and Challenges
With respect to the data presented in this analysis as well as the annual child fatality/near fatality reports, it is important to recognize that the data only reflects those child fatalities for which all of the following occurred: (1) the CWS agency became aware of the fatality, (2) the fatality was determined to be the result of abuse and/or neglect, and (3) the fatality was reported to the CDSS via the SOC 826 form. Therefore, in the event a child fatality is not reported to a CWS agency and/or the CWS agency is not aware of the fatality, it may not get reported to the CDSS. However, over the last couple of years, the CDSS has issued ACIN reminders to CWS agencies as a best practice to annually reconcile their child fatality data with local child death information from other agencies and teams that are tasked with reviewing child deaths, such as local Child Death Review Teams (CDRT). This should help ensure that child fatalities resulting from abuse and/or neglect, which may not have been previously cross-reported, are brought to the attention of the CWS agency and reported accordingly. In addition, the CDSS continues to collaborate and share data with the CDPH, in an effort to identify any potential unidentified cases (See NCANDS Data section).

A second challenge with respect to data collection has to do with the timing of determinations regarding the causes of fatality incidents. In some incidents, it can take several months to a year or more to make an official determination regarding how a child died, in which the CDSS may not become aware of a child fatality that occurred in any given calendar year until well after that calendar year has concluded. As a result, the CDSS does not complete an analysis of the data for a year until it is determined that most of the fatalities for that calendar year have been reported to the CDSS. This is done in an effort to ensure that the analysis reflects all incidents reported for any given year.

A third challenge is that the detailed information and data is limited to what has been entered into the CWS/CMS. The CDSS staff gathered information for each of the reported child fatality incidents from CWS/CMS in an effort to gain understanding of the reported incidents and the children and families involved. The CDSS staff consulted with individual counties on data elements that may have been identified as unknown or undetermined in CWS/CMS in an effort to gather more accurate information on the causes and individuals responsible for such incidents. In some cases, the CDSS was able to identify more specific data and in others, the data remained unknown or undetermined even after additional consultation.

NCANDS Data
The CDSS currently uses data for submission to the National Child Abuse and Neglect Data System (NCANDS) which is derived from notifications (SOC 826 forms) submitted to the CDSS from CWS agencies when it has been determined that a child has died as the result of abuse and/or neglect, as required by SB 39. The abuse and/or neglect determinations reported by CWS agencies can be and are made by local coroner/medical examiner offices, law enforcement agencies, and/or CWS/probation agencies. Therefore, the data collected and reported via SB 39 and utilized for NCANDS reporting purposes reflects child death information derived from multiple sources. It does not, however, represent information directly received from either the State’s vital statistics agency or local CDRTs.
The CDSS will be continuing to look at how it might utilize other information sources to continue to enrich the data gathered from the SOC 826 reporting process and reported to NCANDS. The Data Advisory Committee, organized by the CDSS, is examining how differing agencies define maltreatment and what existing data sources may be available across multiple agencies to provide a better understanding of these incidents, including identification of any gaps in reporting child deaths. In addition, the CDSS continues to collaborate and share data with the CDPH to conduct the reconciliation audit of child death cases in California. Currently, the CDSS is consulting with CDPH to identify the most current child fatality data available for reconciliation. We are hopeful that once that the reconciliation audit is conducted and the data becomes available from CDPH, the CDSS will be able to compare that data, which includes state vital statistics, local child death review team and DOJ data, with SOC 826 fatality statistics to compare actual numbers reported, etc., informing both our NCANDS and/or APSR submissions.

For additional information, including the California Child Fatality/Near Fatality Annual Reports for CY’s 2008-2013; please visit the Child Fatality and Near Fatality Information website at http://www.childsworld.ca.gov/PG2370.htm.

**Child Protective Service Workforce**

California distributes an ACIN yearly notifying the counties of the guidelines for their Annual Training Plan (ATP) Report. Via the Section III survey of the ATP, the counties report on their workforce, staff training, and detail their corrective action plan for individual social workers that are out of compliance (if any). Information about California’s child protective services workforce was collected from counties in SFY 2014-15. Although not all counties completed the survey and not all survey questions were answered, the data in this report provides the information CDSS has about the child protective services workforce. CDSS determined the survey requires additional restructuring in order to ensure data quality. While CDSS believes that the completed surveys are representative of California as a whole, only 48 of the 58 counties responded to this survey. The following information is based on the responses to the survey.

**Worker Demographics**

*Gender and Age* – Of the total 6008 child protective service professionals, 83 percent are female and 17 percent male. Workers range in age from 20 to over 50 years old; however, the majority are 31 – 50 years old.

*Ethnicity* – White and Hispanics, making up approximately 72 percent of the workforce, Blacks 10 percent, and Asian, Filipino, American Indian, Pacific Islander, and Other make up the remaining 18 percent.

*Education Level* – California has established education requirements for child protective services professionals. As indicated in the W&IC Sections 10553 and 10554, the requirements for child protective services professionals are summarized as follows:

County staff who provide emergency response and family maintenance services shall meet the following qualifications:
• At least 50 percent of the professional staff shall possess a master's degree in social work or its equivalent in education and/or experience as certified by the State Personnel Board or a county civil service board.

• One hundred (100) percent of the supervisors shall possess a MSW or its equivalent in education and/or experience as certified by the State Personnel Board or a county civil service board.

• Remaining ER and FM services professional staff shall possess a BSW or its equivalent in education and/or experience as certified by the State Personnel Board or a county civil service board.

The survey gathered data on level of education of line and supervisory staff and based on the data submitted, 13 percent of line staff have completed a BSW program, 44 percent an MSW, and 43 percent have other degrees. For supervisory staff, 46 percent have an MSW and 47 percent were classified as “other”, and 7 percent have a BSW.

California has established a Standardized Core Curriculum for social workers and supervisors, which covers the basic skills and knowledge required to perform work as identified by stakeholders. California has also established the following requirements for staff training. As indicated in the W&IC Section 14-611, training for child welfare workers and supervisors must complete specific core training as follows:

• All new child welfare workers shall complete a standardized core training program consistent with W&IC Section 16206, as approved by CDSS. Core training shall be completed with 12 months from the date of hire.

• Within 24 months of date of hire, child welfare workers must complete additional core training.

• Newly hired, assigned, or promoted direct line child welfare supervisors shall complete a standardized core training program, approved by the CDSS, within 12 months from the date of hire, assignment, or promotion.3

• All child welfare workers and supervisors shall undergo 40 hours of continuing training every 24 months.

The data collected from the ATP revealed that 81 percent of new social workers completed Core during the required time frames, and 62 percent of supervisors completed Supervisor Core during the required time. The data collected for ongoing training reflects that we had 84 percent of social workers and supervisors complete continuing training during the required time frames. Counties are required to submit a corrective action plan for the staff that are out of compliance for the following year.
As outlined in the Training Plan section of this document, California has an established Evaluation plan for the Statewide Common Core training. Evaluation data gathered from social workers that attended the Core trainings reflected statistically significant gain from pre to post test. The Child Maltreatment Identification classes include an embedded evaluation, the evaluation data collected from these classes reflect a 92.1-96.9 percent passing rate.

California does not mandate specific continuing training for social workers and supervisors. This allows counties to be able to choose the training and training entities that best suits their workers needs as they develop in their position. Our RTA System offers continuing training topics as an option for the counties to use, however, we do not conduct a statewide evaluation of these specific classes or their completion rates as these specific training topics are not required by state regulation to allow counties the discretion to enroll workers based on their individual needs.

A total of 2,779 training days were offered statewide in order for social workers and supervisors to meet the training regulations. There were 918 days of Core and 1,861 days of ongoing training classes offered through the RTA system.

The State does not set caseload requirements for child protective services personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor.

SB 855 (Statutes of 2014) requires that the CDSS provides, to the extent information is readily and publically available, the CWS social worker caseload per county and the number of authorized positions, and this information will be reported in the Child Welfare Services Realignment report to the legislature. The staffing information comes from the publically available CSAs submitted to CDSS as part of the C-CFSR process. This information was first provided in the April 2015 annual report. The CDSS will continue to work with partners to further refine the methodology in collecting this information.

**CAPTA State Plan Update**

The purposes of CAPTA funding are to support: (1) improving the child protective services’ systems, (2) child abuse prevention activities by funding discretionary grants, and (3) support innovation by funding research and demonstration project grants for preventing child maltreatment. In conjunction with other funding sources, the OCAP used CAPTA monies to fund the following programs:

**Linkages**

Please see the Services to Prevent Removal section for details about the Linkages program.

**CAPP**

In the middle of its fifth year of operation, CAPP continues to progress well in implementing a significant practice model approach to the Child Welfare system. The Department has applied for a no-cost extension to complete its implementation and evaluation work during 2015–2016. In order to disseminate the lessons learned from CAPP, CDSS and the 58 California counties are developing a Child Welfare Core Practice
Model that builds on CAPP’s innovative approach to transform the way that Child Welfare partners with families and communities can improve the safety, permanence and well being of vulnerable children. The theoretical framework, values, principles, and behaviors that make up the Core Practice Model are enhancing the ways that the Child Welfare system approaches both prevention and intervention with families and are intended to transform the entire system.

Title IV-E Child Welfare Waiver Demonstration Project: California’s Demonstration Project began on July 1, 2007 with Alameda and Los Angeles counties, and has continued under three short-term bridge extensions through September 30, 2014. On September 29, 2014, the federal government approved a five-year extension and expansion of the Project for seven additional counties through September 30, 2019. The Project operates in the following counties: Alameda, Butte, Lake, Los Angeles, Sacramento, San Diego, San Francisco, Santa Clara, and Sonoma.

The Title IV-E Child Welfare Waiver Demonstration Project’s goal is to improve the safety, permanency, and well being of children, youth, and families through the increase of preventative and family centered strength based practices. The Project facilitates the use of unrestricted federal Title IV-E funds and effects savings while fostering the collaboration between county child welfare and probation departments. The Project includes two primary interventions: Safety Organized Practice/Core Practice Model (SOP/CPM) and Wraparound. Participating counties can also invest their savings in up to four additional interventions. The Project infers families will be more likely to be engaged and benefit from direct services, and children and youth will remain safely in their own homes and experience improved functioning. The Project also fosters collaboration within CDSS and OCAP will continue to coordinate its work to ensure the efficient allocation of resources and exchange of pertinent information.

The Waiver project provides an exciting opportunity for the OCAP to partner with counties in new ways. In keeping with the goal of providing “prevention coaching” the OCAP is discussing with the CDSS Waiver team how to best coordinate work with the C-CSFR and waiver implementation plans. Opportunities to coordinate and integrate in ways that will mutually support counties to utilize their Waiver funding for prevention will be explored throughout 2015–2016.

Safety Organized Practice: All nine counties in the Waiver are implementing SOP. The SOP is a holistic approach to collaborative teamwork in child welfare that seeks to build and strengthen partnerships within a family, their informal support network, and the agency. The SOP uses strategies and techniques based on the belief that a child and his or her family are the central focus, and the partnership exists in order to find solutions that ensure safety, permanency and well being for children. In addition to these nine counties, eighteen additional counties have also begun to implement SOP. They include: Colusa, Contra Costa, Humboldt, Inyo, Madera, Marin, Mendocino, Mono, Nevada, Placer, San Benito, San Joaquin, San Luis Obispo, Shasta, Solano, Sutter, Tehama and Yolo. One exciting aspect of SOP is a transition from family engagement to family involvement. SOP is grounded in Evidence Based/Evidence Informed practices:
Training in SOP is being provided to partners and providers throughout the continuum of care for children and families. San Joaquin County noted that SOP is being used in their prevention strategies to keep children out of the system and/or preventing re-entry. Others have stated that social workers are very excited by this new practice and are re-invigorated in providing grass roots work.

**Parent Services Project (PSP)**
A three-year award (2013-2016), the OCAP funds PSP to establish leadership academies to teach parents how to advocate for themselves and their children in a variety of systems such as child welfare, education, health and others; integrate the 5 Protective Factors into the parent trainings. PSP is designing and piloting parent academies in several counties within the state of California. The PAP parent academies, also known as Leaders for Change (L4C), offer low-income parents a twenty-hour training program grounded in the evidence based Strengthening Families framework.

The PSP provided 20 academies known as L4C to 20 of California’s 58 counties. Through conducting a culturally appropriate outreach plan, PSP succeeded in recruiting a diverse group (41 percent married, 29 percent single, 14 percent divorced or separated and 2 percent widowed; 47 percent Latino, 33 percent white, 8 percent African American, 7 percent multi-racial and 5 percent identified as other) of low income emerging parent leaders as participants. By strategically following the program model of selecting one agency in each county to serve as the county lead to recruit parents and form county specific advisory teams of agency partners, PSP moved Leaders for Change through a second successful year. A highlight of partner agencies includes: the Department of Health and Human Services, FRCs, Department of Education, Head Start, First 5, and the Family Engagement Institute of Santa Clara. Shasta, Santa Clara, Tulare, Los Angeles, Alameda and Kern counties replicated the model.

During this report period, the following accomplishments were noted:

- Five hundred and three (503) participants trained to date
- Five protective factors wall posters translated into Spanish with downloadable documents made available through the PSP website
- On site Spanish language translation provided for monolingual Spanish speaking participants attending English language trainings
Curriculum, recruitment flyers and training documents finalized in both English and Spanish.

The first *Train the Trainers* workshop held to equip L4C graduates with information and skills needed to successfully replicate the model.

OCAP partnered with PSP to achieve the following evaluative objectives in 2013-2014:

1. Conduct an outcomes evaluation assessing the impact of the delivery of Parent Academies in participating counties.
2. Develop evaluation protocols and develop family friendly pre/post and follow-up evaluation tools, based on a logic model and project scope of work.
3. Compile data as work is being conducted in each county. Analyze data, and provide results at county levels and project-wide.

**External Evaluator**
The PSP contracted with Philliber Research Associates, an outside evaluation firm, to assist PSP in developing a logic model to initiate and guide the development of project evaluation instruments. These evaluation tools were used to conduct pre and post surveys of the parents who attend the Leaders for Change trainings, the results of which are detailed below.

**Outcomes**
At the conclusion of the Leaders for Change course, parents were asked to complete post-course surveys to document their own views and practices around how the Five Protective Factors pertain to their own family. The parents were asked to provide a rating of their views and practices prior to the program, as well as an updated rating at the end of the program. Each item was rated on a 5-point scale, with 1 representing “strongly disagree” and 5 “strongly agree”. The items with the largest change pertained to parents’ personal family discussion about challenge and knowing where to get support during a crisis.

Using the same 5-point scale, parents were asked to rate their own communication and leadership confidence and skills both prior to and at the end of the training. The largest changes were parents’ ability to set realistic goals, reflect on actions, and confidence that their knowledge and experience as a parent is useful to their community.
Program Feedback

Participants, both staff and parents, were asked to relate what they found to be the most helpful aspects of the training. Sixty-eight parents responded to this question. For those that listed specific helpful areas, learning about the Five Protective Factors was the most common response (18 percent), followed by learning about effective communication (16 percent), and having the chance to work in groups to share experiences and learn from other parents (12 percent).

One area needing improvement that PSP discovered during this evaluative process is the discrepancy between parent’s significant gains in utilizing the Five Protective Factors in their own lives versus being able to accurately identify and demonstrate and understanding of the Five Protective Factors, where they showed minimal improvement following the course.

In the pre-survey, parents reported most frequently taking action to talk to other parents in the community about how to support children and families, talking to their children’s teacher or school official, and researching information about issues they care about. Following the training, increases occurred in eight of the 13 activities, with three of the increases being statistically significant. The largest increase pertained to taking a leadership role at a school or community hearing.
On average, in the post-test on identification of the Five Protective Factors, parents correctly answered 11.6 of the 20 items. More parents correctly identified social connection items than any of the other four protective factors.

Based upon these results, the PSP developed a toolkit that uses concrete and simple concepts to better explain the Five Protective Factors to the parents. They believe the results that will be provided in the Year Three Evaluation Report will show significant improvement in this area.

**State Parent Leadership team (SPLT)**

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

During this reporting period, members:

- Received advanced leadership training, earning the *National Certification of Parent Leaders* document
- Received 3 months of intense guided practice and coaching for meaningful committee participation
- Were assigned 8 committees/subcommittees: to the CWC and its subcommittees (Prevention/Early Intervention and Permanency), Essentials for Childhood, ICWA, CAPP, Katie A. Settlement Workgroup, and *Strengthening Families™* Roundtable.
- Self-administered Leadership Practices and Behavior Inventory (LPBI) to complete
- Team members’ ratings increased from a baseline of 7.52 to 8.89, indicating growth in leadership development.
- Contributed to the development of a self-administered survey for committee chairs to complete to assess the effectiveness of team participation.

**The Family Development Matrix (FDM)**

Community-Based Agencies utilize the FDM assessment tool in order to help determine appropriate preventative service plans unique to individual family situations.

The FDM is a family outcomes model providing an integrated family assessment tool for case management and outcomes evaluation in and across county-based family service networks and tribal programs in California. The project utilizes the Pathway to the Prevention of Child Abuse and Neglect practices and the Family Strengthening Protective Factors to assist agencies in developing an intervention strategy that is integrated with the
FDM case management system. The Matrix Outcomes Model conducts the administrative, organizing, training, and technical assistance for community-based collaborative agencies.

Throughout the 2013-2014 reporting period, FDM provided continuous technical and training support for pre-existing agencies and selected new agencies, collaboratives, and tribal communities.

Efforts were focused on promoting protective factors and reducing risk factors; FDM conducted the design and pilot testing for the development of Protective Factor FDM indicators. Via training, technical assistance, and evaluation support, FDM continued to foster 233 collaborative partnerships between Child Welfare and Family Resource Agencies to evaluate and track family referrals for differential response.

The FDM has been funded for fifteen years by OCAP. As of June 2015, the FDM will make the transition to providing county and community partners with a business model option, and will no longer be supported by OCAP. Over the last year, OCAP worked with its vendor to further develop the FDM tool and move it towards an evidence based practice. As of the filing of this report, FDM was not found to be ratable by the CEBC, but had made great strides towards becoming more robust and consistent across collaboratives.

In 2013-2014, the FDM was focused to help promote OCAP goals of ensuring services for families are effective. This year the FDM will work with up to three child welfare agencies to gain agreements and plan to assess child welfare referrals. Counties include Ventura, Lake, and Santa Barbara.

The FDM will measure the effectiveness of services and interventions by 1) establishing a method to identify and track the services and interventions offered to families engaged in the FDM process and 2) identify the relationship between change in FDM indicators and interventions provided. Descriptions of interventions have begun in San Francisco, Lake and Santa Barbara counties.

FDM tools are translated in Spanish, Hmong, Chinese, and Vietnamese. Two hundred and twenty three collaborative partnerships were between Child Welfare and Family Resource Agencies were maintained to evaluate and track family referrals for differential response. Fifteen new agencies and 3 new county collaboratives were added.

FDM provided train-the-trainer resources in the form of webinars, videos, training materials, and workshops to Collaborative Leaders so that they can train collaborative members. The project also conducted 35 webinars for training and planning new initiatives for meeting scope of work objectives.

After funding the FDM for fifteen years, the OCAP is ending support for the project, which can now be sustained by counties and their collaboratives. This allows the OCAP to support new and innovative evaluation methods, which will be explored this year. There is a recognized need to bring to the field of prevention much greater rigor than currently exists; community based organizations need tools that the state can standardize to some
extent to measure effectiveness and impact. OCAP will be funding an analysis of this prevention measurement need, and hopes to obtain a contract to learn more about what exists and what is needed before embarking on next steps to discovering what works. The FDM brought many benefits to the field of prevention and family support, including support to build data collaboratives, a free database, and a tool around which workers could utilize a framework to assess family needs. It was not evidence based however, although efforts to move in that direction were supported by the OCAP for the last two years. Since the OCAP is committed to evidence based work whenever possible, it intends to move towards the identification or modification of a tool that will allow the state to compare results across community programs, and to obtain a better sense of what services work for families. The tool would also provide support to developing community based organizations.

All reports can be accessed at: http://www.matrixoutcomesmodel.com/

Strategies
CAPTA funds are used to support the Strategies program, a three agency collaborative (Youth for Change, Interface Children & Family Services, and CB) providing training and technical assistance to family strengthening organizations throughout California in an effort to enhance their capacity to prevent child abuse and neglect. Strategies is a vital component of the informal prevention network, and has for years built the capacity of hundreds of organizations to support families to prevent abuse.

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

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

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

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

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

OCAP focused its trainings this year on four major areas in an effort to have a greater impact and build a deeper knowledge base throughout the state: capacity building for family strengthening organizations, working with special populations, family engagement and implementing programs with fidelity.

In 2013-2014, Strategies achieved the following training outputs:

**Table 25: Trainings Delivered Statewide, By Region, and Types of Trainings**

<table>
<thead>
<tr>
<th>Trainings Delivered Statewide</th>
<th>Classroom</th>
<th>Webinar</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 1</td>
<td>32</td>
<td>8</td>
<td>40</td>
</tr>
<tr>
<td>Region 2</td>
<td>47</td>
<td>6</td>
<td>53</td>
</tr>
<tr>
<td>Region 3</td>
<td>36</td>
<td>9</td>
<td>45</td>
</tr>
<tr>
<td><strong>Statewide Total</strong></td>
<td><strong>115 (83%)</strong></td>
<td><strong>23 (17%)</strong></td>
<td><strong>138</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Types of Trainings</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Capacity Building</td>
<td>111</td>
</tr>
<tr>
<td>Working with Special Populations</td>
<td>14</td>
</tr>
<tr>
<td>Family Engagement</td>
<td>6</td>
</tr>
<tr>
<td>Program Implementation</td>
<td>7</td>
</tr>
<tr>
<td><strong>Statewide Total</strong></td>
<td><strong>138</strong></td>
</tr>
</tbody>
</table>
Eighty percent (80 percent) of trainings offered built the capacity of organizations to strengthen families (e.g. evaluation, adopting the Strengthening Families™ framework, strategic planning, marketing, etc.). The chart below illustrates the types of trainings provided.

**Figure 51: Types of Trainings to Strengthen Families**

![Types of Trainings](chart)

Strategies served trainees from 55 of 58 California counties (excluding Sierra, Yuba, and Mono counties). Of the 3480 trainees, 62 percent were family support staff and 8 percent were CWS staff, reflecting a goal to focus on training non-CWS staff, as CWS are primarily served by regional training academies. The figure below illustrates the trainee representation at 2013-2014 trainings.

**Figure 52: Trainee Representation; FY 2013-14**

![Trainee Representation](chart)
Table 26: Trainee Representation SFY 2013-2014 Trainings

<table>
<thead>
<tr>
<th>Trainee Representation</th>
<th># of Participants</th>
<th>% of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child welfare services staff</td>
<td>293</td>
<td>8%</td>
</tr>
<tr>
<td>County agency staff (not CWS)</td>
<td>462</td>
<td>13%</td>
</tr>
<tr>
<td>Education</td>
<td>378</td>
<td>11%</td>
</tr>
<tr>
<td>Family support staff</td>
<td>2,156</td>
<td>62%</td>
</tr>
<tr>
<td>Parent leaders or advocates</td>
<td>191</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Total Training Participants</strong></td>
<td><strong>3,480</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Training Outcomes

- Ninety-seven (97) percent of training participants reported an increase in knowledge as a result of the training.

- Strategies hosted the one-day *California Maternal Wellness Summit* which provided a broad opportunity to learn the latest and most advanced information about maternal wellness, perinatal mood and anxiety disorders, and postpartum issues related to parenting, child abuse and neglect prevention, and treatment options across diverse populations. In development for over a year, the Summit convened more than 20 national and international experts in the field of perinatal issues to offer an opening keynote address, 24 breakout sessions providing information relevant to parents, direct service staff, mental health practitioners, and medical staff, and 2 closing keynote addresses.

Training Feedback Received

- Trainees have ongoing steady interest in topics related to special populations, such as maternal wellness, families with special needs children, male engagement, military families, and cultural competency.

- More trainees have foundational knowledge of the *Strengthening Families™* framework and the 5 Protective Factors. Organizations are requesting advanced training opportunities about creating protective and promoting factors.

- There is a continued need for foundational training about best practices in family service, including case management, engaging families, documentation, safety, home visiting, and other basic knowledge. Staff turnover continues to negatively impact knowledge of high quality practice.

- Organizations report the desire to offer high quality services—they have access to and knowledge of the “what” through various available sets of program-level practice
standards, but limited knowledge of the “how-to” including what the core elements of high quality practice look like from a staff behavior standpoint.

There were increased requests for:

- Customized training attached to technical assistance for implementation, rather than stand-alone training days
- Training about child maltreatment prevention, including trauma-informed practice and early intervention, chronic child neglect, integrating the Strengthening Families™ framework through customized training, mapping, assessment, and technical assistance.

**Training Impact on Families**
- During FFY 2013-2014, Strategies provided 26 Parent Cafés.
- As a result of Strategies’ training, more organizations are offering Parent Cafés and Community Conversations for parents and community members (based on the World Café model). Organizations are using Cafés and Conversations to encourage parents to build protective and promoting factors and gather community feedback in a format other than a focus group.
- Family services staff provided feedback that based on new knowledge about brain development and its effect on the individual, they now work with families in a different way and do not give up on “non-compliant” families.
- Trainees mention that they are now working with families in a more culturally proficient manner, and using tactics that include: asking about culture, honoring cultural approaches, and integrating culture considerations into family action planning.
- Due to increased knowledge of motivational interviewing and home visiting, trainees have reported an increased level of parent engagement in family case planning. Family support workers have also reported changes in case planning approaches to better include fathers and capable children.
- Trainees report increased male involvement in programs and services, as a result of training and action planning.

**Strategies Technical Assistance**
In addition to training, Strategies provided individualized technical assistance (TA) to a total of 871 organizations and 36 networks/collaborative groups. Through technical assistance projects, Strategies served representative organizations from all 58 California counties. TA participants represented the following domains:

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23 http://www.theworldcafe.com/method.html
Table 27: Organizations That Received TA, By Domain

<table>
<thead>
<tr>
<th>Organizations by Domain</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare Service</td>
<td>30</td>
</tr>
<tr>
<td>County Agencies (not CWS)</td>
<td>115</td>
</tr>
<tr>
<td>Education</td>
<td>79</td>
</tr>
<tr>
<td>Family Support Organizations</td>
<td>619</td>
</tr>
<tr>
<td>Parent Leader Organizations</td>
<td>28</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>871</strong></td>
</tr>
</tbody>
</table>

As the table above illustrates, 619 or 71 percent of TA recipients were from family support organizations (e.g. family resource centers); 115 or 17 percent represented county agencies, including 30 or four percent from child welfare services. The 66 technical assistance projects focused on five major areas as shown below:

Figure 53: Technical Assistance Projects

Table 28: Type of Technical Projects

<table>
<thead>
<tr>
<th>Type of Technical Assistance Projects</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capacity Building Grants</td>
<td>22</td>
</tr>
<tr>
<td>General Technical Assistance</td>
<td>44</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>66</strong></td>
</tr>
</tbody>
</table>

Technical Assistance Focus Area

- Family Engagement: 35%
- Practice Implementation: 26%
- Sustainability: 17%
- Strengthening Families Implementation: 13%
- Results-based Accountability: 9%
Technical Assistance Outcomes
Strategies achieved the following evaluation rating scores:

- Ninety-seven (97) percent of training participants reported an increase in knowledge as a result of the training.

- On a scale of 1-5 (5 being high), participants reported an average score of 4.56 that the training was useful and applicable to daily practice.

- Participants reported an average score of 4.62 on a scale of 1-5 (5 being high) regarding the overall effectiveness of their training.

- Strategies hosted the one-day California Maternal Wellness Summit which provided a broad opportunity to learn the latest and most advanced information about maternal wellness, perinatal mood and anxiety disorders, and postpartum issues related to parenting, child abuse and neglect prevention, and treatment options across diverse populations. In development for over a year, the Summit convened more than 20 national and international experts in the field of perinatal issues to offer an opening keynote address, 24 breakout sessions providing information relevant to parents, direct service staff, mental health practitioners, and medical staff, and 2 closing keynote addresses.

Table 29: Evaluation Data of California Maternal Wellness Summit

<table>
<thead>
<tr>
<th>Evaluation Data</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization Reports that Project Met their Needs</td>
<td>3.41</td>
</tr>
<tr>
<td>Participants Reports Project Objectives were Met</td>
<td>3.32</td>
</tr>
<tr>
<td>Organizations Report the Capacity to Address Similar Issues</td>
<td>3.35</td>
</tr>
<tr>
<td>Organization Reports Overall Technical Assistance Experience</td>
<td>3.33</td>
</tr>
</tbody>
</table>

Training Feedback Received

- Trainees have ongoing steady interest in topics related to special populations, such as maternal wellness, families with special needs children, male engagement, military families, and cultural competency.

- More trainees have foundational knowledge of the Strengthening Families™ framework and the 5 Protective Factors. Organizations are requesting advanced training opportunities about creating protective and promoting factors.

- There is a continued need for foundational training about best practices in family service, including case management, engaging families, documentation, safety, home visiting, and other basic knowledge. Staff turnover continues to negatively impact knowledge of high quality practice.
Organizations report the desire to offer high quality services—they have access to and knowledge of the “what” through various available sets of program-level practice standards, but limited knowledge of the “how-to” including what the core elements of high quality practice look like from a staff behavior standpoint.

**Technical Assistance Lessons Learned**

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

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

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

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

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

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

**Technical Assistance Impact on Families**

- As a result of technical assistance on the topic of father/male engagement, agencies report that more fathers have become involved in programs and agency staff has an increased recognition of the importance of effective co-parenting.

- Agencies report increased effectiveness in building protective and promoting factors within the families they serve.

- Strategies have observed a significant lack of leadership continuity in nonprofit organizations—high turnover of executive and management leadership positions has negatively affected organizational services and sustainability.
Agencies report that families are receiving services in a more comprehensive structure that now encompasses natural supports and quality-of-life activities, in addition to concrete supports, parent education, and other services.

Agencies have noted an increase in parent leadership activities and participation rates.

More organizations are screening both mothers and fathers for postpartum depression and other new parent issues—these parents are receiving services earlier to prevent crises and foster optimal child development.

**Strategies Capacity Building Grants**

Strategies awarded a total of 22 capacity-building grants averaging $3,000.00 to family strengthening organizations and networks in 19 California counties (6 in Northern California, 7 in Central California, and 6 in Southern California). The goal of providing organizations and networks with capacity-building grants is to increase their capacity to implement effective services and practice for the prevention of child abuse and neglect.

Capacity-building projects focused on the following:

- Increasing the effectiveness of prevention and family strengthening services and practice
- Building the capacity of family strengthening organizations and/or networks to assess the effectiveness of prevention services
- Identifying formal evaluation plans with measurement goals that can be met in the identified timeframe
- Identifying innovative approaches for an identified local concern or gap in services as related to child abuse and neglect prevention

In a number of Strategies technical assistance projects, CWS agencies intersected with or participated in various ways:

- Strategies worked with San Diego County to plan and conduct a series of 8 community prevention dialogues in 6 county regions focused on the community’s role in child maltreatment prevention. One approach outlined in the San Diego County SIP is the development of a Community Prevention Framework—the County felt that a county-wide framework would help define a common language, lay out a shared practice approach, and identify shared outcomes as building blocks for accountability. San Diego County is now using the information and ideas gathered through the prevention dialogues to develop the *Community Prevention Framework*.

- In Stanislaus County, Strategies partnered with the Northern San Joaquin Valley Family Resource Center Network (NSJVFRCN) including local CWS to provide technical assistance on developing a storytelling structure to define issues for families and organizations in the region.
Strategies provided technical assistance to the San Luis Obispo County CAPC and local CWS that is focused on designing a standardized measurement system across multiple agencies within the CAPC. Based on information gathered from qualitative interviews, project staff developed a data collection plan, including potential measurement tools, collection process, and analysis strategies that will be vetted by the countywide partnership at a local convening facilitated by Strategies. The results of vetting process will be used to guide necessary modifications and build a formal report to be presented to the CAPC and Board of Directors for approval.

In Amador County, Strategies provided technical assistance to a range of organizations, including Amador County CWS, to build and sustain a comprehensive countywide approach to the prevention of and early intervention in maternal depression and family perinatal issues. The project has grown to include representatives from Calaveras County and the group is now formally known as the Amador-Calaveras Perinatal Wellness Coalition. The coalition’s initiatives include elements of community awareness, capacity building for providers, screening and referral, and professional development across disciplines, all of which will be integrated into CWS practice in Amador County.

In Placer County, the Children’s System of Care and the First 5 Children and Families Commission were instrumental in leading a regional effort to discuss and implement needed early childhood trauma treatment. Strategies provided backbone support to the efforts, including meeting facilitation, organizing and offering trauma-informed training for parents and professionals, convening a regional exploration discussion, and assisting the executive planning team through development of a Request for Proposal for implementation of an early childhood trauma treatment facility.

The FRC Network of Mendocino County, which includes representation from Mendocino County CWS, participated in a Strategies project that focused efforts on “telling our story”. Strategies assisted the network in defining strategic directions, data analysis, and action planning, including support to develop a standardized, yet customizable intake form, explore funding to support shareable data analysis, and ensure that impact is achieved using measurable goals for individuals, families, the FRCs, and the network at large.

California Evidence-Based Clearinghouse for Child Welfare (CEBC)
One of California’s major systemic change practices is to promote and advance the use of evidence based practices and programs. OCAP funds the Chadwick Center for Children and Families - Rady Children's Hospital-San Diego, in cooperation with the Child and Adolescent Services Research Center (CASRC), to maintain, populate and disseminate the CEBC. The CEBC has become a nationally recognized source to identify and disseminate information regarding evidence-based practices relevant to child welfare. The CEBC provides guidance on evidence-based practices to statewide agencies, counties, public and private organizations, and individuals. This guidance is provided in simple straightforward formats on the CEBC website thereby reducing the user’s need to conduct literature searches, extensive reviews, or understand and critique research methodology.
The CEBC provides vital information on the research evidence of over 330 programs to child welfare systems and the nonprofit sector that provide services to children and families. County workers rely on it to make decisions about program investments in communities, and child welfare workers use it to inform case planning and referral decisions.

The CEBC is guided by two main entities which ensure the highest quality review and implementation: (1) a statewide Advisory Committee comprised of state and local child welfare leaders, supporting organizations, and nationally-respected authorities on child welfare; and (2) a national Scientific Panel comprised of nationally recognized members who are leaders in child welfare research and practice.

The CEBC is a critical tool for identifying, selecting, and implementing evidence-based child welfare practices that will improve child safety, increase permanency, increase family and community stability, and promote child and family well-being. The 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 and child welfare practices that are marketed or used in California.

- 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 child welfare system.

In FFY 2013-2014 the CEBC continued to develop, as evidenced by the increased number of topics and site visitors. By supporting the CEBC OCAP not only promotes better practice in child welfare in California but across the nation as well. The CEBC reports an increasing number of non-Californian users. (See figure 54 below.)
Figure 54: CEBC Programs by Scientific Rating

As of June 2014, there were a total of 338 programs listed on the CEBC website. Of the programs that were submitted for rating, only about half received a rating of 1 (highest) to 5. Almost half were not able to be rated (NR) because the CEBC found they had not been rigorously evaluated and/or did not meet other CEBC rating criteria.

In addition to reviewing programs and evaluating them for their foundation in evidence, the CEBC also conducts ongoing research and literature reviews of current programs in the system. In FFY 2013-2014, CEBC reviewed 137 existing programs and added two new topic areas including:

1) Working with Parents with Cognitive Disabilities
2) Attachment Interventions

The CEBC adds new programs to the registry every year, and disseminates information through the website. Other outputs achieved in FFY 2013-2014:

- 40 new programs were added to topic areas this year.
- Website was expanded to include implementation materials.
- Monthly e-mail alerts provided with information on new programs and new materials that have been added to the website. Over 3,200 subscribers via constant contact.
- Launched a “Spotlights” section located on the CEBC Materials page in the Resources section. They are downloadable PDF files.
- Launched a Facebook page in June 2014.
Figure 55 below depicts CEBC website visitor activity during FFY 2013-2014:

**Figure 55: Number of Visitors to the CEBC Website Per Month**

For the year, the percentage of visitors from California was between 16 percent and 20 percent for each month. The average number of visitors per month over this year was 19,300 with the highest being 23,715 in March 2014.

Initially, in-person trainings and webinar trainings focused on educating people about defining evidence-based practices. In recent years the focus of trainings has shifted toward implementation. As part of its Strategic Plan implementation OCAP directed the CEBC to focus on the development of tools that promote the implementation of best practices. As a consequence the CEBC began to develop and identify tools for selecting evidence-based practices and for implementing and sustaining their use in community settings creating an implementation guide as a companion to the CEBC registry. This guide is designed specifically for child welfare administrators and social services providers to provide information and examples of implementation relevant to those working with children and families in the child welfare system.

**Supporting Father Involvement (SFI)**
Few father involvement programs have been systematically evaluated; even fewer have examined father involvement among low-income, minority populations. The primary goal of the SFI research project has been to develop an evidence-based intervention to reduce the incidence of child abuse and neglect by fostering the positive involvement of low-income fathers in the lives of their children and families.  

http://www.familyresourcecenters.net/projects-2/supporting-father-involvement/research
Strategies continues to coordinate the wide dissemination of the SFI research, assist organizations with the implementation of the SFI evidence-based program with model fidelity, and promote father-friendly practices for organizations and father engagement networks.

Specific to Strategies’ goal, a number of outputs were achieved under the following 5 objectives:

1) Enhanced SFI and father-friendly practice dissemination by the development of materials that capture the lessons learned from those implementing father-friendly practices and the SFI intervention. Strategies’ training materials of Supporting Father Involvement are comprised of classroom materials, knowledge transfer materials, and a growing library of resources is available on the SFI website for on-demand and easy access. Training materials include:

- A robust SFI website with resources, handouts and tips sheets on father engagement best practices
- Archived webinars on special topics related to father engagement such as:
  - Supporting Teen Father: Understanding Their Unique Challenges
  - Supporting Reentry Fathers: Building Relationships for Successful Transitions
  - Supporting Military Fathers: Staying Connected with Their Children and Families
- SFI specific model fidelity tools to support organization implement the SFI intervention with model fidelity
- SFI research and all scheduled upcoming father engagement-related trainings are promoted on the Strategies SFI website.

2) Collaborated with other father engagement leaders to include the SFI research team, as well as local, state and national leaders who promote father engagement.

The Strategies team presented SFI research and father engagement best practices at the following conferences in 2013-2014:

- African American Fatherhood Roundtable in Ventura County on October 8, 2013.
- California Child Abuse Prevention Summit in Sacramento on October 17, 2013, presented on Supporting Fathers of Children with Special Needs
- Los Angeles County Fatherhood Summit in the City of Commerce (Los Angeles County) on June 12, 2014.
- 7th Annual Fatherhood Solution Conference in Los Angeles (Los Angeles County) on June 13, 2014, with over 250 participants from organizations throughout Los Angeles County.
- North State Fatherhood Conference in Butte County on September 14, 2014
3) Provide technical assistance for family strengthening organization interested in engaging father as a primary prevention strategy. Strategies provided SFI specific technical assistance for a total of 26 organizations. Technical assistance activities included:

- Conducting organizational father friendliness assessment and action planning
- Implementation of the SFI evidence-based intervention and preparation and technical assistance to assist organizations with pre-planning and guidance on model fidelity.
- Promoting the use of the SFI intervention use through leveraged funding as a strategy can lead to possible funding for family strengthening agencies interested in implementing the SFI intervention.

4) Provide father engagement capacity-building grants to networks and organizations in each region. Small seed monies ($3,000 average) and technical assistance packages were competitively awarded to family-strengthening organization and networks committed to prevent child abuse and neglect by engaging fathers in the lives of their children. A total of 10 organizations were selected and funded. Sample projects were:

- Pilot and implement the SFI evidence-based intervention
- Develop a regional fatherhood collaborative with partnerships representing 5 southern counties.
- Enhance an agency’s Strengthening Families™ efforts by integrating practices that increase father involvement.

5) Provided oversight and leadership for the statewide fatherhood initiative. The dissemination phase of the SFI project is coordinated by Strategies in partnership with CDSS/OCAP and in consultation with the SFI research and development team. The SFI research and intervention represents the first randomized, controlled clinical trial focused on father involvement in low- and middle-income families. In addition, the intervention is the first father involvement-focused randomized controlled clinical trial that included child welfare involved families.

Citizen Review Panels
During this funding period, California has maintained two county-based Citizen Review Panels (CRPs) located in San Mateo County and Ventura County and a statewide CRP through the Prevention and Early Intervention (PEI) Sub-committee of the California CWC.

County Citizen Review Panels
During 2013-2014 each county panel engaged in meaningful activities to assure the well-being, safety, and permanence of children and families in their communities and throughout the state. Recommendations made include the following:
San Mateo CRP panel members recommended that Child and Family Services use qualitative and quantitative measures to evaluate the effectiveness of their Team Decision Making model in relation to the primary objectives of the program. CFS should assess whether Team Decision Making, in relation to the primary objectives of the program, is the most appropriate process for the variety of situations in which it is being used.

Ventura CRP activities were targeted on developing a system to guide the Ventura County Child Welfare out-of-home care and residential or group home placement. In particular, CRP inquiries focused on developing ways to monitor length of stay and in-county placement systems for children who are at risk or victimized by abuse or neglect, or who have other special needs that require accommodations.

Statewide Citizen Review Panel
The Statewide CRP was established in December 2013 as the Prevention and Early Intervention (PEI) Subcommittee of the California CWC. Supported by ongoing technical assistance from the OCAP, the Statewide CRP is well-positioned to make substantive recommendations to the CDSS/OCAP that pertain to critical statewide issues.

Among the PEI-CRP’s recommendations is to identify key California leaders to actively participate in and help shape the ongoing national conversation regarding federal child welfare finance reform. This involves bringing together persons with influence to define the “California voice” with respect to federal reform of child welfare financing. Broad national conversations are being conducted with key partners to build consensus around federal finance reform policy and to identify a set of principles to guide reform work. According to the PEI-CRP, California is recommended to actively participate in these dialogues to proactively influence outcomes, and to avoid potential negative consequences. Having a uniform voice will strengthen the state’s influence.

Training and Technical Assistance
The San Mateo CRP members receive information and updates about the child welfare system from the Children and Family Services (CFS) Director at each regular meeting. In addition, Panel members have a regular agenda item to encourage individual members to share information with other members about the child welfare work they are doing.

Monthly, the CRP members discuss the CFS Dashboard. This is an internal CFS document that provides an overview of data in key interest areas related to children and family services and provides an understanding of the indicators used by CFS to monitor its own programs and services. This year the Panel has asked to receive the new AB 636 reports published by CFS to track progress on the System Improvement Goals which were established during the last program year.

Several members of the Ventura County CRP participated in the Agency 101 and Carpe Diem trainings in early 2014. The trainings are sponsored by the Department of Children and Family Services, Behavioral Health and the local Special Education Local Plan Area (SELPA) and provide presentations from agencies that focus on child abuse prevention, employment, education, mental health, health, child care, etc.
In consultation with the CDSS Analyst and OCAP Chief, the Statewide CRP facilitator created and implemented the PEI-CRP Orientation Manual to assist with:

- Role orientation for members of the California Prevention and Early Intervention
- Statewide Citizen’s Review Panel (PEI-CRP) of the CWC
- Specification of the relationship between the California CWC and PEI-CRP
- Clarifying guidelines for PEI-CRP activities and decisional processes
- Developing and organizing PEI-CRP policy review activities

The Orientation Manual includes resources that may be utilized to train the PEI-CRP members as well as to assist the CRP in connecting to various resource avenues that may be useful during. In person review of the orientation and training related to the role of the Panel Members was conducted at a regular CRP meeting.

Strengthening Families
OCAP is promoting the dissemination and utilization of the Strengthening Families framework and the Five Protective Factors throughout the state as a means of advocating for systemic change. OCAP is implementing Strengthening Families through many vehicles; its primary strategy is through training and technical assistance (TA). As previously stated, Strategies provided training and TA to embed the Five Protective Factors that buffer families against child abuse and neglect into programs, systems and communities in California. In pursuit of that goal, Strategies served fifty-eight (58) of fifty-eight (58) counties. Newsletters, social media, the Strategies website, and subset Strengthening Families and resource webpages were used to provide additional outreach and information.

Training: Strategies offered a total of fifty-two trainings which included those scheduled in their training catalogue for the general public and those customized according to agencies’ requests and needs. Trainings attracted more than 1,700 participants.

Highlights of customized trainings included:

- Two webinars for Child Care Resource & Referral agencies attracted more than 110 people representing forty-seven counties
- One webinar for Race to the Top-Early Challenge Grantees customized in collaboration with the California Department of Education, Early Education and Support Division, California First 5, and the California Network of Family Strengthening Networks.
- A learning session for First 5 Commissions and the leadership staff of First 5 Contra Costa County
- Presentation at the California Child Abuse and Neglect Prevention Summit
- Presentation before the California Department of Education, Early Education and Support Division Staff
Technical Assistance (TA): Strategies supported sixteen TA projects in thirteen California counties; this included two new counties integrating SF: Santa Clara and Tehama. Strategies also provided TA to the fourteen county regional network of the Sacramento-Sierra Regional Child Abuse Prevention Council Coalition and the California Child Care Resource & Referral network (CCR&R).

TA project highlights include:

- Strategies provided support to a work group of the CCR&R in the development of a plan to integrate the Protective Factors into their Standards of Practice.

- Assisted the Kern County Bakersfield City School District to revitalize, reengage, and refocus the East Bakersfield Collaborative through designing and implementing parent engagement activities designed to foster a strong staff-parent partnership.

- Assisted First 5 Santa Clara data team to align program outcomes with the protective factors.

- Assisted the Paradise Ridge Family Resource Center in the formation of a Ridge Strengthening Families Network of fifteen agencies, including non-traditional partners (business, library, law enforcement), to increase awareness of the Strengthening Families framework and the Protective Factors.

- Collaborated with the Stanislaus County Child Abuse Prevention Council and the Child Welfare Department to convene over 112 community leaders to introduce the Strengthening Families framework as a systems level collective impact prevention approach.

- Assisted the Hmong Cultural Center in Butte County to incorporate the SFF into their new employee handbook.

- In Tulare County, the Parent Agency Collaborative Effort (PACE) worked with Strategies to formalize its collaboration to strengthen parent voices across the county. By-laws were written for the PACE satellite groups; parent officer roles and responsibilities were detailed; templates were developed for sign-ins, agendas and minutes; a reporting system was developed; and, officer’s training is scheduled in the new FFY.

- Strategies worked with Ventura County Department of Public Health to map the Protective Factors to their services and develop a process for integrating the Protective Factors into their work.

- Fourteen counties in the Sacramento-Sierra Child Abuse Prevention Council Coalition worked with Strategies in a Supporting Father Involvement project incorporating the Strengthening Families framework through taking the Strengthening Families Program Self-Assessment and identifying significant gaps in services and engagement for fathers, and participating in SFI Group Leader Training to better equip them to further engage and serve fathers through group intervention.
Crosswalk and Curriculum Development
A major Strategies effort involved development of new curricula allowing the field to go deeper into individual Protective Factors. Efforts included the following:

- Strategies piloted a skill-building curriculum for two Protective Factors: Social and Emotional Competence of Children and Social Connections. These modules can be delivered back to back for a full-day training or separately in two half-day sessions.

- Strategies incorporated the Youth Thrive™ framework, developed by the Center for the Study of Social Policy, into the modules to address the needs of youth ages 11-26.

- Strategies, in partnership with the CDE and the California Network of Family Strengthening Networks, identified tools to assist Race to the Top – Early Learning Challenge grantees to implement the Strengthening Families™ framework, and explore the link between Strengthening Families and the core competency of family engagement.

Website Highlights and Improvements
Making the California Strengthening Families website (www.strengtheningfamiliescalifornia.org) valuable to users was a priority for Strategies and the Strengthening Families Roundtable Communication Work Group. The following improvements were made:

- Adding a customized Strengthening Families resource task bar to each Strengthening Families page to ensure easy access to available resources.

- Updating the Strengthening Families Roundtable webpage include links to materials and notes.

- Providing information regarding Strengthening Families work occurring throughout California via email communications, eleven Roundtable Bright Spots Newsletters, and weekly Strategies’ listservs, Strategies’ Facebook page, Twitter feed, Strategies’ blog and Pinterest.
Progress toward CFSP 2015-2019 Prevention Strategies

Prevention Strategy 1

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

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

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

As a result:

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

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

Identifying Non-Child Welfare Prevention System

The first step in moving toward implementation of this goal is mapping the existing system. Strategies, funded by the OCAP, will design and implement a survey and implementation process that will be completed by spring of 2016 to map current community prevention services, activities, needs, tools, and methods of evaluation of the effectiveness of their work. The survey is being designed to ensure scientific rigor, and will be publishable so the CDSS and others can rely on it to develop future planning. The OCAP will use the results as the basis of a responsive request for applications that will support the piloting of projects that fill gaps identified in the survey, obtain more information, test a risk assessment tool, and promote implementation with fidelity in 2016-2019.

Developing Shared Indicators

With the First 5 Association, California First 5 Commission and MCAH Home Visitation Program, the OCAP met multiple times to discuss developing shared outcomes. The result was a draft of four indicators that spanned the spectrum from before birth to school age. The draft indicators were shared with the Secretary of the Health and Human Services Agency, the Superintendent of Public Schools, and the chair of the First 5 Commission. These heads of agencies announced at a public conference their intent to continue to partner in collaboration to share and utilize data for a common prevention agenda.

The OCAP partnered with the California FRC and the Child Abuse Prevention Center of California to begin mapping the informal prevention agencies, including family resource centers, to coordinate for Child Abuse Prevention Month activities, and to disseminate resources to the field.
The OCAP convened a group of 15 hospitals and hospital systems to create an advisory group for child fatalities and near fatalities. One meeting has taken place, and the hospitals provided guidance regarding addressing abusive head trauma through health professional training and the implementation of a best practice like the New York Program. As a result of this meeting, the OCAP will be issuing a request for applications for entities to partner with local prevention organizations like Child Abuse Prevention Councils of family resource centers, hospitals and local home visiting programs. The model will be evaluated with the goal of achieving an evidence rating. Future hospital visits are planned.

The OCAP partnered with the SH Cowell Foundation to convene leaders in the field of family support. Two meetings were held, and included representatives from First 5 commissions, family resource center directors, and child welfare staff, among others. The purpose of the meetings was to advise the OCAP on future directions, including how to invest grant funding, areas of need, innovative practices, and leadership. As a result of the convening, future meetings are planned, and the SH Cowell Foundation and the OCAP are partnering on a program to support emerging leaders in the field. This need was identified by the group, as a result of a significant loss of experienced leadership to retirement.

**Additional Stakeholder Collaboration**

In addition to the partnerships described above, the OCAP co-leads with the California Department of Public Health (CDPH) the Essentials for Childhood: Safe, Stable, Nurturing Relationships and Environments grant from the Center for Disease Control. Year two of five of the initiative yielded the partnership of notable California institutions in efforts to develop a common prevention agenda, a strategic goal for the OCAP. Using a collective impact framework, the Essentials for Childhood (EFC) initiative provides a forum for traditional and non-traditional partners to work collaboratively to increase coordinate work to reduce child maltreatment. Partners include the following:

- The California Endowment
- Prevent Child Abuse California
- CWC – Prevention and Early Intervention Committee/State Citizen Review Panel
- First Five California and First Five County Association
- California Department of Education
- CDPH Office of Health Equity (and Health in All Policies Task Force)
- ACEs Connection
- Defending Childhood Initiative – Department of Justice (DOJ)/Futures without Violence
- DOJ Bureau of Children’s Justice (new)
- Early Childhood Comprehensive Systems – CDPH Maternal, Child and Adolescent Health-West ED
- CDPH Home Visiting Program
- Health and Safety Workgroup – CCR&R
- Center for Youth Wellness – California ACEs Initiative
Prevention Strategy 2

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

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

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

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

Update

In pursuit of this strategy, the OCAP has evaluated various performance measurement systems and has purchased the Efforts to Outcomes (ETO) using CAPTA dollars. The new software’s architecture is almost finalized and will be utilized in the FFY 2014-2015 funding cycle for annual reporting purposes by Counties.

Along with this effort, the OCAP is working to becoming a much more data driven organization. Over a year ago, the OCAP began an exciting partnership with the Children’s Data Network, and Dr. Emily Putnam-Hornstein to discuss how to best measure the impact of prevention services.

This year the OCAP will partner with CDN in several ways. The CDN is acting as an advisor on cumulative risk and predictive risk modeling, and helping the OCAP understand how it can best target its resources to identify and serve those children most at risk. Dr. Putnam Hornstein’s work with big administrative data sets is encouraging, and as a member of the new CDSS Data Advisory Committee, will be able to continue to guide the OCAP’s consideration of child data and how to best use it.

Prevention Strategy 3

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

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

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

As a result of these efforts,

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

Update
In pursuit of this strategy, the OCAP is seeking to upgrade and modernize its data collection system so that it can measure, analyze and produce comprehensive reports of program activities and outcomes achieved by counties and other funded partners. During this reporting period, the OCAP has purchased the Efforts to Outcomes (ETO) software system and it is expected to be utilized for county annual reporting purposes in FFY2015.

This year OCAP outlined a scope of work with a funded partner to consider the results of a prevention survey and propose a possible statewide data measurement system. The results of that work are expected in spring of 2016. Stage 2 of ETO’s development will incorporate the recommendations that result from the study, and include the ability of community based organizations that provide prevention services to report outcomes. The goal is to measure whether child abuse and neglect is being prevented, how, and by how much.

Implementing this will require both cooperative agreements with community based organizations, county child welfare agencies, and potentially funding support to encourage participation. Currently counties do not report client level work to the OCAP, report few outcomes, and indirectly report about their programs. OCAP is exploring the possibility of increasing the type and degree of information reported by counties.
**Prevention Strategy 4**

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

1. Partnering with Dr. Emily Putnam-Hornstein and the CDN to identify at-risk children;
2. The OCAP will build in a training program to ensure expertise in effectiveness of services and interventions, best practices and implementation with fidelity;
3. The OCAP will work with counties on their prevention services arrays to identify and monitor best evidence programs and practices and monitor their effectiveness; and
4. The OCAP will redesign its public awareness program to address issues identified through data collection.

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

**As a result** of these activities;

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

**Update**

The OCAP is redesigning its entire communication plan to more effectively promote messages related to reducing abusive head trauma, promoting safely surrendered baby, and raising general awareness of child abuse and neglect. Requests for Proposals are have been developed and will be released to obtain expert services in communications.

As data is obtained through new efforts utilizing ETO, launched this year, and as a result of projects to work with the prevention community pre-child welfare, the data will be incorporated throughout the messaging. Those systems, as mentioned above, are being established. Campaigns would reflect data in the next funding year.

OCAP staff has been trained in advanced analytics, implementation science, and performance measures this year, so they are better able to work with counties and community partners to promote the effectiveness of services.
As standard practice, the OCAP consultants work with counties during the C-CFSR and SIP processes to identify areas of need, and help select the most appropriate, effective program and service in response to these needs. To this end, consultants have, and will continue, to receive training on implementation science.

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

Most exciting is a planned funding opportunity that would pilot the data collection program by supporting cohorts of community based organizations. The RFA would incorporate multiple strategies, including utilizing risk assessment tools, reporting data, and implementing programs with fidelity. The RFA will be developed in response to foundation studies done in 2015-17, and may be issued in 2017.

**Prevention Strategy 5**

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

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

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

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

**Update**

It takes many years to build the trust necessary to coordinate activities at a systems level. This year the OCAP in partnership with Essentials for Childhood, funded by the CDC and managed by CDPH, developed with partners a common vision, mission and goals. This partnership is the focus of OCAP’s efforts to build a common agenda. An example of collective work is the focus on Adverse Childhood Experiences (ACES). The ACES study, conducted by the CDC and Kaiser Permanente’s Health Appraisal Clinic in San Diego, assesses associations between childhood maltreatment and later life health and well-being. Although the OCAP supports the use of ACES as
an outstanding example of how to use data to tell the story and develop a common agenda, the ACES report does not provide solutions for organizations or families. The OCAP will be working with the Center for Youth Wellness to adapt materials to include the Five Protective Factors, so that prevention is closely connected to the statement of the problem. Results from that collaboration will be available by 2016, and it is hoped they will be publishable. The vision, mission and goals of the Essentials project are as follows:

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

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

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

1) Build upon families’ assets to strengthen their knowledge and skills to provide safe, stable and nurturing relationships and environments for their children.
2) Achieve the highest level of well-being for families and children, with special attention to those who have experienced socioeconomic disadvantage and historical injustice, including vulnerable communities and culturally, linguistically, and geographically isolated communities.
3) Prevent child maltreatment and other childhood traumas and implement trauma informed policies and practices throughout public and private organizations and systems.
4) Improve the quality of and expand the accessibility to programs and services supporting families and children.
5) Enhance the integration of systems and networks that support families and children to improve communication, services, accountability and outcomes.
6) Engage communities and strengthen their capacity to act and take leadership roles in creating safe and stable environments that support families and children.
7) Build public support and commitment (or ...”public commitment and political will...”) for policies and programs that promote safe, stable and nurturing relationships and environments for families and children.
8) Embed and incorporate families and children as priorities in public policies.
9) Increase the number and scope of private sector policies and practices that support families and children.
10) Improve and enhance data management systems that use common measurements to increase accountability for shared indicators and outcomes for families and children.
**Stakeholder Collaboration Strategy**

Planned for 2015-2020:

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

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

**Update**

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

Out of these meetings OCAP obtained feedback for its strategic planning process, and learned from the group what issues are facing the field. These include a loss of long term, knowledgeable leaders; insufficient funding for family resource centers and similar organizations that support at risk families, and a need to consider upstream solutions, such as economic support.

The OCAP also obtained input from the scientific advisory panel with the California Evidence Based Clearinghouse, that resulted in better informing the OCAP’s planning around effectiveness of service and implementing with fidelity evidence based and evidence informed practices. It also formed, with the Child Fatality Unit, a data advisory committee that will focus on child fatalities and near fatalities. This group is comprised of research scientists, epidemiologists, OCAP, Department of Public Health, Department of Justice, and Child Fatalities Bureau. The committee has reviewed the data and is making recommendations about what additional data is needed, and developing a plan to obtain it. The committee will continue to meet and advise the OCAP.
INDIAN CHILD WELFARE ACT

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

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

In the next five years, resources permitting, the CDSS intends to continue a number of efforts to maintain and further develop consultation and coordination with tribes. These continued efforts are described below in more detail.

Coordination with Tribes through the Judicial Council of California’s (JCC’s) Tribal Court-State Court Forum

Another ongoing collaboration exists with the interagency agreement between CDSS and the JCC. Consultation with tribes occurs through a partnership with the JCC through the Tribal Court-State Court Forum (forum). The forum consists of a coalition of various state and tribal courts in California who partner to address common issues relating to the recognition and enforcement of court orders that cross jurisdictional lines, the determination of jurisdiction for cases that might appear in either court system, and the sharing of services between jurisdictions. The forum is convened for the express purpose of improving the working relationship between its members and enabling both tribal and state courts to issue and enforce their respective orders to the fullest extent allowed by law. Details of the ICWA-related work accomplished by this forum are further described in the Current Activities section of this chapter.

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:
ICWA Initiative with JCC Tribal/State Programs Unit

Created in 2005, the ICWA Initiative has been a successful partnership between CDSS and the JCC. Funding for the ICWA was renewed for another three years beginning July 2013. The contract with the JCC promotes further collaboration with tribes, tribal courts, the DOJ and other organizations to identify, recommend, and implement statewide solutions to identified ICWA compliance issues. Fourteen (14) training opportunities on ICWA, Senate Bill 678 (Chapter 838, Statutes of 2006), AB 1325 (Chapter 287, Statutes of 2009) tribal customary adoption legislation and implementing rules of court, ICWA and AB 12, and collaboration with tribal communities in child welfare were offered during SFY 14-15. Additionally, educational resources related to ICWA and/or child welfare and the juvenile court system and ICWA job aids were prepared and technical assistance provided to local courts, attorneys, child welfare agencies, and probation departments regarding ICWA compliance.

In 2009 the JCC established, as part of the Center for Families Children and the Courts (CFCC), 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 case types, with a particular focus on cases relating to family, juvenile and child welfare, domestic violence, dating violence, sexual assault, trafficking, elder abuse and stalking. Additionally, these projects are supported with funds from the U.S. Department of Justice’s Office on Violence Against Women, and are administered through the Governor’s Office of Emergency Services (Cal OES), the U.S. Department of Health and Human Services, and the Court Improvement Program.

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

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

Projects Related to Tribal/State Issues

During this reporting period, staff have worked on comments that the JCC provided on proposed federal rules of court governing how child support cases and handled and processed. As written, these proposed rules would have otherwise had a detrimental impact on cooperation between state and tribal courts in California. Staff have also worked on a proposal to amend the California rules of court governing transfers of ICWA cases from state to tribal court and rules governing appeals of orders on transfer. This proposal would ensure that the necessary information and documentation moves from a state to a tribal court when an ICWA case transfers from a state juvenile court to a tribal court. Specifically, it would ensure that the tribal court has all the information and documentation necessary to ensure continued title IV-E eligibility. Staff have also supported the JCC in preparing extensive comments on the Notice of Proposed Rule Making concerning ICWA.
Clearinghouse of Resources
The JCC continues to maintain a clearinghouse of resources that includes:

1) forum activities, including JCC 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, dating violence, sexual assault, trafficking, elder abuse, stalking, and tribal communities;
5) tribal communities of California;
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.  

During the reporting period, the JCC continues to update these comprehensive ICWA resources:

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 JCC has also created links to other resources so that practitioners can find everything they need in one place and stay current on ICWA requirements and best practices. Tribal advocates, tribal attorneys, and other tribal personnel with a focus on child welfare work have access to all of the legal, educational, and other resources available on the California Dependency Online Guide (CalDOG). 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 as well as ACINs and ACLs issued by CDSS.

To support tribal justice system development in California, the JCC maintains a list of grants, provides letters of support to tribes, 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.

[26] www.courts.ca.gov/3067.htm
[28] www.childsworld.ca.gov/PG1322.htm
Tribal Court-State Court Forum (forum)
The JCC operates the forum, which is a coalition of tribal court and state court judges in California who come together as equal partners to address areas of mutual concern. These concerns often relate to the recognition and enforcement of court orders that cross jurisdictional lines, the determination of jurisdiction for cases that might appear in either court system, and the sharing of services between jurisdictions. The forum is convened for the express purpose of improving the working relationship between its members and enabling the state and tribal courts to issue and enforce their respective orders to the fullest extent allowed by law.
The forum has 30 positions: 1 vacancy and 28 members which represent the following categories:

- 12 tribal Court Judges (nominated by their tribal leadership, representing 15 of the 23 tribal courts currently operating in California; these courts serve approximately 40 tribes)
- Director of the California Attorney General’s Office of Native American Affairs
- Tribal Advisor to the California Governor
- 1 Appellate Justice
- 7 Chairs or their Designees of the following California Judicial Council advisory committees:
  - Access and Fairness Advisory Committee
  - Center for Judicial Education and Research (CJER) Governing Committee
  - Civil and Small Claims Advisory Committee
  - Criminal Law Advisory Committee
  - Family and Juvenile Law Advisory Committee (2 positions)
  - Probate and Mental Health Advisory Committee
  - Traffic Advisory Committee
- 5 Trial Court Judicial Officers (selected from local courts in counties where tribal courts are situated)
- 1 retired judge

On October 25, 2013, the JCC approved Rule 10.60, which establishes the forum as a permanent advisory committee to the council.

The forum makes recommendations to the council for improving the administration of justice in all proceedings in which the authority to exercise jurisdiction by the state judicial branch and the tribal justice systems overlaps. As part of its charge, the forum:

1) Identifies issues of mutual importance to tribal and state justice systems, including those concerning the working relationship between tribal and state courts in California;
2) Makes recommendations 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;
3) Identifies, develops, and shares with tribal and state courts local rules of court, protocols, standing orders, and other agreements that promote tribal court/state court coordination and cooperation, the use of concurrent jurisdiction, and the transfer of cases between jurisdictions;
4) Recommends appropriate activities needed to support local tribal court/state court collaborations; and
5) Makes proposals to the Governing Committee of the Center for Judicial Education and Research on educational publications and programming for judges and judicial support staff.

Since its establishment in May 2010, the forum has met seven times in person (June 13, 2010, January 13, 2011, June 17, 2011, December 14, 2011, October 9-10, 2012, March 4, 2014, and June 11, 2015) and throughout the year, bimonthly 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 and http://www.courts.ca.gov/forum.htm.

Some key accomplishments of the forum include: 1) sharing of resources; 2) developing new resources; 3) collection of tribe-specific data and information (population characteristics, domestic and other violence and victimization statistics, tribal court directory, tribal court map, and tribal justice systems; 4) focus on domestic violence (recognition and enforcement of protective orders: Statewide Needs Assessment, California Courts Protective Order Registry, Domestic Abuse Self-Help Tribal Project, Efficient and Consistent Process, Public Law 280 and Family Violence Curriculum for Judges, Recognition and Enforcement of Tribal Protective Orders (Informational Brochure), Tribal Advocates Curriculum, and Tribal Communities and Domestic Violence Judicial Benchguide; 5) focus on child support; 6) recognition and enforcement of tribal civil judgments; and 7) focus on juvenile cases (rule proposals, legislative proposals, and legislative reports).

During the reporting period, the forum has made achievements in the following areas:

1) Policy recommendations that enable tribal and state courts to improve access to justice, to issue orders, and to enforce orders to the fullest extent allowed by law.

2) Tribal/State Partnerships that identify issues of mutual concern and proposed solutions.

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29 www.courts.ca.gov/documents/resup_pop_072511_final.pdf
31 www.courts.ca.gov/14400.htm
32 http://q.co/maps/cvdq8
33 www.courts.ca.gov/documents/TribalJusticeSystemRU.pdf
34 www.courts.ca.gov/8117.htm
35 www.courts.ca.gov/15574.htm
36 www.courts.ca.gov/documents/FactSheetDASH.pdf
38 www.courts.ca.gov/documents/Tribal-FamViolenceCurriculum.pdf
40 www.courts.ca.gov/documents/TribalAdvocacyCurriculum.pdf
41 www.courts.ca.gov/documents/Tribal-DVbenchguide.pdf
42 www.courts.ca.gov/documents/Tribal-iTC-FLIV-D.pdf
3) Judicial education and materials on federal Indian law and its impact on state courts, including inter-jurisdictional issues.

Policy Recommendations Relating to the following:

1) Tribal legislation to recognize tribal court issued marriages by executive agencies, including the California Department of Motor Vehicles; without this legislation, couples who are married by a tribal court judge and need documentation of name changes for DMV to drive or Homeland Security to travel faced challenges.


3) Rule revisions relating to the transfer of cases between tribal and state courts.

4) Technological advances, such as tribal access to the California Law Enforcement Telecommunications System (CLETS) and continuing to give tribal courts access to the California Courts Protective Order Registry in order to ensure recognition and enforcement of tribal protective orders, as well as promoting electronic notice in ICWA cases.

5) Legislative amendments to Welfare and Institutions Code section 827 to give tribal access to juvenile court records. Following the Judicial Council’s adoption of the proposal at its December 2013 meeting, AB 1618: Tribal Access to Confidential Juvenile Court Files was introduced. Chaptered as Stats. 2014, Ch. 37, effective January 1, 2015.

6) Legislative amendments to SB 406 limiting the bill’s application to civil money judgments. Chaptered as Stats. 2014, Ch. 243, effective January 1, 2015. Consulting with the California Law Revision Commission that is studying its implementation.

7) Legislative revisions to the proposed California Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act in California (UAGPPJA) to deal specifically with interactions between California tribal courts and state courts in matters covered by UAGPPJA and to address issues involving conservatorships for members of Indian tribes located in California. The Commission incorporated these comments into the bill, SB 940 Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act (UAGPPJA), which was chaptered as Stats. 2014, Ch. 553.

Tribal/State Partnerships:

1) Disseminated information to tribal court judges and state court judges on a monthly basis through the Forum E-Update, a monthly electronic newsletter with information on the following: grant opportunities, publications, news stories; and educational events.

2) Convened two cross-court educational exchanges on tribal lands at Karuk (Siskiyou County) and Bishop Paiute (Inyo County). These exchanges 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 identified 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 and understand jurisdictional complexity and the needs of tribal communities.

3) Maintain resources for tribal/state collaborations. These resources include protocols, memoranda of understanding, and intergovernmental agreements relating to title IV-E and access to foster care and adoption funding, child custody, criminal procedures, cross-deputization, and domestic violence. http://www.courts.ca.gov/17422.htm.

4) Promote tribal/state collaborations through the online Innovation Knowledge Center. To learn more, click tribal/state programs here: http://www.courts.ca.gov/27408.htm.

**Education:**

1) Presentations to the following groups: (1) council staff in San Francisco; (2) the Alabama-Coushatta Tribe of Texas 4th Annual Judicial Symposium in Texas; (3) the Cow County Institute at Rancho Cordova; (4) the 2014 Family Law and Self Help Conference in San Francisco; (5) the 2014 Law and Society Association Annual Conference program: Law and Inequalities in Minneapolis; and (6) the 14th National Indian Nations Conference at Agua Caliente.

2) Tribal elder abuse bench guide for state court judges.

3) Online judicial toolkit on federal Indian law

4) Recommendations to the Center for Judicial Education and Research (CJER) Governing Committee to integrate federal Indian law into educational programs and resources conducted and developed by CJER.

5) Consulting on a documentary on California Tribal Justice.

**Indian Child Welfare Act Services**

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

During the reporting period, the JCC provided 17 local and regional trainings throughout California on topics that addressed domestic violence in Indian country, Adoptive Couple v. Baby Girl, ICWA best practices and potential solutions to current issues, ICWA webinars for parents’ attorneys, ICWA resources, impact of the new federal Bureau of Indian Affairs ICWA Guidelines and regulations, and TCA.

**Curriculum Development and Education**

The JCC has developed various curricula, published bench guides, and updated other educational materials, some of which are contained in the California Dependency Online Guide (CalDOG).

The JCC, through its Tribal/State Programs Unit, 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 Tribal Court-State Court Forum sections of this report.

The JCC is committed to providing access for tribal court judges to the same educational programming 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 JCC. In addition, tribal advocates, tribal attorneys, and other tribal personnel whose work is related to child welfare matters have access to all legal, educational, and other resources available on CalDOG.43

Legal and Court Services
The JCC, through its Tribal/State Programs Unit, 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/allocation/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 TCA or assistance drafting or reviewing local protocols or advice on obtaining qualified expert witnesses.

JCC Technical Assistance
Examples of specific extended technical assistance provided during this reporting period included:

- Assistance to the California Superior Court, County of Los Angeles in the establishment and operation of the Los Angeles County ICWA Stakeholders Roundtable;
- Assistance to the Shingle Springs Rancheria Tribal Court and the California Superior Court, County of El Dorado in the establishment of their Joint Jurisdiction Court. This assistance included drafting a factsheet describing the court, a memorandum of understanding among the tribe, the County of El Dorado, and the County Office of Education, and other operational materials.
- Assistance to Bay Area Collaborative of American Indian Resources (BACAIR) with chairing, facilitating and organizing all group meetings, as well as educational offerings. Routine participation will continue on the policy affinity group within BACAIR and the steering committee to provide technical assistance with regard to policies affecting Alameda County and San Francisco social services departments and local urban Indian communities within the Bay Area.
- Tribal Consultation Policy Committee-requested ongoing participation by BACAIR chair, Mary Trimble Norris and CDSS representative, Scott Stevens, on behalf of the Bay Area.

43 http://168.75.202.29/
urban Indian community and assisting with developing protocol related to consultation with tribes/urban Indian communities and CDSS policies that affect tribal communities within California.

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.

Working in collaboration with CDSS, county and tribal social workers, and others, the JCC has helped to improve ICWA compliance through the provision of training and technical assistance. During this reporting period (July 1, 2014 – June 30, 2015), CDSS funded 17 in-person trainings.

**CDSS Technical Assistance**

Along with the technical assistance provided through the interagency agreement with the JCC, CDSS staff provides ongoing technical assistance to tribes, parents, family members of children in tribal or state jurisdiction, attorneys, adoption agencies, foster family agencies, as well as the general public. Much of this technical assistance is provided via phone call conversation. CDSS encourages ICWA compliance to all callers and provides best practice and guidance on ICWA issues or concerns. Staff responds to and/or direct the inquiries to the appropriate contacts and resources as needed. Technical assistance is provided on a broad range of ICWA-related topics, including but not limited to the following:

- ICWA forms and processes
- Tribal resources and 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 (when 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
- Noticing issues
• Probation issues

Statewide ICWA Workgroup

The CDSS continues to collaborate with self-identified representatives of the 109 federally recognized tribes in California, as well as the approximate 81 tribes that have petitioned the Bureau of Indian Affairs for recognition. As described in this section, the state-level collaboration around the identification and resolution of ICWA-related issues is primarily accomplished through work of the State ICWA Workgroup and its various subcommittees. Through the ICWA Workgroup, CDSS, along with tribal partners, work to identify opportunities to improve ICWA compliance in California.

The CDSS continues to collaborate with the State ICWA Workgroup to help address the complex nature of Indian child welfare issues and the strategies being considered by the CDSS, and to provide for the active voice and participation in the direction of CDSS on improving the implementation of ICWA. The purpose of the State ICWA Workgroup is to identify problems that exist and develop recommendations and solutions for tribes, counties and the state in order to achieve greater understanding and compliance with the law and spirit of ICWA. The ICWA Workgroup has been instrumental in the furtherance of effective communication between tribal representatives and the state, counties, and the courts, especially in identifying areas of deficiencies in ICWA compliance.

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

The ICWA Workgroup continues to expand its membership and now consists of 105 tribal ICWA workers/advocates; 62 county child welfare, court and probation representatives; 36 state and university representatives, and 20 other interested parties. Tribal representation consists of tribal council members, social workers, tribal legal representatives, and ICWA advocates. Other external stakeholders include county social workers, CDSS staff, JCC staff, regional training academy representatives, and other interested parties.

The ICWA Workgroup meets bimonthly and the agenda for meetings is set according to issues and topics that have emerged from discussions in the workgroup or as CDSS staff collaborates with tribal and county representatives throughout the state.

For example, the ICWA Workgroup and its various subcommittees have provided ongoing input and guidance on CDSS policy initiatives that are tied to the state’s CFSP and represents the second major avenue for consultation and collaboration with California tribes. In the last year, the ICWA Workgroup has provided input into the state’s CCR efforts specific to the application to tribally approved homes and provision of culturally relevant services. (A list of Tribal Representatives and/or ICWA Advocates of the ICWA Workgroup is listed at the end of this chapter.)
Tribal Consultation Policy (TCP)

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

In 2013 and 2014, CDSS co-hosted two listening sessions at the 20th and 21st Annual Statewide California ICWA Conference to engage tribes in the development of this TCP. Listening sessions are a common method used in state or federal government-to-tribal government exchanges of information and in the solicitation of input from a broader tribal representation. In addition to the listening sessions, CDSS visited the following tribes for the purpose of improving state/county relationships and to gather input on interest in a TCP.

- Soboba Tribal Council
- Habematorel Pomo of Upper Lake Tribal Council
- Karuk Tribe
- Washoe Tribe of Nevada and California Tribal Council
- Torres Martinez Desert Cahuilla Indians Tribal Council
- Yurok Tribe
- Hoopa Valley Tribe

Overall, the tribes visited were in support of the development of the TCP and additionally, recommended that there be individual consultation available as well as regional and that the process provide funding to support participation.

Expansive geographical and cultural differences exist among the 109 federally recognized tribes in California creating a barrier to facilitating consultations with multiple tribes in one location. As a result of these geographical barriers, the Department continues efforts to facilitate regional meetings with tribes on a rotational basis in Northern, Central, and Southern California. As evidenced by the local Tribal/County Alliance meetings attended by CDSS representatives, the Department is committed to meeting with tribes in local settings in order to ensure that tribes, when cost of travel is a barrier, are accommodated and included in meetings.

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

The CDSS will continue to work with the TCPC during FFY 2015 to complete the development of the TCP. Once the TCP is implemented, it is anticipated that CDSS will begin consultation sessions regularly with tribal leaders to discuss Indian child and family welfare issues. It is anticipated the TCP will be completed fall 2015. (*A list of the Tribal Consultation Policy Committee membership is listed at the end of this section.*)

**Tribal Title IV-B Collaboration**

In April 25, 2014, the CDSS held its first quarterly meeting with the five IV-B California Tribes (Karuk Tribe, Smith River Rancheria, Tule River Tribe, Washoe Tribe of Nevada and California, and Yurok Tribe) to collaborate on APSR and CFSP development. As this meeting took place only a few months prior to the submission of our plans, the level of collaboration was limited to discussion of progress towards submission deadlines and technical assistance. The CFCIP, and the Education and Training (ETV) Vouchers Program were identified as areas for further discussion and collaboration. A follow-up meeting with tribes took place on May 30, 2014, to further collaborate on APSR and CFSP submission guidelines from the JCC and to coordinate the sharing of each entity’s respective plan. The CDSS will share the revised CFSP via email with all federally-recognized tribes in California after stakeholder feedback is obtained and all necessary revisions have been made.

Title IV-B collaboration efforts have been beneficial for both CDSS and IV-B tribes Karuk and Yurok in particular. The tribes continue to provide CDSS with valuable feedback regarding tribal child welfare program implementation issues and CDSS continues to provide technical assistance to IV-B tribes.

During this reporting period, calls were held on November 6, 2014, February 5, 2015, and May 14, 2015 and August 6, 2015 to discuss tribal child welfare programs.

**State-County-Tribe Collaboration**

Resources permitting, the CDSS will continue to participate in county-tribe roundtable and taskforce meetings to stay abreast of ICWA-related issues and concerns that arise at the local. It is the goal of the CDSS to coordinate with and support the counties and tribes in the development of efficient policies and solutions to ICWA-related issues and concerns.

**Annual California Statewide ICWA Conference:**

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

A large ICWA conference during the month of June was identified as problematic for many tribes and stakeholders so the CDSS, in collaboration with the State ICWA Workgroup, agreed to help organize a smaller ICWA Summit in June 2015. The California ICWA Summit was hosted by the Federated Indians of Graton Rancheria and was held on June 11, 2015 in Rohnert Park, California. The 22nd Annual Statewide ICWA Conference is expected to occur in October 2015.

Supporting Information Regarding Coordination with Tribes
The ICWA Workgroup is an essential means through which CDSS coordinates and collaborates with tribal representatives to improve ICWA compliance and Indian family social work practice. The representatives listed at the end of this section may be a member of a tribe, employed by a tribe or tribal organization, or otherwise work as an ICWA advocate. Members of the workgroup consist of tribal social workers, ICWA workers, ICWA advocates, and some may also be tribal council members. However, these workgroup participants are not necessarily appointed by their tribes to represent them.

On July 6th, 2015 tribes were sent a copy of the APSR and were encouraged to provide feedback and comments. Coordination and collaboration occurs throughout the year on various topics and initiatives which are then included in the APSR.

Plan for Ongoing Coordination and Collaboration
Through the ICWA workgroup and the various subcommittees, input has been provided to CDSS on the development of policy for the implementation of Tribal Customary Adoption (TCA); the drafting of guidelines to counties regarding the use of Qualified Expert Witnesses, TAHs, RFA, the development of training for social workers, in implementing the After 18 Program regarding extending the age of eligibility for foster care, federal requirements for the transfer of Indian children to a Tribal IV-E agency or a Indian tribe with a Title IV-E agreement, and instructions for completion of the Relative Assessment/Approval SOC forms for a TAH. The workgroup has also provided input regarding broadening the definition of Indian child as it relates to the application of ICWA, and on the drafting of regulations as well as ongoing curriculum improvements.

The CDSS continues to collaborate with self-identified representatives of the 109 currently federally-recognized tribes in California, as well as the approximate 81 tribes that have petitioned the Bureau of Indian Affairs (BIA) for recognition. 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.

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 continue to broaden participation in the existing ICWA Workgroup and further structuring and defining the ICWA Workgroup.

Responsibility for CWS and Protections of Indian Children
As a requirement of Public Law 280, California shares jurisdiction for public safety with the federally-recognized tribes in California. The Washoe Tribe of Nevada and California is the only tribe in California which currently exercises exclusive jurisdiction over child welfare proceedings involving Indian children who reside or are domiciled on the tribe’s reservation, or are wards of the tribal court, regardless of domicile or residence. With regard to services, those children are still citizens of the county/state and, as such, they have access to the same benefits as any other child in the county/state. For all other California tribes, the responsibility for CWS depends on whether the tribe or the county has jurisdiction of the child. Pursuant to PL 280, county CWS agencies share responsibility for emergency response services for any child in their geographic service area whether or not a tribe has a social services department. The majority of Indian children are typically served under county jurisdiction when there is a report of abuse or neglect or the children enter foster care and services are provided to the child and family. Many tribes have established extensive social service departments and take primary responsibility for the care and custody of tribal children in their defined service areas. In situations where the county does respond to an emergency allegation and subsequently provides services to the Indian child, many tribes and counties collaborate on components of the case review. In an effort to promote ICWA compliance with regard to placement preferences and the right of tribes to intervene on behalf of a tribal child, CDSS continues to provide Technical Assistance (TA) to tribes and counties in the development of local MOUs. In some counties, the tribes and county have established such MOUs as well as local round table groups who meet to address tribal concerns regarding involvement in the decision making process for ICWA children. Although when under county jurisdiction, the county is responsible for the majority of services provided to an Indian child, when available and appropriate, tribes will provide those services directly through their own tribal resources.
Sources of Data and Goals for ICWA Compliance in the Next Five Years

Figure 56: Point in Time Placements of Native American Children, CWS/CMS CSSR, October 1, 2012 - 2014

The figure above includes all Native American children who have an open placement episode in the CWS/CMS on October 1, 2012 through October 1, 2014 by type of placement. The graph demonstrates that the total percentage of Native American children in Kinship placements has increased from 32.9 percent in 2012 to 37 percent in 2014. Simultaneously, there was a decrease in group home placements from 8.8 percent in 2012 to 6.9 percent in 2014. These data illustrate the state’s continued commitment to prioritizing kin placements above all other placements as well as following placement preferences as outlined in the ICWA.

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.

California has one of the highest number of federally-recognized tribes in the United States (second only to Alaska) and has the highest overall population of American Indians/Alaska Natives of any state. A recent point-in-time data query from the CWS/CMS for April 2014 identified six percent (3,289 of the 58,702) of children in foster care as Native American. This same data also indicated that for 45 percent of all children in open referrals/cases, Native American status was not asked or it was left as “unknown” in the pertinent data fields. This data reporting situation becomes more evident when the status of ‘Native American’ is not a documented ethnicity, but the child is reported as ICWA-eligible or when tribal affiliation may be indicated otherwise in the CWS/CMS. Although not unique to Indian children, racial and ethnic information (tribal affiliation information) that is incorrectly entered, impacts accurate assessment of the number of ICWA cases in the state.

Through the development of the new statewide Case Management System (CMS), more accurate data on Indian children should be achievable. The Department has budgeted to hire an ICWA consultant to serve in a fulltime capacity to inform the development of the new CMS to ensure enhancements that will allow the system to capture ICWA compliance data. In the interim, CDSS is
exploring targeted ICWA data entry training options for county social workers as well as additional direction to counties via All County Letters or All County Information Notices. In addition, a number of tribal social services directors have joined California’s Statewide Education and Training committee (STEC) to provide insight and direction to this committee on training needs necessary to address ICWA compliance issues at the county-level. Resources permitting, the Department will convene discussions with counties to determine how the CDSS may receive ICWA compliance data from counties, such as active efforts utilized to prevent the breakup of the Indian family, as this type of data is not collected in the existing CMS.

Notification of Indian Parents and Tribes of State Proceedings

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

California Rule of Court 5.481(b) further mandates that ICWA compliance notice must be sent in every case type falling under ICWA when there is reason to know an Indian child may be the subject of the proceeding. Mandatory Judicial Council form ICWA-030 mandates all of the information which must be contained in the ICWA notice.

Through consultation and collaboration with tribes, the state has identified that the official list of federally-recognized tribes, maintained by the BIA, is only updated on an annual basis and therefore, is frequently out of date and does not contain correct addresses for tribes. In an effort to address this issue, CDSS developed a separate list of tribal addresses which it updates on a more frequent basis and is posted on the states’ ICWA webpage for use by counties and tribes. Although the CDSS list is broadly used by most counties, due to limited resources, CDSS is only able to update this list twice a year. In addition, to ensure compliance with the federal ICWA, CDSS has made it clear that the Department’s list is for convenience and that the addresses maintained by the BIA must be used to avoid the possibility of ICWA court cases overturned due to incorrect noticing.

While data, and therefore progress, regarding noticing to parents and tribes involving ICWA-eligible children and the right to intervene has historically been difficult to capture in the current CWS/CMS system, the data collected on ICWA-related dependency appeals indicates a decrease in such appeals since 2010. After reviewing appellate cases for the past several years, JCC 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. This progress has 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 and in 2013 this number rose to 13.8 percent but declined in 2014 to 12.4 percent. Resources permitting, the Department plans to look at existing noticing data in the CMS to determine the number of cases where parents and tribes
have been notified of child welfare case proceedings for children identified as having Native American ancestry. From this data CDSS anticipates the ability to identify problematic data entry processes that it may address through ACLs or ACINs.

Future plans include continued tracking of ICWA-related dependency appeals and continuing the availability of trainings through the contract with the JCC. Moving forward, the JCC plans to continue providing training for judicial officers, attorneys, social workers, probation officers, and service providers who work with Indian children and families. A pre/post-test will now be provided to attendees to complete prior to and after a training to measure an attendee’s learning prior to receiving ICWA training, as well as desired changes in practice and increased learning after receiving training. The JCC will track this data for ICWA trainings and provide this information to CDSS annually. The JCC’s Tribal/State Programs staff will continue to create educational resources, such as, brochures, job aids, information sheets and other kinds of self-help materials as requested by the courts, the ICWA statewide workgroup, Tribal/State Court Forum, CDSS, and other partner agencies or as new case law or legislation determines the need for such information. The JCC will provide intensive TA to LA County Superior Court-ICWA courtroom staff and assigned judicial officer’s as needed, to assist in creating a roundtable of ICWA stakeholders for that county. The JCC will increase TA provided to tribal court clerks throughout the state as part of a project modeled after the tribal court/state court cross-cultural site visits. The JCC staff will continue to provide requested TA and collaborate with local, statewide and national committees, roundtables or work groups, such as, the Urban Indian Child Welfare Work Group BACAIR, and CalSWEC as part of the American Indian Enhancement Team on the Casey Disproportionality Project. An upcoming outcome from such collaboration JCC staff has participated in since 2013, will include the roll out of the “Model ICWA Judicial Curriculum” which was a curriculum developed by the National ICWA Judicial Curriculum Advisory committee. The collaborative committee is comprised of ICWA and judicial experts, that including JCC staff, from across the nation to create a model ICWA judicial curriculum, specifically for judicial officers. Thereafter, the committee will advise on subsequent changes to the curriculum. This outcome was based on a request to the National Resource Center on Legal and Judicial Issues and the National Resource Center for Tribes. A roll-out plan is under development to implement the judicial curriculum nationwide.
Data from the CWS/CMS indicate that over the last three-year period (October 2012 to October 2014) placement with relatives the preferred placement for Indian children removed from their homes has steadily increased and has been the primary placement for children. This number has increased from 36.6 percent in 2012 to 41.4 percent in 2014. The number of placements in non-relative homes has decreased from 36.4 percent in 2012 to 30.4 percent in 2014. This decrease shows an increase in awareness and adherence to the placement preferences in the ICWA and state law. The Department will continue to monitor improvements in placement preferences among Indian children by reviewing data twice yearly. From this data, CDSS will consult with tribes on possible causes for increases or decreases in placement preferences.

Future plans regarding increasing ICWA compliance in placement preference, include revisions to the Manual of Policies and Procedures Division 31 Regulations for ICWA and continuing the training, and TA for ICWA placement preferences. Recent legislation (SB 1460, Statutes of 2014, Chapter 772) sponsored by the CDSS, was enacted to give tribes the ability to perform background checks that are required on individuals over the age of 18 who wish to be licensed as a TAH or foster home. This will enable tribes to have a pool of tribally approved homes (TAHs) available for when a child(ren) are placed in protective custody. CDSS and the tribal community have yet to see how this new legislation impacts the availability and placements TAHs due to its recent enactment of January 1, 2015. This new statute is also aimed to decrease the number of placements for tribal children. Historically, children were placed in non-native homes while a native or relative home was identified. However, now tribes will be able to have homes available and ready for immediate placement.

In 2011, CDSS established a technical assistance (TA) data tracking system to better analyze and evaluate ICWA compliance. The CDSS is committed to working with tribes, and aims to increase the percentage eligible of youth that ultimately receive placement in relative or TAHs for foster care, pre-adoptive and adoptive homes. The CDSS staff members respond to multiple TA inquiries
regarding placement preference each month. The TA calls include but are not limited to custody, fiscal issues, child protective services concerns, benefits/KinGap, college student inquiries, placement, probate, child removal, services, noticing, permanency, exclusive jurisdiction and tribal membership. TA inquiries have generated from approximately 38 out of 58 counties in California and from individuals with membership in approximately 60 different Tribes. Additionally, CDSS holds bimonthly meetings with county representatives of the five CWDA regions to discuss issues regarding implementation of the ICWA at the county level. Through discussions with counties and tribes regarding limitations with CWS/CMS data collection on ICWA cases, a need to further improve CWS/CMS functionality as well as develop targeted data entry instructions for county social workers, is evident. Over the course of the next five years, CDSS will work internally and with counties to develop instructions and monitor progress in this area.

**Active Efforts to Prevent the Breakup of the Indian Family**

Three strategies have been established to include active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption: increased training; improved communication via tribal collaboration; and CDSS staff support with TA for tribes, counties and the public. Analysis regarding compliance with active efforts requirements in the ICWA is limited in that such information is documented in case files and court orders and not captured in CWS/CMS data.

The CDSS will continue work to improve ICWA compliance on active efforts through the provision of training, revision of the MPP Division 31 regulations and TA for both child welfare and court staff. The issuance of policy directives, improving standardized curriculum, and the creation of desk aids are other strategies used to address active efforts compliance. Currently, CDSS, in collaboration with the ICWA workgroup CWDA, are working to incorporate ICWA throughout the Division 31 regulations. This revision will include examples or citations of active efforts at each of the 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 an Indian family. The CDSS will continue involvement in the Family Development Matrix (FDM) work, with plans to support use for tribes and tribal service providers. Currently, there are nine tribal communities participating. In addition, CDSS plans to work closely with tribal communities on CAPP, which will relate to improving active efforts within a practice model for child welfare. Beginning next fiscal year, the FDM will no longer be funded through a grant administered by CDSS. However, the program will continue to be funded and utilized through the administering organization.

**Division 31 Regulations Changes**

Effective January 1, 2007, a massive effort by the state and California tribes was made to codify the ICWA requirements and best practice requirements into state law. The goal of this effort was the uniform application of the federal ICWA (25 U.S.C. § 1901 et seq.) in California. The bill placed the federal requirements in the Family Code, Probate Code, and W&IC governing juvenile court proceedings, as well as some child custody matters in family law, probate guardianships, certain probate conservatorships and the relinquishment of a child by a parent. The underlying purpose of the ICWA is to protect the best interests of Indian children, including having tribal membership and connection to their tribal community, and to promote the stability and security of Indian
tribes and their families. The CDSS has been working to draft regulations to implement these provisions into the MPP Division 31 for a number of years now. Initially, CDSS established a subcommittee to provide guidance as to the intent of the ICWA and how to communicate that in regulations. A number of subcommittee meetings were held to review the proposed regulations and input was received from tribal representatives. The CDSS reviewed the entire existing MPP Division 31 regulations to determine all possible areas where social workers should consider the application of ICWA in their casework. CDSS submitted the final draft to the CDSS’ Office of Regulations Development (ORD) in February 2015. Once reviewed and approved by ORD, the regulations will go through a formal review process to include opportunity for public comment prior to submission to the California Office of Administrative Law (OAL) for review to ensure compliance with statute. Upon OAL approval, the draft regulations become officially implemented. Given this extensive official review process yet to take place, it is anticipated that the regulations will be published for public comment August 2015. From then, the process can take a year to be final and have the regulations implemented.

**Communication and Training**

Through consultation with tribes and discussion and collaboration with counties, it is evident that inconsistent data entry practices occur with the statewide CWS/CMS. Based on current data, ICWA eligible children represent one to two percent of the overall cases in the state. Based on consultation with tribes, it is believed that the actual percentage of cases involving American Indian and Alaska Native children is double or triple what is currently reflected in the CWS/CMS. It is believed this discrepancy occurs when a child’s ethnicity or race is not entered or identified correctly in CWS/CMS, or when ICWA eligibility is determined, the case record is not updated accordingly.

Through the development of the new statewide CMS, more accurate data on Indian children should be achievable with this new system. In the interim, CDSS is exploring targeted ICWA data entry training options for county social workers as well as possible All County Information Notices to give additional direction to counties on how to more accurately input ICWA data. In addition, a number of tribal social services directors are joining the CalSWEC to provide insight and direction to this committee on training needs necessary to address ICWA compliance issues at the county-level.

The Department is also actively developing processes to ensure the two tribes that have signed Tribal Title IV-E agreements with the state have the adequate training resources to implement and sustain their child welfare programs. Such training will include CWS/CMS new user training through the Regional Training Academies and the CalSWEC. In addition the CDSS has obtained access to CORE social worker training for the two Tribal Title IV-E Tribes, which will ensure these tribes receive the same type of social worker training as is required for county social workers.

**CFSP/APS Exchange of Information**

The CDSS distributed the 2014 APSR to all California tribes on May 19th, 2014 and followed up with a more in-depth discussion with the Statewide ICWA workgroup explaining that this is the last year of the five year plan. The CDSS discussed that the new five year plan is under development and began the process to collaborate and consult with tribes on the development on the new plan. The CDSS conducted a session at the 21st Statewide California ICWA Conference on June 18, 2014,
to share with the tribal community the key components of the 2015-2019 CFSP. This was an opportunity for tribes to give direct input on the development of CFSP and began the process of future tribal engagement in the ongoing development and assessment of this plan. The CDSS sent a letter inviting tribal leaders of all federally-recognized tribes in California to this session. Once the CFSP and APSRs have been finalized, CDSS will share the completed documents with all California tribal leaders and tribal social services directors on record.

With the further development, anticipated completion and implementation of the TCP in 2015, the Department hopes that this policy will serve as one means to collaborate with tribes on the exchange of CFSP and APSR information. In the interim, the Department will continue to facilitate the statewide ICWA Workgroup to engage tribal community representatives, with technical expertise in ICWA, on such programs as the RFA, CCR, among others. After implementation of the TCP, the Department will continue to collaborate with the workgroup technical ICWA experts on program and policy initiatives as well.

Resources permitting, CDSS will attend tribal leaders associations such as the Northern California Tribal Chairmen’s Association, Southern California Tribal Chairmen’s Association, and the Central California Tribal Chairmen’s Association to collaborate on all program areas outlined in the CFSP and APSR.

**Technical Assistance to Title IV-E Tribes for Implementation of Tribal Child Welfare Services**

The CDSS has met with the Karuk Tribe on a number of occasions during the reporting period to collaborate on implementation of the tribes Title IV-E Program. Following is a summary to show the steps CDSS will take to support the full implementation of their program.

In an effort to enhance the TA being provided to the Karuk Tribe, CDSS hosts bi-weekly phone calls with Karuk and a team of colleagues at CDSS and Office of Systems Integration (OSI) who are actively assisting Karuk with implementing their Title IV-E agreement. These calls have proven to be beneficial to address concerns and obstacles as they arise.

The Yurok Tribe has expressed they would like to fulfill their Title IV-E agreement with the State. At this time, the CDSS is reviewing Yuroks’ Child Welfare Services Plan to ensure conformity with state statute. CDSS will assist the Yurok Tribe in implementing their Title IV-E agreement by providing technical assistance, training and policy guidance.

**Access to the Statewide Child Welfare Services/Case Management System**

Since April 2013, various branches of CDSS have been coordinating with OSI and IBM to identify the system and business process requirements to grant Title IV-E tribal access to CWS/CMS. The Karuk Tribe was granted access to CWS/CMS in March 2015. Karuk Tribe is currently listed as an office under the CDSS in CWS/CMS. The process to grant the Yurok Tribe, when they are ready, with access to CWS/CMS will mirror the process used to grant the Karuk Tribe with CWS/CMS access.
The Yurok Tribe has completed a system analysis to ensure their current computer and internet technology can support CWS/CMS. They determined that their equipment will be sufficient to support CWS/CMS access. It is anticipated that when the Yurok Tribe is ready to be granted access to CWS/CSM the process will be smooth and quick. The Yurok Tribe was sent the CWS/CMS User Agreement for their review on February 4, 2015.

Training and Technical Support with CWS/CMS
The CDSS has worked with the Northern RTA to include both the Karuk and Yurok Tribes as members of this RTA. This will ensure the two tribes receive all of the trainings that are offered to county social workers. Trainings include, but are not limited to, initial and ongoing training and technical support with the CWS/CMS as well as the Social Worker CORE training. The CDSS has also budgeted for the increase in costs to support the tribes’ participation in the Northern RTA and the Karuk Tribe will be coordinating directly with the RTA to schedule their trainings. Karuk completed New User training for CWS/CMS April 1, 2015. The CDSS, working with OSI, will assist the Karuk Tribe with modifying templates made in CWS/CMS to ensure ease of use and consistency within CWS/CMS. This will also assist with case review and oversight. The Department will continue to work with the Karuk and Yurok tribes to ensure their training needs are met on an on-going basis.

Steps to Draw Down Title IV-E Dollars
The CDSS will provide follow-up training to the Karuk Tribe on Title IV-E eligibility determination and claiming processes. Training on eligibility determination was previously provided in May 2007 and October 2012.

The Karuk tribe was invited to and participated in the IV-E review that was held in Orange County, July 2015.

Review and Updating of Karuk and Yurok Tribes’ CWS Plan
The CDSS, as requested by both tribes, has begun reviewing each tribes’ CWS plan to ensure the plans are reflective of new statutes that have passed since the original signing of the Title IV-E agreement and approval of the tribe’s CWS plan.

Safety and Risk Assessment
The CDSS coordinated the Karuk Tribe’s access to the Structure Decision Making (SDM) by facilitating informational webinars between the tribe and the SDM contractor. Through these webinars, the Karuk Tribe determined they wanted to use SDM, but did not want access to the automated system. Should the Karuk Tribe at any time determine they want access to SDM, CDSS will provide technical assistance to ensure they have access.

Chafee Independent Living Program (ILP) and Education and Training Voucher (ETV) Programs
The CDSS conducted a two-hour webinar/conference call on August 6, 2014 during a Title IV-B collaboration meeting to educate the tribes on the ILP and ETV programs. The CDSS intends to assist the tribes pursue and development contracts with county ILP Programs or, should they alternatively choose, establish their own programs. An ACL on access to Chafee ILP funds and services for tribal youth will be issued to reiterate counties’ obligation to provide these benefits.
**County Readiness for Tribal Title IV-E Implementation**

The CDSS has had ongoing discussions with the counties currently serving Karuk and Yurok Tribal children to identify and resolve individual and shared areas of concern. Through these discussions, the Department hopes the counties and tribes will develop MOUs to ensure the child welfare needs of Karuk and Yurok Tribal children are fully met after case transfers from county to tribe. The CDSS will assist in the development of these MOUs as requested by either the county or the Tribe.

**LiveScan Purchase**

In 2013 and 2014 the CDSS provided TA to the Karuk Tribe with the securing of advance funds to purchase a LiveScan machine for the purposes of performing fingerprint background checks for the placement of their tribal children. The LiveScan machine was purchased October 15, 2014 by the Karuk Tribe. The Department has also, in 2014, provided TA to the Yurok Tribe with the attainment of an Originating Response Indicator (ORI) number from the DOJ, which will allow the tribe to request criminal background information directly from DOJ. Without an ORI number, tribes must work with counties to request criminal background check information from DOJ. Upon request, the Department will assist the Yurok Tribe with the purchase of a LiveScan machine as well.
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The following document is arranged in accordance with the provisions of the U.S. Department of Health and Human Services, Administration on Children, Youth and Families Program Instruction ACYF-CB-PI-14-03 requirements.
Part 1: Program Overview

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

The following figure shows the number of youth in foster care who are ages 16-21 and therefore eligible for ILP services. Based on data from CSSR on point-in-time placements for youth ages 16-21, 18,231 youth were eligible for ILP services on January 1, 2015. This data does not include other categories of youth who are eligible for the ILP, including youth who exited to a Kinship Guardianship or were adopted after age 16, or entered a non-related legal guardianship in juvenile court after the age of 8. The data indicates that there has been a decrease in youth in foster care, ages 16-21, over the last couple of years. This likely reflects the overall trend of less youth in foster care and improved efforts in finding permanency for this age group.

Figure 58: Point-in-Time Placements for Youth Ages 16-21 Years, CWS/CMS CSSR Q4 Data, Agency: All

<table>
<thead>
<tr>
<th>Date</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 1, 2010</td>
<td>14,566</td>
</tr>
<tr>
<td>Jan 1, 2011</td>
<td>14,149</td>
</tr>
<tr>
<td>Jan 1, 2012</td>
<td>15,786</td>
</tr>
<tr>
<td>Jan 1, 2013</td>
<td>17,448</td>
</tr>
<tr>
<td>Jan 1, 2014</td>
<td>18,231</td>
</tr>
</tbody>
</table>

This data reflects the overall decrease in youth in foster care over the years, indicating improved efforts in finding permanency for this age group.
California currently collects three sets of data related to transitioning youth:

- Through the National Youth in Transition Database (NYTD), CDSS collects data on the independent living services (ILS) delivered to youth and young adults. Data collection for NYTD continued in FFY 2014 beginning October 1, 2013, through September 30, 2014. This data is input into the SACWIS by the counties.

- Also through NYTD, CDSS collects data from surveys of current or former foster youth in specific cohorts established at 17 years of age and surveyed again at ages 19 and 21. FFY 2014 focused on surveying the second cohort of 17-year olds within 45 days after their 17th birthday. While the first cohort of 17-year olds was offered the survey by a contractor, the second cohort and follow-up populations are currently surveyed by county staff or county contractors.

- CDSS collects data on the status of youth at the time they exit from foster care, referred to as “Exit Outcomes.” The Exit Outcomes for Youth Aging out of Foster Care Quarterly Statistical Report (SOC 405E) collects data on youth who exit foster care during that quarter and includes information on outcomes, such as high school completion, enrollment in college, employment, housing, health care, permanent connections, and financial information. This report is publicly available on the CDSS website and has been revised to include data relevant to the extension of benefits beyond age 18. The revisions to this form were completed in FFY 2015 and released in the spring of 2015 in an All County Letter. The data for this report expands upon the information from the previous SOC 405E.

Based on data extracted from CWS/CMS, for youth who were between the ages of 15 and 21 at the time the service was received for FFY 2014, of the 23,247 eligible youth in care, 66 percent received at least one of 66,609 independent living services listed in Table 26. The amount of independent living services increases as more youth are remaining in extended foster care. Child welfare served 12,616 youth who participated in at least one of the 56,651 ILP services child welfare offered. Probation served 2,672 youth who participated in at least one of the 9,958 services probation offered.

The Exit Outcome data presented in Table 30 indicates the statewide percentages of youth who aged out of foster care in FFYs 2011 through 2014, with a particular status in key areas. The data does not represent all youth who aged out, and the categories are not mutually exclusive. Outcomes such as permanency, education, and educational services that are listed in this chart are described with explanations throughout this section. One of the changes that occurred with the implementation of extended foster care is that youth must exit foster care or extend in foster care at age 18. In prior years, youth were able to stay in foster care until they graduated high school or turned 19. With the new extension of foster care, youth must either extend in foster care or exit foster care at age 18. The exit outcomes for youth indicate an increase in the number of youth exiting foster care with a high school diploma. As youth have more options to be supported while accomplishing educational goals, the rate of high school diplomas increased. Increases in the percentage of youth planning for college were also evidenced.
Youth are able to re-enter foster care multiple times between the ages of 18-21. Percentages of youth with a permanent connection have decreased by 4-5 percent each year for the last two years. Some counties report that many youth who are electing to exit care and not remain in care through the EFC program represent those youth who are most frustrated with the foster care system and may not have the motivation to take advantage of any assistance in establishing a permanent connection or mentor. This is also evidenced by NYTD data that indicate permanent connections increased from the survey at age 17 to the survey at age 19. Youth are remaining in care longer and are engaged with permanent supportive connections. While 22 percent of youth exiting have a part-time or full-time job, 60 percent are receiving or applied for additional government financial resources when exiting foster care.
Table 30: Exit Outcomes Data for Youth who Aged Out of Foster Care (SOC 405E)

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>FFY 2011</th>
<th>FFY 2012</th>
<th>FFY 2013</th>
<th>FFY 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanency</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permanent connection with at least one adult they can go to for support, advice and guidance</td>
<td>91</td>
<td>89</td>
<td>85</td>
<td>80</td>
</tr>
<tr>
<td>Housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arranged to live free of rent with someone</td>
<td>44</td>
<td>48</td>
<td>47</td>
<td>39</td>
</tr>
<tr>
<td>Arranged to rent alone or with others</td>
<td>27</td>
<td>18</td>
<td>20</td>
<td>25</td>
</tr>
<tr>
<td>Arranged to live in supportive transitional housing</td>
<td>17</td>
<td>17</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td>Arranged to live in subsidized housing</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>No housing arranged</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Received High School Diploma</td>
<td>57</td>
<td>56</td>
<td>44</td>
<td>58</td>
</tr>
<tr>
<td>Enrolled in a program to complete High School education</td>
<td>27</td>
<td>29</td>
<td>30</td>
<td>24</td>
</tr>
<tr>
<td>Dropped out of High School</td>
<td>18</td>
<td>12</td>
<td>15</td>
<td>19</td>
</tr>
<tr>
<td>Received GED</td>
<td>6</td>
<td>4</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Enrolled in College</td>
<td>32</td>
<td>23</td>
<td>19</td>
<td>20</td>
</tr>
<tr>
<td>Plan to Enroll in College</td>
<td>24</td>
<td>22</td>
<td>12</td>
<td>17</td>
</tr>
<tr>
<td>Enrolled in Vocational Education</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed Part-Time</td>
<td>23</td>
<td>17</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>Employed Full-Time</td>
<td>6</td>
<td>4</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Financial Assistance/Resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied for Food Stamps</td>
<td>22.5</td>
<td>24</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>Receiving or applied for additional government financial resources</td>
<td>36</td>
<td>36</td>
<td>65</td>
<td>60</td>
</tr>
<tr>
<td>No medical insurance</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total Numbers</strong></td>
<td><strong>n=3,251</strong></td>
<td><strong>n=2,585</strong></td>
<td><strong>n=2,045</strong></td>
<td><strong>n=2,006</strong></td>
</tr>
</tbody>
</table>
Table 31 (below) illustrates the number of unduplicated ILP services provided by category of service for current and former foster youth aged 15-20 during each reporting period FFY 2011 to 2014. Approximately 66,609 services were provided to eligible youth in FFY 2014, an increase from services provided in FFY 2013. The percentage of 16-18 year old youth who received at least one ILP service is 43%. The decrease in numbers of delivered services reflects the slightly lower number of youth in foster care. However, the percentage of clients receiving an independent living service is 65.8 percent of youth in placement, which is due to increased technical assistance to counties regarding means of capturing services delivered by all possible providers to be entered into CWS/CMS. All services numbers increased except for several ILS relating to education, indicating that perhaps the youth are receiving education services through a different source.

Table 31: Number of ILP Services by Categories Provided during FFY 2011 through 2014

<table>
<thead>
<tr>
<th>ILP Service Types</th>
<th>FFY 2011</th>
<th>FFY 2012</th>
<th>FFY 2013</th>
<th>FFY 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Services Provided</td>
<td>53,363</td>
<td>61,484</td>
<td>63,153</td>
<td>67,573</td>
</tr>
<tr>
<td>Consumer Skills/Home Management</td>
<td>7,913</td>
<td>9,719</td>
<td>10,050</td>
<td>10,670</td>
</tr>
<tr>
<td>Education/Academic Support</td>
<td>6,965</td>
<td>8,391</td>
<td>8,527</td>
<td>8,192</td>
</tr>
<tr>
<td>Needs Assessment</td>
<td>5,889</td>
<td>5,944</td>
<td>5,193</td>
<td>5,993</td>
</tr>
<tr>
<td>Transportation/Other Financial Assistance</td>
<td>4,822</td>
<td>5,815</td>
<td>6,685</td>
<td>7,518</td>
</tr>
<tr>
<td>Interpersonal/Social Skills/Parenting Skills</td>
<td>4,350</td>
<td>5,034</td>
<td>4,958</td>
<td>5,063</td>
</tr>
<tr>
<td>Career/Job Guidance</td>
<td>4,684</td>
<td>4,769</td>
<td>4,906</td>
<td>5,042</td>
</tr>
<tr>
<td>Post-Secondary Education</td>
<td>3,781</td>
<td>4,208</td>
<td>4,810</td>
<td>4,997</td>
</tr>
<tr>
<td>Health care</td>
<td>3,479</td>
<td>4,098</td>
<td>3,998</td>
<td>4,430</td>
</tr>
<tr>
<td>Employment/Vocational Training</td>
<td>3,092</td>
<td>3,720</td>
<td>4,182</td>
<td>4,317</td>
</tr>
<tr>
<td>Money/Financial Management</td>
<td>2,310</td>
<td>3,009</td>
<td>3,232</td>
<td>3,799</td>
</tr>
<tr>
<td>Education Financial Assistance</td>
<td>2,351</td>
<td>2,488</td>
<td>2,670</td>
<td>2,562</td>
</tr>
<tr>
<td>Mentoring</td>
<td>1,942</td>
<td>2,485</td>
<td>2,702</td>
<td>2,793</td>
</tr>
<tr>
<td>Supervised independent Living/Transitional Housing*</td>
<td>1,589</td>
<td>1,500</td>
<td>1,326</td>
<td>1,304</td>
</tr>
<tr>
<td>Room &amp; Board Financial Assistance</td>
<td>196</td>
<td>304</td>
<td>285</td>
<td>173</td>
</tr>
</tbody>
</table>

*Note: transitional housing does not refer to THP or THP-Plus
In ILP and Delivered Services by Age and Year in Figure 59 below, ILP services are broken out by age. The total number of youth in care by year and age are represented in parentheses on the y-axis, while the proportion of youth who were delivered services by year and age are presented as bars on the figure. As illustrated below, the majority of youth in care within the 15-19 age category were between 16-18 years old. There was an average of 5,534 youth, representing between 4,000-6,100, in each year for each of the three age groups (16, 17, and 18 years). The greatest proportion of youth served in 2014 by the ILP services was 17-, 18-, and 19-year old youth. About 75 percent were delivered ILP services. The numbers of youth served have decreased (even though the percentage of youth served has increased). This is reflective of the overall decrease in the number of youth in foster care. However, the increase in the percentages of youth receiving services indicates that counties are engaging youth, and the youth are engaging in services. Additionally, the state encourages the counties engage youth at age 15 through an assessment. However, youth are not referred to the ILP and do not begin receiving independent living skills/services until age 16. The data also show that less than 50 percent of youth age 16 received ILP services, but almost 75 percent of 18-year olds received ILP services. While the amount of services varies significantly across the three years - a reflection of improved data reporting - the distribution of services across the age ranges remains constant, with the bulk of the services provided to 17-, 18-, and 19-year olds.

Figure 59: ILP Delivered Services by Age in FFY 2013 and FFY 2014
Part 2: Specific Accomplishments in Achieving the Purposes of the ILP Program

The information presented below describes the state’s accomplishments in achieving the purposes of the Chafee Independence Act:

1. Help youth make the transition to self-sufficiency:
   In accordance with MPP Division 31-525.8, the ILP is designed to offer core services that will enable foster youth 16 years of age and older, to develop the core living skills that assist the youth in the successful transition to adult living. Core services are provided based on identified individual needs and goals as documented in the Transitional Independent Living Plan (TILP) including, but not limited to:

   ✓ Education.
   ✓ Career development.
   ✓ Assistance and referral to promote health (including mental health) and safety.
   ✓ Referral to available mentors and mentoring programs.
   ✓ Daily living skills.
   ✓ Financial resources, such as CalWORKs, CalFRESH, and Medi-Cal.
   ✓ Housing information including: federal, state, and local housing programs.
   ✓ Developing permanent connections to a supportive adult.

ILP Services are available to youth in foster care between the ages of 16 and 18, eligible extended foster youth (age 18-20), and former foster youth between the ages of 18 and 20. 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 funds.

Table 31 above illustrates that the three most frequent services provided to youth in FFY 2014 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) Transportation/other financial assistance. In addition to ILP Services, youth have an opportunity to participate in transitional housing. Transitional housing is supportive housing that assists youth by allowing them to practice living independently while receiving supportive services. This assists the youth in being prepared to successfully transition into adulthood.

Transitional Housing Placement Program
THPP is a transitional housing placement for youth ages 16-18 assessed as ready to handle a more independent living arrangement. This housing option is available to youth in the child welfare and probation systems. The program aims to provide a safe, supportive living environment while allowing the youth to practice the skills needed to live independently.
Services offered by the program are tailored to meet the goals outlined in the youths’ Transitional Independent Living Plans (TILPs). There are two models for housing in the THPP: the Host Family Model, where youth live with an adult employee of the program in an apartment, condominium, or single-family dwelling; and the Single Site Model, where youth live in an apartment, condominium, or single-family dwelling rented or leased by the housing provider and one or more employees of the program live on-site.

Table 32 (below) shows that there were 19 counties with THPP programs in FFY 2014. This is a sharp decrease from previous years and may reflect the increased focus on THP+FC programs for NMDs. Housing providers that formerly ran THPPs may have found that there is a greater need for THP+FC programs and changed the populations they are serving. Some counties report that the increased focus on permanency for older youth has decreased the need for THPPs. Several barriers to offering THPP have been reported by counties, with the most common as a lack of certified providers, a lack of affordable or appropriate housing, and the high cost of housing. Other barriers identified are: a lack of transportation (rural counties note a lack of public transportation and long distances between housing and services), a lack of available child care near housing, a lack of trained staff, the inability of programs to meet the requirement of having an employee living on site, and an inability to meet the county match for funding. Some medium- and smaller-size counties report not having enough ongoing referrals to a THPP to support a program, and several small counties have no youth appropriate for a THPP in a given year. CDSS continues to address these areas with counties and providers in the CWDA Transitional Housing Sub-Committee.

<table>
<thead>
<tr>
<th>State Fiscal Year</th>
<th>Participating Counties</th>
<th>Allocated Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-2014</td>
<td>19</td>
<td>$583,000</td>
</tr>
<tr>
<td>2012-2011</td>
<td>29</td>
<td>$583,000</td>
</tr>
<tr>
<td>2011-2010</td>
<td>29</td>
<td>$583,000</td>
</tr>
<tr>
<td>2010-2011</td>
<td>29</td>
<td>$583,000</td>
</tr>
</tbody>
</table>

Implementation of Fostering Connections’ Requirement for a 90-day Transition Plan
Public Law 110-351 requires the development of transition plans with youth 90 days prior to youth’s exit out of care at 18 years or older. In the transition plan, social workers and probation officers must: 1) address core life skills such as housing, education, health insurance, support services, 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. Table 33 below shows how many 90-day Transition Plans were completed for federal fiscal years 2012-2014. There has been a marked increase in the total number of plans completed, with a corresponding increase in plans for both youth under age 18 and those aged 18-21. The increase may indicate that there has been improved social worker and probation officer compliance each year as a result of increased familiarity with the requirement. The full implementation of the After 18 program, completed in FFY 2013, likely accounts for the large increase in plans for youth 18-21 years of age. In comparison to the number of youth who exited during these years, there was a much larger number of plans completed than youth exiting. This may result from the fact that youth frequently plan to exit prior to age 21, only to change their minds when confronted with the reality of living on their own. Therefore, plans may be generated for youth who do not actually exit.

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of Plans</th>
<th>Number of Exits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 18 Years of Age</td>
<td>184</td>
<td>1,044</td>
</tr>
<tr>
<td>18 to 21 Years of Age</td>
<td>1,236</td>
<td>3,062</td>
</tr>
<tr>
<td>Total</td>
<td>1,420</td>
<td>4,106</td>
</tr>
</tbody>
</table>

**Expansion of Medicaid**

The Federal Foster Care Independence Act of 1999 (December 1999) gives states the option to provide continuing Medicaid (Medi-Cal transitioned to Covered California in January 2014) eligibility for all children who are in foster care under the responsibility of the state on their 18th birthday until the age of 21 years. Effective January 1, 2014, the extension of Medi-Cal for foster youth went into effect to extend Medi-Cal coverage for eligible foster youth up to age 26. 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. CDSS collaborates with the DHCS regarding the Affordable Care Act, the extension of Medi-Cal, and other health services for former foster youth to the age of 26.

CDSS participates in a number of workgroups with the DHCS regarding the extended Medi-Cal for former foster youth focused on data, outreach, and enrollment. An interdepartmental liaison is negotiating a data sharing agreement between CDSS and DHCS to facilitate the identification of eligible former foster youth for outreach purposes. With input from former foster youth, a flyer was created targeting former foster youth and has been distributed to social workers, probation officers, eligibility social workers, the CWDA,
the CPOC, ILP Coordinators, transitional housing programs, the NYTD Points of Contact, public health nurses, the Foster Parent Association, stakeholders at community colleges and universities, and advocacy groups that represents foster family agencies and group homes. Additional flyers will be developed for ILP Coordinators and contractors, social workers, probation officers, foster parents, and CASAs.

2. **Help youth receive the education, training and services necessary to obtain employment:**
The ILP regulations state that all current and former foster youth participating in ILP are to be enrolled in the counties Workforce Investment Act (WIA) Employment Development Department (EDD) career centers for employment assistance. The WIA centers are located in each county and provide employment services to residents. CDSS, EDD, and the Department of Labor collaborated in past years to develop a training for center staff focusing on the foster youth population.

The ILP data on delivered services by category (Table 31 above, page 245) shows the following numbers of youth received employment/vocational training: 3,720 in FFY 2012, 4,182 in FFY 2013, and 4,317 in FFY 2014. Participation in career/job guidance programs was 4,769 in FFY 2012, 4,906 in FFY 2013, and 5,042 in FFY 2014. Enrollment in Post-Secondary Education rates were 4,208 in FFY 2012, 4,810 in FFY 2013, and 4,997 in FFY 2014. The numbers of youth in each category steadily climbed from FFY 2012 to FFY 2014, likely reflecting the increasing population of non-minor dependents who must meet participation criteria such as enrollment in a program designed to eliminate barriers to employment and working toward completion of a high school diploma, a GED, or post-secondary education. Additionally, remaining connected to the resources offered through the foster care system makes it easier for NMDs to access these ILP services.

Exit Outcomes data (Table 30 above, page 244) shows that between FFY 2012 and FFY 2014, there was:

- A two percent increase in the number of youth receiving a high school diploma and a three percent increase in youth receiving a GED.
- A seven percent increase in youth dropping out of high school.
- A slight increase in youth enrolled in a vocational program (one percent) and a slight decrease in the number of youth enrolled in college (three percent).
- A four percent increase in youth employed full-time while part-time employment decreased by three percent.

Overall, 22 percent of youth exiting out of foster care in FFY 2014 were employed. This is a slight increase (two percent) over FFY 2013. While it shows that youth are still struggling to be ready for and find employment, the numbers are improving. Over time, as more youth take advantage of the extension of foster care and employment programs continue to advance, the percentage of employed youth at emancipation should grow.
Education can play a large role in helping youth gain employment. Youth who drop out of high school are at a very high disadvantage when seeking employment, so programs designed to keep youth in secondary education could prove very helpful in increasing employment rates. It should be noted that high school graduation rates are actually higher than the data shows, as these numbers do not capture youth who exited foster care upon turning age 18 but had not yet completed their last year of high school.

Social workers, probation officers, and housing providers often cite mental health disorders and substance abuse as interfering with youths’ ability to find and maintain jobs. Better services to address these issues could prove beneficial in attaining educational and employment goals for youth. Additional research and examination of the data will be helpful in developing a comprehensive strategy to remove the barriers to higher employment rates for youth emancipating from the foster care system.

For more information on youth and employment, please see Section 5 of this chapter.

3. **Help youth prepare for and enter postsecondary training and educational institutions:** California assists current and former foster youth in attaining post-secondary educational and training goals by utilizing ILP funding and the Emancipated Foster Youth Stipend. ILP coordinators, social workers and probation officers encourage foster youth to apply for scholarships and grants through the local college financial aid offices and educational scholarships offered by the ILP. The ILP also provides training to youth on applying for college and financial aid and are referred to college and university programs that specialize in assisting this population. CDSS also mails a flyer to all ILP eligible youth containing information on scholarships, grants, and the Chafee Educational Training Vouchers (ETV). The flyer also contains information regarding the ILP, NYTD surveys, transitional housing programs, and the EFC.

Prior to 2010, foster youth were allowed to remain in care until age 19 to complete their high school diploma. The EFC program was created in 2010. The EFC allows foster youth over age 18, to continue to remain in foster care and receive foster care benefits and services if the youth is meeting one of five participation requirements. Two out of five of these participation requirements pertain to educational programs; completing high school or an equivalency program and being enrolled in a post-secondary educational or vocational school. With the implementation of the EFC program, foster youth are provided housing, services and additional supports to complete high school, a GED program, post-secondary education or vocational school. Allowing youth to remain in placement with supportive foster families and a social worker provides youth assistance in navigating through life issues that could possibly interfere with educational pursuits.

Table 31, page 245, shows that over 8,000 educational services were provided to current and former foster youth ages 15-20 during FFY 2014. Additionally, nearly 5,000 post-secondary educational services (i.e., assistances in completing college applications, financial
aid packages and touring college campuses) were provided to current and former foster youth during the same time period. During FFY 2014, Exit Outcomes Data (Table 30 under Part 1: Program Overview) reveals that 58 percent of youth exit care with a high school diploma. This is a 13 percent increase from last year and the highest in the last three fiscal years. Youth who have elected to remain in care until age 21 have additional time to complete high school. The percentage of youth enrolled in a program to earn their high school education dropped to 24 percent. This is a decrease from last year and the lowest in the last three fiscal years. A correlation could exist between the percent of youth that received a high school diploma and percent of youth enrolled in a program to complete a high school diploma because as more youth participate in the EFC to complete high school, the data may reveal fewer youth who may need or utilize programs that assist in completing a high school education.

There are several barriers to improving educational outcomes for California’s foster youth. These obstacles may include inadequate academic preparation for college, a lack of information about the matriculation process, insufficient access to financial aid and housing, and not enough support to help foster youth stay in college. To assist youth in overcoming these barriers there are several academic support programs available throughout the state. The Guardian Scholars, offered in some counties, is a comprehensive program that provides a scholarship equivalent to the full cost of attendance and additional supportive services. Under the direction of the Foundation for California Community Colleges, The Board of Governors Fee Waiver omits the cost of enrollment fees for current and former foster youth attending community colleges. The Foster Youth Success Initiative (FYSI) is a concerted effort to improve access to student services and resources and academic support, retention, academic performance, completion of units, programs and degree and transfer rates to baccalaureate. As a part of the FYSI, foster youth attending public colleges and universities are entitled to priority registration, and all community colleges have a designated Foster Youth Liaison. These liaisons assist foster youth in accessing financial aid, scholarships, student services and resources.

The Chafee Education and Training Voucher Program provides financial support to foster youth seeking postsecondary education or training. Chafee grants are used for education-related purposes such as tuition, tutoring, books, supplies, transportation, rent and childcare. More detailed information is provided in Section 5.

4. Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults

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 a successful transition to adult living. The CDSS collaborates and partners with state agencies, advocacy and community based organizations, and encourages the design of mentoring programs that utilize resources to provide personal and emotional support to youth.
The SOC 405 E Exit Outcomes Data (Table 30, page 243) in FFY 2014 showed that 80 percent of the youth who aged-out of foster care reported a permanent connection with at least one adult they could go to for emotional support, advice, and guidance, as compared to FFY 2013, with 85 percent of youth. It appears there may have been a data entry issue surrounding the SOC 405E during the implementation phase of the EFC Program. The issue centered on how to capture youth in transition to extended foster care. In anticipation of implementation, some youth may have been captured as exiting when in fact they remained in care. In addition, counties report that many youth who are electing to exit foster care represent those youth who are most frustrated with the foster care system, and may not have the motivation to take advantage of any assistance in establishing a permanent connection or mentor. In FFY 2014, there was a decrease of 540 youth exiting foster care. This can be explained by the number of youth that have extended in foster care. Those 540 youth have extended in foster care, presumably have permanent connections and would not be captured here because they have not exited foster care (this data is for exited foster youth). The four percent change from FFY 2013 and FFY 2014 could be due to those youth no longer being counted in the exit data and extending in foster care.

Permanency and youth having permanent connections is a focus on every ILP core service from education to housing.

5. Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing and then making the transition into adulthood

THP-Plus is a transitional housing opportunity for young adults who exited foster care at age 18 or older and are not yet 24 years of age (age 25 in counties that have opted to extend services per 2014 state legislation). The goal of the program is to provide a safe living environment and supportive services to help these young adults develop the life skills needed for successful independent living. Counties that elect to participate in the program provide supervised independent living and support services. The program is available for 24 cumulative months (36 months for counties that have opted to extend services), and youth live in an apartment-like setting. At the end of the program, the youth can take over the lease.

On September 29, 2014, California enacted legislation, which gives each county the option of extending THP-Plus services to age 25 and up to 36 cumulative months. In order for a youth to receive services beyond his/her 24th birthday or for more than 24 months, he/she must either be completing secondary education (or an equivalent program) or be enrolled in an institution that provides postsecondary education (includes vocational education), in addition to meeting the eligibility and participation requirements of THP-Plus. The extension
of THP Plus allows counties and youth the opportunity to utilize beds that are unused if eligible youth have maxed out on their months of participation in the program.

According to the John Burton Foundation, which compiles data from surveys of providers and some individual counties via its THP-Plus Participant Tracking System, the number of youth served in THP-Plus dropped from 2,059 in FY 2012-13 to 1,840 in FY 2013-14, a decrease of more than 10.6 percent. More significantly, the number of clients aged 18 and up to 21 dropped from 52 percent of total participants to 35 percent over the same period. This data suggests that youth aged 18 up to 21 are opting for extended foster care rather than exiting foster care and participating in the THP-Plus. In FY 2013-14, a total of 48 counties had a THP-Plus program, funded by local revenue funds. The decrease may also be attributed to the counties focus on implementing the THP+FC (see below), the housing program and placement option for youth in the EFC. In a CDSS survey of counties, a lack of available housing was identified as the most significant barrier to the implementation of the THP Plus. The result is that some counties have long waiting lists for its youth.

Transitional Housing Placement+ Foster Care (THP+FC)
In September 2012, as a result of the EFC Program, CDSS implemented the THP+FC program. THP+FC is one of the two Supervised Independent Living Settings available to foster youth aged 18 and up to 21, the other being a Supervised Independent Living Placement (SILP). THP+FC is a licensed program with various placement options where youth learn to live independently while receiving supportive services. Youth have three housing options—a host family, where youth live with a caring adult who has been approved by the provider; a single site, where they live in an apartment, a single family home, or a condominium rented or leased by the THP+FC provider with an adult employee of the provider living onsite; and a remote site, which is similar to a single site but without an adult living onsite. Youth’s placement decisions are made in the same manner as with any other foster care placement decision: based on a needs assessment and identifying placement options available to meet those needs.

Currently, CDSS has 52 licensed THP+FC providers serving EFC youth, up from 46 in FFY 2013. For FFY 2014, 954 youth were in THP+FC (as of July 1, 2014, according to data from the California Child Welfare Indicators Project, a collaborative venture between the University of California at Berkeley and the CDSS) with steady growth in this population. THP+FC serve approximately 10.7 percent of the NMDs in the state, in spite of the significant need for this placement type. Providers are working on obtaining more housing and recruiting supportive foster parents in order to meet the demand for these placements. In contrast, 3,462 NMD were placed in a SILP at the same point in time. Due to the relative infancy of the THP+FC, a gap is expected between the amount of placements available and the number of youth that need to be served. In order for a provider to have the ability to accept NMDs into a THP+FC placement, the provider must first complete a certification process at the county level and then complete a licensing process at the state level. CDSS is currently working with advocates and counties to assist in alleviating barriers for providers to obtain licensure and providing technical assistance on how to expedite the licensing process. CDSS Licensing Division continues to review and
approve new THP+FC applications and provides guidance to counties on streamlining their processes to reduce the time between providers applying for certification and the final approval or licensure.

Presently, more youth are opting to be placed in a SILP than transitional housing. It is anticipated that the number of youth in each placement type will even out as providers continue to train foster parents and develop appropriate program plans for the THP+FC programs. Historically, counties have struggled to find suitable housing for foster youth because of a lack of affordable housing. Counties have also identified a barrier of getting housing approved through the licensing process due to the requirement the main office of the provider be within two hours of placements. This is not a barrier for all counties, but some of the smaller and more rural counties note this as a reason why SILP placements are utilized more than the THP+FC placement. It is expected that as providers develop their plans with the help of the county and CDSS and obtain licensure, there will be improvement in this area, an increase in THP+FC placements, and a shorter approval time period.

There are operational THP+FC programs in all of the larger counties in California and in many medium and smaller counties as well. However, several medium and small-size counties have reported encountering barriers to implementing THP+FC programs, including a lack of certified providers, licensing delays; a lack of available housing; the high cost of housing; and not having any eligible youth needing this placement option. Small and rural counties report a lack of available housing, especially housing near services the youth require, as a barrier. While many counties do not have operational programs in their jurisdiction, it is common practice for counties to utilize THP+FC programs in adjacent counties for their youth.

The focus of an Extended Foster Care Steering Committee meeting held in February 2015 was on the THP+FC program and included participants from CDSS and county representatives, advocates and program provider staff. Attendees identified many barriers and best practices of THP+FC programs such as inconsistencies in the licensing process; the reimbursement rate insufficient to meet youths’ needs for mental health and education; programs not adequately supporting youth with mental health and substance abuse issues; youth unable to maintain eligibility for extended foster care due to substance abuse; lack of appropriate housing for youth with criminal backgrounds, mental health and substance abuse issues or the converse – providers accept these youth creating safety risks for other program participants, and supporting parenting youth. Best practices include: partnerships with behavioral health services; collaboration with WIA; monthly meetings with the county; co-location of county staff at provider offices; partnering with Cal Works to provide trainings and supports; providers who are trained in and committed to trauma-informed practices; providers offering evidence-based parenting programs;; a step-ladder approach to help youth transition to independence; pregnancy prevention and nurse-home visitation programs embedded in housing programs; and peer counseling and support.
Foster Youth Credit Reports

Process
CDSS has developed a process that includes submitting batched credit inquiries to the three major credit reporting agencies (CRAs) on a quarterly basis for foster youth aged 16 and 17 from nearly all of the state’s 58 counties. If an inquiry indicates that a youth has a credit report on file with a given CRA, the county then requests a credit report on behalf of the foster youth from that CRA. Two CRAs (TransUnion and Equifax) require that the counties open electronic accounts in order to request credit reports on behalf of foster youth, while it is optional for the other CRA (Experian). Currently, two counties do not participate in CDSS’ batch process. These two counties request credit reports on behalf of all 16- and 17-year old foster youth in their respective counties, the timing of which depends on each youth’s birthdate. The number of counties not participating in CDSS’ batch process has varied since the credit reports mandate was implemented at the state level.

Los Angeles County, one of the counties that does not participate in CDSS’ batch process, continues to operate the same credit report data transmission system that it has had in place with the CRAs since a foster youth credit report pilot project conducted in 2011 in cooperation with the now-defunct California Office of Privacy Protection. Los Angeles County also compiles its own data related to the foster youth credit reports.

For foster youth aged 18 through 20, the social worker or probation officer assists these NMDs with requesting his or her own credit reports. As an adult, the NMD experiences greater involvement in his or her financial health by making the requests. If the NMD refuses to request a credit report, the social worker or probation officer documents the NMD’s refusal and periodically continues to impress upon the NMD the importance of understanding one’s credit history and continues to encourage the NMD to make the requests.

For any foster youth with a credit report, the social worker or probation officer examines the credit report with the youth to determine if any inaccuracies exist. If there are inaccuracies, the social worker or probation officer either undertakes a remediation process or refers the youth to a governmental or nonprofit agency that can assist the youth in clearing his or her credit history.

Data
In November 2014, in cooperation with the CDSS vendor OSI and a private vendor contracted by CDSS to develop changes to the CWS/CMS, CDSS updated the CWS/CMS to enable social workers and probation officers to enter data related to foster youth credit report activities in a manner that allows data to be extracted systematically and reported in a meaningful way. The update also simplifies the documentation process for social workers and probation officers and reduces the time they must spend on data entry.
According to data extracted from CWS/CMS on April 6, 2015, CDSS submitted 16,361 batched credit inquiries to each of the CRAs for foster youth aged 16 and 17 for the time period from July 2013 to December 2014. This resulted in 3,332 instances of a youth having at least one credit report on file. During this time period, 64 credit histories were cleared.

Additional data provided by Los Angeles County, which accounts for approximately 32.3 percent of foster youth aged 16 and 17 (as of January 1, 2015), Los Angeles County requested 6,738 credit reports for the time period from July 2013 through December 2014. The requests resulted in 715 youth having at least one credit report on file. During this time period, 442 youth had their credit histories cleared.

For the time period from July 2013 through December 2014, 32 NMDs requested their credit reports, while 27 NMD refused to do so. During the same time period, 4 NMDs had their credit histories cleared.

**Barriers**

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

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

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

In 2004, California voters passed Mental Health Services Act (MHSA) which provides increased funding, personnel, and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults, and families. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology, and training elements that will effectively support this system. In 2006, Executive Order S-07-06 created, in part, a new supportive housing program jointly administered by the former Department of Mental Health and the California Housing Finance Agency. In 2007, $400 million in MHSA funds were made available to finance the capital costs associated with development, acquisition, construction, and/or rehabilitation of permanent supportive housing for homeless individuals with mental illness and their families.

As of April 2014, more than nine counties are in the process of constructing or have completed at least 186 units specifically designated for Transitional Age Youth (TAY) only. Counties are reporting that youth are benefitting from the TAY housing. Counties have also found greater success rates when starting to work with youth at age 16 and, as such, have begun to focus efforts on the 16-18 age group. Statewide, at least 609 units have been designated for adults, including TAY who are homeless or have serious mental illnesses.

In 2005, Governor Schwarzenegger launched an initiative with a ten-year plan to address chronic homelessness in California. In a 2006 conference attended by federal, state, and local governments, nonprofit and private representatives developed the following five goals that serve as the basis for the ten-year plan:

1. Prioritize the prevention and significant reduction of chronic homelessness.
2. Increase availability of affordable housing for the chronically homeless or those at risk of being chronically homeless.
3. Identify those at risk of chronic homelessness early on and create policies for prevention.
4. Increase availability and accessibility of supportive services for the chronically homeless and those at risk.
5. Promote financial stability of the chronically homeless population and those at risk.

In September 2011, legislation was signed into law with provisions to end chronic homelessness for transition age youth. This legislation removes barriers for individuals that may not have otherwise met the definition of “chronic” homelessness. Prior to this change, homeless transition age youth may not have met the definition of chronic homelessness because of their age but still faced barriers to housing stability and required supportive services. This new law allows homeless youth and homeless families (including youth with children and pregnant and parenting teens) to meet the definition and receive supportive housing if they choose not to extend in foster care. A research report on homelessness released in April 2013 by the
Homelessness Research Institute showed a decrease of two percent in the chronically homeless population in California between 2011 and 2012.

In 2009, the John Burton Foundation initiated the Homeless Youth Capacity Building Project (HYCBP). HYCBP provides support to small- and medium-sized nonprofit organizations that serve homeless youth. Support provided to eligible organizations at no cost includes the following:

- Regional training/webinars on capacity-building topics
- Updates on available funding and policy changes
- Resources on capacity-building and research tools
- One-on-one technical assistance
- A Professional Management Training Series (limited)

Child Welfare and Probation departments are working together to quickly identify youth’s eligibility for the EFC program, in order to prevent these youth from experiencing homelessness. Many counties use the Child Protective Services Emergency Hotline as the gateway for young adult to reenter foster care.

In FFY 10/11 and 11/12, the extension of foster care was created and passed through legislation, allowing youth to extend in foster care up to age 21 and to reenter foster care after having exited. This reentry option provides exited foster youth with the opportunity of returning to foster care if a situation arises where they find themselves homeless. ILP providers throughout the state reached out to homeless shelters locally to ensure former foster youth were informed they could reenter foster care to receive housing assistance and supportive services.

Some of the struggles providers and counties report include serving youth with mental health needs beyond the skill level of housing providers.

Runaway and Homeless Youth
California counties continue to collaborate and coordinate services with numerous providers, including transitional living programs (TLP) funded under Part B of the Juvenile Justice Delinquency Prevention Act of 1974, to meet the needs of current and former foster care recipients. Coordinating services with other county or federal housing programs provide housing options for other youth that may not necessary meet the ILP eligibility. In California, Runaway and Homeless Youth (RHY) program grantees operate transitional living programs in 10 of the 58 counties. Counties report positive working relationships with their TLP providers.

In Santa Clara County, the Bill Wilson Center (BWC) provides transitional housing (THPP, THP +FC, and THP Plus) to current and former youth, as well as those youth were never in foster care. BWC staff also participate in individual monthly and quarterly housing meetings.
In Stanislaus County, collaboration and coordination begins before the youth turns 18. When dependent minors approach 17.5 years old, a Transition to Adulthood Team Decision Meeting is held with the EFC and ILSP Team. All options are explained and explored with the youth so that they can make a well informed decision about remaining in or exiting from care. A resource binder is given to the youth which includes brochures on various community agencies, including the Center for Human Services - Pathways Program, Stanislaus' RHY grantee. The Coordinator for the Pathways Program along with the EFC and ILSP Teams meet at least twice a month during Housing Collaborative Meetings. The Coordinator for the Pathways Program facilitates the housing collaborative meetings. The constant flow of information and resources during these case management meetings allows for referrals to be made in a timely manner.

In San Diego County, the HOME Program includes specialized THP for youth who are pregnant/parenting and youth who have a disabling diagnosis. Referrals are provided by County Staff, ILP program, THP-Plus contract providers, or the youth can refer.

P.L 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014
Currently, California has proposed a bill (SB 794) to meet all the new requirements contained in PL 113-183, the Preventing Sex Trafficking and Strengthening Families Act of 2014. Additionally, in collaboration with county stakeholders, CDSS developed an opt-in program that provided $5 million for State Fiscal Year 2014-15 and provides $14 million annually thereafter in state funding for counties to conduct Commercially and Sexually Exploited Children (CSEC) prevention and intervention services and activities. This opt-in program requires counties to have an interagency protocol, with case management conducted by a multi-disciplinary team, to respond to the complex needs of trafficking victims. California has also provided training in CSEC identification and awareness to county social workers, probation officers, foster caregivers, and group home staff. Lastly, CDSS hosts a Child Labor Trafficking Workgroup, with a membership of approximately 40 stakeholders, including advocates and representatives from multiple state departments, the CWC CSEC Action Team, the California Labor Commission, and the U.S. Department of Labor. The workgroup is in the early stages of developing a mission and purpose.

Adoptive and Legal Guardianship Incentive Payment Program:
See page 90 (entitled Adoption Incentive Funds) for details about the Adoptive and Legal Guardianship Incentive Payment Program.
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. This data is based on 53 of the 58 counties.

Financial Support Emancipated Youth Stipends (EYS)
Since realignment, EYS funds are 100 percent county funded and are separate from a county's ILP allocation. The EYS funds are used to address the special and emergency needs of emancipated foster youth.

Counties have found this funding to be a vital means of providing a wide variety of services to youth. The EYS funds can be used to help recently emancipated youth with costs including, but not limited to: transportation, employment, housing and education. Counties use these funds to support emancipated youth in a variety of ways. For example, Los Angeles County relies heavily on EYS funds to assist emancipated foster youth with education related expenses whereas Alameda County spends the majority of EYS funds on employment related expenses for emancipated youth.

For the FFY 2009-10, the Emancipated Youth Stipend was suspended due to California’s budget deficit. For FFY 2010-11, funding was partially restored at $1,581,000, approximately two million less than the funding provided to counties in 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 was realigned to the counties in FFY 2012. It allows counties even more flexibility in using the funding. The WIC 10609.3 allows for flexibility in the use of the stipend to help youth with independent living needs. In July 2012, statute was amended so that the use of these funds is no longer limited to emancipated youth. In FFY 2014, several counties expanded the stipend program to include supporting NMDs’ ability to transition into adulthood.
Employment
Data from the California Employment Development Department (EDD), displayed in Table 34 below, reflects the number of current and former foster youth who have entered and exited the Workforce Investment Act funded career programs located in the 49 local America’s Job Centers of California (AJCCs) (formerly known as One Stop Centers) or county employment career centers.

Table 34: Number of former and current foster youth who have entered and exited the Workforce Investment Act Program

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<tbody>
<tr>
<td>Enrolled in WIA America’s Job Center</td>
<td>1,854</td>
<td>887</td>
<td>875</td>
<td>963</td>
<td>916</td>
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<tr>
<td>Exited from WIA America’s Job Center</td>
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<tr>
<td></td>
<td>1,818</td>
<td>1,116</td>
<td>909</td>
<td>950</td>
<td>982</td>
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The four years of data in the table above does not explain why the youth are either remaining enrolled or why they exited the programs. There has been a drop in the numbers of youth entering and exiting the Workforce Investment Act program since FFY 2010. This may reflect the increase in options for employment training developed as a result of the implementation of extended foster care. One of the eligibility criteria for the EFC program is to be enrolled in a program that removes barriers to employment. Many THP+FC programs offer employment training to help foster youth obtain the skills they need to become successfully employed.

Enrolled means youth between ages 14-21 served with WIA formula dollars that identified and demonstrated their eligibility as current or former low-income foster youth. These youth were enrolled into intensive training services. Exited means the youth have left the program (completed the training program, found employment, or are no longer actively involved). Some foster youth may be enrolled for more than one fiscal year and these exits may be reflected in the data of the following year.

Foster youth are served through the AJCCs and receive universal or core services, which are mainly individual or group services in career development, job search, job referral and other related services. It is also important to note that youth who enroll in the AJCCs are self-reporting as former or current foster youth.

6. Make vouchers available for education and training, including postsecondary education to youth who have aged out of foster care.

As previously stated, the California Chafee Education and Training Vouchers (ETV) Program provides resources specifically to meet the educational and training needs of youth who were in foster care after the age of 16.
**ETV Grants**

California administers the ETV program through an interagency agreement with the California Student Aid Commission (CSAC), which distributes vouchers to eligible youth. The ETV program provides federal and state financial resources specifically to meet the educational and training needs of youth who were in foster care between the ages of 16 and 18. Eligible youth may be awarded a grant up to $5,000 per school year. The awards are intended to supplement, not supplant, any grant funds that the student may otherwise be entitled to receive. The total grant funding may not exceed the student’s cost of attendance. Any unused/unclaimed grant money is returned and redistributed to other eligible foster youth. The CDSS distributes Chafee information to eligible foster youth semi-annually.

To qualify, the youth must have been in foster care after the age of 16 and have not reached their 21st birthday as of July 1 of the award year. The student must be enrolled in an eligible career, technical school, or college course of study; attend school at least half-time; and must maintain satisfactory academic progress to continue receiving the grants. During the following Academic Years (AY) (July 1 through June 30), the Commission reports the total Chafee ETV awards as follows:

<table>
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<th>Table 35: Chafee ETV Awards (Commission)</th>
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<tr>
<td><strong>Active</strong></td>
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<td><strong>Number</strong></td>
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<td>New</td>
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<tr>
<td>Renewal</td>
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<td>Total Average</td>
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The number of new and renewal ETV grants awarded increased from AY 2011/12 to AY 2012/13. During the AY 2013/14, there was a slight decrease in the number of new and renewal ETV awards as compared to AY 2012/13. The decrease in ETV awards between 2012 and 2013 (3,594 and 3,461 respectively) may be a reflection of a number of issues involving economic and state budget difficulties, such as the federal sequestration of $233,000 in AY 2012/13 and $508,000 in AY 2013/14 that occurred, affecting the number of ETV awards and award amounts during those academic years. Additionally, during the past year some challenges and inefficiencies with the application and disbursement processes that affected the number of awards granted during AY 2013/14 have been identified and
will be outlined below. CDSS has been recently informed that approximately $95,000 in ETV funds went unused for AY 2013/14. Ongoing efforts are being made between the Commission, CDSS and stakeholders to identify challenges and solutions to address the issue of ensuring ETV funds are fully expended and the most youth are served with those funds.

The Chafee Grant ETV Program stakeholders convened several times during FFY 2013/14 to discuss the Chafee Grant Program and to identify and attempt to resolve any issues, barriers or challenges for youth applying for the grant. In FFY 2012/13 stakeholders conducted an analysis of the data regarding the application and disbursement processing procedures to determine the most effective way to ensure the most youth are served with the available funding. The analysis revealed that college financial aid offices are frequently unable to provide a Needs Analysis Report (NAR) to the Commission in a timely manner, rendering the application incomplete, and as such, this is the primary cause for delayed processing and late issuance of awards to potential students. A decision was made to eliminate the requirement for the needs analysis report as the required information can be obtained from the Free Application for Federal Student Aid (FASFA).

Another identified process improvement currently being addressed involves the delays that result in uncashed awards and the prolonged timeframe for the return of unprocessed checks to the State before the funds can be redistributed to students. The delays can occur for variety of reasons, such as the school holding onto the funds for lengthy periods of time, delays associated with students choosing to attend different schools, no longer meeting eligibility requirements, changing residences etc. Additionally, funds are disbursed with paper checks, which contribute to delay processing in situations where checks go uncashed and have to be returned and re-disbursed. The Commission also experiences disbursement challenges due to lack of accessibility to the youth’s school enrollment files.

The Commission, CDSS and stakeholders have made efforts to identify solutions to the application processing and disbursement challenges. Potential solutions have been discussed and are in various stages of implementation. A process change being considered is to implement an electronic payment system to allow for timely distribution of awards to students and their respective schools. This is anticipated to go into effect during AY 2016/17. Another step implemented to address application and disbursement challenges was the formation of a data workgroup resulting from the stakeholder meeting that took place in August 2013. This workgroup was formed to identify specific Chafee ETV programmatic enhancements and make changes to the Chafee ETV award disbursement process system. The Commission and CDSS are also working on ways to work in concert with schools to gain access to youth enrollment files which will assist in more timely distribution of ETV funds to students. CDSS will provide additional resources to the Commission as needed to work with the schools and the Chafee Grant Program Liaisons in order to resolve issues related to disbursed funds that have not been cashed timely in a more proactive fashion. There will be ongoing communication and collaboration with the
schools and stakeholders to continue to discuss ways to increase outreach efforts to reach all qualified students and make improvements that support as many youth as possible in meeting their educational goals.

Declining federal allocation and state budget challenges have and will likely continue to affect progress in this area. The EFC Program provides additional supports to young adults remaining in foster care. Youth enrolled in the EFC program live in one of a variety of placements and receive supportive services to assist them in achieving successful independence. In addition, involvement in the EFC program allows them to maximize their educational funding for tuition and books since their housing costs are covered. Some youth who do not receive a Chafee grant, whether eligible or ineligible, are encouraged to seek additional financial aid through a Pell Grant, Cal-Grant, etc. Youth attending a community college may be eligible for a tuition fee waiver known as the Board of Governor waiver.

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

Youth who entered into a Kin-GAP guardianship or were adopted after turning 16 are also eligible for ILP services as are youth in a non-related legal guardianship established in juvenile court after the youth’s 8th birthday. These populations participate in the same ILP services as other eligible youth and receive extended benefits to the age of 21. Based on FFY 2014 CCWIP exit data, 6,543 youth exited from the child welfare and probation systems: 2,158 reunified with a parent; 131 were adopted; 88 entered a Kin-GAP guardianship; 2,208 emancipated; and 1,764 went missing or exited to other systems of care. 946 youth exited after their 8th birthday to a non-related legal guardianship during this time frame. Further information on the state’s Kin-GAP program can be found in the Permanency chapter in the section on guardianship.

The Foundation for California Community Colleges (FCCC)

The collaboration between CDSS and the Foundation for California Community Colleges (FCCC) is to promote statewide educational training on life skills and college and career preparation to current and transitioning foster and probation youth aged 16 to 21 years. In addition, adult care providers including foster parents, kinship caregivers, group home staff, and foster family agencies receive educational training in conjunction with these youth. Under a contract with CDSS, the FCCC provides programming designed to:

- Increase youth access to community college-based vocational training and work experience; through offering either high school and/or college credit for participation in FCCC ILP program.
- Engage youth in real-life, experiential independent living skills activities, including financial literacy, career development and educational preparedness.
- Provide youth with academic advocacy and support services to increase persistence rates within the California community college system.
• Introduce and assist youth with access to 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 benefits in California.
• Collaborate with the 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. YESS-ILP provides services to youth as they transition from high school to college or post-secondary career training opportunities.
• During the 2013-14 program periods, the YESS-ILP increased the total number of participants receiving services by nine percent (figure 60 below). Statistical information regarding participants and services are listed below:
  • Provided services to 2,074 participants
  • Provided 2220 training hours, of which 1,390 or 60 percent were experiential, hands-on learning activities
  • Provided 2,704 hours of one-on-one educational advisory services
  • Began tracking NMDs to identify YESS participants who are staying in care through EFC
  • Established baseline information regarding NMD participation and retention in YESS services with NMDs returning to campus workshops an average of 12.5 times through the course of the program year
  • Maintained, and in some instances, increased overall program retention with participants returning to campus workshops an average of 8.2 times through the course of the program year

In addition to accessing specific YESS-ILP training services, youth sought one-on-one personal and academic advisement services with their designated YESS-ILP liaison multiple times throughout the program period.
Juvenile Justice and Delinquency Prevention Act of 1974
CDSS offers assistance to the California Department of Corrections and Rehabilitation (CDCR) Division of Juvenile Justice (DJJ) Foster Youth Re-Entry Work Group (FYRE) in identifying youth who were former dependents or delinquents so these youth can receive the transition age services to which they are entitled when they are released from incarceration. Form JV-732, utilized by the CDCR Division of Juvenile Facilities, was modified and implemented by the Judicial Council to identify youth who have been in at least one eligible foster care or other Title IV-E placement while under a juvenile court dependency or delinquency case.

Re-entry coordinators from DJJ work with youth in preparing for their exit from secure confinement. After establishing foster youth history, the coordinators help youth connect with their former county of jurisdiction so youth can participate in the ILP if they are eligible. DJJ coordinators monitor youths’ re-entry by connecting with the youth and their families and referring them to services. Counties receive a Juvenile Re-entry Grant provided by the county probation department in the county in which the youth plans to locate. The grant is a way to pay for rent and a deposit for housing as many of these youth are not eligible for the EFC or county transitional housing programs. The reentry coordinator provides monitoring and services for youth returning to their oversight from a locked facility.

Both the CDSS and the FCO assist the coordinators in verification of foster care history. The FCO conducts orientations at the DJJ facilities with youth who are preparing to be released. The orientations provide information on the programs the youth are eligible to participate in to increase their ability to become self-sufficient and lead successful, productive lives.
Current and Former Foster Youth Involvement

The CDSS has made an ongoing effort since 1992 to include the input of current and former foster youth. The CDSS has worked to increase the capacity of foster youth participating in Departmental initiatives such as the redesign of ILP, CCR, conferences or trainings and the development of the THP+FC regulations and policy for EFC. The CDSS provides funding and in-kind support to and regularly meets with the California Youth Connection (CYC) and FCO to seek input and insight from former foster youth who work in the office as student assistants.

The CDSS has engaged and solicited involvement from foster youth in the following ways:

- Youth participated in workgroups as part of the CCR effort to ensure youth had a voice in the system change process. Youth sat on all of the committees that provided input to the state staff, legislation, county directors and advocates to inform them about what they, as former and current foster youth, needed when they had to be placed in foster or congregate care. The youth assisted in identifying caretaker qualifications, satisfaction surveys, identifying fiscal impacts in the current system and were integral participants in identifying the recommendations and key points to be included in the final report due to the Legislature in October 2014.

- The FCO office regularly campaigns for youth involvement in the office, either as paid or volunteer staff. Their website (http://www.fosteryouthhelp.ca.gov/) has a page that provides information on opportunities for involvement. The office also regularly engages in outreach activities throughout the state. CDSS has a contract with the CYC to provide transportation, stipends, and meals for youth that participate in these activities.

- CDSS, CWDA and the Co-Investment Partnership partnered with the California Connected by 25 Initiative and CYC to create a State Youth Council, where youth ambassadors ages 14 to 24 from 13 counties were trained in the process of policy implementation, public speaking and other leadership skills. Youth Council Ambassadors acted as technical assistants, providing valuable insights about policies and practices that engage youth, build youth-adult partnerships and improve the foster care system. These youth ambassadors provided tremendous assistance to the EFC workgroups.

- The State Youth Council came to a close in 2012 and lessons learned from that effort informed the development of the Youth Engagement Project (YEP). The YEP includes current and former foster youth or ambassadors from seven counties partnering with staff/management from the County, State and the CYC to build capacity for youth-adult partnerships. Ambassadors work with local counties to identify local projects aimed at engaging foster youth and improving service delivery. The ambassadors also partner with state staff to identify strengths and barriers for youth engagement and provide feedback on policies and initiatives requiring youth input. The YEP Coordinator and ambassadors and youth from the CYC participate on several workgroups focusing on parenting youth placed
in SILPs, policy development regarding psychotropic medications for foster youth and specialized counseling for youth entering into adoption or guardianship. The ambassadors were consulted regarding Exit Outcomes Data within the APSR to obtain feedback on possible reasons for a decrease in youth obtaining permanent connections and future solutions, and provided input to the Mark Courtney CalYouth study. The ambassadors also worked with CDSS to develop a protocol that is used at the state and with the counties when making requests for youth participation on workgroups or when making requests for youth feedback and input of policy. The YEP Coordinator and ambassadors have been meeting with several CDSS branches to discuss authentic youth engagement. Finally, the ambassadors are assisting with the location of older youth who are eligible to take the NYTD survey.

• Executive staff from the Department meet quarterly with CYC to hear concerns and solicit feedback on a variety of issues. CYC has developed an internship program for several counties where CYC youth are working on their post-secondary education while working on a variety of projects including training for foster parents, engaging mental health departments and recruitment of tribal youth.

• CYC youth and YEP ambassadors participate on the Chafee ETV statewide workgroup providing input on the ETV distribution process. The youth also provided input on flyers for the Extended Medi-Cal for Former Foster Youth.

• In celebration of National Foster Care Month, the State Capitol honored foster youth in May, 2014, for their involvement and advocacy in state policy initiatives. In addition, foster youth participate in “shadow” day where they are able to shadow a representative and/or their staff for the day to learn how legislation is created and passed and how they can be part of that process.

• Foster Youth from across the State had the opportunity to shadow legislators for the day and view the legislative process first-hand during the annual CYC Day At The Capitol

• Foster youth advocacy and network groups such as the Youth Law Center, Foster Youth Alliance, and Alliance for Children’s Rights are closely involved in several CDSS initiatives, including the implementation of the EFC Program.

• Twice yearly, CDSS distributes a newsletter to approximately 18,000 current and former foster youth outlining Chafee programs housing and other benefits. Youth of the Foster Care Ombudsman Office, the ILP, and the youth advocacy of California Youth Connection provide input on the content and appearance of the newsletter.

• The CDSS, in partnership with FCCC, selected alumni of the state’s foster care system to serve as the California state representative in the nationally recognized Foster Club All Star project. The Foster Club organization, which is based in Oceanside, Oregon selects
approximately 20-25 former foster youth per year from across the country to participate in its intensive training and leadership development for the Foster Club All Star program. Several former foster youth participated in the selection of this year’s representative.

- The NYTD steering committee has a representative from the CYC to discuss the youth perspective in planning for the NYTD survey implementation.

Youth also provide outreach and recruitment for ILP services informing ILP eligible youth, ILP active youth, and their families about the ILP program. Youth also participate in internship opportunities with local newsletters and media outlets, creating a webcast via YouTube and investigating and reporting events and issues that are important to transitioning youth.

**Part 3: Coordinating Services with other Federal and State Programs and Indian Tribes**

**California Indian Tribes**
California has 109 federally recognized tribes and approximately 81 tribes seeking federal recognition within its borders. Even so, most American Indian people living in California come from tribes outside the state, making the task of consultation and collaboration, in this county-administered child welfare system, complex. CDSS requires each of the counties to submit an ILP Annual Report and Plan to report the methods used to ensure that all youth have equitable access to services. This report includes: how youth are made aware of ILP services/programs offered in their county; the number of tribal youth who are eligible for services; the number of tribal youth who are participating in ILP services; and the methods the counties are using to collaborate with tribal representatives to ensure that tribal youth receive culturally appropriate services.

**Collaboration with Tribes**
As the state with the highest number of Indian tribes, CDSS utilizes its ICWA Workgroup (described further in the ICWA chapter) as the primary means of coordinating and seeking feedback from tribes. However, CDSS is exploring other avenues of communication with tribes as well. This includes expanding the membership of the ICWA Workgroup and developing a formal government-to-government consultation policy with California tribes.

CDSS has been working to inform Indian tribes throughout the state about ILP eligibility and services for tribal youth. The ICWA Workgroup brings tribal leaders, county child welfare agencies and state policy and program staff together to work on issues pertinent to Indian children. Information about the Independent Living Program and other transition services for transition age youth has been shared verbally and disseminated in a document at the ICWA Workgroup meetings. An information session was conducted with the Title IV-E and IV-B tribes via conference call to inform them of the ILP and ETV programs that tribal youth can access. CDSS plans to conduct training for the larger group of tribes in the fall of 2015. All county ILPs have been notified via the CWDA ILP Subcommittee that all tribal youth under the jurisdiction of a tribe and in out of home foster care are eligible for services provided by the ILP.
Additionally, an email was sent to all of California’s Indian tribes asking for feedback regarding their knowledge of the ILP and the entitlement of tribal youth to access county ILPs; whether their youth are participating in county ILPs; and what, if any, barriers they have encountered in accessing ILP benefits and services for their youth. Information obtained from this feedback is being used in the development of an All County Letter about ILP eligibility and services for tribal youth.

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. These constituents meet regularly to discuss ICWA, tribal needs and services, including ILP, and improved collaboration and communication. Other counties report having specialized units or liaisons that consult directly with tribes. More recently, due to the work of the CAPP project (discussed in the Permanency Section), new strategies are being explored to improve collaboration with local tribes.

Equal Access to and Availability of Benefits and Services for Indian Youth
During the period of April 2014 to March, 2015, 844 tribal youth received an ILP service. The data does not specify whether the youth were under county jurisdiction or tribal jurisdiction. However, it is probable that most of the tribal youth were under county jurisdiction since, as detailed below; many tribes are unaware of the availability of county ILP services for their youth. To address this concern, CDSS is developing an ACL on access to Chafee ILP funds and services for tribal youth and counties’ obligation to provide these benefits. The ACL will be released in a question & answer format explaining eligibility and services available. In advance of this, CDSS has requested feedback from California tribes about their experiences in accessing ILP benefits and services for their youth and has notified counties through the CWDA and the CWDA ILP Subcommittee, made up of the county ILP Coordinators, of their responsibility to provide these services to tribal youth. Currently, counties report that ILP benefits and services are available to Indian youth in California on the same basis as to other children in the state. Youth, including tribal youth, are informed of ILP activities through discussions with the social worker and probation officer, ILP pamphlets, notices, newsletters, monthly calendars of workshops/activities, website information, ILP orientations, annual ILP events and through other community groups. Counties work with local tribal communities to ensure that all tribal youth have been identified and informed tribal representatives of ILP activities and events. Additionally, counties collaborate with tribes to ensure that culturally appropriate services are available to Indian youth.

In addition, the statewide standards for the ILP are a mechanism that provides guidance to counties on fair and equitable provision of services to current and former foster youth, including tribal youth. Counties use a variety of methods to ensure that services are available to all youth, such as: providing transportation or bus passes, regionalizing activities, assessing
local compliance with the Americans with Disabilities Act, mailing 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 and 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 CYC to meet the needs of tribal youth.

**CFCIP Benefits and Services Available to Indian Youth**

Benefits and services available to tribal youth through CFCIP include the development of a Transitional Independent Living Plan (TILP) to outline youths’ needs and goals; skills learning focusing on daily living skills, money management, decision making skills, safety skills, building self-esteem, and accessing medical services; assistance with achieving educational goals; aide in obtaining employment or gaining skills for employment readiness; and help locating housing. Indian youth who have emancipated are also eligible to receive an EYS to provide assistance with housing and other independent living needs.

**Tribal Negotiation**

Currently, there are two tribes in California, the Karuk Tribe and the Yurok Tribe, that have completed a Title IV-E agreement with the state. These Tribes have not pursued agreements to administer a CFCIP or ETV program at this time. Three other tribes have Title IV-B agreements, the Smith River Rancheria, the Tule River Tribe and the Washoe Tribe of Nevada and California. CDSS has provided a webinar to these Tribes on the transition services available to tribal youth.

**Tribal Concerns Regarding Accessing Chafee Services**

During collaborations with tribes, the most frequent response has been a lack of awareness of the ability to access county ILP services. Other tribes are currently utilizing county programs for their transition age youth. CDSS is collaborating with the tribes to develop a formal policy outlining eligibility and tribal access to ILP services and an ACL is forthcoming.
Part 4: Training

The most significant training related to transition-age youth is associated with the implementation of the EFC Program. Substantial efforts have gone into reaching out to potentially eligible youth and to ensure youth are aware of new benefits. Beyond outreach, significant efforts were made to train the child welfare community on the extended benefits and the paradigm shift necessary to effectively serve young adults in foster care. This effort included developing curricula for specific topics (eligibility, higher education, court processes, youth engagement, etc.) as well as addressing different audiences (caseworkers, caregivers, providers, bench officers, etc.). These training and informing efforts were the result of collaboration across many sectors of the child welfare community – CDSS, counties (child welfare and probation), advocates, the JCC, the CalSWEC, the child welfare Regional Training Academies, youth organizations, philanthropy, etc. The training and informing materials were made available through in-person training and presentations, webinars, short videos, websites, and a Facebook page. Additional information is available at www.after18ca.org. CDSS also released an All County Letter on the vast array of training resources available for the EFC program.

The CDSS has continued to collaborate with the organizations and community partners mentioned above to provide training for social workers, caregivers, and youth in FFY 2014, as the policy around extended foster care is still evolving. The ILP Manager provided training on the EFC and transition services to care providers at the annual Foster Parent Conference. Community Care Licensing provided trainings for providers for THP-Plus-FC; webinars and in-person training regarding the EFC and transition services were provided via the Regional Training academies. There will be additional ACLs and webinars on some of the newer provisions of the EFC Program that have emerged through the current legislative season. Additionally, CDSS attends County Welfare Director’s ILP and transitional housing subcommittee meetings to provide additional clarification and technical assistance to counties.

CDSS has developed a Frequently Asked Questions webpage to provide additional guidance to counties (http://www.childsworld.ca.gov/PG902.htm). This site contains ACLs and training materials to give counties access to that information for case managers and program staff that were not able to attend the trainings in person. Regional trainings were provided throughout the state, which in turn provided the CDSS with the most frequently asked questions.

Due to fiscal restraints, the ILP institute is not being provided. However, the CWDA ILP Subcommittee has planned to develop regional trainings for new ILP Coordinators.

The California Community Colleges Chancellor’s Office
For FFY 2014, through the Chancellor’s Office and 62 community colleges, training was provided to over 5,000 kinship caregivers (and non-related Extended Family Members) and over 15,000 foster parents and potential foster parents statewide. Training areas included, but were not limited to, helping caregivers prepare foster youth for independent living, extended foster care,
diversity and cultural sensitivity including supporting LGBTQ youth, accessing education and health services, adolescent pregnancy prevention, trauma-informed caregiving, and the importance of self-esteem.

**Part 5: The National Youth in Transition Database**

Data input into the NYTD began in late August 2010 with reports continually submitted to ACF every 6 months, in May and November of each calendar year. These reports to ACF contain independent living delivered services’ data extracted from CWS/CMS and outcomes survey data from surveyed foster youth at ages 17, 19, or 21 years of age. The NYTD steering committee meets on a quarterly or as needed basis to oversee and advise on the ongoing tasks to be accomplished for NYTD compliance. The steering committee is comprised of small and large counties’ staff, both from probation and child welfare; CWDA and Probation Chiefs’ representatives; and a youth participant from the CYC.

In FFY 2014, CDSS continued to offer the NYTD survey to eligible youth by way of an Internet link located on the CDSS NYTD web page. In FFY 2014 counties offered the survey to the second cohort of 17 year olds. An All County Letter (ACL 13-82) was released to provide instructions to counties on surveying this baseline population. A webinar also was presented in October 2013 to provide guidance on implementing the survey process. The data files from the 2014A and 2014B review periods were successfully submitted to ACF in May and November 2014. The files were accepted without any penalty notices issued. For FFY 2014 establishing the second cohort, the NYTD Compliance Report showed a participation of 1,117 youth for the first review period and 1,216 in the second review period.

Technical assistance is provided on an ongoing basis to counties through an established NYTD mailbox, NYTD hotline, and presentations to the county ILP Coordinators at their monthly CWDA meeting, Probation Officers and Managers at their monthly Probation Advisory Committee (PAC) and monthly Probation Forum. Conference calls are held with counties with low numbers to identify barriers and target solutions. Best practice information such as sending a birthday card to the youth to notify about the upcoming survey are shared to the counties via regular emails to the counties’ point of contacts for NYTD. Collaboration between the CDSS internal policy and data bureaus is ongoing at data and policy meetings as well as solving problems with the survey process.

CDSS planned for FFY 2015, the year to survey the 21 year olds of the first cohort, various ways to continue educating counties about NYTD such as: release an ACL, offer Webinars to help counties incorporate shared best practices in policies and procedures, and monthly presentations at the CWDA ILP meetings, PAC meetings and the Probation Forum meetings. A webinar was provided to refresh training on the Independent Living Services with goal to increase reporting of delivered independent living services. The state plans to continue technical assistance to counties with low numbers to identify their barriers and increase participation rates.
Table 36a below includes data for the first and second review periods for the FFY 2014 NYTD survey and Federal determinations or categories given for youth participating or not participating in the survey. Youth in foster care who turned 17 in FFY 2014 were surveyed within 45 days after their 17th birthdate.

### Table 36a: NYTD County Compliance Report for FFY 2013: Survey Outcome Status FFY 2014

<table>
<thead>
<tr>
<th>Survey Outcome Status</th>
<th>FFY 2014</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1st Report Period</td>
<td>2nd Report Period</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td>Youth Participated</td>
<td>1,117</td>
<td>53</td>
<td>1,216</td>
<td>53</td>
</tr>
<tr>
<td>Valid Non-Participation Reasons:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth Declined</td>
<td>224</td>
<td>11</td>
<td>178</td>
<td>8</td>
</tr>
<tr>
<td>Youth Incapacitated</td>
<td>19</td>
<td>1</td>
<td>23</td>
<td>1</td>
</tr>
<tr>
<td>Youth Incarcerated</td>
<td>56</td>
<td>3</td>
<td>63</td>
<td>3</td>
</tr>
<tr>
<td>Runaway</td>
<td>152</td>
<td>7</td>
<td>217</td>
<td>9</td>
</tr>
<tr>
<td>Deceased</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Unable to Locate</td>
<td>272</td>
<td>13</td>
<td>277</td>
<td>12</td>
</tr>
<tr>
<td>Not Reported, Late Birthdates</td>
<td>270</td>
<td>13</td>
<td>315</td>
<td>14</td>
</tr>
<tr>
<td>All</td>
<td>2110</td>
<td>100</td>
<td>2290</td>
<td>100</td>
</tr>
</tbody>
</table>
Table 36b below shows data for the number of youth who received independent living services and whether the youth was in foster care or after care, and whether child welfare or probation youth. The shift of services in After Care ILP services from FFY 2013 to FFY 2014 reflects the trend of youth electing to stay in foster care past their 18th birthdate as indicated by the increase in services provided in both Child Welfare and Probation.

Table 36b: NYTD County Compliance Report for FFY 2014: Number of youth who received an independent living service by responsible agency type in FFY 2014.

<table>
<thead>
<tr>
<th>Case Responsible Agency</th>
<th>1st Report Period</th>
<th>2nd Report Period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>In care: Child welfare department</td>
<td>12,327</td>
<td>76</td>
</tr>
<tr>
<td>In care: Probation</td>
<td>2,175</td>
<td>13</td>
</tr>
<tr>
<td>In care: Other (Kin-GAP, mental health, out of state agency, state adoption district office, private adoption agency, and Indian child welfare)</td>
<td>254</td>
<td>2</td>
</tr>
<tr>
<td>Aftercare: Child welfare department</td>
<td>933</td>
<td>6</td>
</tr>
<tr>
<td>Aftercare: Probation</td>
<td>398</td>
<td>2</td>
</tr>
<tr>
<td>Aftercare: Other (Kin-GAP, mental health, out of state agency, state adoption district office, private adoption agency, and Indian child welfare)</td>
<td>86</td>
<td>1</td>
</tr>
<tr>
<td>Either current/prior case was not found, or case responsible agency was missing</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All</td>
<td>16,173</td>
<td>100</td>
</tr>
</tbody>
</table>
COMMERCIALY SEXUALLY EXPLOITED CHILDREN PROGRAM

Program Contact Person:
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Child Trafficking Response Unit

Address:
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Telephone No: 916-651-6208

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-14-03 requirements.
Overview of Human Trafficking

Within the United States, California has emerged as a magnet for child trafficking. Indeed, the Federal Bureau of Investigation has determined that three of the nation’s thirteen High Intensity Child Prostitution areas are located here. For child labor trafficking (CLT) the problem is just as significant but more difficult to ascertain. Commercially exploited children within the child welfare system are at a particularly higher risk, and victims are very difficult to identify and serve, requiring a complex integrated systems response. California has taken significant steps to raise awareness and plans to address the issue through new state and federal legislation, new ongoing funding, grants, dedicated standing work groups, and stakeholders. The following are specific descriptions of these efforts.

- SB 855, Chapter 29, Statutes of 2014 created the Commercially Sexually Exploited Children (CSEC) Program and clarified that commercially sexually exploited children come under the jurisdiction of the child welfare system. Thirty-five of the state’s 58 counties have elected to participate in the first year of this optional program.
- P.L. 113-183 Preventing Sex Trafficking and Strengthening Families Act contained several provisions that require states to collect specific data elements regarding commercially sexually exploited children as well as develop processes to identify, address, and document this population. All 58 counties are required to carry out these provisions.
- California was awarded a 5-year $1.25 million grant for Preventing and Addressing Child Trafficking that addresses both CSEC and CLT. PACT includes nine counties.
- AB 2035 (Chesbro) of 2013-2014, via the Governor’s veto message, required CDSS to convene a work group to address CLT.
- CDSS collaborates closely with the CSEC Action Team, who operates under the state-sponsored CWC and consists of over 70 stakeholders. The collaboration centers primarily around the Children’s Law Center grants to develop critical tools to assist counties in building their local CSEC programs.

Commercially Sexually Exploited Children’s Program

SB 855 was signed into law in June of 2014 and accomplished two significant things for commercially sexually exploited children. It clarified existing law by stating that commercially sexually exploited children are within the jurisdiction of child welfare services and therefore are eligible for services. The bill also created an optional program for California’s state-supervised and county-administered child welfare services agencies to address this vulnerable population and provided funds for doing so.

SB 855 set up a program that was optional for counties to participate and provided a total first year appropriation of $19 million for provider and foster youth training, protocol development and capacity-building for services as well for specialized services for commercially sexually exploited children. Ongoing, the program is funded with $14 million.
Funding for Training, Protocol Development and Capacity Building for Services

Of the $19 million, $5 million was provided for training, and protocol development and capacity building for services.

The training plan includes three phases:

1. CSEC 101: Identification and awareness, begins in year one and ongoing training thereafter;
2. Service skills training, begins in year two and ongoing training thereafter;
3. Program integration, adoption of multi-disciplinary approach to serving CSEC and preventing commercial sexual exploitation (CSE), begins in year three and ongoing support thereafter.

Of the $5 million, $2.5 million was set aside for training as follows:

- $750,000 was allocated to counties to train foster youth on CSEC Recognition and Avoidance; and
- $1.75 million was encumbered in contracts for “CSEC 101” for identification and awareness training for: Social Workers, Placement Probation Officers, Juvenile Hall Intake & Investigative Officers, Group Home Staff, and Foster Parents.

The remaining $2.5 million was allocated to counties to develop their interagency protocols and capacity building for services. In order to opt-in to the program, the protocols at a minimum need to illustrate:

- The interagency collaboration via a MOU with the county human services department, county probation department, county mental health department, county public health department, and the juvenile court in the county; and
- The provision of services to commercially sexually exploited children as provided through the multi-disciplinary team and its approach to provide coordinated case management, service planning, and services to children.

A separate $14 million was appropriated for services and activities to be used for prevention, intervention, and services, as specified. Each county that chooses to opt-in will receive an allocation based on an allocation methodology that considers how prepared these counties are to serve CSE children as well as the prevalence of CSEC and known indicators of prevalence (e.g. near freeway corridors).

Data Reporting and Collection

SB 855 requires that the CDSS collect the following data elements and report their findings to the Legislature by April 1, 2017:

- The number of participating counties;
- The number of victims served by each county;
- The types of services provided;
• Innovative strategies relating to collaboration with children, child service providers, and survivors of commercial sexual exploitation regarding prevention, training, and service; and
• The identification of further barriers and challenges to preventing and serving commercially sexually exploited children.

CDSS is in the process of modifying its case management system to capture these data elements. The data collected will establish a baseline for developing outcomes in year three which will in turn inform the next steps for California’s CSEC program. The goal is to better understand the total number of CSE children as well as the best way to serve them in order to stabilize and improve their lives.

The CSEC Program is expected to start on July 1, 2015.

P.L. 113-183 Preventing Sex Trafficking and Strengthening Families Act
P.L. 113-183 Preventing Sex Trafficking and Strengthening Families Act was signed into law by President Obama on September 29, 2014. This law implements several provisions relating to the collection of data regarding the commercial sexual exploitation of children.

The law requires states to collect various data elements as well as develop processes for identifying, documenting, reporting, and determining services to victims of sex trafficking. Specifically, states are required to:

• Develop and implement policies and procedures;
• Train social workers on identifying, documenting in agency records, and determine appropriate services;
• Report to law enforcement, no later than 24 hours after discovery, children who are identified as commercially sexually exploited (CSE); and
• Report to the US Health and Human Services Agency the number of commercially sexually exploited children.

CDSS is in the process of modifying the CWS/CMS to capture these data elements and processes.

Preventing & Addressing Child Trafficking Grant

Since California is a county-administered child welfare state, each county has the opportunity to address the problem individually. This project, Preventing and Addressing Child Trafficking (PACT), proposes creating a trafficking practice model that will be piloted in nine different counties of various sizes and demographics, before being offered to all other California counties. Pilot counties include Alameda, Los Angeles, Madera, Riverside, Sacramento, San Bernardino, San Joaquin, San Luis Obispo, and Ventura. Together these counties comprise
almost half of the state’s total child population. The project focuses on children in the child welfare system. It will accomplish the following in California:

1. Develop a multi-disciplinary collaboration infrastructure to address child trafficking;
2. Develop a best practice program model for counties to prevent and address child trafficking, including protocols, tools, and training programs;
3. Pilot the program model in nine California counties that, combined, account for almost half of the state’s total population, half of the state’s child population, and half of the children in the child welfare system, which is the high risk population for trafficking;
4. Collect data and evaluate the implementation process and pilot program outcomes, which will provide a better understanding of the nature and scope of child trafficking in California, and enable the PACT project to refine the program model; and
5. Disseminate the program model to the remaining California counties and to other states.

At the conclusion of the five-year grant, California will have in place a state and optional county level system that will prevent the trafficking of children, increase identification of trafficked children, and meet the needs of those identified as victims. The system will be integrated, collaborative, and adaptable to meet the needs of fifty-eight different counties. The system will ensure that optional state funding for counties to prevent and serve trafficked children can be spent on a model that effectively incorporates multiple systems and reduces barriers to serving these youth, and allows for consistent service across counties. As a result, exploited children will be identified and receive the services they need to overcome trauma and live healthy, productive lives.

**Children’s Law Center Grants**

CDSS is in year two of a grant process with the Children’s Law Center (CLC) and its sub-contractor, the National Center for Youth Law (NCYL). The purpose of the grants are to provide the necessary tools that counties will need as they work towards building their individual local CSEC Programs as well as research that will inform the next steps that CDSS needs to undertake to provide further assistance to counties.

**Child Labor Trafficking Workgroup**

AB 2035 (Chesbro) of 2013-2014 would have placed both commercially sexually exploited children as well as commercially exploited child labor victims under the jurisdiction of the child welfare system and made them eligible for these services. In his veto message, the Governor stated that the bill was premature as the efforts to combat CSEC had just begun and more investigation and discussion of the child labor trafficking problem needed to take place before local authorities were in a solid position to address this problem. Despite the veto, the Governor requested that CDSS convene a workgroup of relevant stakeholders to start that discussion to ultimately alleviate the suffering of child labor victims.
The CDSS’ Child Labor Trafficking Workgroup has a membership of approximately 40 stakeholders. Currently, the vision is to leverage the knowledge of the stakeholders and utilize it to inform and assist with the PACT grant’s child labor trafficking objective (see above PACT discussion). The goal of which is to culminate in a program model that will address child labor trafficking, implementing that model through pilot counties, and ultimately disseminating that model to all 58 counties. The model is anticipated to be disseminated at the end of the grant period in 2019.

**Collaboration with the CSEC Action Team**

In 2011, a group of organizations and providers highlighted the problem of commercial sexual exploitation of children to the state-sponsored California CWC. The CWC released the workgroup’s report in 2013, Ending the Commercial Sexual Exploitation of Children: A Call for Multi-System Collaboration in California, which provided context about CSEC and made recommendations to the CWC on how California should respond to the problem. In response, the CWC partnered with several members and outside organizations in 2013 to form the Commercially Sexually Exploited Children Action Team (CSEC Action Team) to further explore the issue of domestic CSEC in California, identify promising prevention and intervention practices, and make recommendations to the State on how to better address the problem. In collaboration with CDSS, the CSEC Action Team conducts state and national research to develop guidance on coordinated, interagency approaches and ensure that CSEC and children at-risk of becoming CSEC are identified, protected, and receive the services they need to overcome trauma and thrive.
TITLE IV-E DEMONSTRATION WAIVER

Background

California began operating a waiver demonstration project on July 1, 2007 with Alameda and Los Angeles counties and continued under three short-term bridge extensions through September 30, 2014. On September 29, 2014, the federal government approved a five-year extension and expansion of the demonstration through September 30, 2019. The Title IV-E Demonstration Waiver Project (Project) operates in the following counties: Alameda, Butte, Lake, Los Angeles, Sacramento, San Diego, San Francisco, Santa Clara, and Sonoma. The Project provides participating counties the flexibility to invest existing resources more effectively in proven and innovative approaches that better ensure the safety of children and the success of families. The fiscal flexibility enables the opportunity to reinvest resources into more cost efficient approaches that achieve better outcomes.

The Project fosters the collaboration between county child welfare and probation departments and has identified its two primary interventions: Safety Organized Practice/Core Practice Model (SOP/CPM) and Wraparound; in addition, counties are also investing their savings in up to four additional interventions and services they feel will improve the safety, permanency, and well-being of children in their respective counties. The Project’s target population for SOP/CPM includes children and youth ages 0-17, inclusive, who currently are in out-of-home placement or who are at risk of entering or re-entering foster care. The target population for Wraparound includes children and youth ages 12-17, inclusive who are at imminent risk or at risk of being removed from their homes and placed in foster care or delinquent facilities. During the first year of extension and expansion, some counties participating in the Project elected to implement optional interventions and services and began their implementation efforts.

Project-wide Interventions:

**SOP/CPM:** Critical elements include engaging families through relationship, promoting safety through assessment, safety driven service and support planning and implementation, monitoring and adapting, transition, and after care planning. The SOP/CPM is a strength-based approach improving the coordination of services and the collaboration of mental health and child welfare system.

**Wraparound:** Involves four phases including engagement and team preparation, initial plan development, implementation, and transition planning. The long-term outcomes for Wraparound are placement in stable home-like environments, improvements in youth and caregiver mental health, improved functioning in school/vocation and community, program specific outcomes, team mission achievement, increased assets, resilience and quality of life improvement.
Optional county Interventions:
In addition to the Project-wide interventions above, each participating county was able to identify up to two child welfare interventions and up to two probation interventions, at local discretion. Collectively, the following optional interventions were implemented by the counties:

- **Behavioral Health Treatment Liaison**: Coordinates assessment, treatment planning and service process for each child with identified treatment needs.

- **Collaborative Court**: Focuses on providing an alternative disposition for youth with high mental health needs, emphasizing family engagement, and teaming.

- **Commercially Sexually Exploited Children**: This intervention creates a process for developing advocates, increasing intensive foster care placements and caregivers through screenings to identify youth and develops training and tools to support services to youth.

- **Enhanced Prevention and Aftercare**: Service strategies to strengthen families in areas that are related to protective factors in programs, such as Supporting Father Involvement, SafeCare and Parents as Teachers.

- **Evidence Based Parent Training Program**: Provides parent education to promote healthy development for children and promotes behavioral problem management for parents and children.

- **Family Finding**: A structured model to build permanent, caring relationships for the youth, who otherwise would not have a permanent family, by helping adults make realistic decisions on how to be involved in a youth's life.

- **Family Finding and Kinship Support**: Structured model to build permanent, caring relationships for youth, who otherwise would not have a permanent family, by helping adults make realistic decisions on how to be involved in a youth's life and providing supportive services to relative caregivers and the children placed in their care.

- **Functional Family Probation**: Family-focused case management approach for the family and youth to better manage crisis, referring youth to programs that will match their particular risks and needs, and offer strength based supervision.

- **Functional Family Therapy**: A community based therapy program engaging youth and family in recognizing negative behavior and relational patterns by providing skills training in problem solving, parenting, and conflict management.
- **Kinship Support Services Program**: Provides supportive services to relative caregivers and the children placed in their care.

- **Multi-Systemic Therapy**: A family and home based treatment striving to change how youth function in their natural settings - home, school and neighborhood - in ways that promote positive social behavior.

- **Parent Partner Program**: Allows parents who have successfully achieved family stabilization to participate in peer support groups in order to provide individualized coaching and encouragement to parents with children in out of home care.

- **Parenting with Love and Limits**: An evidence-based model to increase family engagement and reunification, and to reduce foster care re-entry through services and therapy.

- **Partnerships for Families**: Designed to prevent child abuse by addressing gaps in the current child welfare system. Voluntary prevention services are offered to pregnant women and families with children five and younger at high risk for child maltreatment.

- **Supporting Our Families in Transition**: Provides supportive services to families as they transition from family reunification (FR) to family maintenance (FM) utilizing parent education and life skills.

**Implementation, Evaluation, and Technical Assistance:**
The Project has submitted its Initial Design and Implementation Report (IDIR) for the extension and expansion. The IDIR promotes thoughtful and strategic planning for successful implementation and will be updated on a quarterly basis throughout the life of the project. Project evaluation is another key component as it will gage the relationship between the Project, service delivery methods, and outcomes for children and families. The evaluation process involves a Request for Proposal (RFP), selecting an evaluator, writing a pre-evaluation plan, developing contract deliverables, overseeing evaluation activities, and developing an evaluation plan with the evaluator. The Project’s RFP was posted for bid and an Evaluation Steering Committee has been established. Participating counties have been, and will continue their involvement in implementation and evaluation planning activities.

Implementation and fiscal components of the Project require communication among all partnering agencies and organizations as well as individualized technical assistance. This will be an on-going process carried out through convenings, webinars, quarterly communication pieces, monthly individual calls, monthly collective calls, and site visits. During the first year of the extension and expansion, participating counties have convened to develop the SOP/CPM and Wraparound frameworks for the Project. Counties have also received technical assistance in completing their first Quarterly Supplemental Fiscal Forms. In addition, the Project continues to foster county collaboration and is reviewing the fiscal methodology utilized to determine
cost savings for child welfare and probation departments. Technical assistance tools and activities to assist counties with their semi-annual and annual progress reports will be continually developed, implemented, and appraised.

**Safety Organized Practice/Core Practice Model Critical Elements**

The Core Practice Model (CPM) is a framework for integrated practice in child welfare and mental health agencies, service providers and community/tribal partners working with youth and families. Safety Organized Practice (SOP) is a collaborative practice model, meeting CPM framework guidelines. The SOP/CPM model incorporates Cultural Awareness, Trauma-Informed Lens, and Focus on Trauma philosophies throughout its practices.
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| **Engaging Families through Relationship** Effectively joining and partnering with the family to establish common goals concerning child safety, well-being and permanency. | Solution Focused Interviewing*  
Teaming/Network of Support  
*Child and Family Team Meetings*  
*Family Connections*  
Family Meetings  
*Parents in Partnership*  
Appreciative Inquiry Voice of the Child  
*(Three Houses and Safety House)*  
*Voice and Choice*  
Three Questions Safety Mapping  
Safety Planning*  
Coaching*  
*CAPP Practice Behaviors* | **Process Measures:**  
Improved evaluation of safety and danger  
Improved parent/child engagement  
Improved engagement of the network of support or family connection  
**Outcomes:**  
Reduced re-abuse [CFSR2—S1.1,C1.4]  
[CFSR3—3-S2, 3-P4]  
Increased speed and likelihood of permanency [CFSR2—C1.3,C3.1]  
[CFSR3—3-P1, 3-P2, 3-P3]  
Increased relative placement [AB636—4B, 4E] |

Entries in blue italicized font represent comparable elements practiced by the Los Angeles Department of Children and Family Services. Entries with an asterisk (*) indicate a practice common throughout SOP and CPM.
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| Promoting Safety through Assessment | Children are first and foremost protected from abuse and neglect, and maintained safely in their homes. Gathering information about reported concerns and family needs, evaluating the relevance of that information as well as identifying family strengths and community resources that may be applied to address those concerns and needs. | **Process Measures:** Improved evaluation of safety and danger  
Increased alignment of assessment results and service referrals  

**Outcomes:** Reduced re-abuse [CFSR2—S1.1]  
[CFSR3—3-S2]  
Increased permanency and timeliness [CFSR2—C1.3,C3.1]  
[CFSR3—3-P1, 3-P2, 3-P3]  
Reduced entries [AB636—Entry Rates]  
Reduced re-entry into care [CFSR2—C1.4]  
[CFSR3—3-P4] |

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### Safety Driven Service and Support Planning and Implementation

Tailoring plans to build on strengths and protective capacities in order to meet individual needs for each child and family. Services and support are respectful of the culture of children and their families and provided in the community.

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<td>Behaviorally Based Case Plans* Coaching*</td>
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<tr>
<td>CAPP Practice Behaviors</td>
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**Process Measures:**
- Improved evaluation of danger and safety
- Improved engagement of the network of support or family connections
- Improved identification of behavioral changes in case plans that enhance the safety and well-being of the child.

**Outcomes:**
- Reduced entries [AB636—Entry Rates]
- Decrease group home care [AB636—4B]
- Increase relative placement [AB636—4B, 4E]
- Increased placement stability [CFSR2—C4.1,2,3], [CFSR3—3-P5]
- Increased permanency and timeliness [CFSR2—C1.3,C3.1], [CFSR3—3-P1, 3-P2, 3-P3]
- Reduced re-entry into care [CFSR2—C1.4], [CFSR3—3-P4]
- Reduced recurrence of maltreatment [CFSR2—S1.1], [CFSR3—3-S2]

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### Component

**Monitoring and Adapting**

Monitoring and adapting the plan is a responsibility shared among all team members. Monitoring includes on-going assessment for further trauma exposure which may impact the child and family’s progress. The team identifies and ties goals and interventions to observable or measurable indicators of success, continually revisits progress on tasks and goals, and revises the plan accordingly.

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|           | Safety Mapping Solution Focused Interviewing* | **Process Measures:**
|           | Teaming/Network of Support Child and Family Team Meetings Family Connections | Increased accuracy and timeliness of safety and risk assessments |
|           | Safety Planning* Safety Goals | Improved engagement of the network of support or family connection |
|           | SDM*/CAT | **Outcomes:**
|           | Behaviorally Based Case Plans* Coaching* | Decrease group home care [AB636—4B, 4E] |
|           | CAPP Practice Behaviors | Increased permanency and timeliness [CFSR2—C1.3,C3.1] [CFSR3—3-P1, 3-P2, 3-P3] |
|           |            | Reduced recurrence of maltreatment [CFSR2—S1.1] [CFSR3—3-S2] |

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| Transitions and After Care Planning | Children have permanency and stability in their living situation. Transition plans must reflect the child and family's voices and choices and must ultimately delineate action plans that they have identified as working for them. The importance of the family support team continuing beyond the time of child welfare and/or mental health involvement is emphasized from the beginning process of engagement. | **Process Measures:**
Increased accuracy and timeliness of safety and risk assessments
Improved engagement of network of support or family connections
Increased development of behaviorally specific after care plans that include the network of support or family connection to sustain child safety

**Outcomes:**
Reduced entries [AB636—Entry Rates]
Increased permanency and timeliness [CFSR2—C1.3,C3.1] [CFSR3—3-P1, 3-P2, 3-P3]
Reduced re-entry into care [CFSR2—C1.4] [CFSR3—3-P4]
Reduced recurrence of maltreatment [CFSR2—S1.1] [CFSR3—3-S2] |

Safety Mapping Solution Focused Interviewing*
Teaming/Network of Support* Child and Family Team Meetings Family Connections
Voice of the Child/Three Houses/Safety House Voice and Choice
Safety Planning (Aftercare)* Safety Goals
Coaching*
CAPP Practice Behaviors

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### Outcome Measure Description

**AB636 [C-CFSR California Outcomes and Accountability System State Measure]**

- **Entry Rates** ([http://cssr.berkeley.edu/ucb_childwelfare/EntryRates.aspx](http://cssr.berkeley.edu/ucb_childwelfare/EntryRates.aspx))
- **4B * Least Restrictive (Entries First Placement)** ([http://cssr.berkeley.edu/ucb_childwelfare/Entries.aspx](http://cssr.berkeley.edu/ucb_childwelfare/Entries.aspx))
- **4B * Least Restrictive (PIT Placement)** ([http://cssr.berkeley.edu/ucb_childwelfare/PIT.aspx](http://cssr.berkeley.edu/ucb_childwelfare/PIT.aspx))
- **4E (1&2) * ICWA placement preference** ([http://cssr.berkeley.edu/ucb_childwelfare/CDSS_4E.aspx](http://cssr.berkeley.edu/ucb_childwelfare/CDSS_4E.aspx))

**CFSR2 [Federal Child & Family Services Review Round 2 Measure]**

*Currently incorporated into county CSAs and SIPs; will be replaced by CFSR3 measures within timeframe TBD.*

- **S1.1** No recurrence of maltreatment ([http://cssr.berkeley.edu/ucb_childwelfare/S1M1.aspx](http://cssr.berkeley.edu/ucb_childwelfare/S1M1.aspx))
- **C1.3** * Reunification within 12 months (entry cohort) ([http://cssr.berkeley.edu/ucb_childwelfare/C1M3.aspx](http://cssr.berkeley.edu/ucb_childwelfare/C1M3.aspx))
- **C1.4** * Reentry following reunification (exit cohort) ([http://cssr.berkeley.edu/ucb_childwelfare/C1M4.aspx](http://cssr.berkeley.edu/ucb_childwelfare/C1M4.aspx))
- **C3.1** * Exits to permanency (24 months in care) ([http://cssr.berkeley.edu/ucb_childwelfare/C3M1.aspx](http://cssr.berkeley.edu/ucb_childwelfare/C3M1.aspx))
- **C4.1,2,3** * Placement stability ([http://cssr.berkeley.edu/ucb_childwelfare/C4M123.aspx](http://cssr.berkeley.edu/ucb_childwelfare/C4M123.aspx))

**CFSR3 [Federal Child & Family Services Review Round 3 Measure]**

*Will replace CFSR2 measures in statewide quarterly reporting and be incorporated into county CSAs and SIPs within timeframe TBD.*

- **3-S2** Recurrence of maltreatment (url forthcoming)
- **3-P1** Permanency in 12 months for children entering foster care (url forthcoming)
- **3-P2** Permanency in 12 months for children in foster care 12-23 months (url forthcoming)
- **3-P3** Permanency in 12 months for children in foster care 24 months or more (url forthcoming)
- **3-P4** Re-entry to foster care (url forthcoming)
- **3-P5** Placement stability (url forthcoming)
**Safety Organized Practice/Core Practice Model Glossary**

**Appreciative Inquiry:** A questioning approach to organizational, team, and individual change drawing on the core belief that positive outcomes are achieved when focusing the most attention on positive works, qualities and habits.

**Behaviorally Based Case Plans:** Case plans emphasizing detailed actions focused on behaviors that increase child safety, agreed upon by the network of support.

**California Partners for Permanency Practice Behaviors:** The integrated standards of practice, the guidelines that govern how systems, organizations, agencies, communities and tribes work together to improve outcomes for children and youth in foster care.

**Child and Family Team Meetings:** A meeting to establish, plan, and communicate goals established by the Child and Family Team, supporting the premise that no single individual, agency or service provider works independently but rather as part of the team for decision-making. Meetings held by a group of people who are involved with the child and family to achieve positive outcomes of safety, permanency and well-being.

**Coaching:** The process by which the coach creates structured, focused interaction and uses appropriate strategies, tools, and techniques to promote desirable and sustainable change for the benefit of the learner, in turn making a positive impact on the organization and families.

**Cultural Awareness:** A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among providers, that enables that system, agency or those providers to work effectively in cross-cultural situations with awareness of and respect for the diverse experiences, customs and preferences of individuals and groups.

**Danger Statements:** Detailed, short, behaviorally based statements using non-judgmental language and describing specific worries for the future safety of children while with their caregiver. Danger statements describe the potential caregiver’s behavior and the potential future impact on the child.

**Family Meetings:** Meetings supporting the on-going involvement of families in decision making and case planning.

**Focus on Trauma:** Being trauma-sensitive, acknowledging the many types and layers of trauma a child and/or family may have experienced (historically and culturally; past experiences of violence, loss, abuse, removal, etc.; recent trauma/loss experiences of child).

**Harm Statements:** Detailed, short, behaviorally based statements using non-judgmental language and describing past actions/inaction by the caregiver that have hurt the child either
physically, sexually, developmentally, or emotionally. Harm statements describe the caregiver’s behavior and the impact on the child.

**Network of Support/Family Connections:** A group comprised of family members, friends, community, child welfare and other professionals that comes together to support a family in keeping the child safe. Members of the network are part of a family’s support system for the long-term.

**Parents in Partnership:** A supportive team of parents who have successfully reunified with their children who work with the parents to provide support and help navigate the child welfare system.

**Protective Capacities:** Demonstrated abilities/qualities that could be used to create safety.

**Safety Goal:** Detailed, short, behaviorally based statements using non-judgmental language and describing specific actions the parents and network will demonstrate to create and sustain child safety.

**Safety House:** A child interviewing technique facilitating the inclusion of the child’s voice in safety planning.

**Safety Mapping:** Is a process of gathering and organizing information regarding the safety of the child; moving toward the joint understanding and agreement with key stakeholders about what has happened in the family and what needs to happen next to enhance protection of the child.

**Safety Planning:** The practice of co-developing a plan with the child, family, and network of detailed actions made in response to specifically identified dangers. The safety plan document contains concrete and sustainable steps enhancing daily, on-the-ground safety for children. Safety planning involves the documentation of the plan as well as communicating the plan to all included in it.

**Safety Planning (Aftercare):** The practice of co-developing a plan or document with the child and family Network of Support or Child and Family Team as they transition; including concrete and sustainable steps enhancing daily, on-the-ground safety, and helping the child sustain permanency and stability.

**Solution Focused Interviewing:** An interview approach focusing on a family’s goals, targeting the desired outcome of the intervention as a solution. This technique involves developing a vision of one’s future, determining skills, resources, and abilities a person already possesses and enhancing those in order to attain the desired outcome.
Structured Decision Making (SDM)/Comprehensive Assessment Tool (CAT): SDM is a suite of assessment instruments that promote safety and well-being for those most at risk. CAT is an assessment system consisting of tools addressing response determination, initial safety and referral, placement, continuing services and case closure.

Teaming: The network of support or family connections coming together with the goal of enhancing the relationships and clarifying their role in the safety and well-being of the child.

Three Houses: A child interviewing technique facilitating the inclusion of the child’s voice in the assessment of danger and safety. These houses are called: House of Good Things; House of Worries, House of Hopes/Wishes/Dreams.

Three Questions: A set of questions used during the interviewing and assessment process. These questions are: What are we worried about? What’s working well? What needs to happen next?

Trauma Informed Lens: The awareness and incorporation of trauma assessment and symptoms into all routine practice; ensuring children and families have access to interventions that treat the consequences of traumatic stress.

Voice and Choice: The practice of soliciting and incorporating input through interviews and/or other methods and engaging in dialogue regarding choices with children and families throughout the SOP/CPM practice.

Voice of the Child (Three Houses and Safety House): The input from the child; solicited and incorporated through interviews and/or other methods.

Sources:

California Partners for Permanency
Glossary Core Practice Model Guide
Los Angeles County Shared Core Practice Model
Los Angeles County Practice Model Emergency Response Module(s) Los Angeles County DCFS Model of Practice Continuing Services
UC Davis Extension, Center for Human Services, Northern Training Academy:
CHILD AND FAMILY SERVICES TRAINING PLAN

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.

The 58 county child welfare services programs vary in many ways: from rural to highly urbanized; from a workforce of a few public child welfare workers to a staff of thousands; and from no formal staff development organization to very sophisticated staff development departments. Meeting the evolving and diversified training needs for these programs will require a continuing innovative and multifaceted approach.

Welfare and Institutions Code (W&IC) section 16200 et. seq., (Chapter 1310, Statutes of 1987) requires CDSS to provide practice-relevant training for social workers, agencies under contract with county welfare departments, mandated child abuse reporters and all members of the child welfare delivery system. W&IC Section 16206 states the purpose of the program is to develop and implement statewide coordinated training programs designed specifically to meet the needs of county child protective service social workers assigned to emergency response, family maintenance, family reunification, permanent placement, and adoption responsibilities. This training includes all of the following: crisis intervention, investigative techniques, rules of evidence, indicators of abuse and neglect, assessment criteria, the application of guidelines for assessment of relatives for placement, intervention strategies, legal requirements of child protection, requirements of child abuse reporting laws, case management, using community resources, information regarding the dynamics and effects of domestic violence upon families and children, Post Traumatic Stress Disorder (PTSD) and the causes, symptoms, and treatment of PTSD in children.

Consistent with the CDSS’ federally approved cost allocation plan, training expenses are directly charged to the benefiting program. Title IV-E agencies can claim a FFP of 75 percent enhanced rate for the training of social workers and supervisors who work or are going to work in public child welfare agencies including the expanded audience as defined in PL 110-351 and 50 percent for administrative costs for the support staff. For costs allocated to Title IV-E, the nonfederal discount will be applied to account for the non-federal caseload. Additionally, trainings are budgeted by the day rather than by the person. Thus, in some instances training days include trainees other than those identified in 45 CFR 1356.6(c)(1) and (2), but who have a direct interest in the foster care program (at no additional cost to the state or to Title IV-E).

California is moving toward the full implementation of a Core Practice Model (CPM) and a transformed system for working with children and families. The CPM is a framework for practice and principles for child welfare and mental health that promotes a set of values, principles, and practices that is meant to be shared by all who seek to support children/youth and families involved in the child welfare system, including, but not limited to mental health, education,
probation, drug and alcohol and other health and human services agencies or legal systems with which the child/youth is involved. The CPM requires collaboration between child welfare and mental health staff, service providers, and community/tribal partners working with the children, youth, and families. The CPM is about changing the way one works; from working with children and families in a single system or agency to working within a team environment to build a culturally relevant and trauma-informed system of supports and services that is responsive to the strengths and underlying needs of families.

As a requirement per Community Care Licensing regulations, training is provided to group home childcare staff. This training may include health and safety topics such as first aid and Cardio Pulmonary Resuscitation (CPR), as well as topics that include understanding the needs of children placed in out-of-home care. Costs for this training are not included in the group home’s Rate Classification Level (RCL) rate.

The CDSS, the CWDA, the Chief Probation Officers of California (CPOC), and all training contractors are committed to meeting and providing the training needs of persons who provide, or support the provision of, child welfare services. The CDSS continues to recognize and identify the value of education and training for child welfare staff by implementing new policies and directives that meet the training needs of the state. The CDSS further understands the critical role training and staff development play in meeting the goals of the new 5-year plan.

The CDSS, with assistance from the CALSWEC and with the concurrence of the CWDA, established the STEC, which is comprised of representatives from CDSS, CWDA, Regional Training Academies (RTAs), CalSWEC, University Consortium for Children and Families (UCCF), Los Angeles County Department of Children and Family Services’ Training Unit, the UC Davis Resource Center for Family Focused Practice (RCFFP), county staff development, Title IV-E Stipend Program and representatives from tribes/tribal organizations. STEC will develop and/or recommend standards for statewide public child welfare training and coordinate their implementation. The STEC will be utilized as a key component in implementing the CPM.

While the state, county, and training community’s commitment to workforce preparation cannot be underestimated, it is important to note that the practice of child welfare services is a dynamic process and there are many factors that influence the effective application of training. Caseload, supervision, local policies and procedures, and access to service providers are among the many factors, which compete with the effective transfer of learning. The CDSS has engaged in much discussion regarding the training needs of child welfare workers while considering improvements to the child welfare system that would enhance services to children and families. Stakeholder feedback identified several key concerns about the current common core including, the common core is too focused on knowledge based learning and too intense, trainees report they are not retaining the information presented. The topic based curriculum is too fragmented, it doesn’t provide the key skill building that new social workers need at the start of their careers and the common core doesn’t fully integrate many of the recent changes to child welfare practice in California. In response to this feedback the CDSS has engaged our statewide training partners in redesigning the social worker common core. The new common core [Common Core 3.0 (CC 3.0)]
will effectively address these concerns by reorganizing training around the practice areas in the CPM so that all the concepts included in the content are grounded in practice skills. CC 3.0 will makes strategic use of online modules to maximize classroom time for skill practice and provide new social workers with opportunities to enhance classroom learning through application of concepts in the field.

The vision of California’s child welfare system is every child in California will live in a safe, stable, permanent home, nurtured by healthy families and strong communities. As such CDSS and its county partners strive to ensure that services and supports are tailored to meet the needs of the individual child and family in all settings. The principles of the Core Practice Components of the CPM create a framework to guide practice. Curriculum for CC 3.0 has been structure to mirror the Core Practice Components Engagement, Assessment, Service Planning and Implementation, Monitoring and Adapting and Transition. The specific goals, action steps, training programs, services, and activities identified below constitute the 5 year staff development and training plan.

Core Practice Component I: Foundation
Goal: To support a trauma-informed infrastructure for child welfare that creates a framework for social workers to achieve positive and measurable outcomes for families and children. Emphasize the importance of culturally-sensitive care and services in all settings; and the importance of engaging children, youth, families, kin networks, care providers, Tribes, and community resources in a collaborative, strength-based manner.

Core Practice Component II: Engagement
Goal: Engaging children, youth, families and young adults by teaming with them in assessing their strengths and needs and in service planning and delivery throughout the life of the case. Ensure diligence in reaching out to children, families, and foster and adoptive parents in ways that are welcoming, honest and respectful, recognizing the effects of trauma in the lives of children and families and the challenges faced by substitute caregivers. Communicate regularly to ensure that the child, family and substitute caregiver receive needed information, preparation, guidance and support. Sustain engagement of existing foster and adoptive parents to strengthen relationships with county CWS and probation staff for improved quality of care and increased placement stability.

Core Practice Component III: Assessment
Goal: Children, youth, and young adults involved with the child welfare system will receive comprehensive, strength-based and trauma-informed assessments, including screening and assessment of their mental health and behavioral health needs. Assessments will also include identification of community based services and supports that would be most beneficial for the child and family and identify options for living situations that would best promote a permanency outcome.

Core Practice Component IV: Service Planning and Implementation
Goal: Provide a continuum of safe placement resources that support children’s well-being and needs for timely permanency. Using a multi-agency collaborative approach to provide services
and supports where there is full collaboration and shared accountability across all service providers. Case plans, services and supports will be strength based, needs driven and individualized. Plans will be developed to reflect cultural sensitivity and address any identified trauma needs. Individual plans and services need to be consistent and coordinated with steps toward the family’s goals and tasks prioritized to ensure safety and well-being of the children, youth, families and young adults.

Core Practice Component V: Monitoring and Adapting

Goal: Routinely measure children, youth, families and young adults’ status, interventions, and change results. Data drives and supports CQI to achieve positive outcomes for safety, permanency and well-being for all children in the state. Monitoring includes on-going assessment for further trauma exposure. Maintain appropriate documentation of goals, action steps and indicators of progress, actively engage and encourage the family to express their views about how they see their progress.

Core Practice Component VI: Transition

Goal: Work together at times of transition to support the family with the challenges that occur during times of change and ensure reasons for transition are understood by all team members. Transition planning begins with the family’s first involvement with child welfare and must reflect the children, youth, families and young adult’s voices and choices and ultimately delineate action plans that they have identified as working for them.

Indian Child Welfare Act (ICWA)

California tribes may attend training seminars, hosted by the Regional Training Academies (RTAs). Currently, there is funding for the Northern RTA to develop culturally-appropriate curriculum and provide training to the two tribes in California with Title IV-E agreements (Karuk and Yurok).

The ICWA Workgroup is assisting with the development of the CORE 3.0 training curriculum, which will be used to train new social workers. This involvement will help to ensure that ICWA is interwoven throughout the entire training series and that content is culturally appropriate.

The CDSS continues to conduct focused training regarding ICWA requirements and cultural considerations of Native American children for both county staff and tribal ICWA workers. Additionally, CDSS continues to support the annual California ICWA Conference to enhance the relationship between tribes, and federal, state and local governments.

Ongoing Training Activities

Regional Training Academies (RTAs)

To meet the unique regional needs of counties, CDSS’ child welfare training program has evolved from a single provider of training to the establishment of RTAs. Four of the five training academies and CalSWEC are funded through Federal Title IV-E training funds, with matching State General Funds, and contributions from the state universities involved in this training program. The
University Consortium for Children and Families (UCCF), which serves the Los Angeles County’s workforce, is also funded with Federal Title IV-E funds and the requisite local match, but contracts directly with the County of Los Angeles.

Each RTA delivers a comprehensive, competency-based program that addresses the training needs of new and experienced social workers, supervisors, and management staff. This training includes training on the CWS/CMS including CWS/CMS New and Intermediate User, Onsite training, and CWS/CMS Beginning, Intermediate and Customized Business Objects. Business Objects is the data extraction and reporting software provided by the State for the counties. New social workers and new supervisors receive statewide standardized training.

As previously mentioned the CC 3.0 will reorganize the training topics around the practice areas in the CPM to ensure a smoother transition from classroom to practice. Core training topics for new social workers will include, but are not limited to:

- **Foundation**
  - Values and ethics
  - ASFA, safety, permanency, well-being
  - Advocacy
  - Teaming and collaboration
  - ICWA
  - Cultural humility
  - Legal procedures and responsibilities
  - Self-Care and social worker safety
  - Trauma-informed practice
  - CWS/CMS

- **Engagement**
  - Critical thinking
  - Engagement
  - Customer service
  - Interviewing
  - Concurrent planning

- **Assessment**
  - Critical thinking
  - Safety and risk assessment
  - Child and youth development
  - Child maltreatment identification
  - Assessment issues in mental health, substance abuse, Intimate Partner Violence, health, education, development, trauma, well-being
  - Investigation / Assessment process

- **Service Planning**
  - Achieving safety goals
  - Case planning
  - Behavioral objectives
- Concurrent planning
- Visitation

- Monitoring and Adapting
  - Placement safety and stability and well-being
  - Ongoing assessment
  - Managing the plan

- Transition
  - Permanency
  - Intentional visitation
  - Transition planning
  - Safety assessment
  - After 18

The topics for new supervisors include, but are not limited to:
- Casework Supervision
- Child Welfare Policy and Practice
- Evidence-Based Practice
- Fiscal Essentials
- Educational Supervision
- Managing for Results

Training for the management staff includes, but is not limited to:
- Critical Thinking
- Leadership
- Communication
- Resource Management
- Data for Managers

These management-related activities are claimed at the FFP administrative rate of 50 percent.

After the completion of core training, continuing training is required by regulation. Topics include, but are not limited to:
- Legal Courses
- Safety Organized Practice
- Working With Vulnerable Populations
- Interviewing
- Health and Behavioral Health
- Cultural Humility
16 counties contract with the state to provide adoption services. Training is requested by the adoption managers, supervisors, and specialists so they may continue to provide quality adoption services. In addition, continuing education units (CEU) for attending the training will help those who are Licensed Clinical Social Workers (LCSW) meet professional licensure requirements in California. Training for adoption workers include but are not limited to:

- Assessments of birth parents, adoptive parents, and children
- Helping adoptive families and kids attach—specific suggestions and activities
- Independent adoptions (including the legal aspects of Terminating Parental Rights of birth parents in independents and birth parent searches)
- Sibling relationships, bonding—including when and when not to separate/how to assess and justify decision
- Collaboration with counties—including cooperation re: relative assessments or with different recommendations
- Open adoption: challenges, advantages, etc.
- Changes in the Diagnostic and Statistical Manual V (DSM V) and its impact on kids and families
- Training on DENVER and Child developmental assessments (include regional center criteria)
- Sexuality in children: normal development and atypical issues (gender identity/LGBTQ)
- Sexual abuse: indicators and healing for children as the victims of sexual assault
- RFA: training/sharing from “pilot” county prior to our implementation

At the same time, in order to meet diverse county needs, the RTAs will continue to deliver trainings in a variety of modalities. These include classroom-based training, training events for a multidisciplinary audience of child welfare community professionals, field training 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 in the retention of staff.

Northern California Training Academy (NCTA)
The Northern California Children and Family Services Training Academy, located at the University of California at Davis (UCD), provides training and technical support tailored to the varied needs of 28 counties and 2 tribes in Northern California: Alpine, Amador, Butte, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Inyo, Lake, Lassen, Mendocino, Modoc, Mono, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yolo, and Yuba, as well as the Karuk and Yurok Tribes.

Bay Area Training Academy (BAA)
The Bay Area Academy, at California State University, Fresno, serves 12 counties that are very diverse in size, challenges and internal resources. The Bay Area Academy provides professional development services for the following 12 counties: Alameda, Contra Costa, Marin, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, and Sonoma.
Central California Training Academy (CCTA)
Located at California State University, Fresno, the Central California Training Academy (CCTA) works collaboratively with 12 counties in the central region to develop training strategies and to implement the statewide training program. The CCTA serves: Calaveras, Fresno, Kern, Kings, Madera, Mariposa, Merced, San Luis Obispo, Santa Barbara, Stanislaus, Tulare, and Ventura.

Public Child Welfare Training Academy (PCTWA) – Southern Region
Based at California State University, San Diego, the Public Child Welfare Training Academy for the Southern Region provides a comprehensive, competency based in-service training program for the public child welfare staff of 5 Southern California counties: Imperial, Orange, Riverside, San Bernardino and San Diego. PCTWA also provides some support to Los Angeles County for ongoing training topics, e-learning and CC 3.0 support.

University Consortium for Children and Families (UCCF)
The UCCF is comprised of California State Universities, Long Beach, Northridge, Dominguez Hills, and Los Angeles; University of California, Los Angeles; and the University of Southern California. The UCCF is under contract with the Los Angeles County Department of Children and Family Services to provide comprehensive training for the county’s child welfare professionals. Additionally, UCCF contracts provide a Los Angeles County specific Masters in Social Work (MSW) stipend program that requires participants to work in Los Angeles County after graduation.

CalSWEC Coordination Project

The CalSWEC supports the state in its mission to coordinate training resources throughout the State via the RTAs. The CalSWEC will provide support and coordination with technical assistance on training evaluation, curriculum development, implementation and evaluation of initiatives to the 5 RTAs in carrying out CDSS training initiatives and mandates. The CalSWEC will continue to provide logistical and technical support for the STEC to establish and implement standards for statewide public child welfare training. CalSWEC and the state are in the process of revising the STEC charter and structure to better utilize the subject matter expertise in the development of CC3.0. Utilizing the structure of STEC, CalSWEC and the state will continue to make improvements in the statewide training system with the implementation of the CPM and roll out of CC 3.0 over the next five years.

The following applies to the RTA’s, the UCCF, and CalSWEC Coordination Project:

**Allowable Title IV-E**
This training activity falls under the following categories necessary for the administration of the foster care program: referral to services; preparation for and participation in judicial determinations; placement of the child; development of case plans; case reviews; and case management and supervision.
Setting/Venue
The RTAs and UCCF 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 UCCF, with coordination activities provided by CalSWEC.

Approximate Number of Days/Hours of Training Activity
The number of days and hours of training provided varies according to the regionalized need. Approximately 10,000 workers will be trained.

Training Audience
The RTAs provide training to new and experienced child welfare line staff, supervisors, managers, and others working with children and families receiving child welfare services. Core training will be provided for new child welfare workers and supervisors. Advanced courses for experienced child welfare workers and supervisors will also be available.

Total Cost Estimate
$18,200,000 RTA/CalSWEC (total funds), including university in-kind contributions. UCCF funding is approximately $7,308,279

Cost Allocation Methodology
The federal Title IV-E rate funding is matched by State General Fund and university contributions. Title IV-E is drawn down at variable levels dependent upon the activity; 75 and 50 percent may be drawn down for training and 50 percent for administration. For those costs allocated to Title IV-E, the nonfederal discount will be applied to account for the non-federal caseload.

Description of How Training Meets Goals/Objectives of the CFSP
The CalSWEC, UCCF/LA, and the RTAs will collaborate in the design, curriculum development, and implementation of the CC 3.0. CC 3.0 will reorganize training around the practice areas in the CPM so that all the concepts included in the content are grounded in practice skills. Organizing CC 3.0 to reflect the CPM is a movement to change the way one works; from working with children and families in an individual system or agency to working within a team environment to build a culturally relevant and trauma-informed system of supports and services that is responsive to the strengths and underlying needs of families. CC 3.0 will make strategic use of online modules to maximize classroom time for skill practice and provide new social workers with opportunities to enhance classroom learning through application of concepts in the field. Currently we are piloting the Assessment Block of the CC3.0 and will be piloting the following blocks on a rolling basis over the next two years. Upon completion and piloting of CC 3.0, the RTAs and UCCF/LA will provide training based on the new curriculum.
CalSWEC Title IV-E BSW & MSW Stipend Project

The purpose of this project is to continue to build social worker capacity through a statewide program of financial aid for graduate social work students committed to employment in California’s County CWS. This project educates Bachelor of Social Work (BSW) and Master of Social Work (MSW) students in preparation for county child welfare services agencies by providing financial aid to students who commit to a number of years of employment equal to the period for which they receive aid. Priority to financial aid is given to current county employees and members of underrepresented ethnic minority groups. There are twenty-one schools of Social Work that participate in this project to increase the complements of BSW’s and MSW’s as child welfare workers in California by providing appropriate programs statewide.

Allowable Title IV-E
This training activity falls under the following categories necessary for the administration of the Title IV-E foster care program: referral to services, preparation for and participation in judicial determinations, placement of the child; development of case plans, case reviews; case management and supervision, and costs related to data collection and reporting.

Setting/Venue
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 fulltime 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 21 graduate deans of social work, the 58 county welfare directors; representatives of Mental Health, the National Association of Social Workers, and private foundations manage this project.

Approximate number of Days/Hours of Training Activity
The number of days and hours vary depending upon the duration of the program.

Target Audience
Current CWS employees and members of underrepresented ethnic minority groups.

Total Cost Estimate
$35,458,007

Cost Allocation Methodology
This training is allocated to Title IV-E at the enhanced rate and local match is contributed by participating public institutions of higher learning.
Description of how training meets goals/objectives of the CFSP
This training emphasizes that case plans are developed jointly with parents and children/youth. The training also focuses on such topics as family engagement, case planning, concurrent planning, visitation requirements and the termination of the parental rights process.

Resource Center for Family-Focused Practice (RCFFP)

The purpose of the RCFFP is to promote effective community-based, family-centered services that lead to positive outcomes for children and families. RCFFP provides training and support for organizations involved in ensuring a safe home environment for children. This includes child welfare workers, probation placement workers, foster parents, and other service providers. Training topics include integrated services models, field-based training, early intervention services for infants and toddlers with an established developmental disability, parent partner support, quality caseworker visitation, and new State initiatives. The RCFFP also provides statewide core training for all new probation placement officers. In addition to training, the RCFFP develops research strategies to identify promising practices, policies, and system changes that support effective family-centered service approaches.

The focus of the interagency agreement varies from year to year. The current three-year agreement focuses on Integrated Service models, which focus on developing a framework for bringing together different disciplines to deliver services that support improved outcomes for children, youth, families and young adults. There are a number Integrated Service Initiatives that share similar core elements, values, and principles, such as shared responsibility, collaboration, cultural humility, child-centered, family-focused, permanency, evidence-based practices, transparency, disproportionality and accountability. The main focus will be on furthering positive change in the way child welfare, probation, and mental health work together as a team with children and families, so that services are responsive to the strengths and underlying needs of children, youth, families and young adults involved.

The CDSS will work with the RCFFP to ensure that probation officers receive training including, but not limited to the following:

- Probation Placement Core
  - Visitation with the Ward
  - Contact with Care Providers
  - Case Planning
  - Juvenile Court Proceedings
- Wraparound Training
  - Initial Phases of Wraparound
  - Facilitation
  - Child and Family Teaming
  - Family Engagement
- CMS/CWS Training for Probation Placement
  - C-CFSR Outcomes Training
- Parent Partner Training
  - Engaging Parents
- Team Decision Making
- Early Start and Child Welfare
  - Early Intervention Services for Infants and Toddlers
  - Screening, Referral and Linkage to Services

Allowable Title IV-E
This training activity falls under the following categories necessary for the administration of the Title IV-E foster care program: referral to services; placement of the child; development of the case plan; case reviews; case management and supervision; recruitment and licensing of foster homes and institutions; and monitor and conduct periodic evaluations.

Setting/Venue
Training is provided at the RCFFP, which is operated out of the Center for Human Services Training and Development at UCD, 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
UCD

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.

Total Cost Estimate
$2,437,950

Cost Allocation Methodology
This training is allocated to Title IV-E enhanced rate, and the administrative rate, and State General Fund. For those costs allocated to Title IV-E, the nonfederal discount will be applied to account for the non-federal caseload.

Description of how training meets goals/objectives of the CFSP
This training emphasizes that case plans are developed jointly with parents and children/youth. The training also focuses on such topics as family engagement, case planning, concurrent planning, visitation requirements, and the termination of parental rights process.
County Staff Development and Training

Counties provide various levels of in-service training to all their staff, which is described in an annual training plan. Counties are required to adhere to the Staff Development and Training regulations contained in CDSS Division 14 of the MPP. These regulations serve as a guide to county welfare departments in the administration of county training programs. Division 14 provides the mandate and structure of county accountability in the development and implementation of training programs, annual training plans, evaluation and training need assessments. These regulations establish claiming and cost reimbursement criteria and guidelines for allowable staff development cost and activities.

Allowable Title IV-E
County staff development and training costs are claimed pursuant to Division 14 Cost regulations.

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 welfare child workers.

Total Cost Estimate
$45,000,000

Cost Allocation Methodology
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 and matched with State General Fund and Local funds. For those costs allocated to Title IV-E, the non-federal discount will be applied in order to account for the non-federal caseload.

Description of how training meets goals/objectives of CFSP
This training supports the CDSS’ 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.
Quality Parenting Initiative (QPI) Project

The QPI is a collaborative effort of the Youth Law Center (YLC), the CWDA and the CDSS. The goal of the QPI is to develop a statewide approach to recruiting and retaining high-quality caregivers for children and youth in foster care. Attracting and retaining quality caregivers is critical to achieving positive outcomes for children and families and to ensuring the success of child welfare improvement efforts. The QPI aims to strengthen foster care, including kinship care, by ensuring that a foster or relative family caring for a child provides the loving, committed, and skilled care that the child needs, while working effectively with the child welfare system to reach the child’s goals. The QPI also seeks to clearly define the expectations of caregivers, to articulate those expectations, and to align the expectations of the child welfare system to support quality foster care. The major successes of the project have been in systems change and improved relationships.

Currently, 18 counties are participating in the initiative including: Fresno, Glenn, Humboldt, Kern, Kings, Madera, Marin, Orange, San Diego, San Francisco, San Luis Obispo, Santa Barbara, Santa Clara, Shasta, Sonoma, Stanislaus, Tuolumne, and Ventura. The QPI counties have developed local QPI teams of public and private stakeholders, whose job is to develop caregiver recruitment and retention strategies, enhance relationships between child welfare professionals and foster families and build linkages between foster caregivers and birth families. County QPI teams receive support and trainings from YLC staff at monthly and quarterly site meetings. Various web-based trainings for caregivers on topics intended to improve caregiving also are provided to the counties. YLC has been continuing to work on supporting QPI county child welfare agency sites in their goals to ensure every child in foster care receives high quality parenting, and building a network that links California QPI sites together and to other QPI sites across the country (Florida, Nevada, Texas and Connecticut).

The California QPI Website was launched on February 1, 2014. The site, www.QPICalifornia.org has valuable information regarding the QPI program, the partnership Agreement and Just-In-Time trainings. This QPI California Website is connected to the other QPI state Websites. This Website will be maintained and Coordinated by the California Social Work Education Center (CALSEWEC), and the planning is in process to integrate the QPI information into the Social Worker training.

Allowable Title IV-E
This training activity falls under the following categories necessary for the administration of the foster care program: placement of the child; development of case plans; case reviews; and case management and supervision.

Setting/Venue
The YLC provides training to 18 counties at specified locations within their regions and assists these 18 counties through intensive quarterly technical assistance visits, monthly all site-webcast meetings, a national QPI conference and other supports.
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
YLC

Approximate Number of Days/Hours of Training Activity
The YLC will provide 80 days (8 hours) of onsite training delivery per year and 80 days that includes 4 hours of preparation and 4 hours follow up evaluation.

Training Audience
Training will be provided to each county QPI team which includes child welfare line staff, supervisors, managers, social workers, foster family agency staff, foster parents, kinship caregivers, foster youth, and other Title IV-E eligible participants working with children and families receiving child welfare services. In sites, child welfare agency staff, foster parents, birth parents, youth and community partners have collaboratively participated in assessing strengths and needed areas for improvement and developing an action plan to implement policy and practice changes.

Total Cost Estimate
$242,880

Cost Allocation Methodology
This training is allocated to Title IV-E at the enhanced rate and matched by State General Fund. For those costs allocated to Title IV-E, the non-federal discount will be applied in order to account for the non-federal caseload.

Description of How Training Meets Goals/Objectives of the CFSP
QPI focuses on helping sites develop a plan for policy and practice changes to ensure the needs of children are met through teamwork by social workers, caregivers and birth parents. Additionally, QPI requires county sites to implement the Partnership Plan, developed in partnership by caregivers, child welfare staff and other community partners. The Partnership plan has new expectations of both caregivers and child welfare staff to:

- Work in partnership to protect children from abuse and neglect,
- Provide stability and work towards case plan goals of permanency,
- Work closely to preserve children’s relationships with birth and extended family and important connections,
- Ensure educational success through active caregiver participation and involvement, and
- Ensure the health and mental health needs of children in care are met.

These new expectations are being developed into material that can clearly communicate the important role of caregivers to prospective foster parents, and are being incorporated into existing
foster parent training. Currently, all QPI sites are working on implementation of the California Partnership Plan, which identifies responsibilities and expectations for caregivers and child welfare agency staff. County efforts include revising orientation, pre-service and ongoing caregiver trainings to include partnership plan expectations, offering joint trainings to existing caregivers and social workers on the plan, and utilizing the plan at the time of placement.
Resource Family Approval (RFA) Program

Training to county child welfare department staff on the requirements of the approval process for the RFA Program is necessary in order to aid early implementation counties and to all other counties prior to statewide implementation in 2017 and then on a as needed basis.

Allowable IV-E
The specific activities related to training county staff include but are not limited to training staff on the requirements and Written Directives of the program and the necessary tasks required to complete a resource family approval. The specific activities for this training include training staff on how to complete a home and grounds assessment, a criminal background check, a permanency assessment and how to address complaints.

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.

Total Cost Estimate
To be determined

Methodology
This training is allocated to Title IV-E enhanced rate and State General Fund. For those costs allocated to Title IV-E, the non-federal discount will be applied in order to account for the non-federal caseload.

Description of How Training Meets Goals/Objectives of the CFSP
RFA training for caseworkers, licensing staff and supervisors supports the CFSP goal of assessing each child and family to identify individual strengths and needs by the development of a quality, comprehensive, single standard assessment process of relatives/non-relative extended family members, foster care providers, and prospective adoptive parents. The resource family approval assessment will help ensure that an appropriate assessment of families is completed to identify the best permanent placement for a foster care child.
Foster Parent and Relative Caregiver Education Program

Providing knowledge and understanding of child welfare services in California plays a vital role in the retention of foster family homes. The California Community Colleges Chancellor’s Office (CCCCO), in partnership with 62 local community colleges, provides education and training for foster parents and relatives/kinship caregivers through the Foster and Kinship Care Education (FKCE) training program. The CDSS collaborates with the CCCCCO to provide the training via an interagency agreement that is funded in part by Federal Title IV-E pass-through funds. To meet pre and post-licensing/approval requirements, foster parents and relative caregivers attend training sessions at the 62 participating colleges, or at community sites where location is most convenient for the foster parents. The FKCE statewide training program is conducted as required by State statutes. Training curricula address topics to educate those who want to become licensed foster parents, approved relative caregivers, and in some cases, adoptive parents. The education/training sessions include topics, such as, but not limited to: 1) overview of the child protective system, 2) Trauma informed child development, 3) effects of child abuse and neglect, 4) caregivers’ role in the family reunification or permanent placement process for foster children and youth, 5) safety issues regarding contact with birth parents, and 6) permanency options for children in relative care, including legal guardianship. In addition to the pre- and post-training, the CCCCCO will continue to revise curricula to educate caregivers to meet their needs and on emerging topics. The CCCCCO is currently collaborating with CalSWEC and the Quality Parenting Initiative (QPI) to enhance training resources for caregivers using the QPI California website.

Allowable Title IV-E
This training activity falls under the recruitment and licensing of foster homes and institutions category necessary for the administration of the foster care program.

Setting/Venue
The training is held at community colleges and community sites located statewide.

Training Duration
This training activity consists of short-term courses provided continuously throughout the year. The duration of specific training programs varies according to type of training offered and the audience to be served.

Training Activity Provider
The California Community Colleges Chancellor’s Office

Approximate Number of Days/Hours of Training Activity
Currently, the existing pre-service training is designed around the mandated topics of training according to Health and Safety Code 1529.2 and Welfare and Institutions Code 16003. Foster parents are required to have a minimum of twelve hours of pre-licensing training before the placement of a child, and a minimum of 8 hours of in-service training is required per year. The number of hours required by counties varies from the minimum of 12 hours to as high as 33, with most counties requiring 15 to 18 hours of pre-service training for foster parents. It is estimated

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that over 35,000 hours of training will be provided annually by community colleges under the FKCE training program.

**Total Cost Estimate**
The total Title IV-E funds budgeted for this training program over the next three years (the period of the current Interagency Agreement with the CCCCO) is $15,762,000.

**Cost Allocation Methodology**
This training is allocated to Title IV-E (at the enhanced and non-enhanced rate), and CA Community College Proposition 98 funds. For those costs allocated to Title IV-E, the non-federal discount rate will be applied in order to account for the non-federal caseload.

**Description of how training meets goals/objectives of the CFSP**
This training is designed to develop and support caregivers to enhance their ability to promote the health, safety and well-being of children and youth placed in foster care.
Judicial Review & Technical Assistance (JRTA)

The CDSS contracts with the Judicial Council of California, Administration of the Courts, to provide this critical and specialized training. The JRTA project provides statewide training and technical assistance on court findings required for Title IV-E eligibility.

Allowable Title IV-E
This project is funded at the 75 percent enhanced federal financial participation rate for Child Welfare Services 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 5 year plan.

Training Activity Provider
The Judicial Council of California, Administration 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 court appointed special advocates. Numbers of staff vary from county to county.

Total Cost Estimate
$2,526,000 or $842,000 a year

Cost Allocation Methodology
Title IV-E Training/State General Fund, proportions to be determined.

Description of how training meets goals/objectives of CFSP
The JRTA project supports CDSS’ goals of ensuring the safety, permanency and well-being of children. JRTA staff train on several of the key Title IV-E court findings that are federally required. Training also enhances the ability of judges to ensure that the county is taking appropriate steps toward finalizing a permanency plan for each child in foster care, and that children and their families are involved in case planning.
Fiscal Academy

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. Fiscal trainings are generally offered four times a year with an additional one-day Fiscal Forum offered annually.

During FY 2014-15, the UCD Fiscal Academy accomplished its 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 the value of the UCD Fiscal Academy will be assessed from the course evaluations that are completed by the Fiscal Academy participants at the close of each training. These courses start at the end of April and will go through June 2015. Participants are asked to rate the training, the materials, topics covered, and the instructors on a five point scale. We are working with the instructor to update the curriculum to include Continuum of Care Reform and other fiscal related items. CDSS will be involved in reviewing and approving the curriculum changes. We have already begun to coordinate the meetings with CDSS and the instructor to make appropriate changes.

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.

The Fiscal Forum was held on October 23, 2014 and focused on Residentially Based Services (RBS) Lessons Learned from the 4 pilot counties. The one-day gathering included representatives from the California Department of Social Services, Los Angeles, Sacramento, San Bernardino and San Francisco. We had 54 attendees. The purpose of the meeting was to develop an RBS work plan for the 20 months to follow in partnership with counties and providers. The agenda included discussions around maintaining the spirit and intent of RBS as well as utilizing aspects from RBS to inform the Continuum of Care Reform. There were breakout sessions each county attended where feedback on Fiscal, Program and Policy and Data Tracking and Evaluation was discussed.

The information generated from this forum demonstrated the continued importance of the UCD Fiscal Academy to provide training, guidance and clarification to county agencies.
Continuum of Care Reform Orientations

Orientations to the Continuum of Care Reform are being scheduled for June 2015. There will be 6 sessions with up to 100 participants for a total of 18 hours. The audience will include: Residential Group Home Providers, Foster Family Agencies and relative placements as well as Child Welfare, Juvenile Probation and Mental Health staff.

The overview will include an introduction to core services, rate structure and performance outcomes and measures. It is intended to provide information on the key values and goals guiding continuing care reform (CCR) and key components for provider agencies and county child welfare, juvenile probation and mental health staff. Future opportunities will be available on integrating training as the state moves forward to promote and support the full implementation of care reform designed to meet an enhance the well-being needs of children and youth in out of home care.

Fiscal Essentials for Children’s Services

The course provides participants with the fundamentals of child welfare services funding, allocations, claiming and budgeting. Participants also explore new initiatives and emerging opportunities.

Topics include:

- federal funding opportunities for Title IV-E, IV-B and Title XIX within current claiming rules
- the allocation process beginning with the November Subvention, the May revision and the final state budget with discussion of potential changes to the methodology
- tracking CWS expenditures through the claiming process, identifying the revenue maximization opportunities that are currently available
- initiatives including CWS improvement: a look at safety, differential response and youth permanency and transition as experienced by the pilot counties and participants’ own experiences
- Wraparound, Family to Family and Linkages models
- current events and pending legislation including proposals to cap or limit funding and other federal updates to Title IV-E funding

The two-day session will end with a discussion of current events on the local, state and national stage.

Some of the updates that were made for this fiscal year’s training include resources and information in regards to:

- Realignment
- Subvention Process Timeline
• State Budget and May Revise
• Approved Relative Caregiver Programs
• Commercially Sexually Exploited Children (CSEC)
• Community Care Licensing Foster Homes

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 Fiscal Forum provided by The Center for Human Services, UCD Extension, University of California. Six 3-hour orientations on the Continuum of Care Reform effort in 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, Six (three hour) orientations plus one-day Fiscal Forum of 5 hours. Total number of training days is fifteen days and 71 hours for this contract. There are estimated approximately 120 participants for all four sessions of the Fiscal Essentials training (60 participants per two-day session), 600 participants for all six orientations and 54 for the one day Fiscal Forum.

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. There is thoughtful planning occurring for Continuum of Care Reform providers, including residential, Foster Family Agencies and relative placements.

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
$236,870
Web Based Training for County Eligibility Workers

UC Davis has developed a suite of online trainings that will help train staff of the 58 County Welfare Departments (CWDs) and Probation Departments. To date (April 2015) three trainings have been developed; the Kin-GAP Program, the Foster Care Eligibility Online Training and the Juvenile Court Process.

Description of Training Activity
All three trainings allow 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. The trainings have been created in an online computer-based format that includes text, audio components and interactive contents with visual case scenarios. The trainings address 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 objectives also focus on reducing case error rates and the likelihood of federal disallowances for the state. These on-going trainings ensure that CWDs comply with Title IV-E eligibility.

Evaluation of the Web-Based Trainings
Web based training has proven successful with evaluations showing that most participants would like to take future e-learning classes. Since July 2014, 128 people have accessed the Foster Care Eligibility Online Training, 47 have accessed the Kin-GAP Program and 338 have accessed the Juvenile Court Processes. Enrollment data shows that participants are from counties and cities across the state. Feedback on the courses indicated strong agreement that the course objectives were met and that future e-learning is valued. Participants liked the fact that it was easy to access and did not take time away from their regular tasks. One participant in the Foster Care Eligibility program commented, “The Foster Care training not only met the objectives, it was very informative. The use of ACLs throughout the course, the list of resources, definitions, abbreviations, acronyms and common forms, all were very useful and I will be able to use them as a tool outside of this course.”

Allowable Title IV-E Administrative Functions
Trainings address the following topics:
- Eligibility determination
- Redetermination
- Preparation and participation in judicial determination.
- Eligibility for Kin-GAP and extended Kin-GAP
- Other benefits for Kin-GAP recipients

Settings/Venues
Online

Training Duration
On-going through Fiscal Year 2014-15
Training Activities Provider
The training courses 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
$9,331.27
Structured Decision Making® (SDM)

The SDM assists child welfare workers in assessing risk, aids in targeting services to children who are at greatest risk of maltreatment, improves the consistency and validity of each decision, in turn improving the outcomes for children and families, such as reducing the recurrence of child maltreatment. The SDM tool includes evidence- and research-based assessments: the hotline/intake assessment, safety assessment, risk assessment, family strengths and needs assessment, (in-home) risk reassessment, reunification reassessment and substituted care provider assessment.

Additional services include: monitoring and evaluating the SDM model in participating counties, providing ongoing technical assistance, processing data and management reports. These reports assist counties in proper implementation and in the continued use of SDM tools by assessing operations through reviewing safety assessment results, response priority results, risk levels, etc.; and an assessment of the utility of the instruments in California.

Allowable Title IV-E
This training activity falls under the following categories necessary for the administration of the Title IV-E foster care program: referral to services; 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
To be determined.

Training Audience
Child welfare workers and child welfare supervisors statewide.

Total Cost Estimate
$713,319.00

Cost Allocation Methodology
This training is allocated to the Title IV-E enhanced and administrative rates and State General Fund. For those costs that are not allocable to Title IV-E (such as hotline), the costs are allocated to
State General Fund. For those costs allocated to Title IV-E, the non-federal discount will be applied in order to account for the non-federal caseload.

Description of how training meets goals/objectives of CFSP
This training activity supports the Core Practice Components II, III, IV and V. The training assists child welfare workers and supervisors 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. Structured Decision Making provides county child welfare staff with simple, objective, and reliable tools with which to make the best possible decisions for individual cases, and provide supervisors with information for improved planning, evaluation, and resource allocation. Current and future plans for SDM include: continued support, training and consultation, further development of the SDM/Safety Organized Practice training, finalization of a case plan field tool to better incorporate safety and FSNA items, incorporating and implementing changes into the worker and supervisor training curriculums and further integrating SDM with practice-based initiatives.
Family Resource and Support Training and Technical Assistance ("Strategies")

Strategies, a network of three regional non-profit agencies, was developed to help build capacity and to enhance the quality of programs and services provided for families and children by family support programs and family resource centers (FRCs) throughout California.

This year, Strategies focused its efforts in four major areas, in an effort to have a greater impact and build a knowledge based throughout the state. Areas of focus included the following: (1) increasing capacity building for family strengthening organizations, (2) working with special populations, (3) improving family engagement and (4) implementing programs with fidelity.

Allowable Title IV-E Administrative Functions
Not Applicable.

Setting/Venue
Training is conducted across the state, in a variety of settings, including: community-based organizations, churches, public agencies, private venues, and educational centers and institutions.

Training Duration
Duration of training varies depending on the type of training offered. This training project is short-term and is funded to operate through June 30, 2015. New goals and focus will be provided in 2015-2016.

Training Activity Provider
Strategies is a network of three regional non-profit agencies representing Northern California; Central California; and Southern California.

Approximate Number of Days/Hours of Training Activity
Length of training varies depending on training topic, ranging from one hour webinars to week long trainings, and training series. Technical Assistance can be very deep, or brief, and is determined by need of client.

Training Audience
The target audience includes staff from family resource centers/family support programs, community organizations, and public/private agencies. Among organizations are some of those that provide Differential Response services to child welfare organizations.

Total Cost Estimate
$3,223,006.40 for this reporting period

Transitional or Regular FFP Rate
Not applicable. Activities are supported by CBCAP, SCTF, and CAPTA.
Description of how training meets goals/objectives of CFSP
Training/technical assistance will assist in ensuring the safety of children, promoting the accurate assessment of child and family needs, supporting the participation of the child and family in case planning, and improving the quality and availability of relevant services.
Indian Child Welfare Act (ICWA) Initiative

The JCC will support the CDSS’ commitment to full implementation of the ICWA by providing technical assistance to CDSS, county child welfare and probation staff, judges, judicial staff, county counsels, and tribal representatives on the requirements of ICWA. The JCC will develop protocols to assure complete understanding of the requirements of ICWA, and they will facilitate provision of educational workshops by a broad-based group of subject matter experts on a statewide, regional and local basis. The ICWA Initiative will improve compliance with the ICWA by making available a range of cross-discipline facilitation and education services provided by the JCC staff and outside consultants. These services will be tailored to meet the needs of the local county or region. Educational offerings include regional trainings and local collaborative workshops addressing the following ten topics:

1. When ICWA applies;
2. Exclusive versus concurrent jurisdiction;
3. Determination of tribal membership or eligibility for membership;
4. Notice to tribes;
5. Tribal participation and intervention;
6. Active efforts, including culturally appropriate services;
7. Cultural case planning;
8. Placement preferences;
9. Qualified expert witnesses; and
10. Permanency planning for Indian children, including Tribal Customary Adoption (TCA).

Allowable Title IV-E
Preparation for and participation in judicial determinations, placement of the child, case management and supervision, and fair hearings and appeals.

Setting/Venue
Training is provided on a statewide, regional, and local basis.

Training Duration
These training activities are short-term.

Training Activity Provider
Judicial Council of California.

Approximate Number of Days/Hours of Training Activity
Various.

Target Audience
County child welfare and probation staff, tribal child welfare staff, state juvenile court judges, commissioners, referees, judicial staff, and attorneys.
Total Cost Estimate
$418,320

Cost Allocation Methodology
This training is allocated to Title IV-E at the enhanced rate of 75 percent and State General Fund. For those costs allocated to Title IV-E, the non-federal discount will be applied in order to account for the non-federal caseload.
Annual California Indian Child Welfare Act (ICWA) Conference

For over twenty-two years, the California ICWA Conference has brought together state, tribal and county representatives and professionals from various disciplines within child welfare industry to discuss today’s issues regarding the ICWA. It has provided a platform for education, developing collaborative partnerships and networking. The CDSS and Governor Brown have made a high-level commitment to improve relationships and partnerships with the tribal community (per Executive Order B-10-11). This conference venue has proven to be an essential part of that partnership development and education process for the CDSS and counties. The mission of the annual conference is to enhance the changing role of tribes by seeking and establishing new and positive partnerships between tribes and federal, state and local governments for the benefit of all Indian children. A large ICWA conference during the month of June was identified as problematic for many tribes and stakeholders so the CDSS, in collaboration with the State ICWA Workgroup, agreed to help organize a smaller ICWA Summit in June 2015. The California ICWA Summit was hosted by the Federated Indians of Graton Rancheria and was held on June 11, 2015 in Rohnert Park, California. The 22nd Annual Statewide ICWA Conference is expected to occur in October 2015, which is during the next reporting period.

Allowable Title IV-E
N/A

Setting/Venue
This training alternates annually between northern, central and southern California, and is sponsored and organized by a host tribe in the selected area.

Training Duration
This training is short-term.

Training Activity Provider
Contractor is determined annually. The California tribe selected to host and organize the training becomes the contractor.

Approximate Number of Days/Hours of Training Activity
The training is conducted over two and one-half days. Approximately 200-300 individuals will receive training.

Target Audience
Indian child welfare workers; tribal advocates, council members and community leaders, law enforcement; child welfare and probation staff, judges, attorneys, foster/adoption agencies, social services agency personnel, college students, and other interested parties.

Total Cost Estimate
$50,000 set aside; however, $0 utilized for FY 14-15
Cost Allocation Methodology
All State General Fund

Interstate Compact on Adoption and Medical Assistance (ICAMA) Training for California County ICAMA Liaisons

The Association of Administrators of the Interstate Compact on Adoption and Medical Assistance (AAICAMA) recently completed their revision of the forms utilized by member states to secure medical services for children with Adoption Assistance Program (AAP) Agreements who move across state lines. The old 600 series forms have been discontinued and all members of the compact are now using the new 700 series forms. In addition, a new electronic database was unveiled in early 2015 to be used in conjunction with the new forms. Although California is using the 700 series forms the state has not implemented the electronic database. It is anticipated that the electronic database will be implemented by FY 2016. The adoption and implementation of these new forms and database has and will continue to impose new requirements on local ICAMA liaison staff. The training is essential to ensure the maximum and efficient use of the forms and database so that required medical services for adopted children can be secured as needed.

In addition to the training requirements created as a result of the adoption of the new forms and database, there continues to be a need for on-going training related to ICAMA administration, including Medicaid law requirements, ICAMA best practices and compact/regulatory requirements, program rules, and procedures, etc. The trainings will be designed to address emerging and on-going training needs.

Allowable Title IV-E
This training activity falls under the category of determining eligibility and case management.

Setting/Venue
Regional training sites, conference calls, webinars, and/or on-line formats.

Training Duration
Duration of training will vary according to type of training developed, topics of training offered the audience to receive the training. This training project(s) will be on an as needed basis, and are expected to be short-term.

Training Activity Provider
The ICAMA training will be a new training contract with an organization that has experience in providing statewide training and ICAMA subject matter.

Approximate Number of Days/Hours of Training Activity
To be determined based on the type of training offered, topics and the audience to receive training.

Training Audience
Statewide ICAMA county liaisons, including CDSS Regional and District Offices, California tribes, and eligibility workers. Training may also include judges, commissioners, referees, court personnel and attorneys involved with the adoption of Adoption Assistance eligible children.

**Total Cost Estimate**
$25,000

**Cost Allocation Methodology**
This training is allocated to Title IV-E enhanced rate and STATE GENERAL FUND. For those costs allocated to Title IV-E the non-federal discount will be applied to account for the non-federal caseload.

**Description of how training meets goals/objectives of CFSP**
This training will address the goals and objectives of the CFSP by supporting local child welfare and adoptions staff in engaging families to preserve and strengthen their capacities to provide safe and stable environments for their children. In addition, it will aid in ensuring that child welfare and adoptions staff support an effective and efficient process for the timely establishment of Medicaid and a successful transition of services for AAP children and families who move across state lines.
Interstate Compact on the Placement of Children (ICPC) Training

Over the last few years, the Association of Administrators of the Interstate Compact on the Placement of Children has revised compact requirements and rules regarding the placement of children across state lines pursuant to the ICPC compact. This training will provide participants with a clear understanding of the new ICPC requirements and/or processes. It will also include modules that highlight existing requirements, procedures, and regulations, including when the compact must be used, types of placements covered, case planning/reviews, financial and medical support responsibility, referrals to services, supervisory reports and visitation. Additionally, the training may be used to assist with the implementation of the National Electronic Interstate Compact Enterprise (NEICE) database. This database will improve state compliance with the federal Safe and Timely Act, which focuses on home study time line requirements and applicable data reporting requirements.

Allowable Title IV-E
The ICPC training will cover ICPC requirements, procedures, and regulations; including by whom and when they must be used, types of placements covered, case planning and financial and medical support responsibility, referrals to services, supervisory reports, visitation, and case reviews. Additionally, training may assist with the implementation of the NEICE database. Training will help to ensure that the state is making every effort to meet its requirement to have a process in place for the timely interstate placement of children in accordance with the interstate compact and as required under the State Plan for Title IV-E Foster Care and Adoption Assistance.

Setting/Venue
The training contract has not yet been developed. Training has been postponed to allow for completion of regulatory revisions required by changes to the national ICPC compact regulations. Once all new ICPC regulations have been implemented and/or the state has implemented the NEICE, CDSS will be better able to assess the type and content of training needed. It is anticipated that any training will be conducted via regional training sites, conference calls, webinars, and/or online formats.

Training Duration
Short term: To be determined based on type of training(s) offered, topics and the audience to receive the training.

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. CDSS staff will conduct any additional training not covered under this contract.

Approximate Number of Days/Hours of Training Activity
To be determined based on the type of training offered, topics and the audience identified for 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 Office staff. Training may also include judges, commissioners, referees, court personnel, etc. involved with the placement of Title IV-E foster care children across state lines.

Total Cost Estimate
$25,000.

Cost Allocation Methodology
This training is allocated to Title IV-E enhanced rate and STATE GENERAL FUND. For those costs allocated to Title IV-E, the nonfederal discount will be applied to account for the nonfederal caseload.

Description of how training meets goals/objectives of the CFSP
Training will address the goals and objectives of the CFSP by supporting local child welfare services staff in making inter-jurisdictional placements that ensure the best interests and the fair and equitable treatment of children placed across state lines. In addition, it will promote and reinforce placement stability and an increased understanding regarding the protection and services needed for children who are placed out of state while remaining under court jurisdiction. Without this training, there is potential for statewide inconsistencies in ICPC compliance especially with respect to the new compact regulations and federal and State home study 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.
**Evaluation of Training Programs**

The CDSS uses a multi-pronged approach to the evaluation of training programs. To address the ever-increasing importance of evaluating training activities, the Macro Evaluation Team was established. The membership is comprised of representatives from the CDSS, county staff development organizations, Regional Training Academies (RTAs), the Resource Center for Family Focused Practice (RCFFP), and University Consortium for Children and Families (UCCF) in Los Angeles. The Team is charged with making recommendations about statewide CWS training evaluation that includes the development of the statewide Training Evaluation Framework Report. This evaluation framework was first applied with the introduction of the common core curricula training for new child welfare workers and supervisors. Over the course of the next 5 years the Statewide Training System will update the evaluation to coincide with CC 3.0 using the established framework.

The Framework addresses assessment at seven levels of evaluation, which together are designed to build a “chain of evidence” regarding training effectiveness. The levels used in California are a refinement of the Kirkpatrick levels of training evaluation. They allow a more precise matching of the evaluation design to the measurement of specific learning outcomes, and attempt to link these learning outcomes to child welfare outcomes. California’s levels are:

- **Level 1:** Tracking attendance.
- **Level 2:** Formative evaluation of the course (curriculum content and delivery methods).
- **Level 3:** Satisfaction and opinion of the trainees.
- **Level 4:** Knowledge acquisition and understanding of the trainee.
- **Level 5:** Skills acquisition by the trainee (as demonstrated in the classroom).
- **Level 6:** Transfer of learning by the trainee (use of knowledge and skill on the job).
- **Level 7:** Agency/client outcomes - degree to which training affects the achievement specific agency goals or client outcomes.

There are several benefits of utilizing the Framework, including:

- Data about the effectiveness of training at multiple levels (a chain of evidence) can be used to help answer the overall question about the effectiveness of training and its impact on child welfare outcomes.
- Data about training effectiveness is based on rigorous evaluation designs.
- Curriculum writers and trainers have data focused on specific aspects of training, allowing for targeted revisions of material and methods of delivery.
- Evaluation provides a standardized process for systematic review and evaluation of different approaches to delivery of training.
**Future Training Plans**

CDSS and its training partners will work closely with counties as their training needs change. In addition, System Improvement Plans (SIPs) submitted by the counties will be reviewed as a guide to advance training. Training will focus on continuous development of current staff orienting new staff to the CPM components and the shift in practice for social workers.

CDSS will explore the following in an effort to enhance training:

- Expanding the modalities of training delivery to include more mobile/distance education options.
- Updating and revising of the Supervisor CORE series to better support the overall changes in child welfare practice reflected in the CPM and CC 3.0.
- Identify training needs and develop curricula related to the QI Psychotropic Medications project and the Health Care Oversight Program.
- Identify training needs and develop curricula related to the Continuum of Care Reform efforts currently under way.
Staff Development and Training

TITLE IV-E TRAINING DETERMINATION CHECKLIST

State level staff development training activities and contracts are funded through a combination of State and Federal Financial Participation (FFP) funds. In general, State Program’s Contract Manager may determine the allocation of costs to benefiting programs based on an analysis of the training topics and the target audience. P.L. 110-351 allows for the training of a broader audience. The target audience is necessary to identify those who are and are not necessary for the administration of the Title IV-E programs. For example, service providers, 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 benefiting programs determined by course curriculum and participants, and the costs must be discounted by the State Foster Care caseload ratio. Title IV-E is one of the more restrictive federal funding sources. Child Welfare-related training costs claimed under this title must meet the applicable requirements established in 45 CFR 1356.60 and 235.60-66(a). Identification of training topics and participants is used to determine whether the activity is eligible for FFP, and if so, at what rate. The FFP training rate varies effective October 7, 2008, from 55 to 75 percent, and 50 percent FFP rate for administrative activities. The following checklist, with a breakdown identifying the training activity and contract cost allocation criterion for Title IV-E, should be used in conjunction with the specific 45 CFR sections:

<table>
<thead>
<tr>
<th>Contract Number:</th>
<th>Vendor Name:</th>
</tr>
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<tbody>
<tr>
<td>Contract Purpose</td>
<td>Target Audience</td>
</tr>
</tbody>
</table>

Objective/Purpose of Training: Enter the percentage of training time devoted to each area below.

### TITLE IV-E ACTIVITIES – Training Rate (both enhanced and transitional)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Enhanced Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility determination and re-determination</td>
<td></td>
</tr>
<tr>
<td>Fair Hearings and appeals</td>
<td></td>
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<tr>
<td>Rate Setting</td>
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<tr>
<td>Referral to services</td>
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<tr>
<td>Preparation for and participation in judicial determinations</td>
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<tr>
<td>Placement of the child</td>
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<tr>
<td>Development of the case plan</td>
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<tr>
<td>Case reviews</td>
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<tr>
<td>Case management and supervision</td>
<td></td>
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<tr>
<td>Recruitment and licensing of foster homes and institutions</td>
<td></td>
</tr>
<tr>
<td>Closely related to an activity above (specify how it is related)</td>
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</tr>
</tbody>
</table>

### TOTAL TITLE IV-E PERCENTAGE ADMINISTRATIVE ACTIVITIES – Administrative Rate

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percent*</th>
</tr>
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<tbody>
<tr>
<td>State agency personnel policies and procedures</td>
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</tr>
<tr>
<td>Job performance enhancement skills (e.g., writing, basic computer skills,</td>
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<tr>
<td>time management)</td>
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<tr>
<td>First aid, CPR, or facility security training</td>
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<tr>
<td>General supervisory skills or other generic skills needed to perform</td>
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<tr>
<td>specific jobs</td>
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<tr>
<td>Ethics unrelated to the title IV-E State plan</td>
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<tr>
<td>Team building and stress management training</td>
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<tr>
<td>Safe driving</td>
<td></td>
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<tr>
<td>Worker retention and worker safety</td>
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</table>

### TOTAL TITLE IV-E PERCENTAGE (50% FFP)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percent*</th>
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<tbody>
<tr>
<td>NON TITLE IV-E ACTIVITIES</td>
<td></td>
</tr>
<tr>
<td>Direct provision and documentation of social services (counseling,</td>
<td></td>
</tr>
<tr>
<td>teaching parenting skills, etc.)</td>
<td></td>
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<tr>
<td>Performing a child abuse/neglect investigation and document</td>
<td></td>
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<tr>
<td>Other (specify):</td>
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### TOTAL NON-TITLE IV-E PERCENTAGE

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<th>Activity</th>
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### TOTAL TITLE IV-E AND NON IV-E (Must equal 100%)

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<tr>
<th>Activity</th>
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Submitted JUNE 30, 2015
All training on the full spectrum of the State’s Child Welfare Services Program must be cost allocated to all benefiting funding programs.

*Allocation Percentage Determination Description:

NOTE: Prior to applying the penetration rate or FFP rate, Title IV-E proportion above should specify (on a percentage basis) the allowable or non-allowable activities of the contract to determine the cost chargeable to Title IV-E.

<table>
<thead>
<tr>
<th>Approved By (Bureau Chief or Above):</th>
<th>This checklist represents a good faith estimate of training activities and percentages based on information provided by the vendor at the time of the Agreement’s execution.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Title</td>
</tr>
</tbody>
</table>

Title IV-E Training Determination Checklist (REV. 3/2007)
EMERGENCY AND DISASTER PREPAREDNESS PLAN

Background

The Children’s Services Operations and Evaluation Branch (CSOEB) Annex is to be used in conjunction with California Department of Social Services (CDSS) Mass Care and Shelter (MCS) Plan in large-scale, multi-county, interregional emergencies and disasters. The basic MCS Plan and the CSOEB Annex will provide the structure, policies, procedures, and forms for CDSS Disaster Operation Center (DOC) activation.

The CSOEB serves a population that includes dependent, non-minor 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 CSOEB Annex details necessary response information for declared national disasters and national security emergencies.

Under the federal guidelines:

Section 6 (a) (16) provide that, not later than one year after the date of the enactment of this paragraph, the State shall have in place procedures providing for how the State programs assisted under this subpart, subpart two of this part, or Part E would respond to a disaster, in accordance with criteria established by the Secretary which should include how a State would:

A. Identify, locate, and continue availability of services for children and non-minor dependents under state care or supervision who are displaced or adversely affected by a disaster, including children from other states;
B. Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those areas;
C. Address and provide care for unaccompanied minors;
D. Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster;
E. Preserve essential program records; and
F. Coordinate services and share information with other states and counties, include a description of the process utilized by the county to ensure that information regarding children placed pursuant to the Interstate Compact on the Placement of Children (ICPC) occurs with both the sending state and CDSS.

In 2013, CDSS, Adoption Services Bureau (ASB), targeted gaps in unaccompanied minors, who, in the case of disasters or emergency situations, are at risk of becoming a ward of the state. In 2014, the CDSS included the ICPC as a part of the statewide disaster reporting of child fatalities and near child fatalities. The CDSS Child Welfare Services Disaster Response Plan Template is revised to include the statewide childcare disaster plan for unaccompanied minors, and the ICPC.
Population Statistics
The Center for Social Services Research Child Welfare Dynamic Report System, a CDSS/University of California, Berkeley, collaboration, complied statistics on the number of dependent, non-minor dependent and probationary children under the care or supervision of the state. They include the following:

Total California Population in Foster Care based on CWS/CMS 2014 Quarter 4 Extract (California Child Welfare Indicators Project (CCWIP), University of California at Berkeley) - Children in Foster Care:

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 six Adoption Services Bureau’s (ASB) Regional and Field Offices.
- Update of names, phone numbers, pager numbers, addresses, and other contact information.
- Changes in operating procedures and organizational structures.
- Policy changes.
- Legislative changes.

Planning Assumptions
- County child welfare agencies have emergency plans and procedures for identifying and locating children under state care or supervision that have been adversely affected by a disaster.
- County child welfare agencies have agreements with adjacent jurisdictions that allow for cooperative assistance consistent with the Emergency Services Act and the Master Mutual Aid Agreement.
- County child welfare agencies have responded to the needs of dependent, non-minor dependent and probationary children by activating its emergency response plan.
- County child welfare agencies have taken actions to locate and identify dependent, non-minor dependent, and probationary children prior to requesting assistance through the normal Standardized Emergency Management System Structure.
- County child welfare agencies will respond to new child welfare cases in areas adversely affected by a disaster, and provide services.
• County child welfare agencies will address and provide care for dependent, non-minor dependent, unaccompanied minors, and probationary children.
• County child welfare agencies will remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.
• County child welfare agencies will preserve essential program records.
• County child welfare agencies will coordinate services for their respective county and share information with other counties, state, and federal entities.

CSOEB Emergency Management Objectives and Goals
• Identify, locate, and continue availability of services for children and non-minor dependents under state care or supervision who are displaced or adversely affected by a disaster, including children from other states.
• Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those areas.
• Address and provide care for unaccompanied minors.
• Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.
• Preserve essential program records.
• Coordinate services and share information with other states.
• Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.
• Preserve essential program records.
• Coordinate services and share information with other states and counties, include a description of the process utilized by the county to ensure that information regarding children placed pursuant to the ICPC occurs with both the sending state and CDSS.

Annex
This plan is composed of the following sections:

Basic Annex
Primary information relating to plan assumptions, plan goals, training and exercises, maintenance of the plan, elements for preparedness, response, recovery and mitigation phases of emergency management for dependent, non-minor dependent, and probationary children under the care or supervision of the state.

Introduction

Purpose
The purpose of this Annex is to establish an effective process for activating and operating an emergency and disaster preparedness plan, in cooperation with state and local government for dependent, non-minor dependent and probationary children under the care or supervision of the state. It describes the responsibilities and actions required for the effective operation of locating
and monitoring dependent, non-minor dependent and probationary children under the care or supervision of CDSS.

Authorities and References
The elements for preparedness, response, recovery and mitigation phases of emergency management for dependent, non-minor dependent and probationary children will be conducted as outlined in this document and in accordance with state law, the State Emergency Plan, the California Services Act, CDSS Administrative Order, and the State Mass Care and Shelter Plan.

Preparedness Elements
Emphasis on preparedness for dependent, non-minor dependent and probationary children:

- Define dependent, non-minor dependent and probationary children.
- Establish local emergency preparedness guidelines.
- Ensure local emergency preparedness guidelines are followed.
- Define the state agencies and their role in providing support to local agencies for dependent, non-minor dependent and probationary children.

Emergency Management Phases
Emergency management activities during peacetime and national security emergencies are often associated with the four emergency management phases as indicated; however, not every disaster necessarily includes all indicated phases.

This section describes the appropriate emergency management phase response for identifying and locating dependent, non-minor dependent and probationary children under the care or supervision of the state.

- Preparedness Phase (including increased readiness)
- Response (including Pre-emergency, Emergency Response, and Sustained Emergency)
- Recovery
- Mitigation

Phase 1 – Preparedness

The preparedness phase involves activities taken in advance of an emergency. These activities develop operational capabilities and effective response to a disaster. These actions include mitigation, emergency/disaster planning, training, exercises, and public education. Those entities identified in this plan as having either a primary or support mission relative to response and recovery should prepare operating procedures and checklists detailing personal assignments, policies, notification rosters, and resource lists.
During this phase, the CSOEB of CDSS will:

- Request and review Child Welfare Disaster Response Plans from all 58 county child welfare services agencies and the six CDSS ASB’s Regional and Field Offices; updating as necessary, the name, telephone numbers, pager numbers, addresses, and other contact information.
- CDSS will place all Child Welfare Disaster Response Plans from all 58 county child welfare services agencies on the Department website (www.childsworld.ca.gov).
- Encourage local county agencies responsible for the care or supervision of dependent, non-minor dependent and probationary children to continue development of plans and exercise readiness procedures for identifying and locating dependent children under their supervision.
- Develop resource lists and contacts with supporting agencies and organizations in other jurisdictions.
- Develop, implement, and participate in readiness training programs and exercises with affected agencies and organizations.

**Increased Readiness**

The warning or observation that an emergency is likely or has the potential to require activation of the CSOEB Annex will initiate increased readiness actions. Appropriate actions include, but are not limited to the following:

- Review and update procedures for the activation, operation, and deactivation of the CSOEB Annex.
- Review the current status of all resource lists.
- Request information from local Child Welfare Agencies regarding the number of people trained in emergency management functions necessary for the care or supervision of dependent, non-minor dependent and probationary children under the care or supervision of the state.
- Request information from local Child Welfare Agencies regarding the number of trained people available for deployment to assist in identifying and locating dependent, non-minor dependent and probationary children under the care or supervision of the state.
- Develop preliminary staffing plans for deploying trained personnel to assist in the identifying and locating of dependent, non-minor dependent and probationary children under the care or supervision of the state.
- Initiate contact, coordinate services, and share information with supporting agencies, organizations, and other states involved with assisting in identifying and locating dependent, non-minor dependent and probationary children (County Child Welfare Agencies, CWDA, and ASB’s Regional and Field Offices).
- Contact International Business Machines (IBM), the controller and preservationist of the essential program records for a mock report of dependent, non-minor dependent and probationary children.
Phase 2 – Response

Pre-Emergency
When a large-scale disaster is inevitable, actions are precautionary and emphasize protection of life. Typical response actions may include:

- Alert and notify CSOEB staff for possible deployment.
- Notify other personnel regarding possible deployment.
- Retrieve essential program records from IBM.
- Send essential program records/report which contains the identifying information of dependent, non-minor dependent and probationary children to the county disaster representative of affected county. In the event the receiving county is not able to receive the report, it will be sent to the disaster representative of the adjoining county.
- Remain in communication with caseworkers, and other essential child welfare personnel potentially affected by the disaster.
- Coordinate services and share information with local government agencies, ASB’s Regional and Field Offices, and other states.

Emergency Response
During this phase, emphasis is placed on saving lives and property, control of the situation, and minimizing effects of the disaster. Immediate response is accomplished within the affected area by local government agencies and segments of the public and private non-governmental sector. The CDSS will coordinate with supporting agencies the activation of personnel for availability to respond to the needs of dependent, non-minor dependent and probationary children under the care or supervision of the state. Response may include:

- Alert and notify CSOEB staff for deployment.
- Notify other personnel regarding deployment.
- Coordinate services and share information with local government and other states.
- Maintain a log of trained personnel assignments, personal information (i.e. name, organization, personal emergency information, site location, shift hours, future schedules, staffing changes that may have occurred, etc.).
- Identify, locate, and continue availability of services for children and non-minor dependents under state care or supervision who are displaced or adversely affected by a disaster, including children and non-minor dependents from other states.
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those areas.
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster (i.e. telephone, cellular, e-mail, etc.).
Phase 3 – Recovery

During the recovery phase, procedures for the CSOEB will include:

- Continue to communicate with caseworkers and other essential child welfare personnel who have been displaced because of the disaster and provide services in those areas.
- Continue to respond to new child welfare cases in areas adversely affected by the disaster, and provide services in those areas.
- Review and update the county Child Welfare Disaster Response Plans.
- 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, non-minor dependent and probationary children under the care or supervision of the state. Mitigation tools include:

- Maintain cooperative community relations between state, local, public, and private organizations.
- Identify, locate, and continue availability of services for children, non-minor dependents, and probationary children under state care or supervision who are displaced or adversely affected by a disaster, including children and non-minor dependents from other states.
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those areas.
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.

Response Organization/Structure in a Catastrophic Event

<table>
<thead>
<tr>
<th>Level</th>
<th>Source</th>
<th>Agency/Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local</td>
<td>County Coordinator</td>
<td>Local Government, public &amp; private Organizations</td>
</tr>
<tr>
<td>Operational Level</td>
<td>County Coordinator</td>
<td>County Government</td>
</tr>
<tr>
<td>Regional Operations</td>
<td>CDSS Regional and Field Offices</td>
<td>CDSS</td>
</tr>
<tr>
<td>State Operations</td>
<td>CDSS Agency Liaison</td>
<td>CDSS</td>
</tr>
</tbody>
</table>

Operational Area (OA) Level

As the onset of a disaster is at the local level, it is imperative that the locating and identifying plan at the local level include procedures and protocols for meeting the needs of dependent, non-minor dependent and probationary children before, during, and after a disaster. This is assumed to be an OA responsibility.
Regional Level
Because of its size and geography, the state has been divided into six mutual aid regions. The purpose of a mutual aid region is to provide for the more effective application and coordination of mutual aid and other emergency related activities.

Three Regional Emergency Operation Centers (REOC) have been established; one is Southern California (Los Alamitos), one in Coastal California (Oakland), and the third in Northern California (Sacramento). Once the REOC is activated, the California Office of Emergency Services (Cal OES) may request that CDSS activate coordination efforts to identify and locate dependent, non-minor dependent and probationary children.

State Agency Level
California State Departments will coordinate with other state agencies, county, and non-governmental agencies to provide assistance in identifying and locating dependent, non-minor dependent and probationary children under the care or supervision of the state for CSOEB. The DOC manager will designate an Agency representative to be assigned to the State Operations Center (SOC).

California Department of Social Services
CDSS serves as the coordinator and communication link between state and federal disaster care and shelter response system for CSOEB. During an emergency CDSS will:

- Activate CDSS DOC for response operations.
- The DOC manager will be responsible for appointing staff necessary to activate this CSOEB Annex.
- The DOC manager will appoint a CDSS Liaison to respond to requests for CSOEB resources from the 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, Cal OES will request assistance from DHA/FEMA.

Federal Level
Department of Homeland Security/Federal Emergency Management Agency (DHA/FEMA)
The DHS/FEMA serves as the main Federal government contact during emergencies, major disasters and national-security emergencies. When the state has exhausted all resources needed for care and shelter in a catastrophic event, Cal OES will request assistance from DHA/FEMA.
American Red Cross (ARC)
The ARC provides emergency mass care in coordination with government, public and private agencies. It receives its authority from a congressional charter. In a catastrophic event, the ARC may coordinate disaster relief activities with:

- Private organizations, such as The Salvation Army (TSA)
- National and local Voluntary Organizations Active in Disaster and CBOs
- Members of the Faith-Based Organizations (FBOs)

Attachments

- All County Letter Number 09-81
- All County Letter Number 08-52
- All County Letter Number 07-30
- All County Letter Number 12-07
- All County Letter Number 13-21
- All County Letter Number 14-24
- All County Letter Number 15-41
- Child Welfare Services Disaster Response Plan Template AD 525
FINANCIAL INFORMATION AND THE CFS 101

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 2013, match reported was $479,330,180 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 2013.

Payment Limitations – Title IV-B, subpart 2:

California’s Promoting Safe and Stable Families program is currently funded using $35,280,471 of Non-Federal Funds for 2013, while the Maintenance of Effort (MOE) baseline in 1992 was $13,200,000. Below are the funding calculations for this program:

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Total Grant</td>
<td>$30,860,095</td>
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<tr>
<td>Total Non-Federal Funds</td>
<td>$35,915,619</td>
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<tr>
<td>(MOE baseline per 1992)</td>
<td>-$13,200,000</td>
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<tr>
<td>Non-Federal Match after MOE</td>
<td>$22,715,619</td>
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<tr>
<td>25 percent Match</td>
<td>$(10,286,699)</td>
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<tr>
<td>Unused Non-Federal Match</td>
<td>$12,428,920</td>
</tr>
</tbody>
</table>

The CFS 101, Parts I, II, and III are included with this report as Attachment B
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 caregivers. (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

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>AAICAMA</td>
<td>The Association of Administrators of the Interstate Compact on Adoption and Medical Assistance</td>
</tr>
<tr>
<td>AAICPC</td>
<td>The Association of Administrators of the Interstate Compact on the Placement of Children</td>
</tr>
<tr>
<td>AAP</td>
<td>Adoption Assistance Program</td>
</tr>
<tr>
<td>AB</td>
<td>Assembly Bill</td>
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<tr>
<td>ACA</td>
<td>Affordable Care Act</td>
</tr>
<tr>
<td>ACF</td>
<td>Administration for Children and Families</td>
</tr>
<tr>
<td>ACIN</td>
<td>All County Information Notice</td>
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<tr>
<td>ACL</td>
<td>All County Letter</td>
</tr>
<tr>
<td>ACYF</td>
<td>Administration for Children, Youth, and Families</td>
</tr>
<tr>
<td>AFCARS</td>
<td>Adoption Foster Care Analysis and Reporting System</td>
</tr>
<tr>
<td>AFDC-FC</td>
<td>Aid to Families with Dependent Children – Foster Care</td>
</tr>
<tr>
<td>After 18</td>
<td>Fostering Connections After 18 Program</td>
</tr>
<tr>
<td>AIP</td>
<td>AFCARS Improvement Plan</td>
</tr>
<tr>
<td>AOC</td>
<td>Administrative Office of the Courts</td>
</tr>
<tr>
<td>AOD</td>
<td>Alcohol and Other Drugs</td>
</tr>
<tr>
<td>APPLA</td>
<td>Another Planned Permanent Living Arrangement</td>
</tr>
<tr>
<td>AAR</td>
<td>AFCARS Assessment Review</td>
</tr>
<tr>
<td>APS</td>
<td>Adoption Promotion Services</td>
</tr>
<tr>
<td>APSR</td>
<td>Annual Progress and Services Report</td>
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<tr>
<td>APSS</td>
<td>Adoption Promotion Support Services</td>
</tr>
<tr>
<td>ARC</td>
<td>American Red Cross</td>
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<tr>
<td>ASB</td>
<td>Adoption Services Bureau</td>
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<tr>
<td>ASFA</td>
<td>Adoption and Safe Families Act</td>
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<tr>
<td>AY</td>
<td>Academic Year</td>
</tr>
<tr>
<td>BASW</td>
<td>Bachelor of Arts in Social Work</td>
</tr>
<tr>
<td>BOS</td>
<td>Board of Supervisors</td>
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<tr>
<td>BRC</td>
<td>Blue Ribbon Commission</td>
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<tr>
<td>BSC</td>
<td>Breakthrough Series Collaborative</td>
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<tr>
<td>BSW</td>
<td>Bachelor of Social Work</td>
</tr>
<tr>
<td>CalDOG</td>
<td>California Dependency Online Guide</td>
</tr>
<tr>
<td>CalEMA</td>
<td>California Emergency Management Agency</td>
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<tr>
<td>CalSWECE</td>
<td>California Social Work Education Center</td>
</tr>
<tr>
<td>CAN</td>
<td>Caregiver Advocacy Network</td>
</tr>
<tr>
<td>CAP</td>
<td>Capped Allocation Project</td>
</tr>
<tr>
<td>CAPC</td>
<td>Child Abuse Prevention Councils</td>
</tr>
<tr>
<td>CAPIT</td>
<td>Child Abuse Prevention Intervention and Treatment</td>
</tr>
<tr>
<td>CAPP</td>
<td>California Partners for Permanency Project</td>
</tr>
<tr>
<td>Acronym</td>
<td>Definition</td>
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<tr>
<td>CAPTA</td>
<td>Child Abuse Prevention and Treatment Act</td>
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<tr>
<td>CARs</td>
<td>Child Abuse Reporting System</td>
</tr>
<tr>
<td>CASA</td>
<td>Court Appointed Special Advocates</td>
</tr>
<tr>
<td>CAT</td>
<td>Comprehensive Assessment Tool</td>
</tr>
<tr>
<td>CB</td>
<td>Children’s Bureau</td>
</tr>
<tr>
<td>CBCAP</td>
<td>Community Based Child Abuse Prevention</td>
</tr>
<tr>
<td>CBO</td>
<td>Community Based Organizations</td>
</tr>
<tr>
<td>CC25I</td>
<td>California Connected by 25 Initiative</td>
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<tr>
<td>CCAP</td>
<td>County Cost Allocation Plan</td>
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<tr>
<td>C-CFSR</td>
<td>California Child and Family Services Review</td>
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<tr>
<td>CCR</td>
<td>Continuum of Care Reform</td>
</tr>
<tr>
<td>CCR&amp;R</td>
<td>Child Care Resource and Referral</td>
</tr>
<tr>
<td>CCWPIP</td>
<td>California Child Welfare Performance Indicators Project</td>
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<tr>
<td>CDCR</td>
<td>California Department of Corrections and Rehabilitation</td>
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<td>CDE</td>
<td>California Department of Education</td>
</tr>
<tr>
<td>CDP</td>
<td>California Disproportionality Project</td>
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<tr>
<td>CDPH</td>
<td>California Department of Public Health</td>
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<tr>
<td>CDSS</td>
<td>California Department of Social Services</td>
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<tr>
<td>CDSS</td>
<td>California Department of Social Services</td>
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<tr>
<td>CEBC</td>
<td>California Evidence-Based Clearinghouse</td>
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<td>CFCIP</td>
<td>Chafee Foster Care Independence Program</td>
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<td>CFPIC</td>
<td>Child and Family Policy Institute of California</td>
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<td>CFR</td>
<td>Code of Federal Regulations</td>
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<td>CFS</td>
<td>Child and Family Services</td>
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<td>CFSD</td>
<td>Children and Family Services Division</td>
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<td>CFSP</td>
<td>Child and Family Services Plan</td>
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<tr>
<td>CFSR</td>
<td>Child and Family Services Review</td>
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<td>CHDP</td>
<td>Child Health and Disability Program</td>
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<td>CHHS</td>
<td>California Health and Human Services</td>
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<td>CHVP</td>
<td>California Home Visiting Program</td>
</tr>
<tr>
<td>CKC</td>
<td>California Kids Connection</td>
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<tr>
<td>CLN</td>
<td>Community of Learning Network</td>
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<tr>
<td>CLT</td>
<td>Coordinating Leadership Team</td>
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<tr>
<td>CMS</td>
<td>Case Management System</td>
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<tr>
<td>CNFSN</td>
<td>California Network of Family Strengthening Networks</td>
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<td>COPS</td>
<td>Career Occupation Preference System</td>
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<td>CPFS</td>
<td>Child Protection and Family Support</td>
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<tr>
<td>CPM</td>
<td>Core Practice Model</td>
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<tr>
<td>CPOC</td>
<td>Chief Probation Officers of California</td>
</tr>
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<td>CPS</td>
<td>Child Protective Services</td>
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<tr>
<td>Acronym</td>
<td>Definition</td>
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<tr>
<td>CQI</td>
<td>Continuous Quality Improvement</td>
</tr>
<tr>
<td>CRC</td>
<td>Children’s Research Center</td>
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<td>CRIHB</td>
<td>California Rural Indian Health Board</td>
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<td>CRP</td>
<td>Citizen Review Panel</td>
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ATTACHMENTS

A: Fifteenth Report of the California Citizen Review Panel

B: CFS 101, Parts I, II, III
BACKGROUND AND PURPOSE

Originally enacted in January 1974, the CAPTA is a key piece of federal legislation addressing child abuse and neglect. CAPTA has been reauthorized several times through the years. With each reauthorization CAPTA has evolved responding to the evolution of child welfare nationally. The CAPTA reauthorization of 1996 established CRPs as a requirement for all states receiving a CAPTA state grant. Most recently in December 2010, CAPTA was amended and reauthorized through 2015, shifting the focus to safety as a resulting from concerns over child fatalities in open cases, children languishing in care, children being returned home to unsafe environments and from a desire to increase accountability in the CPS system.

To be eligible for a CAPTA state grant, a state must comply with specific federal requirements and guidelines related to its child welfare policies, practices and laws. Among them states are required to establish and maintain a minimum of three CRPs to increase system transparency and accountability and to provide opportunities for community members to play an integral role in ensuring that states meet their goals of protecting children from child abuse and neglect.

PROGRAM STRUCTURE

CDSS’ OCAP administers the three CRPs in California. There are two local panels in San Mateo County and Ventura County and a statewide panel that operates through the Prevention and Early Intervention (PEI) subcommittee of the CWC (PEI-CRP).

HOW CALIFORNIA’S CHILDREN ARE FARING

Since 2004 the total number of children in California has been on the decline. However, the percentage of births to unmarried women has risen from 33 percent in 2002 to 40 percent in 2012, echoing national trends. One fourth (25 percent) of California’s almost 9.2 million children live in Los Angeles County and Latino children make up the largest racial/ethnic group among the state’s population (52 percent).

OVERVIEW OF CURRENT ACTIVITIES AT THE STATE OVERSIGHT LEVEL

The OCAP staff, in conjunction with the CRPs, is concentrating on building stronger panels that are focused on actionable and meaningful local and statewide recommendations to enhance the child protective service systems.
The following are OCAP’s activities/goals:

- Continue to engage in meaningful activities to strengthen families and ensure the well-being, safety and permanence of children in local communities and throughout the state.

- Support ongoing networking within the three California panels and with panels in other states to contribute to the national conversation and share in the transfer of learning.

- Encourage participation in training and technical assistance opportunities provided at a national level. Panels are encouraged to visit and use the resources available at the national CRP website www.uky.edu/SocialWork/crp.

- Encourage panels to review the PIP developed in response to California’s CFSR. Promote involvement in implementation and monitoring components of the plan impacting their communities.

- Explore ways to integrate the Strengthening Families Protective Factors framework into the work of the CRPs to strengthen California families and to keep children safe from abuse and neglect.

**PANEL INFORMATION**

San Mateo County

San Mateo County is located on a 60-mile peninsula immediately south of San Francisco, bordered on the east by San Francisco Bay, and on the west by the Pacific Ocean. The area encompasses 455 square miles and contains 20 incorporated cities.

The approximate overall population of San Mateo County is 758,581 with 21.7 percent of that being children under the age of 18. The county child protection agency received 4,414 child abuse allegations of which 379 were substantiated cases. Of that number, 182 entered care.
Ventura County

The County of Ventura is situated on 42 miles of coastline. The Los Padres National Forest and agriculture occupy half of the county’s 1.2 million acres. Geographically, Ventura County is approximately 50 miles northwest of Los Angeles. Ventura County has a strong economic base that includes major industries such as biotechnology, agriculture, advanced technologies, oil production, military testing and development, and tourism.

The approximate overall population of Ventura County is 846,176 with 24.5 percent of that being children under the age of 18. The county child protection agency received 10,969 child abuse allegations of which 1,247 were substantiated cases. Of that number, 487 entered care.

The Prevention and Early Intervention Citizen Review Panel (PEI/CRP)
The statewide CRP completed all federal CAPTA requirements and obligations during this reporting period the first full cycle since the Prevention and Early Intervention Committee of the CWC incorporated the responsibilities of a CRP. A report of its activities, findings, and recommendations to the CDSS was forwarded to the CDSS Director, presented to the CWC, and posted online for review and public comment.

San Mateo County Citizen Review Panel (SMCRP) Annual Report and Recommendations

Contact Person: Pat Brown, SMCRP Facilitator

Date Submitted to OCAP: November 14, 2014

Date and Persons Submitted to at the local County Agency:

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

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

MEMBERSHIP (Work plan Goal #1)

During the reporting period, SMCRP added two new members:

- Rev. Davidson Bidwell-Waite, Transfiguration Episcopal Church, San Mateo. Peninsula Clergy Network Representative
- Shanthi Karamcheti, Differential Response Manager, StarVista

Within the past year and a half, the SMCRP has added a total of six new members, bringing additional expertise and diversity to the table.

All prospective members receive a copy of the SMCRP Operational Guidelines and they are referred to the SMCRP website www.smcrp.org for more background information. Before they are asked to submit an application for membership, potential SMCRP members are invited to attend a regular SMCRP meeting to observe the work of the SMCRP and meet current members. Visitors sign a Confidentiality Agreement at the beginning of the meeting. Following the visit, if there is continuing interest, the potential member completes an application form and submits it, along with a relevant resume, to the SMCRP. New members are elected by majority vote of the existing membership.

PANEL TRAINING

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

SMCRP’s orientation process calls for incoming members of the SMCRP to talk with the Chair for an orientation session at the beginning of their term. One key responsibility of the SMCRP facilitator is to ensure an inclusive process in CRP meetings so that all members of the SMCRP and guests are able to participate comfortably and effectively. This includes making sure that acronyms are
defined, there are frequent checks for understanding and new members are provided with the opportunity to ask for clarification of any topic under discussion.

Once new members join the SMCRP, they are encouraged to participate actively and to raise questions as needed. This past year the positive influence of new members has been observed. New SMCRP members add distinct expertise and perspective to the SMCRP’s conversations. In addition, the regular presence of a liaison from the Probation Department has been very helpful, since a number of the issues addressed by SMCRP impact youth in probation or in dual status.

SMCRP members receive information and updates about the child welfare system from the CFS Director at each regular meeting. In addition, SMCRP members have a regular agenda item, “Panel Member Updates” to encourage individuals to share information with other members about the child welfare related work they are doing. This year new SMCRP members Cori Manthorne and Ryan Monaghan made presentations to the SMCRP about domestic violence protocols used by Community Overcoming Relationship Abuse (CORA) and San Mateo Police Department.

At the Panel’s August meeting, Deputy County Manager Mike Callagy talked with the SMCRP about child/youth trafficking issues and activities in San Mateo County. Mike is chairing a coordinating committee with the charge of making sure that local efforts to address trafficking are organized and integrated.

Articles and reports are provided to members regularly and, when appropriate, the articles are discussed as part of the meeting agenda.

On a monthly basis, SMCRP receives and discusses the CFS Dashboard. This is an internal CFS document that provides a quick overview of data in key interest areas related to children and family services. These monthly reviews of data have provided the SMCRP with an understanding of the indicators used by CFS to monitor its own programs and services. SMCRP members are encouraged to direct questions about the Dashboard data to the CFS Director, who attends SMCRP meetings. This year the SMCRP has asked to receive the new AB636 reports published by CFS to track progress on System Improvement Goals (SIP) which were established during the last program year.

REPORT SMCRP WORK PLAN

Work plan Goal 1: Discuss any activities the SMCRP has engaged in specific to the recruitment of SMCRP members to reflect community demographics and support creating or maintaining a diverse panel.

On an annual basis, SMCRP reviews its membership and the national criteria for SMCRP representation. Currently the SMCRP has met to goal to have members represent a broad array of backgrounds, perspectives, and expertise. As needs for specific perspectives are identified, current SMCRP members brainstorm ways to reach out to representatives in those areas.
Parents and youth who have been part of the child welfare system continue to be priority areas, but many other gaps have been filled (mental health professional, law enforcement, clergy). Currently, SMCRP membership stands at 15 members.

Last year, SMCRP reviewed and modified its Operational Guidelines to allow the SMCRP more discretion in situations in which long-term member is interested in continuing their service.

**Work plan Goal 2: Develop a work plan that will guide the panel’s review activities of the state and local CWS.**

Each year in its annual report and recommendations, SMCRP identifies areas of focus within the CWS. At the same time, the SMCRP outlines specific activities/evaluation methods to be utilized in order to track progress and evaluate outcomes for its recommendations for change at both the state and local levels.

SMCRP meets monthly for two hours during the program year. At each of these meetings informational reports and monitoring activities are on the agenda. These activities include review of written materials and reports, presentations by CWS representatives and sharing of information by SMCRP members. This past year, CFS has made staff members available to report to the Panel on specific recommendation areas such as TDM.

SMCRP has not received technical assistance from sources outside of San Mateo County during the past year.

**Findings regarding 2013-14 SMCRP Recommendations**

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Findings</th>
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<tbody>
<tr>
<td>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.</td>
<td>CFS, with John Fong’s leadership, has initiated efforts to make the program more consistent with quality guidelines, track its use, promote participation and provide quarterly updates on progress to SMCRP. The Efforts to Outcomes (ETO) Program is now being used to manage data. CFS is developing a contract with an outside evaluator from the University of California, Los Angeles who will design a system to assess TDM outcomes relative to family reunification. As this system is developed, SMCRP will be consulted as a TDM “stakeholder” group.</td>
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<tr>
<td>Recommendation</td>
<td>Findings</td>
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<tr>
<td>SMCRP recommends that CFS and Juvenile Probation work together to establish</td>
<td>SMCRP received information from the Probation Department about the challenges of ensuring access to AB12 services for youth who do not have a general placement order (youth returned to parental custody that are living with “kin”).</td>
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<td>a protocol to ensure that dependents and wards of the Juvenile Court who</td>
<td>CFS has formed an AB12 Workgroup, under the leadership of Gary Beasley. This group is talking with the Probation Department about how best to serve AB12 eligible youth with social work services.</td>
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<tr>
<td>may be eligible for AB12 when they turn 18, and those youth who are non-</td>
<td>The Director of CFS and Deputy Chief of Probation have been meeting to talk about approaches to ensuring equitable access for Probation youth.</td>
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<td>minor dependents under AB12 in both agencies, are getting the same level</td>
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<tr>
<td>of preparation, supports and services.</td>
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<td>In addition, the two agencies should take steps to ensure that all staff</td>
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<td>case managing AB12 youth are getting the training they need to diligently</td>
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<td>support this population.</td>
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<tr>
<td>SMCRP recommends that CFS assess the effectiveness of current mental health</td>
<td>CFS is using different approaches to assessing the effectiveness of visitation and mental health programs relative to family reunification:</td>
</tr>
<tr>
<td>and visitation programs in helping families to reunify successfully.</td>
<td>A new visitation model was rolled out this year. To assess outcomes for this model, CFS will contract with the same external evaluator who is working on TDM.</td>
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<tr>
<td></td>
<td>CFS has been implementing the Katie A. Settlement and developing data in partnership with Behavioral Health and Recovery Services and other partners. At this time, no outcome evaluation has been implemented.</td>
</tr>
</tbody>
</table>
PROGRESS IN SMCRP AREAS OF INTEREST (2013-14)

In addition to tracking progress in the three formal recommendation areas identified above, SMCRP looked into the following issue areas:

A. Progress toward strengthening the screening process for contractors and those working directly with children and youth in the child welfare system.

Result
SMCRP raised concern about the process used to contract with organizations and individuals to directly serve children and youth in the CWS. One result of the SMCRP discussion with Dr. Loc Nguyen, Director of CFS, was in conversation with San Mateo County Counsel to review and make more rigorous the background checks of individuals and organizations that contract with San Mateo County. New language was included in the contract (used by all County departments) to require a regular audit of personnel files to determine that background checks on employees and consultants meet the new requirements.

B. Progress toward achieving stated Child Welfare and Probation SIP priority outcomes:

Result
San Mateo County CFS identified the following SIP outcomes to focus on:

**Reunification within 12 months-C1.3**
In the most recent Annual SIP Progress Report submitted to the CDSS, the following targets were identified:
- National standard: 48.4 percent
- SIP Year 1 Goal: Increase by two percent from 37.5 percent to 39.3 percent

CFS achieved a result of 39.3 percent in the last reporting quarter.

**Placement Stability Outcome:** Placement Stability (8 days to 12 months)-C4.1
In the most recent Annual SIP Progress Report submitted to the CDSS, the following targets were identified:
- National standard: 86.0 percent
- SIP Year 1 Goal: Increase by one percent (two children) from 81.4 percent to 82.6 percent (142 children)

CFS achieved an 85 percent rate of placement stability during the last reporting quarter.
C. Actions by CFS to maintain current foster homes and increase the number of foster homes in San Mateo County to reduce the number of youth in out-of-county placements.

Result
The CFS strategy focuses on foster parent recruitment, and the implementation of a foster parent recruitment/retention plan to increase the number of Resource Families available to meet the needs of children and youth in care. Families will be neighborhood-based, be culturally sensitive, and located primarily in the communities where the children live.

CFS continues to emphasize that the Agency's job first and foremost is to license foster homes for children in temporary need and the adoption component is secondary as family reunification is the first goal for almost all children.

Progress towards this SIP step will consist of tracking the number of resource family inquiries as well as new resource families by source. Data will be captured in the ETO database and Child Welfare Services/Case Management System (CWS/CMS). The Receiving Home Social Worker Supervisor, Recruitment Social Worker, Placement Social Worker and Office Clerk will meet regularly to monitor progress.

D. SMCRP, in partnership with CFS, will continue to monitor the impact of the Katie A. Settlement.

Result
The Katie A. Settlement Agreement requires counties to partner in a number of ways in order to ensure the screening, referral, assessment and treatment of mental health conditions for youth in the child welfare system. Since February 2013, CFS and Behavioral Health and Recovery Services (BHRS) have been working in collaboration to continue improving services for child welfare involved children and families. A SMCRP member who serves on the Katie A. Implementation Committee provided the following information to the Panel:

- Full day cross-training sessions were held for supervisors, managers, and staff.
- The Mental Health Screening Tool (MHST) was adopted by CFS beginning September 2013 and can be uploaded from the CWS/CMS and completed electronically.
- BHRS has adopted an Eligibility Determination form for the identification and tracking of the subclass and began implementing this form in September 2013.
- CFS and BHRS created a collaborative work group to monitor, facilitate and track all foster care referrals as well as referrals/services for subclass members.
- The Katie A. Training Committee and Steering Committee will continue to address ongoing training and support needs for all staff, and to strategize on how to more effectively engage our youth and families.
E. **Follow-up on prior years’ annual report recommendations, including any county and/or state responses to the recommendations.**

1. 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. (2012-13 Annual Report)

   **Status**
   CFS appointed a Manager of TDM. He reports quarterly to SMCRP on the progress being made to ensure that this model is being implemented effectively and regularly assessed.

2. CWS should select two to three programs being offered to reunifying families and implement efforts to assess how effective they are in helping families successfully reunify. (2012-13 Annual Report)

   **Status**
   CFS selected two program areas (Mental Health and Family Visitation) for focus, but no evaluation system in these two program areas was implemented last year. There has been progress this year.

3. Institute TDM: accepted and implemented.

   **Status**
   SMCRP continues to be interested in this program and during the past year (2013-14) significant progress has been made.

4. Address factors that contribute to re-entry rates: accepted and in process of implementation.

   **Status**
   This is an area of ongoing interest for SMCRP. Since 2010, the focus has moved from preventing re-entry to promoting family reunification, though the concern relating to re-entry rates following unsuccessful reunification remains a priority.

5. Implement an effective parent education program: accepted and being implemented.

   **Status**
   CWS implemented an evidence-based parent education program and SMCRP monitored its implementation for at least two years. The SMCRP continues to believe that parents who are involved with CWS benefit from training and coaching in the best parenting practices.
6. Improve strategies to help families understand the CWS: accepted and implemented.

**Status**
SMCRP 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. In the past few years, materials were updated and made accessible to families from diverse backgrounds. The maintenance of updated materials and information remains a challenge.

**SMCRP RECOMMENDATIONS FOR 2014-15**

SMCRP members discussed the current year recommendations and areas of interest and considered additional possibilities for future recommendations and study. There was agreement that the Annual Report Recommendation Section will have the three following categories:

1. Recommendations for 2014-15
2. Follow-up on 2013-14 recommendations
3. Areas of interest for further exploration

**Recommendations for 2014-15**

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

2. SMCRP recommends that CFS assess the effectiveness of efforts to recruit and maintain in-county foster homes, and provide a summary of their current efforts to SMCRP. The information provided to SMCRP should address the following:
   - The current number of homes and duration of service.
   - The number of foster children in out-of-county placements, reasons for the placement, and where they were placed.
   - Specific efforts to recruit new foster homes and the results of that recruiting.
   - Challenges to recruiting and maintaining foster homes in San Mateo County.
   - Services to support foster parents.
   - Future plans to address any deficiencies.
3. SMCRP recommends that the State of California take steps to ensure the various agencies that make up the CWS have adequate training and other resources for meeting mandated expectations. If and when additional resources are not available, the State of California should assist agencies to develop strategies to accomplish the state mandates.

**Follow up on 2013-14 Recommendations and Areas of Interest**

1. SMCRP will monitor efforts by the external evaluator retained by CFS to evaluate the outcomes of the TDM Program and determine whether this model is the most appropriate model for the various situations in which it is being used.

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

3. SMCRP will monitor CFS and Juvenile Probation’s efforts to work together to ensure that dependents and wards of the Juvenile Court who may be eligible for AB12 when they turn 18 years, and those youth who are non-minor dependents under AB12 in both agencies, are receiving equivalent preparation, supports and services. SMCRP will follow up on the results of current interagency conversations about strategies to accomplish this goal through regular updates.

4. SMCRP will monitor the implementation of the recently strengthened screening process for contractors and those working directly with children and youth in the CWS.

5. SMCRP will monitor the progress of CFS and Probation in achieving their SIP priority outcomes (reunification within 12 months and placement stability) through regular updates that include a review of written reports submitted to the state and federal government.

**Areas of interest, for further exploration**

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

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

3. SMCRP will discuss approaches to providing positive feedback and validation for child welfare programs and initiatives that are successful.
4. SMCRP will continue to gather information actions being taken in San Mateo County to address the issue of commercially sexually exploited children.

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

SMCRP will provide the Director of the San Mateo County HSA, the Director of CFS and the Chief Probation Officer with a complete copy of the Annual Report and Recommendations at the time the report is submitted to the OCAP in November. The report will also be posted on the SMCRP website and presented to the local Child Abuse Prevention Council, known as the Children’s Collaborative Action Team (CCAT). In addition, excerpts from the report will be used in outreach presentations to staff of CWS agencies, the Foster Parents Association and other groups in San Mateo County. Any comments that result from this process will be presented to SMCRP for consideration.

FUTURE DIRECTION

SMCRP will continue to meet monthly to monitor its recommendations and the delivery of CWS in San Mateo County. Time in each meeting will be allocated to reports and presentations relevant to the SMCRP stated interests. In addition, there will be an opportunity for new issues/concerns to be identified and explored. While local funding for child welfare services has improved, SMCRP recognizes the continuing fiscal constraints that child welfare organizations are experiencing. The SMCRP will continue to look for ways to promote and support productive collaboration that leverages resources to achieve shared goals.

In the upcoming year, SMCRP plans to reassess its role with the CWS and explore the possibility of taking a more active advocacy role in relation to improving system outcomes for all children and families.

Panel self-evaluation activities (Work plan Goal #4)

For many years, SMCRP has conducted an annual self-review, using a locally developed evaluation form. This process takes place in August and September as the annual report is being developed. Panel members review the compiled results of the evaluation and discuss any concerns. The compiled results of this year’s self-assessment (and results from prior years) are below:
San Mateo County Citizen Review Panel
Compiled Results: Annual Panel Self-Evaluation
August 2014
(14 responses)

Scale = 1 (disagree) to 5 (agree)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>1. SMCRP members take their role seriously and conscientiously prepare for each meeting.</td>
<td>5</td>
<td>9</td>
<td></td>
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<tr>
<td>2. SMCRP members place a high priority on regular meeting attendance.</td>
<td>1</td>
<td>11</td>
<td>2</td>
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<tr>
<td>3. SMCRP is working to address priority issues relating to the safety and welfare of children involved with the child welfare system in San Mateo County.</td>
<td>4</td>
<td>10</td>
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<td>4. SMCRP members feel informed enough to participate in the discussion of agenda items.</td>
<td>1</td>
<td>6</td>
<td>7</td>
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<tr>
<td>5. SMCRP receives the technical assistance it needs to do its job well.</td>
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<td>6</td>
<td>4</td>
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<tr>
<td>6. SMCRP receives the information it needs from Children and Family Services in an understandable format and in a timely manner.</td>
<td>2</td>
<td>7</td>
<td>5</td>
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<tr>
<td>7. SMCRP receives the facilitation support it needs to do its work in an efficient and inclusive manner.</td>
<td>2</td>
<td>12</td>
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<td>8. New SMCRP members feel their orientation prepares them to participate in the work of SMCRP.</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>7</td>
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<tr>
<td>9. SMCRP members feel satisfied with the contribution they are making to improving the safety and well-being of children in this community</td>
<td>5</td>
<td>6</td>
<td>3</td>
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</table>
Comments

- I have been extremely enthused about the additional members on the panel and the new probation liaison. I’ve appreciated the addition of the closed sessions on the agendas.

- The addition of new community members has been meaningful.

- One respondent:
  - #2. I feel that most do most of the time. I’m sad that my travel has caused me to be away for 2 meetings.
  - #6. The monthly charts are a bit confusing and required quite a bit of effort to evaluate, but I’m glad we have this information. Perhaps when I have a little more experience I can offer some constructive suggestions.
  - #8 I don’t recall a formal orientation. I have been learning as I go along about the various agencies represented and the part they play.
  - #9 This (score of 4) is just a reflection of my newness.

- I cannot speak for new SMCRP members, so I didn’t answer #8.

- This panel as currently constituted is the most representative of stakeholders and the community in general. I believe this has resulted in a little bit more energy and diversity of perspective. That coupled with the substantive engagement of CFS has led to a particularly productive period for the panel.

- I have been extremely enthused about the additional members on the panel and the new probation liaison. I’ve appreciated the addition of the closed sessions on the agendas.

- Presentations and discussions have consistently been really strong and Pat serves as an excellent facilitator. Meeting minutes are thorough.

- It appears that members are not taking attendance to meeting as seriously as in previous years. More often members are arriving late to meetings and/or missing meetings entirely without notice.

- I feel we receive adequate information from CFS every month. I would focus more time on discussion for recommendations from the committee throughout the year so we can ensure we are all on the same page when it comes to make our annual recommendations.

- I did not answer #8 because I am not new anymore. Also, I feel that I have tried my best to participate as a member of SMCRP this year. However, I feel that I could have done better. SMCRP is very important to me, but sometimes work gets in the way. I love the work that is being done at the SMCRP level and I always look forward to the opportunity to work on SMCRP topic areas.
PUBLIC INPUT (Work plan Goal # 4)

Public Input (Work plan Goal # 4)
SMCRP received very little direct public input during this reporting period. There were a few website queries, but the content was case-specific and the messages were referred to CFS for follow-up.

The SMCRP continues to take the following approach to seeking public input after this annual report is developed and published:

- Children’s Collaborative Action Team (CCAT)–John Ragosta, SMCRP Chair, will present the Annual Report and Recommendations to CCAT early in 2015.

- Provide interested groups within the CWS and in the community with presentations about CRP’s work.
Roster and Terms as of October 2014

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
</tr>
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<tbody>
<tr>
<td>Baumel, Jan</td>
<td>Retired Special Educator, Licensed Educational Psychologist</td>
</tr>
<tr>
<td>Chang, Paul</td>
<td>Executive Director, Pyramid Alternatives</td>
</tr>
<tr>
<td>Bidwell-Waite, David</td>
<td>Deacon, Transfiguration Episcopal Church, San Mateo</td>
</tr>
<tr>
<td>Cherniss, David</td>
<td>Director, Juvenile Mediation Program</td>
</tr>
<tr>
<td>DeMarco, Toni</td>
<td>Manager, Behavioral Health and Recovery Services, San Mateo County Health System</td>
</tr>
<tr>
<td>Karamacheti, Shanthi</td>
<td>Manager, Differential Response and Pre-Three Initiative, Star Vista</td>
</tr>
<tr>
<td>Loewy, Ben</td>
<td>Administrator, San Mateo County Office of Education</td>
</tr>
<tr>
<td>Manthorne, Cori</td>
<td>Director of Programs, Community Overcoming Relationship Abuse (CORA)</td>
</tr>
<tr>
<td>Miller, Bonnie</td>
<td>Attorney, Private Defenders Office</td>
</tr>
<tr>
<td>Monaghan, Ryan</td>
<td>Lieutenant, Field Operations, San Mateo Police Department</td>
</tr>
<tr>
<td>Plotnikoff, Bernie</td>
<td>Community member, Retired Child Abuse Prevention professional</td>
</tr>
<tr>
<td>McCallum, Jamila</td>
<td>Director of Operations, San Mateo Region, Edgewood Center</td>
</tr>
<tr>
<td>Ragosta, John</td>
<td>Administrator, Advocates for Children</td>
</tr>
<tr>
<td>Stewart. Ginny</td>
<td>Licensed Clinical Social Worker</td>
</tr>
<tr>
<td>Szyper, Lauren</td>
<td>Manager, Differential Response, Daly City Partnership</td>
</tr>
</tbody>
</table>

CFS Director, Dr. Loc Nguyen, serves as the liaison to SMCRP. He has confirmed that he will continue to participate regularly with SMCRP for the upcoming year. Christine Villanis, Deputy Chief Probation Officer also attends SMCRP meetings. In the upcoming year, Christine will be asked by SMCRP to provide a monthly report on issues related to SMCRP’s areas of interest. Patricia Brown facilitates SMCRP meetings through a contract between CFS and the Peninsula Conflict Resolution Center.
San Mateo County Human Services Agency
CHILDREN & FAMILY SERVICES (CFS)

Response to
Citizens Review Panel (CRP)
Recommendations for 2013-2014

Recommendation #1
The SMCRP recommends that CFS use qualitative and quantitative measures to evaluate the effectiveness of the current TDM model, in relation to the primary objectives of the program. The CFS should assess whether TDM is the most appropriate process for the variety of situations in which it is being used.

Training
The CFS provided advanced TDM facilitation training to all TDM staff members as well as ongoing coaching and support to TDM facilitators and the TDM social work supervisor. The CFS provided training to all case carrying Social Workers and Social Work Supervisors (with the exception of the Adoption Unit). Training was focused on TDM model fidelity, roles and responsibilities of the participants, stages of the TDM, new facilitation strategies, changes to TDM format, and program specific issues pertaining to Intake versus Family Maintenance/Family Reunification/Permanent Placement.

Data Management
The CFS completed CWS/CMS data clean up back to July 1st, 2013. The CFS provided data entry training to all TDM staff members as well as implemented use of ETO for TDM data tracking purposes. It also developed a marketing and messaging plan in order to re-brand what was previously known as the TDM Unit. This is in light of the fact that the unit provides facilitation services for a multitude of purposes, including those outside of the scope of the traditional TDM model.

Next Steps
The CFS recommended the following next steps: First, provide training to community partners, Public Defender’s Office (PDO) and San Mateo County Juvenile Court bench officers. Second, further develop reporting opportunities to include outcome based measures for TDM. Third, the implementation of a marketing plan to ensure ongoing messaging regarding the TDM service. Fourth, further track performance on SIP outcome measures related to the TDM program.
Recommendation #2

The SMCRP recommends that CFS and Juvenile Probation work together to establish a protocol to ensure that the dependents and wards of the Juvenile Court who may be eligible for AB12 when they turn 18, and those youth who are non-minor dependents under AB12 in both agencies, are getting the same level of preparation, supports and services.

In addition, the two agencies should take steps to ensure that all staff case managing AB12 youth are getting the training they need to diligently support this population.

California Fostering Connections to Success Act (AB12)
San Mateo County is fully participating in AB12 extended foster care, and to date we are serving more than 69 non-minor dependents. We fully anticipate our numbers to increase and have already increased our dedicated direct services staff from one full-time AB12 Social Worker to two and identified an AB12 Court Officer who is able to meet the specific needs of our young adults in extended foster care. In addition, San Mateo County has formed stakeholder groups to ensure that our Program’s goals and progress toward assisting our youth to become successful adults well prepared to exit the system.

AB12 Workgroup
The AB12 Workgroup is the agency’s strategy to implementing AB12 in San Mateo County. The AB12 Workgroup is comprised of leadership staff from several of the various HSA’s divisions, such as Probation, Economic Self-Sufficiency, Fiscal Services; and Policy, Planning, and Quality Management, as well as external participants from community agencies and the non-minor dependent population. The make-up of the AB12 Workgroup allows for expert knowledge to be gained from program experts who can assist with making informed decisions in each of the AB12 service areas; housing, education, employment, mentoring, etc. The focus of the AB12 Workgroup is the resolution of issues that arise due to the philosophical shift of staff and the systematic changes that need to occur when working with adults in extended foster care.

AB12 Adoption Workgroup
Implementation of AB1712, a supplementation to AB12, requires county child welfare agencies to develop policies and procedures to facilitate the adoption of Non Minor Dependent (NMD) youth. To comply with the requirements of the amended statute and new All County Letter, the CFS Adoptions Unit spearheaded the development of an AB12 Adoptions Workgroup to outline policy and procedure that address the specific needs and concerns to San Mateo County. The group is also responsible to fully integrate AB1712 into existing Department policy by February 24, 2014.
Recommendation #3

The SMCRP recommends that CFS assess the effectiveness of current mental health and visitation programs in helping families to reunify successfully.

Area of Interest to SMCRP

Area of Interest to SMCRP A
Progress toward strengthening the screening process for the contractors and those working directly with children and youth in the child welfare system.

Fingerprint Audit

The Fingerprint Audit has contacted 36 vendors that hold 43 contacts collectively. In April the Audit sent a certified letter to every vendor followed with a courtesy email sent in May. All but one vendor responded to either the email or to the certified letter. The one vendor who did not respond to the request made contact with the auditors. Twenty-eight vendors have provided either all or most of the required information; five vendors have indicated the intent to comply, while three would like more clarification before compliance. The auditors are working on further communication with the remaining eight vendors.

The auditors have conducted two site visits, while nine more visits have been scheduled. The rest of the site visits will be scheduled in the near future.

Area of Interest to SMCRP B
Progress toward achieving stated CWS and Probation SIP priority outcomes:
- Reunification within 12 months.
- Placement stability.

SIP Outcomes

In the SIP, San Mateo County CFS identified the following outcomes to focus on:
- C1.3–Reunification within 12 months (6 month entry cohort) (both CFS and Probation)
- C4.1–Placement Stability Outcome: Placement Stability (8 days to 12 months) (CFS only)

Measure C1.3
Reunification within 12 months (Entry Cohort) Child Welfare

In the most recent Annual SIP Progress Report submitted to the CDSS, the following targets were identified:
- National standard: 48.4 percent
- SIP Year 1 Goal: Increase by 2 percent from 37.5 percent to 39.3 percent

According to the Quarter4–2011 Quarterly Extract (July 2010 to December 2010) of 56 children who remained in care at 12 months, 21 were reunified. This is a 37.5 percent rate of timely reunification.

In the latest report of performance, according to the Quarter 2–2013 Quarterly Extract (January 2012 to June 2012), of 75 children who remained in care at 12 months, 31 were reunified. This is a 41.35 percent rate of timely reunification.

Since the baseline extract, CFS’ performance in this area has improved, and has exceeded their one-year goal to reach a 39.3 percent rate of timely reunification. In the last four quarters, CFS has seen a fluctuation below the
national standard, with a high of 47.7 percent (Quarter 3–2012 Quarterly Extract) and the most recent rate of 41.35 percent (Quarter 2–2013 Quarterly Extract).

To improve the outcomes of this measure, one of the SIP Strategies developed was to develop a Parent Leadership/Partner Program that employs former birth parents to become mentors for parents who are currently involved in the reunification process. These parent mentors will serve as mentors, advocates, and peer support to families who are currently involved with the child welfare system.

In the most recent Annual SIP Progress Report, the following progress was made on the action steps for this strategy:
From February 2013 to June 2014, steps were taken to develop goals, the target population and the core workgroup for developing the Parent Leadership/Partner Program. This step has been completed; however, further development of the goals of the program will need to be identified through the newly identified workgroup. The use of Promoting Safe Stable Family funds will start in FY 2014-2015 (year two of the SIP).
From January 2014 to June 2014, steps were taken to identify and hire former birth parents as mentors for parents. The process of identifying funds to support this program took longer than expected; this had an impact on the timeframes for action steps that follow as a result.
In August and September 2014, steps will be taken to introduce the Parent Mentor Program to staff and educate them about the referral process, as well as the target population to be served. The timeframe of this step was extended to allow for recruitment and training of community partners.
In July and August 2014, steps will be taken to train parent mentors regarding child welfare, confidentiality and boundaries. The timeframe of this step was extended to allow for recruitment and training of community partners.
In November and December 2014, the Parent Mentor Program will be launched, and tracking of the program will be implemented via an internal tracking system and CWS/CMS special project codes. The timeframe of this step was extended to allow for training of partners and development of the tracking system, as well as identifying variables in the workgroup.
In January 2015 and thereafter on an annual basis, families served by the Parent Mentor Program will be surveyed, and measurement of satisfaction with the mentor relationship will take place.

**Measure C4.1—Placement Stability**
Outcome: Placement Stability (8 days to 12 months)–Child Welfare

In the most recent Annual SIP Progress Report submitted to the California Department of Social Services (CDSS), the following targets were identified:
- National standard: 86.0 percent
- SIP Year 1 Goal: Increase by one percent (two children) from 81.4 percent to 82.6 percent (142 children)
According to the Quarter 4 – 2011 Quarterly Extract (January 2011 to December 2011), of the 166 children in placement 8 days to 12 months, 133 had two or fewer placements. This is an 81.4 percent rate of placement stability.

In the latest report of performance, according to the Quarter 2 – 2013 Quarterly Extract (January 2012 to June 2013), of the 193 children in placement 8 days to 12 months, 164 had two or fewer placements. This is an 85 percent rate of placement stability.

Since the baseline extract, CFS’ performance in this area has improved, and has exceeded their one-year goal to reach an 82.6 percent rate of placement stability. In Quarters 3 and 4 of 2012, and in Quarter 1 of 2013, CFS met or exceeded the National Standard, ranging from 86.8 percent to 89.2 percent.

to improve the outcomes of this measure, along with Measure C1.3, one of the SIP Strategies was to develop visitation centers and implement them throughout San Mateo County to improve the quality and quantity of visits between parents and children. Visitation centers will be family friendly and engaging to families who utilize its services in order to improve the rates of reunification and improve child-parent relationships.

In the most recent Annual SIP Progress Report, the following progress was made on the action steps for this strategy:

- In March 2013, steps were taken to select contractors and community-based organizations (CBOs) to run visitation centers and determine the target populations to be served. By this time, the Request for Proposals (RFP) process has been completed, and the Agency is working with contractors.
- From March 2013 to August 2013, steps are being taken to educate staff about visitation centers, as well as the referral process and the target populations being served.
- From March 2013 to February 2018, steps are being taken to launch the visitation centers.
- Since January 2014 and on a quarterly basis, steps are being taken to monitor the usage of visitation centers, tracking the number of families served by the centers and assessing the impact on rates of reunification.

In addition, to further improve the outcomes of Measure C4.1, along with C1.3, another SIP Strategy that was developed included the strengthening of the use of TDM Meetings, and assessing the most effective family engagement model for engaging families throughout the life of a case, from the entry into foster care, during placement changes, and through transition to permanency. This strategy also encompasses the need to utilize the most effective teaming process to engage families in making decisions for their children and families to prevent out of home care encourage timely
reunification and/or find early permanency. In the most recent Annual SIP Progress Report, the following progress was made on the action steps for this strategy:

- From February 2013 to September 2013, steps were taken to identify barriers to full utilization of TDM meetings and develop strategies for overcoming those barriers.
- From October 2013 to December 2013, steps were taken to retrain staff to the use of TDM meetings. In addition, steps were taken to facilitate the training and strengthening the use of community partners in the TDM process.
- From September 2013 to December 2013, steps were taken to develop a tracking and accountability process to ensure full utilization of TDM processes.
- On January 2014, June 2014, and planned semi-annually thereafter, steps will be taken to compile reports regarding compliance with utilization of TDMs and reporting to the CFS Management Team.
- On January 2013, and in an ongoing process, steps are being taken to research and pilot other teaming models to ensure the most appropriate engagement strategies for the unique culture of San Mateo County clients.
- On July 2013, and in an ongoing process, steps are being taken to make changes recommended in teaming methods to engage families.

Measure C1.3—Reunification within 12 months (Entry Cohort)–Juvenile Probation

In the most recent Annual SIP Progress Report submitted to the CDSS, the following targets were identified:

- National standard: 48.4 percent
- SIP Years 1 and 2 Goal: Increase by 20 percent, from 20 percent to 40 percent

According to the Quarter 4-2011 Quarterly Extract, of the 10 children, only 2 reunified within 12 months. This is a 20 percent rate of reunification.

In the latest report of performance, according to the Quarter 2–2013 Quarterly extract, (January 2012 to June 2012), of the 3 children who remained in care at 12 months, 1 reunified. This is a 33.3 percent rate of timely reunification.

Since the baseline extract, Juvenile Probation is on track of accomplishing its goal of achieving a 40 percent rate of reunification, though the rate is still under the National Standard of 48.4 percent. It is worth noting, however, that Juvenile Probation detains youth at Juvenile Hall, pending placement in an appropriate program that will meet the rehabilitative needs of the youth. This affects the calculation of the C1.3 outcome measure, as youth are entered into CWS/CMS following a placement order being imposed.
To further improve the Probation measure, one strategy that is being implemented as part of the SIP is to enhance Family Finding efforts and permanency planning by engaging extended families while the youth is in care, and/or participating in Family Preservation and Wraparound programs.

In the most recent Annual SIP Progress Report, the following progress was made on the action steps for this strategy:

- In April 2014, steps were taken to develop a Memorandum of Understanding with CWS regarding the process for requesting family finding searches. However, this step may be deleted because an HSA representative will confirm if this step is still needed or if a license can be provided to Probation staff without a Memorandum.
- From May 2014 to July 2014, steps were taken to develop Probation policies and procedures for conducting family finding and engagement. Those steps are currently in progress.
- From June 2014 to July 2014, steps were taken to coordinate training for probation staff in family finding and engagement. In the future, HSA will schedule training for placement staff on using their Family Finding system.
- From June 2014 to July 2014, steps were taken to begin family finding searches. Those searches will be conducted on an “as needed” basis, if and when the youth does not get placed in a group home.
- From August 2014 and annually thereafter, steps will be taken to track number of family members found and link to the family reunification outcome.

To further improve the Probation measure, another strategy that is being implemented as part of the SIP is to establish a Parent Partner program that will provide support to parents involved with the Juvenile Probation department for youth pending placement. This program will provide support to parents and help them navigate the Probation system and engage in timely reunification with their youth.

In the most recent Annual SIP Progress Report, the following progress was made on the action steps for this strategy:

- From January 2014 to February 2014, steps were taken to explore the Parent Partner program that has been implemented by child welfare to determine opportunities to partner on the program, especially in regard to an orientation for parents to the System. Those steps are still in progress.
- From February to April 2014, steps were taken to develop policies and procedures for the Parent Partner program, to include goals and a target population for the program.
In May 2014, steps were taken to introduce the Parent Mentor Program to staff and educate them about the referral process and target population to be served.

In May 2014, steps were taken to coordinate training for probation staff in the Parent Mentor Program.

In June 2014, steps were taken to launch the Parent Mentor Program. Steps were also taken to track families served in the program through an internal tracking system and explore the use of CWS/CMS special project codes.

From January 2015 and annually thereafter, steps will be taken to identify outcomes for families served by the Parent Mentor program and survey families served, as well as measure their satisfaction with the mentorship relationship.

Area of Interest to CRP C

Actions by CFS to maintain current foster homes and increase the number of foster homes in San Mateo County to reduce the number of youth in out-of-county placements.

As part of the SIP submitted to the CDSS, a strategy was developed to directly address foster homes and families.

The SIP strategy focuses on foster parent recruitment, and the implementation of a foster parent recruitment/retention plan to increase the number of Resource Families available to meet the needs of children and youth in care. Families will be neighborhood-based, be culturally sensitive, and located primarily in the communities where the children live.

In the SIP, the action steps for the SIP strategy and their progress are as follows:

- From September 2014 and annually thereafter, steps will be taken to work with high schools, Parent Teacher Associations (PTAs) and clergy networks to increase the number of resource families each year that can provide homes and support to teenagers and non-minor dependents.
- In September 2014, steps will be taken to create a resource family support program that will provide high-level agency support to resource families who will care for adolescent children with challenges.
- From December 2014 and thereafter, steps will be taken to implement awareness building and outreach activities to inform San Mateo County residents and targeted communities of the continuous need for foster homes for children, including homes for medically fragile infants (MFIs).

The action steps will be implemented in Year two of the SIP Cycle.

Of the individuals and families in San Mateo who attend CFS information...
meetings and become a placement home, 70 percent are interested in adoption. Currently, we have 100 licensed foster homes in the county. On average over the past three years, 35 percent of dependents were placed out of the county. Of those youth, placements with guardians and/or relative/NREFM homes ranged between 28 percent and 40 percent, which means there were a number of youth living out-of-county in foster homes, group homes and other placement types.

In January 2014, the recruitment social worker was assigned to the Receiving Home, where there are more staff to assist in planning as well as carrying out recruitment efforts. CFS will focus on community outreach and place more emphasis on their most effective strategies. CFS continues to emphasize that the Agency’s first and foremost job is to license foster homes for children in temporary need and adoption component is secondary as family reunification is the first goal for almost all children.

Progress towards this SIP step will consist of tracking the number of resource family inquiries as well as new resource families by source. Data will be captured in the ETO database and CWS/CMS. The Receiving Home Social Worker Supervisor, Recruitment Social Worker, Placement Social Worker and Office Clerk will meet regularly to monitor progress.

**Area of Interest to CRP D**

SMCRP, in partnership with CFS, will continue to monitor the impact of the Katie A. Settlement.

**Katie A. v Bonta Lawsuit**

The Katie A. Settlement Agreement requires counties to partner in a number of ways in order to ensure the screening, referral, assessment and treatment of mental health conditions for youth in the child welfare system. Since February 2013, CFS and BHRS have been working in collaboration are in an excellent position to continue improving services for child welfare involved children and families.

To date, implementation accomplishments include:

Full day cross-training sessions were held for supervisors, managers, and staff. Three hundred and nine staff has been trained on the Core Practice Model Guide (CPM), 198 BHRS staff was trained on the Documentation Manual (DM) and 159 CFS staff was trained on the Mental Health Screening Tool (MHST) (0-5) and (6-20).

The MHST was adopted by CFS beginning September 2013 and can be uploaded from the CWS/CMS and completed electronically. The BHRS program for transitional aged youth has now been folded into the referral triage management.

BHRS has adopted an Eligibility Determination form for the identification and tracking of the subclass and began implementing this form in September 2013.
CFS and BHRS created a collaborative work group to monitor, facilitate and track all foster care referrals as well as referrals/services for subclass members. San Mateo County’s Measure-A funding combined with CFS funding has made it possible for BHRS and CFS to hire additional staff to assist with staffing capacity. This will help alleviate the specific need for services for the 0-5 population and support ability to identify and serve subclass members. Edgewood Kinship Care convened 6 focus groups beginning August 2013. The intent of the focus groups was to engage caregivers, communicate regarding the CPM, and to gain initial feedback from Kinship parents regarding their experience with CFS and BHRS services. Similarly, BHRS convened 5 parent focus groups, and CFS facilitated a focus group with the Foster Family Agency caregivers. This information will be integrated into quality improvement strategies.

Two day-long trainings on collaboration for Supervisors and Managers, facilitated by Center for Right Relations Global, were held in December, and will frame the subsequent staff trainings to be held in January of 2014.

As we implement the CPM, the Katie A. training Committee and Steering Committee will continue to address ongoing training and support needs for all staff, and to strategize on how to more effectively engage our youth and families.
Dear Dr. Nguyen:
Thank you for the timely submission of the San Mateo County Citizen Review Panel (SMCRP) report for the Federal Fiscal Year 2013-14. This letter acknowledges receipt the CRP annual report as required by the Federal Child Abuse Prevention and Treatment Act (CAPTA). The SMCRP submitted three recommendations to the San Mateo Human Services Agency and the California Department of Social Services is in receipt of the written responses and will retain them for our records.

The recommendations are as follows:

- “SMCRP recommends that CWS use qualitative and quantitative measures to evaluate the effectiveness of the current Team Decision Making (TDM) model in relation to the primary objectives of the program. CWS should assess whether TDM is the most appropriate process for the variety of situations in which it is being used.”

- “SMCRP recommends that Children and Family Services (CFS) and Juvenile Probation work together to establish a protocol to ensure that the dependents and wards of the Juvenile Court who may be eligible for AB 12 in both agencies, are getting the same level of preparation, supports and services.

- In addition, the two agencies should take steps to ensure that all staff case managing AB 12 youth are getting the training they need to diligently support this population.”

- “CRP recommends that CFS assess the effectiveness of current mental health and visitation programs in helping families to reunify successfully.”

The CDSS would like to thank the SMCRP for their service and dedication in closely analyzing the many complexities of our child protection system to ensure the well-being, safety and permanence of California’s most vulnerable citizens.

We look forward to continuing to work in partnership with you. If you have any questions or comments, please contact Tracy Urban, OCAP CRP Coordinator, at (916)651-6796 or Tracy.Urban@dss.ca.gov.

Sincerely,

Kevin Gaines
Branch Chief
Child Protection and Family Support
Annual Report Submitted to OCAP: November 14, 2014

SMCRP meeting dates this reporting period:
October 20, 2014
November 17, 2014
January 26, 2015
February 23, 2015
March 16, 2015
April 20, 2015
May 18, 2015
June 15, 2015
Ventura County Citizen Review Panel (CRP) Annual Report and Recommendations

Contact Persons for this Report:
Diane Kellegrew
Director, Center for Community Development
Interface Children & Family Services

Juliana Gallardo
Project and Evaluation Specialist,
Interface Children & Family Services

Date Submitted to OCAP: March 6, 2015

Date and Person Submitted to at the local County Agency:
March 5, 2015
Judy Webber
Deputy Director, Children and Family Services Department
County of Ventura Human Services Agency

MEMBERSHIP (Work plan Goal #1)

Goal #1: A) Maintain a diverse panel of private and private stakeholders that broadly represent the community in which the panel is established, including members who have expertise in the prevention and treatment of child abuse and neglect. B) Participate in a self-evaluation process.

Strategies:
- Ventura County will maintain a professionally and organizationally diverse CRP/Children’s Oversight Committee (CSOC) of 15-20 members. Committee will participate in a self-evaluation.
- Provide CRP panel members with feedback work activities.

Implementation Activities:
- Ventura CRP/CSOC will continually recruit members to support the diversity of the group and provide new member orientations.
- Schedule reports regarding status of review activities.

The current panel is comprised of diverse public and private organizations with expertise and knowledge of the child welfare system.

Members for the 2013-2014 year included representatives from parent advocacy groups, Ventura County Child Abuse Prevention Council, and local community based organizations that served families in the child welfare system. Representatives also were drawn from county organizations including the Ventura County School District, Ventura County Behavioral Health, Ventura County Probation Agency, and the Ventura County Human Services Agency. Throughout the reporting period, the CRP continued to seek diversity of membership and provided new member orientations. CRP panel members participated in self-evaluations of CRP activities and were provided with feedback regarding work activities, including periodic status reports on CRP activities.
Several members of the CRP participated in the Agency 101 and Cape Diem trainings in early 2014. The conferences were sponsored by the Department of Children and Family Services, Ventura County Behavioral Health (VCBH) and the local SELPA. These day-long conferences focused on providing information and resources available to families of at risk children and youth. Presentations from agencies that focused on prevention, employment education, mental health, and child care were also included.

**PANEL ACTIVITIES (Work plan Goal #2)**

**Goal #2:** To develop a work plan that will guide the panel’s review activities of the state and local Child Welfare System (CWS).

**Strategies:**
- Research barriers to permanency for teen and special needs populations place in out of home care.
- Evaluate length of stay in Group Homes, and mechanisms to track and reduce.
- Monitor 2012-2013 Recommendations.
- Review Outcome Measures data.
- Review current Group Home practices as related to school violence responses.

**Implementation Activities**
- Review current foster parent recruitment and adoption programs as to targeted recruitment activities for teen and special need populations, as they relate to “step down” program systems and increased permanency.
- Study current All County Letter regarding length of stay. Review mandates. Review services staffing continuum process. Review data regarding length of stay with Ventura County placements.
- Quarterly schedule updates presentations from CFS.
- Quarterly schedule updates on Outcomes Measure Surveys.

The 2013-2014 CRP Workgroup activities were targeted on developing a system to guide the Ventura County Child Welfare out-of-home care and residential or group home placement. In particular, CRP inquiries focused on developing ways to monitor length of stay and in-county placement systems for children who are at risk or victimized by abuse or neglect, or who have other special needs that require accommodations. Work activities this year also included data reviews of “step down” program systems and CFS Outcome Measure Surveys. In addition, a work plan was developed for ongoing data reviews to examine the permanency of foster youth using the Ventura County length of stay reports.

The Interagency Planning Expansion Review Committee (IPERC) partnered with the CRP to carry out the system monitoring activities outlined above. The IPERC is comprised of representatives from the Human Services Agency/Department of Children and Family Services, Ventura County Behavioral Health, Ventura County Probation Agency and Ventura County Schools. The IPERC’s focus is to provide ongoing oversight of the Ventura County group home care programs and the transitional housing placement program service providers. The IPERC and CRP partnership will
create efficiency in ongoing monitoring of group home and residential care practices. Through partnership with the CRP, IPERC developed communication strategies, assessment, and feedback strategies to build the capacity of the placement programs to be monitored ongoing.

Program specifics are as follows:

A. **Review current foster parent and recruitment and adoption programs as to targeted recruitment activities for teen and special needs populations, as they relate to “step down” programs and increased permanency.**

CRP reviewed current foster parent and recruitment and adoption programs as they relate to the “step down” model to increase permanency for foster youth. A CRP work group, conducted in partnership with IPERC, continued and completed work begun last fiscal year to increase foster parents’ involvement in training (Foster Care Recruitment and Retention programs). The IPERC reviewed and addressed outcomes in relation to Outcome Measures Surveys.

B. **Study current ACL regarding length of stay review mandates, services staffing continuum process and length of stay in Ventura County placements.**

The IPERC reported that a Memorandum of Understanding (MOU) was established and has been signed by all group homes providers. A monitoring tool to track foster youth data is in progress with the goal to be completed and utilized by group homes within the year.

The IPERC developed and distributed a Mental Health Survey, which also went out to the County’s Katie A. Committee. The Group Home Mental Health Survey findings report a spike in children ages 12-18 entering care in Ventura County. The CFS reported that the impacts of these findings are compounded by the lack of sufficient space for the number of children. The Group Mental Health Survey findings report an 11.4 month average length of stay for a child in a group home in the County. This year the CRP/IPERC work group conducted a survey to gather more specific information from the local group home providers to assist in an assessment of programmatic components currently implemented. This information was used by IPERC to plan monitoring of group home services for children in care.

**Recommendations:**

It is recommended that IPERC, in cooperation with Ventura County group homes, continue to monitor group home practices so that this information can be utilized to provide appropriate services for children in care. With this information, IPERC will refine the Group Home MOU as needed. The survey results will be reported to and reviewed by the CRP ongoing.

C. **Schedule update presentations from CFS.**

This year, the CRP reviewed presentations by CFS. The CFS reported on Katie A. service delivery, community based organization focus group questions and answers, CSOC work plan, and the group home mental survey analysis.

CFS also provided a presentation on long term care data. In this presentation, CFS noted a drastic increase in family reunification cases since 2009. However, it was reported that family
maintenance and permanent placement cases have leveled out recently in the County. CFS also reported that Ventura County is above the national standard regarding child exits to permanent homes before the age of 18. However, the survey also determined a downward trend regarding children in care for (three years or longer) because children are linking with permanent homes faster. The CFS reinforced Ventura County’s reliance on group homes and residential care.

The CFS also provided a presentation around the time in care review process and the Core Practice Model for case management in the child welfare system. A presentation highlighting AB12, California Fostering Connections to Success Act, and implementation strategies for the county was provided. The presentation was facilitated by the AB12 work group and representatives from the CFS. Presentation topics highlighted various implementation strategies including a comprehensive overview of the variety of housing and support resources available to this population. The CRP reviewed the Independent Living Program (ILP), an eleven week session covering the five domains of the foster youth in placement process. At the request of the CRP, a presentation was made by the Ventura County Behavioral Health (VCBH) on various Drug and Alcohol programs provided by VCBH.

**Recommendations:**
It is recommended that CRP continue to schedule ongoing presentations in areas that support the CRP goals and work plan.

**D. Quarterly Updates on Outcome Measure Survey.**
The CRP reviewed outcomes measures quarterly in partnership IPERC. As part of this process, IPERC reviewed quarterly summaries of the group home surveys and presented the findings to the CRP. The CFS continued to chair and to provide administrative support to IPERC regarding the monitoring of Ventura County Child Welfare Outcome Measures Survey.

**Recommendations:**
It is recommended that IPERC take over responsibility for the administration and facilitation of the Outcome Measures Surveys to all local Ventura County Group Home providers and utilize the information gleaned to refine the MOUs for group homes. It is also recommended that the CRP continue to review IPERC’s monitoring process and outcomes a minimum of annually.

**Review current Group Home practices as related to School Violence responses.**
CRP reviewed the data available to monitor school violence responses and noted gaps in information sharing between Ventura County Probation Agency (VCPA), school districts, and CFS. Specifically for the focus on foster youth, CFS must work closely with VCPA to determine the number of foster youth committing crimes as criminal activity imposes barriers to housing.

**Recommendations:**
It is recommended that CRP continue to monitor CFS progress in reporting gaps specific to school violence reports. While sometimes difficult to implement, shared data can lead to better information to enhance efficiency and useful services for children in care. In addition, improved
data sharing between VCPA, school districts and CFS regarding youth committing crimes will better ensure appropriate recommendations are made during court.

PUBLIC INPUT (Work plan Goal #3)

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<th>Goal #3: To develop the means by which recommendations will be disseminated to the public. Discuss how the panel will handle any comments on its recommendations from the public.</th>
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**Strategies:**

- Obtain input from local community on recommendations made by the CRP, in order to obtain information, comments, etc.
- Response to comments submitted by the public regarding the annual reports recommendations.

**Implementation Activities:**

- Annual report sent to and posted on community organizations websites: United Parents, Ventura County Partnerships for Safe Families, California Youth Connection.
- Emails specific to certain work groups will be forwarded to work group chairs for evaluation and incorporation.

CRP continues to disseminate information to the public and continues to discuss the process to handle any comments and recommendations from the public.

The Ventura County CRP report will be posted on the website for Ventura County Partnership for Safe Families and Communities, which serves as the regional Child Abuse Prevention Council (CAPC). In addition, the CRP report will be posted on the Ventura County Human Services Agency website. All comments regarding the report will be reviewed by the CRP and will be taken into consideration when determining future activities and recommendations.
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<thead>
<tr>
<th>NAME, JOB TITLE &amp; AGENCY</th>
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<td><strong>CARILLO, SANDRA</strong></td>
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<td>Division Manager, Ventura County Probation</td>
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<td><strong>CODY, TARI</strong></td>
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<td>Judge, Ventura County Superior Court</td>
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<td><strong>DOMINGUEZ, REYNA</strong></td>
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<td>Program Administrator, Child Development Resources</td>
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<td><strong>FRIEDLANDER, DAVID</strong></td>
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<td>President/CEO, Kids &amp; Families Together</td>
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<td><strong>GARMAN, KARI</strong></td>
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<td>CQI Supervisor, Children &amp; Family Services</td>
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<td><strong>GURROLA, LILA</strong></td>
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<td>Program Manager, First 5 Ventura</td>
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<td><strong>HOLGUIN, JUANITA</strong></td>
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<td>Supervising DPO, Ventura County Probation</td>
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<td><strong>JORDAN, LAURIE</strong></td>
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<td>Director, Rainbow Connection</td>
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<td><strong>KUSSIN, JODY</strong></td>
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<td>Director of Community Programs, Casa Pacifica</td>
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<td><strong>KELLEGREW, DIANE</strong></td>
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<td>Center for Community Development Director, Interface Children &amp; Family Services</td>
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<td><strong>KELLY, SUSAN</strong></td>
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<td>Division Manager, Ventura County Behavioral Health</td>
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<td><strong>LITEL, LORI</strong></td>
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<td>Executive Director, United Parents</td>
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<td><strong>MACK, MIRIAM</strong></td>
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<td>Executive Director, C.A.S.A. of Ventura County</td>
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<td><strong>MAGALLANES, LAURA</strong></td>
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<td>Program Manager, Children and Family Services</td>
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<td><strong>MARTINEZ CURRY, ELAINE</strong></td>
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<td>Executive Director, The Partnership for Safe Families &amp; Communities</td>
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<td><strong>REED, REGINA</strong></td>
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<td>Director of Personnel Development, Ventura County Special Education Local Plan Area</td>
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<td><strong>REYES-ROBBINS, ANN</strong></td>
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<td>Program Manager, Children and Family Services</td>
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<td>NAME, JOB TITLE &amp; AGENCY</td>
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| **SALTOUN, MYRA**  
Director of Campus Services, Casa Pacifica |
| **STREETER, KAREN**  
Medical Director, Ventura County Public Health |
| **TALLEY, ANITTA**  
Lead Parent Partner, Aspiranet |
| **URZUA, VERONICA**  
Counseling Center Director, City Impact |
| **WEBBER, JUDY**  
Deputy Director, Children and Family Services |
| **WEST, LYNNE**  
Chief Executive Officer, Big Brothers, Big Sisters |
May 22, 2015

Judy Webber, Deputy Director  
Children and Family Services  
Ventura County  
855 Partridge Street  
Ventura, CA 93003

Dear Ms. Webber:

The Ventura County Citizen Review Panel (CRP) report for the Federal Fiscal Year 2013-14 has been received and accepted by the California Department of Social Services (CDSS), Office of Child Abuse Prevention (OCAP). This letter acknowledges receipt the CRP annual report as required by the Federal Child Abuse Prevention and Treatment Act (CAPTA).

We know that this past year has been extremely challenging with the unexpected passing of the CRP Consultant, Louanne Shahandeh. We appreciate the resilience you demonstrated moving forward, reshaping the composition and structure of the panel to continue the work of the CRP with the assistance of your new facilitator, Diane Kellegrew. The CDSS would like to thank the Ventura County CRP for their service and dedication in analyzing the many complexities of our child protection system to ensure the well-being, safety and permanence of California’s most vulnerable citizens.

The OCAP acknowledges the following priorities and recommendations for the Ventura County CRP:

- “It is recommended that the Interagency Planning Expansion Review Committee (IPERC), in cooperation with Ventura County group homes, continue to monitor group home practices so that this information can be utilized to provide appropriate services for children in care. With this information, IPERC will refine the Group Home Memorandum of Understanding as needed. The survey results will be reported to and reviewed by CRP ongoing.”

- “It is recommended that CRP continue to schedule ongoing presentations in areas that support the CRP goals and work plan.”

- “It is recommended that IPERC take over responsibility for the administration and facilitation of the Outcome Measures Surveys to all local Ventura County Group Home providers and utilize the information gleaned to refine the MOUs for group homes. It is also recommended that the CRP continue to review IPERC’s monitoring process and outcomes a minimum of annually.”
• “It is recommended that CRP continue to monitor CFS progress in reporting gaps specific to school violence reports. While sometimes difficult to implement, shared data can lead to better information to enhance efficiency and useful services for children in care. In addition, improved data sharing between Ventura County Probation Agency, school districts and CFS regarding youth committing crimes will ensure appropriate recommendations are made during court.”

Keeping with the state’s responsibility pursuant to the Federal Child Abuse Prevention and Treatment Act (CAPTA) (section 106(c) (6)), CDSS/OCAP hereby requests a copy of the Ventura County Children and Family Services written response to the CRP recommendations for our records. Please submit the county response to CDSS no later than June 20, 2015.

We look forward to continuing to work in partnership with you. If you have any questions or comments, please contact Tracy Urban, OCAP CRP Coordinator, at (916)651-6796 or Tracy.Urban@dss.ca.gov.

Sincerely,

Kevin Gaines
Branch Chief
Child Protection and Family Support
Annual Report Submitted to OCAP: March 6, 2015

Ventura County CRP meeting dates this reporting period:
September 24, 2014
November 19, 2014
March 26, 2015
June 24, 2015

Prevention and Early Intervention Committee Statewide Citizen Review Panel
Annual Report and Recommendations

Contact Persons for this Report: Lori Clarke, Facilitator

Date Submitted to OCAP: February 27, 2015

Date and Person Submitted to California Department of Social Services:
March 4, 2015
Will Lightbourne
Director, California Department of Social Services

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

Preventing children, youth and their families from entering the child welfare system remains an important state and local outcome. The earlier families’ needs and challenges are addressed, the better the outcomes for children and youth. The research shows that when families are engaged in the services and supports that build protective factors, (especially when service involvement is voluntary) they are better able to safely care for their children at home in their communities. The Prevention and Early Intervention Statewide Citizen Review Panel’s (PEI-CRP) efforts to date have focused on bringing Differential Response (DR) to scale on a statewide basis, and on supporting federal reform of child welfare financing.
2013–2014 Activities and Accomplishments

To fulfill its responsibilities, the PEI-CRP focused on two major activities during this period: (1) Development and dissemination of a federal child welfare finance reform toolkit, and (2) Promotion of the previously developed DR Framework.

Federal Child Welfare Finance Reform Toolkit The Committee completed its work on the development of a Federal Child Welfare Financing Reform Toolkit and initiated a dissemination plan to inform child advocates and policy makers regarding the issues in current federal funding of child welfare and urging their involvement in developing strategies for reform. The Toolkit includes:

- **Fact Sheet**—The Fact Sheet provides an overview of federal child welfare finance reform and why it is needed. This includes a discussion of the current financing system for child welfare; its inability to adequately support the entire range of services and strategies necessary for successful outcomes for children and families; and the need for protected funding that allows communities to strategically invest their resources. The Fact Sheet also provides a description of the national conversation on finance reform, detailing some of the key issues where there is consensus about what reform should incorporate, as well as areas where there is disagreement amongst stakeholders. Finally, the Fact Sheet presents criteria by which any finance reform should be evaluated.

- **California Framework**—This document provides a snapshot of the discussion points in key finance reform areas including: the population that can be served, the array of services that can be provided, reinvestment of savings, incentives provided to states or jurisdictions, and accountability for achieving federal outcomes. The Framework presents a side by side comparison of what currently occurs within the federal financing of child welfare, to what could be the potential benefits to California if federal child welfare finance reform occurs.

- **Call to Action**—The Call to Action document is targeted to stakeholders and the general public encouraging individuals and groups to get involved, become better informed about the issues, develop a position, and partner with others who are involved in decision-making regarding this issue. It provides links to resources that can assist them with acquiring additional resources and information about finance reform, as well as groups they can get involved with to take a position on this issue.

These documents have already initiated discussion among stakeholders, and have thus increased interest and involvement in the federal child welfare finance reform conversation. The PEI-CRP Chair met with Secretary Diana Dooley, CDSS Director Will Lightbourne, and representatives of Casey Family Programs to discuss the next steps that are reflected in the recommendations regarding finance reform that follow.

Prevention Framework Since its inception, the PEI-CRP has focused on taking promising practices to scale. To that end, the PEI-CRP has reviewed a wide variety of prevention programs and believes that there are core elements of practice that should be made consistent across California counties in order to improve the lives of children who are at risk. The core elements of practice
are to be incorporated into a framework that if adopted and utilized statewide, would lead to increased consistency and model fidelity in the implementation of quality practice. The PEI-CRP has chosen the vehicle of a framework (rather than a model) that is not prescriptive, but rather is amenable to flexible use by counties based on their unique resources and needs.

One promising practice the PEI-CRP reviewed is Differential Response (DR), an approach to preventing abuse and neglect while still ensuring child safety. Differential Response has been implemented in varying degrees to work with families before a crisis escalates in 37 of California’s 58 counties. DR was selected as the first promising practice for which the PEI-CRP developed a framework. The resulting DR Framework promotes the core elements of prevention practice and features innovative partnerships with community based organizations that can help support families who are at-risk for child maltreatment, and could potentially otherwise enter the child welfare system.

The Differential Response Framework was endorsed by the full CWC. It was widely disseminated to promote greater fidelity and uniformity in systems that shape prevention activities and child welfare practice.

2014 Recommendations

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

**Federal Child Welfare Finance Reform**

1. Identify key California leaders to actively participate in and help shape the ongoing national conversation regarding federal child welfare finance reform. This involves bringing together persons with influence to define the “California voice” with respect to federal reform of child welfare financing. Broad national conversations are being conducted with key partners to build consensus around federal finance reform policy and to identify a set of principles to guide reform work. California needs to actively participate in these dialogues to proactively influence outcomes, and to avoid potential negative consequences. Having a uniform voice will strengthen our state’s influence. It is imperative that key finance reform areas be reviewed at the leadership level of Health and Human Services Agency and the California Department of Social Services to establish California’s policy with regard to them.

2. Consider federal finance reform opportunities and challenges in planning for the next round of Child and Family Service Review (CFSR) outcomes, particularly with respect to evidence-based practice and associated costs.

3. Consider federal finance reform opportunities and challenges in planning for the current round of IV-E waivers, particularly with respect to the role of waivers in a federal finance reform scenario. Review outcomes resulting from the waiver to inform decisions regarding
federal finance reform. Of particular interest to the PEI/CRP is the opportunity to focus on substance use disorders and mental health as a child abuse and neglect prevention issue. The 1115 waiver expands the ability to pay for substance use disorders services, and could be further supported in a federal child welfare finance reform policy and practice.

4. Promote awareness of federal finance reform issues by (1) posting the Federal Child Welfare Finance Reform Toolkit on the CDSS website; (2) dissemination to key partners; and (3) through incorporation into training provided through the California Social Work Education Center (CalSWEC).

**Taking Promising Prevention Practices to Scale**

5. Work with public and private prevention partners (including CWDA) to conduct a broad environmental scan of statewide implementation of prevention programs and practices. Collaborate with others who are gathering similar data and build previous efforts including the 2011 OCAP Prevention Assessment and the small-scale survey that was conducted by the PEI-CRP in 2012.

6. The PEI-CRP will contribute to the data gathering/environmental scan by convening key prevention partners to help map the intersection of key prevention programs and practices, including Differential Response; Strengthening Families; and Safe, Stable, Nurturing Relationships and Environments. The resulting cross-walk could be useful to CDSS/OCAP and the PEI-CRP in helping to define a statewide Prevention Network, and to develop common language among policy makers and providers, a key ingredient for collective impact.

7. Given the sizable investment in Strengthening Families, Differential Response, and other prevention programs by the state, compile and analyze information on their efficacy as an evidence-based prevention practice in California and as defined in other jurisdictions.

8. Based on environmental scan, mapping of key prevention practices, and information on their efficacy of prevention programs and practices, OCAP should partner with the PEI-CRP to help define criteria for a cohesive statewide Prevention Network. Prevention is to be considered broadly as entry into the child welfare system, as well as other related systems. Because the Differential Response Framework already details core elements of prevention systems and practice, it should be used as the basis for developing the Statewide Prevention Framework for California.
MEMBERSHIP FOR PREVENTION/EARLY INTERVENTION COMMITTEE

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<tr>
<th>Name</th>
<th>Title and Organization</th>
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<tbody>
<tr>
<td>Ms. Sheila Boxley*</td>
<td>President/CEO Prevent Child Abuse California</td>
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<tr>
<td>Mr. Rosalio Chavoya</td>
<td>Dependency Advocacy Center, Santa Clara</td>
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<tr>
<td>Ms. Barbara DeGraaf</td>
<td>Prevention Director, Strategies Training and Technical Assistance Centers, Youth for Change</td>
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<tr>
<td>Mr. Richard Knecht</td>
<td>Child Welfare Director, Placer County</td>
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<tr>
<td>Mr. Tim Morrison</td>
<td>Senior Policy Associate</td>
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<tr>
<td>Ms. Roseann Myers</td>
<td>Child Welfare Director, San Diego</td>
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<tr>
<td>Ms. Heather Nemour</td>
<td>Coordinator, San Diego Family Strengthening Network</td>
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<tr>
<td>Mr. Don Pickens*</td>
<td>CA Parent Leadership Team</td>
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<tr>
<td>Ms. Audrey Toussant</td>
<td>Child Welfare Training Academy</td>
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<tr>
<td>Dr. Stephen Wirtz</td>
<td>Chief, Injury Surveillance and Epidemiology Section</td>
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<tr>
<td>Mr. Jason Lowe</td>
<td>California Youth Connection (CYC)</td>
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REGULAR GUESTS OF PREVENTION/EARLY INTERVENTION COMMITTEE

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<tr>
<th>Name</th>
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<tr>
<td>Mr. Philip Kader*</td>
<td>Chief Probation Officer, Contra Costa County</td>
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<tr>
<td>Mr. Frank Mecca*</td>
<td>Executive Director, CWDA</td>
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<tr>
<td>Dr. Jacquelyn McCroske</td>
<td>USC School of Social Work</td>
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<tr>
<td>Dr. Lisa Pion-Berlin</td>
<td>Executive Director, Parents Anonymous</td>
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*Denotes member of the California Child Welfare Council
March 4, 2015

Dear Director Lightbourne,

As you know, the Child Welfare Council, established by statute in 2006, is an advisory body comprised of a broad range of partners convened to address key challenges affecting child welfare in California. One of the key challenges the Council has undertaken is the prevention of child abuse and neglect. The Council’s Prevention and Early Intervention-Statewide Citizen’s Review Panel has focused on a review of policies and systems that are needed to facilitate child abuse prevention. In 2014 we focused on two major activities:

1. The development and dissemination of a toolkit to better inform partners of issues and opportunities related to federal child welfare financing reform; and
2. Expanded thinking on the benefit of a uniform statewide Prevention Framework. The promotion of the previously developed Differential Response Framework helped to shape the discussion.

As chair I respectfully submit the attached 2014 Report and Recommendation on behalf of the Prevention and Early Intervention Statewide Citizen Review Panel, pursuant to our responsibilities as specified by CAPTA.

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

It would greatly assist us in establishing the annual cycle of Citizen Review Panel responsibilities to have your response to our recommendations by April 15th. This will allow us to prepare for further discussion at the June meeting.

Thank you for your leadership, inspiration, and for the work you do every day to improve the lives of California’s children and families!

Sincerely,

Kathryn Icenhower
California Child Welfare Council
Chair, Prevention and Early Intervention-Statewide Citizen Review Panel
Annual Report Submitted to OCAP: February 27, 2015

PEI/CRP meeting dates this reporting period:

**Wednesday, December 10, 2014**
Judicial Council Offices
2860 Gateway Oaks Drive, Suite 400
Sacramento, 95833

**Wednesday March 4, 2015**
Judicial Council Offices
455 Golden Gate Avenue, Third Floor
San Francisco, 94102

**Wednesday June 3, 2015**
Junipero Serra Office Building
320 West Fourth Street, Carmel Room First Floor, A & B
Los Angeles, CA 90013

**Wednesday September 2, 2015**
California Department of Social Services
744 P Street, Second Floor Auditorium
Sacramento, 95814